

Primary Care Community Link Worker Practice Survey - Report

November 2025

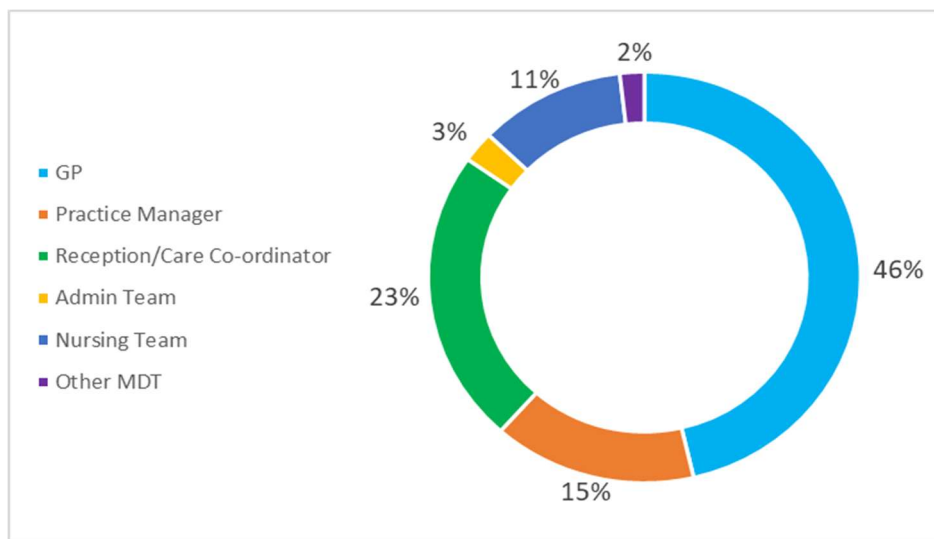
Background

1. The current City of Edinburgh Council/Community Link Worker (CLW) Service contract comes to an end in 2026. As such, the Edinburgh Health and Social Care Partnership will soon start a commissioning process to secure future contracts.
2. As part of the commissioning process a survey was distributed to the 45 Edinburgh practices that have allocated Community Link Worker resource. The online MS Forms survey was sent to Practice Managers with a request for any member of the practice team who works with their CLW to complete. Completion was optional and responses were anonymous.
3. The survey was designed to capture feedback from practices around three main themes: the benefits that Community Link Workers bring to practices, their integration into the practice team, and suggestions for future service improvement and development.

Results

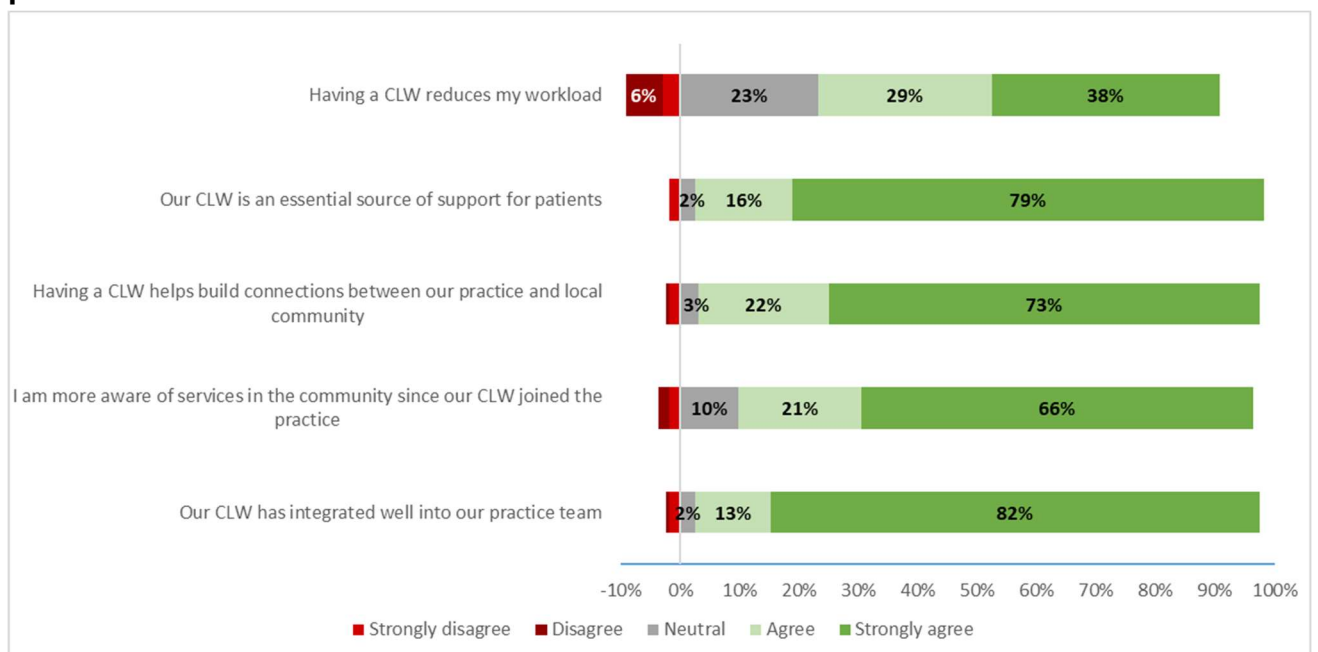
4. A total of 164 responses were received. Due to the anonymity of responses, it was not possible to identify the number of practices that responses were received from. Figure 1 provides the percentage of responses by practice role. A breakdown of categories is provided in Appendix 1.

Figure 1 Percentage of Responses by Practice Role



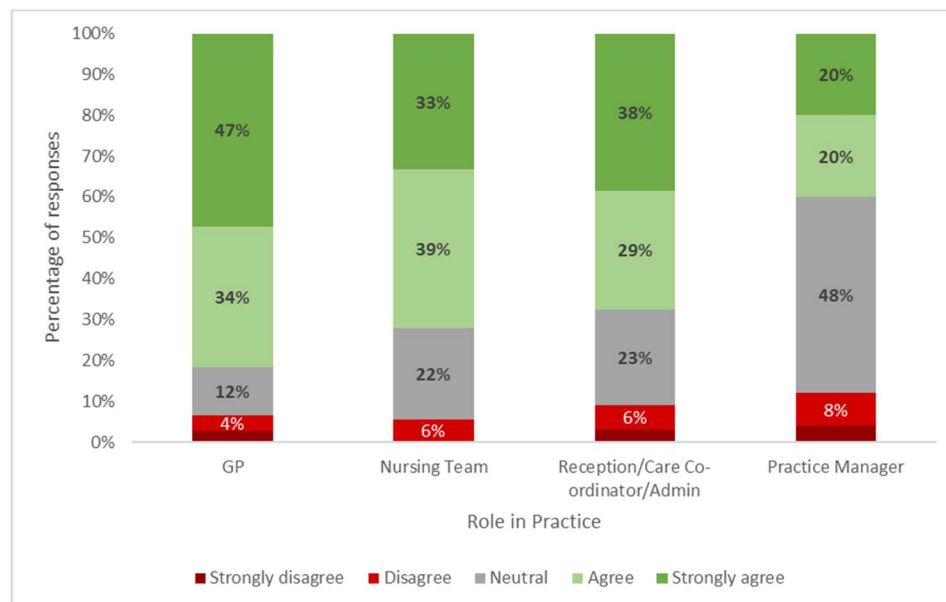
5. The survey included 5 statements relating to the experience of having a CLW in practice. Respondents were asked to rate their agreement with each statement on a 5-point scale, from strongly disagree to strongly agree. Figure 2 presents the 5 statements and the associated level of agreement across all responses.

Figure 2 Agreement with Statements Relating to Practice Experience with CLW provision



6. Responses were overwhelmingly positive, with the majority of respondents agreeing or strongly agreeing that having a CLW is an essential support for patients (95%), helps build connections between the practice and local community (95%), and has helped them become more aware of services and groups in their local community (87%). 82% of respondents strongly agreed that their CLW had integrated well into their practice team.
7. There was greater variation in the response to the statement *Having a CLW reduces my workload*, with 38% of respondents strongly agreeing, 29% agreeing, 23% remaining neutral, and 9% disagreeing or strongly disagreeing. Figure 3 provides a breakdown of responses by role, showing that the GPs feel the biggest impact on their workload from having a CLW in practice. 81% of GPs strongly agreed (47%) or agreed (34%) that having a CLW reduces their workload, followed by the 72% of the nursing team (33% strongly agreed, 39% agreed) and 67% of the reception/care co-ordinator/admin team¹ (38% strongly agreed, 29% agreed). Reported impact on workload is further discussed in point 11 below.

Figure 3 Having a CLW reduces my workload

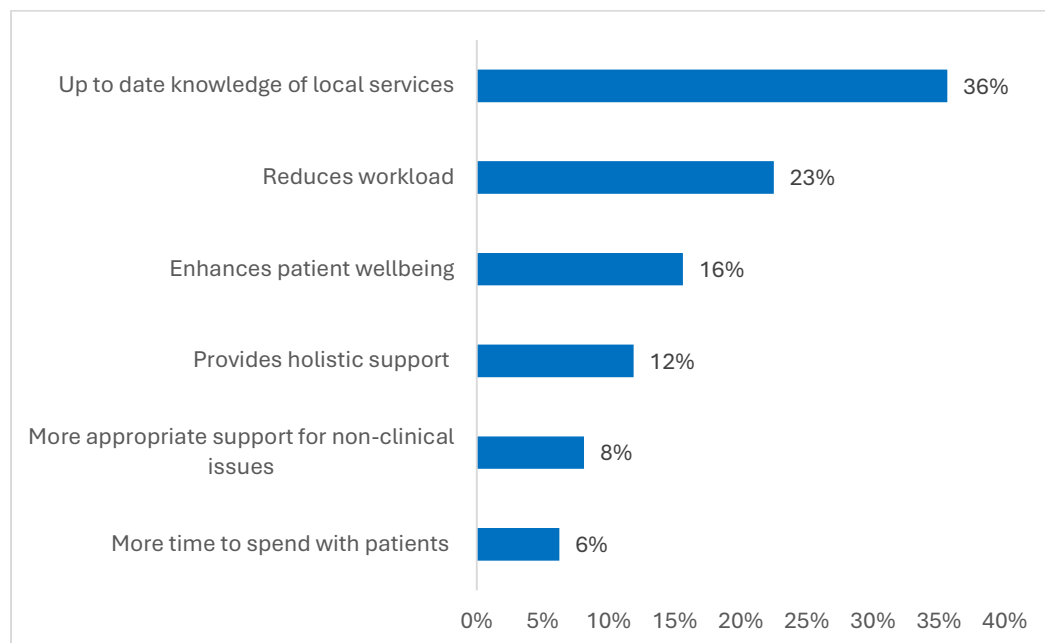


¹ There were only 4 respondents in the general *Admin Team* category so for the purposes of this analysis these responses were combined with the *Reception/Care-Coordinator* category. The *Other MDT* category was small so not presented here (n=3).

Impact of having a CLW in Practice

8. The survey asked *How does having a Link Worker impact on the practice team as whole?* A summary of responses is presented in Figure 4. A more detailed breakdown of categories with quotes is included in Appendix 1.

Figure 4 Impact of having a CLW in Practice



9. Respondents reported a number of benefits to having a CLW in practice. 36% highlighted the Link Worker's **up to date knowledge of local services** as being of huge value to the whole practice team and patients alike. It allows patients to be connected with the right resources and services and assists practice clinicians to signpost patients appropriately when not referring to the Link Worker.
10. 23% of responses said that having a CLW in practice **reduces workload**. The majority of these referenced the impact on GP workload, specifically a reduction in non-clinical workload. Respondents reported reduced requests for GP appointments for non-clinical issues and less GP review/follow up appointments thereby *“reducing pressure on medical services further, allowing more ready access to the GP by patients who are medically unwell”* and *“allowing...GPs to concentrate on service provision elsewhere”*. The reduction

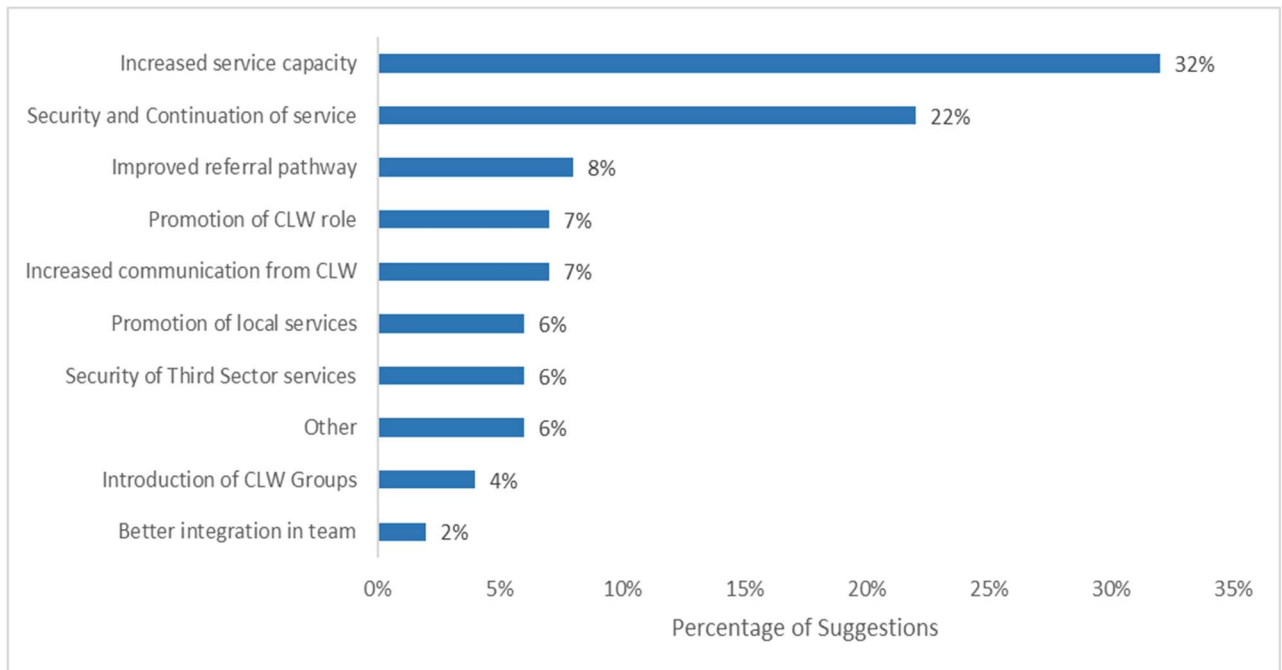
in workload is also felt by nursing teams who value the Link Worker's *"ability to offer support to vulnerable patients as this reduces workload and lessens anxiety"* as they *"do not have the capacity to take on the additional workload"*.

11. Having a CLW offers patients **more appropriate support for non-clinical issues** (8%). With **more time to spend with patients** (6%) Link Workers are best placed to support patients with complex non-clinical needs and able to provide a truly personalised service linking patients with resources that suit their needs.
12. 28% of responses highlighted the benefits of the **holistic support** a CLW provides, enhancing overall **patient wellbeing** and acting as a valuable resource for vulnerable patients in need of support, companionship and community. Respondents said that CLWs *"fill a big gap which NHS services cannot otherwise meet"*, have the potential to do *"truly transformational work"* and *"improve quality of life immensely"*, *"reducing the chances of many of these issues contributing towards health problems at a later stage"*.

Suggestions for Service Improvement

13. The survey asked *What suggestions do you have for future improvement or development of the Community Link Worker service?* 32% of respondents had no suggestions for improvement or development, reflecting satisfaction with the current CLW service. Figure 5 provides an overview of the range of service improvement suggestions made. A more detailed breakdown of categories with quotes is included in Appendix 1.

Figure 5 Suggestions for Service Improvement



14. Where service improvements were suggested the most frequent request (32%) was an **increase in service capacity**, with respondents all suggesting that an increase in Link Worker capacity in practice would be welcomed, with the desire to recruit additional CLWs, expand the service and create much needed additional appointments for patients.
15. The next highest response (22%) was around the **security and continuation of service**, with respondents stressing that they consider the Link Worker service an essential part of their practice and that continued funding is critical. Also linked in this category were comments around continuity of service, with several practices noting that they have had several different Link Workers and would appreciate more longer-term continuity. **Security of Third Sector services** was also mentioned (6%), referencing the risk to funding of many local services and the need to maintain provision of these vital community resources.
16. The remainder of suggested improvements included:
 - a. **Improvements to the referral pathway** relating to better integration between Elemental and Vision, and the streamlining of the referral

process into the Link Worker service. A few requests for self-referral were also made.

- b. **Promotion of the CLW role** within practices for improved understanding of how the Link Worker can help patients, and **Promotion of local services** to benefit practice teams and the patient community.
- c. **Increased communication from CLW**, requesting more feedback on the patients assisted by the Link Worker and the resources/services that they have been linked with for support.
- d. **Introduction of CLW groups, better integration in team and other suggestions** (see Appendix 1)

Other Feedback

- 17. The survey also asked if there was any other feedback respondents would like to provide. 64 respondents provided additional feedback which reinforced previous positive messages, with 90% again highlighting that the service was a valued resource which was integral to their practice and essential to continue.

Conclusion

- 18. This survey, the first since the service was established in 2017 provides a valuable insight into the experiences and perspectives of practice teams working with Community Link Workers ahead of commissioning for 2026 and beyond.
- 19. Overall, the results provide compelling evidence of the significant and positive impact that Community Link Workers have within practices. Responses consistently refer to the service as an essential and valued addition which strengthens the multidisciplinary team, acknowledging that CLWs bring valuable knowledge of community resources which help patients with often complex non-medical issues.
- 20. Feedback highlighted the strengthened connections between primary care and the third sector, and the importance of funding to support the sector to

continue its work. There was also a strong call for an increase in coverage/number of CLWs as well as secure funding to safeguard the future of the role.

21. Suggestions for the service to consider include reviewing the referral process, ensuring there is clear and regular communication between the CLW and practice, and promoting and raising awareness of community services.
22. In summary, the findings evidence that the CLW service provides a much-needed service that bridges the gap between third sector and primary care, supporting patients and practice teams, and provides a solid foundation for informing the next stages of commissioning decisions.

Acknowledgements

23. The EHSCP Community Link Worker Service would like to thank all the Edinburgh practice teams who took the time to complete the survey and provide such valuable feedback.

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Appendices

Appendix 1 Practice Role Categories and Qualitative Feedback

Appendix 1

Practice Role Categories

Role Category	Roles in Category	Number
GP	GP, GP Registrar and Quality Lead	76
Practice Manager	Practice Manager and Assistant Practice Manager	25
Reception/Care Co-ordinator	Reception/Care Co-ordinator	38
Admin Team	Admin, Medical Secretary	4
Nursing Team	ANP, Practice Nurse, Health Care Support Worker, Health Care Assistant	18
Other MDT	Pharmacist, MSK Physiotherapist, Practice Mental Health Nurse	3

Impact of Link Worker on Practice Team

<i>How does having a Link Worker impact on the practice team as a whole?</i>	
Theme	Examples of Qualitative Feedback
Up to date knowledge of local services	- A CLW is more up to date with the resources available to patients in the community and can therefore inform the patient better (GP) - They have highlighted resources which we do not know about (GP) - I feel that the link worker in the surgery is a huge benefit to us and to patients in terms of making us more aware of local services and things which we may not have otherwise known about (GP) - We have started signposting patients to things now which we hadn't heard of before (GP) - Extremely useful for social support and signposting patients through life challenges, particularly where GPs and other staff may not be up-to-date with eg. benefits or services in third sector that might be appropriate (GP) - Having a link worker with a wealth of knowledge for third sector organisations is hugely beneficial to the Practice. It reduces the need for clinicians and admin staff to keep up to date with the huge numbers of services on offer. Having someone to ask about these services is great for both staff and patients (PM)
Reduces Workload	- Helps reduce workload for GP consultations for more support / socio-economic problems (GP) - Our CLW is fantastic! She has significantly reduced the requests we get from patients for GP appointments for social issues (PM) - Less review/follow up appointments needed by GP (GP) - Having somewhere for the GPs to refer patients for support is incredibly helpful. This reduces the time they spend on non-clinical work with patients (PM)

	- Decreases workload by having someone who can help the patients with the underlying reasons behind their poor health (GP) - I refer to CLW regularly, it massively reduces my workload as I would not have the capacity to take on the additional workload (PN) - It gives us more options for signposting patients that helps reduce our workload as well as help get the right information for the patient (Reception/Care Co-ordinator) - Having a Link Worker impacts on the whole team's workload due to their knowledge (PM) - CLWs take on a huge part of my workload, allowing myself and other GPs to concentrate on service provision elsewhere (GP) - Able to support complicated patients therefore reduce workload (GP) - I refer to CLW regularly, it massively reduces my workload as I would not have the capacity to take on the additional workload (Nursing Team) - Sometimes they can help build up a network for a patient that overall reduced their reliance on the GP for support, may reduce the need for pharmacological methods as well GP (GP)
More appropriate support for non-clinical issues and More time to spend with patients	- Less of a feeling of futility in managing patients who could be better managed by someone who can direct them to appropriate community resources (GP) - It's great having them to support patients with issues that otherwise might come to GPs, but GPs are less well equipped to deal with (GP) - We have no knowledge or experience of the sort of information that the patient requires. The queries that the patient asks can be quite complex in terms of stress, emotional and practical, they need time that we cannot give them (Reception/Care Co-ordinator) - Some patients have physical, emotional, complex needs and need time to resolve these issues. The Link Worker has the time to help with this (Reception/Care Co-ordinator) - Having the link worker gives me an option to direct patients to for ongoing advice and support which I am not best placed to offer (GP) - We regularly have patients who require support and look to engage with a GP. It's very obvious at an early stage that the majority of their problems/questions are not clinical. Having a CLW allows us to direct them to someone who can help, without additional consultations being required (PM)
Holistic support and Enhances patient wellbeing	- It allows us to care for our patients holistically.... bridges the gap between primary and tertiary services and is essential to ensure patients have access to these support services that really do impact in such a positive way to their lives and ability to cope in the community (Nursing Team) - Improves patient experience, helps to reduce onward referrals and big impact on patient wellbeing (GP) - Our Link worker is a fantastic resource who not only reduces the burden of work on medical practitioners in the immediate term through taking on cases, but also provides patients a high level of

	care and support in managing social and holistic aspects of their health that are essential to their overall wellbeing (GP) • It feels as if the Practice has a holistic approach to looking after the patients not just medical but socially as well. It helps some of the patients who perhaps would only receive medical help and then would perhaps not improve and then perhaps always be needing something from NHS services (Reception/Care Co-ordinator) • Our CLW really has helped patients in ways I would not have thought possible. She goes above and beyond to meet their individual needs and has improved lives immensely. It is an unbelievably valuable resource for us to provide truly holistic care. Her impact on quality of life and wellbeing for patients who have been really struggling is impressive (GP) • Sometimes patients don't need medication they need support, companionship, community (PN) • Huge amount of GP workload now involves patients with a lot of "non-medical" issues or certainly additional problems that compound their physical and mental health. The LW is a hugely valuable resource to help support these patients and allow for a more holistic approach to patient care (GP)
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Suggestions for future improvement or service development

<i>What suggestions do you have for future improvement or development of the Community Link Worker service?</i>	
Theme	Examples of Qualitative Feedback
Increased service capacity (32%)	• Recruit additional Link Workers to reduce individual caseloads (PN) • Increase allocation of Link Worker to practices (PM) • More sessions would be great! I'm sure we'd easily be able to fill appointments (PM) • Expand them! Our CLW has gone above and beyond in taking on a huge amount of work with dedication to her role. Further support and expansion of the service would be hugely cost effective (GP) • It would be helpful to have more appointments available for patients (GP)
Security /continuation of service (22%)	• Please make these roles permanent. With the funding challenges in the Third Sector in recent years, having a Community Link Worker seems as essential as the more traditional elements of the Primary Care team (GP) • Rather than short/mid term contracts to have longer where possible as we run the risk of losing amazing LWs (PM) • This is a valuable service that we can't afford to lose (GP) • It is essential that this service continues (GP) • Keeping the link worker and her resources is vital within our practice, as together we can develop as a community (Reception/Care Co-ordinator)

	• Keep funding it. They also need services they can LINK people to....these need funding (GP) • We have had our link worker change twice in the past two years. We have had our current link worker for a while and I hope that she can stay with us long-term for continuity (PM)
Improved referral pathway (8%)	• Simplification of the referral form perhaps (PN) • Self-referral would be a really useful thing (GP) • I think community link workers could be even more accessible. I often see problems coming directly to myself which could be managed directly via the link worker. Direct to link worker appointments could be beneficial (GP) • Consider Elemental referral option via Vision as I have seen this at other practices, to make referrals faster and attached to patient records for audit trail purposes (GP) • Easier referral system. Something which auto-populated the patient details so we didn't need to enter this information every time (GP)
Increased communication from CLW (7%)	• More feedback about what services were offered/arranged for patients and whether they are still under RV would be helpful (GP) • It would be great to receive an update every few months of engagement figures etc (PN) • I think feedback in any capacity to GPs whether it is one on one quietly at coffee, by e-mail or even more formally in a report or presentation is all really helpful (PN) • Would like a face to face catch up about what services available and patients involved /progress with CLW (PN) • Updates into patient notes (PM)
Improved promotion of CLW role (7%)	• Perhaps do an in service or presentation on what your role is/how to refer/what you can help with - useful for new members of staff (MDT) • I don't think there is enough patient awareness for the role, so it would be good to see a campaign directed to patients about CLW services as well as making them more accessible from community pharmacy (MDT) • Increase patient awareness of what the link workers do, they never seem to know - if they did know a bit more this could improve patient perspective of what can be done for them and the benefits a referral may have (GP)
Improved promotion of local services (6%)	• Maybe a signposting package that could be provided to GP practices to put on their website for self-referral - or at least something that is updated with whatever new services might arise/when services close (PM) • It would be good if the CLW service provided an email bulletin of local groups etc. that I could suggest to patients (GP)

	• More updates about new projects/services as they become available (GP)
Security of third sector services (6%)	• The main improvement would be more third sector services to link patients to. This is the main limiting factor when trying to provide holistic care. I'm not sure we can change this due to financial constraints (GP) • Wish there was more support from government/council to provide extra services that we can tap into. We work in a deprived area of Edinburgh, lots of people have multiple issues that they need assistance with, physical/emotional/financial/family/mental/English not first language, the list goes on (PN) • Continued funding; restoration and stability of 3rd sector funding (GP)
Introduction of CLW Groups (4%)	• We absolutely have to have groups - we cannot afford not to when there is so much unmet need - and it would mean reaching more people at once. There seems to be a rule not to and this is highly inappropriate and not the best use of a very precious service with a limited number of link workers. This feels very regressive - limiting what we could do but also not reaching out to communities in the way we might (GP) • Ability to set up new groups/link in more with mental health orgs (GP) • Maybe facilitating sessions in the practice for people who are struggling with loneliness and isolation (GP)
Other (6%)	• Extending role so that link workers are actively seeking patients in the community and also promoting health and screening and vaccination (GP) • I wonder if there is a role in support for chronic non-attenders and whether there could be a proactive service identifying and contacting these patients (GP) • Bus passes (Reception/Care Co-ordinator) • More alignment with local thrive drop in (GP) • Possibly do home visits (GP) • Perhaps having a greater autonomy to try out new things suitable for the community wherever applicable (PM) • More autonomy/ability to run programmes locally that they feel would be beneficial (GP)
Better integration (2%)	• More integrated with the team, I have not seen our Link Worker since they started (GP)