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Community Link Worker initiatives in primary care: key learning from UK studies

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Summary

Embedding Community Link Workers (CLW) into general practices in Scotland is one of the six key priorities that GP practices will have to provide to patients under the 2018 General Medical Council contract. This paper considers the current research around this topic.

Introduction

In Scotland, CLW are non-clinical practitioners working in General Practice. They support people to access local sources of support where their needs are social rather than medical, such as in terms of social isolation or housing issues. CLW can also provide specialist non-clinical support in specific areas such as mental health or management of long term conditions.

The broader term 'social prescribing', as defined by the Social Prescribing Network, is often used to describe CLW initiatives which enable primary care professionals to refer patients to sources of non-clinical support. Different models have evolved according to local need and implementation, but most involve a dedicated community link worker helping people to access local services in the community and voluntary sector. This support is foreseen to improve health and wellbeing outcomes for patients and reduce the need to use primary and secondary care services.

Purpose

This paper reviews the current evidence and learning in the published literature relating to the effectiveness of CLW initiatives in primary care in the UK. Recent published reviews of CLW effectiveness and the findings from evaluations of specific initiatives in Scotland and elsewhere in the UK were included. Initiatives involving specialist non-clinical support were also included as these have been a predominant focus of published reviews in the UK. As this was not a comprehensive or systematic review, the literature reviewed is not exhaustive. The methodology behind the literature review is detailed in Appendix 1.

Context in Scotland

Increased provision of CLW services in Scotland is a key measure introduced in the Scottish General Medical Council (GMC) contract of 2018, with the aim of reducing the work load on general practitioners (GPs) and enhancing the multi-disciplinary team (MDT) approach. Achieving this is expected to enable GPs to concentrate on being medical specialists.

The idea of the CLW is not unique to Scotland but it appears that the motivation for using CLW in different part of the UK has arisen from different places. Given this, research and evaluation so far produced in this area has had a focused on particular benefits such as economic benefits.

Key messages

- There is broad support for the potential of CLW to improve health and wellbeing and reduce demand on primary and secondary care but the role of the CLW is relatively new and time is needed to build up a solid evidence base on its effectiveness.
- The evidence to support the effectiveness of CLW is limited due to the poor design of evaluations and is therefore, from an academic point of view, generally of low to medium quality.
- There is some evidence that welfare advisers in general practice can result in financial gains to the individuals referred. However, the evidence for overall cost saving or cost benefit is lacking.
- A number of reports concluded that the CLW intervention delivers social return on investment (SRI). However, these are predicted, estimated costs with no evidence behind them.
- Many reviews highlight the need for stronger evidence from appropriately designed studies to better understand what works, for whom and in what circumstances.
- A range of factors have been identified that may be important for success when implementing CLW initiatives including integrating the link worker fully into primary care and supporting trust and understanding of the role amongst healthcare professionals.

Findings

The review identified a number of common themes in the literature relating to the evidence and learning from evaluation of CLW initiatives in primary care in the UK. These are:

- outcomes for service users and services,
- social returns on investments,
- economic considerations, and
- enablers and barriers to implementation.

Outcomes for service users and the services

From the literature it would appear that although there is broad support for CLW, there is a lack of evidence that the role is effective in terms of improving health or wellbeing outcomes or cost efficiency.

However, what is unclear is if this is the result of the recent, untested, nature of the roles rather than a failing of the role itself: a lack of evidence rather than negative evidence. The research gaps include a lack of controlled and longitudinal studies and gaps in understanding around what works, for whom and in what circumstances.

A 2017 systematic review[2] of 15 studies concluded that the evidence reviewed was insufficient to reliably judge the effectiveness of programs where referral was made to a link worker on health and wellbeing outcomes and use of health services. The type of skills required to effectively fulfil the link worker role was also unclear. It also suggests that this lack of evidence may partly have resulted from the way in which social prescribing initiatives originally grew organically rather than being planned in a systematic way.

A 2016 King's Fund review[3] concluded that there was a need for more evidence about the cost-effectiveness of new roles like link workers; and questions remained around the scale at which new roles need to be developed to demonstrate impact, be sustainable, and release cost savings elsewhere in the system.

A report from University College London in 2017[4] noted that evaluations around welfare advice services, located in UK health services, report financial gains for those receiving advice which outweigh the cost of providing the service. However, they also reported that there is an

evidence gap around robust economic analysis of cost benefits and efficiencies for health services.

Within grey literature sources, numerous reports describe evaluation of link worker initiatives either co-located or involving direct referrals from primary care settings in the UK. These reviews tend to be small scale and about short-term pilot initiatives with multiple limitations[7,8,10,16].

An evaluation of the national links worker program pilot in Glasgow Deep End general practices[5] was one of the more robust reports. It found no difference in patient outcomes or self-reported healthcare utilisation at nine months comparing referrals to a link worker with usual care in comparison practices that did not deliver the program. It found no difference in health related quality of life between patients who engaged with a link worker (rather than just being referred) and the comparison group.

However, those patients who saw a link worker at least twice showed more improvement in anxiety symptoms, depressive symptoms and self-reported exercise levels. The practices themselves reported that the initiative (having CLW to deliver social security, housing, financial and debt advice) resulted in financial gains for the individuals referred. Practice staff also reported a reduction in welfare-related appointments.

Similarly, the Do-Well study[6], a randomised controlled trial with economic and process evaluation conducted in England in 2019, produced more robust evidence. However, it failed to provide sufficient evidence that demonstrated providing housing and welfare rights to socioeconomically disadvantaged older people (recruited via GPs) promoted health.

A non-randomised study[7] compared Citizen Advice services provided by advisers located in general practices in London, compared with sites without the advice intervention, found no statistically significant difference in the primary outcome of improved mental health or in wellbeing scores. It also showed no evidence of the impact of self-reported GP consultation frequency. However, it did show a statistically significant difference in the patient's self-perceived reduction in financial strain.

Similarly, a study of GP referral of patients to Citizens Advice services[8] in the North East of England found a statistically significant decrease in stress and increase in wellbeing for clients using the service.

Further evaluation after a longer period of time, examining outcomes after several years, would be required to truly assess whether the program is cost effective or not[9].

Social returns on investments

Research into welfare services located in health settings in the UK which consider social return on investments (SROI) are limited. One piece of research conducted in Scotland provided a forecast of the SROI for co-locating welfare advice workers in medical practices with consensual access to clients' medical records[9]. The study was based on advice workers attached to three medical practices in Edinburgh and Dundee whose service included welfare rights advice, casework and representation, debt management, representation at appeal tribunals, employability support and housing advice. Welfare workers had consensual access to the patient's medical records. Based on a one year period from April 2015 to March 2016, the study predicted that every £1 invested would generate around £39 (range £27 to £50) of social and economic benefits.

Similarly, a 2017 review of social prescribing in England[10] looked at patient referral from primary care to a link worker then onto third sector non-medical support. This review considered four studies which estimated the Social Return on Investment (SROI) although they only reported the SROI for one study. This showed that for every £1 spent £2.73 of social value was created.

Economic considerations

The literature points to there being insufficient evidence to be able to judge if CLW provides value for money. This was the conclusion of a systematic review of programs in the UK where patient referral was made from a primary care setting to an external CLW[2].

A review of social prescribing services in England[10], involving referral of patients from primary care to CLW concluded that social prescribing does deliver cost savings to the health service over and above operating costs but the evidence is limited.

Enablers and barriers to implementation

A report from the ALLIANCE (Health and Social Care Alliance Scotland) highlights learning points from interviews with staff across five link worker programs in Glasgow, Edinburgh, Midlothian and Dundee[11].

Research suggests that the link worker role requires a relational, person-centered and flexible worker. Giving link workers access to contribute to medical records via GP information systems can enhance collaboration with primary healthcare staff. IT integration can be a barrier to successful joint working and so should be planned into the development of any link worker service.

Building relationships with community resources is also considered vital for developing the role of the link worker[12]. CLW should also be aware of the need to monitor any effect that their role is playing on local resources (such as increased referral resulting in overwhelming local resources).

Where CLW are located within GP practices it is considered important to normalise the service as this will improve the projects impact. To do this it's recommended that CLW should be provided with consensual access to patient's medical records, given a designated room for the service and support to develop relationships within the practice. Integrating CLW into practices was viewed as implying a trust relationship between the GPs and the CLW[13]. It was also found that those practices that had CLW embedded in the practices for a longer period did over time refer more people, possibly as a result of becoming more aware of the purpose of the service.

Learning from the BRIDGE project[14] in three GP practices in Glasgow identified the ideal service requirements for a service aiming to identify older people in need in an economically deprived area to access help. It recommended a practice based link worker, building relationships with community service providers, providing people with up to date information about support service and supporting them to engage with those services. It concluded also that basing the link worker within a GP practice provides a visual reminder to GPs to make referrals.

The 'Equally Well Sources of Support'[15] pilot in Dundee also determining the importance of the link worker role. It also identified the importance of giving link workers the ability to provide a flexible service in order to engage with and enable patients with complex needs to

overcome barriers to assessing support. They also commented on the requirement of matching support to patients needs depends on the availably of local community based services.

Lack of clear understanding within practices about the purpose of the CLW program can cause hindrance to usage and referral rates. To combat this ongoing communication and awareness raising about the link worker role is considered essential to help embed the service[16]. Issues around space within practices to provide dedicated space for the CLW could also be an issue.

Limitations of this review:

- much of the literature reported here did not focus exclusively on link workers and often included other forms of social prescribing,
- not all published initiatives were supported by robust evaluations, and
- this review is limited to UK studies and excluded literature that focused exclusively on social prescribing.

Conclusions

Although published evaluation supports a range of benefits being experienced by people receiving support from CLW, the evidence base is still emerging, especially for initiatives situated within general practices. Overall, evaluations have been unable to reach firm conclusions around the effects on health, wellbeing or value for money. Much of the research highlights the need for stronger evidence from robustly designed studies to better understand what works, for whom and in what circumstances.

Having said that, there is useful learning which has been identified from evaluations of initiatives within Scotland. Their recommendations include utilising an integrated model, with CLW being based in general practices, and being seen to be, and accepted as being a normal part of the practice service. Factors associated with effectively fulfilling the CLW role include building relationships and working flexibly in a person centered way with a degree of autonomy.

With regard to future evaluation initiatives, developing common analytical evaluation frameworks are widely advocated, in order to plan, implement and evaluate CLW initiatives, with standardised metrics. This will allow for benefits to be presented in a consistent way and enable direct comparisons across sites.

There is a more detailed version of this report available on request from: hcis.EEVIT@nhs.net The more detailed version may be of interest to those planning their own evaluations.

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Appendix 1: the methodology behind the literature review

This review includes evidence from peer-reviewed and grey literature on Clinical Link Worker/Specialist Link Worker (CLW/SLW) initiatives in, or involving, primary care. The review was informed by an initial scoping review on the topic of link workers/wellbeing practitioners produced in April 2018 relevant to CLW/SLW initiatives in primary care settings (including initiatives where CLW are fully integrated in primary care as well as less integrative initiatives). Additional literature searching for the purposes of this review was therefore considered to be unnecessary. The scoping review also helped to identify, through personal communication with colleagues in Health Scotland, existing up-to-date evidence sources to draw upon, particularly among the resources already compiled by the Scottish Public Health Network (ScotPHN)[18] and the Improvement Service (is)[19].

Although initially focusing on CLW, we expanded the review to include evidence on SLW as many of the UK published reviews had a specialist focus. Studies of social prescribing without the involvement of a Link worker and studies of individual social prescribing interventions (such as exercise programs, local community groups, art therapy and so on) not assessed as part of a CLW/SLW initiative, were excluded. Selection for inclusion gave priority to recent reviews (secondary literature) and findings from studies of initiatives in Scotland and elsewhere in the UK. As this is not a comprehensive systematic review, other relevant sources may have been missed.

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