

How ALLIANCE Community Links Practitioners working in deprived areas of Glasgow are engaging differently during COVID-19

Health and Social Care Alliance Scotland (the ALLIANCE), Community Links Practitioners project, Glasgow

“People’s needs aren’t necessarily new, a lot of the need is pre-existing but more acute now.”

Frankie Rose, Community Links Practitioner, the ALLIANCE, Govanhill



What was the emerging need?

The Health and Social Care Alliance Scotland’s (the ALLIANCE), Community Links Practitioners (CLPs) have strong links with the communities they support across Glasgow. This enabled them to pick up on and respond to emerging health and wellbeing needs as the impact of the pandemic began to be felt by communities. The key areas of need which emerged with greater significance were:

- mental health including anxiety and low mood
- social isolation and loneliness
- support with translation and access to interpreters
- support to collect prescriptions, and
- support with using digital health and care services, e.g. Near Me.

The following groups have been particularly affected by COVID-19 and the lockdown:

- asylum seekers
- older people, and
- people who do not speak English.

Background to the response

The ALLIANCE’s CLP are based in DEEP end GP practices in Glasgow and provide a link between community resources and primary care. DEEP end practices serve the most socio-economically deprived areas in Scotland, based on the Scottish Multiple Index of Deprivation.

CLPs work across the whole population served by a GP practice and address almost any health and wellbeing needs. Prior to COVID-19 this would involve a face-to-face meeting during which there would be a conversation about what matters to that person. From this, a plan would be developed about how best to support that person. This could involve the CLP supporting someone to attend a local community group, or access another health service.



Insights into how health and wellbeing needs are being met in an equitable way during COVID-19



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How are things different?

CLPs now provide support remotely

COVID-19 meant that all CLPs had to work from home. Currently it is not possible to offer face-to-face meetings and support is being provided over the phone or via video calls. This was challenging initially as many CLPs did not have the IT equipment and processes they needed from their GP practice to work from home. However, access to these was eventually secured enabling the CLPs to work more flexibly. CLPs have continued to work effectively within GP practices with referrals continuing to be made from GPs to CLPs.

Remote support provided by CLPs works well for some people

The flexibility the CLPs now have to provide remote support has worked well for people who experience social anxiety and acrophobia. Many of the CLPs reflected that they have developed stronger relationships with some of the people they support over the telephone and video calls and this is something that they would like to sustain beyond COVID-19. However, it was recognised that many people experienced digital exclusion, with challenges around accessing devices and internet, in particular for people experiencing poverty.

CLPs used their strong community links to make sure that COVID-19 information was provided in languages other than English

At the start of the pandemic most information on COVID-19 was only made available in English. As health services caught up with the need for information in other languages, the CLPs worked closely with community groups to translate information on COVID-19 into other languages and disseminate it. This included information about their own practice and how services had changed as well as general information on COVID-19.

Key insights: the ALLIANCE Community Links Practitioners, Glasgow

“There’s a benefit for the links workers in terms of home working. It’s often challenging for them to find a space in primary care settings. COVID-19 proves that although there is still a need to have a base within a primary care setting, some of their work can be done from home.”

Roseann Logan, Community Links Manager, the ALLIANCE

“People who have never met me and have never seen me are opening up to me more, maybe it’s because they are at home sitting comfortably on the phone speaking to someone they don’t see. Whereas before they would have to go into the practice and sit in the waiting room, before sitting with me.”

Frankie Rose, Community Links Practitioner,
the ALLIANCE, Govanhill

“Meals, food and prescription issues were the main areas of need initially and the community groups stepped in in the second week of lockdown, long before statutory services. We set up a directory of local services for the GP and wider cluster and email this on a weekly basis to the team.”

Gayle Weir, Community Links Practitioner,
the ALLIANCE, Easterhouse

If you are interested in exploring something similar in your area or to find out more, please get in touch.

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