Developing and supporting link-workers

The impact of working location

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Kings Fund November 2018
Drawing from five SP schemes

1) Bromley by Bow Centre general scheme – six primary care practices, mixed delivery locations
2) Macmillan Social Prescribing – four London boroughs, primary and secondary care engagement, community-based delivery
3) Tower Hamlets borough scheme – 36 practices, eight GP networks, primarily primary care delivery
4) Mission Practice Bethnal Green – one practice, one link-worker
5) Brighton and Hove Impetus – 35 practices. Community locations and home visiting
Permutations for comparison

- Employed by GP network and based in practices
- Employed by community organisation and based in the community
In-practice advantages

- Building Relationships – easier to manage expectations
- Access to EMIS or SystmOne
- Awareness building
- Practice meetings
- MDT participation
- Streamlined admin
- Feedback easier
- More Referrals
- Understanding of clinical impact on social care needs
- Shorter pathway
- GP trusted community partner – patients seen in a familiar setting

“I’m treated like one of the practice team. It helps me understand the practice viewpoint and builds awareness of the service among clinicians. It also helps them understand how holistic working with social, emotional and economic factors impacts on overall health”
In-practice disadvantages

- Space access
- Limited career pathway
- Staff isolation
- Environment less conducive to holistic working practices
- Patients still coming to the GP
- Lack of status
- Medicalisation and health sector bureaucracy
- Lack of a working base for SPs
- Reporting structure less supportive for training and supervising link workers
- Effectively deploying staff over multiple locations

“Moving from one practice to the next without a base or strong enough support can make the work isolating and unrewarding”
Community organisation and setting - advantages

- Embedded in community ethos and practice.
- Integrated within SP team – peer support
- Resource optimisation – more responsive to need
- Capturing patients not presenting in health setting
- More community outreach opportunities
- Better training, supervision and personal development
- Match funding opportunities
- Better staff and talent retention
- SP career development
- Better placed for micro-commissioning to fill gaps
- Stronger links with the voluntary sector and better access to services

“Living the values of my organisation makes me proud to do my work. When I see patients engaging in the community it gives me a sense that I am making a difference to their lives”
Community organisation and setting - disadvantages

- Less access to clinicians – more resources required to engage
- EMIS access difficult to arrange = more admin
- Perceived lower status of community workers
- Separate case management system
- Longer pathway
- Perception that quality control is at arm’s length
- Transport resource cost
- Managing room availability across multiple locations

“Sometimes it seems that because I’m a ‘community worker’ my work is somehow not up to clinical standards. Even though SP systems and processes are extremely rigorous and the work can have a huge impact on health’
A word about home visiting

• Supports hard-to-reach patients with low confidence and self-agency
• Better for support for the elderly and those with disabilities
• Insight from seeing people in their home environment
• People supported in a safe space – builds trust

But.....

• Less resource efficient
• Transportation time and cost
• Risk element for link-workers
• Doesn’t encourage getting out into the community
So what is the best location for link-workers?

75% social and economic factors

25% biomedical factors
Conclusion

- Supporting this emerging profession requires flexibility of approach and a willingness to listen to link-workers who know the work better than anyone.

- There are no obvious right answers, each location and support structure has different advantages, some competing.

- It’s far from conclusive that SP belongs solely in GP practices, despite the funding direction.

- The location should be most appropriate to serve the client cohort and to achieve the best support structure for link-workers.

- A mixture of locations is probably the best approach although this can add to an administrative burden.

“A social prescribing link-worker should be ‘psychologically’ located in a GP practice but physically located where they can best serve their clients and get the most appropriate support for themselves”

Dr Michael Dixon OBE
Thank you