

Glasgow 'Deep End' Links Worker Programme Evaluation: Social Prescription in Primary Care




Links Worker Study

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Aims



Mixed qualitative and quantitative methods to:

- Assess the impact on outcomes at patient, practice and community levels;
- Investigate processes of implementation.





Why social prescriptions are just what the doctor ordered


Social prescriptions, from fishing to knitting groups, are helping patients back on to the road to recovery

Rachel Williams
Tuesday 5 November 2013 15:00 GMT

"We're total idiots," says John, 68, gesturing to the rest of the small group peering optimistically into the Tyne on a gloomy autumn morning. "We fish in all weathers. We stand here in the snow." But he adds: "It's more about meeting up than catching fish."



NEW national network launched to promote social prescribing



THE BLOG

Can Primary Care Provide a Gateway to Social Care and Community Support Services?

© 2010-2016 10/10 | Updated 27 July 2016

Ewan King
Senior Lecturer of Academic Development and delivery at the Social Care Institute for Excellence (SCIE)


THE UNIVERSITY of York
Centre for Reviews and Dissemination

Evidence to inform the commissioning of social prescribing

- There is little good quality evidence to inform the commissioning of a social prescribing programme
- Most of the available evidence tends to describe evaluations of pilot projects but fails to provide sufficient detail to judge either success or value for money
- There may be evidence for relevant interventions that have yet to be evaluated as part of a social prescribing programme

"...it became apparent in the course of this review that very few social interventions, like social prescribing schemes, have been empirically evaluated." – R. Mossabir et al. (2014: 17)

The Links Worker Programme Evaluation





Links Worker Study

15 Glasgow Deep End Practices

- 7 intervention, 8 comparison (randomised)

Each intervention Practice receives:


- 1 Full Time Links Worker ('Community Links Practitioner' [CLP])
- £35k Practice development grant (2014-2016)
- Programme management support (The Alliance)


Links Worker Study

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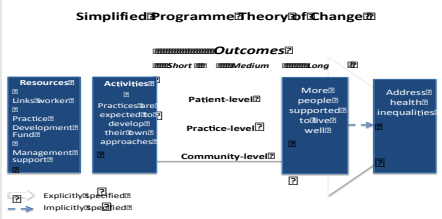
    graph TD
      A[Phase 1 - Developing and Refining the Theories of Change] --> B[Phase 2 a - The Implementation Process]
      A --> C[Phase 2 b - Assessment of Effectiveness]
      B --> D[Phase 3 - Synthesis and Reporting]
      C --> D
    
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1. Developing and Refining the Theories of Change



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Simplified Programme Theory of Change


Resources
 Links worker staff
 Practice Development Funds
 Management support

Activities
 Practice development approaches
 Practice development approaches

Outcomes
 Short: Patient-level, Practice-level, Community-level
 Medium: More people supported to live well
 Long: Addressing health inequalities


Legend:
 [] Explicitly specified
 [] Implicitly specified

'Evaluation of the Links Worker Programme in 'Deep End' general practices in Glasgow, Interim Report' (May 2016) <http://www.healthscotland.com>



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2a. The Implementation Process (ongoing)




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- Interviews with GPs [13], CLPs [14], Programme Management staff [3], Community Organisations' staff [28], Patients [14]
- 2 surveys (email questionnaires) of 40-50 respondents over 12months.


What is going on? What has been achieved? Match with expectations? Challenges and enablers to implementation? Changes to activities? Unexpected outcomes/processes

- Comparative case study method



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Early findings: The Programme



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Programme highly valued.


Satisfying:

- Activities for practice team wellbeing - benefits for team morale and cohesion
- Making links with community organisations (COs).

Barriers:


- Availability of local resources (especially for older people)
- Insecurity of funding and resultant high staff turnover in COs
- High demand for some services provided by COs
- Problems caused by austerity and changes in welfare support.

<http://www.healthscotland.com/documents/27362.aspx>



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Early findings: Types of Links Worker Practices




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All practices do the three main activities BUT vary in emphasis and context

The three types of Links practices:

1. The 'fully integrated' Links Practice
2. The 'partially integrated' Links Practice
3. The 'limited integrated' Links Practice



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The 'Fully Integrated' Links Practice



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- Very active in all areas: patient support, practice development & community networking
- High engagement by practice staff
- Pro-active community networking

Strong & shared leadership



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The 'Partially Integrated' Links Practice



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- Active mainly in patient support
- Good engagement by practice staff
- Less active practice development & limited community networking

Committed and connected leadership but intermittent Community Links Practitioner support



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The 'Limited Integrated' Links Practice



- Active mainly in patient support
- Some engagement by practice staff
- Some practice development & reactionary community networking

Disjointed leadership, intermittent Community Links Practitioner support, and challenging team dynamics



Preliminary Conclusions



Even with a relatively well resourced and developed intervention like the Links Worker Programme, the **character** of primary care-based social prescribing will vary depending on a range of factors including **leadership capacity**, availability of **Links Worker support** and **team dynamics**.



2b. Assessment of Effectiveness – Methods (Intervention and Comparator)



Short Term Patient Outcomes

- Self-completed questionnaire
- Baseline and 9 Follow-Up
- Measures include:
 - Quality of Life
 - Depression
 - Self-Esteem
 - Work and Social Adjustment
 - Psychological Need-
 - Burden of Multimorbidity
 - Life Style

Short Term Staff Outcomes

- Self-completed questionnaire
- Baseline and 9 Follow-Up
- Measures include:
 - Job Satisfaction
 - Team Climate
 - Morale
 - Burnout
 - Referral to Community Resources

Longer Term Patient Outcomes

- measured through linkage of routinely held data on use of health and social care services



2b. Assessment of Effectiveness – Methods (Questionnaire Surveys)



Eligible Patients:

- **Adult (18 years or older)**, able to consent, no contraindications **identified by usual care provider**
 - **Intervention**
Referred (plus self-referred) to Community Links Practitioner between March and December 2015. Permission sought for contact details to be passed onto study team
 - **Comparator**
Random sample of 1000 patients /Practice, mailed study questionnaire pack

Eligible Intervention and Comparator Staff:

- Practice-based and attached staff who would be included by the Practice in Links Programme activities. Questionnaire pack distributed by Practice Manager



2b. Assessment of Effectiveness - Progress



Patient Questionnaire Survey

- recruited **300 intervention patients** (51% of patients referred to study - big variation between Practices in proportion of eligible patients referred)
- Recruited **614 comparator patients** (8% of random sample – tended to be younger than intervention patients, mean age 51.6 years c.f. 56.0 years)
- On target to achieve at Follow Up **approximately 75% of intervention and 90% of comparator patient cohorts**

Staff Questionnaire Survey

- at Baseline recruited **134 staff** (approximately 65% of eligible staff - more intervention than comparator, approximately 20% more)
- on target at Follow Up to achieve **approximately 70% of eligible staff**



Acknowledgements



Evaluation Team

Principal Investigators: Sally Wyke & Stewart Mercer
 Co-investigators: Bridie Fitzpatrick, Mhairi Mackenzie, Alex McConnachie, Kate O'Donnell
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 Students: Ailidh Lang, Mary McDonald

The Glasgow Links Worker Programme staff

Links intervention and comparison practice staff and local community organisations staff

Health and Social Care Alliance Scotland

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