

Evaluating Social Prescription in Primary Care: The Links Worker Programme in 'Deep End' Practices in Glasgow



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Evaluation of the Links Worker Programme in 'Deep End' General Practices in Glasgow research team:

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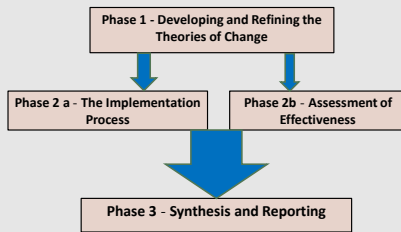
Study Design



- Quasi-experimental evaluation with embedded, theory-led, process evaluation.
- Mixed- qualitative and quantitative methods to:
 - Assess the impact on a range of short and longer term outcomes at patient, practice and community levels;
 - Determine the robustness, feasibility and acceptability of the programme's theories of change.



- Comprises 3 complementary phases:



the guardian
 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 9 November 2015 15:00 GMT

THE HUFFINGTON POST
 Can Primary Care Provide a Gateway to Social Care and Community Support Services?
 Ewan King

General Practice Forward View (April 2016: 33): "To promote the development of social prescribing, a key measure by which patients can benefit from wider support, NHS England are appointing a new National Champion for Social Prescribing..."

Local Government Association 'Just what the doctor ordered Social prescribing – a guide for local authorities' (May 2016): "It could be argued councils have three important roles when it comes to social prescribing..."

Nesta 'More than Medicine: New Services for People Powered Health' (2013): "More than medicine' recognizes the social as well as medical aspects of long term conditions. It gives the NHS the tools to help people to exercise more, eat more healthily, build strong social networks and feel supported and in control of their lives..."

February 2015 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

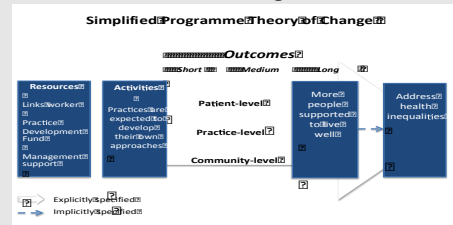


15 practices in Deep end

- 7 intervention, 8 comparison (randomised)
- One Links Worker ('Community Links Practitioner') embedded full-time in each practice
- Practice development grant (£35,000 per practice, 2014-2016)
- Programme management support (The Alliance)
- Almost no patient exclusion criteria and practices have



1. Developing and Refining the Theories of Change



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



2a. The Implementation Process (ongoing)



Interviews with GPs (13), CLPs (14), Programme Management staff (3), Community Organisation staff (28), Patients (14)

2 surveys (email questionnaires) of 40-50 respondents over a one-year period.

"What is going on?", "What has been achieved?", match with expectations, challenges and enablers to implementation, changes to activities, unexpected outcomes/processes



Comparative Case Studies Approach



Although all practices use Programme resources to provide one-to-one support for patients, improve practice capacity and staff well-being, and develop links with community organisations, practices vary in their emphasis and context

The three types of Links practices:

1. The 'Model' Links Practice
2. The 'Reduced' Links Practice
3. The 'Patient-focused' Links Practice



The 'Model' Links Practice



- Strong & shared leadership for patient support, practice development & community networking
- High engagement from practice staff
- Pro-active community networking



The 'Reduced' Links Practice



- Partial CLP support due to circumstances
- Practice staff take over some aspects of practice development and community networking



The 'Patient-focused' Links Practice



- Largely patient-focused out of circumstance
- Limited practice development
- Reactionary community networking

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 **capacity, orientation,** and the **local context** of general practices.

Preliminary Conclusions



Capacity: Leadership, engaged staff, administrative support, physical space...

"...so I'm pushing a lot of things along which is good, I like it and it's not, you know, it's not burning me out or whatever. But I suppose I'm concerned that it's, it influences the programme in the sense of how transferrable it is and whether that's something that other places could do without identifying the individual that would play that role in the practice." – Lead GP X

Preliminary Conclusions



Orientation: Priorities & issues...

"[For] example..., team-working. So it's not been something that from our perspective we've needed a great deal of assistance with. You know, if the wheel's... If the wheel's working why change it? So we didn't need to have any kind of team bonding exercises because the team working ethic in the practice works so well, to be honest." – Lead GP Y

Preliminary Conclusions



Local Context: Office dynamic, other programmes...

"[communications] Seems to be like a top-down sort of... Almost kind of like the army." – CLP X

"We're quite fortunate in that the, as you know, we also have the [OTHER PROJECT] which is running as well. Which has given us some additional GP capacity. So one of the advantages of that is it's unusual for us to require locums. But even on those very odd occasions where we have required locums, we've been fortunate enough to be able to rely on former registrars within the practice, who of course are very well familiar with the Links worker role." – Lead GP Y

Conclusions from Interim Report

- The responses from intervention practices give a palpable sense of continuing, and valued, activities and with progress made.
- Activities to promote team wellbeing were reported most satisfying with palpable benefits to team morale and cohesion. Making links with community organisations was also highly satisfying. Because of the continued difficulty to integrate IT systems, activities to grow 'intelligence' were reported as least satisfying.
- The greatest barriers encountered were those associated with gaps in provision of local resources for some patients groups (such as older people), insecurity of funding for third sector organisations and resultant high staff turnover, and high demand for some services in the face of increasing problems caused by austerity and changes in welfare support.
- The responses from comparison practices provide insight into practices keen to operate in a community-orientated way by undertaking some activities to support their patients and investing in team wellbeing. However, without the investment from the Programme there is no concerted, coordinated, approach to make and use community links across the board.

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

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



Links Worker Study

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

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

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



Links Worker Study

Eligible Patients:

- Adult (aged 18 years or older), able to give informed consent, no contraindications identified by usual care provider
 - **Intervention**
Referred (including self-referred) to Links Worker between March and December 2015. Permission sought for contact details to be passed onto study team
 - **Comparator**
Random sample of 100 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



Links Worker Study

Patient Questionnaire Survey

- recruited **300 intervention patients** (51% of patients referred to study - big variation between Practices in proportion of eligible patients referred)
- Recruited 162 **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 50% of eligible staff

Acknowledgements



Links Worker Study

Evaluation Team

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Attached: Kathryn Skivington

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