

CONFERENCE ABSTRACT

Scotland's National Links Worker Programme: mitigating negative impacts of social determinants of health through community connected general practice

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An introduction: Patients in areas of socioeconomic deprivation experience shorter consultations and less enablement than in other areas, while their doctors experience greater levels of stress. General practices serving socioeconomically deprived communities are therefore relevant settings for targeting efforts towards reducing health inequalities.

Short description of practice change implemented: A new role, the Community Links Practitioner (CLP) has joined general practice teams. CLPs are recruited and managed by a third sector organisation yet are full members of the general practice team. They contribute to medical records and collaborate with colleagues in planning and undertaking patient care.

CLPs work with anyone from the practice patient population, usually on a one-to-one basis, however they can work with several members of the same family, either individually or collectively.

Each practice has also developed a plan that aims to help the entire practice team adopt a 'links approach'. This is a developmental model for improvement comprising seven capacities that previous studies have suggested practice teams require in order to be connected with their communities and resources therein and better able to support patients to address social issues that affect their health.

Aim and theory of change: Supporting people to live well through enhancing dignity, autonomy and relatedness, both by addressing issues directly and by creating relationships with, then supporting individuals to access, community resources that can help each individual achieve their goals. This builds health competence and helps mitigate negative impacts of social determinants of health.

Target population: Individuals living in the most socioeconomically deprived 15% of Scottish postcodes.

Timeline: Seven practices are participating in the initial phase of the programme which began delivery in 2014.

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Highlights: To date over 2000 people have directly benefitted from working with a CLP.

Sustainability: An independent evaluation study is being undertaken to scientifically measure effectiveness of the programme.

Transferability: Twelve documents that record and share key learning points from the development of the programme have been produced. These along with findings of the evaluation study will help inform delivery of the Scottish Government's commitment to "recruit 250 links workers to work in general practice in socioeconomically deprived areas."

Conclusions:

Increased and more appropriate referrals from primary care to community resources.

60% of programme participants live in the most deprived decile of Scotland's population, 81% in the most deprived quintile.

From 980 CLP referrals over a nine month period, the evaluation study successfully recruited a sample population of 214 individuals, who completed baseline and nine-month follow-up questionnaires which included mental wellbeing and quality of life outcome measures.

Discussions: The programme has been successfully implemented. It is reaching those most in need and generating learning on the impact of social determinants on health as well as strategies aimed at mitigating negative impacts from these.

Lessons learned: It is possible to implement a general practice based intervention that brings values and approaches from community development into this environment. It is possible to simultaneously collect data to assess effectiveness of a new role in this setting though this is very labour intensive and must be responsive to local conditions.

Keywords: health inequalities; social determinants; links approach; community links practitioner; general practice
