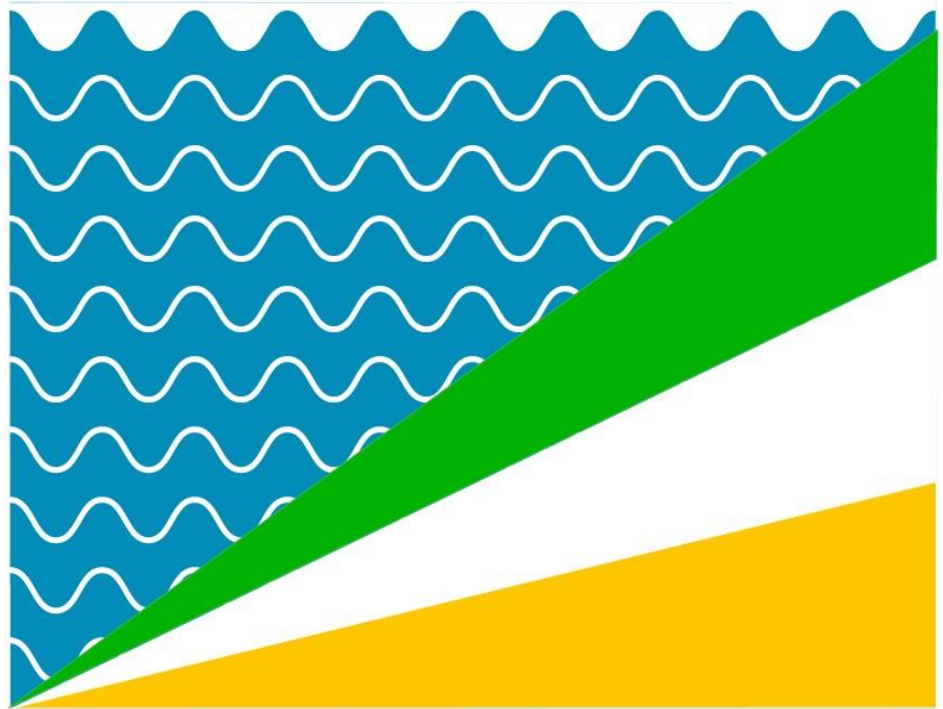


DEEP END IRELAND



March 2018

Deep End Ireland 2018: Role of Links
Workers & Social Prescribing

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Deep End Ireland

DEEP END IRELAND 2018: ROLE OF LINKS WORKERS & SOCIAL PRESCRIBING

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RECOMMENDATIONS

We strongly recommend that:

- **A Links Worker programme is developed for Irish Deep End GP practices, as we believe that it would be beneficial for the health and wellbeing of our patients**
- **These Links Workers would be part of a practice team in order to adequately develop relationships and trust**
- **We learn from the Scottish Links Worker programme, and adapt it for the Irish context**
- **This Links Worker initiative gets appropriate resourcing, and that it is addressed in the context of ongoing GMS contract negotiations**

WHO WE ARE

Deep End Ireland is a group of GPs serving populations in deprived areas of the country. It was established in 2012 and is based on the original Deep End group established in Glasgow in 2009. It has been shown in the international literature that patients living in deprived circumstances have worse health outcomes and more complex multimorbidity than the general population. We recognise there is a need for us to come together and advocate on behalf of these vulnerable patients, and that we as GP's need to support each other in our challenging work.

“Health and social policy planners, commissioners and funding programmes will prioritise community-based programmes for those most at risk, experiencing the greatest disparities and with the greatest opportunity for impact and mainstreaming”

Action 2.7 in Healthy Ireland Framework p. 22

(Department of Health 2013)

LINKS WORKERS & SOCIAL PRESCRIBING – THE EVIDENCE

Definitions

Social Prescribing

Social prescribing is a “mechanism for linking patients with nonmedical sources of support within a community.”

(NHS Scotland 2017)

Links Worker

A links worker acts “as a catalyst to hope and self-determination, using the strong relationships with patients that exist in general practice as a natural community hub.” The idea is that when patients are supported they “would be more likely to respond to information on ways to improve their health. It can also be seen as a response to the inverse care law, by providing practices and practitioners serving very deprived areas with an extra team member and a ‘horizontal’ referral pathway for patients, including those with complex multimorbidity spanning mental, physical, and social problems, which could potentially reduce GP and primary care workload.”

(Mercer et al. 2017)

The Scottish Example

Social prescribing is an approach taken by doctors looking beyond the traditional medical consultation by directing patients to local community services that can offer supports such as financial advice, employment and social activities. The evidence base for social prescribing is limited, and this is generally felt to be related to the difficulties of measuring complex interventions (Mercer et al. 2017, Bickerdike et al. 2017). The Deep End group in Scotland produced a report in 2010 that set out their thoughts on utilising Links Workers in practice, and when that may be useful to drive social prescribing in deprived areas of Scotland (Deep End Scotland 2010).

This then led to the development of the Links Worker Programme in Scotland. This programme is a partnership between The Health and Social Care Alliance Scotland¹ and the Deep End GP Group², and the Scottish Government funds it. Since 2014, a full-time Community Links Worker has been placed in each of seven selected Deep End practices. The government has also made funding available to these practices to improve their services. The Links Workers engage with referred patients on an individual basis seeking to address their social needs. The Links Workers also seek to promote learning and foster team cohesion in the practices they work in. The Scottish government funding for this programme has now been extended until the end of 2018 (NHS Scotland 2017).

¹ www.alliance-scotland.org.uk

² www.gla.ac.uk/researchinstitutes/healthwellbeing/research/generalpractice/deepend/



Figure 1 (Cawston 2013)

Figure 1 describes the changes expected of both the referred patients and the relevant practices when engaging with the Links Worker programme. It is obvious from the figure above that there is a large focus on the development of resilience and skills in the practice itself, as well as working closely with the referred patients to improve their health and wellbeing.

The Scottish Links Workers programme was the subject of a detailed evaluation by academics at the University of Glasgow in 2017 (NHS Scotland 2017). This research found that “those who engaged with the [community links practitioners] CLP showed better outcomes than the comparison group for mental health outcomes and exercise”, and it is “possible that the addition of a CLP to the practices also mitigated to some extent the inverse care law”, but they suggested that more detailed and robust evidence was needed. The same evaluation team have subsequently designed a research project to do just that, and have described it as a “quasi-experimental evaluation of a social prescribing intervention for patients with complex needs in areas of high socioeconomic deprivation” (Mercer et al. 2017). A pilot randomised controlled trial and feasibility study is planned in Ireland though the 2018 Health Research Board Collaborative Doctoral Awards, with Prof Susan Smith of Deep End Ireland as Principal Investigator.

The Irish Context

Here in Ireland there has been some development of social prescribing initiatives, but these have been on a pilot basis and are not replicated throughout the country e.g. in Donegal (Health Service Executive 2017, Health Service Executive 2015).

To our knowledge, there is no centrally planned community links practitioner service available to General Practitioners in Ireland. The Combat Poverty Agency had produced a report advocating for the creation of the position of Community Health Workers in deprived communities in the past, but this was not adopted widely (Combat Poverty Agency 2009). There are some isolated examples of links practitioner work being carried out in general practice, but these have been self-funded by the practice in question (O'Ciardha et al. 2017).

With this in mind, we organised a national meeting of Deep End Ireland members in March 2018 to discuss social prescribing and the links worker model. We invited experienced speakers including Mark Kelvin who is involved in the planning and development of the Links Worker Programme through the Health and Social Care Alliance in Scotland, Dr Maria Duffy who is a Scottish GP with a Links Worker at her practice and Dr Darach O'Ciardha, a GP from Dublin who has developed a model of links worker and social prescribing at his own practice.

DEEP END IRELAND MEETING ON LINKS WORKERS & SOCIAL PRESCRIBING

The meeting was held at the Royal College of Surgeons building in Dublin on Saturday 10th March 2018. The meeting was advertised in the ICGP Forum Journal, on social media and by email to any GP's who had previously attended a Deep End event.

Meeting Programme

- | | |
|-------|---|
| 9.30 | Introduction and Welcome: Prof Susan Smith, GP & Department of General Practice, RCSI |
| 9.40 | Opening Plenary: Experience of link workers in Deep End general practices. <ul style="list-style-type: none"> • Mr Mark Kelvin, Health and Social Care Alliance Scotland • Dr Maria Duffy, GP Deep End Scotland • Dr Darach O'Ciardha, GP Tallaght Cross, Dublin |
| 11.00 | Coffee |
| 11.15 | Workshop Topic Presentation: Dr Edel Mc Ginnity, GP |
| 11.20 | Small Group Discussions |
| 12.10 | Plenary Discussion & Close: Dr Patrick O'Donnell, GP & UL Graduate Entry Medical School |

Questions Asked of Attendees

1. Have they any experience of social prescribing in their own practice, even informally?
2. How do they think they could use it in their own practice?
3. Would they or their teams have any training needs?
4. Practical considerations (funding, responsibility, line management, link worker support and training)

Methods

Following presentations from the invited speakers, the attendees were divided into small groups in order to address each of the questions above. Flipcharts and markers were provided and at the end of the session the pages with notes from each group were photographed. Each group also had a designated scribe documenting the discussions taking place. Points from each group were then put into table format and this table was analysed for recurring themes. The resulting summary is below.

Summary of Results

1. Have they any experience of social prescribing in their own practice, even informally?
 - All groups had experience of this
 - Some examples of positive experiences were noted e.g. Men's Sheds, Ballymun PCT Community Mental Health Nurse, HSE Donegal social prescribing initiative, Fatima Programme, homeless and addiction service key workers
 - There were also examples of where this social prescribing has not worked well due to a range of issues; complex referral systems, 'yet another referral form', directories of local services out of date, key workers constantly changing making relationship and trust building difficult
 - Knowing the person they are referring to is beneficial
 - Big variations were noted in the services available in different areas
 - GPs worry about confidentiality and data protection when referring to 'non-medical' services
2. How do they think they could use it in their own practice?
 - A link worker would have up to date information on the local community and services available
 - A link worker role would include supporting social prescribing
 - All agreed that a link worker should be based within a practice; this will allow relationships and trust to develop with practice staff and patients and facilitate direct referral
 - There must be consistency/continuity in the link worker at the practice
 - Referral to link worker must be flexible and easy, and open to any of the practice staff
3. Would they or their teams have any training needs?
 - Risk management; how to minimise risks re confidentiality and data sharing

4. Practical considerations (funding, responsibility, line management, link worker support and training)

- Funding options;
 - HSE employed
 - Independent agency or charity (Scottish model)
 - Using the existing practice grant system to employ in the practice
- Governance and supervision of links workers
- Confidentiality; issues regarding access to medical records
- Prior training and experience required for the role; e.g. graduates in social care or community development
- Ongoing training and support; burnout concerns
- Should be seen as part of a practice team
- Links with All Ireland Social Prescribing Network

The Future

Taking on board the international experience and the ideas of our Deep End Ireland members, we are recommending the following:

- We support the development of a links practitioner position in Deep End GP practices and believe that it would be beneficial for the health and wellbeing of our patients
- We recommend that these links practitioners are part of a practice team in order to adequately develop relationships and trust
- There is much we can learn from and adapt from the Scottish context that could be implemented in the Irish context
- This initiative would need appropriate resourcing, and needs to be addressed in the context of ongoing GMS contract negotiations

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