

Dr David Blane submission of 26 February 2024

PE2053/D: Stop the cuts to community link workers and help secure their long-term future within GP practice teams

This submission is based on collated feedback from 10 members of the practice team in a Deep End GP practice in Glasgow, including: 3 GP partners, 3 members of admin staff, 2 trainee GPs, 1 salaried GP, and 1 practice nurse.

- **How does the work of CLWs benefit your patients / practice team?**

All staff respondents identified numerous benefits of the work of the CLW for patients and the practice team. The CLW has been at the practice for more than 5 years and is well known to patients and the practice team.

Patient benefits – The CLW helps patients with the issues that matter most to them (e.g. feeding, heating, clothing, bereavement, loneliness) – often drivers of distress and illness. She deals with a range of psycho-social and financial issues that the clinical team do not necessarily have the knowledge or capacity to address. She has a wealth of knowledge about community resources, both locally and city-wide. Examples of the benefits of the CLW for patients included:

- Patients have a **high level of trust** in her – they can discuss personal issues (money, benefits, food, etc) that impact their wellbeing.
- Consistent, **proactive engagement** until the problem is resolved.
- Support is for **as long as is needed** (e.g. not limited to 6 weeks).
- **Patients feel heard and valued** – examples given of patients who would previously have been prescribed antidepressants/sleeping tablets but do not need this after support from CLW.
- Supporting patients with **employability, volunteering** – helping reclaim their dignity.
- Supporting **marginalised groups (e.g. asylum seekers)** with integration to the community, or with rehousing to areas where there are more social connections.

Practice benefits – The work of the CLW allows clinical staff to focus on medical issues, creating time (for patients and practice) to unearth unmet clinical needs. Practising holistic social medicine would be impossible without a CLW. Rapport and trusting relationships are built by addressing social issues, after which the team are better able to address clinical issues. Over time, this could facilitate a more proactive approach – targeting efforts to increase engagement with screening, addressing cardiovascular risk, etc. Further examples of the benefits of the CLW for the practice team included:

- **Support for mental health** – waiting times for mental health services are huge, but the CLW often supports patients in the interim, and arguably helps more than medications.
- **Ease of referral** – admin staff being able to refer to CLW is a strength.
- **Staff learn about community resources** via CLW – e.g. Moira Anderson Foundation for victims of Childhood Sexual Abuse. Third sector services are invaluable.
- **CLW provides informal support to staff** as well (e.g. with bereavement).

It was noted that the protected time the CLW has with CLW colleagues helps her to keep up-to-date and networked/supported. The CLW is aware of her boundaries – there is undoubtedly a counselling element to her work, but if there is psychological input required, or safeguarding issues, she refers on appropriately.

- **What value do you place on the CLW service?**

All members of staff were unanimous in their support of the CLW, who was described as a “vital”, “invaluable” member of the team. Some staff noted likely financial benefits of the CLW service, in terms of both improving the wellbeing and productivity of patients and reducing clinical appointments.

- **What impact has the uncertainty over CLWs had on your patients / practice team?**

The uncertainty over CLWs had a distressing, disheartening and unsettling effect on patients and the practice team. Specific comments included:

Impact on patients: Patients reported a real feeling of panic – “what will we do?” – fear of losing a vital support network, a wealth of knowledge, and the loss of trusting relationships, which took time to build up. The strength of support for the CLW service was evident by the hundreds of patient signatories to a petition in the waiting room that was set up in support of the CLW.

Impact on practice team: The prospect of losing the CLW generated significant stress across the practice team. One senior GP partner thought about resigning when they first heard the news of planned cuts to the CLW service. Another agreed that to lose the CLW would significantly destabilise the practice and could impact GP recruitment and retention. Advocacy efforts diverted time and resource for all the practice team, writing emails, meeting with MSP, etc. Again, demonstrating the value placed on the CLW role. Similarly, if the uncertainty had caused the CLW to resign their post, having to retrain new staff (or integrate them into the practice team) takes time and resources.

- **Do you support the action called for in the petition ("*to take binding steps to secure long-term funding for community link workers in GP practices across Scotland*")**

Responses to this ranged from “*110 per cent*” (GP partner) to “*1 million per cent*” (admin staff) and “*Absolutely, without a doubt – there should be one in every practice.*” (practice nurse). The view that CLWs should be considered as important as any other staff member, especially in deprived areas, was unequivocal. As one GP trainee put it “*Definitely – folk in deprived areas are often the first to have their services cut, as they are less vocal, less politically active – without that [CLW] support, a huge range of issues would go unaddressed.*”

- **What difference would it make to your patients / practice team if this action were implemented?**

The key messages here were “certainty”, “stability”, and “security” – for both patients and the practice team.

For patients: If there was long-term funding for the CLW service, it would provide a boost to the mental health of patients that the CLW supports, as well as comfort and relief.

For the practice: Secure funding would allow the practice to plan for the future, incorporating the CLW role into various pathways, and further developing the team. It would hopefully encourage recruitment and retention to the CLW role across other practice teams, and provide more confidence in the GP contract moving forward.