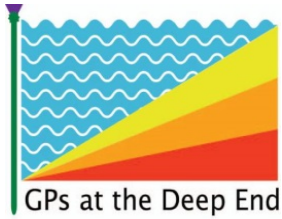




ALLIANCE
HEALTH AND SOCIAL CARE
ALLIANCE SCOTLAND
people at the centre



“Our vision is for a Scotland where people who are disabled or living with long term conditions and unpaid carers have a strong voice and enjoy their right to live well.”



Scotland's National Links Worker Programme

Mitigating negative impacts of social determinants of health through community connected general practice

Mark Kelvin
Programme Director
Health & Social Care Alliance (Scotland)
@markmakeslinks



Why integrate? For the practice population



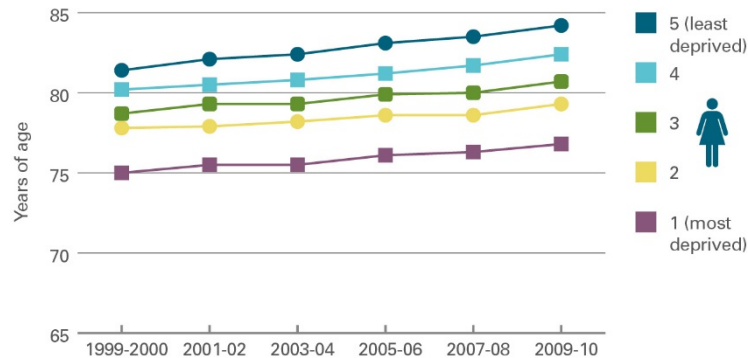
Why integrate?

For the practice population

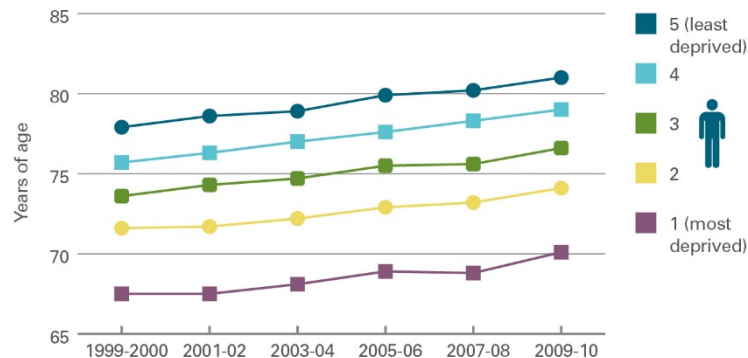
Average life expectancy at birth, 1999-2000 to 2009-10

Average life expectancy has increased but people in the least deprived areas still live longer than people living in the most deprived areas, and the gap has increased for women.

Females



Males

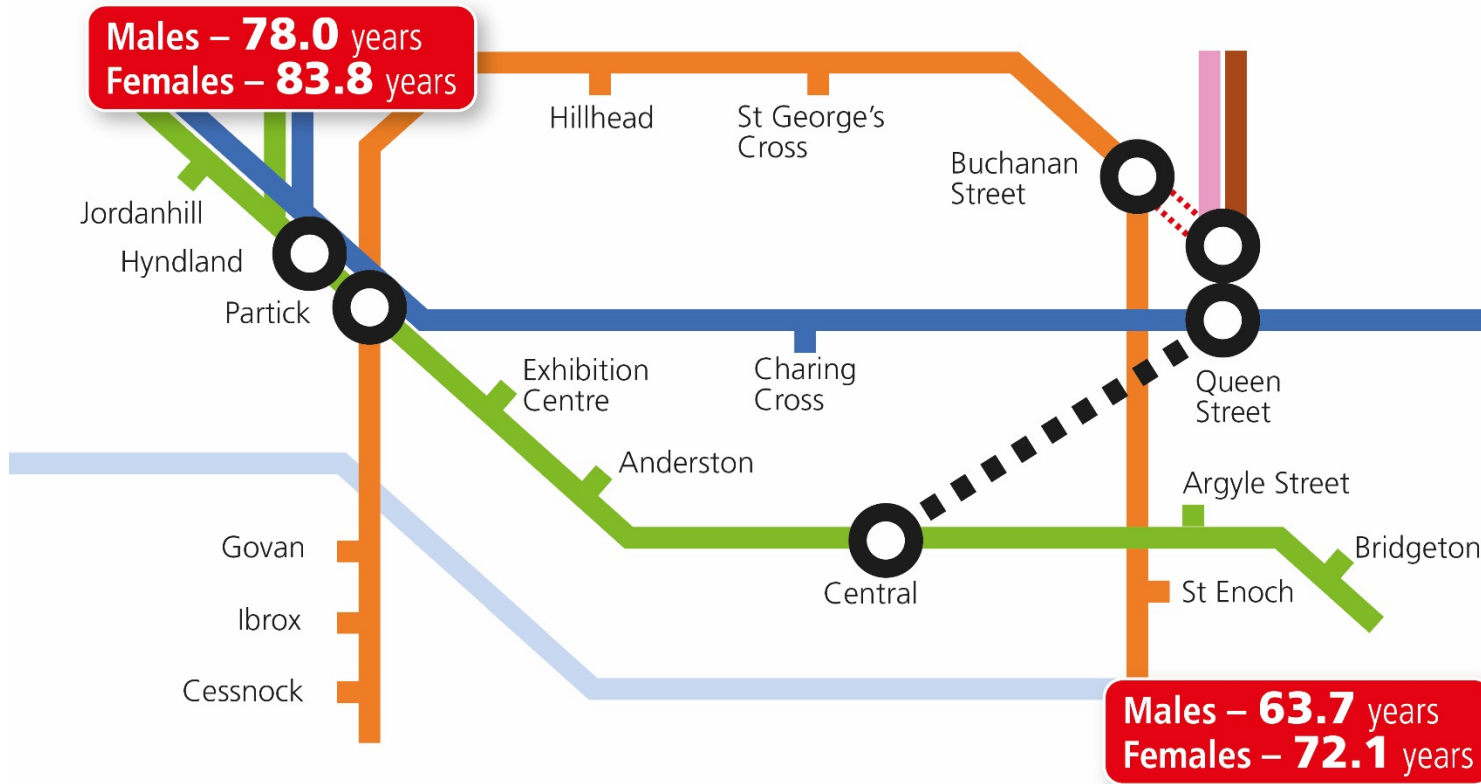


Source: Scottish Public Health Observatory, 2012



Why integrate?

For the practice population

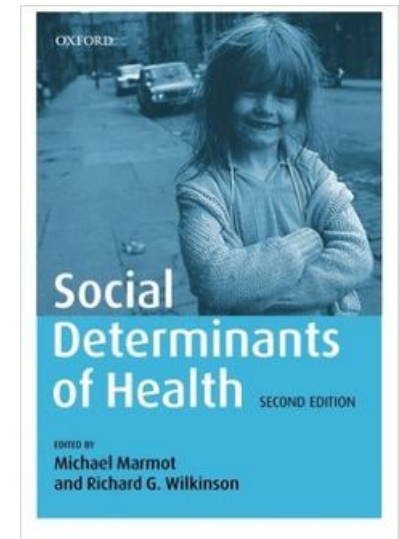
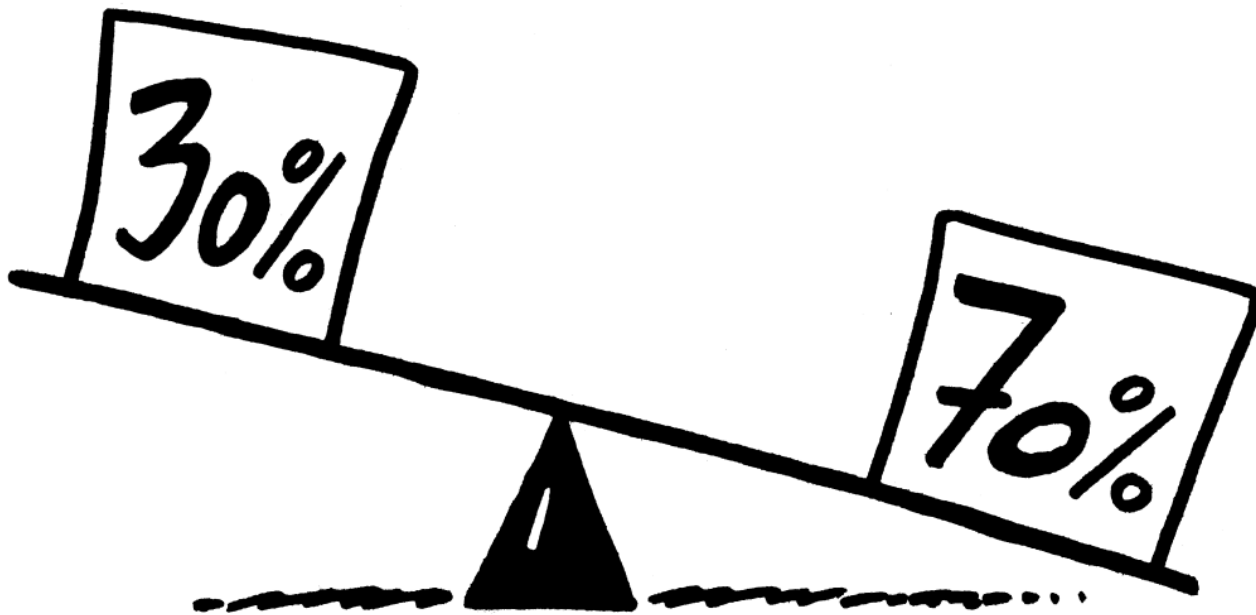


NHS Health Scotland



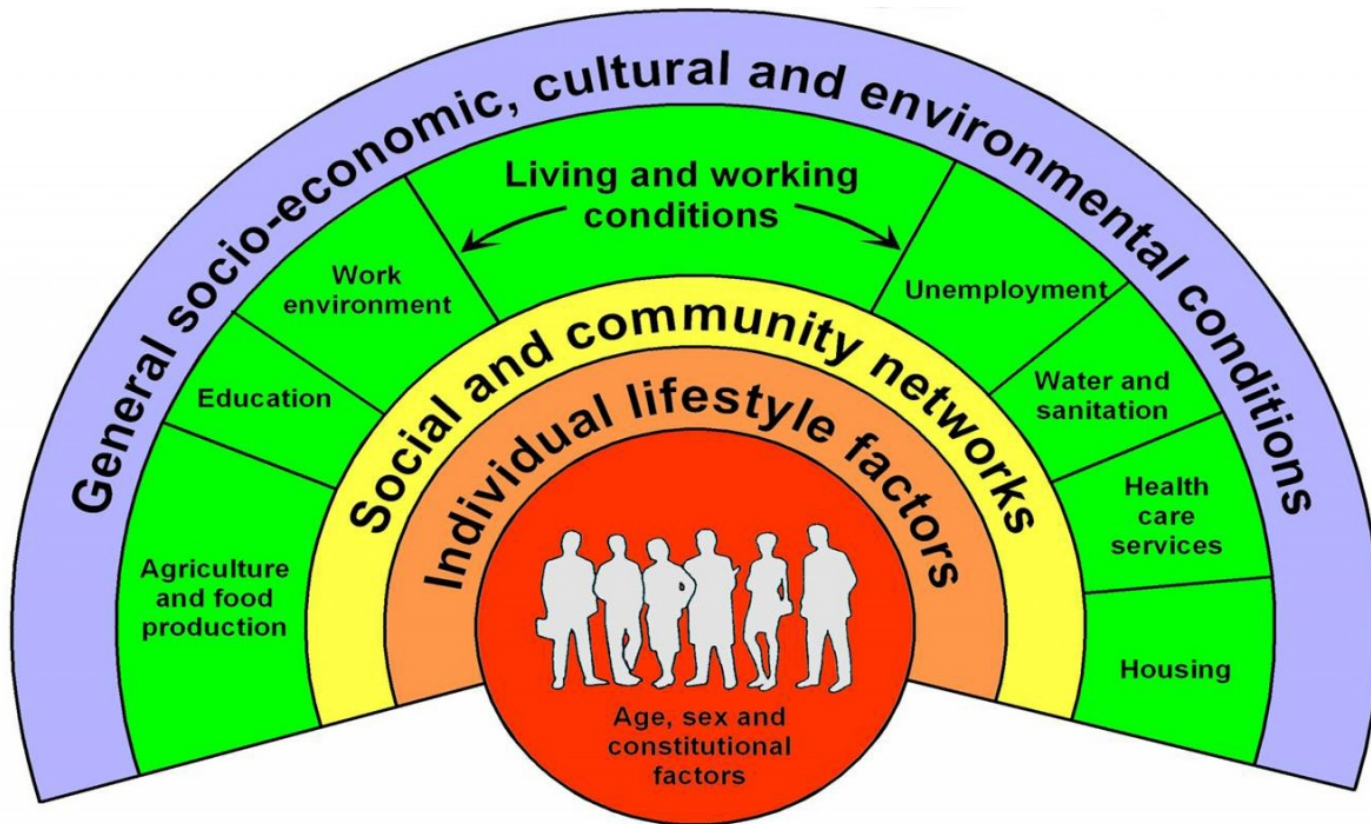
Why integrate?

For the practice population



Why integrate?

For the practice population

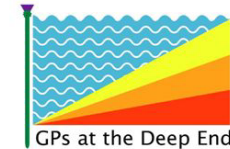
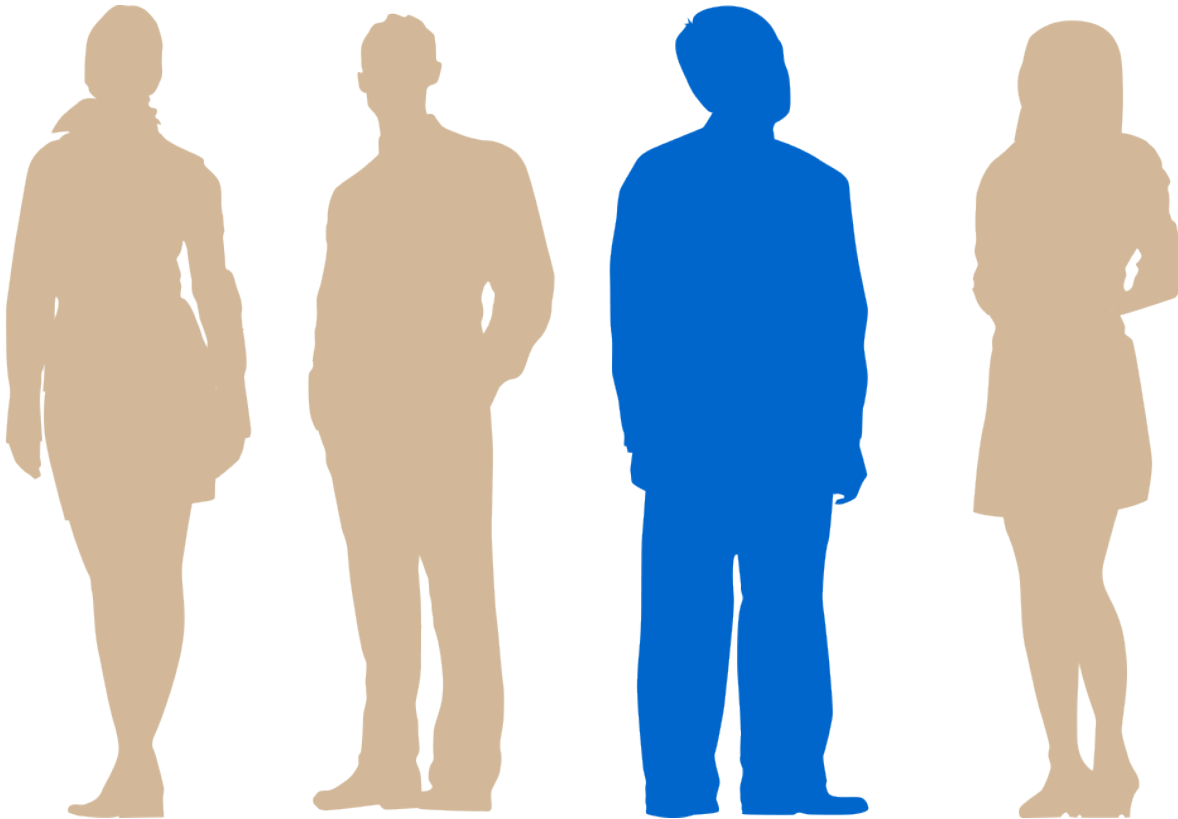


Source: Dahlgren and Whitehead, 1991



Why integrate?

For the practice population



GPs at the Deep End

**What can NHS Scotland do
to prevent and reduce
health inequalities?**

*Proposals from General
Practitioners at the Deep End*

March 2013



Why integrate?

For the practice population



1: The Core Statement

1.00 Being a General Practitioner

2: The Professional Modules

- 2.01 The GP Consultation in Practice
- 2.02 Patient Safety and Quality of Care
- 2.03 The GP in the Wider Professional Environment
- 2.04 Enhancing Professional Knowledge

3: The Clinical Modules

- 3.01 Healthy People: promoting health and preventing disease
- 3.02 Genetics in Primary Care
- 3.03 Care of Acutely Ill People
- 3.04 Care of Children and Young People
- 3.05 Care of Older Adults
- 3.06 Women's Health
- 3.07 Men's Health
- 3.08 Sexual Health
- 3.09 End-of-Life Care
- 3.10 Care of People with Mental Health Problems
- 3.11 Care of People with Intellectual Disability
- 3.12 Cardiovascular Health
- 3.13 Digestive Health
- 3.14 Care of People who Misuse Drugs and Alcohol
- 3.15 Care of People with ENT, Oral and Facial Problems
- 3.16 Care of People with Eye Problems
- 3.17 Care of People with Metabolic Problems
- 3.18 Care of People with Neurological Problems
- 3.19 Respiratory Health
- 3.20 Care of People with Musculoskeletal Problems
- 3.21 Care of People with Skin Problems

*Adapted with permission
from an original figure by
Dr Chantal Simon for
InnovAIT (2012), based on
an original concept by
Professor Justin Allen and
RCGP Curriculum
Development Group.*



Why integrate? For the practice staff



Why integrate?

For the practice staff



Doctors warn GP recruitment crisis threatens patient care

6 Mar 2014 / **Helen Puttick**, Health Correspondent



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DOCTORS are warning a recruitment crisis is threatening services in GP surgeries and out-of-hours medical centres in Scotland.

Concern that it is becoming increasingly difficult to fill vacancies are to be raised by GPs from many different parts of the country at a major medical conference for family doctors in Glasgow.

Delegates attending next week's conference are expected to agree the workload shouldered by GPs is unsustainable, and demand more resources from the Scottish Government to help them cope.



Why integrate?

For the practice staff

Aberdeen GP practice to close due to lack of doctors

15 April 2015 | NE Scotland, Orkney & Shetland

Share



The Brimmond Medical Group in Bucksburn has more than 8,000 patients

An Aberdeen medical practice is to be dissolved, in part due to a shortage of doctors.



Why integrate? For the practice staff

Doctors

GP job dissatisfaction and stress at highest levels for a decade – survey

Survey finds more than a third of GPs expect to quit in five years, providing evidence to back up BMA's warnings of crisis

Haroon Siddique

Thursday 1 October 2015 12.58 BST



This article is 1 year old

47 37



A GP checking a patient's blood pressure. The survey found that reported levels of GP stress were at their highest since the first survey was conducted in 1998. Photograph: Anthony Devlin/PA

Stress and job dissatisfaction among English GPs are at their highest levels for over a decade, with more than a third expecting to quit the profession within the next five years, a report has found.



Why integrate? For the practice staff

Call for action as GP numbers fall in Scotland

🕒 14 June 2016 Scotland

🔗 Share



The number of GPs working in Scotland has fallen and one in five practices has a vacancy, according to official statistics.



Why integrate? For the practice staff

600 GP practices at risk of closure, says RCGP

19 September 2016 By Jaimie Kaffash



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EMAIL TO A FRIEND

RELATED ARTICLES

GP trainee numbers on the rise, but targets still missed

21 Oct 2016

New housing will overburden general

Around 600 practices are at risk of closure by 2020 due to problems recruiting GPs, the RCGP has claimed.

These practices all have at least 75% of their GPs aged 55 and over, the college says, which will lead to a shortfall of almost 10,000 GPs across the UK within four years.

It comes as the RCGP has launched a [new video campaign](#) aimed at foundation doctors, medical students and sixth-form students.

The campaign is designed to show that general practice is 'exciting and challenging', and address the myth that 'the role of a GP is somehow run-of-the-mill, with family doctors simply treating coughs and colds'.



Why integrate? For community resources



Why integrate?

For community resources



Why integrate?

For community resources



The Links Approach



INTERVENTION
The Links Approach

IMPLEMENTATION

Primacy of local context
Community Links Practitioner
- attached to primary care team
- community-oriented role
Practice Development Plan
- guided by primary care team development process

SHORT TERM

MEDIUM TERM

LONG TERM

Able to use available information and support

More able to access information, knowledge, skills and supportive relationships

Self-efficacy

Changes in health related behaviours

Health competence

Better able to prepare for and face challenges and problem-solve

Patients are better able to navigate health and other systems

Access to resources

Development of peer support networks

Dignity & Autonomy

Patients are supported to plan for end of life and utilise appropriate support

More people benefitting from signposting

Improved relationships with professionals

Relatedness

Team wellbeing

Shared learning

Awareness

Increased practice resources/capacities allocated to community links

Improved skills in identifying and supporting

More patients supported to live well

Intelligence

Signposting

Problem solving

Service delivery in a way that reflects lived experience

Sufficient time to listen and advise people

Network building

Enabling more effective patient self management

More and stronger practice-community relationships and exchange

Impact on NHS services

Impact on local authority services

Improved social capital in the community

Referral pathways established between practice and community resources

Joint resolution of shared problems

Impact on community resources to support people to live well

Impact of programme ethos on community

The Links Approach



The Links Approach

Practice
population



The Links Approach



Practice
population



The Links Approach

Figure 1. Links Worker Programme April 2014 – 30 February 2017 inclusive

People 'referred'	People worked with
2993	2137



Aggregate rolling conversion rate 71.4%

Cross practices range - referral/seen: highest– lowest



The Links Approach



Practice population



The Links Approach

GP Practice
team



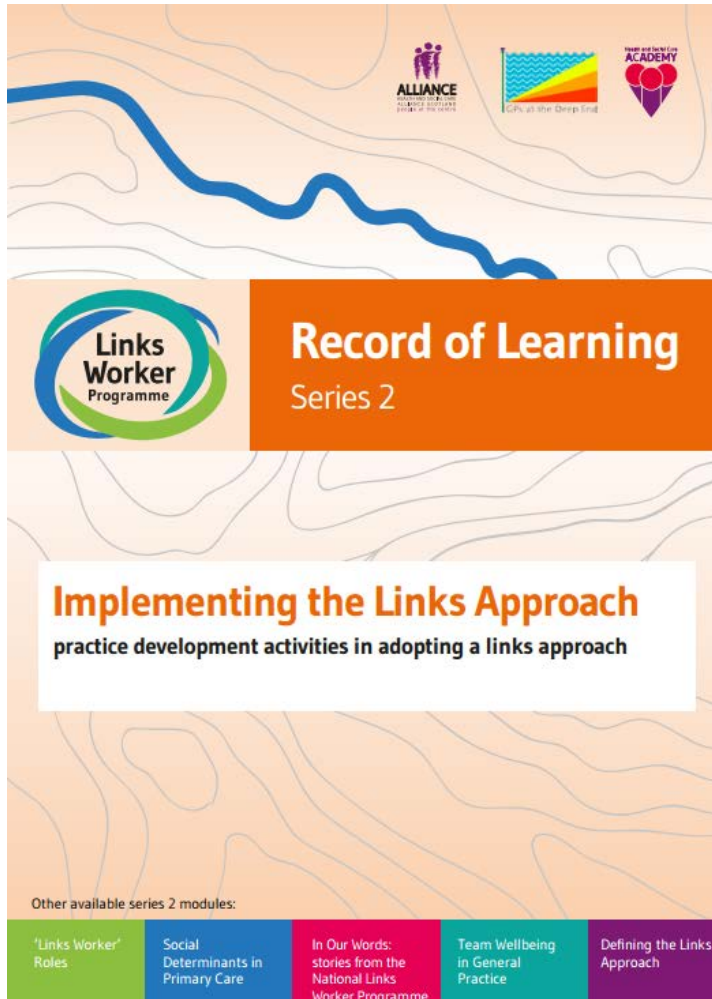
The Links Approach

GP
Practice
Team

- Team wellbeing
- Shared learning
- Awareness
- Intelligence (information management)
- Signposting
- Problem solving
- Network building



The Links Approach



@markmakeslinks



The Links Approach

Community
resources



The Links Approach



Community
resources

Better lives
for people and
communities

Strengthen the voice
of people and
communities

The Links Approach



Community resources



The Impact: 'The Links Effect'?



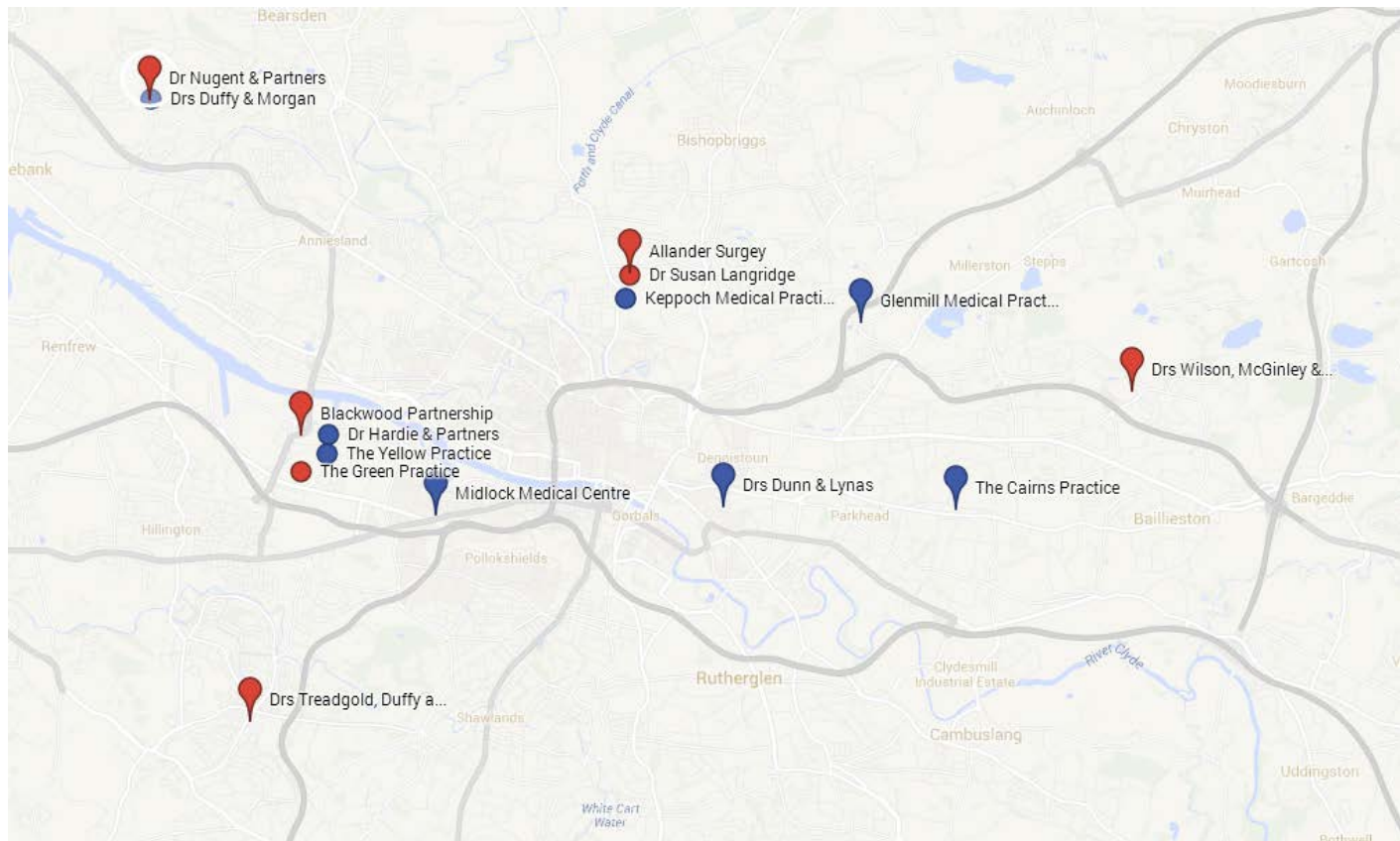
‘The Links effect...’ Research



...will be
known June
2017

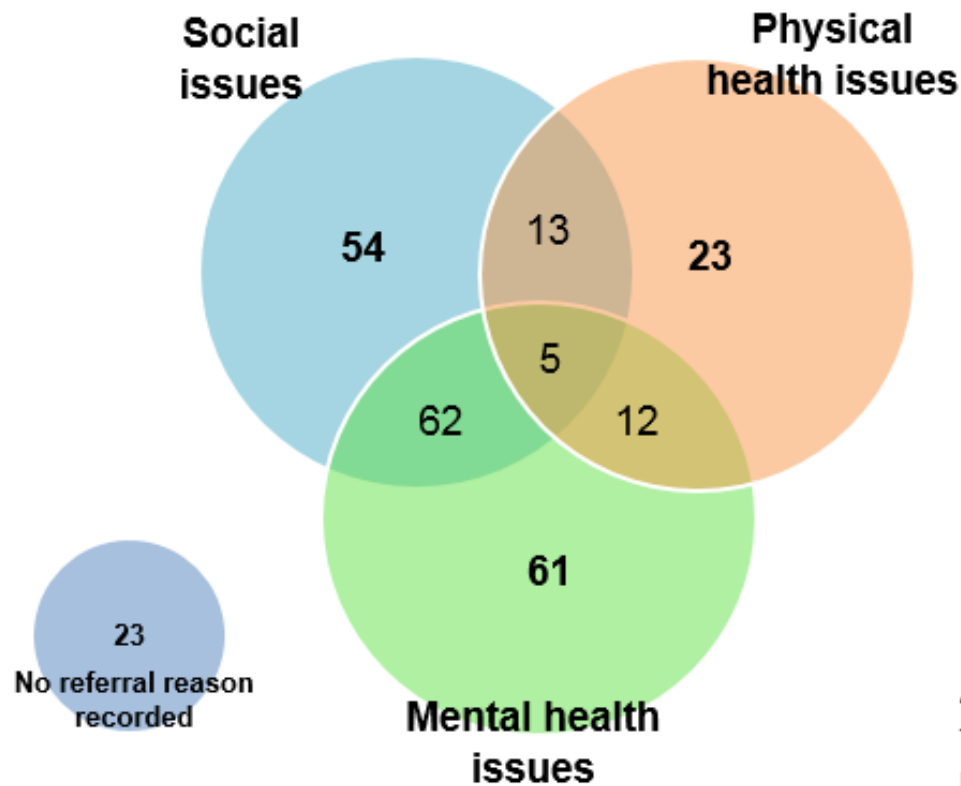


'The Links effect...' Research



'The Links effect...'

Practice population

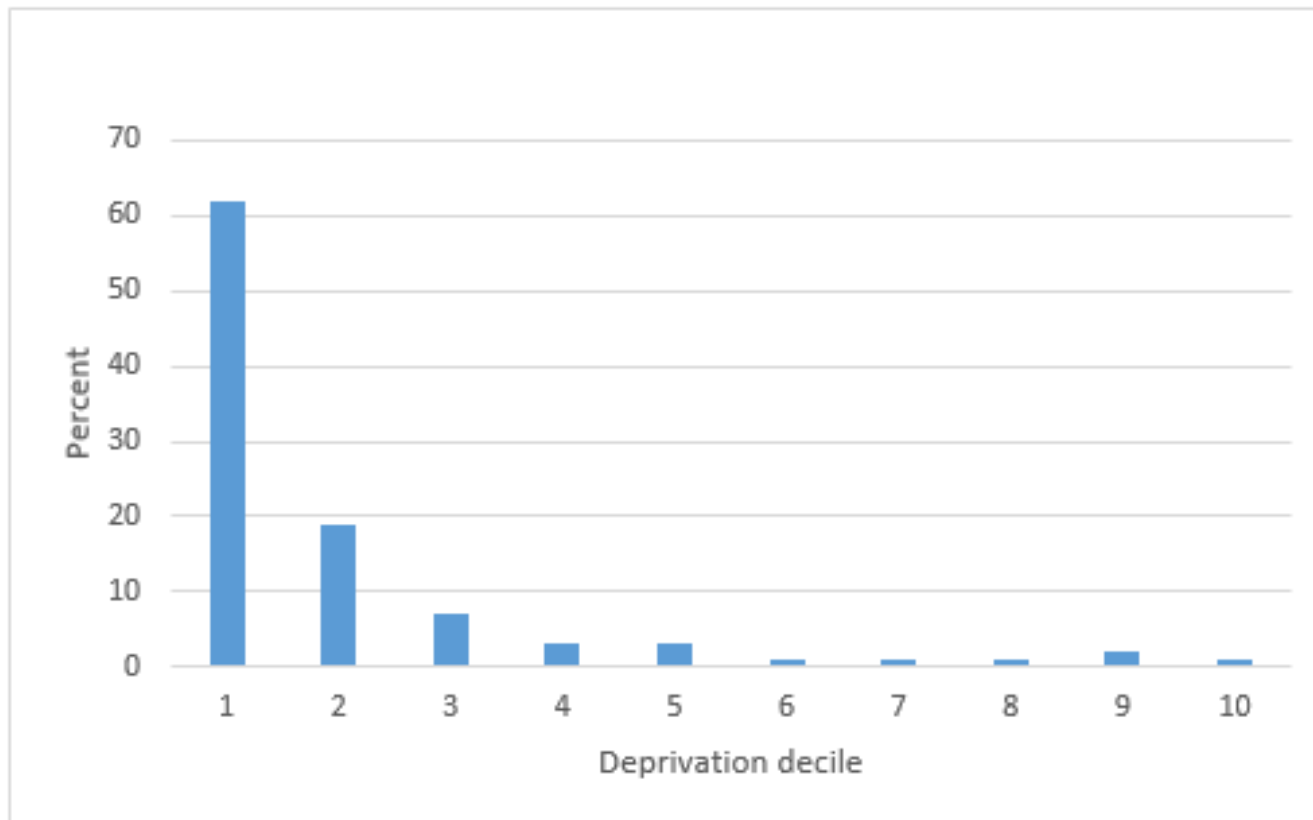


An analysis of the first 253 people referred to CLP



'The Links effect...'

Practice population



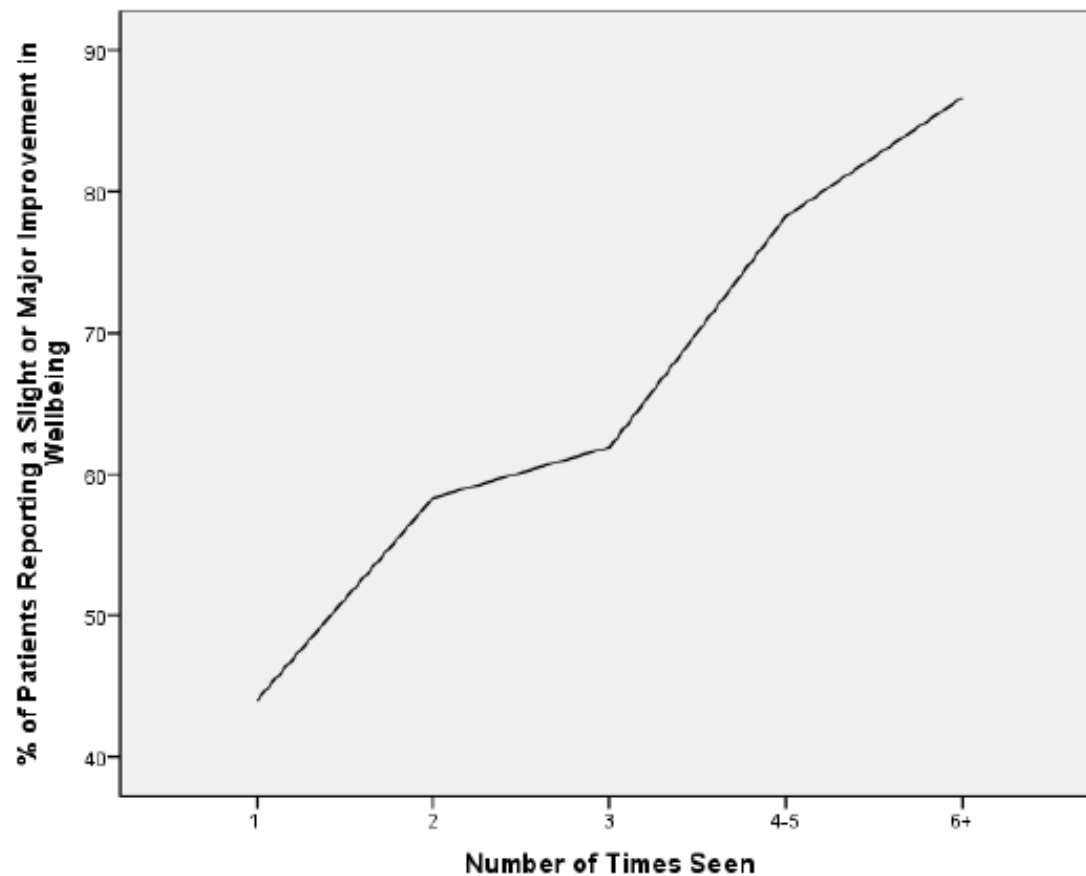
Patient audit
(April 2014 –
February 2015)



'The Links effect...'

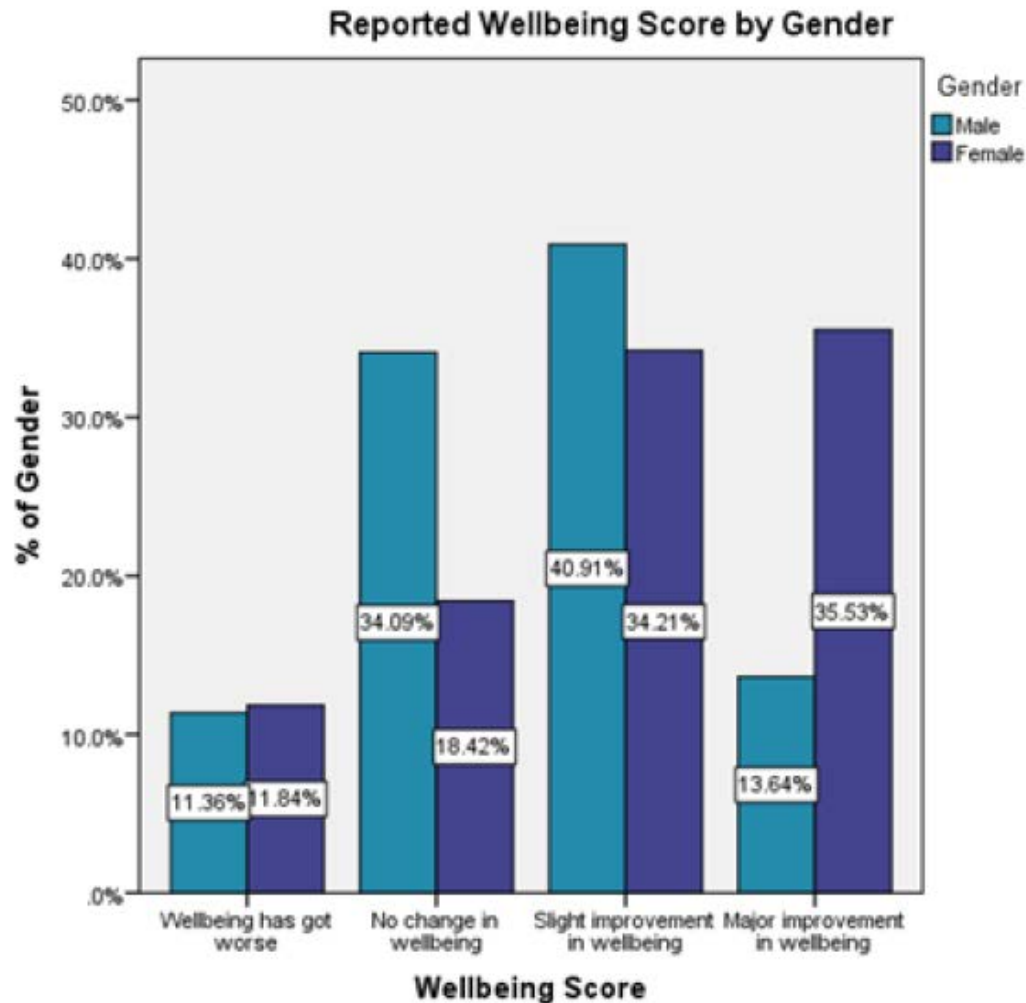
Practice population

Patient audit
(April 2014 –
February 2015)



'The Links effect...'

Practice population



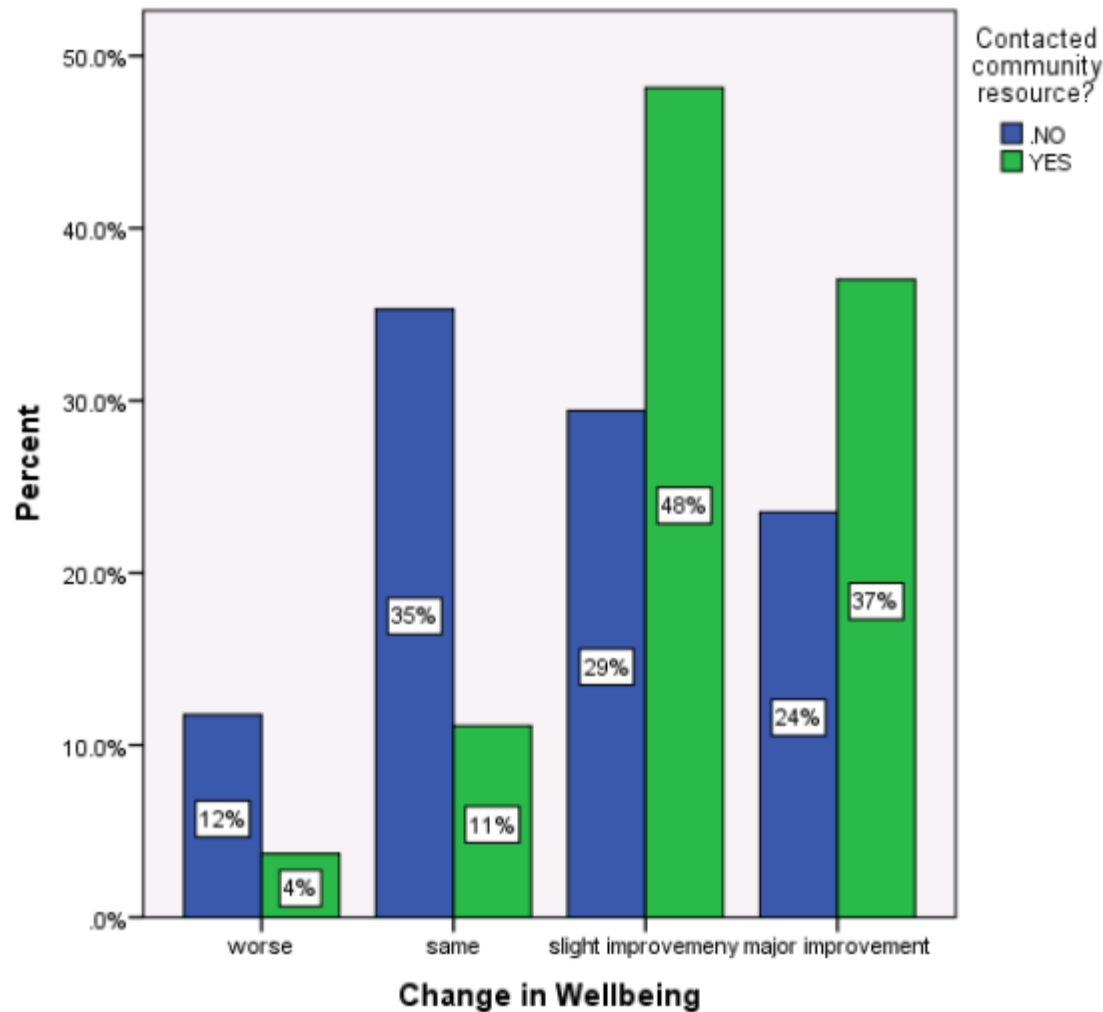
Patient audit
(April 2014 –
February 2015)



'The Links effect...'

Practice population

Patient audit
(April 2014 –
February 2015)



'The Links effect...'

Practice team

I didn't become a GP
to spend my life
prescribing pills

I have stopped
looking through
the job sections in
the paper when I
get home

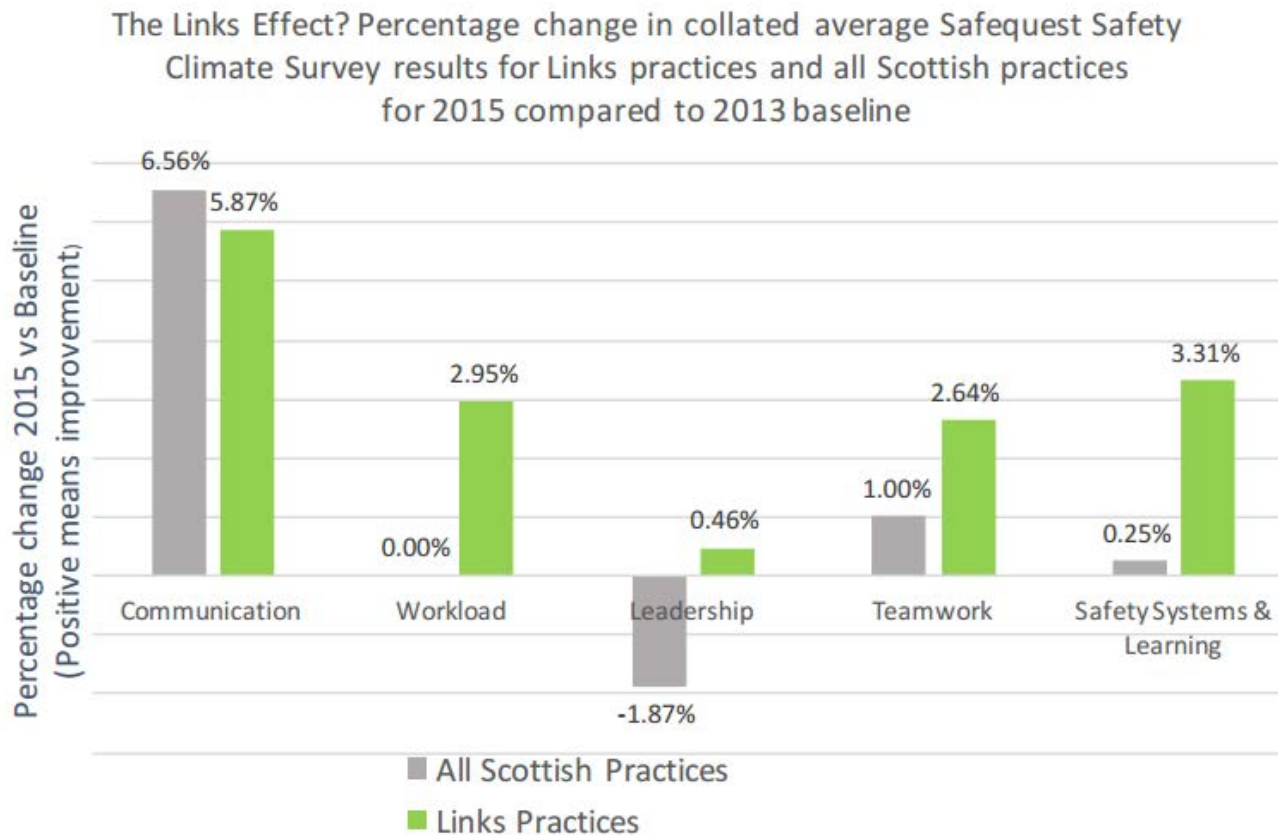
I feel much more
equipped in my clinical
practice, in dealing
with many of the
issues our patient
group, in an area like
this, experience.

I no longer want to
leave general
practice



'The Links effect...'

Practice team



‘The Links effect...’

Community resources

Community Links:
Perspectives of community
organisations on the Links
Worker Programme pilot and
on collaborative working with
primary health care

A sub-project of the Evaluation of the
Links Worker Programme in ‘Deep End’
general practices in Glasgow
Final Report, March 2016

Mathew Smith and Kathryn Skivington, Social and
Public Health Sciences Unit, Institute of Health and
Wellbeing, University of Glasgow

And the Links Worker Programme Evaluation Team
(Sally Wyke, Stewart Mercer, Nai Rui Chng, Bridie
Fitzpatrick, Mhairi Mackenzie, Alex McConnachie,
Catherine O'Donnell; Institute of Health and
Wellbeing, University of Glasgow)

- Increased relationships
- Increased referrals
- More appropriate referral



‘The Links effect...’

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‘So the warmth is coming from the relationships that the community links practitioner is able to develop because she’s there in a position to actually understand the dynamics of a surgery, which are really full-on. I mean, it’s high pressure. But the Community Links Practitioner is in there to get an understanding of the inside workings and also the external needs. And bring them together.’

Community resource staff



'The Links effect...' What have we learned?



Links.alliance-scotland.org.uk



‘The Links effect...’

Transferability

- Scottish Government commitment of 250 ‘links workers’

‘Key characteristics’ *likely** to be?:

- Third sector led
- Take ‘all comers’
- Relational (not limited)
- Person-centred
- Highly skilled and supported



Thank You @markmakeslinks



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