Improving Links in Primary Care
Project Report

Health and Social Care Alliance Scotland and the Royal College of General Practitioners (Scotland)

Improving Links between Primary Care and Communities

ALLIANCE
HEALTH AND SOCIAL CARE
ALLIANCE SCOTLAND
people at the centre

RCGP
SCOTLAND
Royal College of General Practitioners

The Scottish Government

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> "For years I lived a hectic lifestyle in the music industry: running global merchandising operations for the Spice Girls, McFly, Kylie and U2. I was with them on international tours, travelling in a luxury tour bus and staying in the world's best hotels. But for the past few years I became a fulltime carer for my mum, Joan, who had vascular dementia. I struggled to cope on the benefits available for carers, had problems with my health and felt isolated from my nearest and dearest. I was glad to look after my mum, but it's shown me just how tough it is to live with dementia and how much of a struggle it is for carers like myself. It was hard to find support, and I found out far too late that good people and plenty of help was there all the time, but I didn't know.
>
> I loved my mum; she sacrificed so much when I was young and I was happy to care for her. But life as a carer can be incredibly hard, I want to make sure that people know how to go about finding help and make sure they get connected to it. That would have helped my mum and it would have helped me."
>
> Tommy Whitelaw,
> Dementia Carer Voices[1]

Tommy Whitelaw cared for his mum until she passed away with vascular dementia. Tommy's story is a tale of five lonely years of missing out on support which was right on his doorstep. Despite living in a big city, rich in mental health and carer organisations and having frequent contact with NHS and non NHS services, he was never linked to help which could have transformed both his and his mother's lives. Tommy is just one of many who miss the opportunity to be connected to help in their community.

'Improving links in Primary Care' aspired to help people like Tommy and his mother, by exploring ways to improve connections between general practices and community resources. This report describes how this was done, what was discovered, and how such approaches can be developed more widely in Scotland.

Tommy now leads a campaign, Dementia Carer Voices, which is capturing the experiences of carers across Scotland and using their stories to influence future policy and service provision.

Improving Links in Primary Care is a partnership project between the Health and Social Care Alliance Scotland and the Royal College of General Practitioners (Scotland) (RCGP Scotland).

The Health and Social Care Alliance Scotland (the ALLIANCE) vision is for a Scotland where people of all ages who are disabled or living with long term conditions, and unpaid carers, have a strong voice and enjoy their right to live well, as equal and active citizens, free from discrimination, with support and services that put them at the centre.

The ALLIANCE is the national Third Sector intermediary for a range of health and social care organisations and has over 700 members including a large network of national and local Third Sector organisations, associates in the statutory and private sectors and individuals.

The ALLIANCE has three core aims; we seek to:

- Ensure people are at the centre, that their voices, expertise and rights drive policy and sit at the heart of design, delivery and improvement of support and services
- Support transformational change, towards approaches that work with individual and community assets, helping people to stay well, supporting human rights, self-management, co-production and independent living
- Champion and support the Third Sector as a vital strategic and delivery partner and foster better cross-sector understanding and partnership

The Royal College of General Practitioners promotes the highest standard of practice, education, training, research and clinical standards in general practice throughout the United Kingdom.

The Royal College of General Practitioners (Scotland) on behalf of its members, works with the Scottish Government and health organisations on policy matters, both local and UK wide, develops initiatives and strategies and provides continued support with a range of courses, events and resources to help GPs keep their knowledge and skills up to date.

Our values: RCGP is the heart and voice of general practice:

- We promote the principles of holistic generalist care in partnership with other health professionals and our patients
- We are committed to equitable access to, and delivery of, high quality and effective primary healthcare for all
- We are committed to the academic and practical development of high quality general practice

Our purpose and strategic aims are to promote the best possible quality of health and healthcare for the population by:

- Setting the highest standards for general practice
- Ensuring that GPs have the best possible training
- Supporting GPs throughout their professional lives to deliver the best possible service
- Leading the profession and demonstrating the value of general practice
- Developing general practice as the foundation of effective and sustainable primary care worldwide
- Using resources efficiently to support our members and develop the College sustainably

Foreword

The Health and Social Care Alliance Scotland (the ALLIANCE)[2] and the Royal College of General Practitioners (Scotland) (RCGP Scotland)[3], share an ambition of ensuring that Scotland is a place where we can all enjoy our basic right to health and where policies such as the Scottish Government's 'Route Map to the 2020 Vision for Health and Social Care', are translated into real and positive change in people's lives.

Our organisations' collective energy is focussed on co-creating systems fit for the future, both for people using and working in our caring services. We've heard loud and clear from GPs and people responding to the RCGP's "Put patients first: Back general practice" campaign[4], and from members of the ALLIANCE, about the need for improved connectedness at all levels – between individuals, teams, services and systems.

There's a call to nurture the concept of health outside health buildings, as a way to respond to the challenges of inequalities in health, people living with multiple conditions, an ageing population, rising social need and mounting financial pressures.

In Scotland, there is a growing consensus that there is untapped potential in developing a more reciprocal approach, one which means "we're all in this together", where effort and benefits are shared between people living and working in communities.

Reciprocity is at the heart of Improving Links in Primary Care; although the project aimed to introduce a means of connecting General Practice staff to the Third Sector and support in the community, it represents more than that. The findings add to the intelligence of the importance of social networks and the challenges and advantages of shifting from a top down performance measured health system to one which is more horizontal and co-produced.

**Ian Welsh,
Chief Executive**

**Health and Social
Care Alliance Scotland**

Dr John Gillies, Chair

**Royal College of
General Practitioners
(Scotland)**

Improving Links in Primary Care describes the multiple benefits of staff in general practices, the Third Sector, public services and community resources having an opportunity to meet each other and pool their unique knowledge. Linking the promise of unconditional care, which is offered through universal free registration with a general practice, with the excellent sources of support which lie in many communities, has potential to yield as yet unimagined gains.

The project supports findings from similar initiatives[5] - that simply providing an opportunity for primary care teams to strengthen local relationships has benefits for all, but it is not easy to achieve - it takes commitment, a paradigm shift, time, reliable resources and patience.

Key features of our future caring systems will be that they place a high value on local formal and informal support and their inter-connectedness. These features will be vital if people, including disabled people, those living with multiple long term conditions and paid and unpaid providers of care are to enjoy their basic right to health. We welcome this report, which is an excellent contribution to our deeper understanding of the benefits of improving links between primary care and the communities they serve.

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Executive Summary

Introduction

Improving Links in Primary Care was a partnership project between the Health and Social Care Alliance Scotland (the ALLIANCE) and the Royal College of General Practitioners (Scotland) (RCGP Scotland). The project was funded by the Scottish Government.

There is increasing support for an assets-based, co-produced approach to health and wellbeing, but making this a reality requires a culture of local collaboration and practical tools. General practice is ideally placed as the hub of such a collaborative approach, due to the universal coverage that is unique to general practice (almost all people in Scotland are registered with a single practice). The core remit of general practice is to provide primary medical care and so practice staff are in a prime position to link people to support in the community.

A Local Information System for Scotland (ALISS) is a national online system which was originally designed to support self management of long term conditions by addressing the problem of finding local sources of support to live well. The innovative system is a practical tool, which makes it possible to co-produce content and pool knowledge of formal and informal resources.

Project Aims

The aim was to test the feasibility of embedding ALISS in four general practices in Scotland, for possible future roll out across Scotland and to do this in the context of practice staff strengthening their links with resources in their communities. Therefore building local relationships, mapping assets and signposting were integral parts of the project.

Recruitment

General practices throughout Scotland were invited to apply through RCGP Scotland's and Scottish Government Primary Care division's networks. Thirty-seven applications were received and using agreed criteria and procedures, four practices were invited to take part. These were Nairn Healthcare Group, Nairn; Maryfield Medical Centre, Dundee; Loch Leven Health Centre, Kinross and Craigmillar Medical Group, Edinburgh. Practices were chosen to reflect a range of geographical and socio-economic demographics.

The starting point

At the start of the project, practices carried out a survey, to measure staff's current knowledge of community resources. In total, 72 questionnaires were collected from a range of staff including GPs, practice nurses, healthcare assistants and receptionists. The baseline assessment showed that although staff felt that patients were likely to ask them about community resources, they did not feel adequately informed about what was available, and therefore not confident to signpost patients to local support.

Mapping local assets

Each practice organised asset mapping workshops to bring together local people, primary care staff, people with long term conditions and community organisations. Participants talked about what kept them well, mapped local resources that helped with this, heard about each other's services, and exchanged ideas about how to share their knowledge. In addition to workshops, practices

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collected information about resources in a variety of ways, for instance by walking round the locality, attending local meetings, events and speed networking style get-togethers.

In response to a growing interest in a link working approach, the project organised an event, in April 2013, to explore the role of link workers in Scotland. This was a well attended opportunity for Practice Leads and others to learn about existing models in statutory and non-statutory sectors.

Developing the ALISS system for general practice

An important aim, shared between the ALISS and Improving Links in Primary Care teams, was to develop a tool to support community connections, which could be tested in pilot practices then adopted nationally. This offered participants the opportunity to co-design a national online system, which would be a lasting legacy of the project. After discussion with Practice Leads and others, three components emerged as being the most useful ways to develop ALISS:

1. **A customisable stand-alone search web page, suitable for use on PCs, laptops, tablets and touch screen kiosks.**

2. **A search box which could be "dropped" into existing websites.**

3. **Function to access search tools via mobile phones.**

Practice Leads contributed a further list of requirements, which would make ALISS useful in practice settings (these are detailed in the full report). These developments proceeded in an iterative way, with the ALISS technical team working closely with the four practices.

In terms of signposting patients from the practice to community resources (whether via ALISS or not) it was noteworthy that three out of the four practices had engaged with some model of link workers by the end of the project (whereas only one practice had this role at the start).

What difference did it make?

The Improving Links in Primary Care project was evaluated using both qualitative and quantitative methods and by noting if the three components to make ALISS useful in a general practice setting were successfully developed.

Qualitative evaluation

The qualitative evaluation involved a series of focus groups and one-to-one semi-structured interviews with 52 participants, some more than once across the project's timescale. Interviewees included participants from the four practices: GPs, patients, practice managers, practice nurses, community social support staff working with GP practices and computing support staff.

Four key themes emerged:

1. The benefits of asset mapping

Mapping local assets improved local relationships and knowledge and understanding of local community resources. This was seen as being an important way to learn about resources to support self management. As one GP noted:

> "I think from our perspective, the important thing was we've known lots has been going on out there locally, but we've never had the opportunity to systematically map it, or collate before; and the project, to me, has been an absolutely fantastic opportunity for us as a practice to see exactly what's out there. I see it as a stepping stone onto a much, much bigger self-help agenda."
>
> GP Site 4

2. Using ALISS

ALISS was viewed as having a very useful role to play in improving links between general practices and local resources. The ability to access information quickly was seen as being essential. However, concerns were raised about who would add and maintain resources on ALISS,

as practices were not keen to commit time to this, and there was debate about whether this should be part of a link workers' role. Although there was some frustration early in the project, because ALISS was a 'work in progress' there was acknowledgement that introducing new technology takes time. There was general agreement that ALISS was a valuable tool, which will support development of a more community facing general practice.

3. The patient perspective

Patients spoke of the benefits of being signposted by staff to community support groups and other resources. These included opportunities to access child support, welfare benefits and financial advice. For instance, a young single parent, recently divorced and bringing up two children, described her experience of being prescribed medicine for depression and how being signposted by a GP to a community group had improved her life.

Another said:

> "I've had a chronic illness for years and it means I have ups and downs with my health. I find that when things in my life are going fine my health is generally ok but when there are life problems my health can suffer. I tended to withdraw but this would make things worse ….. I was told about a group for older people like me with health problems. It's great I go twice a week, there are a variety of light exercises from chair exercises to breathing exercises through to walking on a treadmill. It's good for my health and it gets me out the house. It also means I get to chat with other people and we can share our experiences and pick up tips from each other on living with a chronic illness. Before I was only going to see the doctor or nurse now there are other options which are very helpful."

4. Barriers and facilitators

The most important barrier was lack of time. Due to the demands of general practice, the project experienced peaks and troughs over the 18 month time frame, slowing during the period for submitting data for the Quality Outcomes Framework (QOF) and the busy winter season. Other factors such as staff illness and turnover also affected progress.

> "It's always I think time constraints with general practice, the fact that we're so busy. Other priorities take over. Over the winter months it's just constant inundation with illness over the winter months. Then the QOF year ending. The usual things that happen throughout the general practice calendar. Partners going off sick; partners going on maternity leave; partners retiring not getting replaced, unable to find locums. I would put that under the heading, general practice in 2014, unfortunately."
>
> GP Site 1

Lack of time was a frustration for Practice Leads who were often unable to follow up connections with local librarians, police, school teachers, Third Sector staff and others who showed great interest in the project. Arranging meetings was difficult as everyone who needed to be there were constrained by time. A lack of time to signpost using ALISS within consultations was also a constraint.

The biggest challenge for some patients was having the confidence and motivation to take the first step towards accessing local support. The recruitment of link workers was seen as a very positive development:

> "I think getting the link worker is really going to help transform things here. Already she has made a big impact. We are developing very, very close links now with key Third Sector organisations. We had a meeting with all the GPs here, other staff nurses, community mental health people came along…."
>
> Practice Manager Site 4

A vital facilitator of improving links was simply providing opportunities to consider new ideas and for face-to-face meetings:

> "You need space to think. It was after that links worker meeting. I got it - it wasn't just about ALISS it was much more. After listening to Tommy, I was coming back up in the train and I thought - right, we need to do something about this, we need a link worker."

One practice used practice development time to enable 22 members of staff to "walkabout" the community. This was an excellent chance for the team to spend time together while learning about local support, which in some cases, was being discovered for the first time:

> "The aim of the afternoon was for staff to feel more confident in sign-posting patients towards the support they are seeking. The visit to Richmond's Hope, a charity that helps children through bereavement was very moving. We heard about pillows made for the children where their memories are written down and sewed inside the pillow. They can decorate these pillows themselves and hug them when they want a cuddle. When they're older and are sad that they are forgetting their memories of their loved ones they can open up their pillows and revisit their younger memories. I think many of us were holding back our tears."
>
> Practice Manager Site 1

Quantitative evaluation

The staff survey and consultation audit was repeated at the end of the project (between October - November 2013) and six months after the original end date (May 2014). In total, 45 questionnaires were collected at the end of the project, and 46 collected six months later, again comprising a range of staff including GPs, practice nurses and receptionists.

At the start of the project only 18 percent of practice staff felt that their practice had adequate links with community resources; six months after the end of the project this was over 60 percent. Staff confidence to inform patients about community resources more than doubled from only 23 percent feeling confident at the start to 49 percent by the end of the project and 47 percent six months after the end of the project.

Staff felt that GPs and practice nurses were more likely to be asked by patients about community resources by the end of the project than at the start. The type of support identified by staff changed substantially during the project, with increases in support needs for mental health, addiction, social isolation and carers.

Staff more often recommended a community resource (to those patients identified with a support need) by the end of the project and at times used ALISS to signpost.

Developing ALISS for a general practice setting

ALISS was developed in an approach designed to link technical development with social processes. This was achieved in three stages: collecting assets (through local meetings and asset mapping), sorting and adding assets to ALISS and then sharing these assets through publishing them online. By September 2013, the four pilot sites had added a total of 1,300 resources to ALISS.

All three technical components identified at the start of the project as being useful for general practice settings, were successfully produced. Practices shared their collection of assets in different ways:

- A customisable search web page, suitable for use on PCs, laptops, tablets and touch screen kiosks was chosen by Craigmillar Medical Group who designed a site for the community rather than only for the practice. Craigmillar Connect is an example of a customisable web page, which is itself a community asset.

- A search box which could be "dropped" into existing websites was the route chosen by the other three practices.

All three now have an ALISS search box on their practice websites which the public can access:

- **Maryfield Medical Centre**
  www.maryfieldmedicalcentre.com/
  Npatientservices.php

- **Loch Leven Health Centre**
  www.lochlevenhealthcentre.co.uk/
  clinics-and-services.aspx?t=6

- **Nairn Healthcare Group**
  www.nairnhealthcaregroup.co.uk/

- A function to search ALISS on mobile phones: a customisable search template and search box have been designed to be web responsive and to display correctly on mobile phones.

Conclusions

- The project identified three inter-connected enablers of improving links in primary care: mapping assets as a way to strengthen local relationships and share knowledge of local resources, using ALISS and adopting a links worker approach

- The project achieved its aim of co-producing an online tool (ALISS) for general practice, to improve access to local information. With further refinement this could be "rolled out" nationally. However, co-producing a practical tool had challenges as staff were testing a product in development

- Mapping local assets was an extremely effective method of strengthening local relationships and sharing knowledge. Practice staff readily engaged in this and reported the benefits of seeing the local "bigger picture" and pooling local resources

- Even with financial support, practice staff struggled to find time to change patterns of work, develop local relationships and use ALISS. The use of ALISS by GPs and practice nurses in routine consultations was limited

- By the end of the project three out of four practices had a model of links worker, the practice without a links worker model was located in the least deprived area. Perhaps recruiting links workers was a response to an enthusiasm for making local connections but not having time to do so

- Pilot sites did not develop a strong inter-practice supportive network. This may have been due to the very different populations they serve, lack of time and being geographically distant from each other.

Recommendations

- All practices in Scotland should have an opportunity to access ALISS through their primary care systems

- Plans for health and social care integration, person-centred ehealth and public service reform should include a reference to asset mapping and electronic communication between general practice and non NHS organisations. Receiving feedback on the outcome of referring to local resources is essential

- Practices will require support to map local assets, and in using, populating and maintaining ALISS, and for many practices also recruiting a model of links working may be the best way forward

- There is a need to learn more about people's view of being signposted from general practice to local resources and to quantitatively measure the effectiveness and cost-effectiveness of such approaches

- There is untapped mutual benefit in linking the health promoting role of local librarians, schools, police, the fire service, Third Sector and other services in partnership with local general practices. An organised approach to improving links could be developed in plans for emerging local health and social care systems

- The evaluation of future projects should be adequately funded to ensure a robust analysis of the reach and impact of interventions.

Professor Stewart Mercer
Christine Hoy
Dr Eddie Donaghy

Introduction

Background: Improving Links and Signposting

The Improving Links in Primary Care project draws on the concept of signposting, also known as 'social prescribing', which is an approach to link people and staff with local community resources. Signposting has been reported to have benefits, especially in three key areas: improving mental health outcomes, reducing social exclusion and improving community wellbeing.[6]

General practices are important hubs in communities and are therefore in a prime position to point people to local support. The best way to facilitate signposting from primary care to local resources remains unclear and even when staff are aware of existing community services, they may not know about the quality of the service, or how to make contact. An important part of Improving Links in Primary Care was to address these uncertainties.

Policy Context in Scotland

The Health and Social Care Alliance Scotland (the ALLIANCE), the Royal College of General Practitioners (Scotland) (RCGP Scotland) and many others believe that a transformative redesign of our health and social care systems is needed, to move towards a more person-centred, holistic and community orientated model. There are a range of ideas on how Scotland can move from a largely fragmented, hierarchal system, which is often characterised by specialisms and professional silos to one which is more connected and flexible enough to take account of the ever changing needs of our population.

The Commission on the Future Delivery of Public Services, (Christie Commission) (2011)[7] states that "Unless Scotland embraces a radical, new, collaborative culture throughout our public services, both budgets and provision will buckle under the strain."

The increasing support to adopt an assets-based approach in health and wellbeing, chimes well with the collaborative culture described in the Christie Commission. Access to the care that general practice staff can provide over the course of a lifetime, has particular importance for people living with long term conditions. Taking advantage of all possible sources of support is particularly important in areas of high deprivation, where people are more likely to be living with complex needs, multiple conditions, poorer health literacy and may be less willing to access support unless it is close by. This is expressed in a report "What can NHS Scotland do to prevent and reduce health inequalities; Proposals from General Practitioners at the Deep End" [8] :

> **"General practice improves health principally via the unconditional continuity of care that is provided for all patients, especially patients with multimorbidity, whatever combination of problems they may have. There is an urgent need to increase the volume, quality and range of services provided for such patients."**

Why the project was started

The Improving Links in Primary Care project emerged from a growing consensus, in Scotland and worldwide, that future health and social care systems must strive to provide care in a more integrated, holistic way and one which places a value on reciprocity – a culture of "we're all in this together."

The project developed themes which had emerged from numerous activities and reports. The Third Sector have many years of experience of linking people to information and support. Very useful learning came from The Scottish

Health and Social Care Alliance Scotland and the Royal College of General Practitioners (Scotland)

Consortium for Learning Disability (SCLD) and Enable[9], charities with a history of championing person-centred approaches and the role of Local Area Co-ordination.[10]

Useful guidance came from the GPs at the Deep End report on Social Prescribing (2010)[11]. The report includes the observation that "Often the patients who could benefit most from these services are the least empowered to seek them out. They may find it difficult to phone up new people/go to new places to seek help."

A further call for action came from the RCGP Scotland Living Better Project Report (2011)[12], which provided evidence to support what Tommy Whitelaw had discovered, that the development of 'Community-Facing General Practice' is hindered by lack of connections. The report recommended:

> **"Improvements are needed in partnership working between primary healthcare, local authorities and the voluntary sector to improve and develop links with community resources.**
>
> **We recommend expansion and awareness raising regarding these new initiatives (such as ALISS[13] and other local resource toolkits) among GP practices."** [14]

The Links Project[15] (2010) enabled ten general practice teams to explore the nature of their connections with local communities. The project found that "working with people you know is important. Cultivating local connections and community networks presents an important way to increase opportunities for improving quality of health and wellbeing; however, a cultural shift may be needed to encourage joint working. **An emerging vision for improving links in communities is personalised, relationship based and supported by robust technology"**

The Links Project included the following recommendations:

- Implement ALISS project in primary care to improve access to online local information

- Consider sustainable model for maintaining connections to community, eg a link worker, with librarianship and connecting role, to develop and facilitate links

- Encourage events in protected learning time, such as visits to local resources.

The Building Relationships In Deprived General Practice Environments (BRIDGE Project)[16] (2012), focussed on older people and also referred to the benefits of local links. The project developed a system which included: a) a practice based link worker which made all other activities happen b) active identification of people in need; c) building relationships with community service providers; d) providing older people with up to date information about services; e) supporting older people to engage with services; f) feedback and follow up to know how people got on.

Evidence to support signposting also came from Sources of Support (SOS), a pilot social prescribing scheme which formed part of the Dundee Equally Well test site (which included Maryfield Medical Centre Dundee).[17] One conclusion was that the "availability of the scheme addressed existing concerns of GPs about unmet needs and provided a trusted route for meeting the psycho-social needs of vulnerable patients."

Improving Links in Primary Care focussed on the recommendations made in Living Better and the Links Projects; to implement ALISS in primary care, to improve access to online local information, to learn more about link working and community connections.

ALISS is a national online system originally designed to support self management of long term conditions and to address the problem of finding local sources of support to live well. The innovative system makes it possible to co-produce content and pool knowledge of formal and informal resources. ALISS introduced the concept of "one place to find and one place to put" local information.

Section 1: The starting point

Project Aims

The overall aim was to test the feasibility of embedding ALISS in a meaningful way in four general practices in Scotland, for possible future roll out across Scotland. This was to be done in the context of general practice staff strengthening their links with community resources. Therefore mapping local assets and signposting were integral parts of the project.

Recruitment

General practices throughout Scotland were invited to apply through RCGP Scotland's and Scottish Government Primary Care networks. Thirty seven applications were received and using agreed criteria, a shortlist of eight was selected. Practices were chosen to reflect a range of geographical and socio-economic demographics.

Eight practice representatives were interviewed and four invited to take part. These were Nairn Healthcare Group, Nairn; Maryfield Medical Centre, Dundee; Loch Leven Health Centre, Kinross and Craigmillar Medical Group, Edinburgh. The project was represented by Practice Leads in each practice.

Project Governance

The project was governed by a Steering Group, organised by a Project Team and administered by RCGP Scotland. In terms of the evaluation, the project was informed by the South East Scotland Research Ethics Service that an NHS ethical review was not required, as 'the project is a survey seeking the views of NHS staff and

Project team and Practice Leads (L – R) top row: Euan Bailey, Professor Stewart Mercer, Dr Graham Kramer, Lynne Pollock, Dr Eddie Donaghy, Jackie Connor, Dr Ishbel Miller, Dr Frank Weber, Diane Rich Sitting (L – R) Margaret Weir, Barbara Graham, Dr Adrian Baker, Jane Macnaughton

patients on service delivery'.

The project team submitted update reports to the Scottish Government at agreed times, which included reference to financial spend and progress of project.

Project Communication

During the course of the 18 month project, the Steering Group met three times, Practice Leads and the project team met four times and an Improving Links in Primary Care project blog[18]

was set up. Interest in the project was generated through sharing links to the blog on twitter, contributions to newsletters, through email correspondence and through the ALLIANCE and RCGP Scotland websites. Information was also shared through presentations at numerous Third Sector meetings and conferences, universities, local and national groups of practice managers, practice nurses, GPs and the Scottish National Users' Group (for primary care systems).

The Four Practice Sites

Craigmillar Medical Group; an inner-city practice in a deprived area

Craigmillar is a community in the South East of Edinburgh, which grew during the mid 20th century during a period of industrial expansion. In recent decades, as coal mines and industries relocated or closed, the population has shrunk to 7,000 and the area became a focus for economic, social and community regeneration.

Craigmillar Medical Group's eleven GPs, team of nurses and practice administrative staff provide primary care services to 8,600 patients. The practice, who are members of the GPs at the Deep End group, care for a large number of non-English speaking people from South East Asia, Eastern Europe and Africa.

In 2006, a Scottish Government report into social deprivation noted that Craigmillar was the second most income deprived data zone in Scotland, with 74 percent of the population income deprived.[19] Craigmillar is one of 13 Scottish Council wards with more than a 30 percent rate of child poverty.

Craigmillar Practice Leads Dr Ishbel Miller (L) and Practice Manager Jackie Connor (R)

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Loch Leven Health Centre, Kinross; a practice in an affluent commuter belt area

Practice Manager Jane Macnaughton (L) and Nurse Practitioner Lynne Pollock (R)

Loch Leven Health Centre is home to two GP practices, Orwell Medical Practice and St Serf's Medical Practice, which provide primary care medical services to the people of Kinross-shire. Kinross has a population of approximately 5,000; the vast majority of residents commute to work in other towns and cities. Kinross had lower rates of social deprivation and physical and mental ill health and was the most economically affluent of the four sites, although there are areas of pocket deprivation. Loch Leven Health Centre's ten GPs, team of nurses and practice administrative staff provide services for the practice population of 12,200.

Maryfield Medical Centre; an inner-city practice with areas of deprivation

Maryfield Medical Centre is in Dundee, a city previously associated with a large manufacturing industry, much of which no longer exists. Dundee's population of 143,390 is relatively 'elderly' with 8.9 percent aged over 75 compared to the Scotland average of 7.7 percent. Male and female life expectancy at birth is lower than the Scotland average (significantly so in the case of males).

17 percent of the population in the Maryfield area live in a zone that is ranked within the 15 percent most deprived in Scotland within the Health Domain.[20] The practice's seven GPs, team of nurses and administrative staff provide services for 7,800 patients.

Maryfield Practice Lead Dr Frank Weber

Nairn Healthcare Group; a rural practice in an integrated care site

Nairn is a rural town in the Scottish Highlands with a population of 11,373 of which 8,418 (74 percent) live in the town of Nairn. Over one fifth of the population of Nairn are elderly - 21.9 percent compared with 17.4 percent in Scotland.

Nairn Medical Group has two sites, one large practice and a smaller branch site. The practice population of 14,500 is a mix of elderly, deprived and more affluent people. There are twenty GPs, a large team of nurses and practice administrative staff.

Nairn is unusual in having integrated services in one site with services for children, dentistry, older people and social work as well as an Accident and Emergency Department and Community Hospital.

Nairn Practice Leads Practice Manager Barbara Graham (L) and Dr Adrian Baker (R)

Baseline evaluation

Baseline information on knowledge of local community resources and signposting

A survey was carried out in the four practices at the start of the project to measure staff's current knowledge of community resources prior to the intervention.

In total, 72 staff questionnaires were collected at baseline, comprising of 21 GPs, 7 practice nurses, 25 receptionists, 7 health visitors, and 12 others (practice managers, healthcare assistants and healthcare screeners).
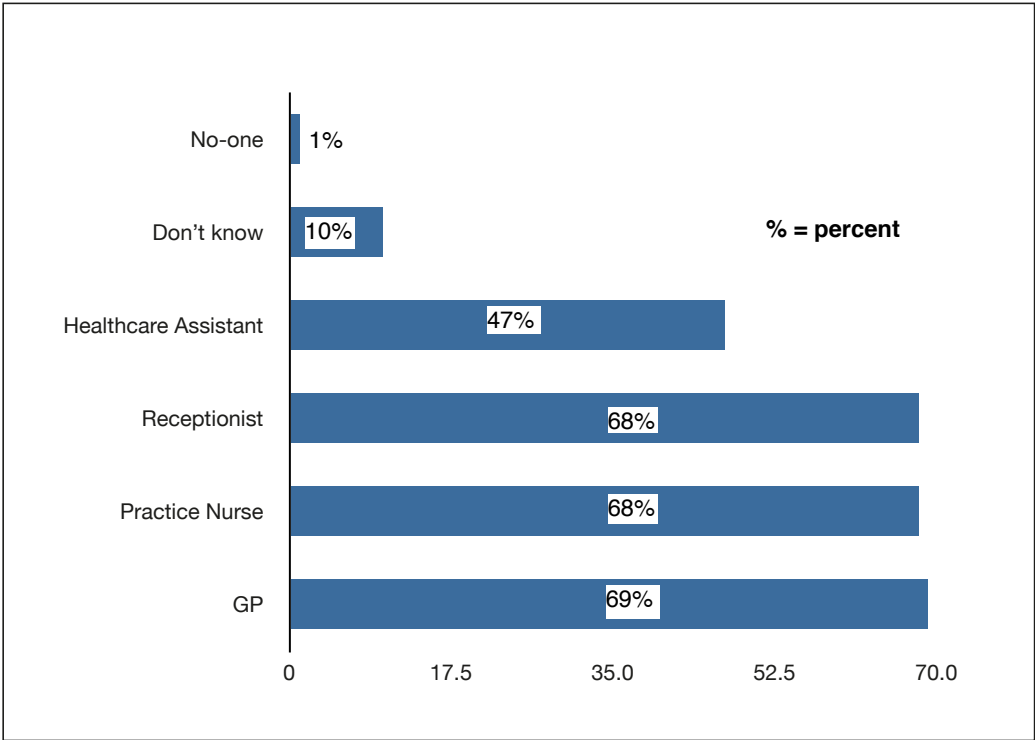
Staff were asked who they thought patients were likely to ask about local community resources and were able to choose more than one type of staff member. As Figure 1 shows, GPs, practice nurses and receptionists were considered to be the most common groups to be asked about this.

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Who, in the practice, are patients likely to ask about local community resources?
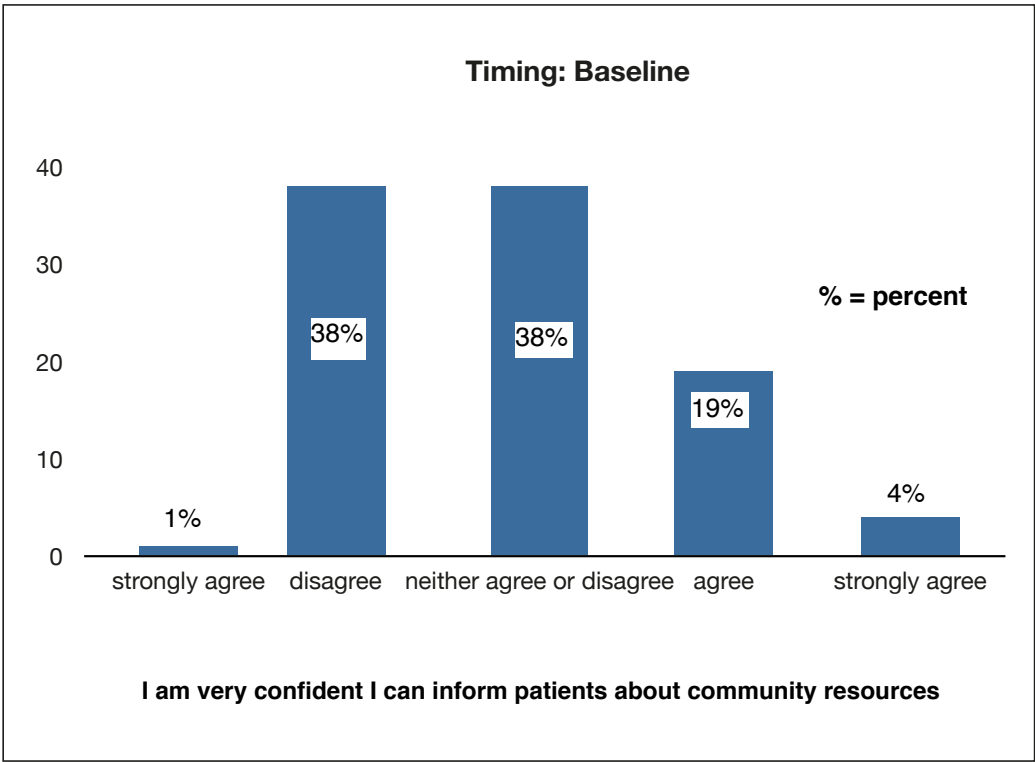
Staff were also asked to rate how confident they felt in being able to inform patients about local community resources. As shown in Figure 2 below, less than one in four staff felt confident to do this.

% = percent

Category	Percent
No-one	1%
Don't know	10%
Healthcare Assistant	47%
Receptionist	68%
Practice Nurse	68%
GP	69%

Practice staff's confidence in informing patients about local community resources

Finally, staff were asked if they thought the practice already had adequate links with local community resources. As shown in Figure 3, only 18 percent thought that they did.

Timing: Baseline

% = percent

Response	Percent
strongly agree	1%
disagree	38%
neither agree or disagree	38%
agree	19%
strongly agree	4%

I am very confident I can inform patients about community resources

Figure **3.**

Practice staff's views on adequacy of current links with local community resources

Does the practice have adequate links with community resources?

23%

18%

59%

% = percent

● No   ● Yes   ● Not sure
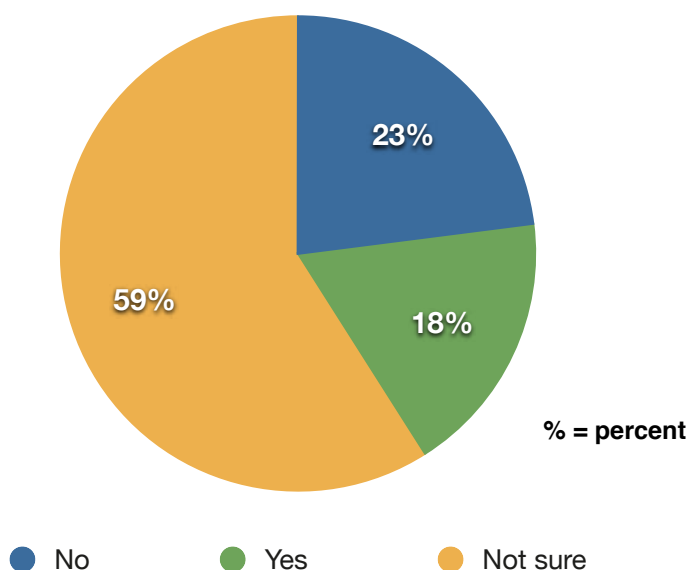
Level of signposting within consultations to local community resources at start of project

The level of signposting to local community resources at the start of the project, prior to the intervention, was estimated by asking each team to record data on 50 patient consultations. This was carried out by 40 staff at baseline, consisting of 24 GPs, 12 practice nurses, and 4 others (healthcare assistants and healthcare screeners). Information was collected on a total of 1,897 patient consultations.

The mean number of consultations recorded per practitioner was 37, and the mean age of the patients was 49 years. 56 percent were female. Figure 4 shows the percentage of the 1,897 consultations in which the practitioner identified a support need. This was defined as a need for which signposting to a community resource could be helpful, not including NHS services. Across the four practices such a need was identified in 17 percent

of consultations. Figure 4 shows that the breakdown was similar across GPs, practice nurses, and other healthcare staff.

Figure 5 shows the type of support identified by practitioners in those patients who had a support need identified in consultations at the start of the project. Practitioners could choose as many different types of support as required for each patient. The most common need for support was for mental health, with exercise, smoking and diet also being important.

Of the 17 percent of patients identified with a support need in the baseline consultations, practitioners recommended a community resource in 68 percent of cases. Patients accepted this recommendation in 52 percent of cases (i.e. around half of those patients who had a local resource recommended to them were interested in following it up).

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Support need identified in consultations

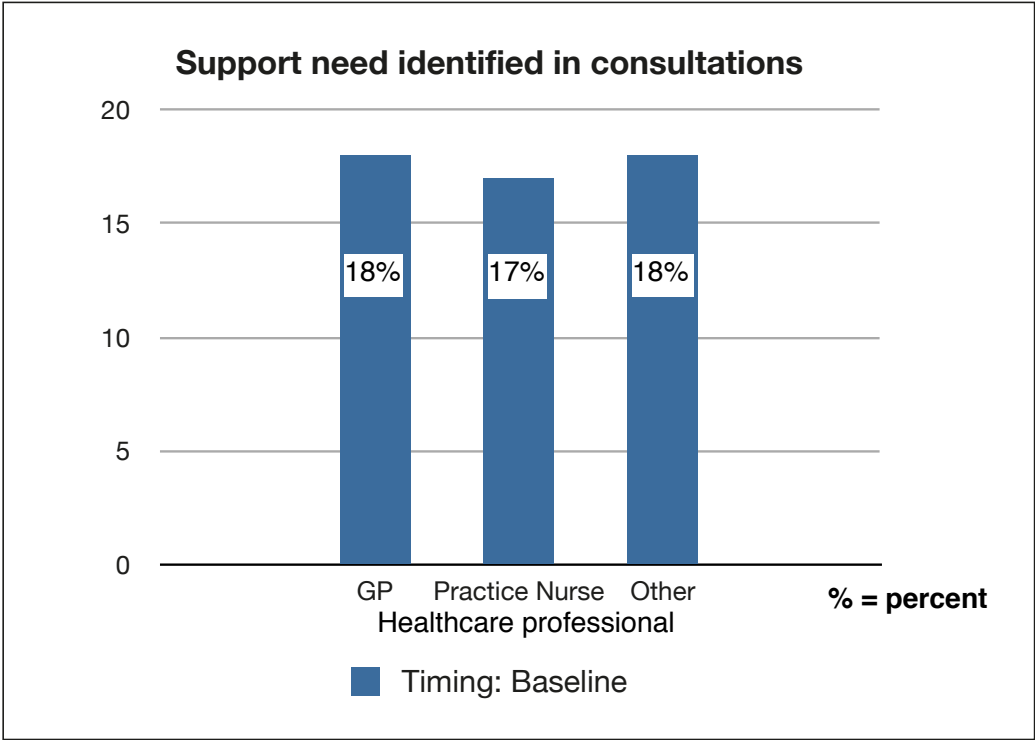**Support need identified in consultations**

Figure 4.

Figure 5.

Type of support need identified at baseline

The baseline assessment showed that although practice staff felt that patients were likely to ask a wide range of staff about local community resources (including GPs, practice nurses, and receptionists), staff generally felt they were not adequately informed about what resources were available, and therefore not confident to inform patients.

Figure 5.
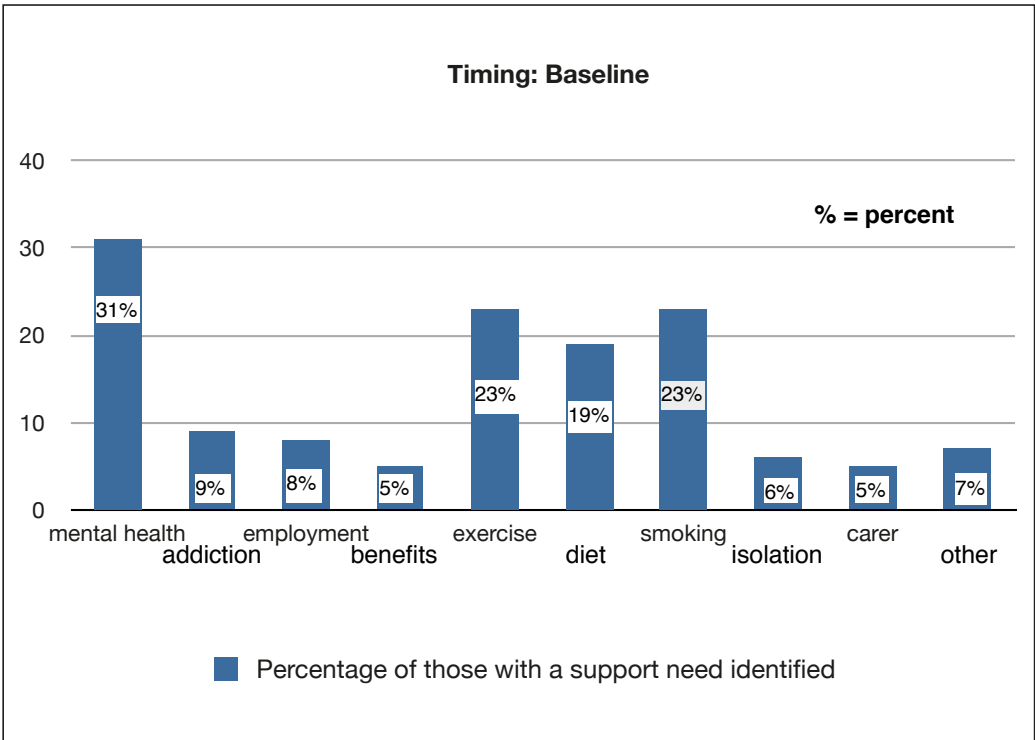
Section 2: What was done during the project

Mapping local assets

The ALISS team facilitated asset mapping workshops in each of the four sites. Simply getting people together was an excellent way to form local relationships, map local assets and helped to:

- Reveal 'hidden' services, activities and places
- Prompt conversations about keeping well and healthy communities
- Prompt people to think about who and what's in their local area
- How they might use local services
- How they can share this information
- Develop ideas about using local information.

Workshops usually started with the question: "What helps you to keep well?" This question invites participants to think about their personal as well as work experience. Practices prepared for asset mapping workshops through shared materials (which were stored on the project blog)[21] such as templates for inviting participants, draft agendas, preparation briefs, with prompts to think about who to ask, where to look, what support already exists in the area, process for entering resources onto ALISS, preparing the room.

The workshops brought together primary care staff, local people, people with long term conditions and various community groups and organisations, all keen to share information. Participants talked about what keeps them well, mapped local resources that helped with this, compared notes across tables, heard pitches about each other's services, and suggested new

Asset Mapping

ways to share knowledge of local resources. There was a consensus that it was hard to keep track of local support, directories were poorly used and that there was a need for a two way referral system. Providers of local support also reported the challenge of accessing practices to let them know about their services.

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Summary of practice activities

Craigmillar Medical Group

During the project, a core team of three doctors and the practice manager met regularly to discuss and review progress. Updates were shared with other practice staff at internal practice meetings.

Craigmillar had existing relationships with many groups and organisations, but found it hard to find time to sustain the ties and keep up to date with developments in the community. A valuable connection was made with the recently built community library, which is opposite the practice. The library is a bustling community hub which houses local authority services, meeting rooms and a café as well as books and computers. The connection between the practice and the library was well developed, as the library became a venue for meetings and the Craigmillar Connect drop-in service which emerged through the project. The library was included in the walk-about and the head of the library attended an ALISS Champions meeting.

A very lively asset mapping workshop was held at Craigmillar library in November 2012, with around 80 participants. Ideas for new ventures emerged, such as an internet café where volunteers could help local

people navigate online resources, mobile phone apps such as a 'welcome pack' for people who were new to Craigmillar. This was a particularly successful event and was a rare opportunity to gather key providers of care in the community.

In a great example of co-production, the assets were later sorted by a team of volunteers at the nearby Thistle Foundation.[22] The ALISS team assisted volunteers to add tags, and an ALISS guide to tagging was produced as a result.[23]

These meetings resulted in an idea to develop Craigmillar Connect, to help people and staff get connected to local information and support. Craigmillar Connect represents a drop in service in the library on a Friday morning and also a community information system powered by ALISS.

Engaging staff's interest in local resources was very successfully achieved by planning a walk round the community. Twenty two members of staff used an afternoon of protected learning time for a "walkabout", with an aim of developing local relationships and encouraging staff to feel more confident about sign-posting to local resources. Appointments were made to visit organisations, which varied from those supporting people who are well, to those who support people with mental health issues

Craigmillar Asset Mapping Workshop

and problems such as addiction to drugs and alcohol. Staff were warmly received by local groups, who were delighted to meet the team. Practice Leads described a visit to Richmond's Hope[24], a community charity:

> "The visit to Richmond's Hope, a charity that helps children through bereavement, was very moving. We heard about pillows made for the children where their memories are written down and sewed inside the pillow. They can decorate these pillows themselves and hug them when they want a cuddle. When they're older and are sad that they are forgetting their memories of their loved ones they can open up their pillows and revisit their younger memories. I think many of us were holding back our tears…"

Although Richmond's Hope is not far from the practice, some staff knew little about it and found the visit an emotional experience. Receptionists have since raised money for Richmond's Hope through a kilt walk and by selling Christmas cards. A very positive aspect of the walkabout was the rare opportunity for staff to have time together, it was an experience that everyone appreciated.

Team walk around Craigmillar

Outcome

Number of resources added to ALISS: 231.

A follow up meeting was arranged in November 2013 to thank people for their contribution, share progress and introduce Craigmillar Connect, a drop in service on Friday mornings in the library, and a personalised version of ALISS which had been produced during the project.[24] It was a lively meeting of about 40 people, including members of practice staff.

Dr Miller set the scene by showing a video of two local men who had each experienced traumatic journeys from poor health and loneliness to a more positive feeling of life being worth living. Both attributed their progress to being signposted by their GP to local Third Sector organisations, the Thistle Foundation[25] and Health in Mind.[26]

Craigmillar Connect was demonstrated to show how information collected and sorted by the community was now published in a form which could be shared with everyone. At the end of the meeting, 20 people requested ALISS accounts.

Below are just a few examples of the many presentations at the meeting:

- A Community Connecting project (a free service for over 65's in south east and north west Edinburgh)

- A Community Police initiative to support the Polish community

- Keep Well in Lothian, who support vulnerable people, usually over the age of 35, such as ex-offenders, people who are homeless or who have complex mental and/or physical poor health

- The Deputy Head Teacher of Castlebrae Community High School, shared his inspiring 2020 vision to build a new school and develop a vital role in the community.

During the project, the Practice Lead made many other connections, for example with Living it Up, The Bigger Picture, Castleview Community Centre and Community Renewal. A receptionist volunteered to add resources to ALISS, however this fell by the wayside due to lack of protected time.

During the later stage of the project, in October 2013, Craigmillar was invited to join a social prescribing project "Community Compass." The pilot, organised by Carr Gomm[27], uses a link worker model to connect individuals to access support. Thirty three people were signposted to Community Compass in the first eight months.

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Loch Leven Health Centre: Making connections in the community

Before embarking on the project, the Practice Leads visited local groups and organisations to garner interest, which proved useful in making new contacts. Many of those visited were identified from existing contacts and from the "Kinross, The Friendly County" website.[28]

In November 2012, an asset mapping workshop was held at the Health Centre. Thirty five invitations were sent to local individuals and organisations, and about 15 people attended. This proved to be an excellent networking opportunity and 50 local assets were identified and added to ALISS.

A very useful connection was made between the Practice Manager and the Kinross-shire Community Learning and Development Group (KCLDG). The ALISS site was demonstrated at a KCLDG meeting, members were interested and contributed assets including a useful directory of mental health resources, produced by Perth and Kinross Council. Through this connection, another useful link was made with Perth and Kinross Healthy Communities Collaborative, a community-led health promotion initiative.

Outcome

Number of resources added to ALISS: 123.

All information about community resources received in the practice is being added to ALISS. Through making local connections, an ALISS sub group was formed by the Perth and Kinross Healthy Communities Collaborative. The purpose of the group was to encourage community asset mapping in Perth and Kinross and promote the use of ALISS within the voluntary sector and staff of NHS Tayside and Perth and Kinross Council.

Maryfield Medical Centre: Making connections in the community

Because the practice already had link workers and an established signposting approach, care was taken to ensure that the Improving Links in Primary Care project didn't duplicate existing initiatives.

The asset mapping workshop in Dundee became a forum for an exploration about the role of ALISS, as there was an understandable concern that ALISS may duplicate existing directories (reassurance was given that ALISS connects existing directories and is not itself another directory). However, a subsequent "speed-networking" workshop was a great success with about 50 representatives from a wide range of local organisations. The speed-networking format allowed everyone to speak to each other and many new connections were made and assets identified.

A very useful connection was made between the Practice Lead and the Head of Information Services, Leisure and Culture Dundee and members of her team at the City Library, where a space was being changed from a Reference to an Opportunities Room. The purpose was to support librarians to be better informed and able to respond to the increased number of people seeking information about welfare benefits, finance, housing and health. The idea of the Opportunities Room was to create a multi purpose space to provide information on health and social care, a bibliotherapy area, computers for job seekers and others to use and space for agencies to have meetings with clients. Very quickly, a 30-strong team of volunteers came forward to offer one-to-one support.

The Practice Lead also met the Deputy Head and a group of S6 students who were considering a career in the caring professions, from the local secondary school, Morgan Academy. The intention was to take forward an idea about students mapping local assets and adding to ALISS, but this connection could not be followed up due to the demands of the school syllabus and lack of time of both parties.

Health and Social Care Alliance Scotland and the Royal College of General Practitioners (Scotland)

Maryfield (L – R): Practice Manager Garry Mitchell, ALISS Champion Lucy Clift and Dr Frank Weber

A potentially important link was made through meetings between the Practice Lead and the Area Commander and Inspector of Tayside Police. There was a great meeting of minds as both professionals shared an ambition to improve the care and safety of people living in Tayside. There was a strong feeling that if there was time and more resource, this connection would have great benefit for all.

Outcome

Number of resources added to ALISS: 1,122 (including 958 imported from Dundee City Council's My Wellbeing site) http://www.dundeecity.gov.uk/mywellbeing

A school-leaver, taking a year out before starting university, joined Maryfield to gain work experience and became a local ALISS ambassador. Over the course of her time at the practice, she gathered 133 local assets and added these to ALISS. Maryfield had the advantage of having access to an IT specialist and the team was reorganised to allow a receptionist to have a few extra hours to enter data to ALISS.

One of the key outcomes of activities in Dundee was the relationship formed between the Practice Lead and the Head of Information Services, who was very supportive of the project and keen for 30 library volunteers and staff to use ALISS. There was great enthusiasm and a workshop was suggested, to learn more about ALISS and to explore how it could enhance existing systems. This was seen as being an opportunity to enable local volunteers to scale activity around town and develop a model that all libraries in Scotland could use. It was a frustration to all that lack of resource prevented this link from being developed, as the changing nature of 21st century libraries (using online resources, working in partnership with other health and social care agencies in the voluntary and statutory sector) was seen as being a key enabler of improving links in Maryfield.

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### Nairn Healthcare Group: Making connections in the community

Nairn's progress was hindered at the start of the project because of staff reorganisation. For a variety of reasons, 50 percent of GPs were replaced in the early stage of the project, which had a major impact on all aspects of the practice's work.

However, there was a swift turnaround once the team settled, as the Practice Leads were enthusiastic about the benefits for patients and staff of making local connections. The practice benefited from recruiting two students over the summer months, who gathered information on local resources and added them to ALISS.

After attending a project event about link workers, the Practice Manager was inspired to consider how a links worker could benefit the people of Nairn. This was discussed with the Manager of the local Citizens Advice Bureau (CAB), who shared an enthusiasm for strengthening local connections. They made a joint application to the Lottery Fund to fund a part time community links practitioner. Their bid was successful and the practice now has a links practitioner, with a room in the practice, three days a week. In their model, the links practitioner is an advisor from the CAB with good local knowledge. This is already a great success; an audit has shown that in three months since April 2014, 45 clients with 67 new enquiries have been signposted by staff. Queries have ranged from debt (22 percent), health and care in community (10 percent), employment (8 percent), housing (7 percent), education (4.5 percent), relationships (4.5 percent), Blue Badge (4.5 percent). Many other benefits of these conversations between the practice and CAB have emerged, such as a plan for a joint campaign about Power of Attorney.

Links were also made with local schools, with a view of strengthening connections through the Health and Wellbeing stream of Curriculum for Excellence. There was great enthusiasm for this aspect of connecting in the community but there was not
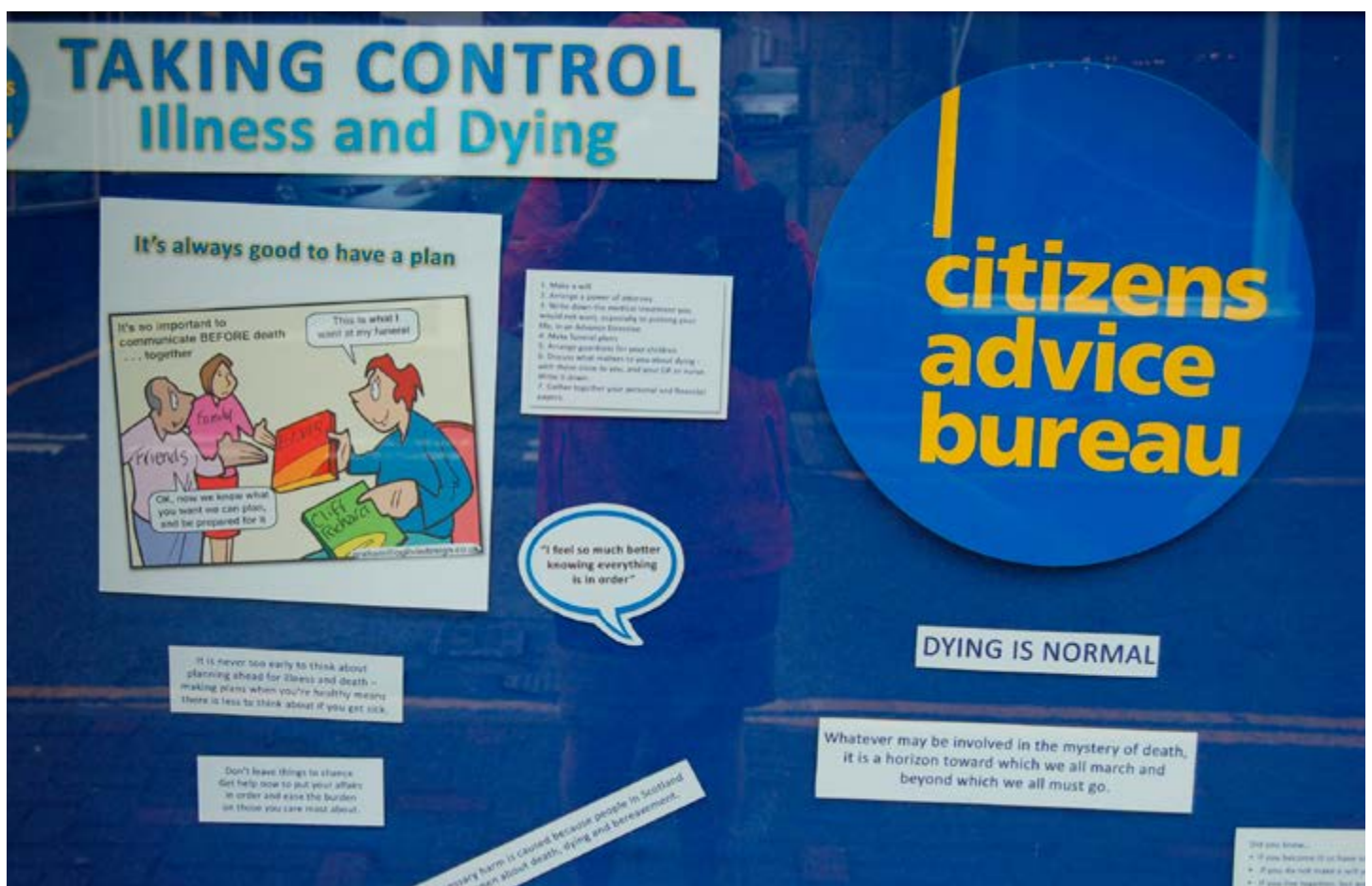
The CAB office window in Nairn High Street

enough time to develop this further.

Contact was also made with the local Area Police Commander and Nairn and Inverness Fire Services and options are being explored for collaborative working around reducing fire risks in vulnerable groups.

The Nairn Community Health Partnership were aware and supportive of the project and keen to be involved.

Police and Practice Manager swap notes: (L - R): Inspector Murdoch Macleod, Practice Manager Barbara Graham and Chief Inspector Mairi Grant

Outcome

Number of resources added to ALISS: 285.

During the project, ALISS champions were identified, three members of the practice team were recruited to manage information in ALISS, and a new Information Management and Technology assistant assisting in embedding ALISS in the primary care system and using the new search tool. At the time of writing this report plans are being made for an "ALISS brainstorming session" with the Community Networker for Reshaping Care for Older People, and a local signposting organisation. There is also enthusiasm for assessing the ALISS requirements of the community and for planning a local approach to update and maintain resources.

Nairn are now hosting informal meetings at lunchtime to improve local connections. Local groups and practice staff meet to share information, for instance, Cruse Bereavement Scotland and Connecting Carers have presented and arrangements are in hand for both "Getting IT Together", a local group which encourages vulnerable groups to develop IT skills, and Dementia Link to meet with practice staff.

Both Nairn and Maryfield made connections with their local Police Area Commanders who were interested in strengthening local links. As a result of these meetings, police became aware of ALISS and approval was sought to allow access to ALISS in Police Scotland's intranet. It was agreed that it would be a useful tool for call handlers in contact centres, as, for example, people with mental health issues, such as autism, depression, dementia, as well as those with learning disabilities and and those calling about domestic abuse often require information about local support. These meetings were very useful in highlighting the high number of contacts police have with vulnerable people, often the same people who are also attending general practice. At the time of writing this report, meetings are being held to discuss how to develop this important local connection.

Adding resources to ALISS L - R Ellen, Morag, Ollie and Kate

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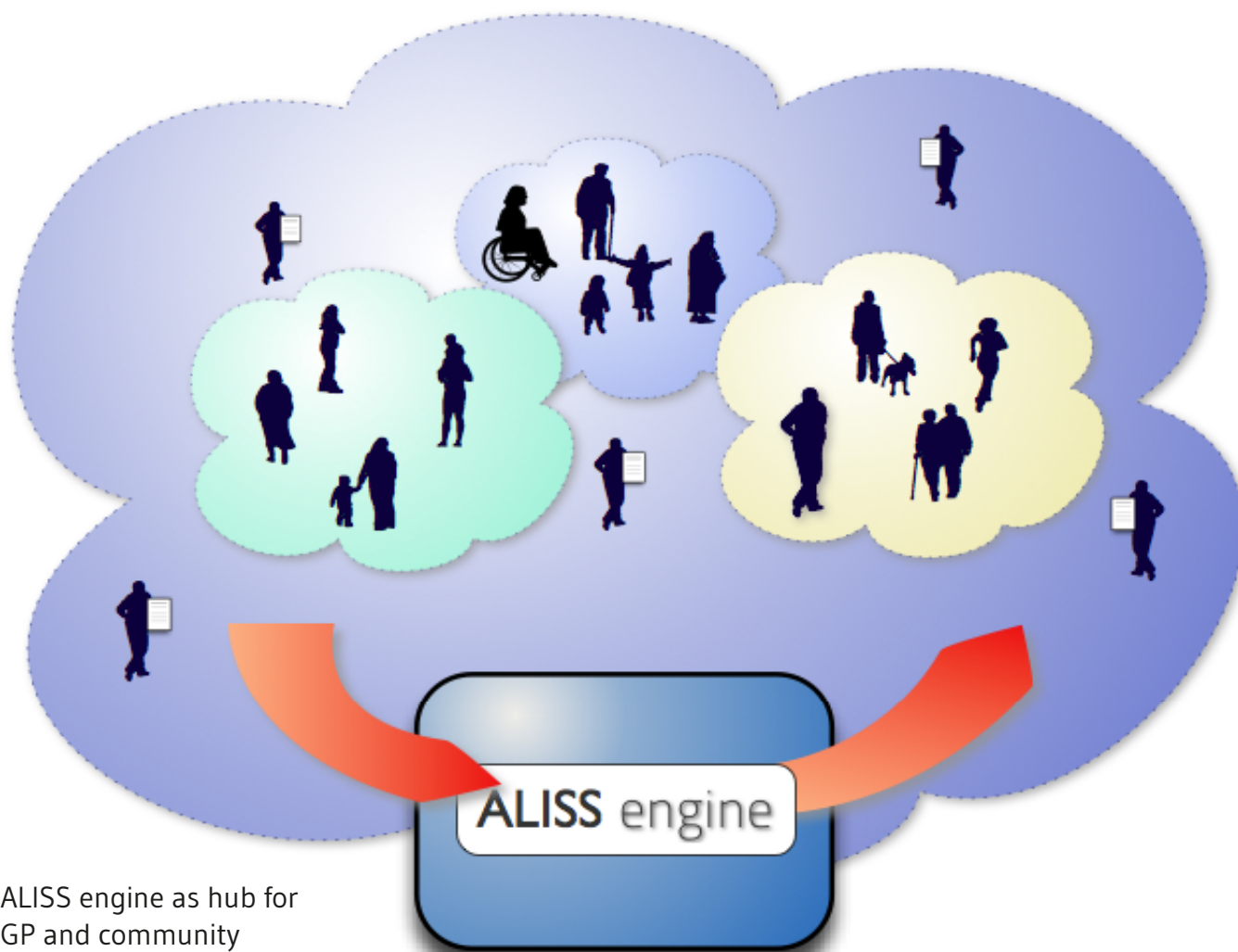
ALISS engine as hub for
GP and community

Developing the ALISS system and tools

More information on ALISS: http://www.aliss.org

Improving links between primary care and community support needs practical support and robust technology to make it happen. During the development of ALISS, when people with long-term conditions were asked about what made them feel well, they said informal resources such as social groups, walks and church clubs, were just as important as more formal services and organisations. However, they agreed that information about these resources was difficult to find as they were often on paper, dispersed across multiple directories and out of date.

ALISS was developed to capture this useful support, by indexing both formal and informal (and often hidden) local resources, and then to present an aggregate view of all resources.

An important aim, shared between the ALISS and Improving Links in Primary Care project, was to develop a tool which could support signposting in general practice which could be adopted nationally after testing in practice sites. This offered participants the opportunity to co-design a national online system and produce a lasting legacy of the project.

Adding and sorting resources in ALISS

Once practices had mapped their local assets, the next step was to add and sort resources in ALISS to make them easy to find. ALISS allows people and groups to have their own collection of useful resources, which they can save for reference, which saves time continually searching online. This is done through the novel process of adding tags to each resource to make them more findable. This was tested out with volunteers from the Thistle Foundation in Craigmillar and with students in Nairn and Dundee.

Health and Social Care Alliance Scotland and the Royal College of General Practitioners (Scotland)

Publishing information about resources

The assets gathered by practices had been mapped, sorted and added to ALISS, so the next step was to share (publish) the information. Practices were given the option of choosing how to present their collection of community resources.

Each practice did this in a different way:

For instance Nairn added a search box to the **Nairn Healthcare Group** website, using a tool developed by the ALISS programme. This is a simple process – users access a designated web address, customise a search box and copy and paste the resulting code onto their own website.
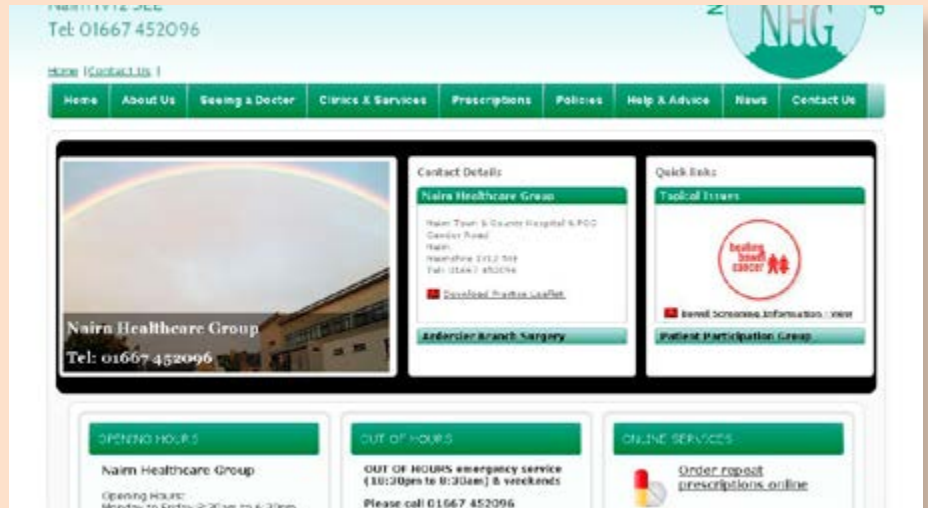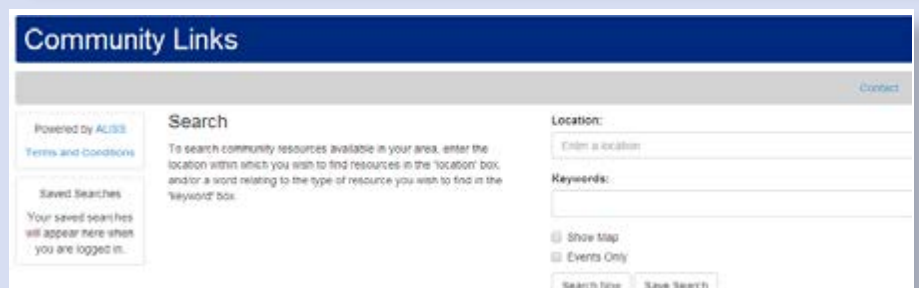

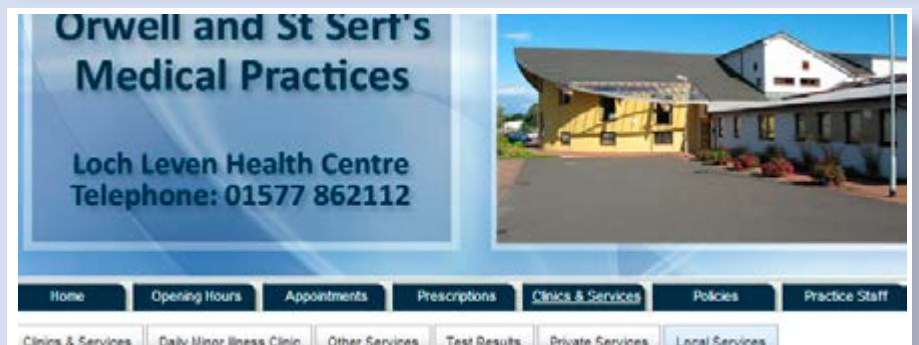**Loch Leven Health Centre** has three ways to link to ALISS

1. Through a link to ALISS for staff on their practice intranet.


2. Through a customised view of the ALISS search page. http://signpost.aliss.org/lochleven/

3. Through a search box on the Practice website for public use.

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Craigmillar Medical Group decided to share information gathered locally by publishing a site for the community rather than only for the practice. Craigmillar Connect (http://signpost.aliss.org/craigmillarconnect/) A logo was designed for Craigmillar Connect and placed on the search page
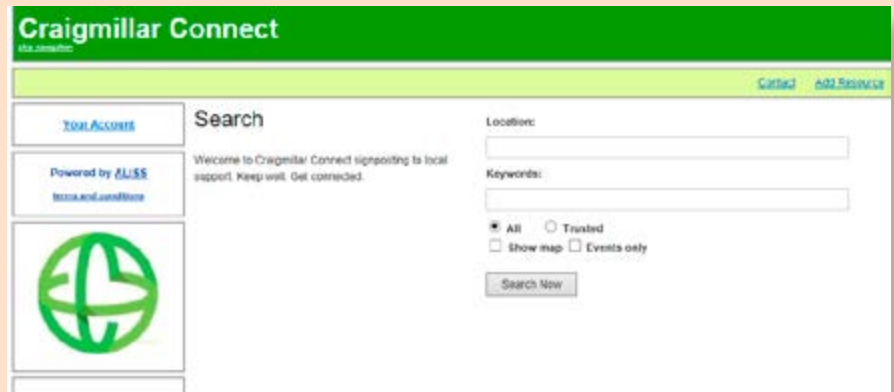
Maryfield Medical Centre published a link to ALISS on the 'Patient Services' area of their practice website as 'Happy and Healthy in Dundee'

http://www.maryfieldmedicalcentre.com/Npatientservices.php
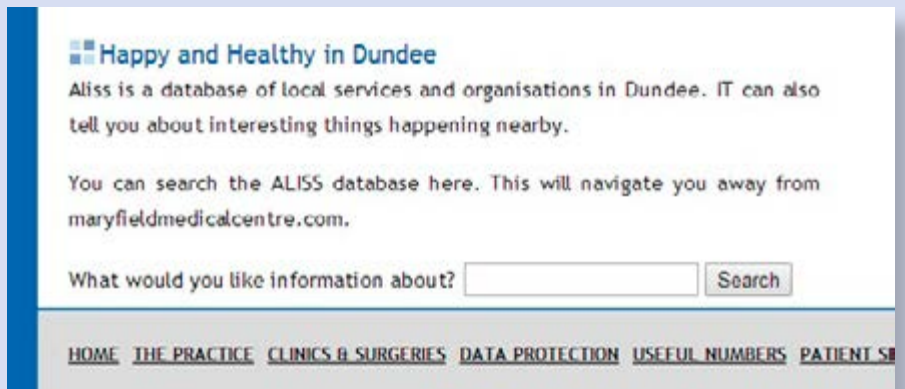
Co-producing an ALISS application for general practice:

From the outset, ALISS has been co-designed with potential users, and so the Improving Links in Primary Care project was an excellent opportunity to use feedback to develop the system for a general practice setting. After discussion with Practice Leads and others, three components emerged as being most useful for primary care settings.

1. A customisable stand-alone web page search suitable for use on PCs, laptops, tablets and touch screen kiosks.

2. A search box which can be "dropped" into existing websites.

3. Support to access search tools via mobile phones.

Practice Leads contributed a further list of requirements:

- Configure a localised view of ALISS, choose interfaces (i.e. page design, colours, titles, search filters, practice's website etc.)
- Save and label a particular search result
- Pick up saved searches at any computer/mobile (e.g. if using a smartphone on home visits, a locum working at different practices)
- Select resources individually or 'select all' on search results
- Print (selected) search results
- Email (selected) search results to others
- View a particular collection via a search result
- Show or hide a map
- Report resources of concern
- Add in locality alongside the resource name
- Search for locations using either place name, region, country or postcode.

While the national search template was being developed, by April 2013 each practice had a search tool which only pointed to their local resources, for example Craigmillar could not see Dundee's, Nairn's or Kinross resources. These were named 'Happy and Healthy" in Dundee, Nairn, Kinross, and Craigmillar. This tool demonstrated how ALISS could apply a filter to keep searches local.

After a further period of development and testing, practices then migrated from their Happy and Healthy prototypes, based on the new customisable ALISS search tools, released in November 2013.

ALISS software development is based on agile methodology, which means incorporating

development cycles of two weeks with daily review meetings and a longer review and planning meeting at the end of each two week cycle. This presented challenges for both the practices and the software developers due to changes in the ALISS team and difficulty in finding appropriate technical expertise, which led to delay in completing the search tools. Although practice staff welcomed the concept of contributing to ALISS development, there were some frustrations about using a system in development. This is emblematic of the challenges of co-production and innovation, versus presenting a finished product which has been produced with no user involvement.

Section 3: What difference did the project make?

Overall findings

Both qualitative and quantitative methods were used to evaluate the outcome of the Improving Links in Primary Care project. The use of qualitative evaluation was especially relevant given the importance of narrative and context when introducing a new approach in different settings.

The project factored in three evaluation stages which took place in June 2013, October – November 2013 and a final evaluation in May 2014. The key aims of the evaluation were to:

(i) assess the over-all impact of adopting a social prescribing approach

(ii) identify factors which facilitate improving links with the community

(iii) identify barriers to improving links with the community

(iv) assess the role of ALISS in facilitating improving links with the community

(v) identify factors which may help sustain improvement.

The qualitative evaluation involved a series of focus groups and one-to-one semi-structured interviews with 52 participants, some more than once across the project's timescale. A total of four focus groups and 35 face-to-face and telephone semi-structured interviews involving 52 participants took place. Interviewees included GPs, patients, practice managers, practice nurses, Long Term Condition Nurses, Keep Well Nurses, GP administrative staff, community social support staff working with GP practices and computing support staff.

Qualitative evaluation findings

Although the sites varied in socio-demographic and socio-economic features, findings were consistent. Four key themes emerged from an analysis of the focus group and one-to-one semi-structured interview data:

1. The benefits of asset mapping.
2. The use of ALISS.
3. The patient perspective.
4. Barriers and facilitators to Improving Links in Primary Care.

1. The benefits of asset mapping

Participation in the Improving Links project allowed the four practices to improve their knowledge and understanding of community groups. This was shown in increased signposting. As one GP noted:

> "I think from our perspective, the important thing was we've known lots has been going on out there locally, but we've never had the opportunity to systematically map it, or collate before; and the project, to me, has been an absolutely fantastic opportunity for us as a practice to see exactly what's out there. I see it as a stepping stone onto a much, much bigger self-help agenda."

> "It's put us very much at the centre of the community in terms of mapping, making sure we know what's out there, and then we want to build on that tremendous success, really, and take it forward. For me as a GP, I am thinking a lot more about what patients who are out of work, unwell, recovering from an illness, wanting to get back into society – what are their interests?; I'm asking them, right, what would you like to do? And that's been a big change in the way that I've thought as a GP."
>
> GP Site 4

Raising awareness of community assets:

Before starting the project, staff were asked about barriers to achieving the projects aims. GPs and practice managers spoke about not having sufficient awareness of exactly who and how community support groups could help in improving the health and well-being of communities.

> "Well firstly, there's lots of local community organisations which we didn't realise were out there. I mean there's loads of stuff going on, whether it is charities or voluntary work or voluntary organisations, there is stacks of stuff …"

> "Now since Improving Links we're in a fortunate position where we're in the middle of mapping and signposting local groups. We had a local Connect event where we initiated getting local community support groups together just over the road and there were about 40 people representing local counselling groups, drug agencies, Keep Well, the Police, the local secondary school, a Veterans organisation, the Library and lots of others. It was a 'meet and greet' and people explaining this is what we do and I think there was more than a few raised eyebrows about what was going on locally. It was great to touch base and network."
>
> GP Site 2

Mapping assets was seen as being a component of the new approaches needed to radically develop future models of care. The need for a focus on prevention and self management was expressed by one GP:

> "It's all part of improving health getting people who are the sickest more socially active, eating better; it's just a social health rather than a specifically medical model. It's more of a biosocial model than a biomedical model, and I think that's got to be the future. I mean, when you look at the big challenges, chronic illness, ageing, obesity, isolation, we've got to look and adapt accordingly…
>
> We've never had the levels of patient chronic illness and multi-morbidity before. We've been very innovative for the last 50 years in medical models, very dramatic innovations; but those are drying up. I mean, we haven't seen that many brand new drugs or wonder pills come along in the last decade or so. We need to think more about self-help and promoting good health and Improving Links has helped us to do this."
>
> GP Site 4

2. The Use of ALISS

IT support tools such as ALISS were seen as having a vital role to play in improving links in primary care. Online access to local information was seen as being essential. However, some staff were of a view that e-health initiatives should be as near completion as possible to help 'sell' the concept to the wider practice team.

ALISS was seen as key to improving links in primary care, and there was a general consensus that:

- New technological developments take time to fit into existing processes
- There is a need for quick access to information about local resources
- ALISS should be linked to primary care systems.

Participants made a general point that the NHS has some way to go to benefit from developments in e-health and social media;

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"**The ALISS concept is excellent but it is still a work in progress. I think probably in healthcare we're still catching up with how technology is generally used in other mediums. So whereas we have online banking, whereas we have online supermarkets, whereas you get texts from your dentists, I think we're maybe a little bit behind or catching up technologically as to how health professionals quickly find out about information to community support groups that can potentially address the health and well-being needs of people in need of such support. I think it's a fact that we're maybe catching up with those needs.**" GP Site 2

Some participants felt there were challenges in using a system which was being developed:

"**We had a look at it (ALISS) earlier I went through and looked at resources that our people here had put on and would later be able to look up and use..and there's duplication, there were groups that had expired. Again, it's this idea of showcasing a project before it's finished. We don't want people to be put off on what's there at the moment; they have to be able to understand what it could become. What it could become is a first class resource. I'm 100 percent behind it but it has to work in a manner that GPs especially can believe in.**"
Practice Manager and GP Site 2

Staff were uncertain who would add and maintain resources in ALISS:

"**Another thing of course important to say about that is we the GP practice don't want to become the focus for updating and reviewing and checking the site… Perhaps this is where the link worker could come in. As well as meeting with patients they could update local ALISS details but it needs to be clearer – who does this.**" GP Site 1

There was debate about link workers adding resources to ALISS:

"**A big thing for us here is who does the updating, checking of the resource? That in my opinion can't be the Link Worker, their time should be face-to-face with the patient and that valuable, one-to-one support. It is unclear from our view – who updates and maintains the ALISS system?**" GP Site 2

Linking ALISS to primary care systems:

"**It's got to be easy to use alongside existing systems. Because when I'm consulting I'll have the Vision icon open, the consultation manager or two, depending on what I'm up to, the appointment system, plus my dictation system, plus my document system. So I've got six icons open on the bottom row. That's just for a normal surgery…. **"

"**So if ALISS was built into EMIS and Vision with a toolbar on the right hand side as a click, so you click on and you're immediately into your local menu.**" GP Site 4

Speed is the key:

"**ALISS is a crucial part of improving links in primary care as when you are in a consultation and talking about the local support group which you are trying to get the patient to attend you have two – three minutes tops to locate, print out and give the leaflet to the patient whilst verbally describing the community group's qualities. If you are 'faffing around' trying to locate the appropriate group that's not good. Speed is the key here and if you can access the information quickly you are on to a winner (a) because there's more chance of GPs using it and (b) more chance of patient accessing the service if you can describe it to them clearly and positively. If you can get that it'll fly.**" GP Site 4

3. The Patient Perspective

Patients interviewed spoke of the benefits of being signposted to local support. The benefits included reduced social isolation, access to information about child support, financial and benefits advice and an increase in confidence. Patients thought that if a GP spoke about a service and provided clear information about who the group were, what they did and who to contact, they were more likely to make contact. A patient spoke about getting information about a local exercise group from a friend:

> "My neighbour was at our GP recently and they spoke again about her weight problem and gave her information on a local Zumba class. She thought this was a bit strange but decided to give it a go as the GP suggested it, so it must be a good thing…. She now goes every week as she really enjoys the class; she has lost weight and feels she has more energy but the best thing is she is having fun. So I'm going to go along with her."   Patient Site 3

One young single parent, recently divorced and bringing up two children on her own, described how for some time she had been treated for depression. She explained the benefits of being signposted to a community group:

> "Although the anti-depressant drugs did help stabilize me I was still depressed but then I was told about the local Women's' Aid group and the community group that could help with child support because I was struggling with bringing up two young boys on my own. I see my friends much more, we meet up without the kids. It's also helped give me time to look at going to college which I'm going to do – I want to train to be a Paramedic and that's given me a real goal in life. I was on a quite a high dose of anti-depressant but it's a lot lower now."   Patient Site 1

> "I've had a chronic illness for years and it means I have ups and downs with my health… I was told about a group for older people like me with health problems. It's great I go twice a week, there are a variety of light exercises from chair exercises to breathing exercises through to walking on a treadmill. It's good for my health and it gets me out the house. It also means I get to chat with other people and we can share our experiences. Before I was only going to see the doctor or nurse now there are other options which are very helpful."   Patient Site 4

A patient, who was struggling financially because of having to take time off work due to a health condition, spoke of benefitting from advice from a local bureau:

> "I had never really spoken with the GP about the problems I had financially because of time off work but it did bother me and probably wasn't helping the way I was feeling emotionally. It was only when it was pointed out that I was entitled to financial assistance and certain benefits that I looked into it and sure enough I got help with this. I even got help to complete the forms which were a nightmare. It really helped me it took pressure off me financially."   Patient Site 1

A patient who suffered from chronic pain was signposted to a resource which provided emotional support, and while initially sceptical, spoke of the benefits to their overall physical and mental well-being:

> "I had chronic pain problems, had terrible headaches and that can really knock the stuffing out of you both physically and mentally. I never really went out that much. I had a number of appointments with a counsellor which at first I thought 'what's the point' but talking about my chronic pain and how it was affecting my life actually really helped me get a handle on my illness. There were other things I could do to manage the pain and I started focusing on other things in life – simple goals that I set out to achieve. It meant that my life wasn't defined by my illness and I had other things in life to focus on rather than being ill. It sounds so obvious now but it wasn't before and things have turned around and are much better."   Patient Site 2

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4. Barriers to improving links in primary care

1. Lack of time:

Although practices each received £7,500 to fund meetings and pay locums etc, the major barrier was still lack of time. The project time frame was originally 18 months, but Practice Leads agreed this was far too short a period and requested an extra 6 months, at no extra cost, to allow more time to follow up connections and collect data (this was approved by Scottish Government). Due to the pressures and demands of general practice, the project experienced peaks and troughs, slowing at especially busy times such as during the winter virus period and collection of data for the Quality Outcomes Framework (QOF). Other factors such as staff illness and turnover also affected progress.

> "It's always I think time constraints with general practice, the fact that we're so busy. Other priorities take over. Over the winter months it's just constant inundation with illness over the winter months. Then the QOF year ending. The usual things that happen throughout the general practice calendar. Partners going off sick; partners going on maternity leave; partners retiring not getting replaced, unable to find locums. I would put that under the heading, general practice in 2014, unfortunately."
> GP Site 1

> "So if this (Improving Links) is going to be repeated think clearly about when it's to be introduced and have project staff that understand that whilst we are part of the project we can't drop everything when asked or reply immediately to an email. Focus on your project smartly -plan ahead and know when to put the foot on your project's accelerator and when to slow down and realise when we (our practice) are under the cosh a bit."

The feeling was that general practices are under enormous time pressures, which has a negative impact on initiatives such as 'Improving Links':

> "Time. I know time often equals money, but time is – almost the enemy, that and busyness. So for example, one of our receptionists was going to put ALISS related community support information details onto the computer, and the idea was that she was to get protected time to do it and if you were short of staff or things are busy, then you can't, that's sacrificed...and it just went by the wayside. It didn't happen. Other practice work took priority."
> GP Site 2

2. The confidence needed to take the first step to access support:

Both staff and patients believed that a big challenge was taking the first step to access support. It was agreed that a link worker could made a big difference, and this was described by a Keep Well Nurse:

> "The big challenge in my experience isn't necessarily getting people interested in doing things to improve their health be it learning how to improve their diet through cooking lessons and making healthy dishes.
>
> The big challenge is getting them to attend the group in the first place. That challenge lies in the fact that they don't know about that group or the GP doesn't know about that group so don't refer. The other big challenge is, a lot of people we see here may be isolated and lack a bit of confidence. In my experience, in the main, once they are there, you've got them.
>
> Then you can then talk with them, support them and encourage them. We had one young guy who attended his first cooking class we put on locally here around improving diet, he thought it was great and at one point shouted 'Brilliant!... I've just peeled a carrot.'!"

Many interviewees spoke of decades of over-reliance on prescribing drugs to address physical and mental health problems. This had hindered a move towards a more social model of health and social care:

"All of us as health professionals have become conditioned to the medical model of providing healthcare and addressing healthcare problems but we know this won't address all the current as well as future health challenges.

Patients have also become used to this approach and they expect it. So that was a hurdle later on down the line that we discovered patients aren't wanting to engage with the social prescribing, because through years of coming here, become used to getting antidepressants and then we have to convince them, well actually there is better things for you, you know, I know we've been giving you antidepressants time and again over the last ten years but now there is something better but it's sometimes difficult to win patients round to that point of view. It's a bit like antibiotics, you know? It's a change of culture that's not just for the health professions, also for the patients. But there's the hope – more and more patients generally speaking are now realising that antibiotics aren't the answer to colds and flu anymore and that self-care and prevention is key."

GP Site 1

3. There was limited involvement of nurses in all four sites, the consensus was that this was due to time pressures.

Facilitators to improving links in primary care

1. Leadership and champions:

Having project champions was especially important in keeping the project on-track and is therefore an important consideration when implementing the findings of the Improving Links in Primary Care project. The project champion should be a senior staff member, a GP and/or Practice Manager as was explained by a Practice Manager:

"You definitely need one GP as a champion and the Practice Manager too because they know the ropes and what strings to pull and when. I know one of the other practices have link workers and that's great and there's a new one starting in another pilot practice but they won't have the authority to change people's perceptions, not at the start anyway – eventually yes but not initially. A project like this has benefitted because key staff have kept the profile of it steadily quite high. So get your local practice champion identified well before you actually start and build a bond with them.

Equally importantly is meeting with the other practice champions collectively. I found the meetings we had with the other pilot practices really good for exchanging how things were going and discussing some of the successes, some of which were really inspirational. But also talking about the problems was just as important. Also attending the other events was very helpful to me in understanding the project and what to do. The ALLIANCE event in Glasgow with Tommy Whitelaw talking about his experiences switched on a light for me about link workers and I'd never of thought of applying for funding and being successful in getting one here were it not for meetings like that and our general pilot project meetings."

Practice Manager Site 4

"It's got to be sold well to practice staff. You need an enthusiast, not only clinical, but managerial and administrative champions explaining, you know, why we think this is a good idea; and then time and capacity to be able to operationalise that. I think it's unlikely to get traction unless there's some funding. It's the usual thing in general practice, but it's going to need a small amount of funding to get it going and to get it to work." Nurse Site 3

2. Achieving a 'quick win' at the start:

"Getting everybody involved by doing something that people see as effective or a quick win I would suggest, like our walkabout. There was a group of about 20 of us. We set off from the practice and we did a walkabout of about 10 community organisations. We visited the Child and Family Centre, the leisure centre, the library, a Veteran's group, social support groups such as Man Chat, a counselling group.

We did the walkabout and that was a quick win; everybody came, everybody thought 'God, this is fantastic.' So we got everybody on-board at the start, really. And everybody's aware of it now, even if people aren't directly involved like the reception staff don't actually get involved, but they do know about it… actually seeing all these people in the community is good.

Some of our staff, one or two of them live in this community and even they were surprised to hear about what was available in the community. We had seen the commitment, motivation and expertise of Third Sector staff in the community."
                                          GP Site 2

This was echoed by the Practice Manager:

"We set off and we'd timed it so that we'd got so much time to get to each place, and then when we arrived they gave us a brief overview of what they did and we could ask questions and so on… . for me it was all names that I'd heard, you know, the Jack Kane Centre, or the Child and Family Centre, Richmond's Hope, but you didn't actually know what they actually did… and for me that was brilliant about the walkabout, to get a real feel and understanding of what local groups actually did….and importantly put a face to the people providing the services. The staff really bought into the project much more I would say than just a quick chat, so be innovative!"
                          Practice Manager Site 2
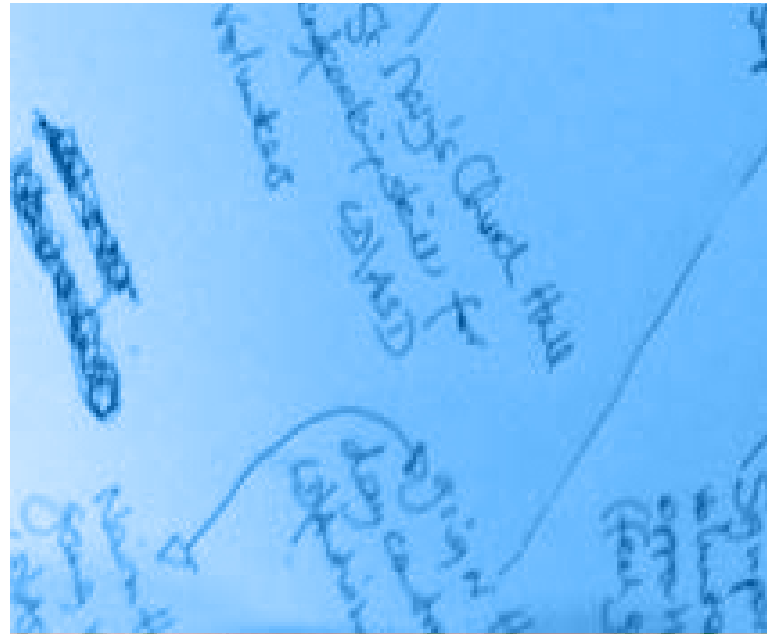
3. The key role of link workers:

"I think getting the link worker is really going to help transform things here. Already she has made a big impact. We are developing very, very close links now with key Third Sector organisations. We had a meeting with all the GPs here, other staff nurses, community mental health people came along. There was a discussion around what the link worker could do and the GPs were asking 'I've got this patient who has this problem …so you can get them to the Citizens Advice Bureau (CAB) to talk about that.'

The thing is because of the funding we now have CAB in here in the practice, it's great, logically GPs are more likely to refer because they know about them being here and what they do and patients more likely to attend because the GP has recommended them, and the GP now goes online and make the appointment so the patient thinks well if the GP says so and they are here in the building, I'll go. And that's what's happened. We've had more referrals and more patients attending CAB to address whatever issue it is that's bothering them. A lot of people, GPs and patients would never have previously thought about using before. Now we're getting their logo in the practice at the reception along with other community groups we've developed links with." Practice Manager Site 4

4. The importance of community connections:

The face-to-face 'meets and chats' were seen as one of the best ways to develop genuine lasting links between GP practices and staff in community groups.

> "As a doctor seeing patients, after the walkabout you could actually refer them on to these places with confidence, and think actually we know what they do, we visited them. You know you can think with confidence, actually say to the patient this would be really good for you, I've been there and seen what they do, met the staff.
>
> I think it's like, you know, you see a cancer patient and you're referring them to the cancer centre and you know that consultant and you're able to say, you'll be fine, that doctor is really, really nice, then that can put people at ease about going, and I think it's the same as signposting to a local community support group, you can say what's it like, 'oh, I think you'll really enjoy it'. It's much easier to encourage people to get involved in this way."
>
> GP Site 2

5. All four sites reported that the £7,500 budget to facilitate the work of the project was essential and was an important factor in their interest.

Quantitative evaluation findings

Staff survey findings at the end of the project

The staff survey was repeated at the end of the project (October-November 2013) and 6 months after the extension to the project (May-June 2014) to assess any changes in views. In total, 45 questionnaires were collected at the end of the project and 46 at the six month post-project follow-up, again comprising of a wide range of staff including GPs, practice nurses and receptionists.
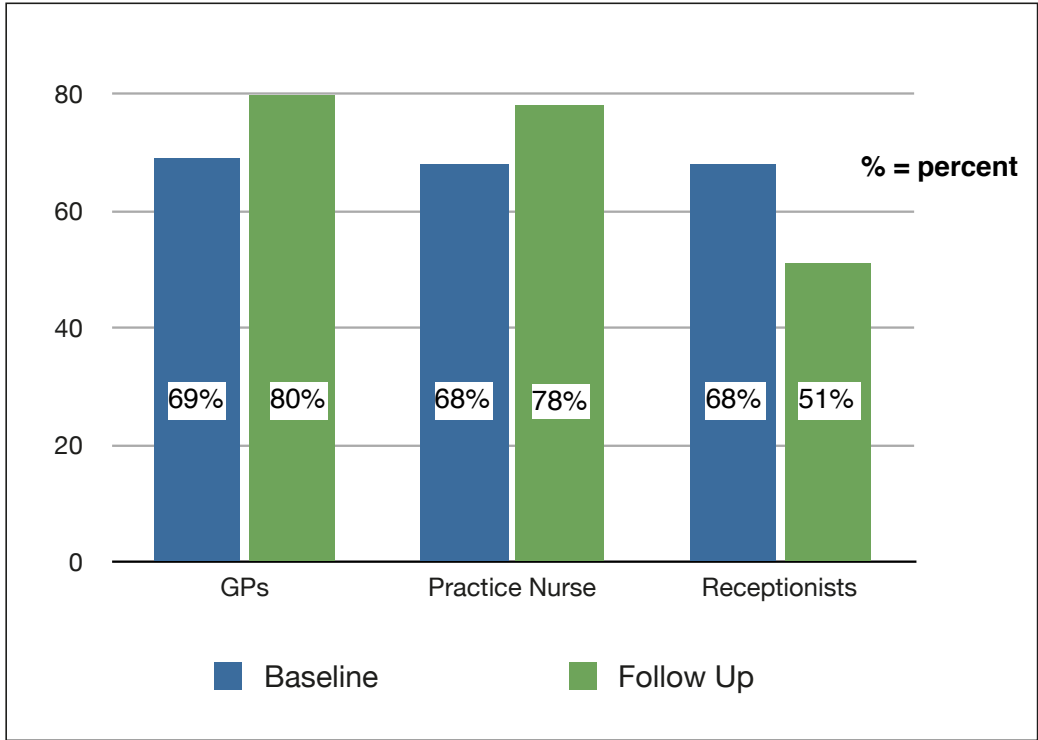
At the end of the project, practice staff were again asked who they thought patients were likely to ask within the practice about local resources, and they were again able to choose more than one type of staff member. GPs, practice nurses and receptionists were again considered to be the most common groups likely to be asked about this. However, as Figure 6 shows, there was evidence of a slight increase in the perception that GPs and practice nurses would be asked, and a decrease in the receptionists being asked.

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Figure **6.**

Patients were more likely to ask GPs and practice nurses about community resources at the end of the project than at the beginning

Staff were again asked to rate how confident they felt in being able to inform patients about local community resources. As shown in Figure 7, there was a substantial increase in staff confidence to do this by the end of the project. Almost one in two staff felt confident to do this by the end of the project compared with less than one in four at the beginning. This improvement was maintained at the six month post-project follow-up when 47 percent still agreed or strongly agreed (results not shown).

Figure **7.**

Improvement in staff confidence in being able to inform patients about local community resources
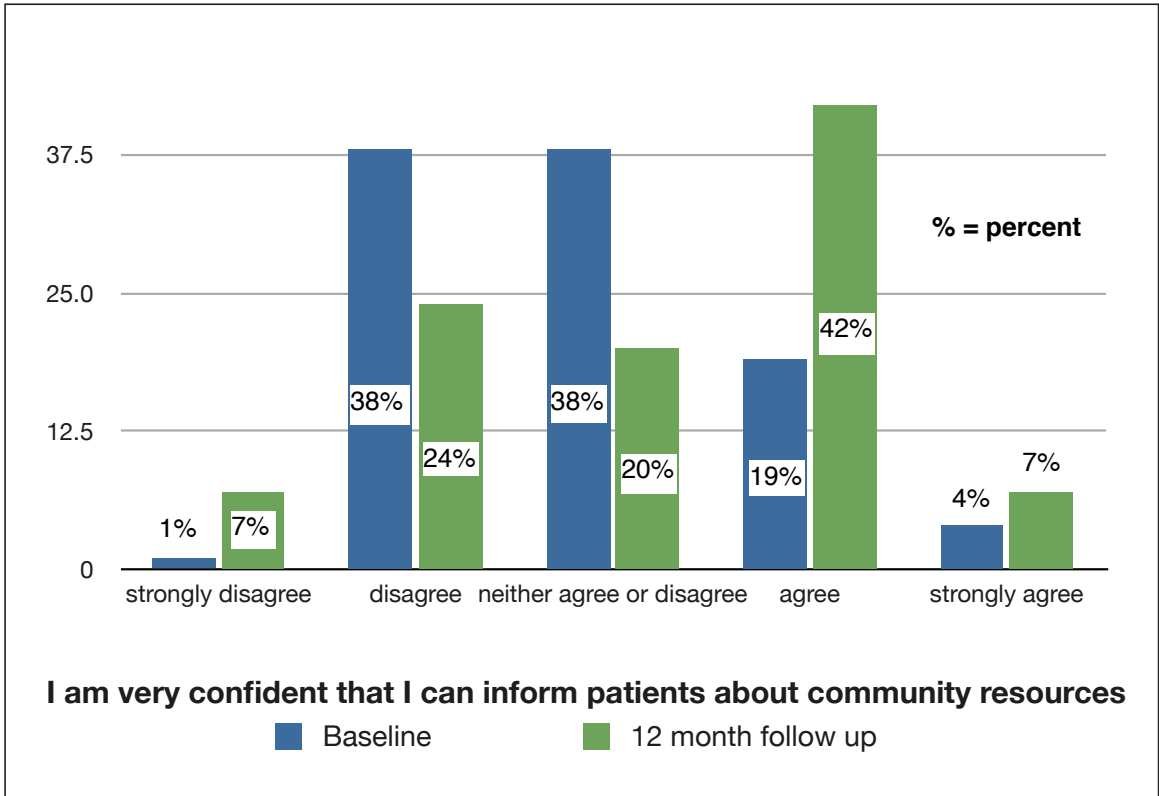
37

Health and Social Care Alliance Scotland and the Royal College of General Practitioners (Scotland)

When asked if they felt the Improving Links project had increased their knowledge of local community resources, more than half (51 percent) of the staff said yes at the end of the project (see Figure 8). This was higher for the GPs (69 percent) than for the practice nurses (50 percent) or receptionists (31 percent). At the six month post-project follow up (results not shown), 42 percent continued to report that the project had increased their knowledge of local resources. This remained higher for GPs (63 percent), than practice nurses (38 percent) or receptionists (13 percent).

Figure 8.

Improving Links project increased knowledge of local community resources

Has the project increased your knowledge of community resources?

% = percent

Timing: End of Project

- Yes
- No
- Not Sure
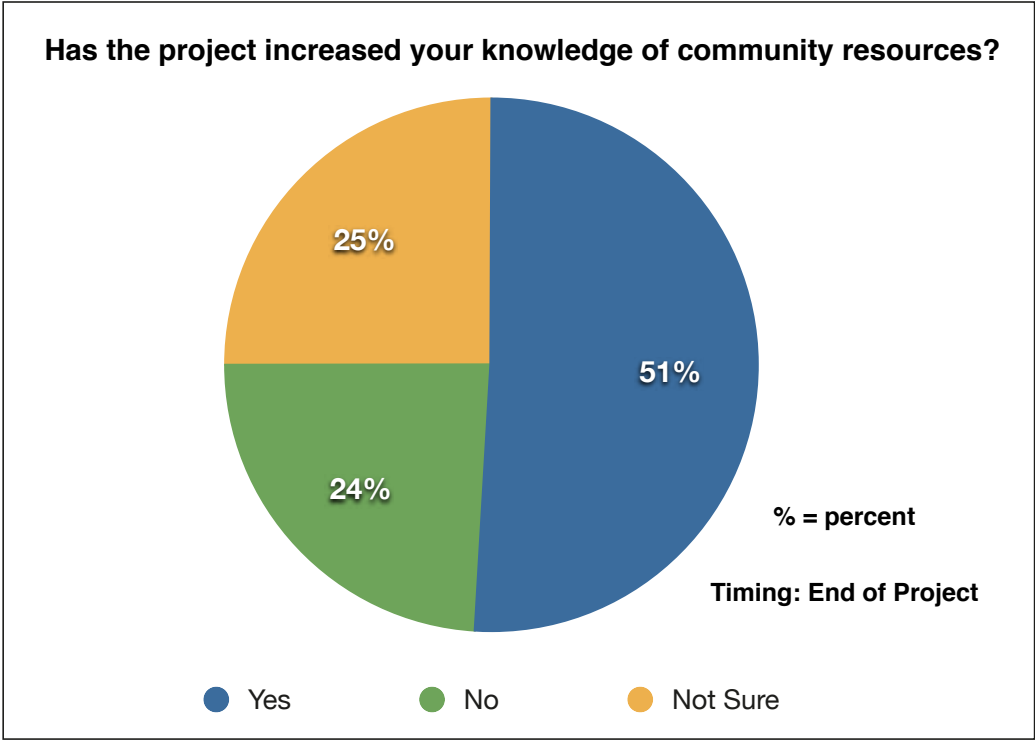
Level of signposting within consultations to local community resources by the end of project

The level of signposting to local community resources by the end of the project was again estimated by asking healthcare professionals in the four practices to record data on up to 50 patient consultations each. This was carried out by 33 staff at the end of the project, consisting of 16 GPs, 4 practice nurses, and 13 who did not specify their professional role (though most would be GPs and practice nurses). Information was collected on a total of 1,237 patient consultations.

The mean number of consultations recorded per practitioner was 37, and the mean age of the patients was 48 years. 55 percent were female. Support needs (for which signposting to a local community resource could be helpful) were recorded in 14 percent of consultations. This was not broken down by profession due to the large number of respondents who did not state their professional role.

The types of support needs identified within consultations by the end of the project, compared with the beginning of the project are shown in Figure 9. These had changed substantially over the course of the project, with a large increase in supports needs being identified with regards to mental health and addiction, and also in terms of social isolation and carers support needs.
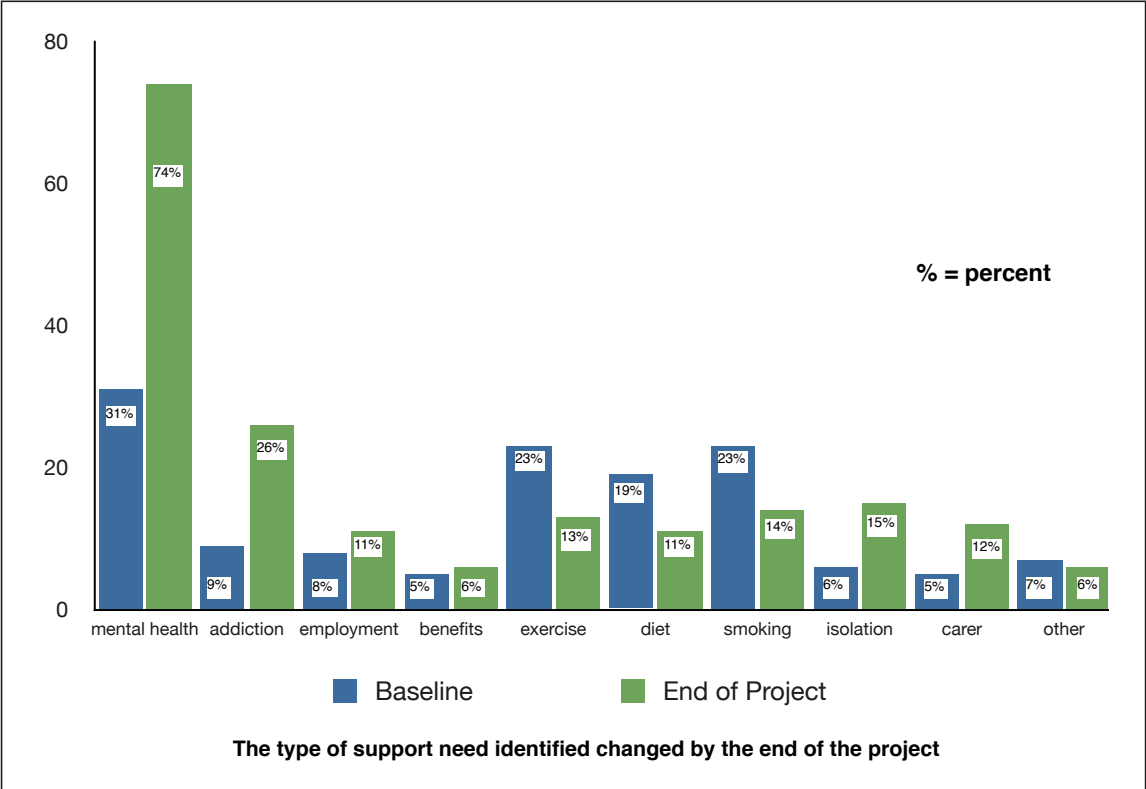
Figure 9.

Type of support need identified changed

The type of support need identified changed by the end of the project

Of the patients identified with a support need in the consultations, practitioners recommended a local community resource in 78 percent of cases. This was an increase on the percentage recommended at the start of the project (Figure 10).

Figure 10.

In routine consultations, more patients were recommended a local community resource by the end of the project than at the start (as a percentage of those identified with support needs)
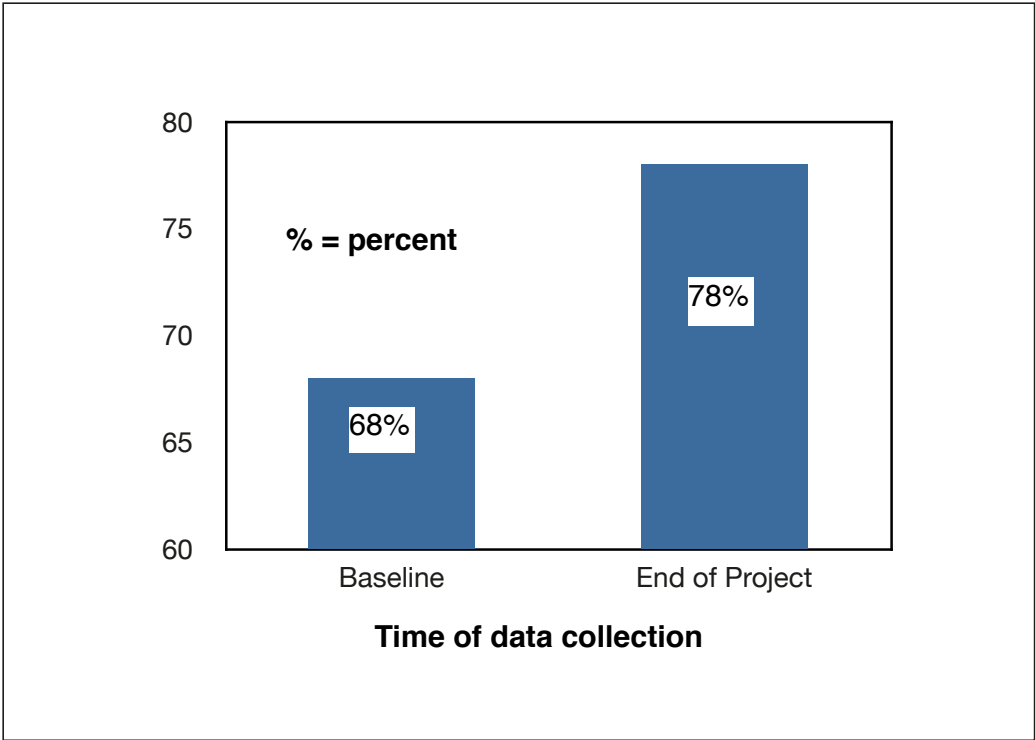
In terms of direct use of ALISS, practitioners reported using ALISS directly to recommend the resource in 22 percent of cases. Patients accepted this recommendation in 53 percent of cases.

A follow up audit was also carried out at the end of the project extension period, in May 2014. This was completed by 31 staff (20 GPs, 9 practice nurses and 2 others). The number of consultations, patients age, and gender were similar to the end of project follow-up (results not shown). Support needs (for signposting to local resources) were identified in 18 percent of consultations, and recommendations were made in 80 percent of these. Patients accepted this in 80 percent of cases.

Summary

- At the start of the project only 18 percent of practice staff felt that the practices already had adequate links with local resources

- By the end of the project over 50 percent of practice staff (69 percent of GPs) felt that the project had increased their knowledge of local resources. This increase was generally maintained 6 months after the end of the project, especially with GPs (63 percent), although decreased slightly in nurses and other staff

- Staff confidence in being able to inform patients about local resources more than doubled from only 23 percent feeling confident at the start to 49 percent by the end, which was sustained 6 months after the end of the project

- Staff felt that GPs and practice nurses were more likely to be asked by patients about local resources by the end of the project compared with the start

- Practitioners recorded that every sixth or seventh consultation identified a patient with a support need who could potentially benefit from local resources. The type of support need identified changed substantially during the course of the project, with increases in identified support needs for mental health, addiction, social isolation, and carers

- Practitioners more often recommended a local resource (to those patients identified with a support need) by the end of the project (78 percent versus 68 percent at baseline) and this increase was sustained 6 months after the end of the project (80 percent)

- Practitioners directly used ALISS when making such a recommendation in 22 percent of cases

- Approximately one in two patients accepted the recommendation of signposting to a local resource at the beginning and the end of the project, but this had increased to 80 percent 6 months after the end of the project.

Findings from the four practice sites

Craigmillar Medical Group

Key issues in improving links in Craigmillar:

1. Staff working in deprived areas share an ethos which is centred on improving the lives of local people. This dedication and enthusiasm can be supported by improving links in the community. As one GP explained "people work here as GPs because we want to work with and improve the health of socially deprived people."

2. Consideration had to be given to factors such as increased levels of poor confidence, education and poor literacy levels, which affect a patient's ability to access, understand and use information.

3. People living in socially deprived areas like Craigmillar are less likely to have access to home internet and less likely to have computer skills.

4. In an area rich with charities and organisations, connecting with all the local providers of support was challenging.

5. The asset mapping workshops, Craigmillar Connect and the practice walkabout were especially beneficial. These events helped not only to map local resources but developed face-to-face contacts with local groups and develop team relationships.

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Loch Leven Health Centre

Key issues in improving links in Kinross:

1. Kinross is an affluent commuter town with a high level of professionals with families and both parents in employment. It was believed by practice staff that this had consequences in terms of the need for local support; for instance, less time to get involved in local groups and more likely to have the financial resources to address health and mental well-being issues (eg, private gym membership, private counselling services, a capacity to purchase foods for a healthier diet).

2. High levels of the practice population were computer literate and could access online resources to address health issues. In the words of one practice member of staff, 'our patients come to us and they tell us what's wrong with them and what they need and want'.

3. There was a view that ALISS may be more likely to be a resource for patients than for staff.

4. In retrospect, Practice Leads felt that the Improving Links project in Kinross, may have benefited from a focus on older people, such as lunch clubs and the Kinross Day Centre.

Nairn Healthcare Group

Key issues in improving links in Nairn:

1. Nairn experienced significant challenges during the project period, including major practice re-organisation. Consequently the project was slow to start but picked up considerably later.

2. The rurality of the practice's location presented particular issues for involving patients in community groups. Travelling to meetings was an issue as not everyone had cars and local transport was expensive.

3. Research shows that internet access is lower among people who are elderly, socially deprived and in Scotland's rural areas. This poses challenges in publicising community support services.

4. Practice Leads believed that face-to-face contact with local organisations was key to improving links in primary care.

5. Because time was severely limited, some useful contacts could not be developed or new connections made as frequently as wished.

6. A peak in the development of the project was the recruitment of two students who mapped local assets and added to ALISS.

7. A significant advance was made when a community links practitioner was appointed .. in the words of one of the Practice Leads, the project has 'taken off like a rocket'.

Maryfield Medical Centre

Key issues in improving links in Maryfield:

1. The practice had had a social prescribing approach and link workers for approximately five years. Therefore the concept of Improving Links was especially suited to Maryfield as they had already begun to develop links with community groups.

2. The beneficial role of link workers in Dundee came across strongly in interviews, when patients spoke of the benefits of accessing support with the assistance of link workers.

3. The involvement of both the local and main city libraries provided an excellent forum for initiating, developing and improving links between the GP practice and community groups.

4. Dundee is a relatively small city and therefore developing community links was potentially easier.

Conclusions and recommendations

Reflections

The project did not have funding for a full evaluation. To learn lessons for future planning, and to ensure spread and sustainability, a comprehensive and rigorous evaluation is required in all national projects.

The project was developed during a period of extreme demand for all practices with one doctor saying "I can't remember ever being as busy as this." This is supported by the huge amount of publicity about the capacity of primary care to cope with increasing demand. This has formed the basis of the Royal College of General Practitioners and the National Association for Patient Participation's campaign "Put patients first: Back general practice" which calls for an increase in funding for general practice from 8.39 percent to 11 percent of the UK NHS budget by 2017.[29]

The fundamental importance of human relationships was highlighted in all sites, the potential mutual benefits were clear in the links made between Practice Leads and police, librarians, schools, Citizens Advice Scotland and numerous Third Sector organisations. This is in the spirit of the Scottish Government's Community Empowerment (Scotland) Bill[30] and reflects the view of evidence submitted to the Christie Commission, that taking a co-productive approach to health and wellbeing in communities will lead to better, more sustainable outcomes, increased levels of satisfaction among service users and staff, and cost-savings for service delivery.

The high value of making connections and developing systems such as ALISS, which enable pooling of local knowledge and resources, was recognised by all participants. There is huge untapped potential for improvement and social innovation by placing individuals and communities at the heart of design of local systems to improve health. The project witnessed that, by simply providing time and space to think, previously unimagined ideas for the common good emerge.

Implementation of the recommendations made in Improving Links in Primary Care, will contribute to the development of the collaborative infrastructure described by Sir Peter Housden, Permanent Secretary to the Scottish Government, in his Quarterly blog (April 2014):

"This collaborative infrastructure matters more than we may realise. To orient formally-organised and structured organisations, each with strong duties on accountability and the use of public money, to the ethos of co-production and an asset-based approach, is ground-breaking work. It challenges traditional roles and assumptions. To achieve outcomes, not just activity and outputs, an organisation has to think, plan and act differently – about its resources, programmes, staff, management and governance and, crucially, how it works with others and with the communities it serves.

Community resources can be mobilised to support the lonely and vulnerable, with many such as befriending and walking groups requiring no professional inputs. Those responsible for statutory services in Scotland are increasingly looking to complement and extend services in these ways.

Beneath this is a recognition – owing much to Harry Burns, until recently the Scottish Government's Chief Medical Officer – that the fundamentals of human well-being that underpin health lie in fulfilling personal relationships and in lives with a sense of coherence and purpose. Services and budgets need to focus on those at risk from the pre-natal stage onward, and to nurture and extend networks across vulnerable

communities and groups building on and strengthening their assets and confidence, and thereby their resilience."[31]

Conclusions

- The project identified three inter-connected enablers of improving links in primary care: mapping assets as a way to strengthen local relationships and share knowledge of local resources, using ALISS and adopting a links worker approach

- The project achieved its aim of testing the feasibility of embedding ALISS in a meaningful way in general practices, in order to develop a plan for future roll out across Scotland. This was done by co-producing an online tool (ALISS) for general practice, to improve access to local information. With further refinement this could be "rolled out" nationally. However, co-producing a practical tool had challenges as practice staff were testing a product in development

- Mapping local assets was an extremely effective method of strengthening local relationships and sharing knowledge. Practice staff readily engaged in this and reported the benefits of seeing the local "bigger picture" and pooling local resources

- Practices reported that lack of feedback was a disincentive to further signposting. Two way communication encourages co-production and sharing local assets

- Even with financial support, practice staff struggled to find time to change patterns of work, develop local relationships and use ALISS. The use of ALISS by GPs and practice nurses in routine consultations was limited

- By the end of the project three out of four practices had a model of links worker, the practice without a links worker model was located in the least deprived area. Perhaps recruiting links workers was a response to an enthusiasm for making local connections but not having time to do so

- The pilot sites did not develop a strong inter-practice supportive network. This may have been due to the very different populations they serve, lack of time and being geographically distant from each other.

Recommendations

- All practices in Scotland should have an opportunity to access ALISS through their primary care systems

- Plans for health and social care integration, person-centred ehealth, digital innovation and public service reform should include references to asset mapping and two-way electronic communication between NHS and non NHS organisations to encourage signposting

- Practices will require support to map local assets, and in using, populating and maintaining ALISS

- For many practices, especially in more deprived areas, access to a model of links working may be the best way forward

- There is a need to learn more about people's views of being signposted from general practice to local resources and to quantitatively measure the effectiveness and cost-effectiveness of such approaches

- There is untapped mutual benefit in linking the health promoting role of local librarians, schools, police, fire service, Third Sector and other services in partnership with local general practices. A common approach to improving links could be developed in plans for emerging local health and social care systems

- The evaluation of future projects should be adequately funded to ensure a robust analysis of the reach and impact of interventions.

Dedication

The Royal College of General Practitioners (Scotland) and the Health and Social Care Alliance Scotland dedicate this report to the memory of Derek Hoy, software developer, who was a great friend and supporter of ALISS.

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References

[1]Alliance Scotland

[2]http://www.alliance-scotland.org.uk/ [3]http://www.rcgp.org.uk/rcgp-near-you/rcgp-scotland.aspx

[4]http://www.rcgp.org.uk/campaign-home.aspx
[5]http://www.scotland.gov.uk/LinksReport

[6]South et al, 2008; Brandling et al, 2009; Woodall, 2005; Marmot, 2010).

[7]Commission on the Future Delivery of Public Services (2011), accessed January, 2014 http://www.publicservicescommission.org/

[8]GPs at the Deep End Report March 2013, http://www.rcgp.org.uk/college_locations/rcgp_scotland/initiatives/health_inequalities/deep_end_reports.aspx

[9]Enable http://www.enable.org.uk/Pages/Enable_Home.aspx

[10]Scottish Centre for Learning Disabilities, accessed 03 05 14 www.scld.org.uk/local-area-co-ordination

[11]Deep End Report 8 Social Prescribing, accessed 15 05 14, http://www.gla.ac.uk/media/media_179091_en.pdf

[12]The Living Better Report, accessed 20 05 14, The Living Better Report, accessed 20 05 14, http://www.rcgp.org.uk/rcgp-near-you/~/media/Files/RCGP-Faculties/Scotland/RCGP-Scotland/RCGP-Scotland-Living-Better-Report.ashx

[13]A Local Information System for Scotland http://aliss.org/

[14]Living Better Final Report, 2011, 5.2, Recommendation 5

[15]Links Report: Developing the Connections between general practices and their communities, http://www.scotland.gov.uk/LinksReport

[16]Enabling Health and Wellbeing

[17]Evaluation of Dundee Equally Well, Sources of Support: Social Prescribing in Maryfield; Friedli et al (2012) accessed 01 05 14; http://www.dundeepartnership.co.uk/sites/default/files/Equally percent20well percent20report percent20Final percent20Report.pdf

[18]http://www.improvinglinks.scot.nhs.uk
[19]http://www.scotland.gov.uk/Publications/2006/10/13142739/5 accessed May 2014

[20]The Scottish Index of Multiple Deprivation, Scottish Government http://www.scotland.gov.uk/Topics/Statistics/SIMD

[21]http://www.improvinglinks.scot.nhs.uk

[22]Thistle Foundation http://www.thistle.org.uk/
[23]ALISS Guide to Creating a Good Record http://www.alliance-scotland.org.uk/what-we-do/projects/a-local-information-system-for-scotland-aliss/aliss-resources/

[24] Richmonds Hope Child Bereavement Project, http://www.richmondshope.org.uk

[25]Thistle Foundation, http://www.thistle.org.uk

[26]Health in Mind, http://www.health-in-mind.org.uk/
[27]Carr Gomm: accessed 20 06 14 http://www.carrgomm.org/

[28]http://www.kinross.cc/index.htm
[29]Put Patients First http://www.rcgp.org.uk/policy/~/media/Files/Policy/PPF/Put-patients-first-campaign-brief.ashx

[30]Community Empowerment (Scotland) Bill http://www.scotland.gov.uk/Topics/People/engage

[31]https://quarterly.blog.gov.uk/2014/04/16/this-is-us/ Sir Peter Housden, Permanent Secretary to the Scottish Government, gives his perspective on public services in Scotland.

[32]NHS England House of Care
[33]Chief Inspector Bone has written about his experience in Coproduction of Health and Wellbeing in Scotland

Further reading

ALISS
Available from http://www.ALISS.org

ALISS Health Literacy Report
Available from http://www.aliss.scot.nhs.
uk/?page_id=302

Brandling J, House W (2009)
Social prescribing in general practice: adding
meaning to medicine. British Journal of General
Practice; 59 (563):454–456

Carr Gomm – Community Compass Project
Available from http://www.carrgomm.org/

Dementia Carer Voices
Available from http://www.alliance-scotland.org.
uk/what-we-do/projects/dementia-carer-voices/

Distilling the essence of general practice
Gillies J, Mercer M, Lyon A, Scott M, Watt G. 2009.
Distilling the essence of general practice: a
learning journey in progress. British Journal of
General Practice, Volume 59, Number 562, May
2009 , pp. e167-e176(1)BJGP

GPs at the Deep End Reports
Available from: http://www.rcgp.org.uk/shop/
books/occasional-papers-and-reports/op89-gen-
eral-practitioners-at-the-deep-end.aspx

Health and Social Care Alliance Scotland
Available from http://www.alliance-scotland.org.uk/

**Health Literacy Place – Scotland's Action Plan for
Health Literacy**
Available from http://www.knowledge.scot.nhs.
uk/healthliteracy.aspx

Improving Links in Primary Care blog
Available from http://www.improvinglinks.scot.
nhs.uk/

The Enabling State, Carnegie Trust
Available from http://www.carnegieuktrust.org.
uk/publications/2012/the-enabling-state---a-
discussion-paper

The Links Report
Available from http://www.scotland.gov.uk/
LinksReport

The Links Worker Programme
Available from http://www.alliance-scotland.org.
uk/what-we-do/projects/linksworkerprogramme/

Marmot, M (2010) Fair Society, Healthy Lives.
London: The Marmot Review: http://www.
instituteofhealthequity.org/projects/fair-society-
healthy-lives-the-marmot-review

**Morgan, A & Ziglio, E (2007) Revitalising the
evidence base for public health: an assets model.**
Promotion & Education 2007 14: 17

The Living Better Report
Available from http://www.rcgp.org.uk/rcgp-near-
you/~/media/Files/RCGP-Faculties/Scotland/
RCGP-Scotland/RCGP-Scotland-Living-Better-Re-
port.ashx

Nesta - People Powered Health
Available from http://www.nesta.org.uk/project/
people-powered-health

RCGP Scotland
Available from https://www.rcgp.org.uk/
membership/scotland

**South J, Higgins TJ, Woodall J, White SM (2008)
Can social prescribing provide the missing link?**
Primary Health Care Research and Development;
9(4):310–318.

**Ties That Bind: The best public services work
with the grain of people's social relationships**…"
Duncan O'Leary, Jo Salter, DEMOS
Available from http://www.demos.co.uk/
publications/tiesthatbind

Time to Care Report; RCGP Scotland Health
Inequalities, December 2010 Available from
http://www.rcgp.org.uk/college_locations/rcgp_
scotland/initiatives/health_inequalities/time_to_
care_report.aspx

**Wyke, S. 2014 Establishing Health and Wellbeing
among older people; Capitalising on resources in
deprived areas through general practice.**

Appendix

Chairs: Ian Welsh Chief Executive, Health and Social Care Alliance Scotland (the ALLIANCE) and Dr Miles Mack, Chair Elect, the Royal College of General Practitioners (Scotland) (RCGP Scotland).

Ian Welsh, welcomed the 68 delegates to the final process of the Improving Links in Primary Care project. The purpose of the event was to formally close the project by sharing findings and recommendations, identify key learning points and contribute ideas on future developments.

 Mr Welsh thanked the Scottish Government for funding the project. Both the ALLIANCE and the RCGP Scotland, were delighted to be working in partnership as both organisations share a vision of involving citizens in the design of future caring systems and developing new models of primary care. He thought the project had made an excellent contribution to learning how strengthening connections in our communities can help people to live well. Mr Welsh endorsed the recommendations made in the report, adding that he looked forward to seeing them being implemented in future work.

Presentations

Tommy Whitelaw, a tireless campaigner for Dementia Carer Voices, set the scene by sharing his moving story of caring for his mother, who had vascular dementia. It was a sad tale of years of missing available support which could have transformed the experience for both him and his mother, as vital connections were not made between people and agencies, primary care and support in the community. Tommy closed by asking delegates to think about how they could make a difference through connecting with others.

Christine Hoy then introduced Improving Links in Primary Care, by explaining how the project was set up to address recommendations made in previous initiatives. These included ALISS, the Social Prescribing Activity in Deep End practices, the Links Project, BRIDGE and work of Local Area Coordinators.

Professor Stewart Mercer and **Dr Eddie Donaghy** presented slides to show the quantitative and qualitative evaluation from the project. Evaluation was positive and echoed conclusions from previous work that general practice teams are keen to link with others in the community and signpost to local resources, but lack the time, knowledge, systems and confidence to do so. Evaluation indicated that there are three inter-connected components to improving links – mapping assets as a way to form local relationships and identify assets, the use of ALISS and in some cases a links worker.

Helena Richards described Community Compass, a successful Carr Gomm project, which signposts people to support. Referrals come from general practice staff, although people can also self-refer. One of the practices involved in this initiative is Craigmillar Medical Group, which also participated in the Improving Links in Primary Care project.

Practice Leads Lynne Pollock, Dr Frank Weber and Dr Ishbel Miller presented their experience of the project, which varied to reflect their contrasting demographics and practice set ups. There was a shared frustration about a lack of time in general practice to follow up connections within the 18 months timeframe, which all agreed was too short. But all were enthusiastic about the potential of improving links in primary care to transform the lives of both patients and staff. Christine Hoy presented feedback on behalf of Nairn, who were unable to attend, who were also very positive about how strengthening local relationships had sparked ideas for new services and collaborations which will benefit staff and the community.

Health and Social Care Alliance Scotland and the Royal College of General Practitioners (Scotland)

Jane Ankori, ALISS Programme Director explained how both ALISS and Improving Links in Primary Care had benefitted from feedback from practices. All three components identified at the start of the project as being essential for using ALISS in primary care were developed, as well as a list of more detailed requirements. Jane encouraged delegates to get involved by sharing their ideas and having an ALISS account so they may add their own resources.

Dr Graham Kramer described his vision for a gradual shift from a medicalised system of health care to one which is more person-centred. This was being championed in many excellent initiatives being developed both in statutory and non-statutory sectors. Graham described the House of Care[32], which is a model to support person-centred care and support planning and which is currently being adopted in pilot sites across Scotland.

Mark Charlton, Programme Manager of the Links Worker Programme, described how the programme was set up in September 2013. Community Links Practitioners have been recruited to work in seven practices across Glasgow, and are already making an impact in general practices in deprived areas, with almost 300 referrals in 12 weeks. Mark informed delegates that the programme, which aims to benefit both patients and staff, has had Scottish Government approval to be extended by three years to 2018.

Chief Inspector Tony Bone (Police Scotland) gave an excellent impromptu talk about police involvement in improving links in communities. Chief Inspector Bone's background is with the Violence Reduction Unit and he is a champion of the co-production approach, having witnessed the transformation in a deprived community in Falmouth. He described his involvement in similar work in a small town in Lanarkshire, where a successful archery club was set up with little resource apart from local enthusiasm and a shared will to improve life in the community.[33]

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Group work: Delegates divided into three groups to consider the following scenarios which used fictitious names:

> **Scenario 1.** Improving Links in Primary Care found that there is potential for mutual benefit for patients and staff if there is a strong relationship between GP practices, libraries, police and schools

1. What are the potential benefits?
2. What are the challenges?
3. How can we make this happen?

Delegate feedback

Benefits:

- Libraries, police and schools are already community hubs and are intergenerational, but not often linked up. Great mutual benefit if better linked to other hubs in community, but needs organised and supported

- Schools / police / practices / faith groups share a pastoral role in communities

- Libraries are a particularly useful connection for general practice as health and well-being fits with new concept of libraries (not just about books)

- Libraries are a neutral space – very useful for supportive conversations outside the usual health environment

- Excellent potential to work closer with schools on prevention (sexual health, self harm, young people's issues, mental health, gathering local assets)

- Potential to link more creatively with Curriculum for Excellence

- Police are often the first port of call for vulnerable people, for example people experiencing a mental health or situation crisis (perhaps as a result of autism, depression, dementia, victims of domestic abuse). Obvious role in local health promotion, should be better linked with general practices

- Keep it local (very local)

- Potential for less pressure on GP practice, improvement in patient satisfaction

- Benefits to all if there is increased use of local facilities

- More person-centred / joined up / opportunities / innovation

- Police have a presence on the street which libraries / schools don't

- Potential for implementation through Health and Social Care Partnerships and emerging Locality Plans

Challenges:

- Lack of time – value of local relationships needs a higher priority to change approaches to time management

- Stigma (eg poor literacy and mental health issues)

- Confidentiality could be a big issue if sharing personal information

- Different cultures in each sector – getting initial "buy in"

- "Cuts" – lack of security for organisations, short term funding

- Staff need support and training in signposting, shadowing potential way to learn

> **Scenario 2.** 82 year old Mr Macintosh, who lives alone, attends the practice nurse for a heart check up and mentions that he is unsure if he's getting enough benefits. The nurse signposts him to the Citizens Advice Bureau (CAB) advisor in the High Street, who discovers that he has a very large debt and is so distressed that he's stopped taking all his medicines and feels life's not worth living. Mr Macintosh doesn't want to talk to anyone about it.

1. What action should the advisor take?

2. Should she inform the practice nurse?

3. What local guidance should there be for non health professionals such as CAB advisors and librarians about responding to confidential issues like this?

Delegate feedback

- Always have to assess risk, the need to save a life will come before right to confidentiality

- All involved must be familiar with issues of consent

- Debate the best way forward - ask permission to share information / inform referring nurse. General agreement these issues will arise more often with greater integration / collaboration, however, many organisations already have governance and guidance in place for issues of confidentiality

- Possibility of "off loading" a problem from one agency to another

Scenario 3. 26 year old Marion was allegedly raped last year on holiday. She attended the GP recently as she is distressed and unable to go to work. The GP is keen to put Marion in touch with Rape Crisis, but she does not feel able to speak to them on the phone, and it is difficult to find out the drop in times.

1. What role is there for signposting when dealing with highly sensitive and personal problems, eg addictions, mental health problems, gender based violence?

2. How likely is Marion to accept help from an organisation like Rape Crisis when she does not have a relationship with them?

3. What are the challenges in developing networks and links around local services that require specialist knowledge?

Delegate feedback

- Essential to explore what Marion wants and aim to identify and build up her strengths – start small

- Will help if links worker familiar with Rape Crisis and can describe the service and people involved. May be helpful to accompany Marion. Need for skills in knowledge management

- Need people to be ambassadors – not just staff

- Role for signposting - doesn't just happen need guidance / words to use

- Strong local networks and familiarity with detail of what services available essential for this sort of scenario

Dr Miles Mack, Chair Elect of RCGP Scotland, chaired the group sessions and thanked the delegates on their willingness to share their experience throughout the day.

In summing up, Dr Mack sincerely thanked presenters and shared with the delegates how very impressed he was at the positive nature of the Improving Links in Primary Care project. The day's discussion had prompted him to reflect on his own role as a GP and on how well connected his general practice in Dingwall was to the local community.

The event had heard an honest account of the enthusiasm and benefits, but also the challenges of forming local links, which Dr Mack could appreciate. Dr Mack thanked the Scottish Government for funding the project, the pilot practices for giving their time and support, and the Improving Links in Primary Care project team for their excellent commitment. Dr Mack fully supported the recommendations made in the Improving Links in Primary Care report and looked forward to following the development of ALISS and progress with implementing the project recommendations in his future role as Chair of RCGP Scotland.

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Project Report

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