

Study update, March 2022

The link worker role in primary care

Welcome to our second study update - designed to inform our project partners, public contributors and other interested parties about progress on the [research](#) we are conducting to answer important questions about the role of link workers in primary care (sometimes known as social prescribers or community navigators). They are employed to support people with non-medical needs (e.g. loneliness, financial worries, housing problems).



Our research:

The study, funded by the National Institute for Health Research (NIHR), is led by Stephanie Tierney and Kamal Mahtani, both of whom work at the Centre for Evidence-Based Medicine, Nuffield Department of Primary Care Health Sciences, University of Oxford. It is focusing data collection around link workers based in six different parts of the country (study sites).

Below, you will find key updates from this study.

Patient and public involvement (PPI)

In January 2022, we met with our PPI group. Their role in the project is to ensure that our findings are relevant and accessible to the public, including people who might use social prescribing. We had a lively discussion about our early reflections on data we collected from the first two study sites. Researchers talked about how the link workers (or social prescribers) they had observed carried out a range of activities in their job, including listening to people, validating their concerns, and connecting them to groups or organisations in the community that could help with their non-medical needs. PPI group members felt that it may take time for someone to trust the link worker and to open up about the challenges they faced in their life. They also wondered how link workers made decisions about what to connect people to in the community. The group confirmed from their experience that many members of the public still have not heard about social prescribing. They felt that what is understood as social prescribing is likely to vary widely. They thought that members of the public needed clearer information about the role of link workers (or social prescribers); they suggested that people need to understand how to access or be referred to a link worker, and how these individuals can be of assistance.

Update on data collection – research under COVID

It sometimes feels as though we have talked so much about COVID it has become 'normalised' to an extent; perhaps we forget many of the adaptations and adjustments we have made in our daily lives. Health services, and the voluntary and community sector, have undergone continual pressures, which have had an impact on how social prescribing is perceived and delivered. The study team has also adapted so the research can still go ahead, despite the pandemic. This has meant keeping in close contact with the GP surgeries involved, where data collection is planned, to ensure we comply with their restrictions and understand impacts on their services.

The researchers collecting data at the study sites are [Amadea Turk](#) and [Debra Westlake](#). Here, they give some reflections on the impact of COVID to social prescribing and how this in turn affected the study's data collection.

Reflections from the researchers:

We feel fortunate to have benefited from a window of opportunity from November to early December 2021, prior to a surge in cases due to the Omicron variant. We were able to travel to undertake data collection, and the two first GP practices and their link workers were able to host us. Being with link workers, and seeing them in action day to day, alongside other health professionals and voluntary-community sector staff, was enlightening. It gave us a real insight into how the link worker role is being provided in primary care. We are now collecting data from another two sites.

During data collection, we noticed the following adaptations in social prescribing due to COVID:

- Many patient appointments with link workers were over the phone. Some social prescribing services had adapted by offering a higher number of shorter appointments. There were people who preferred to be seen face to face due to personal circumstances, but others liked speaking on the phone; this was because it saved on transport costs, or if they worked, they could make a phone call during a break. There were also individuals who were anxious about leaving the house so preferred a telephone call with the link worker.
- Health care staff were mostly back in surgeries but were still working from home sometimes so we had to be agile about setting interview times with them. We mostly managed to interview them face to face.
- Link workers were not working from the surgery base every day due to a few factors: COVID restrictions, lack of room space for them in busy surgeries, living some distance from where they were employed, working across different surgeries, and having allocated admin days. To adjust to this pattern, we planned in the days we would observe their work and conduct debrief sessions with them on the phone on days they were not at the surgery.
- A number of voluntary sector organisations were still not running their usual face-to-face social activities due to COVID. This meant there were fewer options for link workers to connect people to in the community.
- More voluntary sector than health care staff were working from home. For study purposes, we conducted interviews with these staff using Microsoft Teams.
- When we interviewed patients, we were interested to hear that online group chats were being used by some community organisations as a way to enable people to interact.



New blogs:

You can read more about the researchers' experiences of being 'in the field' collecting data in blogs they have produced.

[Debra reflects](#) on how going to where link workers are based, and spending time in their work setting, helped with understanding the area they served and the challenges that may be faced by those living there.

[Amadea describes](#) her preparation for and experiences of undertaking fieldwork.

We are very grateful to the practices and their staff, link workers (social prescribers) and patients who agreed to take part in the study and made adaptations to allow us to collect data despite the pressures of living and working with COVID.

Stay in touch

If you would like any more information about this project, please see our [project page](#) or do not hesitate to contact:

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