

# Glasgow City Health & Social Care Partnership

## Community Link Worker GP Practice Stakeholder Survey

### and

## Community Link Worker Survey

### October 2021

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# INTRODUCTION

The Community Link Worker (CLW) programme has been operating in Glasgow since 2014 and, following a recent expansion, now covers 81 GP practices across the city and includes an additional resource of three thematic CLWs with expertise in Asylum Seekers, Youth Health Service and Homelessness / Housing Insecurity.

Glasgow's CLW programme has been a component of Glasgow City Health and Social Care Partnership's (HSCP) Primary Care Improvement Plan (PCIP) since April 2019 (thematic posts are non-PCIP funded). The service aims to tackle health inequalities and Community Link Workers (CLWs) work in GP practices in areas of high deprivation. The CLW programme is a commissioned service delivered by the Health and Social Care Alliance Scotland and We Are With You.

In order to gain an insight and understanding of the experiences of CLWs, GPs and GP practice staff of working with the CLW programme, a survey was developed and distributed to the CLWs and GP practices in Glasgow City who had been part of the programme prior to the most recent expansion which commenced in July 2021.

## METHOD

Two surveys were developed (one for GP practice stakeholders; one for CLWs) with questions designed to provide an overview of: how CLWs were embedding in practices; the benefit CLWs bring to the practice; and to gather ideas for the programme moving forward. There was also an opportunity to share any concerns or queries about the CLW programme.

The surveys were then created on Webropol 3.0. The stakeholder survey used conditional logic which would display different fields depending on a user's response to a specific question. This allowed for different staff groups to be asked different sets of questions applicable to their role, but with some questions in common across all staff groups (see |Appendices 1-6).

Initially, respondents were asked to state their practice and their staff group. This was then followed by up nineteen questions, consisting of a variety of multiple choice (scales and text options) and open-ended (free text) questions to gather a mixture of qualitative and quantitative data.

The parallel CLW survey was developed for CLWs currently working in those practices (or who had been working in one of those practices prior to the recent expansion) to gather the views and experiences of CLWs.

### Participants

A link to the online survey was distributed to the 42 CLWs (including one thematic CLW) and 41 GP practices in Glasgow City who were part of the CLW programme before the most recent expansion. The survey links remained active on Webropol 3.0 for 16 days.

In October 2021, emails were sent to Practice Managers and CLW Lead GPs who were asked to distribute the GP practice stakeholder survey link to all members of their own practice multi-disciplinary teams. The link to the CLW survey was sent directly to the individual CLWs.

### CLW engagement rate

Responses were received from 35 of the 42 CLWs who were invited to participate in the survey – **a CLW engagement rate of 83%.**

### Practice engagement rate

Due to the indirect method of distribution, the initial reach of the practice survey and actual engagement rates are unclear. In an attempt to offset this omission, practice engagement rates were calculated instead:

Responses were received from 28 of the 41 practices invited to participate in the survey which equates to **a practice engagement rate of 68%.**

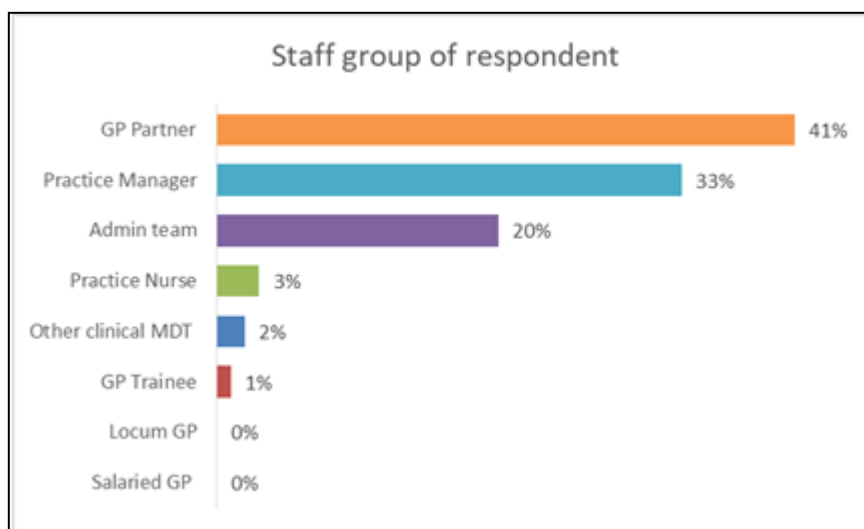
There were a total of 66 individual respondents from across these 28 practices which represents an average of 2.36 respondents per practice.

Number of respondents	Number of practices with that number of respondents
1	13
2	8
3	0
4	4
5	1
6	2

Practices who were invited to participate ranged between 7 years (early adopter practices) to 10 months (practices who came on board during the last expansion in January 2021) in terms of their experience with the programme.

### Practice staff group engagement

The majority of responses came from GP Partners (41%), followed by Practice Managers (33%) and Administration team members (20%).

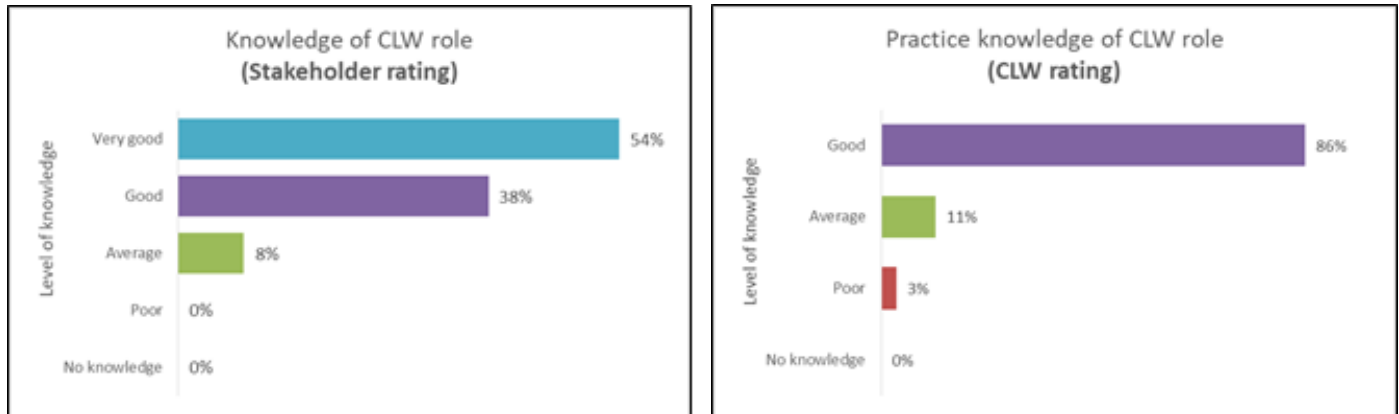


# FINDINGS

## Combined

### Knowledge of CLW role

- Participants from practices were asked to rate **their own** knowledge of the work of their CLW
- CLWs were asked to rate the overall level of **practice knowledge** about their role



- 92% of practice respondents rated their knowledge of their CLWs work as either 'Very Good' (54%) or 'Good' (38%)
- The remainder of practice respondents rated their knowledge as 'Average' (8%)
- 86% of CLWs rated their practice's level of knowledge about the role as 'Good' and 11% rated as 'Average'
- Only one CLW rated practice level of knowledge as poor
- It should be noted here that CLWs were not given the option to rate knowledge as 'Very good'. The absence of 'Very good' ratings from CLWs relates to an oversight/error at the development stage of the surveys, rather than the views of CLWs

### Value of CLW role

- GP practice stakeholder responses to this question were overwhelmingly positive with 26% saying that having a CLW is 'very valuable'; 20% using the term 'invaluable'; and 14% saying their CLW was 'extremely valuable' to the practice and it's patients
- Other terms used to answer this question included: 'exceptionally valuable'; 'hugely useful'; 'integral'; and 'essential'
- *'One patient said this was the best thing that (had) happened to our practice - and I agree'* – GP Partner
- *'A fantastic resource which we could not do without'* – Practice Manager

- *'It is very valuable to our practice - we have a lot of patients who need help & assistance in all aspects of their lives i.e. housing issues/money issues, not just their health issues'* – member of Admin team
- **ALL** practice stakeholder respondents indicated (to greater and lesser extents) that having a CLW is valuable to their practice and patients. There were no responses that indicated any doubts about the value of the CLW role
- 94% of CLW respondents reported they felt that the CLW role is valued within their practice teams (one respondent was unsure)

## Embeddedness of CLW

- Practice participants were asked how they felt about the amount of time they are able to spend with their CLW:

Yes, I spend <b>enough</b> time with my Link Worker	38%
Yes, I spend <b>some</b> time with my Link Worker	30%
Other, please state	15%
No, my workload is too great to have the time I would like to spend with my Link Worker	11%
No, my Link Worker isn't able to spend as much time in practice as I would like	4%
No, we work on different days	2%

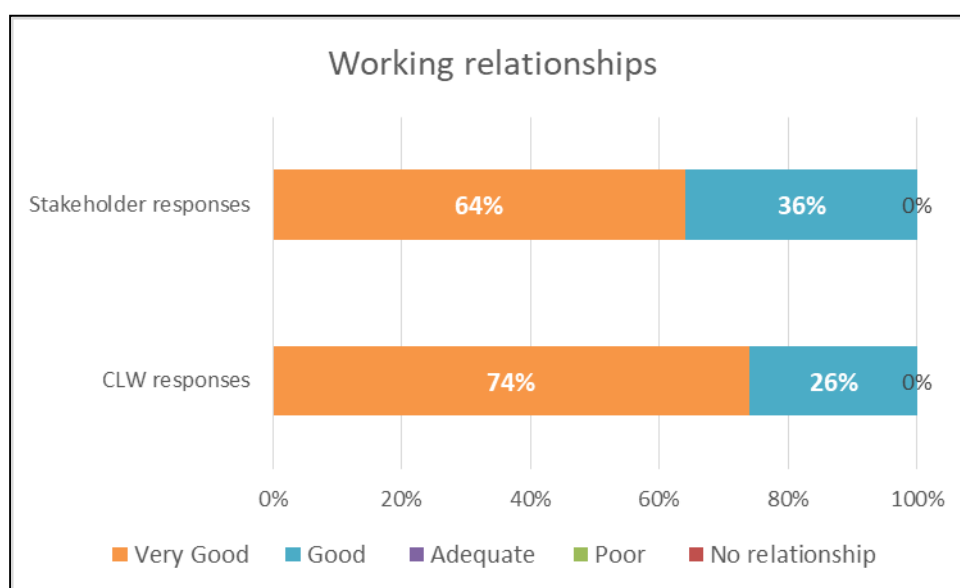
- Only 38% of respondents felt that they manage to spend enough time with their CLW
- 30% stated that they can spend *some* time with their CLW
- While 17% said that they didn't get to spend as much time as they would like with their CLW (reasons detailed in table of standard responses above)
- Of the 15% who selected 'Other, please state', the majority of free text responses were in relation to the COVID 19 pandemic and the related restrictions that mean many CLWs are working remotely and have not been able to be as visible in practices

- CLWs were also asked how often they were able to work from their practice or have direct contact with practice staff:

Frequency of contact with practice staff	%
Daily	66%
Weekly	31%
Less than weekly	3%
Less than monthly	0%

- In a separate response, 87% of CLWs stated that they were happy with the amount of time they are able to spend working from the practice in person
- Lack of room availability was stated as the main reason for some CLWs not being able to spend as much time in practice as they would like to – *‘There isn’t a room available. So I accept this is how it is - they are very pressured for space’* - CLW

## Relationships



- 100%** of practice respondents reported that their relationship with their CLW was either ‘Very Good’ (64%) or ‘Good’ (36%)
- Given this entirely positive response, there were no responses to a follow up question on how relationships could be improved
- 100%** of CLW respondents also described their relationship with practice staff as ‘Very Good’ (74%) or ‘Good’ (26%)

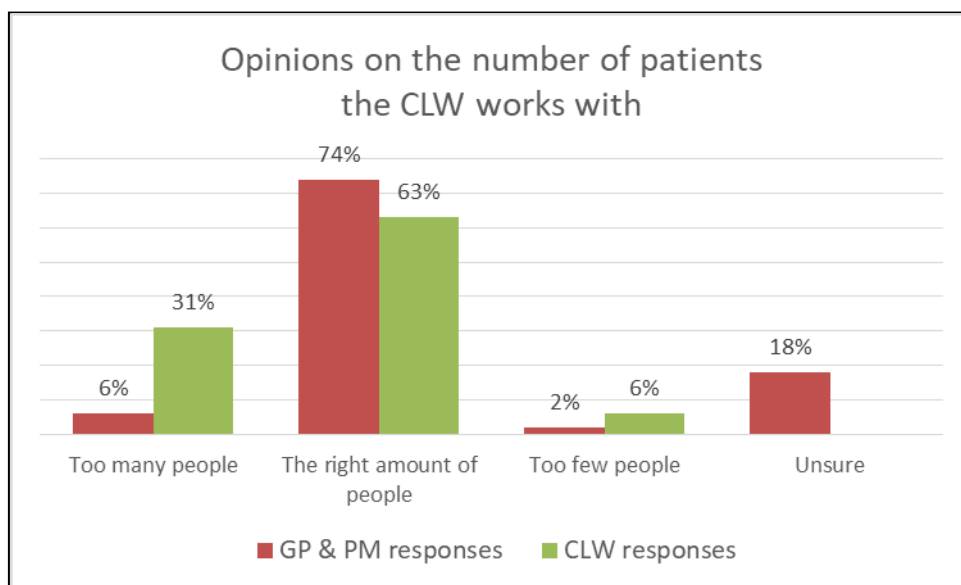
## CLW perspective on factors contributing to positive working relationships

- CLW respondents were asked what they feel contributes to a positive working relationship with GP Practices. The responses provided focussed on:
  - effective/regular communication
  - good understanding of CLW role
  - being included
  - feeling part of a collaborative approach
  - CLW taking time to get to know practice team/relationship building
- *'I work in a very supportive environment where all the team are approachable and I feel part of the team. I think the practice have a really good understanding of my role which is really important. I think the social aspect is positive, as I'm included in days/nights out, xmas party, etc.'* - CLW
- *'The team have a good understanding of the service and my role. I make myself available to approach over different platforms (online / in person), so the staff can ask any questions or have any queries'* - CLW
- *'Open communication, informal chats and discussions. Willingness to adapt practice to work together and acceptance of each other's skills and knowledge. Asking for support or help from each other when needed. Welcoming and friendly team members'* - CLW
- *'Keeping in touch with staff, updating them on some cases I am working on. Being able to see them in person again and talking about what I am working on with individual'* - CLW

## CLW caseload

Size of caseload:

- GPs and Practice Managers were asked to consider the number of patients their CLW works with:

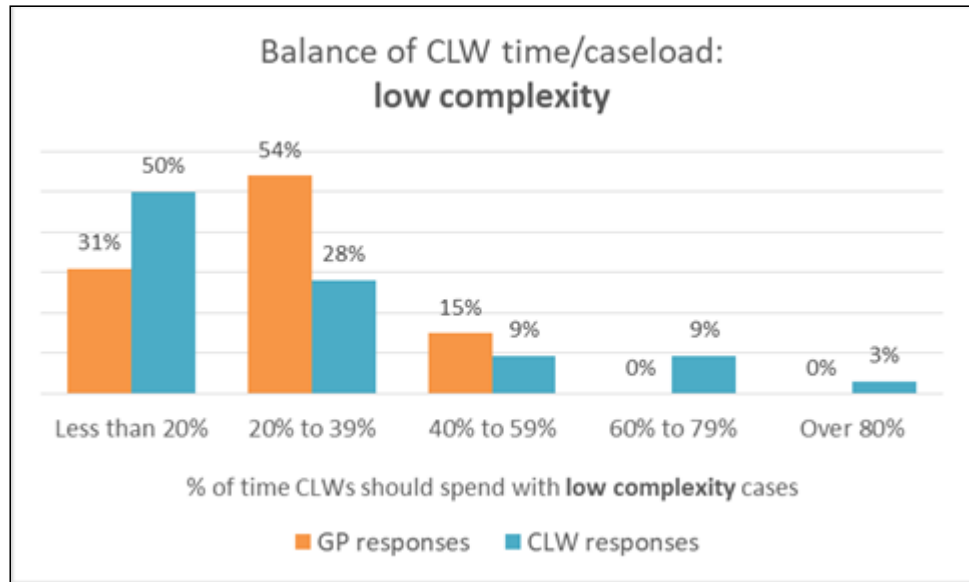


- The majority of respondents (74%) felt that CLWs currently work with the right amount of people
- CLWs were asked the same question and 63% felt that they worked with 'the right amount of people'. 31% felt that they worked with 'too many people' and 6% felt that they worked with 'too few people'



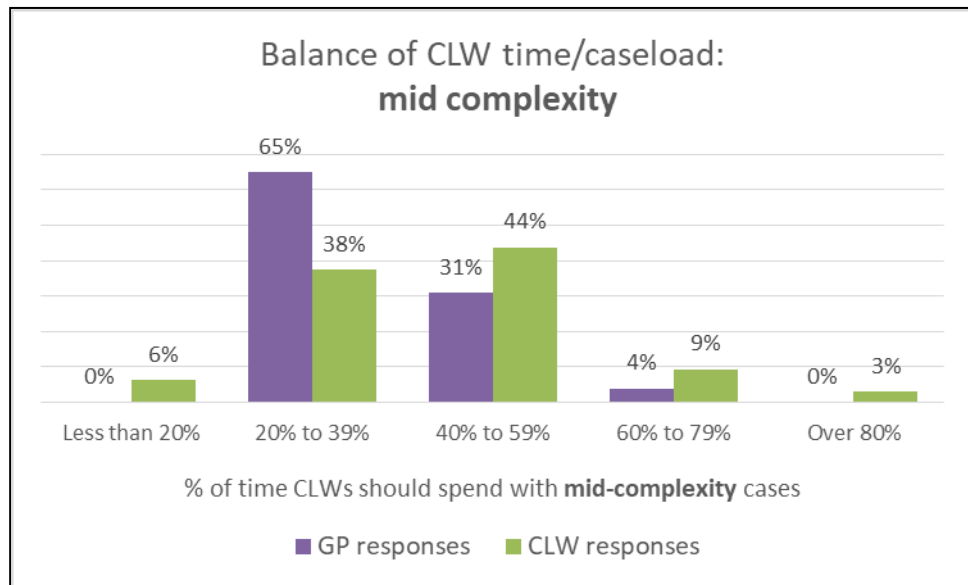
### Complexity of caseload:

- Both GPs and CLWs were asked to offer their opinion on the complexity of the CLW caseload by suggesting the ideal balance of the CLW's time in relation to the complexity of patient needs
- LOW COMPLEXITY:



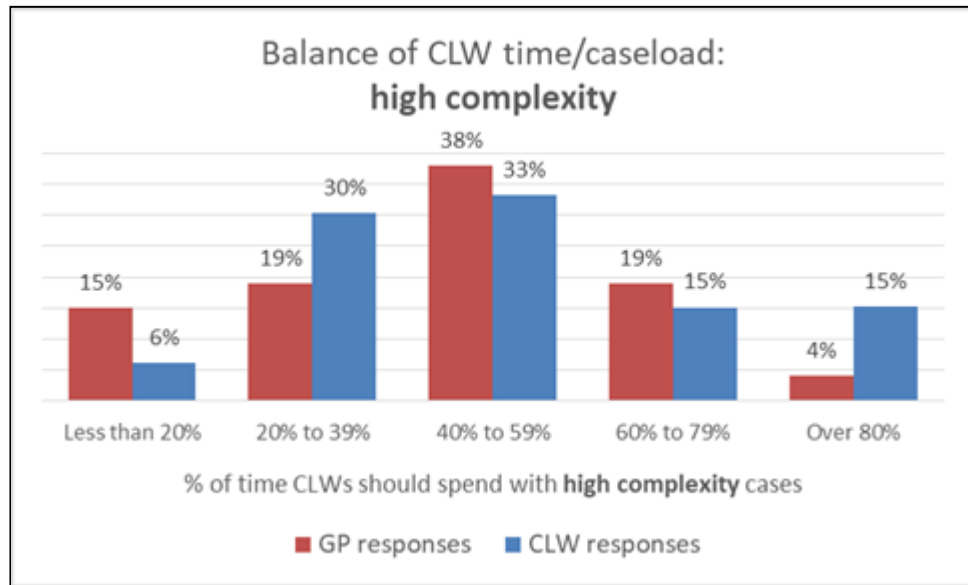
- 'Low complexity' was defined as:
  - 1-2 issues, personal assets, resilience and self-managing (engagement over 1-6 weeks)
- The majority of GP respondents (54%) felt that CLWs should spend **'20 to 39% of their time'** with low complexity cases
- The majority of CLW respondents (50%) felt that they should spend **'Less than 20% of their time'** with low complexity cases, with 28% suggesting '20 to 39% of their time' for low complexity cases

- MID COMPLEXITY:



- 'Mid-complexity' was defined as:
  - number of presenting issues, diagnosis of one or more conditions, isolated (engagement over 1-12 weeks)
- 65% of GP respondents felt that CLWs should spend '**20 to 39% of their time**' with mid-complexity cases
- 44% of CLW respondents felt that they should spend '**40% to 59% of their time**' with mid complexity cases and 38% felt that they should spend '20% to 39% of their time' with mid-complexity cases

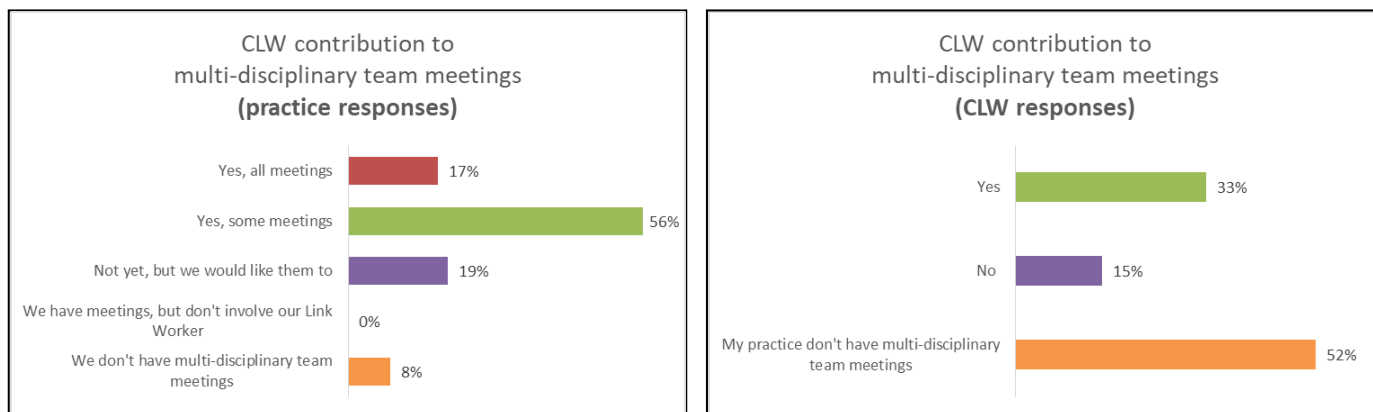
- HIGH COMPLEXITY:



- 'High complexity' was defined as:
  - multiple presenting issues and diagnosis, vulnerable person requiring multi-agency involvement, isolated (engagement over 1-36 weeks)
- 38% of GP respondents felt that CLWs should spend '**40 to 59% of their time**' with high complexity cases
- The majority of CLW respondents (33%) agreed that they should spend '**40 to 59% of their time**' with high complexity cases

## Practice multi-disciplinary team

- GPs, Practice Managers and CLWs were asked if CLWs contribute to practice multi-disciplinary team meetings



- The majority of practice respondents (56%) said that their practice has multi-disciplinary team meetings and that the CLW contributes to some of them
- 17% of practice respondents reported that their CLW contributes to ALL of their practice multi-disciplinary team meetings
- While 19% said that the CLW does not yet contribute to these meetings, but that the practice would like them to
- There is some disparity between practice and CLW responses for this question: while 73% (17% + 56%) of practice respondents stated that the CLW contributes to multi-disciplinary team meetings, only 33% of CLWs reported that they contribute
- In addition to this, only 8% of practice respondents stated that they do not have multi-disciplinary team meetings, but 52% of CLWs stated that their practice doesn't have these meetings
- These disparities will require further investigation
- However, 80% of the CLWs who do not currently contribute to multi-disciplinary team meetings reported in a follow up question that they would like the opportunity to do so

## Developing group activities

- 57% of CLW respondents stated that they are currently involved in the delivery of group work
- Practice participants were asked to suggest group activities that they would like CLWs to develop in their cluster area
- CLWs were also asked if there are any activities they would like to develop or feel are needed to address gaps in service

Practice suggestions		CLW suggestions
Walking groups		Mental health support/Peer support
Other outdoor activities		Physical activity (walking, cycling)
Physical activity groups		Addressing social isolation
Healthy eating and cooking groups		Self-management
Groups for young people		Life skills (cooking)
Groups for elderly people		
Mother & toddler groups		
More general community groups where people can simply come together for tea and a chat		

- Responses also reflected that CLWs in some areas felt that their area is well resourced and opportunities for group work will come from linking with the wide range of existing resources. The impact of COVID 19 restrictions on group work activity was also highlighted in CLW responses
- *‘I feel the more mental health focused groups there are the better it will be, all mental health resources are extremely stretched at the moment and anything we can do to alleviate that pressure in the short term would have a great benefit for all’ - CLW*

### Support required to develop group work opportunities

- CLWs were asked what additional support would be useful to develop group work opportunities
- From the 29 responses received, several highlighted the need for dedicated time being made available for the implementation of group work, within their current workload. Many responses also highlighted that practical support for the delivery of group work would be useful, including contributions from external agencies
  - *‘Venue space and time dedicated for set up and delivery’ - CLW*
  - *‘Having outside partners helping to facilitate’ - CLW*

### Developing CLW practice with patients

- Practice participants were asked if there were any areas of their CLW’s practice with patients that could be further developed or improved

- Only 2 areas were identified for improvement/development of CLW practice:
  - easier communication between CLW and Social Work and Psychiatry Services
  - psychology training (e.g. transactional analysis) for the CLW

## Developing the CLW programme

- Practice participants were asked if there were any areas of the wider CLW programme that could be further developed or improved
- 17 suggestions for improvements to the programme were proposed by respondents. Themes are detailed below:
  - Several respondents stated that the programme should be **expanded further** with more practices across the city being allocated a CLW resource: one respondent even said *“Every practice should ideally have access to a links worker. They are just fabulous!”*- Practice Manager
  - Provision of holiday cover for CLWs
  - Increased CLW time in practice (related to COVID 19 restrictions)
  - Increased knowledge of the role: should be more widely known and integrated into training for all practice staff groups
  - Improved feedback on patient outcomes
  - Increased training for CLWs in advanced mental health support
  - Better organisation of CLW meetings and training: staggered to allow for more consistent time in practice
  - Increased job security for CLWs to prevent potential difficulties in retaining staff
  - Less paperwork for CLWs to increase patient-facing time
  - Concerns were also noted about a reduction in the availability of wider services for CLWs to refer patients to
- CLWs were asked if there were any aspects of the Link Worker approach with patients that need to be changed or reviewed
- 54% of CLWs stated they felt that some aspects need to be reviewed. 46% felt that no aspects needed to be changed. 19 responses were received to give views on what

could be changed/reviewed. The following areas were the primary focus of responses:

- amount of paperwork (8 respondents)
- need to more clearly define the CLW role/processes (5 respondents)
- referral targets (4 respondents)

## Areas of concern

- Both practice participants and CLWs were asked if they had any concerns about the CLW programme
- 13 practice respondents reported a variety of concerns. These were mainly themed around:
  - staff retention due to temporary contracts/promotion of CLW
  - increased admin and paperwork for CLWs and the impact this has on patient-facing time
- 25 CLW respondents (71%) reported a variety of concerns with these commonly occurring themes:
  - An increase in administrative tasks related to form filling and collating information for reporting was the most commonly mentioned issue. This related to both the amount of admin and also how the requirement for this data is managed in relation to tasks given to CLW to complete. *'Concerns with increasing paperwork. Understand need to gather data but format could be amended to make this less intrusive for patients'* - CLW
  - Aspirational referral numbers were stated as an area of concern with some CLWs feeling pressure to increase numbers and aware of pressure felt by GPs to refer more where it was felt that an increase would negatively impact capacity around support currently provided to patients
  - Some concerns were stated around the level of complexity experienced in day to day work, with perceptions of there not being adequate resource to refer on to, or difficulty in accessing the relevant support services - particularly around mental health support. *'Dealing with a large number of traumatised and/or profoundly unwell patients, I feel that access to specialist support is not meeting the demand in terms of easy and ready access'* - CLW
  - Staff wellbeing was also mentioned in relation to the aspect of complexity and challenging work carried out. Some CLWs stated that they would like to see

greater acknowledgement of, and support provided to, them in relation to the complexity of work carried out and how this can impact their own wellbeing at work. Some stated that perceived pressures around referral numbers also impact on their wellbeing and was a stressor at times

## **GP practice stakeholder-only questions**

### **Benefits of having a CLW**

- Practice respondents were asked to what extent they agreed or disagreed with a series of statements:

	<b>Strongly agree</b>	<b>Agree</b>	<b>Unsure</b>	<b>Disagree</b>	<b>Strongly disagree</b>
1. Our Link Worker enhances the practice multi-disciplinary team	70%	24%	6%	0%	0%

- Participants 94% of respondents agree that the CLW enhances the practice multidisciplinary team

	<b>Strongly agree</b>	<b>Agree</b>	<b>Unsure</b>	<b>Disagree</b>	<b>Strongly disagree</b>
2. Our Link Worker is an essential source of support for the patients in our practice	79%	18%	1%	1%	0%

- 97% of respondents agreed that the CLW is an essential source of support for their patients

	<b>Strongly agree</b>	<b>Agree</b>	<b>Unsure</b>	<b>Disagree</b>	<b>Strongly disagree</b>
3. GP involvement with patients decreases after patients engage with our Link Worker	17%	49%	29%	6%	0%

- 66% of respondents agreed that GP involvement with patients decreases following their engagement with the CLW



	<b>Strongly agree</b>	<b>Agree</b>	<b>Unsure</b>	<b>Disagree</b>	<b>Strongly disagree</b>
4. Our practice has focused on team wellbeing since joining the Community Link Worker programme	18%	50%	23%	8%	1%

- 68% of respondents agreed that their practice has focussed on team wellbeing since joining the CLW programme

	<b>Strongly agree</b>	<b>Agree</b>	<b>Unsure</b>	<b>Disagree</b>	<b>Strongly disagree</b>
5. I am more aware of services and groups in the community since our Link Worker joined the practice team	39%	51%	6%	3%	0%

- 90% of respondents agreed that they had an increased awareness of groups and services in the community since their CLW joined the practice team

	<b>Strongly agree</b>	<b>Agree</b>	<b>Unsure</b>	<b>Disagree</b>	<b>Strongly disagree</b>
6. I refer/ signpost more patients to community sources of support since our Link Worker joined the practice team	27%	49%	15%	8%	1%

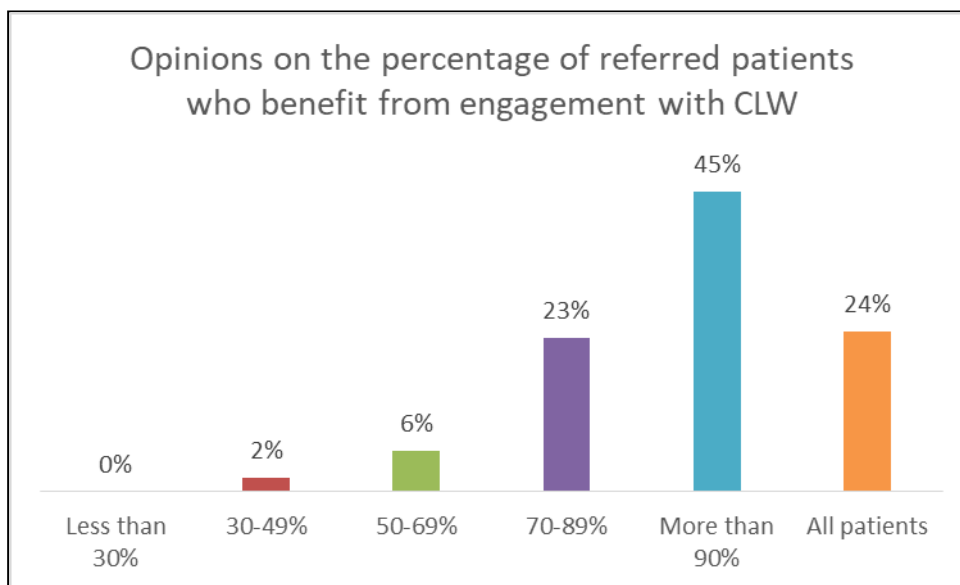
- 76% of respondents agreed that they refer or signpost more patients to sources of support in the community since their CLW joined the practice team

	<b>Strongly agree</b>	<b>Agree</b>	<b>Unsure</b>	<b>Disagree</b>	<b>Strongly disagree</b>
7. Our Link Worker is considered a full member of our practice team	70%	27%	3%	0%	0%

- 97% of respondents agreed that their CLW is considered to be a full member of the practice team

## Proportion of patients who benefit

- GPs and clinical staff were asked to state the proportion of referred patients who they feel benefit from engagement with CLW:



- 23% of respondents believed that more than 70% of patients referred benefitted from their engagement with the CLW
- 45% of respondents believed that more than 90% of patients referred benefitted from their engagement with the CLW
- And 24% of respondents believed that ALL patients referred benefitted from their engagement with the CLW
- This demonstrates that, overall, 92% of respondents felt that more than 70% of the patient's they referred to the CLW benefitted from the engagement

## Why some patients don't benefit

- Responses to this question covered 2 distinct themes:
  - **Lack of patient engagement** - a number of specific reasons were detailed including: timing/patient readiness; patient poor health; challenges associated with addiction; unrealistic expectations; and patients who feel too proud to accept help
  - **Lack of suitable service provision/options to support patients**

## Supporting the development of the CLW programme

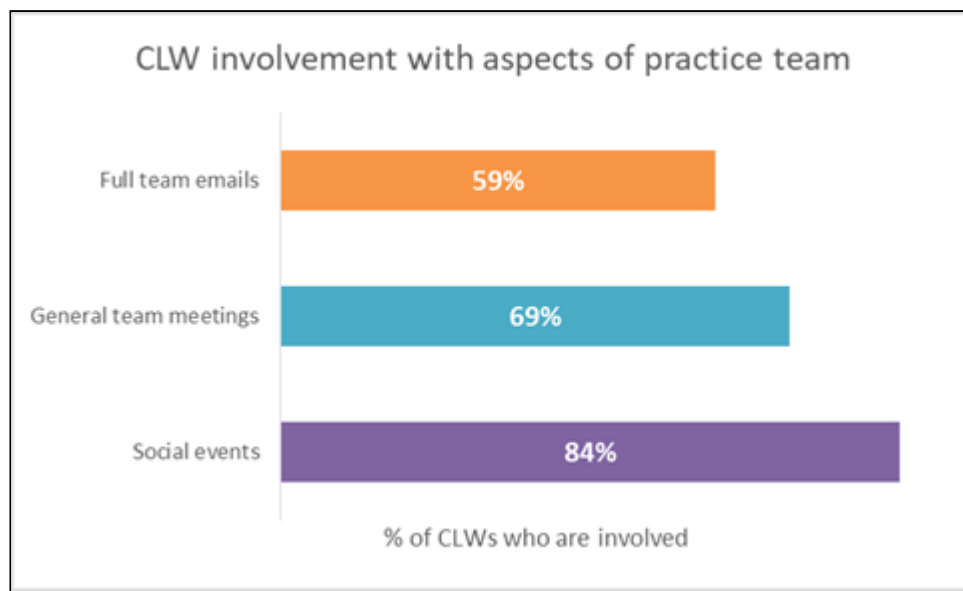
- Practice participants were asked if they would like to be involved in various groups supporting the ongoing development of the CLW programme:

Focus group to further explore your experience of the CLW programme	18%
CLW Steering Group	19%
Short-life working group to consider the recommissioning of CLW service	23%

## Additional comments

- Finally, practice participants were asked if there was anything else that they would like to add to their response
- 20 responses were received:
  - the majority of the respondents took this opportunity to either note their praise and gratitude for their CLW, or extol the benefits of the CLW to their patients and practice
  - a small number of respondents used this section of the survey to re-state concerns raised in their earlier responses

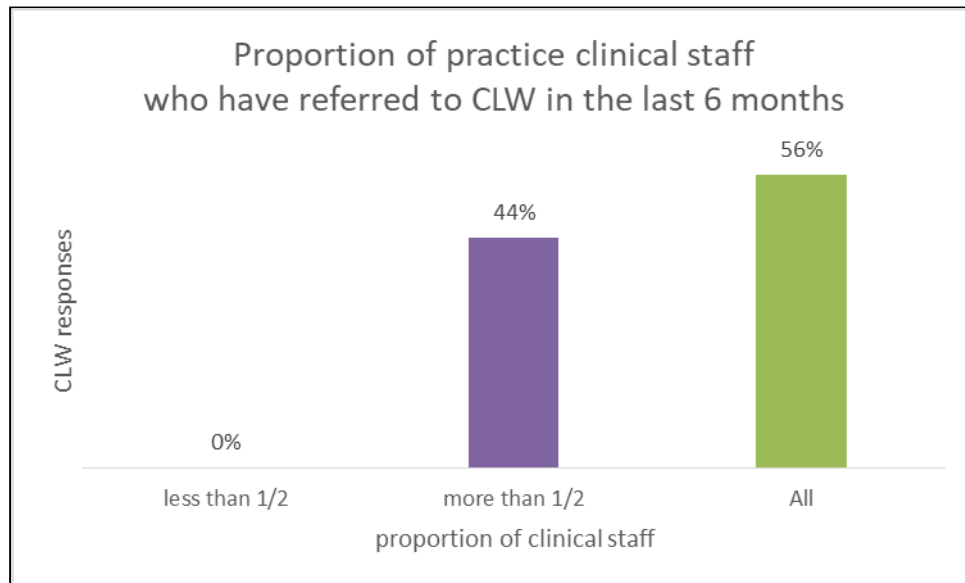
## CLW-only questions



- CLWs were asked if they were included in the following areas of wider practice team engagement: Full team emails, General Team Meetings and Social Events
- The majority of CLW respondents, 84% were included in practice social events - 69% included in general practice team meetings and 59% included in full team emails

## Utilisation of CLW role

- CLWs were asked to estimate what proportion of the clinical staff within their practice have referred to them in the past 6 months
- All CLW respondents stated that either 'All' clinical staff (56%) or more than half of the clinical staff (44%) had referred to them in this period



- CLWs were asked for their views on why some clinical staff do not refer to the CLW
- 13 responses were received. These main themes emerged:
  - Less contact recently during Covid-19
  - Perhaps social issues are not always discussed
  - Pressures on GP time
  - Familiarity with role/CLW time in post - *'When I first started, almost all my referrals came directly from the lead GPs. But as time has gone on, I am receiving an increasing number of referrals from clinical staff across the team'* - CLW

## Why some patients do not engage

- CLWs were asked for their opinions on why some patients do not engage
- Responses themed around:
  - Explanation of reason for referral
  - Ability to engage due to other life circumstances
  - Understanding and perceptions of the role

- Several CLWs also highlighted that despite some people choosing not to engage with the service at the point of referral, awareness of the CLW role via initial contact has resulted in some patients making contact at a later date to access support
- *‘Various reasons. Dealing with challenging personal issues can lead to lack of energy, ability, desire to engage. Lack of trust of services. Feel the support is not needed. Perhaps feel after initial chat they don't think the support is for them’ - CLW*
- *‘At referral to link worker stage a clear conversation about why the referral is being made and what support could be offered/ accessed should happen. In cases where this has not happened fully, patients can be unaware of what the referral is for and what we can do for them and then not engage’ - CLW*
- *‘Their lives have been chaotic, a lot of agency involvement already at times. Just a lack of time to facilitate another relationship’ - CLW*

## Professional learning & development

- CLWs were asked to suggest areas of professional development related to the Link Worker role/Primary Care for which programme wide training would be useful. Responses themed around the following topics:
  - Housing/financial/legal support for Asylum seekers and refugees
  - General training on how CLWs fit into other processes for new CLWs. Knowing what is within CLW remit and what is the responsibility of other organisations
  - Motivational interviewing
  - Mental health
  - Vicarious trauma
  - Group work training
  - Promotion routes or further career steps following a CLW role
  - Training in how to promote the Links approach

## DISCUSSION

It is encouraging to see that the majority of respondents (92%) felt that they had a ‘good’ or ‘very good’ knowledge of the CLW role and the lowest level reported being average. This correlates well with CLW opinion on level of practice knowledge related to the CLW role/approach – with 85% of CLW respondents believing that knowledge was ‘good’. It should again be noted that a response of ‘very good’ was not an option available to the CLWs for this question.

It was also fantastic to see that **everyone** who responded felt that they had a good (36%) or very good (64%) **relationship** with their CLW. These positive relationships are also reflected in 97% agreeing that their CLW is considered to be a full member of the practice team.

It was also clear to see how much GPs and practice staff **value** the role of the CLW and the contribution they make to the practice and patients; with most responses using positive adverb descriptors and large numbers praising their CLW's contribution to the practice and its patients. There were no responses which indicated that the role of the CLW was anything less than valuable.

With embeddedness of the role in general practice being recognised as an integral aspect of the CLW programme, it is of credit to CLWs, provider organisations and practices that 97% of CLWs feel valued within the practice team and are included in aspects of day to day to practice life, including social activities.

It is also clear from the survey that most respondents (92%) feel that the majority of **patients** (more than 70%) who are referred to the CLW do **benefit from their engagement with the CLW**. In fact, the majority of respondents believe that more than 90% of patients benefit. This positive regard for the CLW and the service they offer is also reflected in 97% of respondents agreeing that the CLW is an 'essential source of support' for patients.

When considering CLW opinions on reasons why some patients do not engage, and why some clinicians may not refer, we can relate this to some of the suggestions made around further professional development and areas of the links approach that CLWs feel should be reviewed/developed: with some CLWs highlighting that increased knowledge/understanding of the role/approach may be useful for practices who have had a CLW for less time.

It was also encouraging to see the **positive impact CLWs are making in practices**: with 66% of respondents agreeing that having a CLW to refer their patients to, frees up GP time. 68% also reported that their practice had increased their focus on team wellbeing since having a CLW.

High numbers (90%) also reported having an increased awareness of community supports for patients and 76% reported referring/signposting more patients to these.

However, it seems that there is room for improvement in the **amount of time that GPs, practice staff** and the wider MDT spend with CLWs – with only 38% feeling that they were able to spend enough time with the CLW. More detailed responses to this question indicated that the reasons this contact can be challenging are largely outwith the control of the practices and the CLW programme (restrictions relating to the COVID 19 pandemic and limited availability of accommodation in practice).

This may also relate to CLW time spent in person within some practices – this has been a challenge for a small number of CLWs, for the same reasons stated above. However, 86% of CLWs state that they are happy with the amount of time they are currently able to spend working from their practice.

There was widespread agreement (94%) that the CLW enhances the **practice multi-disciplinary team**, however, 19% of respondents reported that the CLW does not yet contribute to their MDT meetings, despite a desire from the practice for them to do so. The survey did not offer an opportunity for respondents to describe what the barriers to CLW participation in these meetings

may be. Further investigation is required but these barriers may be the same as those reported by respondents as barriers to spending enough time with their CLW (restrictions related to the COVID 19 pandemic and availability of accommodation in practice) which may not be easily remedied.

In terms of the **size of CLW caseloads**, most GPs and Practice Managers who offered a view on this felt their CLW works with the right amount of patients (i.e. not too many and not too few). In light of the fact that CLW caseload size can vary between practices, the views on what constitutes 'the right amount of patients' must also be varied. This indicates that further exploration may be beneficial around how the CLW resource is utilised in different practices.

CLW views on their caseloads and number of patients they work with demonstrated that 63% felt that they worked with the right amount of people. However, 31% felt that they worked with too many and approximately 6% felt that they worked with too few people. This may indicate some variability across the programme in how the role is being utilised.

In addition to this, when considering the balance of **complexity in CLW caseloads** it would seem that most GPs felt that the majority of CLW time (up to 59%) should be focussed on patients with 'high complexity' needs with the remainder divided fairly equally between patients with 'low complexity' and 'mid complexity' needs.

CLW views on time spent dealing with different levels of complexity were broadly similar to the views of GPs in terms of high complexity cases: with a similar proportion of CLWs and GPs stating that up to 59% of time should be spent on cases with high complexity. When considering low and mid-level complexity, GP and CLW views did differ slightly with 54% of GPs feeling that CLWs should spend up to 39% of their time dealing with low complexity cases in comparison to CLWs feeling that they should spend less than 20% of their time with this group.

However, on reflection, this question was complicated and may not have been well understood or straightforward to respond to, which may limit what can be inferred from the resulting data. There were also difficulties in clearly presenting the data collected.

## **Developing group activities**

The suggestions on the types of groups that practice respondents would like to see developed in their cluster areas will be shared with CLWs in the respective areas. The combined list will also be used to help inform discussion around cross-cluster benefit/appeal. Support that CLWs state would be beneficial to the development and delivery of group work will be taken into account in order to increase the capacity of the existing service to deliver more group work whilst understanding the concerns of CLWs related to availability of time and space to implement this.

## **Developing the CLW programme**

Ten distinct areas emerged from the stakeholder survey in terms of potential improvements to the wider CLW programme (these areas also encompassed the responses around 'concerns' about the programme).

CLW views on areas of concern or areas to be reviewed/changed, focussed on expectations around referral numbers and an increase in administrative tasks which some CLWs feel reduces

the time they have to effectively work with patients. Within these views, CLWs acknowledged an understanding of requirements for robust reporting while also feeling that the current level of CLW paperwork is too high. There was a feeling that the current level of administrative tasks is too time consuming and that administrative processes could be more streamlined.

Some concerns were raised by CLWs around the level of complexity being regularly dealt with in their day to day work, while not feeling that staff support provisions are currently adequate to address the impact this has on staff wellbeing. Suggestions were made around the possibility of clinical supervision and/or group supervision to help address this.

Accessing mental health supports for patients was highlighted as a specific challenge by several CLW respondents – particularly around the time taken to access appropriate support, lack of provision and also the level of support CLWs have to provide while individuals are waiting to access the correct services.

The responses received around concerns and areas for development will be individually considered by the service commissioner and providers to identify the feasibility of implementing changes and taking action to address these, where possible.

### **Professional development / programme-wide training**

Both the HSCP and provider organisations currently make provision for training and development opportunities. It is recognised that the training available should reflect the broad range of topics and presenting issues that CLWs experience in their day to day work. The range of useful training/development topics suggested by CLWs will be shared with providers and reviewed by the service commissioner to map further relevant training opportunities for CLWs, where appropriate. It is recognised that provision of programme wide training is impacted by the fact that some CLW staff have been in post longer than others and may have already accessed some of these training opportunities. There is a balance to be struck between keeping knowledge up to date without the unnecessary duplication of time and energy spent on training.