North West London Integrated Care System
Working together for better health and care

Social Prescribing Link Worker (SPLW) Action Learning Sets

Summary of learnings

April 2024

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Introduction to the Action Learning Sets

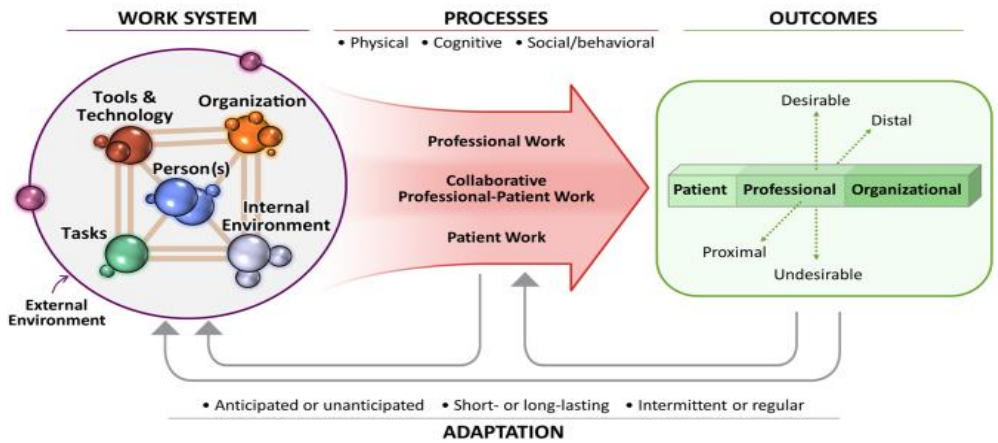
During the implementation of JOY, the supplier proved six weeks of training to each PCN and their Social Prescribing Link Workers (SPLW) to support utilisation of the caseload management tool.

As part of the Task and finish groups North-West London digital first hosted, supported by the Personalisation team, provided a exemplar standard operating procedure for localisation by PCNs, but that supports standardisation in approach across all eight boroughs. North-West London prioritisation team had been providing SPLW sessions every two months for continuous support and development. There was a high level of commitment from the SPLW that have been engaged thus far, to continually develop and learn.

Alongside implementing the Joy Caseload Management, the ask from SPLW at the task and finish group was centred on the ability to share their experiences of the systems they work within. To identify and share any potential barriers or objections to them fully adopting the tool, and to share resources or recommendations for colleagues based on the ability to have been able to ensure the value add, in their service provision.

Therefore, we introduced the concept of action learning set:
Based on the National Institute for Health (NIH) SEIPs 2.0 model.

1. Tools & Technology
2. Caseloads & Tasks
3. Colleagues & Other HCPs



Uptake across all boroughs

Hillingdon & Brent
Invited: 80
Uptake: 72

Harrow
Invited: 47
Uptake: 12

Hounslow & Ealing
Invited: 50
Uptake: 13

H&F, Central & West
Invited: 60
Uptake: 15

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Implementing JOY into primary care networks

The Challenges:

- There was recognition of frustration within their role and with the increase in need to use technology on top of that.
- The Variability Which exists between PCNs and their GP practices approach to wanting to adopt another technology.
- There were worries around GDPR and transfer of data
- There was a fear of getting things wrong during the process of implementation, and the slowing down of activity while learning a new tool.
- Safeguarding patients and ensuring that clear agreed escalation process existed during implementation, as SPLW worried that something may be missed.
- Worried that issues were arising and that they were tackling them in isolation, because not generic issues log was publicised to them.
- Increase in waiting lists has added pressure to the workforce, as some SPLW cited, they were reminded from CDs that they need to get maximum numbers of patients in, due to the contracting requirements of the PCN DES.

What SPLW felt could address this:

- Highlight the JOY training library, many had not logged on to here.
- Would look to see if JOY can alter the delivery of training, some felt that two hours sessions online with significant gaps between, meant they forgot most of it, some do not feel they are using the system as well as they could.
- SPLW would like a series of post training sessions to cover items that they find challenging, this is something that could be done locally, and perhaps Joy is not needed.
- Consider the link to the training sessions/meetings that the NWL IT team run each month?
- Speak to Joy as they update areas of the platform and some SPLW believe this is without consultation or notice, and they often they stumble across the fact that features that they believe work, have been removed.
- SPLW would like a complete agreed list across NWL of what types of situations they can support with or not, and then this should be introduced into Care navigation training.
- SPLW would like information on leaflets in waiting rooms, which mirrors that, which is on the practice/PCN websites, about their role and support.

Utilising JOY alongside other technology

The Challenges:

- User challenges such as multiple entries of the same data into clinical system, Staff concerns over trying to resolve issues such as duplications into or no transfer of data into records, reporting issues to Joy.
- Where SPLW felt issues such as this were not being addressed swiftly enough, they a started to create work around by trying to resolve issues themselves, with some citing they became despondent.
- SPLW felt a sense of worry, that were making errors while using Joy and were going into the clinical systems to manually delete the duplicated version and correct it.
- Some SPLW confirmed these challenges led to loss of confidence in the tool, and by default they went back to using SystmOne.
- Many SPLW had reported concerns or issues to Joy, though does not appear that these challenges were not reported to anyone in NWL, or the DF team.
- Individuals felt they were making errors and were going in manually to clinical systems to delete the duplicated version and correct.
- Was not reported to wider colleagues for fear of thinking they were making errors.

What SPLW felt could address this:

- Would be good to get a 'SPLW tech champion' in each borough, so they can follow up on the JOY training, and ensure that it is being utilised to its full benefit. This role can also link to PCN DTL roles, to educate wider colleagues on the importance of using Joy.
- Crating better peer support (1-2-1 and in groups), some meet weekly, other intermittently, and some seldom.
- Introduce non-conformities log, to understand the variation and anomalies in what is being used and what is landing in the medical record. Harrow stressed the importance of this and were keen to add this to task and finish group priorities.
- Introduce a clear reporting/escalation channel for non-conformities, that includes DF, and the supplier, maybe even local PC teams.
- One borough (Hounslow) had a strong culture of educating their clinical colleagues in practice, to ONLY refer using JOY, it took time to alter this behaviour, and lots of deferring of patient to encourage good practice, but they were able to reach a place of process adherence.
- Harrow were using the data dashboard well, though some lack of trust in the numbers, thus resulting in staff creating work around to keep track of the variation in caseload management being reported. The team were going to go back to Joy for more training on the process they follow to ensure data capture.

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Caseload Management: What does the SPLW do

The Challenges:

- There was such variation in the way the SPLW were going in, and working through the flow of activities in Joy, it was observed that if there were using notes instead of contact then the contact is not logged and therefore this is impacting data capture of the true work they are doing.
- It was noted that SPLW caseloads are not always one problem one patient, and the SPLWs can end up capturing and supporting the patient with a multitude of matters.
- Quite time consuming going through the patient pathways, and configuring the directory of services, and some SPLW confirmed they add to this as they learn of new services, but that no one is checking if services are still running.
- Lack of understanding from the SPLW in understanding the value in using consultations, or notes, of appointments in calendar, mixed views on what is being tracked and what is useful, but general view is that they will complete it if they know it is useful for others in the health system.
- Most common challenges with caseloads, are inappropriate referrals, patients not fully briefed on the service and not expecting the SPLW call, thus first encounter encompasses significant time on explaining this.

What SPLW felt could address this:

- SPLW believe they are not following the same way to record items in Joy, so it appears the same in clinical record. A request form them that this is the type of detail they could share across a community of practice.
- SPLW felt that some clinical supervision would be beneficial, but from a role that is not GP, but perhaps another healthcare professional, they feel vulnerable sometimes and not professionally supported. An excellent example was shared in Hounslow where they have implemented their own buddying and supervision/support system.
- Some SPLW shared the feature: “favourites” for the SPLW to see at quick glance what services they tend to use, and available on the DoS, there is a very mixed level of knowledge in these quick wins within the technology that support enhanced efficiencies in caseload management.
- Also, SPLW like the use of the tasks and calendar, though wish that Joy can be asked to merge the calendar into clinical systems or the map to GPAD.
- Agreement in consistency is needed in whether inappropriate referrals should be sent back to practice or SPLW use the opportunity to check in with the patient
- In Harrow there were conversations around having a clearly defined safety netting, for safeguarding, and ensuring that all SPLW were familiar with it.

Colleagues' involvement: The impact to SPLW

Challenges:

- SPLW being told to work how GPs want them to work, which meant that if the GP did not want them to use JOY, they were hesitant.
- GP practices lack of understanding of "what the SPLW role is", or the "value the service offers" with some SPLW citing they have been asked to cover reception desks or carry out GP practice admin tasks such as call and recall for QOF year end.
- A real concern that SPLW will become more stressed with the workload "dumping" and lose more confidence in their abilities and even leave.
- Request from GPs and CDs for SPLW to justify the workload they have. SPLW general sense is that there is a lack of trust in their role, or lack of understanding of the complexity and time requirements of them, to spend with patients.
- As a result of SPLW being questioned, many of them have doubled up on highlighting the workload, in both JOY for caseload activity but also clinical systems for their clinic bookings.
- There was a fear of getting things wrong and feeling lonely at work, not having strong levels of supervision or support for reflection of practice.
- Increase in waiting lists has added pressure to the workforce, as some cited, they were reminded from CDs that they need to get the patients in, due to the contracting requirements of the PCN DES

What SPLW felt could address this:

- Introduction to SPLW packs, West London did this particularly well, with the SPLW producing a pack to inform colleagues what reasons they may wish to refer a patient to SPLW.
- SPLW across NWL to agree a common framework of what is deemed appropriate and what is typically out of scope, so that both staff are not placed at risk to work outside their abilities, and that patients are not at risk is being bounced around services. E.g., what is the stance on housing? Most SPWL are powerless to help a patient with getting a house, and this seems to most prevalent challenge.
- Recognition that when workforce numbers are down immediate pressure is felt to pick up the patients waiting to be accepted., and a PCN consideration that workforce alignment with be considered as part of caseload management, and the SPLW hope that JOY data will reliably inform them of the need vs. current delivery.
- Brent were going to follow up with Joy on training needs, as they had not embarked on their full offering of sessions. Also, in Brent there was a general view that the GPs did not want the SPLW to use Joy, so they were going to explore what could be done about working collectively to address this.

Feedback from participants

Highly informed session and the trainer was very good. We had some very insightful conversations during the training.

Made me realise the importance of sharing any concerns/issues with the JOY team and with colleagues.

It enabled the group to think in a solution-focused manner and use a proactive approach with scenarios that were shared, along with day-to-day tasks and challenges discussed by the group.

ALS not really about JOY it is about the wider social prescribing agenda.

Good to get a few more frontline in the room.

The session helped me understand JOY and why we use it.

Well-delivered, motivating to try to learn new technologies

Enjoyed the session, believed we not only participated but were listened to as well. Looking forward to seeing good outcomes for us all.

The final session was engaging, educative, overall fantastic

Useful to have more than one borough, to hear more than one point of view.

Great sharing expertise

Helpful Session

I will recommend these sessions to social prescribers to establish a community of practice among themselves. This will help them feel more connected as a whole and enable them to influence the applications they use daily; JOY.

I felt that my input during the session was very much valued.

If the session was via team, and we did not to have travel, out time would be better used.

The ALS session was excellent, very engaging.

Great Ice Breaker

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Reflections from Facilitators

The importance of being part of the MDT is vital and working towards this especially with estate issues

SPLWs being frustrated with the lack of resources and wanting to take this to parliament. E.g. with the housing system and the strain, this places on other resources across NWL.

A need for improved support for SPLW, E.g., Having debriefs with someone who can support psychologically as the workload is emotionally intense.

The support from NWL IT with deploying Joy onto practice machines was fantastic, as was the support from the NAPC in the creation on NWL wider SOP exemplar, and the ALS delivery model. The Joy support was also brilliant, weekly meetings.

Dedicated, and allocated clinical leadership for the SPLW role, per borough to support wider HCP education on the benefits of the role, and what it delivers.

Consideration for crating “super users” of the Joy system per borough to continue to support localised use.

The team facilitating the ALS have been organised and reliable. The delivery has been engaging and inspiring.

They liked and used this collaborative the opportunity within the ALS to learn from others within the group and would like further opportunity to do this

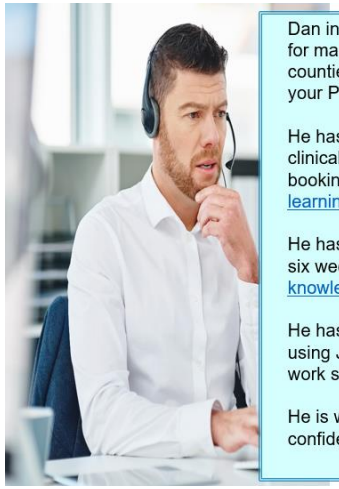
Each area differed in the level of engagement to the invites and communication responses to attend, some additional encouragement to build trust and rapport was built to support SPLW in attending.

We had delivered the SPLW ALS face to face for all boroughs, where there was low attendance, we did re engage with borough leads to offer alternative dates, days, and even an offering to test delivery online.

SPLW who are employed by community and voluntary organisations such as Mencap, felt a real level of support, supervision, and development, they believe this is attributed to the depth of understanding of the importance and impact of the role within wider communities.

Appendix

Scenarios covered in the sessions



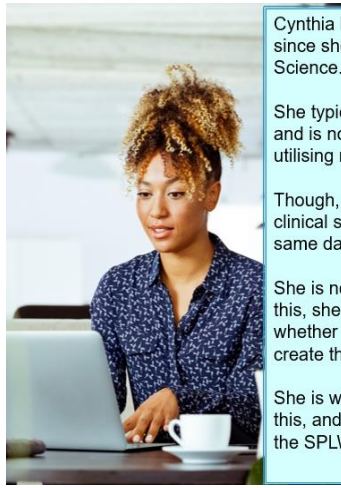
Dan in your team has been a social prescriber for many years. He has worked in the home-counties and has just relocated to your area and your PCN.

He has been trained in the use of the practice clinical system by his SPLW lead, as well as booking some of the short courses via the NWL learning Hub.

He has been on to the Joy training, over the last six weeks, and has been back onto the Joy knowledge base multiple times.

He has approached you, as he feels he is not using Joy correctly; he feels he is duplicating work somehow.

He is worried and has noticed that his confidence is dropping due to feeling inefficient.



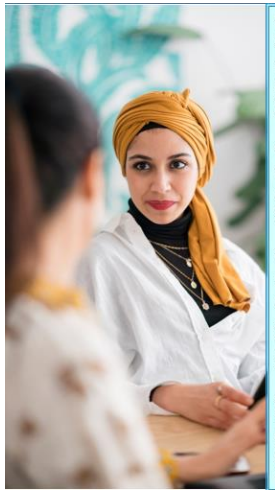
Cynthia has been a SPLW for the last two years, since she graduated with a BSc in Behavioural Science.

She typically would class herself as "tech-savvy", and is not averse to learning new technologies, or utilising multiple technologies.

Though, of late she has been noting that the clinical system showing multiple entries of the same data.

She is not sure what she should do to overcome this, she is also unsure why it is happening and whether she is doing something wrong in Joy to create this problem.

She is worried that GPs and other HCPs will see this, and they will not be dissatisfied with quality of the SPLW service.



Safia works across three practices in her PCN, she is full time, she works Mon/Tue in practice one, Wed/Thurs in practice two, Friday in practice three. It is therefore quite a gap between days of her viewing patients' caseloads.

Currently her caseload is busy, and she is near on capacity for her working week, she has enthusiastically implemented Joy platform and feels it has been showing good outcomes.

However, her common challenge is the Duty GP has heavy Monday morning sessions with many extra patients booked in and several home visit requests. The Duty GP observed many patients who would benefit from being referred into the SPLW services.

However, due to consistent time constraints on a Monday, they are tasking you to complete the referrals on their behalf, which you recognise is causing a strain on your own workload.

Eddy has been a SPLW in NWL since 2019, and the introduction of ARRS roles. He has become a senior member of his PCN team.

He has noticed of late that many of his referrals, that he received, have come through Joy, but that when he reaches out to contact the patient, all too often they have raised complaint that they did not know they had been referred to the service.

He had a look at who the GPs are, that are making the referrals, by viewing the medical records of those patients in question.

He discovered that, it's multiple GPs and not just one, he discusses it with his SPLW colleague, and they too start to check, confirming this pattern too.

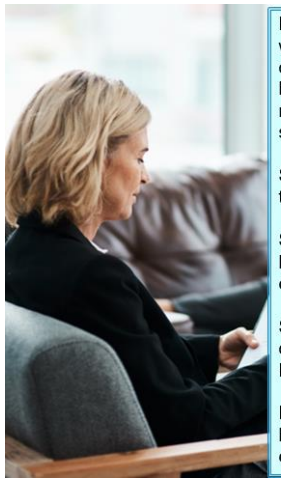
He is unsure how to escalate this, he does not know whether to formalise it into an audit to share back at the next MDT?

Norman is one of two SPLW in a PCN of six practices, 35,000 patients, and high pockets of deprivation in the neighbourhood.

He logs into Joy daily to manage his caseload, and he notices that he has been referred a patient, 50-year-old male 'Robert', who has recently lost his job and seeks help finding a new job, but also has some mental health support needs identified to you.

While Norman feels confident to support Robert with finding a new job, he is particularly concerned about the severity of his mental health and believes that he may not be equipped to support with that.

He has no prior training in Mental Health, apart from his mandatory training upon joining the PCN. He does not want to let the patient down, so has asked his colleague for support but they too are not confident in this area.



Keira is a new SPLW, within her PCN, she has with no previous experience in managing patients, or caseloads. She has a background in in the housing department for the local authority, but did not have autonomy to manage cases, she felt that she worked in a very reactive way.

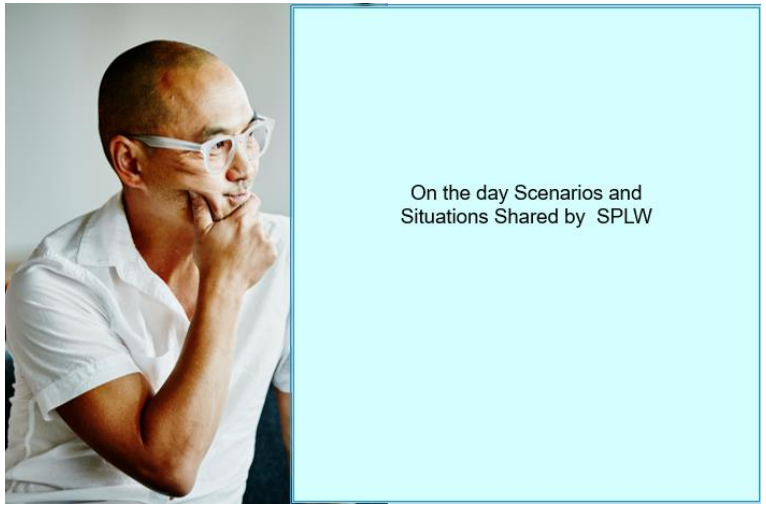
She has been inducted, and been through all her training, including the Joy training.

She is now set up in her own clinics, and she feels like she is struggling to manage her patient caseload.

She feels that this may not be just a combination of balancing appointment slots that staff in the PCN practices are booking.

But that it also clashes with the time allocation she has for appointments and contacts in the Joy calendar she is utilising.

Thought provoking questions and challenge



EXAMPLES Inquiring Questions

What would happen if he did nothing about the way the tools and technology are interacting?

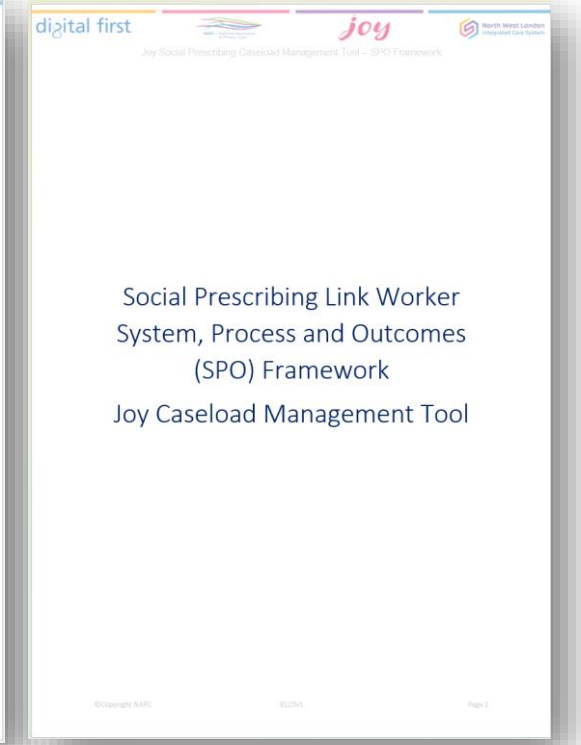
What would successful utilisation of tools and technology look like in avoiding duplication of data?

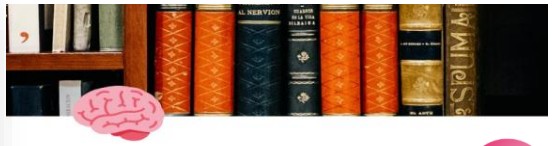
What would you consider or recommend to get to that state?

What does your head say vs. you gut instinct?

If you knew the answer, in ensuring you had the safest and most efficient use of tools and technology, what would it be?
What else?
What now?
What next?
What does this mean?

Useful Resources





Knowledge base

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Joy in Three Minutes – Click Here

Joy Self-Guided Learning – Click Here

Joy Tool Log in Page – Click Here

How to Use Joy – Click Here

How to send a referral - Click Here

Declining a referral – Click Here

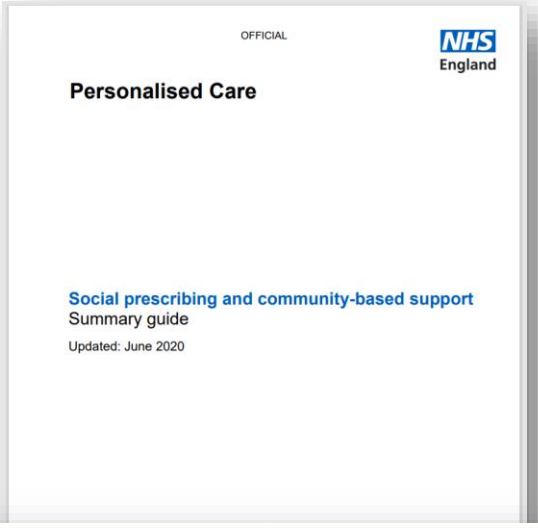
Changing referral status – Click Here

Adding Referral Snomed Code – Click Here

What other Snomed codes can be added – Click Here

Local Services in Joy Tool – Click Here

Joy Knowledgebase – Click Here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NHS England

Personalised Care

Social prescribing and community-based support
Summary guide

Updated: June 2020

Inclusion	Exclusion
Over 16 years old	Under 16 years old
Housing support	Serious Mental Health (**Crisis, Suicidal, Self Harming)
Finance support	Patients who do not want to engage
Social Support	Patients where informed consent has been documented
Employment Support	**Those requiring physical aids such as walking frames and incontinence pads, cleaning and cooking services
Weight Management	Not registered with a GP practice
Bereavement and Grief Support	**End of Life care
Support with Common Complex mental health (anxiety, depression)	**Requiring social services referrals or chasing social services
One or more long-term condition (managing symptoms/lifestyle)	**Requiring form completions for housing, benefits, blue badges

Ref: NHS England, Social prescribing and community-based support: Summary guide **Incorporated from Borough Level SOPs

Snap-shot of the SPLW ALS







“Post-it” page SPLW ALS