



Personal Outcomes Stories during COVID: Learning from practice

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How have you been able to keep a focus on what matters to people during COVID?



I was employed to my current post in November 2019. I am part of a team who are implementing and setting up a team of GP Community Link Workers (CLWs) across Lanarkshire. The CLWs Programme is a part of the GMS contract commitment aimed at enhancing primary care teams to support people to live well in their communities. The programme brings together the fields of primary care and community

development. A GP CLW is a non-clinical practitioner based in or aligned to a GPs who works directly with patients to help them navigate and engage with wider services. They offer non clinical support to patients, enabling them to set goals and overcome barriers, so that they can take greater control of their health and well-being. Our team at present is my manager and service manager Babs Gemmell, my colleague Lynn Cunningham CLW Coordinator North and myself for South.

I have been involved with the Personal Outcomes Network for a few years now through my previous role and within my new role we will be keeping outcomes for patients at the centre of developing our new community link worker model and the work that we will be doing with patients. Prior to COVID-19, we were at the point of recruiting 18 community link workers. However this has not been able to progress due to the pandemic restrictions in place and changes to work programmes to accommodate the prioritisation of patient care during this challenging period.

My role for now has changed and my manager Babs, my colleague Lynn and myself have all been redeployed to support COVID-19 work programmes. We are all working in different aspects within the COVID-19 Assessment Centres and a triage hub. My manager Babs, is the lead operational manager overseeing all aspects of service delivery. Lynn and I help and support Babs. Through this experience I have been thinking a lot about how we develop the CLW teams as we move to recovery post COVID-19 and recognise that there will need to be new ways of working and that the outcomes might be different for people.

What have you had to do differently and what made this possible?

Lynn and I have been keeping in touch with CLW organisations across Scotland during this period via Scottish Social Prescribing Network meetings using Zoom. It has been great to hear from colleagues about how they are adjusting in the current circumstances and what they are planning moving forward. It's interesting too because the CLW model varies across Scotland, with some teams being NHS led, others local authority and others third sector. There is a lot we can learn from each other.

I am planning and thinking about how we meet and address any challenges when lockdown restrictions are eased for the patients and our staff team. This will be quite different to how we originally had planned. Even finishing the recruitment and induction of the CLW team will be different.

We want to make sure that we can keep the focus on what matters to the people we will be supporting. Our CLWs will be considering community-based resources as part of meeting patient outcomes and we want to ensure that we have a holistic and person centred approach and that is at the heart of what we do, not only for the patients but for our CLWs as well.

A big challenge is that the community is very different now from before lockdown. Part of the job, moving forward, is going to be researching how our community works now. How are they all responding and what does that mean for people. We also expect that financial wellbeing and coping with loss will be key outcomes for people in addition to tackling isolation and wider quality of life outcomes.

What have you noticed that has been better?

I have noticed that there is more cooperation and sense of community going on between different services as people have to find ways of responding to COVID-19 pandemic crisis and that the community have also contributed to helping with that as well even while they are dealing with their own crisis. I have also noticed new ways of thinking and adapting to the changes and challenges everyone has been facing.

How did this make you feel?

I feel optimistic that we will find ways to continue supporting people to have a good life because everyone is pulling together across all services and we will adapt and change to help meet the needs of the patients that we will be seeing.

I am concerned about the affect the past few months will have had on patients mental health and wellbeing and the lasting effects of grief, poverty and ill health. How have they coped? Have they developed new coping mechanisms? What has changed for them? When we start to engage fully with our patients these are going to be very interesting conversations and some great work with the patients regarding personal outcomes.

Life is a journey and myself, Babs, Lynn and the rest of our team are all very lucky to be getting the chance to be part of someone else's journey when they engage with our service and help them to achieve their outcomes.

What have you learned through this?

I enjoyed hearing from colleagues across Scotland and from our local communities, local authorities and third sectors about what they have been doing during this time and how they have adapted their way of working.

Anything else you want to tell us?

The community link work never leaves my head. I am always looking for things that I think will help us to build the team and support patients'. You have to keep looking forward at a time like this and look at new ways of ensuring that everyone is included and has the opportunity to access the services that they need.