

Social Prescribing Link Worker Survey

Spotlight on Clinical Supervision & Support for SPLWs

Pan London

October 2020

Why supervision is important for PCNs

- SPLWs dealing with increasingly complex cases
- Crucial senior GPs have an understanding of SP being delivered
- Caseload management requires PCN wide view
- Better clinical understanding of SP leads to more appropriate referrals

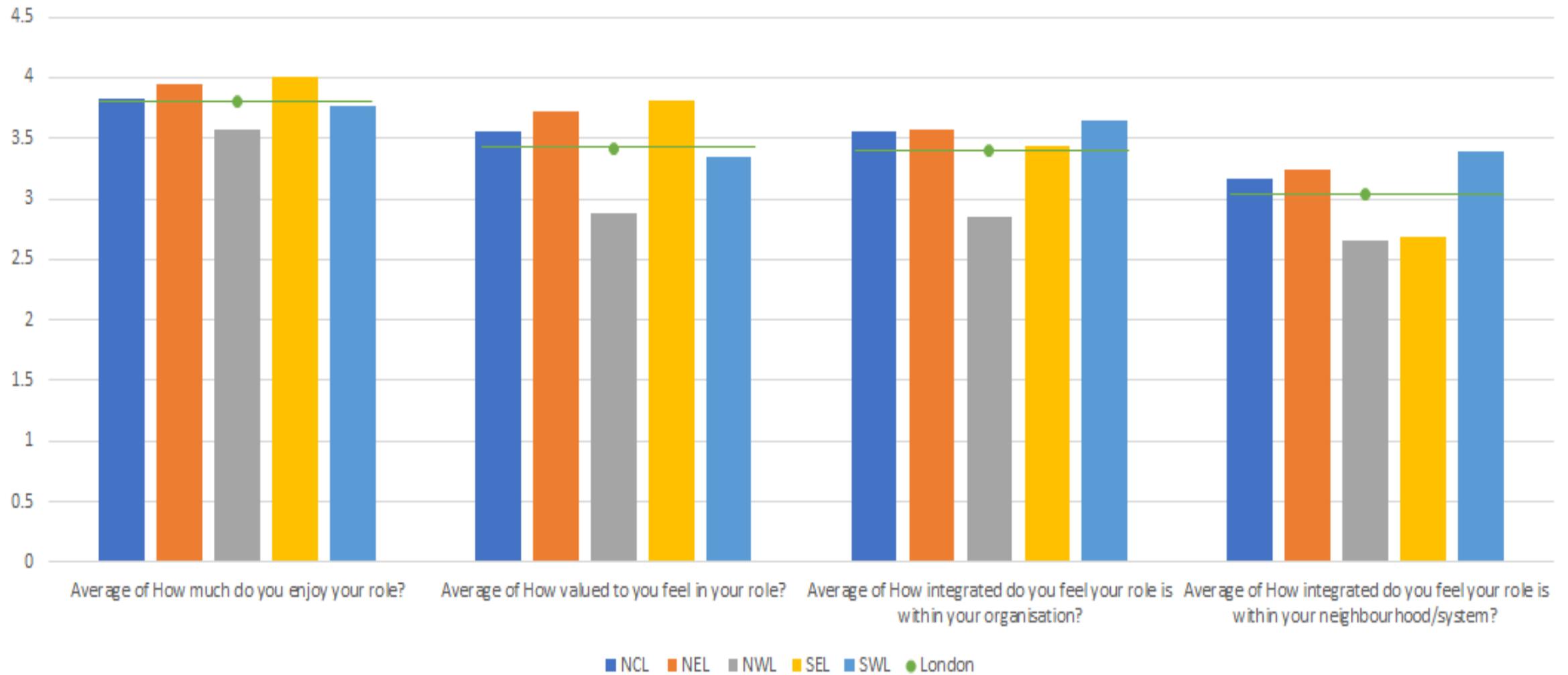
"Clinical supervision is crucial to our role as SPLW. It enables us to have open conversations with our GP leads and enables us to tackle challenging cases without feeling overwhelmed."

Key Findings for London

- 38% (105/276) of SPLW completed the survey
- 61% of SPLW who responded to the survey are without named GP supervisor or not receiving clinical supervision
- 45% of SPLW not using SNOMED codes
- Some best practice to build on – 65% receiving clinical supervision say it is 'extremely useful' or 'somewhat useful'

"It helps me discuss issues directly linked to the GP practice and give me the opportunity to showcase the work I do. It also helps them to understand my role better, my challenges and successes... and an opportunity to discuss the PCN expectations and preferred way of giving them feedback."
- Correlation between SPLWs being better integrated in their PCNs enjoying their job more

SPLWs experience of being a link worker - average scores by STP



Issues with clinical supervision

What do SPLWs think is at the heart of the issue:

- Lack of clarity around what social prescribing is at PCN level
- PCNs not understanding the complexity of social prescribing cases and thus why supervision might be required
- Lack of integration of SPLWs at PCN level
- Misconception about who should provide supervision and its value
- Time pressures on GP (those receiving supervision often stated it was irregular, raising issue with no protected time)

“It is difficult finding a GP who can commit to this regularly due to time and work pressures. Also I'm not sure GPs appreciate the need for this (not always aware how intense, difficult SP sessions can be), especially if we are not directly employed by the PCN/surgery.”

SPLWs thoughts on tackling...

- Better integrate more with practice teams & senior GP champions
- More SP information & support directed at PCN / GP / employer
- Guidance for GPs and standard supervision format for clinical supervision
- Protected 1-1 time for SPLWs
- More structured, regular borough level peer support & better knowledge sharing across boroughs & services
- Group case study approach to supervision
- SPLWs given time for closer relationships with VCSE experts locally

Survey follow up and next steps

- Sent anonymised, raw data to NHSE
- Presenting key findings (and raw data) at STP meet ups
- A London wide paper of findings will be circulated
- 1-1 follow ups with any respondents that present a 'cause for concern'
- Co-producing guidance on 'what good clinical supervision looks like'
- Facilitate task & finish (multi stakeholder) to develop a Pan London action plan
- Peer support health check across the boroughs + support in getting set up where needed

Resources for SPLWs

- **Fortnightly 'drop in' peer supports sessions** for London SPLWs: [SIGNUP](#)
- **6 weekly STP wide focused discussion on challenges:** [SIGNUP](#)
- **Free coaching and mentoring offer for NHS workers** - This is a FANTASTIC resource, especially for those not receiving adequate supervision - For more information and directions on signing [HERE](#)
- **Free counselling and resilience chats:**
 - Wisdom and Wellbeing Consultancy are offering free 'Resilience Chats' for key workers to provide a supported listening space. More information [HERE](#)
 - Samaritans and NHS, working in partnership, have launched a new confidential support line for NHS and social care workers and volunteers. More information [HERE](#)
- **Contact your local Regional Learning Coordinator, London's:**
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