Improving Cancer Journey Link Workers and General Practice Community Link Workers

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National Strategic Context

- First Minister's cross-policy priorities: child poverty, effective public services, economic inactivity.
- Inequalities a core part of the Service Renewal Framework and the 10-year Population Health Framework (relevant commitments include social prescribing, health & work, healthcare inequalities action plan)
- Primary Care Reform with Routemap (SRF commitment) to be published in 2026, with a new set of national outcomes, inequalities as a cross-cutting theme.

CLWs in General Practice

- One of six services included in an MoU which underpins the 2018 GP contract.
- Main funding source is annual HSCP allocations from the SG's Primary Care Improvement Fund (PCIF) which provides investment for general practice multi-disciplinary teams.
- CLW funding is not ring-fenced.
- CLW should be embedded within the general practice team.
- Referrals come from other members of the practice team.
- CLWs in almost all HSCPS, largely funded from PCIF allocations as part of local PCIPs (342 WTE as of 31 March 2025).
- SG Primary Care funds the Scottish CLW Network.

Overview of Primary Care General Practice CLWs

- CLWs support individuals with their health and wellbeing; top reasons for referral are mental health, loneliness/social isolation, housing and debt.
- Connect people with local community and voluntary sector resources as well as other statutory services and often work with people on NHS waiting lists.
- Subject to level of complexity, their approach ranges from social prescribing, advocacy, practical support (e.g. help with attending health appointments), signposting, and sourcing local area service information.
- Mixed model of employment for the CLW workforce across Scotland:
  - 30% Health Boards
  - 70% Third sector organisations

National review of Primary Care General Practice CLWs

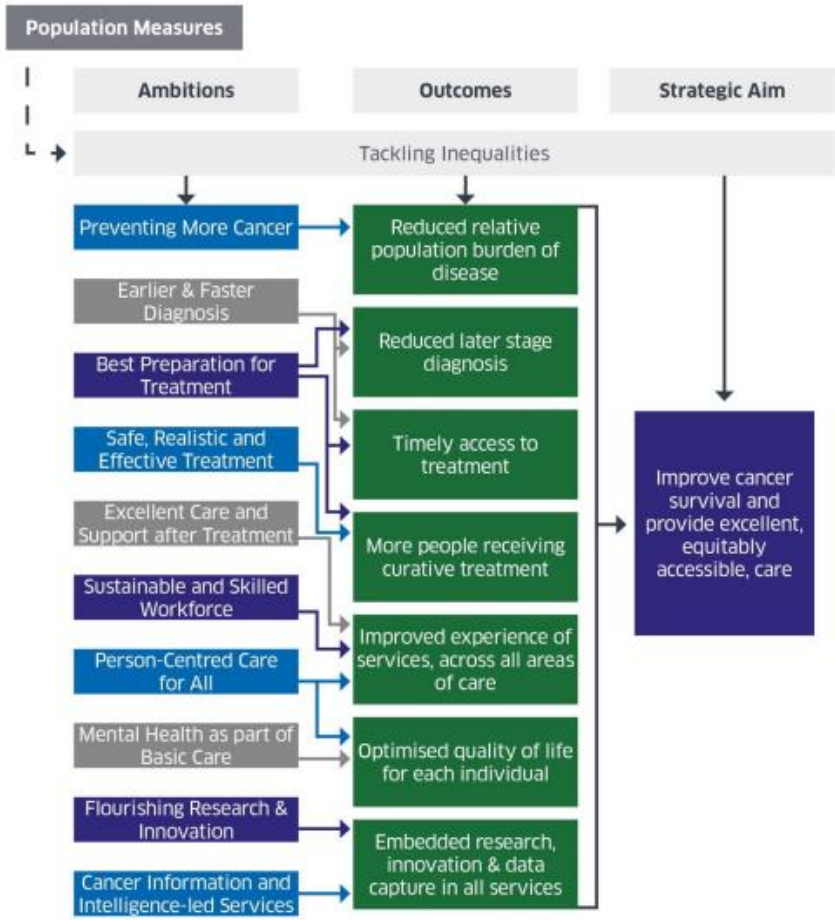
- Ministerial steer that CLW capacity should target greatest need.
  - To enable better consistency, over the medium term, in local data collection and create a basis for longer term data and evidence improvements.
  - To create a CLW good practice model that sets consistent minimum expectations for the role and services as well as a basis for better workforce support, learning and development.
  - A refreshed national approach to CLWs which emphasises the alignment of resource with need (primarily poverty/deprivation), including consideration of a new approach to national funding to improve stability and sustainability.

Review Approach and Governance

- A CLW Advisory Group of strategic and local stakeholders
- Three workstreams:
  - Evidence and Outcomes
  - Workforce and Skills
  - National Funding for CLWs
- Stakeholder engagement through the Scottish CLW Network, HSCPs/Health Board leads, NES, PHS, service providers, etc.
- Other General Practice stakeholders, e.g. RCGP and BMA
- Progress report in April 2026

National Strategic Context





ICJ Link Workers in Communities

- Improving the Cancer Journey (ICJ) helps us keep the person with cancer and their family or supporters at the centre of their care. The service integrates psychosocial care into the cancer pathway and, through the holistic needs assessment and care planning process, individuals can access timely support that is relevant, appropriate, and sufficient for their needs.
- By March 2026 we will:

  Launch the final Improving the Cancer Journey (ICJ) service, in partnership with Macmillan, giving everyone diagnosed with cancer in Scotland access to a key support worker (Action 94)



Overview of ICJ

- ICJ LWs support individuals affected by cancer with their practical and emotional needs
- Conversations are structured around the Holistic Needs Assessment (HNA) and Care Planning process, thus helping to prioritise need around what matters to the individual
- Top concerns include money and finance, getting around, worry fear and anxiety
- ICJ LWs connect people with local community and voluntary sector resources as well as other statutory services. Ways of working and clinical relationships are variable

Evaluation of National Roll Out – Edinburgh Napier University, 2024

1. The HNA process continues to be well received and applied. However, the eHNA platform has not always recorded important HNA activity. The majority of ICJ services defaulted to recording HNA activity in local databases. The national picture collated by Macmillan therefore underreports ICJ activity in comparison to actual service activity.

   Recommendation: Review the role and function of eHNA as a recording platform, particularly its capacity to link with other relevant databases.

2. Service user outcomes or experiences are not being routinely or systematically recorded in every service. Episodes of care are not linked, which prevents a deeper understanding of the service user pathway.

   Recommendation: Support all teams to record the minimum data set, preferably in a manner that could be readily anonymised, shared, and linked with relevant other databases to create a better picture of individual pathways. Consider regular training for link workers and/or administrators in standardised data entry.

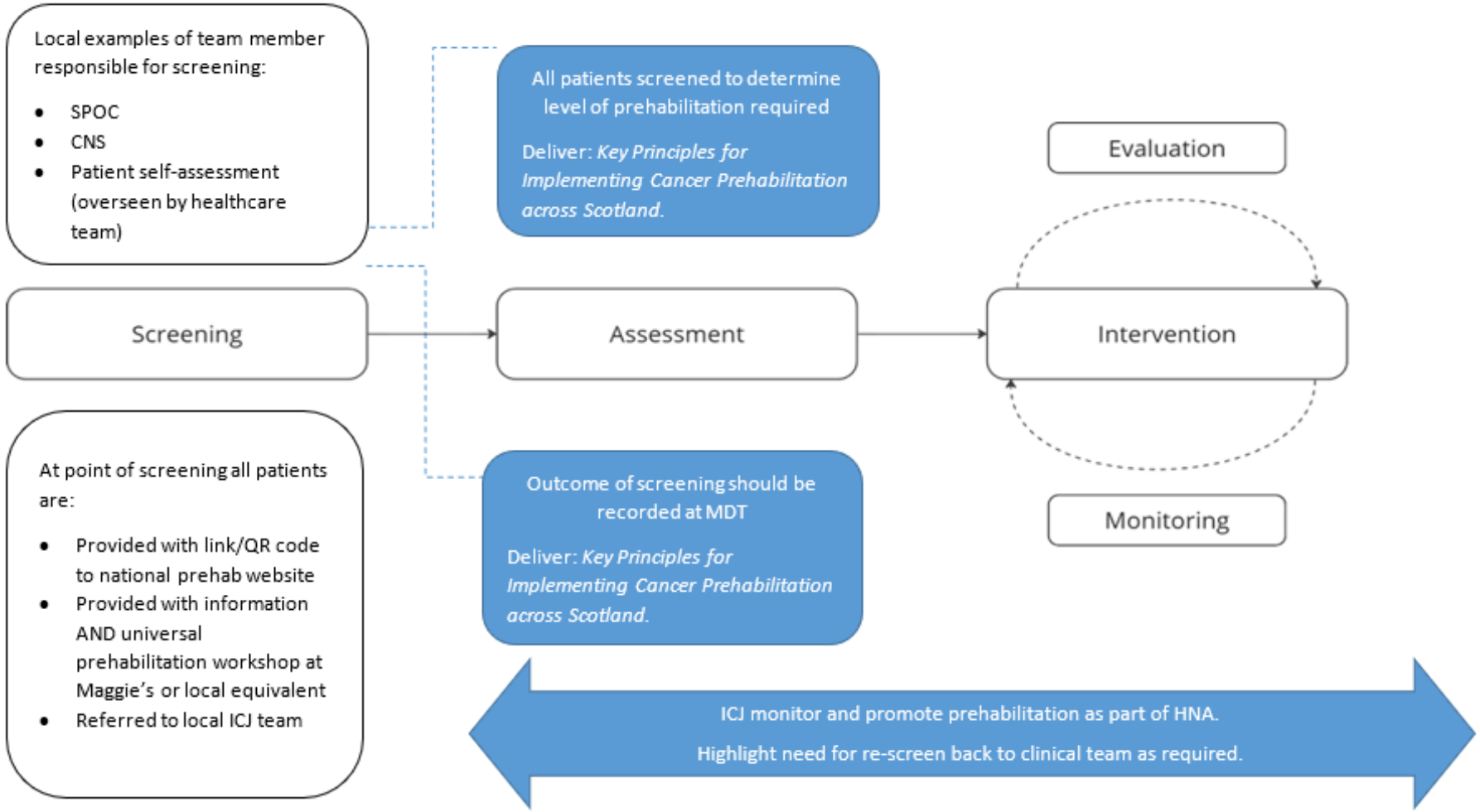
3. There are reports from referrers that they don't receive feedback. In other cases, services report providing feedback that is not subsequently accessed by referrers. We know that lack of feedback leads to disengagement.

   Recommendation: Focus efforts to address this locally and immediately in the short term. Plan to automate access for all through record systems in the longer term. Link this to record keeping training.

4. Creating trust of local ICJ services, particularly with potential referrers, is key to success. Macmillan can further improve their strategic approach to this.

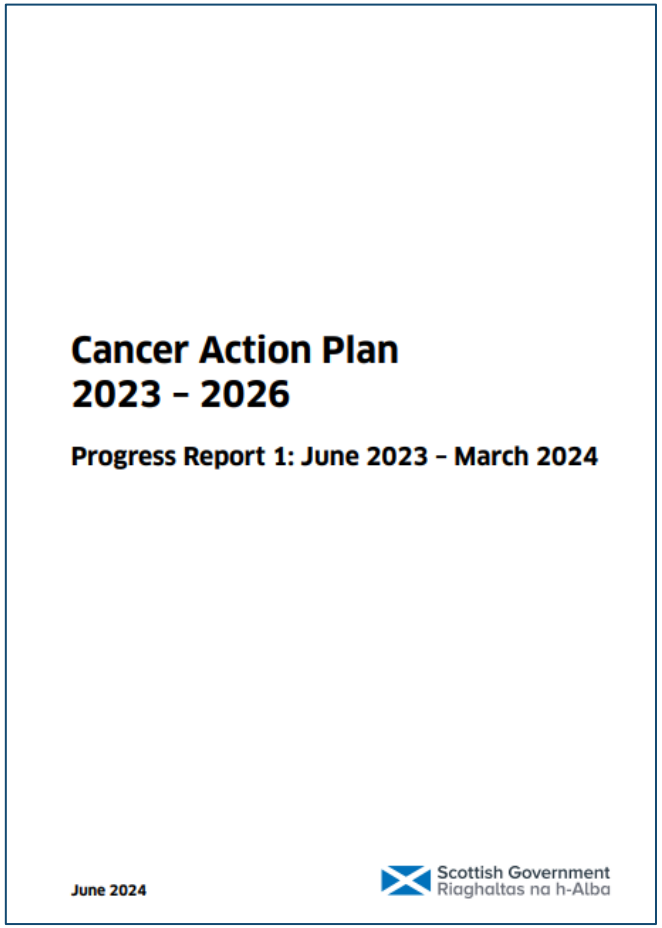
   Recommendation: Macmillan should continue to offer and evaluate the effectiveness of support to newer services. They could further help by giving ongoing marketing support where referrals don't improve.

Cancer Pathways



Ongoing Evaluation & Next Steps







Thank You!

Working Together – Q&A

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