KEY MESSAGES

SCOTTISH COMMUNITY LINK WORKER NETWORK

GIVING A VOICE TO SCOTLAND'S COMMUNITY LINK WORKERS

SCLWN: Leads Peer Support Event
26 November 2025

Introduction

Voluntary Health Scotland and the Scottish Community Link Worker Network hosted their latest SCLWN Leeds Peer Support Event on 26 November 2025. The event is an opportunity for those who have responsibility for the operational or strategic management of their HSCP's Community Link Worker Programme to come together with their peers to share learning and good practice. The event focused on evidencing the impact of community link working. Gemma Pritchard-Woollett, HSCP Integration Officer and Lead CLW for Clackmannanshire delivered a presentation on the steps they are taking to measure the impact of their programme including trialling some work around cost benefit analysis.

Growing Together: Clackmannanshire and Stirling Community Link Worker Report 2024/25

Gemma introduced their project's annual report and discussed the project's background, data recording, and evaluation methods, highlighting the importance of demonstrating value to stakeholders.

Milo Salesforce System Overview

Gemma demonstrated the Milo Salesforce system for tracking client data and presented impact metrics, including appointment duration statistics and cost savings from reduced GP consultations. She presented a video of Milo, which records data on Community Link Worker clients, including referrals, appointments, and outcomes. She explained that Milo allows for accurate comparison of referral data year-on-year and has shown a 42% increase in referrals linked to expansion into three new practices. The system also enables breakdown of referral sources, revealing a wider range of referring professionals beyond just GPs. Gemma highlighted that the data helps in resource allocation and planning, such as during quieter periods for detailed evaluation work or expansion into new surgeries.

Community Link Worker Impact Analysis

Gemma presented data on community link worker appointments and their impact, noting that 44% of appointments lasted over 30 minutes, longer than typical GP or mental health nurse sessions. She demonstrated that community link workers reduce GP consultations, with a 34.25% reduction in appointments over a 6-month period, leading to potential cost savings of £72,000 in the previous year and £39,740 this year. The data was analysed using a control group to establish causality, and Gemma explained that the smaller reduction this year might be due to a larger sample size and more complex cases being referred. She also spoke about how helpful it was to use guidance on evaluation from the National Academy of Social Prescribing which has lots of useful information on how to evidence the impact of social prescribing.

Community Link Worker Wellbeing Impact

Gemma presented on the evaluation of community link worker services, focusing on their use of the ONS4 wellbeing survey to measure impact. She shared data showing a 47% average increase in wellbeing scores among participants, along with case studies demonstrating personal success stories.

Milo System Data Tracking Discussion

Gemma explained their use of the Milo system for tracking referrals and patient data, explaining that while Milo can generate dashboards and reports, they created custom Excel dashboards to visualise their data. There were questions about different database systems used across community link worker services, with Gemma explaining they use Milo through their TSI, which provides access to EMIS for GP data sharing. Other questions were raised about system costs and dual recording requirements, with Gemma confirming they maintain both Milo records and brief EMIS entries to minimise duplication. Regarding cost-benefit analysis methodology and patient selection, Gemma explained that they used a 20% random sample of patients who had attended the GP twice in the 12-month period before and after their support.

Community Link Worker Evaluation Tools

The group discussed data collection tools and evaluation methods, with conversations centred around the potential for developing a minimum core dataset for community link workers and whether it would be appropriate to try and standardise wellbeing evaluation tools across services.

The group discussed evaluation tools for Community Link Worker programmes, with some agreeing that while there should be guidance on what to measure, programmes should be allowed to choose their own tools. Some participants emphasised the need for more consistency across services to strengthen their collective impact, while Roisin noted that imposing a single tool on all programmes would be challenging. The discussion touched on the proposed Social Prescribing Framework for Scotland, which may address some of these questions, and the potential for compiling results from services using the same tools.

Minimum Core Data Set

The group discussed the potential of using a minimum core data set, which was previously led by Public Health Scotland before being put on hold due to the Covid pandemic. Fiona Macdonald from Scottish Government's Primary Care Directorate explained that they are in conversations with Public Health Scotland to test the dataset with some areas over 2025-2026, focusing on ensuring consistency in data collection and interpretation across the country. Discussions centred around the balance between central data management and local autonomy, while there was also the suggestion of sharing the previous minimum core data as a reference point for current practices. The group acknowledged the variation in data collection methods across different areas and expressed a collective desire to demonstrate the value and impact of their programmes through data.

Fiona emphasised the importance of collecting demographic information to ensure services reach the right people, while also noting that public bodies have duties under equalities legislation and the Fair Scotland duty. The discussion touched on the need for consistent data collection and the possibility of developing a national system for case management and reporting, with some participants suggesting that a unified approach could be more cost-effective than individual local board systems.

Community Data Collection Tools

Gemma discussed their use of data collection tools. She explained that the wellbeing evaluation was straightforward, but the cost-benefit analysis and health service usage required more time and research. Some of the participants expressed concerns about the resource-intensive nature of investigating and commissioning these tools, suggesting a need for a more national approach. The group discussed the use of Elemental as a data collection tool in Argyll and Bute.

Data Sharing

The discussion also touched on data sharing agreements and the practicalities of these, with Gemma explaining that existing agreements with GP surgeries for anonymised data were sufficient. The group discussed the upcoming NIHR Manchester University-led evaluation of the rollout of social prescribing across the UK, with Roisin sharing that there are plans to host an event in Scotland to share the key findings.

Zoom Chat

Gemma prepared the below in answer to questions in the Zoom chat:

1. **Data sharing** – standard data sharing agreement was written up between the GP surgeries and TSIs before CLWs were even allowed into the practices (this was after a lot of partnership working between HSCP and the GP lead to address any concerns the practices had and to vouch for the integrity of the TSIs and their employees)

2. **EMIS** – even with data sharing agreements, only one practice initially allowed us access to EMIS (the rest had to have reception print details for patients who they wanted CLWs to see etc) but this was improved upon as CLWs became better known in the practice and the practices better understood what we were doing and *why* that information was needed. We have now managed to get to a point where our CLWs in some practices are on the EMIS diary system as well so reception can book straight into their diaries etc. This did not happen overnight, and it took a lot of relationship building to get to this stage.

3. **Health Service Usage and Cost Benefit Analysis** – the methodology is in the NASP links that I put on my presentation but the 20% of the CLW caseload were chosen at random and the 20% control group were chosen based on use of primary care (at least 2 appointments in last 6 months to avoid skewed results for people who very rarely attend their GP).

4. **MILO** - collects most of the data at the time for us and this is then fed into an excel spreadsheet (similar to a dashboard) that I made up which just pulls out and collates the results and makes the relevant graphs etc.

5. **Wellbeing evaluation** - is also on MILO as part of the data we collect at each appointment and we try and do this at the start of their time with the CLW (not necessarily the first appointment depending on how this goes), a few appointments in and then one close to the end of their time with the CLW.

6. **Time taken** – It took around 2 days in total to do all the data gathering and then analysis for the wellbeing evaluation and cost benefit analysis combined. The dashboard in excel took about a day to make initially but means I cannot collate monthly and quarterly data in 10 mins.

Further information

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