

## Check for updates

### **Synopsis**

# Implementation of link workers in primary care: Synopsis of findings from a realist evaluation

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Published July 2025 DOI: 10.3310/KHGT9993

# Plain language summary

Implementation of link workers in primary care: Synopsis of findings from a realist evaluation

Health and Social Care Delivery Research 2025; Vol. 13: No. 27

DOI: 10.3310/KHGT9993

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#### Plain language summary

Approximately, one in five people see their general practitioner with problems that are social (e.g. loneliness), environmental (e.g. housing) or economic (e.g. debt). These 'non-medical' issues can affect how someone feels (physically or mental health wise). Social prescribing is one way to help. It involves connecting people to 'community assets' (e.g. a local group to meet others and an organisation that provides advice on housing/finances). Link workers are employed to deliver social prescribing in primary care. They meet with a patient (usually more than once) to find out what is happening in this person's life and what they want to change/address. Link workers can connect patients to relevant community support or services.

Our research focused on how link workers are being used in primary care. We collected data around seven link workers based in different parts of England. We spent 3 weeks with each link worker. We watched these link workers meeting with patients, healthcare staff and voluntary-community sector representatives. We also conducted interviews with 93 professionals (working in primary care or the voluntary-community sector) and 61 patients. We reinterviewed 41 patients, 9–12 months later, along with 7 link workers and a link worker manager.

Key ideas from our data included: (1) link workers are an ongoing source of support for patients, who are relied on to listen to their difficulties; (2) link workers need flexibility in how they work to best assist patients and to develop a good working relationship with healthcare colleagues and (3) patients trust link workers to support them.

Our study shows important changes needed to support link workers. These include: (1) establishing a clear definition of the job; (2) providing adequate supervision and training and (3) ensuring link workers have time to focus on non-medical issues and to develop relationships with community providers.

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ISSN 2755-0079 (Online)

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Editorial contact: journals.library@nihr.ac.uk

This journal was previously published as *Health Services and Delivery Research* (Volumes 1–9); ISSN 2050-4349 (print), ISSN 2050-4357 (online)

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#### This article

The research reported in this issue of the journal was funded by the HSDR programme or one of its preceding programmes as award number NIHR130247. The contractual start date was in August 2021. The draft manuscript began editorial review in April 2024 and was accepted for publication in March 2025. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HSDR editors and production house have tried to ensure the accuracy of the authors' manuscript and would like to thank the reviewers for their constructive comments on the draft document. However, they do not accept liability for damages or losses arising from material published in this article.

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