

**How is 'care navigation' understood and implemented currently across primary care in England? A cross-sectional study**

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**Abstract**

*Background:* Care navigation is an avenue to link patients to activities or organisations that can help address non-medical needs affecting health and well-being. Understanding of how care navigation is being implemented across primary care is lacking.

*Aim:* To determine how 'care navigation' is interpreted and implemented currently by clinical commissioning groups (CCGs).

*Design and Setting:* A cross-sectional study involving CCGs in England.

*Method:* A questionnaire was sent to all CCGs, inviting them to comment on who provides care navigation, for which patients, how individuals are referred and whether services are being evaluated. Responses were summarised using descriptive statistics.

*Results:* We received useable responses from 83% of CCGs (n=162) and over 90% had some form of care navigation running in their area. 75 different titles were used to describe the role. Most services were open to all adult patients, although particular groups may be targeted (e.g. older people, those with a long-term condition). Referrals tended to be made by a professional, or people were identified by a receptionist when they presented to a surgery. Evaluation of care navigation services was limited.

*Conclusion:* There is a policy steer to engaging patients in social prescribing, using some form of care navigator to help with this. Our data highlights that although this type of role is being provided, its implementation is heterogeneous. This could make comparison and the pooling of data on care navigation difficult. It may also leave patients unsure about what care navigation is about and how it could help them.

**Keywords:** NHS, social prescribing, primary care, link workers, care navigators

### **How this fits in**

Social prescribing is a high priority for the NHS, as reflected in the Long Term Plan and its commitment to funding 'link workers' (or 'care navigators') to facilitate its operation. However, there are several knowledge gaps in our understanding of this role, including how care navigation is interpreted and implemented by CCGs. Our survey of all CCGs in England highlights the heterogeneous manner in which care navigation is being rolled out currently across the country. Findings can inform policy making and delivery of care navigation by advancing understanding of differing provision across England.

## Introduction

Significant challenges are facing the long-term sustainability of NHS general practice. New models of care are proposed to help manage rising workload whilst attending safely to patients' problems.<sup>1</sup> Social prescribing has received significant publicity in recent months as a means of addressing the non-medical issues that bring patients to general practice. It is one of the high impact actions from NHS England for reducing GP workload,<sup>2</sup> and in the NHS long-term plan it forms part of the drive to deliver personalised care.<sup>3</sup> Social prescribing recognises that medical treatment alone may not be enough to enable people to overcome problems affecting how they feel in their body and mind. This reflects the World Health Organization's<sup>4</sup> definition of health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

To bolster delivery of social prescribing, the NHS has announced that it will train 1,000 'link workers' by the end of 2020/21.<sup>3</sup> 'Care navigator' is another term that has been used to describe this role,<sup>5</sup> which is already being implemented in some parts of England. People providing care navigation connect patients to local groups and support services to address their non-medical needs. Health Education England<sup>5</sup> has published a core competencies framework for care navigators, which includes abilities such as good communication and interpersonal skills, problem solving and acting as a bridge between community, health and social services.

Within primary care, provision of care navigators has been advocated because health professionals are not necessarily aware of all local options available and struggle to keep abreast of the changing landscape within the voluntary and community sector.<sup>6-7</sup> These roles may be implemented in different ways. In some primary care settings, care navigation may be an additional element of a receptionist's existing job, whereby they signpost patients to alternatives to medical care.<sup>8</sup> In other cases, dedicated employees have time to spend with patients, co-producing with them an individual action plan and identifying "suitable schemes using local knowledge and access to directories."<sup>9</sup>

Despite being a priority NHS policy, understanding of how care navigation works, which patients are most likely to benefit and under what circumstances is lacking. Furthermore, there has been no systematic assessment to compare and contrast how the role is being implemented in England. To address these knowledge gaps, we are conducting a programme of work that includes a realist synthesis on the topic.<sup>10</sup> From reading relevant literature for this review, we hypothesised that care navigation would be implemented in a range of ways across NHS Clinical Commissioning Groups (CCGs). To explore this proposition, we surveyed all CCGs in England. Findings from this survey and our realist synthesis will help service users, providers and commissioners to better understand the role of care navigators within NHS primary care and contribute to an evidence base to support NHS policy. Our survey aimed to explore how 'care navigation' is interpreted and implemented currently by CCGs in England. This focus came from discussion with members of the public consulted whilst undertaking our realist synthesis; they commented on a need for some degree of standardisation in terminology and who could be seen so that patients are aware of the role and what to expect when referred to a care navigator.

## Methods

Design: A cross-sectional survey examining the implementation of care navigation across CCGs in England.

Participants and procedure: A freedom of information request was sent to all 195 CCGs listed on NHS England's website (October 2018). Requests were emailed in November and December 2018. Data collection ceased at the end of January 2019. The questionnaire included key items that we wished to explore following consultation with key stakeholders as part of our realist synthesis; this included talking to providers of care navigation and members of the public. The questionnaire's content was piloted and refined based on feedback from colleagues. It centred on (contact authors for further details):

- a) Whether the CCG offered care navigation (and reasons for not doing so);
- b) Who provided this support to patients and the term used for this role;
- c) Who the service was open to and how they were referred;
- d) Whether the service had been evaluated.

The questionnaire included the introduction in Table 1. It was sent as a Word document; CCGs had the opportunity to respond with as much or as little information as they wished. If a link to a webpage was provided within a CCG's response, we also looked at this information.

### **TABLE 1 here**

Data management and analysis: Data were entered into Excel for analysis by ST; 10% of data entry points were cross-checked by KRM (who agreed with the way this information had been entered onto the database). When information provided to a question by a CCG was ambiguous, this response was coded as 'unclear'. Descriptive statistics were computed within Excel.

## Results

Overall, 99% of CCGs responded to our survey, but not all supplied usable data (see Figure 1). Depth of responses varied considerably across CCGs; some gave one word answers or succinct sentences. Others offered extensive feedback, stretching over several pages. No clear pattern was evident in the amount of information provided and number of care navigation services offered in an area covered by the CCG.

### **FIGURE 1 here**

As shown in Figure 1, of the CCGs providing usable data, over 90% had some form of care navigation in their area; 15 did not currently do so. Fourteen of these CCGs planned to do so in the near future and were in the process of developing a type of care navigation service. One CCG reported that it was not planning to offer care navigation due to a lack of finances. The rest of this paper focuses on responses from the 147 CCGs that did report offering currently some form of care navigation, 44 of which cited more than one care navigation service in their area; results incorporate every service mentioned, so in some responses more than one service is reflected within a single CCG.

*a) Who provides care navigation (e.g. receptionists, practice manager, paid care navigator, volunteers)?*

The most common provider of care navigation was an upskilled existing member of staff at a surgery (usually receptionists), followed by people employed to work in a dedicated service (see Figure 2); 30 CCGs had a service run by dedicated workers *as well as* in-house provision delivered by existing staff from a surgery. Only 1 CCG mentioned a service run solely by volunteers.

### **FIGURE 2 here**

*b) What term do you use to describe people undertaking this role (i.e. care navigator, link worker, community connector)?*

Overall, 75 different titles were mentioned by CCGs currently offering care navigation; sometimes up to 5 different terms were used within the same CCG, if several such services were run in an area. As shown in Figure 3, 'care navigator' or a derivative (e.g. 'primary care navigator') was the most common term (referred to in responses from 86 CCGs), followed by 'link worker' (including derivatives like 'community link worker') (referred to by 14 CCGs), 'social prescriber' (referred to by 13 CCGs) or 'signposter'/'signposting' (referred to by 12 CCGs).

### **FIGURE 3 here**

*c) Who is the service open to (i.e. all patients or specific groups)?*

Most care navigation services were open to all adult patients as shown in Figure 4; this tended to be the case when delivered by receptionists or other existing members of a practice. However, some CCGs made the caveat that although accessible to all, particular groups were targeted (e.g. older people, those who were socially isolated or high users of a surgery); in Figure 4 below, this is shown as a separate category to those services available to all. Certain care navigation services were only for individuals meeting specific criteria (e.g. older, frail people or those with a long-term condition). 3 CCGs mentioned using a risk stratification tool to identify patients who would be eligible. The 'other' in Figure 4 refers to carers, people with dementia or those receiving end of life care. Psychosocial needs in this figure includes services aimed at people experiencing isolation, loneliness or anxiety. 4 of the 147 CCGs did not provide information for this question.

**FIGURE 4 here**

*d) How do people get referred to the service (e.g. by a professional, self-referral)?*

When undertaken by a receptionist, care navigation commenced as a patient made contact with the surgery (e.g. by phone or in person to arrange an appointment); responses mentioned that these existing members of staff were trained to identify patients who may benefit from care navigation at this point of entry. In other cases, referral was made by a health or social care professional (see Figure 5). Two thirds of CCGs providing this information had at least one service accepting referrals from primary or community professionals (this was sometimes alongside self-referral); GPs were often listed as the person making this referral. There were examples of wider referral routes; the 'other' category in Figure 5 includes multidisciplinary team meetings, police, the fire brigade, libraries, pop up clinics in supermarkets, ambulance services, rehabilitation teams, dementia team, carers/family, mental health teams. 11 of the 147 CCGs did not provide information for this question.

**FIGURE 5 here**

*e) If offering a care navigator type service, have you evaluated it?*

Of the 147 CCGs offering some form of care navigation currently, 22% mentioned that at least one such service in its area had been evaluated. Reasons for not evaluating included the limited time a service had been running; evaluations were mentioned as being planned or in process by 18 CCGs that had not reported such work being completed in its area. Services that had been evaluated tended to be dedicated schemes, involving staff employed to undertake care navigation type work. Most services had not been evaluated, especially if delivered in-house by existing primary care staff.

**Discussion****Summary**

Our results show that care navigation is being offered in some form within most CCGs in England. Yet implementation of this relatively new position is extremely heterogeneous; who delivers it, who receives it and how people are referred varies across and within CCGs. Differences in implementation could reflect diverging interpretations of the role and the contrasting settings in which care navigation is employed in terms of resources, manpower and local needs. Results show care navigation is often delivered by existing staff at a surgery, although some services have dedicated workers. Referral can take a number of forms, including self-referral, from a health or social care professional and when receptionists are answering calls to a surgery.

### Strengths and limitations

Our response rate was high. It gives a good idea of care navigation at a set point in time in NHS primary care. However, the landscape associated with care navigation is in flux and is liable to change over coming years, as more attention and political backing is given to the widespread availability of social prescribing and the linking of patients to non-clinical support. Data we received sometimes required interpretation to be distilled into an Excel spreadsheet, especially when CCGs gave very extensive responses. Therefore, data entry was cross-checked for accuracy of summaries reported in Excel. There did not appear to be any pattern in terms of amount of information provided by a CCG and complexity of care navigation services in its locality. We might have received more standardised responses from using tick box responses on the questionnaire, but this would have curtailed our understanding and the richness of comments collected. It should also be noted that there may have been services in an area of which a CCG was unaware (e.g. if offered outside the NHS); therefore, the number of services reported above may be an underestimation of what is on offer. However, the focus of our paper was on the interpretation and implementation of care navigation from the perspective of CCGs.

### Comparison with existing literature

Heterogeneity was illustrated in the diversity of terms reported by CCGs for care navigation. Use of these differing titles may cause confusion among healthcare professionals and patients, possibly affecting referral and uptake; previous studies show that if people are uncertain about what the service is called, what it is for and how it might help they may have unrealistic expectations and/or feel sceptical about its usefulness to them.<sup>11-13</sup> For care navigation to be accepted may call for a shift in thinking among professionals as well as patients, from a medical model approach to one in which a broader array of solutions to people's problems are considered.<sup>14-15</sup> As suggested by the Social Prescribing Network:<sup>16</sup>

*“Managing expectations of what social prescribing can deliver is critical – for prescribers, commissioners and participants. The purpose of a social prescribing intervention is not necessarily to get a problem fixed, but rather to building a network that enables individuals to feel confident and empowered to address problems for themselves. Equally, the patient may have an expectation of receiving a medical prescription; a non-medical solution may take time for patients to adjust to.”*

Evaluating services is important for gauging how far care navigation meets local needs and improves patient well-being. However, our results demonstrate there is little assessment of how well it is working and for whom. This paucity of evidence has been reported by others;<sup>17</sup> provision of care navigators or link workers to support social prescribing has gathered momentum nevertheless.<sup>3</sup>

### Implications for practice and research

Our data showed a trend for existing members of staff to provide care navigation (e.g. receptionists, practice manager). This may allow for temporary diversion of patients from the GP. However, if patients are unhappy with the suggestions they receive, or feel that their

difficulties remain, there is a chance they will return to the GP. Therefore, communication about the role of care navigators should be clear, so patients do not feel they are simply being blocked from seeing their GP.<sup>12</sup> Furthermore, signposting in this way may not be suitable for patients lacking self-assurance, who have to be encouraged to try new activities. They may require more intensive interaction and support to engage with voluntary and community sector organisations.<sup>18-19</sup> Appropriate training should be offered to these non-clinical members of staff if they are offering care navigation, to ensure they are working with patients who might benefit and do not overlook cases that actually require medical assistance.<sup>20</sup>

Provision of care navigation from a dedicated employee is likely to be a different experience for patients as these workers have more time to spend with individuals, to uncover their needs and how to address these through available local assets; this includes having the opportunity to develop, with patients, ways to overcome potential barriers (e.g. travel, childcare).<sup>18,21</sup> However, caution is needed to ensure that patients do not become dependent on the care navigator;<sup>22</sup> this would negate care navigation's aim to empower and enable patients to take more control of their life and health.<sup>5</sup>

Heterogeneity in how care navigation is implemented means aggregating data on its effectiveness (e.g. as part of a meta-analysis) will be difficult. It does make it a suitable area of focus for a realist approach, which seeks to answer questions about what works, for whom, why and in what circumstances,<sup>23</sup> by drawing on data from a diverse range of sources;<sup>24</sup> we are aiming to uncover answers to these questions through our realist synthesis that is in progress.<sup>10</sup> Future research could also explore who care navigators refer on to, to understand whether there is a difference in the types of onward services used by those already based in a practice (e.g. receptionists) compared to those employed solely as care navigators. This would also highlight the range of voluntary and community sector organisations recognised and referred on to by care navigators. Our survey was not designed to explore differences in CCGs that offered more than one care navigation service; future research could consider this issue.

## Conclusion

Data presented above offer an analysis of an initiative that is being rolled out within primary care in England, having received considerable support recently from policy makers. Results show that care navigation is not homogeneous; it has been implemented in a number of ways, even within the same CCG. Such proliferation may make it difficult to draw strong conclusions about the effectiveness of care navigation in addressing non-medical needs of patients. Limited evaluation of current existing services being offered is also a barrier to developing a strong evidence base for provision of care navigation.

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- Ethical approval: This was an evaluation of current practice; ethical approval was not deemed to be required.



- Competing interests: There are no competing interests to report.
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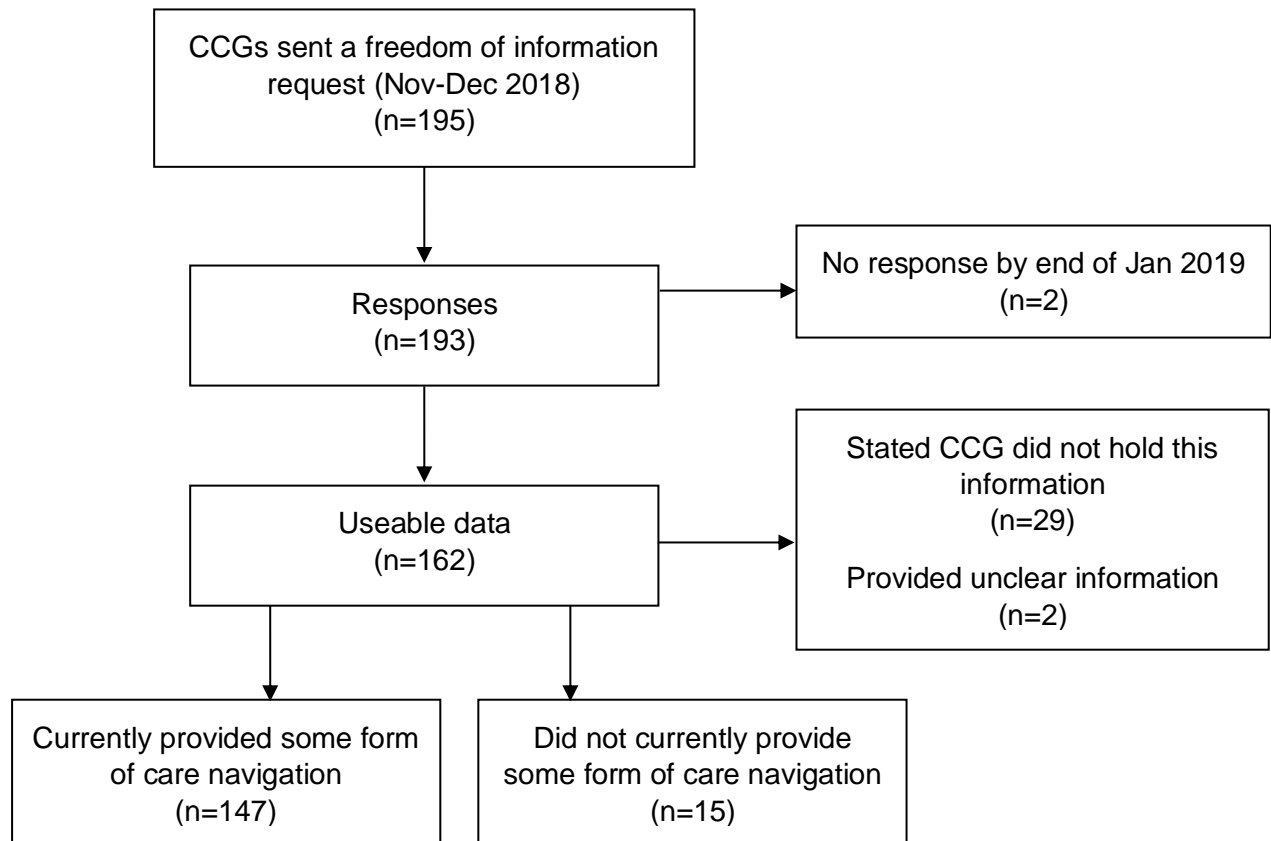
## References

1. Baird B, Charles A, Honeyman M, Maguire D, Das P. *Understanding pressures in general practice*. London: The King's Fund, 2016.
2. Varnam R. *Start here: What are the 10 High Impact Actions?* 2016. [www.networks.nhs.uk/nhs-networks/releasing-capacity-in-general-practice/messageboard/general/611331738](http://www.networks.nhs.uk/nhs-networks/releasing-capacity-in-general-practice/messageboard/general/611331738) [accessed 1 March 2019].
3. NHS England. *The NHS long term plan*. 2019. [www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf](http://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf) [accessed 1 March 2019].
4. World Health Organization. *Constitution of the World Health Organization*. 2006. [www.who.int/governance/eb/who\\_constitution\\_en.pdf](http://www.who.int/governance/eb/who_constitution_en.pdf) [accessed 1 March 2019].
5. Health Education England. *Care navigation: A competency framework*. 2016. [www.hee.nhs.uk/sites/default/files/documents/Care%20Navigation%20Competency%20Framework\\_Final.pdf](http://www.hee.nhs.uk/sites/default/files/documents/Care%20Navigation%20Competency%20Framework_Final.pdf) [accessed 1 March 2019].
6. Dayson C, Bennett E. *Evaluation of Doncaster Social Prescribing Service: understanding outcomes and impact*. 2016. [www4.shu.ac.uk/research/cresr/sites/shu.ac.uk/files/eval-doncaster-social-prescribing-service.pdf](http://www4.shu.ac.uk/research/cresr/sites/shu.ac.uk/files/eval-doncaster-social-prescribing-service.pdf) [accessed 1 March 2019].
7. Nesta. *More than medicine: New services for people powered health*. 2013. [https://media.nesta.org.uk/documents/more\\_than\\_medicine.pdf](https://media.nesta.org.uk/documents/more_than_medicine.pdf) [accessed 1 March 2019].
8. Siddiqui F, Sidhu B, Tahir MA. Using 'Active Signposting' to streamline general practitioner workload in two London-based practices. *BMJ Open Quality* 2017; **6**:e000146.
9. Thomson LJ, Camic PM, Chatterjee HJ. *Social Prescribing: A review of community referral schemes*. London: University College London, 2015.
10. REVOKED FOR PEER REVIEW AS IT IS A REFERENCE TO THE AUTHORS
11. Bertotti M, Frostick C, Tong J, Netuveli G. *The Social Prescribing service in the London Borough of Waltham Forest final evaluation report*. Institute for Health and Human Development: University of East London, 2017.
12. Bickerdike L, Booth A, Wilson PM, Farley K, Wright K. *Social prescribing: less rhetoric and more reality. A systematic review of the evidence*. *BMJ Open* 2017; **7**: e013384.
13. Friedli L, Themessl-Huber M, Butchart M. *Evaluation of Dundee Equally Well Sources of Support: Social Prescribing in Maryfield Evaluation (Report Four)*. 2012. [www.stokeccg.nhs.uk/your-ccg/ns-publications/generic-publications/1324-social-prescribing-evaluation-dundee/file](http://www.stokeccg.nhs.uk/your-ccg/ns-publications/generic-publications/1324-social-prescribing-evaluation-dundee/file) [accessed 1 March 2019].
14. Brandling J, House W. *Investigation into the feasibility of a social prescribing service in primary care: a pilot project*. 2007. [https://purehost.bath.ac.uk/ws/portalfiles/portal/426828/Brandling\\_SocialPrescribingFeasabilityReport.pdf](https://purehost.bath.ac.uk/ws/portalfiles/portal/426828/Brandling_SocialPrescribingFeasabilityReport.pdf) [accessed 1 March 2019].
15. Pescheny J, Randhawa G, Pappas Y. Patient uptake and adherence to social prescribing: a qualitative study. *BJGP Open* 2018; **2**(3).
16. Social Prescribing Network. *Report of the annual social prescribing network conference*. 2016. <https://www.westminster.ac.uk/file/57446/download> [accessed 1 March 2019].
17. Gilbert H, Buck D, South J. *Volunteering in general practice Opportunities and insights*. London: The King's Fund, 2018.

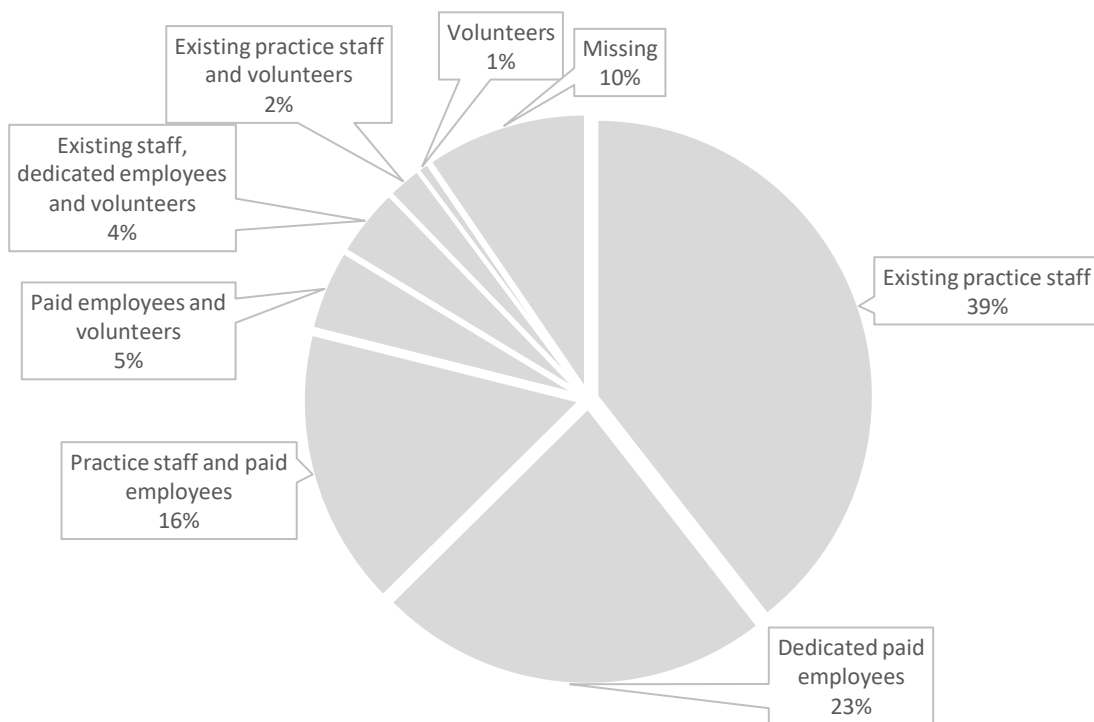
18. Ferguson K, Hogarth S. *Social Prescribing in Tower Hamlets: Evaluation of Borough-wide Roll-out*. 2016. <https://towerhamletstogether.com/resource-library/2/download> [accessed 1 March 2019].
19. Moffatt S, Steer M, Lawson S, Penn L, O'Brien N. Link Worker social prescribing to improve health and well-being for people with long-term conditions: qualitative study of service user perceptions. *BMJ Open* 2017; **7**:e015203.
20. Walker, S. *Plotting the right path with care navigators*. 2019 [www.england.nhs.uk/blog/plotting-the-right-path-with-care-navigators/](http://www.england.nhs.uk/blog/plotting-the-right-path-with-care-navigators/) [accessed 4 May 2019].
21. Mercer S, Wyke S, Fitzpatrick B et al. *Evaluation of the Glasgow 'Deep End' Links Worker Programme*. Edinburgh: NHS Health Scotland, 2017.
22. Woodall J, Trigwell J, Bunyan AM et al. Understanding the effectiveness and mechanisms of a social prescribing service: a mixed method analysis. *BMC Health Services Research* 2018; **18**:604.
23. Pawson R. *The science of evaluation: A realist manifesto*. Los Angeles; London; New Delhi; Singapore; Washington DC: Sage, 2013.
24. Wong G. Data gathering in realist reviews: Looking for needles in haystacks. In: Emmel N, Greenhalgh J, Manzano A, Monaghan M, Dalkin S. eds. *Doing realist research*. Los Angeles; London; New Delhi; Singapore; Washington DC; Melbourne: Sage, 2018: 131-146.

**Table 1: Introduction to the questionnaire**

*“We are seeking to understand how care navigators (or equivalents) are being implemented across CCGs. ‘Care navigators’ have been loosely described as someone who helps identify non-medical needs of patients, and supports and signposts them to available services in the community. Other terms may be used for this role, including social prescriber, link worker or community connector. We would be extremely grateful if you could advise us on such services in your CCG by answering these very brief questions.”*

**Figure 1: Responses to the questionnaire**

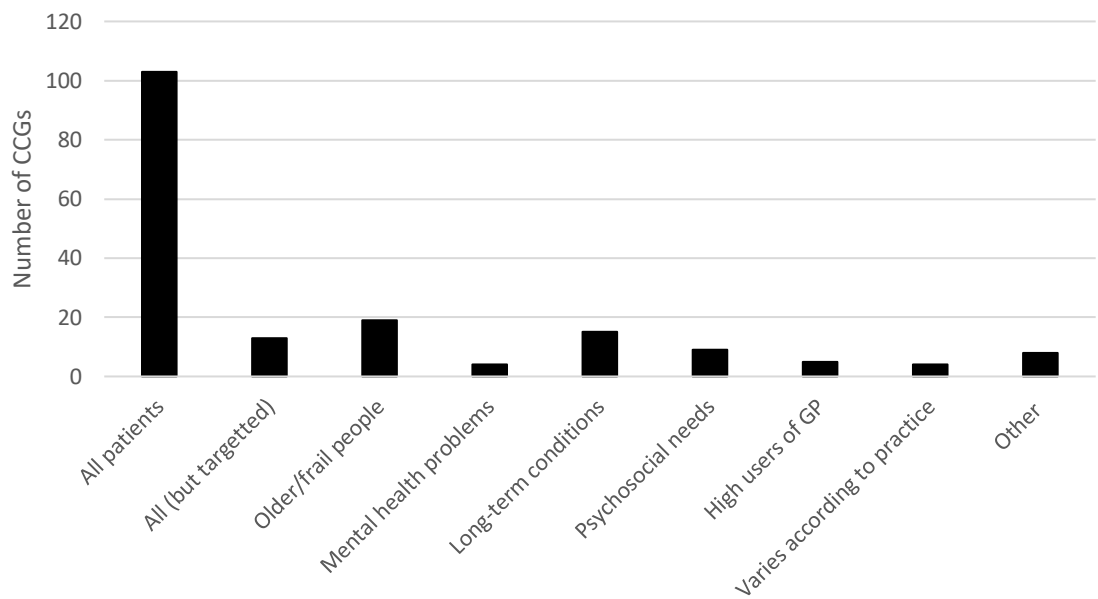
**Figure 2: People delivering care navigation**



**Figure 3: Word cloud illustrating the range of terms used across CCGs for care navigator roles**



Figure 4: Who a care navigation service is open to\*



*\*CCGs often provide more than one care navigation service, so in the same area one service may be open to all – often when delivered by receptionists - whilst another is more targeted*

