



# Community-Links Practitioners in Scotland

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## HOW IT WORKS

In each issue, the *Annals* selects an article and provides discussion tips and questions. Take a RADICAL approach to these materials and post a summary of your conversation in our online discussion. (Open the article and click on "TRACK Discussion/ Submit a comment.") Discussion questions and information are online at: <http://www.AnnFamMed.org/site/AJC/>.

## CURRENT SELECTION

### Article for Discussion

Mercer SW, Fitzpatrick B, Grant L, et al. Effectiveness of community-links practitioners in areas of high socioeconomic deprivation. *Ann Fam Med*. 2019;17(6):518-525.

### Discussion Tips

Social prescribing is a tool utilized in primary care settings.<sup>2</sup> This tool aims to improve health by connecting patients with nonmedical community resources, often through a navigator.<sup>3</sup> Social prescribing, commonly used in the United Kingdom, has not been widely implemented given that there is little evidence demonstrating its effectiveness in reducing health care costs or improving health outcomes.<sup>2</sup> The current study seeks to evaluate the effect of a social prescribing program on patients' health-related quality of life in socioeconomically deprived areas of Glasgow, Scotland.

### Discussion Questions

- What question is asked by this study and why does it matter?
- How does this study advance beyond previous research and clinical practice on this topic?

- How does a quasi-experimental cluster-randomized controlled trial differ from a traditional-randomized controlled trial?
- To what degree can the findings be accounted for by:
  - How primary care practices were deemed eligible for the study?
  - How patients were designated to the intervention patient cohort vs the comparator practice patient cohort?
  - Differences in baseline characteristics of the intervention patient cohort vs the comparator practice patient cohort?
  - How patients were selected, excluded, or lost to follow-up?
  - Lack of blinding?
  - Length of study follow-up?
  - How the main variables were measured?
  - Confounding (false attribution of causality because 2 variables discovered to be associated actually are associated with a 3rd factor)?
  - How the findings were interpreted?
- What are the main study findings?
- How comparable is the study sample to similar patients in your practice? What is your judgment about the transportability of the findings?
- How might this study change your practice?
- Who are the constituencies for the findings? How might they be engaged in interpreting or using the findings?
- What are the next steps in interpreting or applying the findings?
- What researchable questions remain?

## References

1. Stange KC, Miller WL, McLellan LA, et al. *Annals Journal Club: It's time to get RADICAL.* *Ann Fam Med*. 2006;4(3):196-197. <http://annfammed.org/cgi/content/full/4/3/196>.
2. 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(4):e013384.
3. Pescheny JV, Pappas Y, Randhawa G. Facilitators and barriers of implementing and delivering social prescribing services: a systematic review. *BMC Health Serv Res*. 2018;18(1):86.