

Health & Social Care Navigators in General Practice Towards an Implementation Framework

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Commissioned
and funded by:



Background to the review

- Increasing or persistent fragmentation of health and social care services
- Patients in general practice presenting with (age and lifestyle related) multimorbidity and complex needs
- Access to general practice / general practice workloads under stress
- Growth of care navigator roles in general practice to support care management, care coordination and social prescribing
- IFIC Australia partners (especially PHN representatives) commissioned review due to lack of understanding on how these roles can best be embedded in general practice and what evidence there is for improving value in health and care services

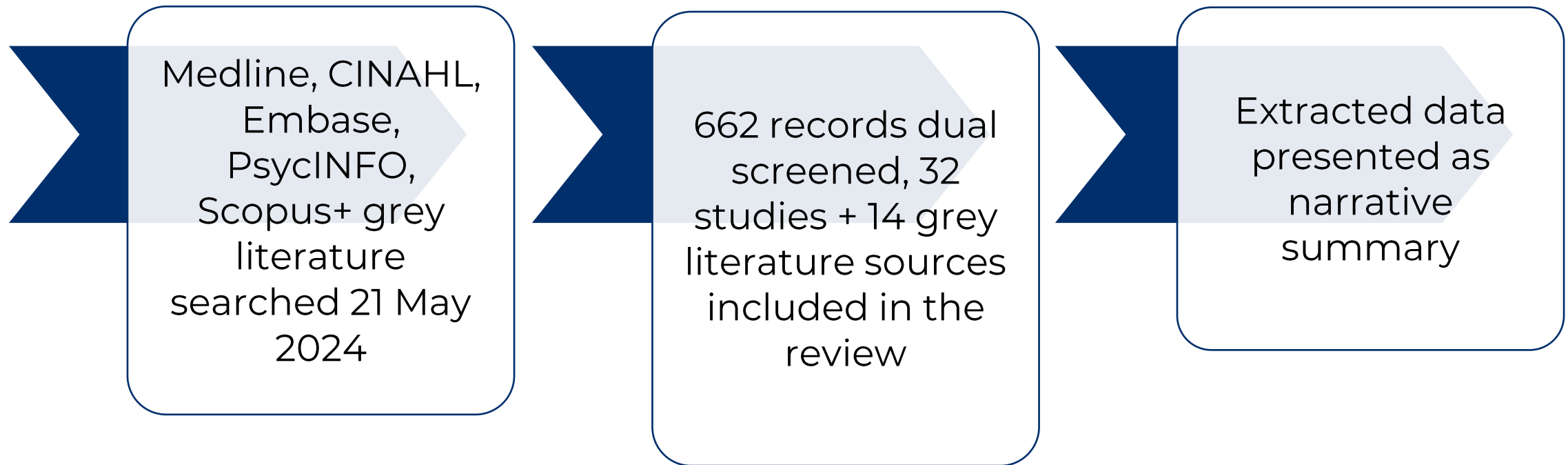
Aim of the review

Care navigation in general practice aims to connect patients to health, social and community services. The initiative seeks to support patients presenting with complex needs to gain access to ongoing care and support.

This scoping review sought to answer the following questions:

1. What tasks and responsibilities do care navigators in general practice undertake?
2. What is the experience of the role from the point of view of: patients; other general practice staff members, including GPs; and the navigators themselves?
3. **What is the impact of care navigators in general practice?**
4. **What are the key factors to consider when introducing care navigators into general practice?**

Methods



Results: overview

21 United Kingdom
4 Canada
3 United States
3 Australia
1 Portugal

19 qualitative methods
5 mixed methods
8 quantitative methods

4 studies examined general practice-based care navigation services during COVID-19

Results:

What is the impact of care navigation in general practice?

- Fewer than a third of included studies examined the impact of CNs in general practice (9/32)
- Improved outcomes for patients were reported in over half these studies (5/9)
- Several studies found no change in patient outcomes and/or low levels of engagement with CNs
- There is some evidence that the costs of care navigation in general practice can be recovered and provide a return on investment

Key messages _ impact

- Significant investment made introducing care navigators in general practice, specifically as social prescribers, but **limited evidence** on their effectiveness.
- Care navigation shown to contribute to **better health and wellbeing outcomes for targeted individuals**, but **less evidence for the effectiveness on system-level outcomes** such as reducing hospitalisations and health resource utilisation.
- The **lack of evidence may be discouraging funding bodies to invest**. Key professionals, like **GPs, often hesitant to support care navigation services** without seeing the benefits to their practice and their patients.
- New approaches to **evaluation should combine process with impact evaluations** to provide better evidence about how well care navigator programs are operating as well as their impact on people's care.

Results:

What are the key factors to consider when introducing care navigators into general practice?



Mapping the evidence: towards an implementation framework

- The data from the primary studies extracted information on issues affecting the implementation of care navigation services.
- These issues were then presented as a series of positive statements, each describing a component which should be considered before implementation.
- These statements were then mapped to a framework developed from the findings of a realist review by Calderon-Larranaga* and colleagues for evaluating social prescribing in primary care
- This resulted in meaningful groupings of causal elements across four inter-dependent contexts (individual, interpersonal, organisational, policy).

** Calderon-Larranaga S, Milner Y, Clinch M, Greenhalgh T, Finer S. Tensions and opportunities in social prescribing. Developing a framework to facilitate its implementation and evaluation in primary care: a realist review. BJGP open. 2021;5(3).*

A framework to facilitate the implementation and evaluation of social prescribing in primary care

Individual characteristics:

- Buy-in
- Vocation
- Knowledge

Interpersonal relations:

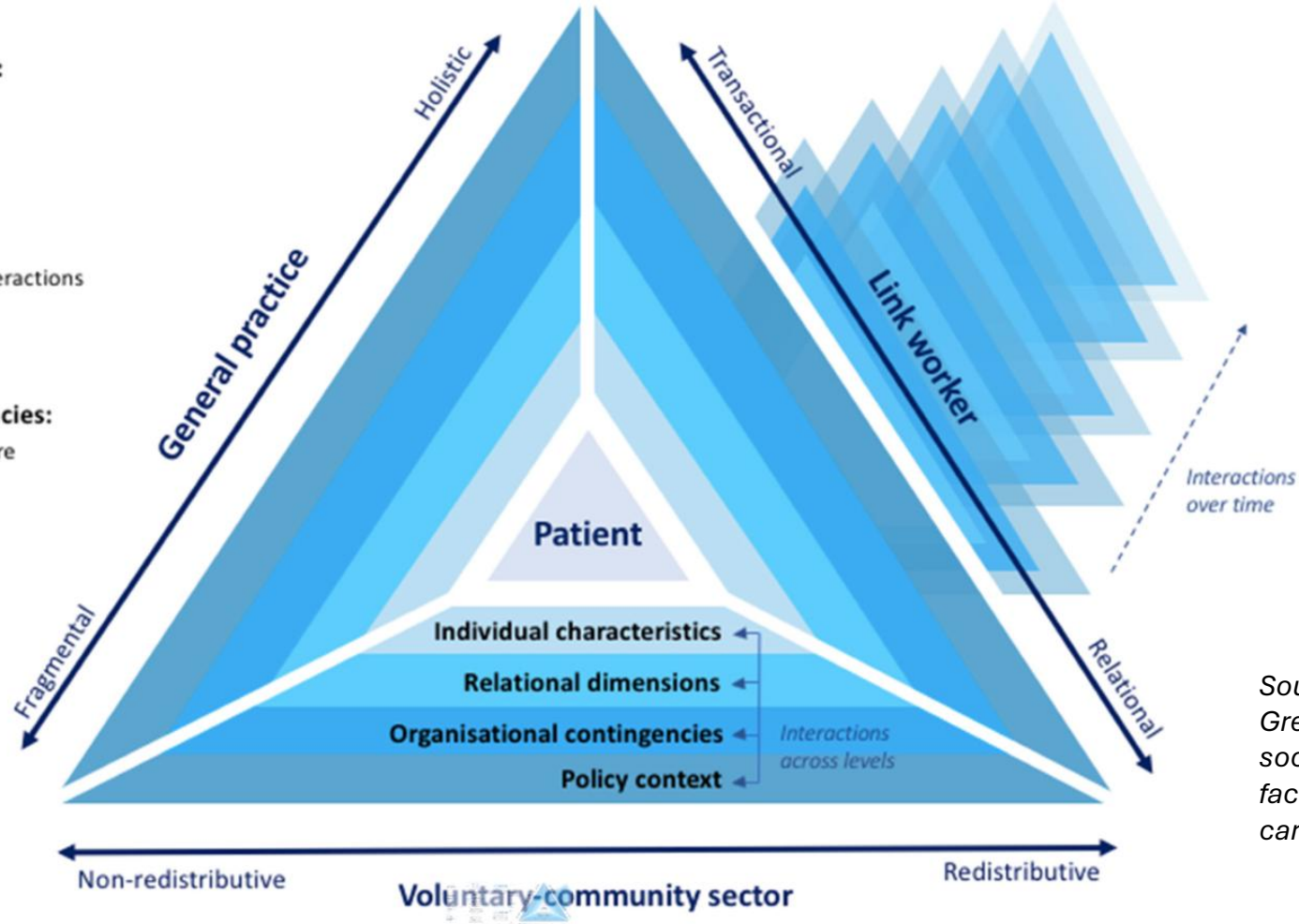
- Trust
- Bidirectional, informed interactions
- Support
- Transparency
- Convenience

Organisational contingencies:

- Predisposed practice culture
- Leadership
- Training opportunities
- Supervision
- Information governance
- Continuity of care
- Resource adequacy
- Accessibility

Policy context:

- Bottom-up
- Policy coherence
- Stable funding
- Suitable monitoring



Source: Calderon-Larranaga S, Milner Y, Clinch M, Greenhalgh T, Finer S. Tensions and opportunities in social prescribing. Developing a framework to facilitate its implementation and evaluation in primary care: a realist review. *BJGP open*. 2021;5(3).

Examples: Individual Characteristics

Mechanism	Review evidence 'competencies'
Buy-in	<ul style="list-style-type: none">✓ Decision to refer to a CN is jointly made between GP and the patient✓ Information is made available to patients about the CN role✓ Strategies are in place to deal with resistance from patients at being 'signposted' away from GP to care provided by CNs and other health professionals✓ GPs and practice staff are open and receptive to the CN and the CN service✓ Patients feel ready to receive support from a care navigator
Vocation	<ul style="list-style-type: none">✓ CNs can adapt, be flexible and creative and have good problem-solving skills✓ CNs can prioritise workloads based upon the intensity / complexity of patient needs✓ CNs exhibit 'relational' skills such as friendliness, empathy and trustworthiness✓ CNs have a positive relationship with patients✓ CNs have an identified role and clear pathways to career progression
Knowledge	<ul style="list-style-type: none">✓ CNs have previous experience in health and social care'✓ A 'map' of community assets is available to support the CN role✓ CNs know the range of VCSE services and supports in their area✓ CNs know 'how' to engage and access such services

Examples: Interpersonal Relationships

Mechanism	Review evidence 'competencies'
Trust	<ul style="list-style-type: none">✓ There is clear and open communication between care providers✓ There is a joint understanding of professional roles✓ There is no confusion on and how interprofessional cooperation will work✓ Priority is given to build collaboration✓ Personalised action plans developed with patients are available to all
Transparency	<ul style="list-style-type: none">✓ There is effective and regular communication between CNs, GPs and practice staff✓ Care supported through care navigation services differentiates / complements care provided by professionals in multi-disciplinary practices✓ The CN role is clearly defined and understood (agreed scope and boundaries)✓ The CN role is not reassigned to other duties at the expense of the CN function
Convenience	<ul style="list-style-type: none">✓ CNs act a single point of contact for the patient✓ Patients can directly contact their CN✓ CNs are physically based in general practice to enhance access and visibility✓ CNs are able to do home visits and community-based care

Examples: Organisational Contingencies

Mechanism	Review evidence 'competencies'
Training	<ul style="list-style-type: none">✓ CNs have appropriate professional training✓ Training is consistently applied to all professionals taking on the CN role✓ Pre- and in-service training is enabled✓ All referring professionals (and practice staff) have had training to understand the suitability of patients for referral✓ Training is based on a clear set of professional competencies, including inter-professional communication, managing multi-morbidity and complexity, but also 'social' areas such as housing, benefits, aged care etc
Supervision	<ul style="list-style-type: none">✓ CNs have access to coordinated support for their role including clinical supervision, peer support counselling and/or pastoral support✓ CNs are supported with orientation programs✓ CNs are supported to minimize / manage staff turnover and prepare them for success
Continuity	<ul style="list-style-type: none">✓ Communication between CNs, staff and patients is easy to use and acceptable✓ CNs can provide ongoing care navigation support to patients over time, based on appropriate methods of targeting or screening

Examples: Policy Context

Mechanism	Review evidence 'competencies'
Policy coherence	<ul style="list-style-type: none">✓ A program logic for the CN role has been co-created in the context setting✓ There is shared vision, purpose and long-term objectives for the CN service✓ Stakeholders understand the inherent tensions of the CN in working across multiple jurisdictions, and have the mandate to address them✓ Realistic expectations are set for what the CN service can achieve at the individual, organizational and system levels✓ Collaborative governance is established underpinned by formal inter-organizational agreements
Funding	<ul style="list-style-type: none">✓ Appropriate and ongoing funding is in place to employ CNs and deliver the CN service✓ Flexible funding models enable resources to be drawn down from multiple sources✓ The costs of the CN service is covered through 'core' funds
Monitoring	<ul style="list-style-type: none">✓ CN competencies are established and formally recognized✓ Quality standards are developed to judge CN / CN service performance✓ Ongoing feedback on performance is enabled for continuous quality improvement✓ Clear governance processes are in place

Key messages

- Key issues to consider for the ‘successful’ introduction of care navigators into general practice fall in four dimensions: individual, inter-personal, organisational and political
- The evidence on care navigation implementation supports the coherence of an evidence-based framework that could be used to guide implementation, with narrative ‘measures’ that identify and assess its practical components
- The development of such an implementation framework should be progressed (for example, using the Delphi method) and used/tested as part of future process evaluations
 - for example, to assess whether care navigation services in general practice are operating at their maximum implementation maturity and/or to understand if evidence-informed implementation practices lead to more value-based care

Thank You!

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