Social Prescribing

Introducing our PCN Link Workers

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What is Social Prescribing?

Social prescribing is a service that helps people with social, emotional or practical needs to improve their health and wellbeing.

GPs, and other frontline healthcare staff, can refer patients to a Social Prescribing Link Worker (SPLW) so that people are empowered to find solutions to improve their health and wellbeing, often using services provided by the voluntary and community sector.

This short animation from the Healthy London Partnership gives an introduction to social prescribing: https://www.youtube.com/watch?v=O9azfXNcqD8

Why do we need it?

There is emerging evidence that social prescribing can lead to a range of positive health and wellbeing outcomes. Studies have shown improvements in areas such as quality of life, emotional wellbeing, mental health and general wellbeing, as well as helping to reduce levels of depression and anxiety.
Social prescribing may also lead to an overall reduction in the use of NHS services in terms of GP appointments, A&E attendance, outpatient appointments and inpatient admissions[1].

How Social Prescribing works

People can be referred to the service by *any* member of staff in primary care, including doctors, nurses and receptionists, as well as the wider healthcare team (e.g. district nurses, practice pharmacists, MSK First Contact Practitioners).
Following referral, we will call first to introduce ourselves and talk about what we do. We will then arrange a meeting, either in person or on the phone, where we will spend time getting an understanding of what they are concerned about. This will inform suggestions about a range of services and groups that could help and which we can support people to connect with, such as:

- interest groups, befriending and social activities;
- housing, welfare benefits, financial support and advice;

[1] [https://www.kingsfund.org.uk/publications/social-prescribing?gclid=EAIaIQobChMIjJqRwoOG6gIVRuztCh2MFgAXEAAYASAAEgJK3PD_BwE]

- employment, training and volunteering;
- healthy lifestyle advice and physical activity.

We typically work with a person for 3 to 6 sessions, over 6 to 8 weeks, and are able to work with people who are housebound.

If a patient is unable to communicate over the phone, we are able to use email to speak to them, as well as text messaging to keep in touch with patients.

What Social Prescribing Link Workers can help with

We help Brighton and Hove residents, aged 18+, who are:

- feeling isolated and would like to socialise and meet new people;
- struggling with benefits, housing or debt issues;
- wanting support with mild depression, anxiety or stress;
- wanting to volunteer or to return to work;
- looking for support with mild learning disabilities;
- caring for someone and would like some advice or support;
- wanting support with healthy eating and physical activity.

It is important that people referred are able to actively and meaningfully engage in discussion about changes they may want to make in their life.
We can also refer a patient to our Social Prescribing Plus partners who provide support to people who don’t have English as a first language, need support specifically around issues associated with being part of BAME communities, identify as trans and/or non-binary, and for patients who are part of the Gypsy, Roma and Traveller communities.

When Social Prescribing Link Workers may NOT be suitable

The Social Prescribing service is not suitable for people who are unlikely to be able to engage effectively or appropriately with an SPLW to make decisions about next steps, for example people:

- with very complex needs who are eligible for support from secondary care mental health services or a recovery worker;
- who have significant problems with retaining information (and therefore may not be able to remember appointments or follow through on action plans);
- who have recently come out of prison;
- who may pose a direct threat to a link worker’s safety due to a history of violent behaviour.

For patients who may not have the ability or capacity to engage with Social Prescribing, we can—on a case-by-case basis—accept a referral for a family carer.

A full list of screening questions to consider when referring is available at the top of our referral form, but if in doubt please call us to discuss on an individual basis.

How to refer someone for support

Any staff member (i.e. GPs, nurses, practice managers, receptionists and any other practice staff) that identifies a patient who would benefit from social prescribing can make a referral. See suggested script (below) that may help introduce social prescribing, particularly for reception staff.

Patients can be referred either during their appointment or at any time, as long as they have agreed for a SPLW to contact them.

We do need permission from the patient in order to accept the referral, so the referrer would need to explain a little bit about how Social Prescribing can help, and ask the patient if it is okay to pass on their contact details to us.

A simple referral form, which will self-populate, is available via EMIS or SystmOne. Once completed, email to: socialprescribing.togetherco@nhs.net where the referral will be allocated to your SPLW.

Remember to record all referrals (even if declined) to the patient's clinical record:

	SNOMED code
Referral to Social Prescribing Services	871731000000106
Referral to Social Prescribing Services declined	871711000000103

Suggested script e.g. if calling a list of patients who may benefit from the Social Prescribing service.
Following the standard introduction you would use when making a phone call...

"I would like to let you know about a new service called Social Prescribing that we are able to offer you.

We have a dedicated Social Prescribing Link Worker called (insert name) *who can give you a call to spend time listening to and understanding your situation, help identify what you may be concerned about and talk about your interests.*

They can suggest a range of services (or groups) in your community that can help, and can make arrangements to help you connect with these services. Support is usually available over 2-3 months to make sure you can access the services you need, and they will talk to you about stepping back before they do.

I would like to pass your details to (insert name), *are you happy for me to do this?"*

Remember, Social Prescribing can help people who are:

- feeling isolated and would like to socialise and meet new people;
- wanting support with mild depression, anxiety or stress;
- wanting to volunteer or to return to work;
- caring for someone and would like some advice or support;
- wanting support with healthy eating and physical activity;
- struggling with benefits, housing or debt issues;
- looking for support with mild learning disabilities.

Suggested script e.g. for discussing referral as part of a routine call.
If a patient mentions they are:

- feeling isolated/wanting to be more connected to their community;

- worried about benefits, housing or debt;
- wanting support with healthy eating and physical activity.

Mention to the patient that the practice now has a social prescribing service that can help with (*the issue that has been mentioned*) and ask if they would be happy to have their contact details passed on to the service.

"We have a social prescribing service as part of our surgery that can help people who might be feeling (issue mentioned)*. I would like to pass your details to* (insert name)*, are you happy for me to do this?"*

Patients can also self-refer if they would prefer. We recommend the following information is added to your patient-facing website:

*"**Social Prescribing** is a service that helps people improve both their health and wellbeing. It sees a broad range of people with differing social and emotional needs, helping them access the right services and groups.*

[Embed the 'What is social prescribing?' video: https://www.youtube.com/watch?v=O9azfXNcqD8]

Social Prescribing Link Workers work closely with our patients to help set goals and are able to offer a range of options for groups or services to support them. They go beyond simple signposting by making referrals guided by patients, encouraging people to try something new and helping them access the right support. For example, they can offer an appointment to help fill in a form or provide information to support individual needs.

Kirsty Treadwell is our Social Prescribing Link Worker and their contact details are 01273 900425. You can refer yourself by contacting Kirsty directly on the above number OR using an online form at https://togetherco.org.uk/contact-us stating [practice name] *OR you can ask a member of staff at the practice to refer you to Social Prescribing."*

SPLWs will also attend your Practice / PCN MDT meetings commenced July 2020.

How do SPLWs report back to surgeries?

Once our work with a patient has ended, a patient record will be emailed to the practice generic email address to feedback to the person who referred and to be scanned (and coded) to the patient's medical record.

How can we ensure successful social prescribing in your surgery?

- Ensure all GPs / practice staff keep the service in mind when speaking to patients.
- Identify patients suitable for referral during practice meetings, including Reception.
- Embrace SPLWs as team members and invite them to relevant forums / MDT meetings.
- Consider referring your 'frequent attenders', particularly if they have unmet non-medical needs or are unable to engage digitally.

How SPLWs have supported people during COVID-19 – a short case study

Tom has recently been supported by the Together Co Social Prescribing Service. He is in his 80s, lives on his own, unable to leave his flat due to poor mobility and shielding during COVID-19. When the SPLW first contacted him he said he was feeling very lonely and isolated, and during the course of their chat Tom revealed he had also very recently been through bereavement and was struggling with his grief.

By spending time listening to Tom's experience, the SPLW and Tom were able to work together to identify and choose some options that he felt would be most useful for him. On a practical level, the SPLW was able to help him register for food parcels and organise a volunteer to help with his shopping. Tom agreed the SPLW could help by referring him to Cruse Bereavement Care for telephone bereavement support.

He also felt that having a regular, friendly chat with someone would help him feel less lonely, so Tom was connected to the Together Co Befriending Service.

Tom is visually impaired and regularly gets large print books from his local RNIB library, but was unable to get these while the library was closed during COVID-19. He highlighted this was an important activity for him. As an alternative option, the SPLW was able to contact the RNIB on Tom's behalf and arrange for him to receive an audio book player and CDs to enable him to continue doing something he enjoys.

Although it was a difficult time for Tom, through support from Together Co Social Prescribing, he was able to keep connected with people and activities that would help him maintain his wellbeing.