

Engaging Primary Care in Social Prescribing – Exploring Some Options

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Introductions

- Kevin Lewis – Director Help2Change
Shropshire Public Health, Shropshire Council
- Adrian Johnson, Community & Care Co-ordinator, Shropshire CCG
- Group participants, name, role, organisation

Introducing Social Prescribing- What do we have already in Shropshire?

- 1 a) Adrian Johnson – introduce the local context and Community and Care Co-ordinator project
2. Kevin Lewis – talk about initial visits to practices to introduce social prescribing and the feedback/conversations

CCCs - Case Study 1

- Patient recently bereaved; long term relationship. Visits GP as a consequence of not understanding both physical and emotional reactions. Despite reassurances repeat appointments made to see GP. Referral made to C&CC. Unfortunately no local bereavement counselling available. A number patients identified in a similar situation. Practice Bereavement Group setup by C&CC supported by local charity. Patient in question has now become a volunteer supporting socially isolated patients at the practice.

CCCs - Case Study 2

- Patient visits GP – Morbidly obese, swollen feet legs and ankles due to edema, high blood pressure and breathlessness. Refuses to engage with GP to discuss dangerous health conditions. Patient's overriding concern due to be evicted at the end of the week. Referral to C&CC. Signposted to housing support, debt counselling and good neighbour scheme. Crisis resolved focus now on tackling long term health conditions - further referrals made to C&CC.

Added benefits of Social Prescribing for Primary Care

- High intensity service usage is symptomatic of peoples distress – SP can reduce visits
- Social Prescribing encourages a more holistic approach – Patient more holistic solutions
- Reduces pathologizing –social issues vs clinical issues
- Reduces dependency – supports people to take control of their own lives
- Improves wellbeing
- Social Prescribing offers consistent approach – data demonstrates improved outcomes

Discussion on the current context for primary care – input from the group

- Listening to primary care –the importance of this and how it will help us develop the programme and responses
- What pressures are they facing?
- What are patients presenting with?
- How are they dealing with these?

What are the challenges

- Why get involved in aspects of adult social care – don't we have enough to do?
- Just another fad – legacy of pilots
- GPs are too busy to get involved
- Our practice doesn't lend itself to Social Prescribing
- We do it already
- There isn't enough room in the building

Possible Solutions

- Identify a GP Champion
- Be clear ‘what’s in it for them’
- Identify Funding – don’t expect practices to take on additional expenditure
- Build practice ownership of Social Prescribing
- Share positive patient outcomes
- Demonstrating health benefits of wellbeing-effective evaluation
- Make Social Prescribing the practice gateway to the community

Group discussion

- How would you approach the messaging to practices?
- What would you be saying/doing to promote social prescribing?
- How can we turn the sceptics into champions?
- What support structure do we need in place?