

Social Prescribing

A model for partnership working between
primary care and the voluntary sector



The Social Prescribing pilot project

The Social Prescribing Pilot Project has demonstrated a successful model of partnership working between the voluntary sector and general practitioners and can be replicated.

As part of the authorisation process,¹ Clinical Commissioning Groups (CCGs) are required to demonstrate that they have mechanisms in place to work with voluntary-sector groups. Social prescribing can be adopted as an effective model by CCGs and GP practices working in partnership with local Age UKs.

The pilot project worked with 12 GP practices and six local Age UKs across Yorkshire and Humber. General practitioners referred 55 older people who had mild to moderate depression or were lonely and socially isolated to the Social Prescribing service at their local Age UK.

Social and other non-medical issues can have an effect on an older person's health. However, it is generally not possible to address these issues in a busy GP practice.

The Social Prescribing service centred on an in-depth assessment of the older person's social, emotional and practical support needs. The local Age UK teams supported the older people to access the support they required. The service generated 62 referrals to Age UK services (including befriending, social groups, benefit checks and Fit as a Fiddle classes) and 34 referrals to statutory and other voluntary/community organisations (community transport, handyman services and local community groups).

Older people supported through the Social Prescribing pilot project reported significant improvements in their emotional wellbeing.

CASE STUDIES

Mrs A's GP referred her because she was feeling depressed, lonely and isolated. She lives in a very small rural community. She has no access to transport, which made attending local Age UK services difficult. The Age UK team discussed volunteering with her and she organised a garden party for older people in her area, helping her to make new friends. Age UK planned a trip from its main office and many clients were able to enjoy the day out.

Age UK undertook a full risk and needs assessment in **Mrs B's** home, following referral by her GP. Her GP had recently taken Mrs B off sleeping tablets, as it appeared that they were causing her to hear voices.

Despite her GP's advice, Mrs B had continued to use a leftover supply of sleeping tablets. With Age UK encouragement, she went back to the doctor to discuss her medication. Mrs B was also worried about problems with her house's plumbing system and a costly quote for the work from a neighbour, who was not a plumber. Age UK supported Mrs B to contact the local Community Action and Support Against Crime Check Point service to find a safe and reliable plumber. Once the plumbing was fixed, Mrs B stopped hearing voices and realised the problem had been the noise of the faulty pipes. Mrs B reports being much happier.

¹For more information, see www.dh.gov.uk/health/2011/09/developing-clinical-commissioning-group-authorisation



What is social prescribing?

Social prescribing is a means of enabling primary care services to refer patients with social, emotional or practical needs to a range of local, non-clinical services, often provided by the voluntary and community sector. Research into social prescribing reports benefits in three key areas (Friedli and Watson, 2004):

- improving mental health outcomes
- improving community wellbeing
- reducing social exclusion

which is relevant for older people with depression or who are socially isolated, both increasing problems in society.

- One in four older people have symptoms of depression.
- Risk of depression increases with age, 40 per cent of people over 85 are affected.
- Depression is more than seven times more common in people with two or more long-term conditions.
- Approximately 3.7 million older people live alone.
- About 17 per cent of older people see family, friends and neighbours less than once a week.

CASE STUDY

Mr C was referred by his GP because of his depression. He was upset that he was in hospital and was not with his wife when she died. He received considerable support from his children but they were all still grieving. Age UK referred all the family members to CRUSE and provided emotional and social support to Mr C over several weeks.

Mr C was referred to a local community group and is attending a weekly men's group and lunch group. Age UK introduced Mr C to another social prescribing client who also attends the community centre. They were old family friends who had lost touch, but now meet regularly.



Pilot project implementation

The aim of the project was to assess the effectiveness of social prescribing for older people with mild to moderate depression or who are lonely and socially isolated.

Age Concern Support Services (Yorkshire and Humber) implemented the pilot project from January 2011. A project co-ordinator worked with the local Age UK teams to implement the Social Prescribing project. Local Age UK teams implemented the pilot project within existing resources.

Twelve GP practices participated in the pilot. The early adopters started referring in April/May 2011 and others came on stream throughout the summer to September 2011.

Four GP practices agreed to pilot a social prescribing clinic in surgery once a week or fortnight. Six practices made referrals via a telephone call or fax to the local Age UK office.

Five local Age UK teams undertook an in-depth assessment with the older person in the GP surgery and/or their own home and one Age UK team undertook a telephone assessment.

Pilot project achievements

Local Age UKs piloted social prescribing at a time of considerable change and competing demands for general practitioners and the voluntary sector, particularly with NHS reforms and a poor economic situation. The majority of GP practices, which were contacted to participate in the project, recognised the value of the support Age UK can provide and were willing to be involved in the project.

Fifty-five referrals

- 33 per cent men
- 67 per cent women
- 83 per cent aged 75+
- 43 per cent aged 85+
- 63 per cent lived alone
- 40 per cent did not have family living locally

Sixty-two referrals to Age UK services

- Befriending services
- Day clubs
- Luncheon clubs
- Information and Advice
- Benefit checks
- Trips
- Theatre outings
- Computer training
- Advocacy
- Legal advice
- Will-writing service
- Volunteering
- Fit as a Fiddle classes
- Art groups
- Memory loss services

Thirty-four referrals to statutory and other voluntary/community organisations

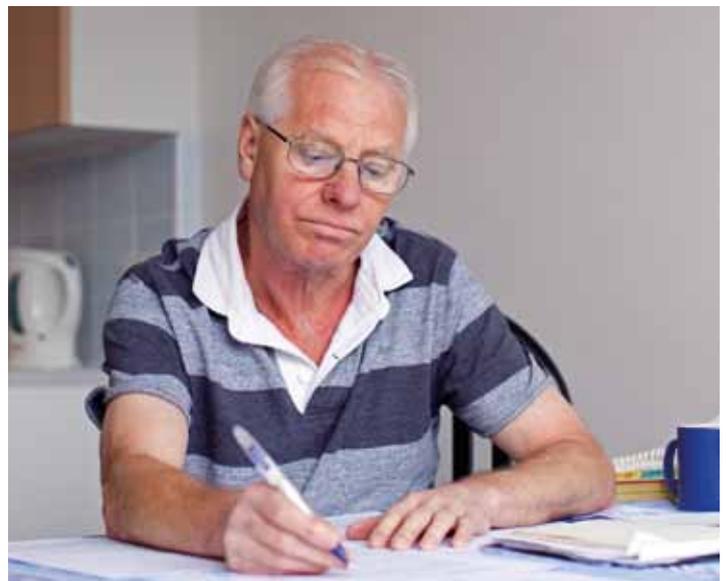
- Local community groups
- Neighbourhood Network Schemes
- Red Cross gardening
- Carers' organisations
- Handyman services
- Family mediation
- Meals on Wheels
- Call Aid
- CRUSE
- Social services
- Dementia services
- Community transport

Older people reported an improvement in wellbeing

A small number of older people completed the Warwick Edinburgh Mental Well Being Scale (WEMWBS) and reported an improvement in well-being- 24.5/70 at initial assessment to 36/70 when the intervention completed.

Sustaining the pilot project

All participating Age UKs intend to sustain the Social Prescribing service and a number plan to roll out the service to more GP practices. One Age UK received additional funding from its local PCT to extend social prescribing in a deprived area. Implementation of the pilot project has led to discussions between two local Age UKs and CCGs about partnership working.



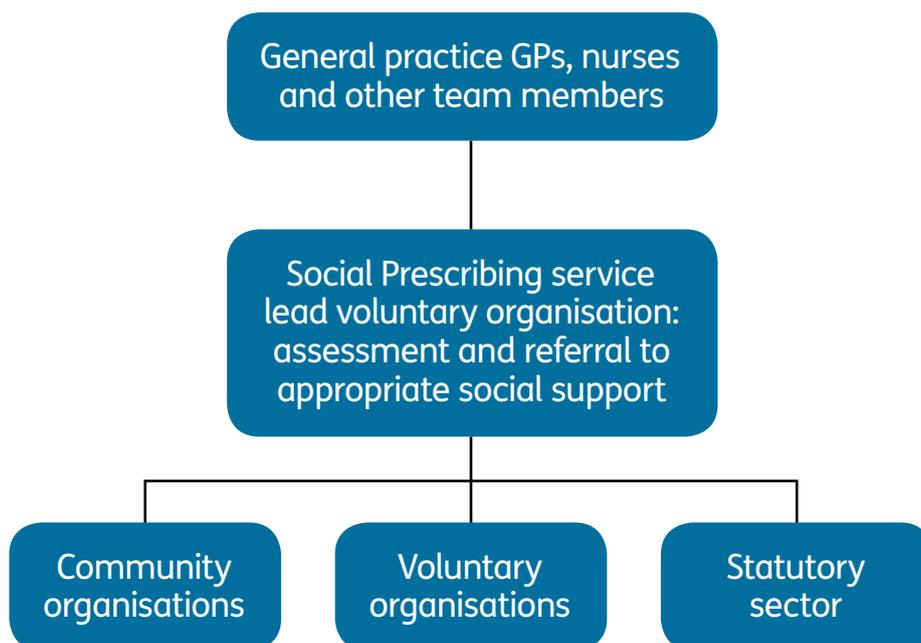
Social prescribing

A model for partnership working between primary care and the voluntary sector.

As part of the authorisation process², CCGs are required to demonstrate that they have a range of mechanisms in place to engage with patients, carers and their communities, and to work in partnership with voluntary/charitable sector groups.

In busy GP practices, it is not always possible to keep up to date with the range of services that the local voluntary and community sector can offer and CCGs will not have the capacity to respond to approaches from individual voluntary-sector organisations.

A co-ordinated approach by the local voluntary sector is needed and social prescribing offers a model for effective partnership working, with one organisation taking a lead role in managing the assessment and referral process.



²For more information, see www.dh.gov.uk/health/2011/09/developing-clinical-commissioning-group-authorisation

Key lessons from the pilot

1. Establishing a Social Prescribing service

- The support of the practice manager is vital in facilitating meetings with GPs and other practice team members and in agreeing referral systems.
- It is helpful to meet as many members of the practice team as possible at a practice meeting or TARGET³ meeting.
- It can take a number of weeks to set up initial meetings with a GP practice, so plan a realistic lead-in time for setting up the service.

2. Encouraging referrals

- Referral forms should be brief and easy to complete.
- The referral mechanism should fit with other referral systems in the practice i.e. phone, fax or postal.
- Regular communication with the GP practice is important, including providing case study examples to show the benefits of the service for older people.
- Provide feedback to the referring health professional after the initial assessment and at appropriate times during the older person's contact with Age UK.
- A 'champion' within the practice can encourage referrals from other practice staff.
- Practice managers can ensure that the Social Prescribing service is promoted through the practice newsletter, practice website, information in the surgery waiting room and inclusion in computer generated practice templates or patient pathways.

3. Resourcing the Social Prescribing service

- Social prescribing is a referral and assessment mechanism. The initial assessment with the older person should be conducted by a skilled member of staff. Depending on the scale of the Social Prescribing service, it may be possible to resource the assessment element from within existing resources or it may be necessary to identify dedicated resources.
- Following the initial assessment, the older person may be referred to a variety of Age UK or other community/voluntary-sector services. The resource requirement for these services can be considered separately from the social prescribing referral and assessment service. Some organisations may have spare capacity; others may need additional resourcing.
- Collect appropriate monitoring and impact/outcome information to discuss with commissioners.

4. Issues and challenges

- Only one older person referred to the pilot project was from a Black and Ethnic Minority (BME) population, equating to 1.8 per cent, compared with a BME population in Yorkshire and Humber of 8.3 per cent.
- Up to 40 per cent of older people in care homes are known to suffer with depression. However, this pilot project could not address the needs of this group of older people.

CASE STUDY

Mrs D's husband committed suicide three years ago. Mrs D returned to work after a very short period of compassionate leave. Recently, she was made redundant from her job and at the same time, her two children were diagnosed with mental health problems. Age UK provided emotional support during three home visits. Practical support was offered to assist Mrs D to sort out a number of financial issues. An appointment was made for advice on will-writing with a solicitor who visits Age UK monthly.

Mrs D decided to look for new employment in a different sector and Age UK provided information on appropriate courses and training. In the meantime, Mrs D is volunteering as an Age UK befriender while looking for paid work. She has also attended a number of Age UK theatre outings.

³TARGET meetings are when GP practices close, using the 'Time for Audit Research Governance Education and Training'

Social prescribing: the evidence

Studies show that social prescribing can result in a reduction in inappropriate prescribing of anti-depressants and a reduction in visits by frequent attenders to GPs, i.e. patients who see their GP more than 12 times per year.

The Social Prescribing pilot project was too short in timescale to be able to provide robust evidence of an impact on prescribing or attendances in GP practices. However, data from the Bradford Community Health Advice Team (CHAT) showed that 82 per cent of clients visited a health care professional on fewer occasions in the six months following CHAT intervention, than in the six months prior. Refresh Social Prescribing service in Salford found that 66 per cent of its clients had fewer visits to their GP in the 12 months after assessment with Refresh. About 34 per cent of clients had reduced their number of visits by three or more. Also, 46 per cent of clients had a reduced number of prescription scripts in the 12 months after Refresh assessment.

Other benefits for general practice include:

- more appropriate use of clinicians' time, allowing them to concentrate on medical issues during all consultations
- increases in the range of services offered by the practice, allowing a more holistic care package
- improvements in the link between the practice and the local voluntary and community sector
- encouragement and support of self-care can support people with long-term conditions
- improvements in patients' mental health and wellbeing
- support for the QIPP (Quality, Innovation, Productivity and Prevention) agenda.

Interventions to increase social participation, physical activity, continued learning and volunteering can prevent depression, particularly in older people.

The Social Prescribing pilot project was funded by Age UK, through the Department of Health Strategic Partners Programme, and Age Concern Support Services (Yorkshire and Humber).

CASE STUDY

Mrs E was referred by her GP with depression. She explained during the initial assessment visit with Age UK that her husband had died a while ago. She was upset that the garden, which had been her husband's pride and joy, was now so untidy. Age UK organised for another local charity to visit on a regular basis to help with the garden.



We would like to thank the participating GP practices and the local Age UKs for their support and contribution to the pilot project.

Age UK Leeds

City View Medical Practice
The Whitfield Practice
Shafton Lane Surgery

Age UK Bradford and District

Kilmeny Group Practice, Keighley
Farfield Group Practice, Keighley
Holycroft Surgery, Keighley

Age UK North Craven

Townhead Surgery, Settle

Age UK York

Clifton Medical Practice

Age UK North Yorkshire

North Street Surgery Ripon

Age UK Rotherham

Woodstock Bower Group Practice

Age UK Wakefield and District

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Ferrybridge Medical Centre
Park View Normanton

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