

Welcome

10 High Impact Actions Social prescribing

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- If your web device (laptop / ipad / smartphone) is struggling with audio, you can also dial-in – click “Audio” on the top menu
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Welcome

10 High Impact Actions Social prescribing

Dr Robert Varnam

Director of General Practice Development

@robertvarnam



Welcome

10 High Impact Actions Social prescribing

**We will email out the slides ...
do we have your email address?**

10 High Impact Actions Social prescribing



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MAKING TIME IN GENERAL PRACTICE

Freeing GP capacity by reducing bureaucracy and avoidable consultations, managing the interface with hospitals and exploring new ways of working

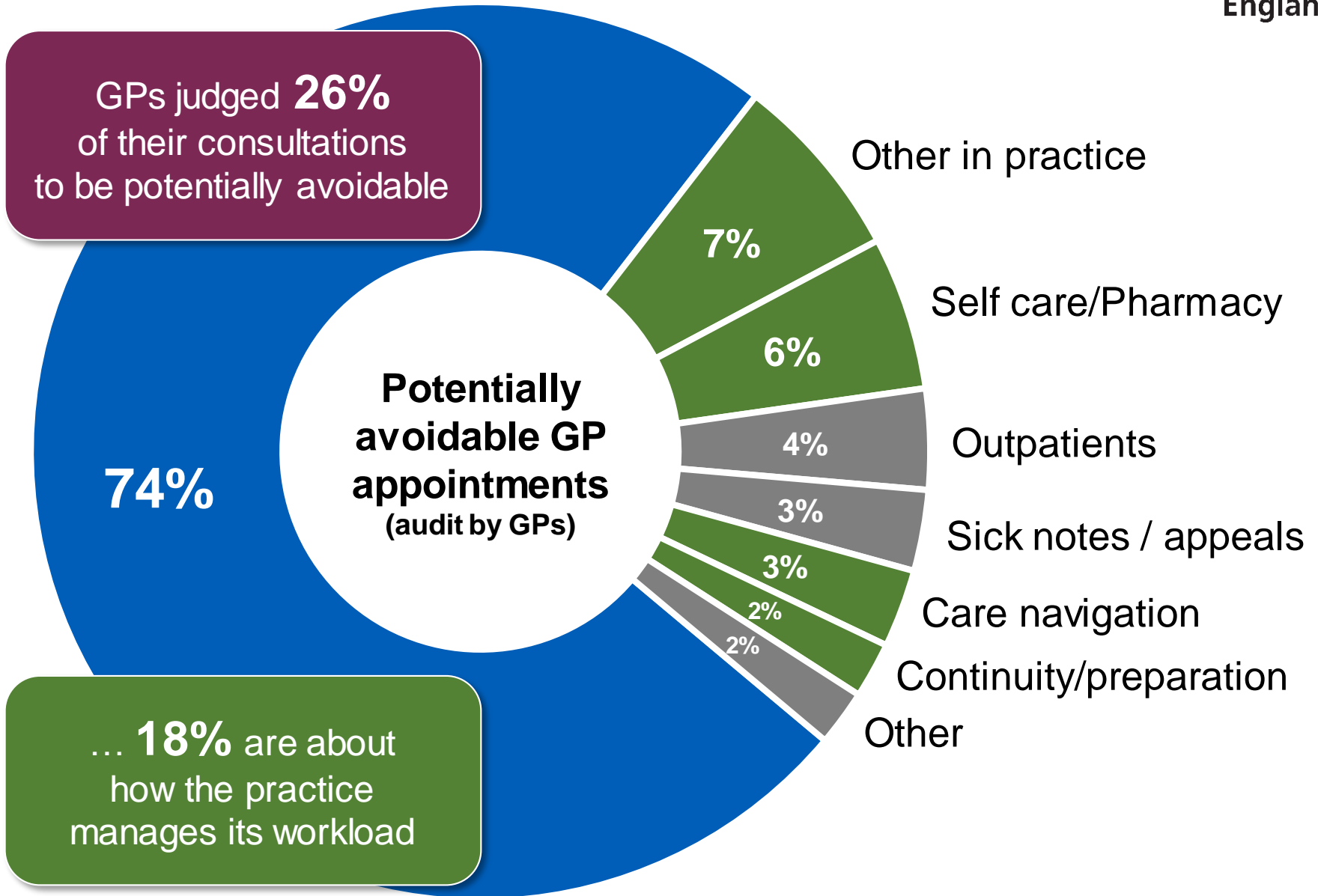
October 2015

Prepared by Henry Clay & Rick Stern

Editorial support from Daloni Carlisle

www.nhsalliance.org/making-time-in-general-practice/
bit.ly/time4caretool1

#timeforcare



10 High Impact Actions to release time for care

1:
ACTIVE SIGNPOSTING



2:
NEW CONSULTATION TYPES



3:
REDUCE DNAs



4:
DEVELOP THE TEAM



5:
PRODUCTIVE WORK FLOWS



6:
PERSONAL PRODUCTIVITY



7:
PARTNERSHIP WORKING



8:
SOCIAL PRESCRIBING



9:
SUPPORT SELF CARE



10:
DEVELOP QI EXPERTISE



Innovations from around England that release time for GPs to do more of what only they can do.

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Innovations from practices throughout around England that release time and improve care.

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Bev Taylor

Senior Choice Manager,
Social Prescribing
NHS England



Social Prescribing

Why Social Prescribing?

- Reduces pressure on General Practice and A&E
- Improves support for people with wider ‘social’ needs
- Reduces health inequalities – for those who use the NHS the most, complex needs

Key elements of social prescribing

- Giving people time - what matters to you?
- Power shift – people in control of their own health and wellbeing
- Move towards community support, away from traditional services
- Helps patient to set their own goals, builds resilience – co-produced support plans
- Enables people to ‘give back’ for the support they’ve received

Most suitable for:

- People who are lonely or isolated
- People with Long Term Conditions, who need support to self-manage
- Anyone with mild mental health issues, who may be anxious or depressed
- People who use the NHS the most, because their needs are complex
- Those who struggle to engage appropriately with services and go through 'revolving doors'
- People with wider social issues – poverty, debt, housing, relationship problems

Social Prescribing Models

1. Referral to a commissioned 'one-stop connector service'



2. **Collaborative Practices:** GP surgeries as community 'hubs', invite citizens in to work collaboratively, as 'health champions'.

3. **In-house 'community link workers/ navigators'** – employed by GP Practices.

4. **Active Signposting:** 'Care Navigators' in GP practices, having different conversations with patients, signposting them to community support, as well as pharmacy, physiotherapists and care providers.

The One Stop Connector Model

We know that:

- Nearly half of all Clinical Commissioning Groups (CCGs) are investing in social prescribing 'connector' programmes.
- Social prescribing is included in 75% of Sustainable Transformation Plans (STPs).
- 1 in 5 GPs regularly refer patients to social prescribing. 40% would refer if they had more information about available services (July 2017, GP Online Survey).
- All GPs are able to refer to social prescribing 'connectors' across Gloucestershire, Rotherham, Bassetlaw, City & Hackney, Dudley, Leeds, Halton and Tower Hamlets CCG areas

Healthy London Partnership is working to:

- Provide intensive support to the five STP areas in London, mapping current provision and defining plans to embed social prescribing by 2020.
- Support the Mayor of London's Health Inequality Strategy, by making social prescribing a priority.
- Profile the population at GP level, identifying patients who can benefit from social prescribing and supporting commissioners to build business cases with costs/benefits analysis.
- Build a social prescribing investment fund for London, in partnership with the Greater London Authority and London funding bodies.
- Trialling new practice health champions/voluntary workforce in 2 London CCG areas.
- Pilot Fire Safe and Well visits will be piloted in 5 boroughs, with a view to scaling across London, in partnership with London Fire Brigade, utilising their assets and resources to improve health and wellbeing.

Impact

On the NHS: On GP consultation rates, A&E attendance, hospital stays, medication use, social care. University of Westminster led an evidence review, looking at the impact of social prescribing on demand for NHS Healthcare. They found an average of 28% less GP consultations and 24% less A&E attendances, where social prescribing 'connector' services are working well.

<https://www.westminster.ac.uk/patient-outcomes-in-health-research-group/projects/social-prescribing-network>

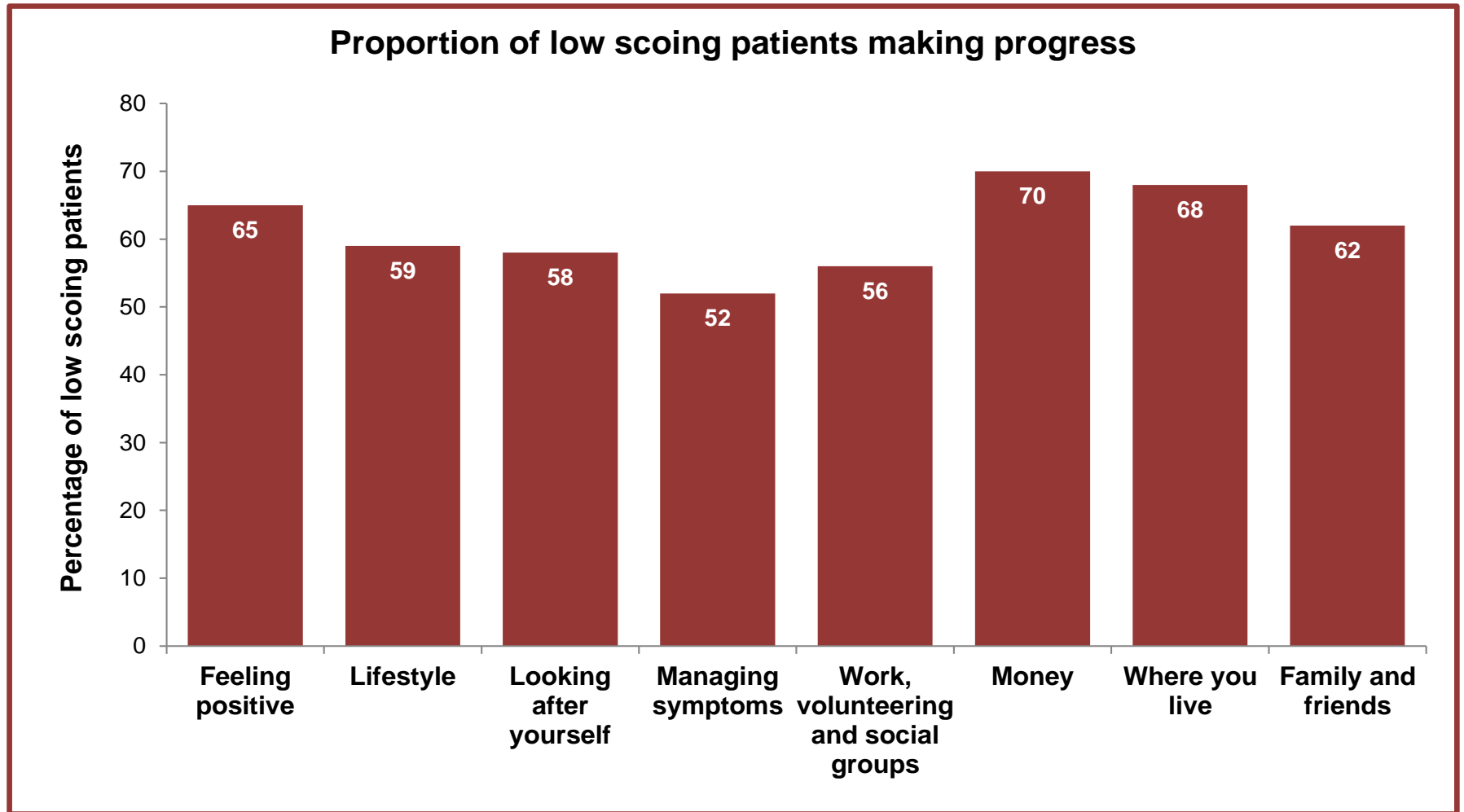
On the person: is their well-being improved?

On the community: Are communities stronger as a result? More volunteers?

Aim: to build a Common Framework for Measuring the Impact of Social Prescribing

Wellbeing Improvements – Rotherham Social Prescribing Programme

83% of patients made progress in at least one outcome area



Case Study – the story of ‘T’

- T had significant mental health issues and didn't speak. She used to attend GP appointments and A&E every week.
- As a result of being supported to be a 'practice health champion', T joined a peer support group and started to speak.
- After 6 months, she went to college to get catering qualifications so that she can run the community café alongside other people with mental health needs.
- Last Christmas, T led a team who will provide Christmas dinner for vulnerable citizens in Gateshead.
- She no longer needs her regular GP appointments and has stopped going to A&E.

Key lessons – what we've learned

- We're building a 'social prescribing movement' across the NHS – great energy and potential to help make the NHS sustainable
- It requires an asset-based approach – what do we already have in our community that we can build on?
- 'Link worker' connector model is key – they have time to find out what really matters to people and connect them with community support
- Build it together, all partners in a local area are important
- Can't expect the voluntary sector to do everything for free!

Resources

‘Making Sense of Social Prescribing’ Guide

<https://www.westminster.ac.uk/patient-outcomes-in-health-research-group/projects/social-prescribing-network>

New DH £5 million Fund for local Social Prescribing ‘Connector’ Programmes. Voluntary, community and social enterprise organisations are invited to apply for up to £300k in the first year of the three year programme to develop social prescribing ‘connector’ schemes. Partnership bids are essential with CCGs, GPs and local authorities, as a commitment is needed to find 50% of the funds locally in year two and 80% in year three, to promote sustainability. Closing date: 21 November. Application pack: <https://www.gov.uk/government/publications/health-and-wellbeing-fund-2017-to-2018-application-form>

Social Prescribing Network – email socialprescribing@outlook.com to join the free national network

Questions ?



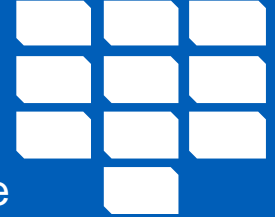


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What could we do?

Spreading innovations to release time for care

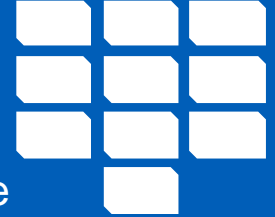


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Spreading innovations to release time for care



How to do it?

Supporting local implementation of change

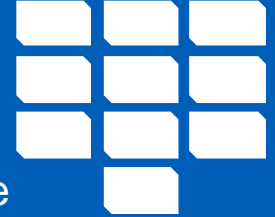


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Who will lead it?

Building capabilities for the future

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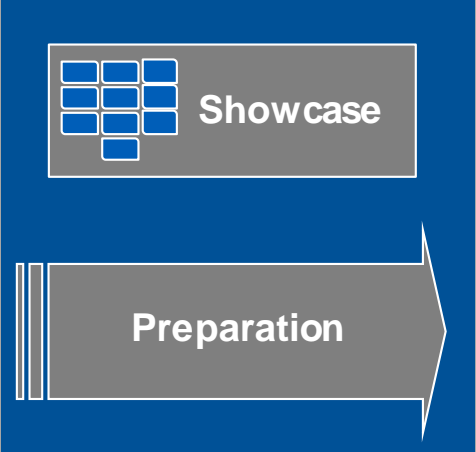
Your **Time for Care** programme

Your **Time for Care** programme

Development Advisor Support

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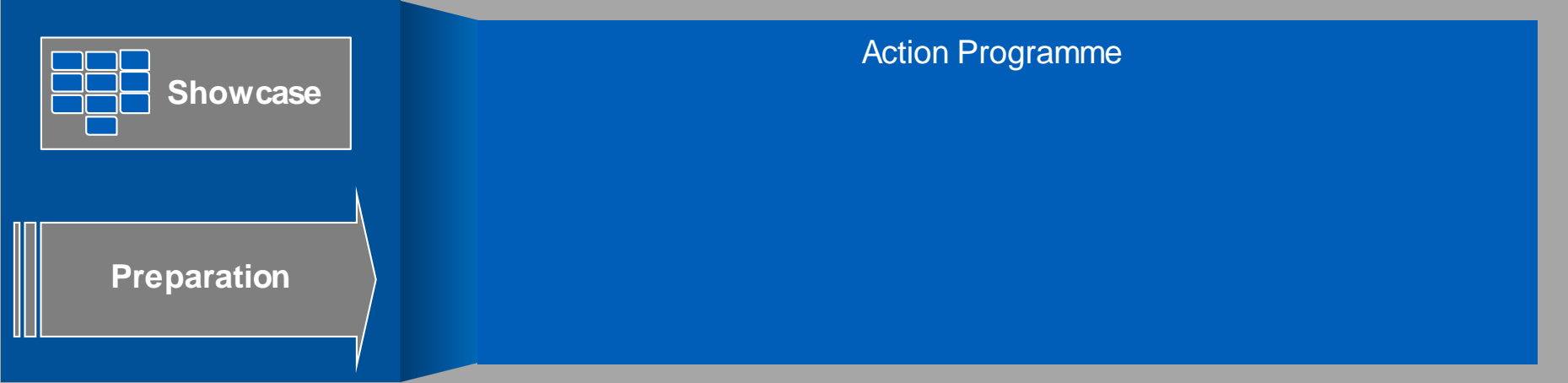
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Showcase



Preparation

Action Programme

Choose priorities



Your **Time for Care** programme

Development Advisor Support

Showcase

Preparation

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Choose priorities



Learn &
plan

Do

Learn &
plan

Do

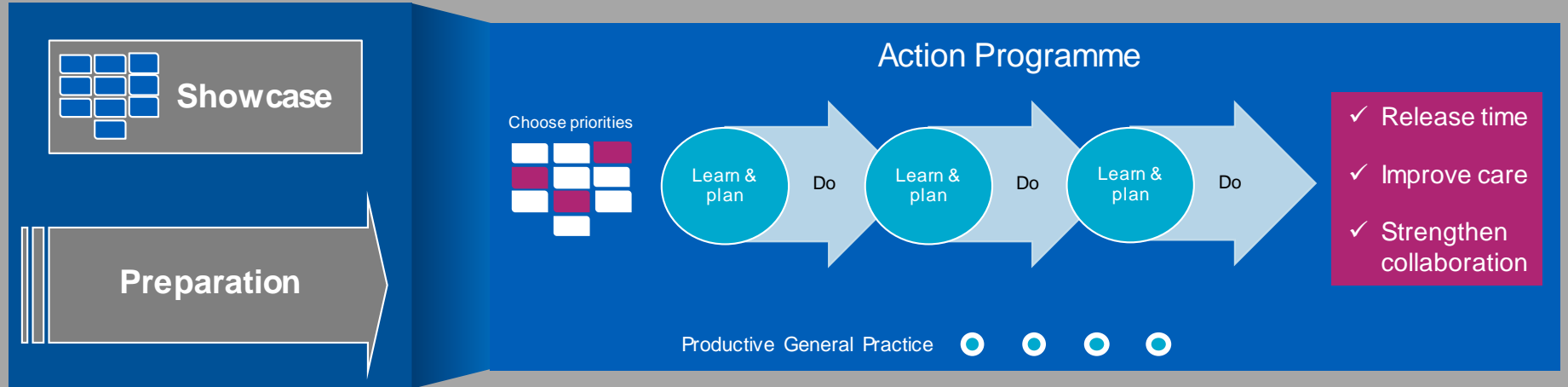
Learn &
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Do

- ✓ Release time
- ✓ Improve care
- ✓ Strengthen collaboration

Your Time for Care programme

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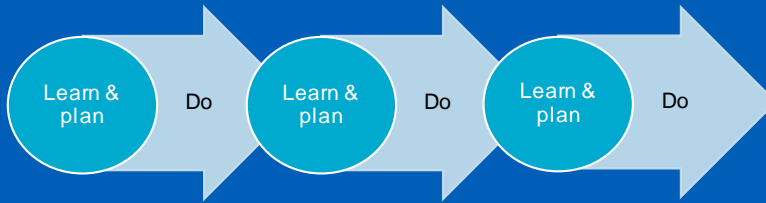
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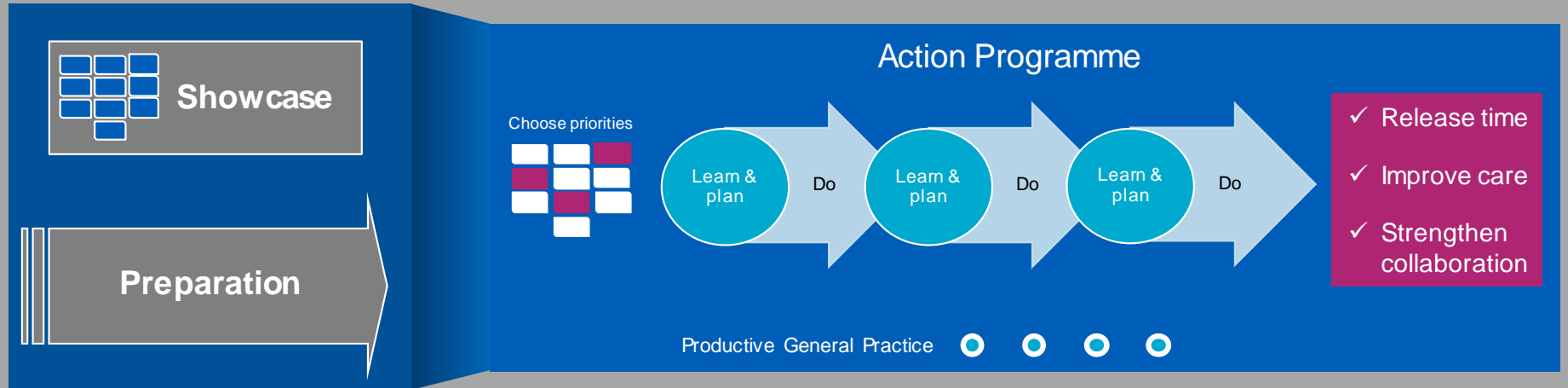
- ✓ Release time
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Productive General Practice 

General Practice Improvement Leaders Programme

Your Time for Care programme

Development Advisor Support



General Practice Improvement Leaders Programme

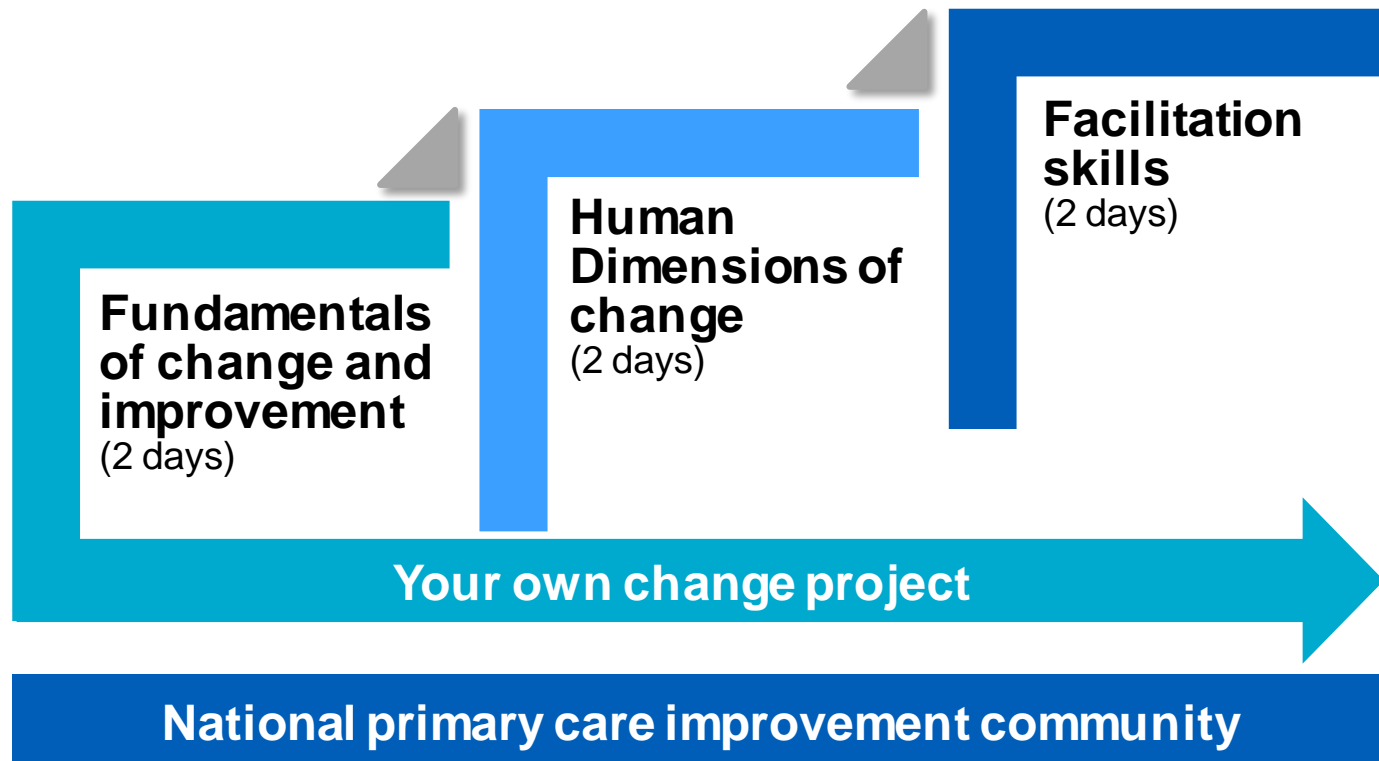
Funding for reception & clerical staff training

Funding for online consultations

CCG investment & support

General Practice Improvement Leaders programme

- ✓ **Build capabilities and confidence to support colleagues in implementing change in practices**



Thank you



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england.gpdevelopment@nhs.net

High Impact Actions webinars

Practical insights on releasing time for care

A major new series of webinars giving practices the chance to hear from people at the forefront of redesigning care to improve access and reduce workload pressures.



12/09/17, 6pm

Social prescribing

bit.ly/timeforcare170912

13/09/17, 6pm

Physiotherapists in practice

bit.ly/timeforcare170913

14/09/17, 12:30pm

Social prescribing and self care

bit.ly/timeforcare170914am

14/09/17, 6pm

Active signposting

bit.ly/timeforcare170914pm

20/09/17, 6pm

Physician associates, the reality

bit.ly/timeforcare170920

04/10/17, 6pm

Making the most of a clinical pharmacist

bit.ly/timeforcare171004

05/10/17, 12:30pm

Building QI expertise

bit.ly/timeforcare1710/05

31/10/17, 6pm

Document management

bit.ly/timeforcare171031

Thank you



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