

Design in action – making social prescribing work for everyone

By Michelle Dawson



When Dr Jessica Hollingsworth, a local GP, reached out to Ageing Better in 2018 to talk about piloting Social Prescribing in her GP practice, it felt like Christmas for us. A way to start connecting older people presenting at their GP practice with the support from the Ageing Better Programme. Nothing like this existed in Middlesbrough. We designed the pilot together, using the learning from the Ageing Better Programme and weaving it into the delivery model. We ended up with the 'Being Well' service, which provided the foundations for the wider development of Social Prescribing with GPs across Middlesbrough.

Here, two of the GPs we work closely with; Dr Jessica Hollingsworth (Linthorpe Practice) and Dr Jen Standen (Parkway Medical Centre) share their learning from this co-design process.

Tell us about why you wanted to get involved with Social Prescribing?

Jessica

Having worked in both primary and secondary care across Teesside it became clear to me as a clinician that we were missing something. Having the same conversations with colleagues about the challenge of reactive care in an area of high deprivation, poor health outcomes and increasing patient numbers. Modern medicine talks about moving away from a paternalistic approach, but without truly empowering, honest, preventative options for our patients and communities, I could see that in reality this paternalistic ethos remained; and was something both patients and healthcare providers were accepting as the status quo.

Wanting to do more, but do more well, I started to research social prescribing and looking at schemes like Bromley by Bow, Ways to Wellness, Edburts House, to see how they were doing things differently. Following on from this I just picked up the phone, and started asking questions. In time, this led to the creation of Being Well Middlesbrough, a social prescribing service at Linthorpe Surgery, co produced with Ageing Better Middlesbrough. This has now further expanded with the introduction of PCNs and the DES.





Jen

As a GP I am very aware that a patient's presenting problem is usually only a small piece of the jigsaw puzzle of challenges they are facing. We recognised that there are so many charities, peer groups and projects that could greatly benefit our patients, but trying to keep up to date with what is available proved impossible. We were also very aware that for many of our patients, stepping into a group, or calling a service on their own accord may be too much of a hurdle to overcome.

With primary care networks being relatively new, working with the voluntary sector to provide a general practice service was for some of us new territory. Would we as two different services be united on our approach, aims and agendas? Would Mind understand the challenges we faced in the NHS, and equally would we understand the challenges that Mind/ the voluntary sector faced?

What were the key challenges for you? What have you learned along the way?

Jessica

The main challenge I have found is silo working and lack of a cohesive approach across our community as a whole. This challenge is long standing, but has been overcome in other areas. As a collaborative, myself and all those I worked with at Ageing Better had an honest, questioning, open relationship from the get go, with the clearly shared aim to understand and improve together. The challenge lay in our ability to expand, engage and develop certain aspects we thought would work due to challenges in the wider health and social community.

In terms of learning, we now know that language is important. Recognition of the way each sector uses language, acknowledging these differences and preventing this being a barrier to collaboration.

Jen

Employment contracts and HR policies were a logistical consideration. We also faced the challenge of championing social prescribing to many different practices with varying enthusiasm and levels of scepticism for the concept. Whilst for all of us this has been a learning curve, it has been a very positive one. United in our need to support our patients, working collaboratively has enabled the service to become what it has. Indeed some of our sceptics have now come on board, after seeing first hand the benefits for their patients.

I regularly receive positive feedback from patients about the support they receive from their link workers, and have seen the difference the service is making to people's lives. Patients are proud of the progress they have made. Some of them are pleased to tell me they no longer need to see me as regularly as they are doing so well and are busy with other things now. Our joint working experience has helped highlight to me the power of collaborative working between the NHS and voluntary sector. Together we can provide better and more holistic care for our patients.

If other organisations were embarking on this journey together with GPs in their area, what advice would you give them?

Jessica

All of the above. Third sector organisations are a vital component of the resilience within our community. Efficient, effective, meaningful preventative medicine enabling our patients to live happy, fulfilled, unique, independent lives can only come from us working together.

This takes time, be patient, be flexible, and be available.

To quote Craig Lister (job title) investment in VCSE is perhaps the only example in which we can see multiplication of effect; with benefit for both person and place.

Jen

I guess my biggest advice for somebody else going down this route would be to be clear in your own vision but be prepared to listen and learn from the expertise of the organisation you are working with. Reflect at each stage what is working and what is not, or what you need to change to make it work better. You will face sceptics externally but see them as an exciting challenge- you have the opportunity to convince them which is very rewarding if it happens. If you and the voluntary sector agency you are working with have the same overall vision then it will work, compromises can usually be found.

Co-design between the third sector and GP practices

Top tips

-Don't assume you speak the same language - Even if sometimes it feels like you are on the same page, it's good to check. Terms like 'person centred' 'assessment' 'care plan' and 'pathway' mean different things to different professionals. Find common language and stick to it.

-Create a shared vision – based on shared language. Keep checking in on this vision together and reflect honestly on whether you are staying on track.

-Don't be afraid of practical and logistical problems – even the most creative of visions won't work if you can't make decisions together about the logistics. Things like recording systems, paperwork, recruitment processes and management arrangements all need negotiating.

-Respect each other's contributions and cultural differences – even if this feels uncomfortable. It's easy to fall into a 'but we know best' mindset when co-designing new services. To create something that works for patients you need insight from practice staff and the sector. Compromises will be necessary.

-Act fast and don't wait for things to be perfect – a 'getting things done' approach will build momentum. Starting with something that isn't perfect will give everyone involved something to work on and improve.