Dance lessons for the lonely - on the NHS

GPs in England are being given permission to prescribe patients "social" activities, such as dance classes, to tackle loneliness.

Matt Hancock: GPs should prescribe concerts and mixtapes

The government’s ‘social prescribing’ plans could see doctors recommend concerts and music playlists.
NHS to recruit 1,000 social prescribers by 2021 to ease GP workload

By Jenny Cook on the 28 January 2019

NHS England has announced plans to recruit 1,000 social prescribing 'link workers' into general practice by 2021, in a bid to slash non-medical appointments by almost 1m each year.

More 'social prescribers' to ease pressure on GPs

On 28 January 2019

Ari was diagnosed with pre-diabetes and joined an exercise club to lose weight.

Exercise classes (Photo: iStock.com/Squaredpixels)
What is social prescribing?

Enabling primary care professionals to refer people to a range of local, non-clinical services using a holistic approach, supporting individuals to take control of their own health.

King’s Fund: Social Prescribing: coming of age ‘..what for many has seemed like common sense and beneficial is increasingly now scientifically proven and gaining traction in the medical world..’
Social Prescribing in Wales:

**Theme: Healthy and active Wales**

**Mental Health and Well-being**

- Prioritise mental health treatment, support, prevention and de-escalation, including a pilot Social Prescription scheme and increase access to talking therapies
Research proposal

Objectives:

• Primary question: to what extent does the role of the link worker effect recruitment into, and retention in community-based social prescribing services.

• Secondary objectives: report health and well-being measures as an indicator of our population
Methodology

- Recruit 20 patients in the North Ceredigion GP clusters (7 GP practices, c. 47k population)
Social Prescribing
- for Better Health and Happiness

The Social Prescribing Link Worker is:
Lucy Hancock

Lucy will be based at the Rural Health and Care Wales office, Aberystwyth

Together you’ll be able to:
1. Explore what is important for your health and wellbeing
2. Identify the local activities and services you can benefit from
3. Gain support and encouragement to start using services that can help you

Have a question? Call us on 01970 635918 or email us at NPH@researchwales.ac.uk

Participants Information Leaflet

The Social Prescribing Link Worker is:
- Someone to talk to confidentially
- Someone who is practical and helpful and who will not judge you
- Someone who can help you decide what you’d like to do to feel healthier
- Someone who can give you support along the way.

Oiawn

Bach byn digwydd tan hyn?
Prosiect ymdwiliad yw hyn ym cynnwys lechyd Cyhoeddus Cymru, lechyd a Gwaith Geiriau Cymru, Pethgynol Aberystwyth a’r Meddygfa dy’r nod o enill dealltwriaeth well a sut y gall pobl ei wa a breisgysylltu crymdeithasol. Bydd y prosiect trwy’n mynd o ddiwedd o’i Mhelin Taf i’r Hydref 2018.

Social Prescribing for Better Health and Happiness

Together you’ll be able to:
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Methodology

• Recruit 20 patients in the North Ceredigion GP clusters (7 GP practices, c. 47k population)

• Participants interviewed by LW, complete Warwick-Edinburgh Mental Well-being Scale (WEMWBS)
Warwick-Edinburgh Mental Well-being Scale (WEMWBS)

- A validated 14 item questionnaire
- Likert scale 1-5 (cumulative score 14-70)
- Available in English and Welsh
- UK adult population norm c. score of 51
Methodology

• Recruit 20 patients in the North Ceredigion GP clusters (7 GP practices, c. 47k population)

• Participants interviewed by LW, complete WEMWBS

• Participants receive a health and well-being assessment
  ➢ Stature, mass - BMI
  ➢ Resting Blood Pressure
  ➢ Heart rate

• Participants agree a “social prescription” to follow for 3 months, ‘meeting’ monthly with the link worker (LW) to discuss progress

• Repeat all health assessments after 3 month intervention

• Participation in a focus group meeting to discuss SP and LW role
# Project plan

<table>
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<th>ACTIVITY</th>
<th>w/c 2018</th>
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<td>Development of resources</td>
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<td>Initial Health / Wellbeing Assessments of participants</td>
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<td>Link Worker diary / lessons learnt log</td>
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<td>Final Health / Wellbeing Assessments</td>
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<td>Focus group research</td>
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Initial Meeting With Participants

- 17 referrals
- I met with each of the 13 participants for up to 2hrs, Co-wrote a ‘prescription’ of what they wanted to do.
- Missed appointments: 19.
- Participants can tell you anything. Support for link workers is vital – supervision sessions.
Groups, activities & services

West Wales Domestic Abuse Service
Volunteering
National Exercise Referral
Woodland activities
yoga
Cardiac rehab
Benefit checks
Reduced alcohol consumption
MIND
Foodwise for Life
Veteran support Hafal
NHS post traumatic stress counselling
Carers Support
Independent walking
Housing register
Community Groups & Referrals

- Lack of awareness of groups on offer
- Participants require motivational support to link in with a new activity
- The role of a group leader in welcoming new members and helping them feel included is vital. This role should be paid.
- Referral follow up is essential. Many took months for the participants to be invited to join the activity
- Inaccurate information online and given during telephone conversations.
Keeping in touch

- It was a challenge - texting was best.
- Each call gave me extra work – balance between them taking responsibility and retaining control

I was labouring under the misapprehension that no one gave a damn, but now I know there are people out there that really care.

That first chat made a big difference
• Link worker helped motivate participants, identify actions, navigate bureaucracy & ensure referrals were acted on.

• During follow up people are saying they haven’t done anything. They are not recognising / valuing the changes they have made.

• Cannot make people conform and fit in boxes and be expected to join a group for the sake of it. Life is not that simple.
Results

WEMWBS

• No difference between baseline and at 3 months (37.9 – 38.5)
• Wide variance
• Range: (Baseline) = 16–62 after intervention = 14-65)
Results

Weight and BMI

- No difference between baseline and at 3 months
- Ranges
  - Weight: 66.6-158.6kg
  - BMI: 27.0-47.1 kg/m²
Results

Blood pressure and heart rate

• No difference between baseline and at 3 months
Focus Group
Role of the Link Worker

Perception of LW:
- Added value of local knowledge & ability to harass local community service providers
- LW as a therapeutic intervention (positivity and approachability)
- Identification of most appropriate activities and facilitate participation
- Participant’s desire to please the LW

“Lucy knew an awful lot about what was going on ... without having to look everything up... She seemed to know everyone and everything”

“It would be helpful for someone to accompany you, to go with you. To help break the ice and put your foot through the door”

“I knew what I didn’t want to do before project. It was just nice to have someone to speak to. Lucy is lovely.”
Focus Group
Primary Objective: extent to which the link worker effects recruitment into and retention in social prescribing services?

Meetings:
• Location/flexibility of LW meetings impacts participants in a rural community.
• Participants wanted more contact with LW and goal setting
• LW showing personal interest

“I met Lucy in the Doctors. I wasn’t able to get up here. Which made it easy for me. Getting up here is not that easy. We met at GP’s which was great.”
Focus Group
Primary Objective: extent to which the link worker effects recruitment into and retention in social prescribing services?

Meetings:
• Location/flexibility of LW meetings - impacts in a rural community.
• Participants wanted more contact with LW and goal setting
• LW showing personal interest

“I thought she was very helpful and positive. Then we had to write down our own goals. I wanted to please – which I could follow through with it.”
Focus Group
Primary Objective: extent to which the link worker effects recruitment into and retention in social prescribing services?

Meetings:
• Location/flexibility of LW meetings impacts participants in a rural community.
• Participants wanted more contact with LW and goal setting
• LW showing personal interest

“Text was helpful- from Lucy the day before to remind of appointment. I thought the project was over and that Lucy had forgotten about me, and then I heard from Lucy”
Focus Group
Primary Objective: extent to which the link worker effects recruitment into and retention in social prescribing services?

“More Link Workers…”

“hard for one Link Worker to do job for seventeen participants. That’s a lot of work....”

“That’s where your money needs to go.”

Resourcing:
More funding for LW role
Conclusions

- No differences in the physical and mental indicators of health – weight, BMI, BP, resting HR and WEMWBS
- Demonstrated feasibility to collect these data
- Difficulties with getting participants into SP activities/schemes
- Engagement with healthcare professionals could be improved
- More research needed into recruitment and retention in mid-Wales
- Repeat and recruit specific patient population e.g. frequent attenders
- Longer intervention period
Social Prescribing Day 14th March 2019
Meet the team

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Thank you