The Value of Asset Based Community Engagement and Social Prescribing in General Practice

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It was snowing in Gateshead this morning at 9am, Friday before the bank holiday. On leaving the surgery I bumped into Jez, a homeless patient, having recently been released from prison. The receptionist had sorted his script. I was late for a meeting. He followed me out, cold wet and hungry, he burst into tears. A 15 minute conversation followed, I gave him some money for breakfast and asked him to wait for me in a local café. By this time, I was cold wet and very late, but I had a warm car to escape into.

Working jointly with the 3rd sector, the practice had just won some funding to manage people with complex need. I don't know the medical terminology, but those who were too complex for us to manage in primary care, but not complex enough to fit the criteria for other local services. The vulnerable, isolated, lonely and disposed in our society. Those that fall through the net and are lost in the mire of fragmentation in the health and wellbeing system!. We have many such patients, who have GP appoints several times a week, because of social issues impacting their health, which cannot possibly be addressed through the health system alone. But with reduction of social services, increasingly exclusive access criteria and fragmentation in the system these people have nowhere else to go.

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At Oxford Terrace and Rawling Road Medical Group, our social prescribing is led by two Primary Care Navigators (HCA'S). Having developed an extensive "dynamic" directory of services, they are well respected and known to all of the statutory and non-statutory services within our GP catchment area. Jez and others like him are known to them.

Without the necessary skill to provide the right support, their biggest frustration, being people like Jez who are bounced around the system as there is no "Jez shaped peg for him to fit into". That said, they had identified this need and we worked with a local charity Fulfilling Lives, and won transformation funding (local Authority) to test a new model of care. We were meeting this morning to develop a mobilisation plan. A co-ordinator had been appointed; we agreed board referral criteria, with specific patients in mind. Those that were too complex for primary care, and did not fit access criteria for other services, but needed support in the community.

The meeting was attend by our practice based complex care team, who take a patient centred approach to case management. Frailty nurse, care navigators, occupational therapist and community matron. All working with the 3rd sector and others to put patients at the heart of everything they do.

We had hijacked their weekly multi-disciplinary meeting. Between us we were able to identify the first half dozen patients for Alex, the co-oridnator. Jez fitted the bill perfectly. I introduced Alex to him as her first patient!! This approach will help us to manage population need, beyond the 10 minute GP appointment.

A core component of this service will be to identify peer mentors as volunteers for befriending and support. Fortuitously, my next engagement was a training session for Practice Health Champions. We have 39, who work with us a volunteers. Leading:

games, mens, knit 'n' natter, reading, walking and other groups. They also host events for patient engagement. Previous events have included, a flu fair, summer health fair, an annual Christmas dinner on Christmas day.

A new event for this year will be a veteran's engagement event. I asked for a tea dance, during the flu campaign. I am getting a full WW2 re-enactment on 11th November, and launch of the practice choir. Gareth Malone has been invited, but we await a response. Such is the power of unleashed energy when patients connect with staff to share their skills, passion and commitment.

This morning we were welcoming 10 new volunteers into the fold. The training was developed and led by other champions, facilitated by the practice, hosted by Bensham Grove, a local charity. Therefore, there was no additional cost to the health and wellbeing system. We were connecting local resources, building alliances around patient need and supporting each other to help the most vulnerable and dispossessed people in our community, those who don't fit into existing systems!. There is no funding in the GP contracting mechanism for us to do this work, we do it because we care, it adds value and we are passionate about our people.

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We have many Practice Health Champions with enduring mental health problems running these groups. They also form a part of a network of charities such as the Gateshead Club house, Age UK, Older people's assembly, Bensham Grove, Samaritans, Salvation-army, and many other organisations that work with Practice Champions and Care Navigators to run the engagement events as community based assets. Two champions, recovering alcoholics, run the men's group and practice Facebook page. With training and support, hopefully, they will become our first two peer mentors, for this new service.

My afternoon was spent back at the desk, trying to navigate my way through the tangled bureaucratic mess that is the transformation fund (GP Premises). Although 100% funding is promised in the GPFV, we have no guidance on funding and a deadline of 30th June looming for closure of the application portal. CCG colleagues are powerless to help, the Area Team can't get involved for conflict of interest reasons?? I am not allowed to make contact with NHSE directly.

So I have to decide how we are going to make up the shortfall form our PMS budget following recent review, and underpayment at end of year; to fund 33% , and all the exclusions, (including staff toilets and shower), of the premises development. Financial flows have not been right or timely since we went from one pay master to four in the Lansley reforms.

I was interrupted by a phone call from a neighbouring Practice Manager, wondering how she was going to manage demand with two partners retiring and no applicants for the vacancies. We talked about social prescribing and the complex care team. Then another from a practice in Newcastle rang. She had been approached by the CCG to take over a practice that had handed in their keys, the day before; I shared our recent experience of merger with her.

At this point I decided to call it a day. At 6pm as I left the practice, one patient was waiting in the waiting room, the sun was shining. Reflecting on my day, I smiled at the patient on my way out, looking forward to the long weekend ahead. My day job as a Practice Manager is full of "bad" nhs rules that block and beleaguer most of our attempts to care for people the way they need to be cared for. Today though, I felt privileged to have had the opportunity of making a difference to at least one person, who might have otherwise spent the long weekend on a park bench, tired, cold, hungry and disposed.

That is the value of asset based community engagement, social prescribing and connecting the passion, power and energy of patients and staff in General Practice!!!!

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