

## Feedback on the Social Prescribing Session

### **Locality: Stowmarket and surrounding**

- There was a mention of receptionists and they were not aware they are trained as care navigators and did not understand the term.
- The comment “We are responsible for our own health”; this is causing victimisation as in “why are you not well - that must be you”. For example, for someone with autism this term would not help them or the service providers to understand their needs, as already they are misunderstood. Being mindful of language is very important as there could be barriers to access these services - for instance, if they wanted to go to a gardening club they would need transport, someone to help them communicate, support in managing anxiety etc. This is complex and the group wondered if the complexity should be addressed.
- How can people find information on this? Ideas included;  
A4 sheet asking the right questions delivered to doors  
TV at GP (but there is so much information on them do they become inefficient).  
Local magazine  
Leaflets at health centres  
Someone encouraged to go to meetings who understands their disabilities and needs (communicator)  
Media campaign including social media  
Different areas using different terms and names fragmenting the message  
Village hall surgery type environments  
Pre CQC survey
- The group thought it was a huge undertaking and need good planning and appreciated it was not an easy task
- One of the professionals in the group said that they weren't happy the flyer stated the event started at 1.30 pm, when in fact it started at 2. This meant ½ hour when he could've been seeing clients.
- We were given an A4 page of information after the refreshments this would have been much better if it was given when we came into the room. It would have been a good intro to the talks too.
- It would be good to have a meeting soon after this to feedback to CEP, otherwise we will forget what important understandings and questions going forward planning will be lost.
- It was a missed opportunity to introduce who and what CEP is and how they enable a bridge between enterprise like this and service users' views.
- The facilitator felt embarrassed that they were unable to tell those giving up their time what was happening, what they should expect, a brief rundown on the history, what we were all hoping to gain from this meeting and how important they were to the process.
- CEP conversations throughout the year have included Mental Health issues. We've missed a good opportunity to engage with those we hope to represent and for them to know who the CEP are. CEP have expressed many times about being in the loop, feeding back and communication, yet were missed out in this conference.
- People thought due to the time frame; which was short and very tight that, it has all been organised and done. No contact numbers to get involved were given again this was a missed

opportunity for people to get involved. Perhaps next time we could have a visual pathway on the screen and all around the room and in the dining area so that people could take their time and digest the information. Perhaps this could be one of our targets for the next phase going forward.

#### Questions asked:

- Social Prescribing - No explanation to who or what this actually is?
- Self-care? Of what and how? This is also very confusing taking control over your own care when you are ill or severely disabled say with autism, lupus arthritis etc
- Should physical health checks be looked at for social prescribing?
- Will community connectors be able to travel to those most isolated?

### Locality: Saxmundham and north east Suffolk

How do we find out about who our Community Connectors are?

- Via PPGs
- Ask you practice
- Request that practices add to newsletters
- Centralised list will be worked on by the CCG

Is there a time limit on funding?

- National funding coming through  
Find out specific detail - ask LMH

Do they know how to refer to social prescribing initiatives?

- Posters and comms due be to be distributed widely
- Launch event in Sept 2019 involving other local sectors/organisations

How is feedback recorded?

- First appointment with Community Connector - survey is filled out
- Follow up after 6 months
- Providers are putting together case studies of a user's journey

Where is the funding / what is the 'community chest'?

A GP raised the following point:

- [Suffolk Community Foundation](#) have a 'realising ambitions' funding pot. They will distribute grants to support voluntary groups who are providing health outcomes across Ipswich and East Suffolk. The total funding available comes to £250k. Closing date for the first cohort of applications is 1st August 2019. Grants to each individual organisation can be anything between £1k - 50k.
- See current grants list - <https://www.suffolkcf.org.uk/grants/>

What does Social Prescribing mean to you? What is the potential?

- Reduce demand on clinical appointments

- Danger of focusing too much on GP and appointment times as outcomes as it puts accountability on the system
- Dialogue between 'patient' and medical professional
- Give the individual more autonomy over their own healthcare - more effective
- Co-operation in the individual's healthcare journey - everyone has their own role
- Leiston PPG - went into surgery waiting room, talking to patients and introducing them to the new role of Care Navigator. Most people very receptive (roughly 75%)
- Using disused shops/commercial spaces in order to make a central social prescribing point in certain areas
- Getting the message out about the amazing work and collaborative working.
- Schools - start the education young as to how to use the NHS and also about what local services, initiatives and schemes are available.
- Social Prescribing and the information surrounding it needs to be available across all demographics e.g. age

### **Locality: Woodbridge and Martlesham**

#### **Feedback:**

- Patient Provider Groups (PPGs) would like to help. Louise Hardwick described 2 areas where help could be provided:  
Help to spread the word – it's a new programme and a new way of thinking. Word of mouth is a powerful advocate for the service  
Providing feedback on whether it is working – what are the problems?
- A question was asked as to how social prescribing is justified and what evidence is there for it. Louise advised that Kirkley, had completed a pilot which had shown 24% reduction in A and E attendances amongst other positives. Louise also went on to explain that reports are closely monitored by the GP's which had an effect upon medicines management, long term conditions as well as reports going to the programme board to be reviewed.
- A concern was raised that there was a plan to extend the service however, this was not confirmed. It was acknowledged that this would need time to "bed in", to develop local services and for the public to get used to it. Without the guarantee of continuity, it was felt that the benefits would not be realised.
- A question was asked about the difference between Link Workers and Community Connectors. Louise advised that Suffolk was ahead of the national programme and had already named the workers Community Connectors before the national initiative named them as Link Workers.
- Louise asked a question of the group about people that Did Not Attend their appointments with the community connectors and the best way to contact people. It was acknowledged that this was important to understand why. Texting was an option but not suitable for everyone. Phoning was also another option but again not suitable for everyone as not everyone would answer the phone. Texting after the visit was considered to be a good idea asking if the person was ok would be supportive
- The Conference was worthwhile but that there were too many people and hearing was difficult.

## **Locality: Eye and North Suffolk**

### **Feedback:**

- Think about using electronic information boards in GP surgeries to promote/explain
- Communication is key – must get it right – making patients aware that this relates to self-care
- Communications need to stand out
- Think about using articles/promotion in parish magazines
- Need for a focused approach. Perhaps consider 1:1 approach i.e. speaking to patients in GP surgeries whilst they await their flu jabs?
- Has any thought been given to the volatility of voluntary community services?

### **Questions asked:**

- How can we enable people who find access difficult?

## **Locality: Ipswich West**

### **Feedback:**

- Each Integrated Neighbourhood Team has a £20k Community Chest. That will not last long if groups apply for project funding. It is not intended for project funding but to meet the expenses of individuals. Groups can apply to Realising Futures through the Suffolk Community Foundation.
- Not all organisations will have the training and expertise to help people with specific health problems but some of them will.
- Whilst some organisations will have a duty to care to refer back, many small voluntary sector providers will not have that authority.
- In some rurally isolated areas, the service can simply be the postman who knocks to say hello to a lonely person.
- Our generations do not take care of each other.
- Do not blame people with conditions such as diabetes; blame the range of providers such as coffee cafés. The government has to help by restricting the use of salt and sugar in products.
- People have to take control of their health – otherwise the system will be bankrupt.
- People should be looking for healthier options and have those available by businesses through consumer demand.
- Prevention is so important. It is meant to be a thread through all areas but it becomes nobody's business.
- It is necessary to work with Public Health. Perhaps Public Health should deliver more services.
- Poster campaigns do not work.

- Suffolk Community Foundation should be held to account regarding networking, upskilling and healthy ambitions.
- There is a lack of communication.
- A map of clubs and organisations should be available.
- Central government should have a responsibility to advertise social prescribing on a national scale through advertising and popular programmes.
- Local press and Parish Council Newsletters could also be used.
- There should be better notification in surgeries for patients to be able to understand what Social Prescribing is.
- Has Suffolk InfoLink been considered to collect information about different clubs?

**Questions asked:**

- Social Prescribing works but how is it paid for? There is a communication problem.
- Is there a clear list of all organisations?
- Will this only happen in a doctor's surgery?
- People would like to have clarity about the planned (?) move of the Deben and Chesterfield Road surgeries to the Tooks site. Many residents assume that it is a definite go-ahead. There are mixed messages as to whether this will be built.
- Is it true that some organisations/GP Surgeries/Hospital Departments still work in a rivalrous manner that, at best, slows things down and, at worst, causes damage or even death?

**Locality: Ipswich east**

**Feedback:**

- 3 members of the community link workers were in the group. They were frustrated that they had been in post since January but still weren't in GP surgeries.
- Group were confused by the process, as CAB had the same process.
- Too many organisations delivering social prescribing.
- What is wrong with the word 'client' instead of patient – client used in hospital?
- Clarification needed of the role of the Community Connectors.
- Make it easy for people to understand 'what community connectors can actually do'?

**Questions asked:**

- How does the GP refer?
- Will a clinical assessment be done as well in case illnesses such as depression etc. are missed?

**Locality: South Rural (Hadleigh/Nayland/Holbrook)**

**Feedback:**

- Much better presentation, understood this one. More structured.
- Very concerned about the funding ceasing in June 2020
- Our areas need more transport to get those concerned to the suggested activities/groups/help centres.
- The community needs to be asked what it needs.
- Learn from other areas
- Don't call it "Social Prescribing" if you are going to cease to use the word "patient"
- Promotion of the service:
  - This should involve PPGs to help promote
  - Television campaign?
  - Social media is not available to everyone, this should be noted for any plans to promote
  - Letterbox drop?
  - Local Newspapers?
  - Postal service?
  - Need to ensure it's a multi lingual promotion to capture all of our population
  - Need to get the message to those people who are not ill and do not visit the GP surgery – it's no good to just put promotion into GP surgeries only.

**Questions asked:**

- How do people in isolation who do not visit GP surgeries find out about the service?
- We have the Befriending service and the Good Neighbour Scheme, could these be promoted to other areas?

**Locality: Felixstowe****Feedback:**

- No reference to social cause
- No discussion or acknowledgement to children, families and young peoples mental health
- Early intervention leads to reduced costs

**Questions asked:**

- Three people in the group were from Julian Support and have been employed to start the GP link service. They were employed at the beginning of the year but are still waiting to start the role and would like to know what is causing the delay?
- What are GP coordinators and community connectors?
- Who funds this?

