

Social Prescribing Westminster

Information for clinicians



Services provided by:

One Westminster in partnership with Central London Healthcare and Central and North West London NHS Foundation Trust

For enquiries:

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How long will the Social Prescriber support a patient for?

An initial meeting could last up to 1 hour and 30 minutes. The Social Prescriber will then follow up with the patient at agreed intervals depending on their needs and progress. This will be via AccuRx messaging / phone call / video chat / face to face at the practice or a locally agreed venue

Where will patients be seen?

Social Prescribers will vary between working remotely within their PCN and seeing patients face to face at any practice across the PCN area.

Is it only GPs that can refer?

All health professionals in the surgery staff team can task appropriate patients to the Social Prescriber.

How can I refer a patient into the service?

Patients who are identified by health professionals within the GP surgery team will be asked if they would like to be referred. When patients verbal, consent is given the Health Professional will task the Social Prescriber. Within a week of receiving the referral the Social Prescriber will contact the patient to let them know they are on the waiting list, and they will be contacted for a Social Prescribing assessment.



Getting More Active



Learning New Skills



Living a Healthy Lifestyle



Hobbies and Interests



Community Engagement



Practical Household Issues



Socialising

This leaflet provides information to outline how clinicians can best utilise the Social Prescribing Link Workers and the services and skillset they can offer to practices and their patients.

Frequently asked questions

What is a Social Prescriber?

Social Prescribers are part of the Primary Care Network (PCN) multidisciplinary team. Social Prescribers will support patients who have an unmet social need that if left unaddressed could create additional vulnerabilities for the patient or spiral into further issues. Social Prescribing is a preventative service. This includes social, emotional or practical needs.

The Social Prescriber provides a confidential, safe space to discuss what matters to them. The aim is support them to identify achievable goals and link with more appropriate services, activities or support groups through using a managed referral system and coming alongside the patient in the centre of the difficulties they are facing.

What is the criteria?

Criteria

- Patient must be registered with a GP practice
- Aged 18+
- Where there is evidence, they need social, emotional, or practical needs
- Are ready to engage in SP.

Inappropriate

- Anyone who has multiple poorly managed long - term conditions and anyone with a medical need or Acute mental health difficulties

What are the benefits of this service for your practice?

Patients will be supported to engage in practices which gives them more agency over their life through building sustainable links with the Voluntary & Community Sector groups for activity and services. When appropriate and necessary links with statutory services are established to better support the patient. This has an impact on their health and wellbeing, and on occasion the appropriate use of GP services.

Example cases:

1. A patient regularly attends the practice because they are lonely or isolated and comes in for a chat. The Social Prescriber can support the patient with a referral to a befriending service and activity where they can meet other people and create social connections.
2. A first-time parent is booking regular GP appointments. The child is well and there is limited support the GP can provide in a 10-minute appointment. The GP has recommended joining a local group, but the patient has not engaged. The Social Prescriber can support the patient to engage.
3. A patient recently lost their partner. Their partner was responsible for the household finances, and they are struggling to cope. The Social Prescriber can support the patient to engage with support services and a managed referral to the support structures they need.



Are Social Prescribers clinically trained?

Social Prescribers are not clinically trained and therefore do not have the appropriate skills to conduct clinical investigations eg. blood pressure. The Social Prescriber is a trained professional in a number of other people centred disciplines which are complementary to the medical model of care.

If it is flagged on SYSTM1 that a patient is due for a review or screening, the Link Worker can discuss with the patient and support them to book with the appropriate clinician.

How do I view the Social Prescriber's consultation notes?

You can view the Social Prescriber's consultation notes at any time by viewing the Shared Record on the Consultation screen in SYSTM1.

What happens when the patient is discharged?

When the Social Prescriber discharges the patient, the patient is sent a full summary of the interactions they have had and the support they have received. Additionally, patients are given contact details and how to guide for any outstanding service they need to follow-up. Patients are supported to understand the route back to Social Prescribing if they need to use the service in the future. If at a later date the patient would benefit from further support from the Link Worker, the Practice should re-refer



SOCIAL PRESCRIBING
LINKS WESTMINSTER PATIENTS
WITH THE VOLUNTARY AND COMMUNITY SECTOR