



Report - Social prescribing focus group – 5th April, 2016

Location: Seminar room at The Bromley by Bow Centre.

Introduction

The attendees consisted of six service users. They were mixed gender, mixed race and ages ranged from 30s to 60s. A simple lunch was provided but no payment offered for taking part. Participants were selected based on those who had been supported at service level 3 (more than one session with the SP co-ordinator)

The group was facilitated by Janet Coan (social prescribing development) supported by Laura Westwick (Macmillan social prescribing manager). The MEEBBB social prescribing coordinator (Alice Everett) was not present. Respondents were encouraged to only share what they were fully comfortable about. The importance of confidentiality within and outside the session was communicated.

To start the hour-long session, a short introduction took place about the social prescribing service. The aims of the focus group were communicated; to seek open and honest feedback about the social prescribing service and referral process, explore how helpful the respondents found it and to consider improvements that could be made for future users.

Note: Not all respondents would define the process as social prescribing; it is normally defined around their need and experience so descriptions such as 'someone to talk to' 'coming to see someone' 'attending the gardening group' are typical examples of how the service might be described. However social prescribing is used as a general term throughout this report.

References: SP in the text = social prescribing. SPC = social prescribing coordinator. Respondents used the name of the coordinator (SPC) throughout the session but all names have been removed for confidentiality.

Overview

The overall feeling in the room was a positive one with respondents seeming to enjoy being given a chance to share their experience of the social prescribing service and how intervention and ongoing referral to services had helped them, often during some very difficult circumstances. At first people were a little wary but opened up once trust was established.

It is worth highlighting that patients appear to consult the GP in the first instance for want of anywhere to go with their social problems and because they often feel overwhelmed. It is likely this behaviour will continue as this is the result of years' of conditioning in the population; seeing the GP practice as a trusted resource. However recognising this and developing services in practice to intervene before the patient sees the health care professional may be an important part of future shaping of the service.



Engagement question:

In principle, before we talk about how the service has helped you personally, do you think social prescribing is a good idea?

There was general agreement in the group that social prescribing is a good idea and makes a lot of sense.

Individual responses included a statement from one that the process made her feel 'less alone'. Another said "look, it's got us out today, talking in a group!" Another stated that if it helps people 'why not?' One respondent said it would have been helpful to know a bit more about social prescribing. Another said 'it does me good' One of the group members (still going through the process) commented that she would "need to see if it works"

Exploration Questions:

When you went to see your GP, how did you hope he/she might help you?

Most respondents agreed they wanted their GP to sort their problems. One said their problems were difficult to manage and they wanted them sorted 'there and then'. Another said 'I wanted a wonder drug even though I know it doesn't work like that'

Attendees generally agreed they visited the GP because 'they didn't know what else to do'

When you received a social prescribing referral from your GP, did you have any idea what would happen next?

Respondents agreed they didn't know what social prescribing was at this stage. One respondent said she would have had no idea the service existed if it wasn't for their GP. Another said 'I was in such a state but the nurse helped by saying 'don't worry, I'll refer you to SP'

Answers to this question generally indicated respondents were often in difficult circumstances at this stage and couldn't really remember the discussion about SP with their doctor or nurse in much detail.

Respondent quotes:-

'The doctor gave me some leaflets which helped a bit but I still wasn't sure what would happen next'

'I didn't understand what this was all about'

'I didn't know if it would help me'

'When the social prescribing coordinator (SPC) called, I thought who are you? It was a few weeks after seeing my GP and I'd forgotten what it was about'

'I was at a loss. I had been doing art therapy but then moved borough and was told I couldn't go any more'

'The SPC was introduced as someone to talk to and I needed that. Timing is really important – getting the support when you need it'

'I wish my GP had picked this up earlier and referred me earlier'



When you came in to the centre to meet the social prescribing coordinator, did it help and in what way?

From the responses it was unanimous that the first meeting with the coordinator came as a help and a relief for patients.

'She listened and sympathised with me and it helped. I felt I was useless'

Another stated that felt she would be 'in Mile End (mental health) Hospital now if it wasn't for this service'

Another said 'I was at a loss. I was in a state when I met the SPC. She makes proper eye contact which really helps'

'I was apprehensive, then as soon as I started talking I felt better. She is very approachable'
'All I knew was her name but I didn't know who she was. I was wary and wondered if she could help me'

I had so many issues at one time, I was overwhelmed'

Can you say any more about how the SPC may have helped?

'The SPC has a lot of patience and I needed that'

'She doesn't tell you what you have to do; she asks what you would like to do. I like people who give you a choice'

'She is very approachable and good at listening'

'I have been introduced to so many services I didn't know about'

'She never made me feel I had to do something, she talked with me about options but it was my choice'

'She is very professional and caring – much better than the psychiatrist I have to see who holds up a hand to stop me talking'

'The SPC doesn't tell me to do anything; she gives me options and leaves me to think about them'

Did you feel you could discuss more with the SPC than during a GP appointment?

There was consensus that the consultation with a GP or nurse was inadequate for their particular needs.

'Yes, they (doctors) try and hurry you up'

'You haven't had a chance to get anything off your chest and they cut you short'

'It's hard to know what to say in the time'

'You feel like a pest going to the doctor all the time. But with someone like the SPC, it gets you out and gives you someone to talk to'

'Just by talking to the SPC I felt better. Not like family or a doctor, different'

What about the services and support the SPC suggested for you, how helpful were these?

'If it wasn't for the gardening, for coming here to the centre where people are so friendly, I don't think I would be here now. Normally we keep stuff to ourselves but recently, people in the group have started opening up and helping each other'

'It took a few weeks but then suddenly, it started hitting the right buttons and coming to the group helps a lot'



'People are super-friendly. I didn't know there were places like this (BBBC). They really do care'

'The SPC is suggesting I join the cook and eat group and the sewing group but my head is not in the right place yet but I will join when I have sorted more urgent stuff in my life (housing/benefits issues)'

'She recommended CBT because of my panic. I'm feeling calmer and don't need it at the moment but I have the details if I do'

'Volunteering at the (BBB) centre (IT department) helped my confidence. I've completely turned my life around and will shortly qualify as a teacher'

'I tried the breathing technique the SPC taught me. It didn't totally fix it but it helped (there was then an engaged discussion in the group about using breathing techniques to control panic, with mixed results)

'I would like to volunteer; I have time on my hands now and would like to feel useful' (this patient has future sessions with the coordinator so this is likely to be explored then)

'I needed financial help; she (the SPC) said she would refer me. I'm finding it hard to get in early enough for the social welfare drop-in so will try to get an appointment. I need a freedom pass so I can get out more, that would help (other group members then gave her advice about applying for this)'

Do you think that social prescribing support is likely to reduce your visits to your GP?

Respondents all agreed that support from social prescribing helped them feel better about themselves and made them less likely to visit their GP. This was particularly so where they were referred into and regularly attending groups. However it was made clear by some respondents that they would still continue to visit the GP for physical health matters (and some had more complex needs). Respondents indicated they sometimes went to the GP (for social reasons) because they didn't know of other options at that time.

Do you have any suggestions for things that could be improved/done better?

More time with the SP coordinator if needed was a theme. One respondent highlighted how an additional two sessions given to him were crucial for him at the time and made all the difference.

'Some people need continuous support' was stated by a respondent'

'Make things a bit clearer at the beginning. Help to understand why you are being referred and what to expect'

'There can be a danger of oversharing in groups that people are referred into with people who have problems. This can be difficult for other group members'

Would you recommend SP to a friend or family member?

The response here was unanimously 'yes' with many positive statements mentioned earlier in the group repeated as the session drew to a close. The overall feeling in the room was a positive one with people enjoying being given a chance to share their experience of the service.

'Yes I would take any chance to tell other people how amazing this service is (this included participating in future videos). I would love to help increase awareness of the difference this can make'

'Yes, the SPC still enquires after me now, she makes proper contact with you. She genuinely cares'



Exit question:

At the end of the session, the respondents were asked if a regular discussion group might be something they would welcome and they agreed it would. This is due to be further discussed in the team to find a way to facilitate this as a means of on-going support.

Recommendations and further discussion from the process

1. Clearer communication at the beginning of the referral process required. There was a lot of confusion among patients at the beginning about why they were being referred and who to. Patients are often in distress at this stage so may only have limited ability to take in information. Communication processes should take this into account. These processes could include:-
 - a. Using the leaflet to explain and handing to each patient referred is recommended for HCPs (ensure all practices and practitioners have access to the purpose designed SP leaflet). The SPC will re-visit this and take leaflets to each practice meeting
 - b. It is important to keep time between referral and first contact as short as possible to minimise confusion and misunderstanding and to maintain momentum in the process. Additional admin support is being provided by XXX and this may
 - c. A letter issued to patients (with leaflet) after referral to inform them may help them be better prepared for a call from the co-ordinator and help minimise DNA rates. This is resource intensive and needs further discussion in the team.
2. Flexibility of session number is important to match client needs with the opportunity to extend when deemed appropriate.
3. More groups and services to refer into are crucial for the success of the SP service, particularly groups and volunteering opportunities.
4. Group facilitation skills and mental health training should be a prerequisite for group leaders to manage issues that arise during on-going patient engagement at this level.

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