



Report - Social prescribing focus group – 12th May, 2016

Location: Seminar room at The Bromley by Bow Centre.

Introduction

The attendees consisted of five service users. They were mixed gender, mixed race and were in the age range of 30s and 70s. 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 a social prescribing co-ordinator (SPC)

The group was facilitated by development team members Janet Coan, supported by Miranda Dixon. The MEEBBB social prescribing coordinator (SPC) was not present. Respondents were encouraged to only share what they were fully comfortable with and the importance of confidentiality within and outside the session was emphasised.

To start the hour-long session, a short introduction to the social prescribing service was given as well as the aims of the focus group. These were -

- Seek open and honest feedback about the social prescribing service and referral process,
- Explore how helpful the respondents found it
- 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. 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 throughout the session but all names have been removed for confidentiality.

Overview

The overall feeling in the room was similar to the first focus group on 5th April. The respondents seemed to enjoy being given a chance to share their experience of the social prescribing service and how the intervention and ongoing referral to services had helped them, often during some very difficult circumstances. As expected, some participants were a little wary at first but opened up once the session progressed and trust was established.

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 the idea of social prescribing is a good one.

Individual responses included a statement from one that the process 'built me up again'. Three respondents all stated that they had been very low and often stayed at home and avoided leaving the house. They all concurred that social prescribing had got them out and connecting with people again.



One respondent said 'I decided I can't possibly have more medication and was looking for an alternative'. In this case the patient had done some research before consulting the GP and asked about a social referral.

Another respondent said that the process had provided an introduction to volunteering and possible employment, both opportunities she wouldn't otherwise have had (this is covered in more detail later)

Another said that since starting to go out again, her stress levels had lowered and her mood had improved.

Exploration Questions:

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

'I was hoping for something that would get me out of the house' said one respondent. Another agreed and said she was feeling as if she didn't want to come out and was avoiding people and hoped the GP could suggest something.

One respondent said she had been supported by her GP for some time and the GP had identified that she wasn't going out much. She had heard about social prescribing and discussed it with the GP. 'I was becoming cocooned, waiting for some counselling support which seems to take a long time'

One respondent had done some research before seeing the GP and was aware of a gardening group and asked for a referral. Another said 'I was hoping for something better than the Tower Hamlets voluntary services – they were really unhelpful'

One respondent said 'my GP had pestered me about social prescribing but I didn't feel ready after my bereavement – eventually I went to meet the coordinator (SPC) and I was glad I did'

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

There was a general sense that most respondents left the GP consultation without much of an idea of what would happen next. One said 'I didn't really believe anything would happen'. Another; 'I knew someone would call me but that was it'

A respondent said 'I thought the centre was just a GP practice with a café next door. I had no idea there was so much on offer'

In general it was felt that the suggestion of a confirmation letter may not have helped them. 'You don't read them when you're down' said one and another agreed; 'when I'm down, I don't open the post – it's what happens'. Another suggested 'a phone call and a soothing voice is very helpful'

Respondents didn't have much concept of social prescribing at this stage. Many were experiencing depression and isolation and did not consider they were in the right mind set at that time to grasp the process being offered.

Similarly to the first group on 5th April, 2016, 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.



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 clear that the first meeting with the coordinator came as a help and a relief for patients.

'It got me out of the house'

'If I see someone who will help me with my health, I try to open up'

'It felt really great, I found someone I could open up to. When I'm on my own the evil thoughts come in but talking helped'

'I hadn't intended to say nearly have as much as I did' commented another. 'There were no probing questions. The coordinator is a really good listener'

'She started to help me open up possibilities rather than tell me things I had to do'

'The hardest thing is to ask for help in the first place. I found counselling really hard work but this was different. Just baby steps, no judgement'

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

'A big smile was offered and a cup of tea. I'm on my own now and no-one makes me a cup of tea. I talked a lot and sometimes answered my own questions. The SPC didn't say much but gently encouraged me. Afterwards, I felt I was walking straighter'

'She made me feel good, stronger. Just being there, so friendly - letting me talk'

'There was more time which meant I could discuss more. It takes a long time to really be able to talk about things'

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

Some felt a consultation with a GP or nurse was inadequate for their particular needs but one respondent said the support from her GP had been 'amazing'

Another said she had got better GP support over the phone than in a consultation.

One person said; 'When I consult my GP, I feel as though they're shifting me towards the door'

'My GP was OK but I was referred to counselling and this takes at least three months'

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

'I was introduced to mindfulness and employment support. It felt really great. The mindfulness helped at home and helped me to sleep better. And I often use it again in the morning. I was encouraged to focus on what's going on around me, even the birds and the car noises. It helped me stay calm'

'I was referred into the gardening group run by D. People really care and ask you how you are. If you aren't feeling sociable, people don't take offence'



'In the group, the same people are always there to support you. It's laid back and relaxed. We're all the same really'

'Proper eye contact is important – that's special that is'

'The centre is like a hidden gem in the rough'

'The SPC referred me into the Para Legacy course run by C. It was really good and helped build my confidence but now I've stopped doing it, I feel back down at the same level. The gardening group helps though'

'I have been offered a voluntary job at the centre working in the employment team for a few weeks. It's lovely and the people are very, very nice. Since I've started going out, it's really helped. They may extend my voluntary work and soon I feel I will be ready to look for some paid work and it's good to know the employment team is there to support me for the future'

'I was referred into a bereavement group. I didn't think it would be for me but I went a few times and heard many other stories and realised that in a way, I had a smaller cross to bear than many people. We were allowed to cry and many people did. It felt alright to cry together and it helped. It's turning into a social group now but I'm not sure I'm interested as it feels less structured. I definitely feel better and sleep better now.'

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. One said it 'has really reduced my attendance' Another said 'It's difficult to say definitely as I have two more ops coming up but now I've got people to support me emotionally, I'm less likely to go'

One respondent said it had reduced her GP visits and now if she does need to consult she would rather call. 'In the meantime, if he (the GP) wants to see me, he'll ask for me to come'

Reduced GP attendance seemed to apply particularly when patients were volunteering and regularly attending groups. Respondents indicated they sometimes went to the GP (for social reasons) because they were low and didn't know of other options that might help at that time.

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

'The centre is not good at taking messages, they never seem to get through'

'Better continuity of services offered. They can be so helpful but if they stop, you're back to stage one'

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 and respondents seemed happy to share their experience of the service.

'Yes I couldn't have wished for better support. Everyone is so nice and that certainly rubs off'

'We should spread the word – start offering the service in supermarkets!'



'I would definitely recommend SP to a friend'

Round up question

Are there any further comments?

At the end of the session the group agreed that 'yes, sometimes life is shit but sharing with others really helps'.

'I feel like I've achieved something today'

'When we get home, we'll feel more positive. The evening will be much nicer'

'In the end, you're not really people unless you're together'

Recommendations and further discussion from the process

1. An improved system for taking messages and making sure they reach the right person is required (this will be discussed internally)
2. Clearer communication at the beginning of the referral process required. There was 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. It is recommended that health care professionals use the leaflet to explain the service and give it to patients. (team to 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 short to minimise confusion and misunderstanding and to maintain momentum in the process. Temporary admin support in the SP team may help this aim.
 - c. A short letter issued to patients after referral with leaflet to inform them may possibly 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 and perhaps a trial period to review the effect on DNAs. Work to ensure the envelope has 'friendly' messaging rather than looking official, may help.
3. More groups and services to refer into are crucial for the success of the SP service, particularly groups and volunteering opportunities.

JC 26-5-16

