

Building support – using the visit to catalyse change

The purpose for Diana*'s visit can best be described as building support and envisioning others.

She has a long relationship with Bromley by Bow, having worked closely with the centre in the past and subscribing to many of the ideas and values. The local CCG originally suggested the meeting and Diana was happy to facilitate it. “[It] was nothing to do with social prescribing at that stage, it was more to understand how Bromley-by-Bow works and the general model so I got a minibus of people together with a cross section of GP Practice Managers, GPs, directors and commissioning managers from the CCG, somebody from the mental health team....”

Her group had a full day bespoke study visit, meeting with a range of senior staff and practitioners

Diana was proactive about next steps after the visit. ‘The upshot of that was people found it really interesting, really engaging. We had a meeting after it to say, ‘well what did we get out of it, what were the things that we want to take forward, and the thing that came out of it was social prescribing, staff accountability, people are realising what a great role it (social prescribing) can have, let’s do that and then because I knew about the model at Bromley-by-Bow etc. they said, ‘well, would you like to lead on that?’

System momentum in the NHS played a role in catalysing the visit and subsequent action: “The real thing that got it going was what are we going to do about overwhelmed GP practices?... Social prescribing is one of the high impact changes on the GP five year forward view so strategically it is there in the frame at the moment. I hope it stays there. I hope it isn’t a flash in the pan’

Diana emphasised the role of experience and attitude to change as the most valuable aspects of the visit. “People within the NHS want the project plans and milestones and deliverables and end dates and this is what we are going to achieve by then. I said it has to be a very much more organic process. I think that’s one of the things you get from Bromley by Bow that as things develop, you try out new ideas and see if they work, you’re open to ideas and change. It’s those principles as opposed to maybe the practical stuff and how some of it works... ‘Assume it’s possible’ (stated value), I am always quoting that to people. Because I say, ‘this is possible’. We will find a way if you think it’s the right thing to do and it’s important to do.”

The concern people had was the GP Practices served a different demographic in a different geographic reach to Bromley by Bow. “What struck home for the key people and the message that Bromley-by-Bow was able to get across was that idea of translation of application.” Diana acknowledged that this translation is not straightforward, particularly for visitors without such an in-depth knowledge of Bromley by Bow.

In putting social prescribing into action, the enablers for Diana were starting with a small development group of three GP practices and designing the process with them, having funding and the support of the CCG. Barriers were people working from limited knowledge of social prescribing – a nuanced concept – and building partnership and shared understanding with the local authority. She has returned to Bromley by Bow twice more with groups as they begin introducing social prescribing and has been in close contact with the social prescribing Development Manager when developing the model.

*Names have been changed