

Key findings from the Tower Hamlets Social Prescribing Survey 2017

Lucy Cannon and Katie Ferguson
Tower Hamlets Together
March 2018



Contents

1 Introduction	3
2 Methods	3
3 Results	4
3.1 Overview of respondents	4
3.2 Making referrals	4
3.3 Awareness of the social prescribing services on offer in the borough	5
3.4 Feedback to referrers	6
3.5 Benefits to patients	7
3.6 Benefits to staff	7
3.7 Continuation of the social prescribing service	8
3.8 General feedback	9
3.9 How the service could be improved	10
4 Conclusions	10
5 Appendices	11
Appendix 1: Copy of the Survey	11
Appendices 2-12: Full text responses to specific survey questions	13

1. Introduction

Tower Hamlets has a primary-care based social prescribing service, with a Social Prescriber linked to each of the borough's 37 GP practices. Each GP practice is part of one of 8 GP Networks. The borough-wide service has been in operation since 2016, as part of an 18 month pilot funded by Tower Hamlets Clinical Commissioning Group (THCCG).¹ Prior to this, there were social prescribing schemes in operation in two GP practices, the Bromley-by-Bow Centre and the Mission Practice.² The service has additional support from 1 Macmillan-specific Social Prescriber, who works borough-wide with people living with and beyond cancer. It should be noted, however, that the Macmillan social prescribing service is not funded as part of the borough programme.

In autumn 2017, an evaluation was conducted on the first 8 months of the borough-wide service, covering the period 1 December 2016 to 31 July 2017. To inform the evaluation, a survey of staff working in primary care was conducted to understand referrers' perspectives on how the current scheme is working and identify any areas for improvement. This report provides an overview of the results of the survey. Key findings have also been incorporated into the full evaluation report.³

2. Methods

The survey was conducted online using Survey Monkey. For a copy of the survey please refer to **Appendix 1**. The survey was promoted by Social Prescribers and Network Managers to staff across primary care, including -

- GPs
- Practice Nurses
- Health Care Assistants
- Nurse Practitioners
- Patient Assistants
- Practice Administrators
- Practice Psychologists.

Responses were sought from each of the 37 GP practices to fully understand how the scheme had been embedded across the borough. The survey was sent out on 1 August 2017, with a deadline of 22 August, which was later extended until 31 August. Several reminders were sent. The survey was also promoted through the Tower Hamlets Together, GP Care Group and Clinical Commissioning Group websites, on twitter and via primary care newsletters.

Data collected was both quantitative and qualitative. Not all participants answered every question, and as such the denominators vary across questions. The qualitative data was analysed using a thematic framework approach and common themes for the relevant questions are presented here. Participants were given the option to provide their names in the survey if they wanted further information about the service. The responses to the survey were analysed anonymously and are presented here as aggregate findings and unattributed quotes.

¹ Tower Hamlets Clinical Commissioning Group <http://www.towerhamletscg.nhs.uk/>

² Social Prescribing schemes have existed at the Bromley-by-Bow Centre since 2011 and at the Mission Practice since 2013.

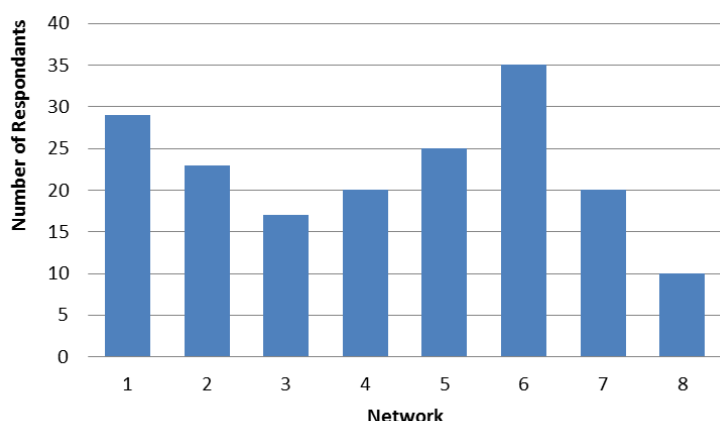
³ Tower Hamlets Together and UCL, Social Prescribing in Tower Hamlets: Evaluation of Borough-wide Roll-out, 1 December 2016 – 31 July 2017, March 2018 <https://towerhamletstogether.com/our-work/social-prescribing-service>

3. Results

3.1 Overview of respondents

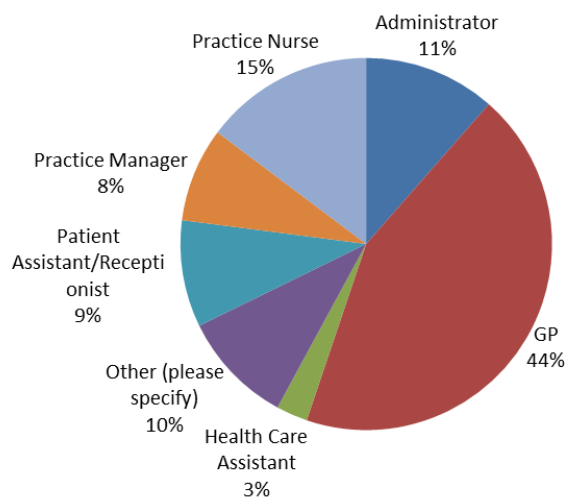
The survey received 183 responses. 35 of the 37 practices and all 8 Networks were represented amongst respondents (see **Figure 1**). As noted above, the Mission and Bromley-by-Bow Practices (in GP Networks 1 and 6 respectively) both had established social prescribing programmes prior to the pilot, and the familiarity of staff in those practices with social prescribing may explain the slightly higher response rate in their Networks.

Figure 1: Number of responses per GP Network



Responses were received from a wide variety of professional groups but the largest number of responses was from GPs, who are the main referrers into the social prescribing service (**Figure 2**).

Figure 2: Profession of respondents



3.2 Making referrals

77% of respondents (140) had referred patients to the social prescribing service. All the professional groups included in **Figure 2** were amongst the referrers into the service. 98% (141) felt that the referral process was straight forward. Respondents were also given the opportunity to offer free text comments on the referral process. Most comments received stated how easy the process was, particularly in Networks where they are able to refer via entering a code into EMIS or asking the reception team to book appointments directly.

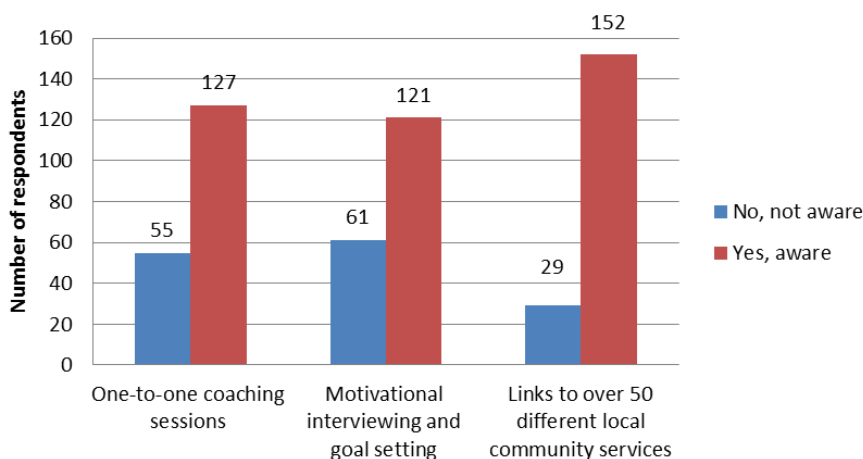
Of the group who had not made a referral to the team, 7 were GPs. The main reasons given by these GPs for not referring patients were a lack of information about what the service offers/who is appropriate to refer and lack of time within the appointment to discuss with patient. Of the GPs who had referred, only one GP stated that the referral process had not been straight forward, but commented that the issue had been rectified in their practice leading to a simpler referral process. Amongst other professional groups who had not made referrals, there were some patient-facing staff such as receptionists who felt it was not in their role to refer patients. It is important that these and similar staff feel confident that they can make referrals to the service, as appropriate, to minimise the burden on GP time through unnecessary appointments. Refer to **Appendices 2 and 3** for the full comments received about the referral process.

3.3 Awareness of the social prescribing services on offer in the borough

3.3.1 Awareness of the range of services on offer

As **Figure 3** shows, the majority of respondents were aware of the full range of services that are offered by the social prescribing team, however a number were not aware of aspects of the service, particularly that it offers 1:1 coaching sessions, motivational interviewing and goal-setting. Refer to **Appendix 4** for further comments made by respondents about the services on offer.

Figure 3: Awareness of respondents about the different services offered by social prescribing



Fewer than half of respondents (48%) were aware of the specialist social prescribing service for people living with and beyond cancer (Macmillan Service) and only 25 respondents reported having referred into the service. Of the 150 respondents who had not referred into the Macmillan service, 63 of these were GPs. The main reasons given by participants for not referring to the service were either not having had appropriate patients to refer or not being aware of the service. There were a number of comments where respondents felt that their role, such as Practice Manager, did not allow them to refer to the service. Refer to **Appendix 5** for a full list of comments received about referrals to the Macmillan service.

3.3.2 Awareness of the social prescribing patient leaflet

The survey asked whether respondents were aware of the social prescribing patient leaflet, which describes the services on offer. 70% (127) had seen the leaflet with 31% stating that they use it in clinical practice. 30% reported that they had never seen the leaflet. Many of those who had not seen the leaflet asked to receive copies to aid the referral process. Out the GPs who responded to this question, 18 stated that they use the leaflet with patients but 32 stated that they had seen the

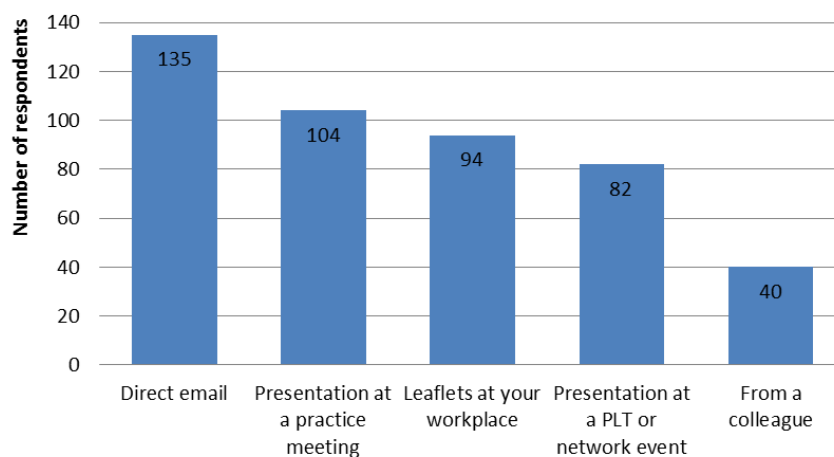
leaflet but don't use it and 30 that they have never seen it. Refer to **Appendix 6** for comments made about the patient leaflet.

A few survey respondents suggested that a directory of services be developed and made accessible to all. They felt this would allow clinicians to be constantly updated with what services the social prescribing team are referring into. Potentially the clinicians could refer less complex patients directly using this resource or signpost clients to the directory to self-refer to reduce the demand for social prescribing appointments, allowing higher need patients to be seen quicker. They felt it could also be used as a resource for referrers to explain to patients what the social prescribing service can offer, which could help facilitate new referrals and improve their quality. There are some existing public directories of the local service offer which could be shared for this purpose. There is also work underway within Tower Hamlets Together to develop a 'public facing portal' which will bring together and supplement existing directories of local services.

3.3.3 Keeping abreast of local developments in social prescribing

Respondents were asked what their preferred method was to hear about services and developments which support referred patients. As **Figure 4** shows, the most popular choice was direct email (135 respondents), followed by presentations at practice meetings (104 respondents).

Figure 4: How respondents would prefer to hear about services and developments which support patients they have referred to the service



3.4 Feedback to referrers

Respondents were asked whether they were happy with the feedback provided by the service. 18% (27) respondents said that they were not happy. Those who commented on why they were not happy mostly stated that they had not heard regarding the attendance or outcomes of their patients. In 3 cases, patients had reported that they had not been contacted. Refer to **Appendix 7** for a full list of comments received about patient feedback in answer to this question. Lack of feedback was also picked up in comments made about the continuation of the service and ideas for ways to improve the service. Feedback was seen positively when EMIS was used by social prescribers, allowing clinicians to look at the consultation outcomes directly.

3.5 Benefits to patients

When asked if 'social prescribing brings benefits to the wellbeing of your patients?' 99% (175) of respondents felt that it did. When asked to comment on this, respondents stated the following reasons:

- Good signposting and discovering new services
- Environment where patients feel safe
- Gives adequate time to patients
- Tackles social issue
- Approaches patients holistically
- Meets patients' needs appropriately
- Improves patient wellbeing
- Provides community connections.

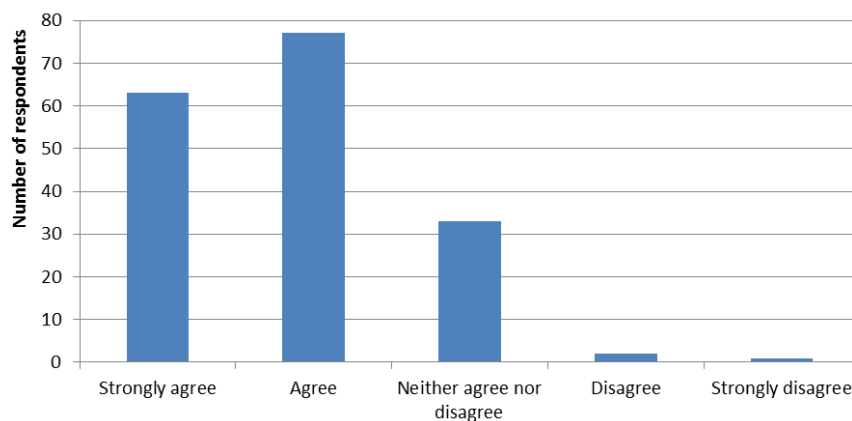
'Not to all but to some it is completely life-changing.'

Refer to **Appendix 8** for all the comments received.

Reasons provided for why the service may only be 'somewhat' of benefit to the wellbeing of patients were that the service offered may not be appropriate for specific patients or they thought that services that were required were not available in the community to refer patients onto.

As **Figure 5** shows, 80% respondents agreed or strongly agreed that patients respond well to the idea of social prescribing, with 19% neither agreeing nor disagreeing.

Figure 5: Responses to the question: Do you agree that, overall, patients respond well to the suggestion of social prescribing?



3.6 Benefits to staff

98% of respondents (n=172) felt that social prescribing offered some benefit to them in their profession. When asked why, respondents gave the following reasons:

- Allows Health Care Professionals (HCP) to approach patients holistically
- Gives HCP in primary care extra tools and a referral pathway
- Allows HCP in primary care to use time appropriately
- Allows GPs to focus on medical issues
- Increases knowledge of alternative services
- Reduces appointments/inappropriate appointments

- Relieves administrative pressure
- Increased HCP awareness of social issues
- Provides an extra safety net.

'My dealings with patients, particularly those that are vulnerable, has shown me that there is a need to support patients non-clinically. Often these patients don't know who to turn to for help so they end up making an appointment to see a GP, when their problems are not medical.'

'As front of house this is something we can inform patients about in a friendly way.'

'Feel that we are handing patient over to colleague who is up to date on local options something we struggle to keep up to date with/often unknown - I feel it reduces possible re-attendances and often helps speed up consultations.'

Refer to **Appendix 9** for a list of the comments received.

3.7 Continuation of the social prescribing service

99% of respondents (174) stated that they wanted social prescribing to continue in Tower Hamlets, commenting that it was a much needed service with no alternative service for patients to be referred to. They felt that it offers a patient-centred approach that supports general practice and makes a substantial difference to patients' lives.

'It's an amazing service that can make a massive difference to people's lives and health'

'This service is so innovative and I think the direction the health service needs to go in order to be more sustainable cost effective (as it considers the actual person and not blankets them with a generic treatment). It also links many different aspects social, financial, cultural which can become heavy burdens for our patient.'

'Don't think that I could continue as a GP in Tower Hamlets without it.'

Refer to **Appendix 10** for a full list of comments received around service continuation.

When asked about the consequences of the social prescribing service being withdrawn, 78% (129) respondents believed that this would affect the ability of their patients to address the social determinants of health and 76% (125) believed it would affect the ability of their patients to engage with their health (**Figure 6**). 87% (141) of respondents disagreed with the statement that if the social prescribing service was not available it would not make much difference. If social prescribing did not exist, 23% (38) respondents would not try to take on some of the support themselves by finding appropriate organisations to refer clients into and 29% (48) would steer away from opening up holistic conversations because they did not feel they have the knowledge or confidence to refer to appropriate organisations. Withdrawal of the service would leave a gap in meeting patients' holistic needs and would also put an extra burden on clinical time for practitioners, feeling that they need to attempt to address these issues.

Figure 6: Table outlining the perceived consequences of the social prescribing service being withdrawn

If the social prescribing service was not available, please rate the following comments...										
	I would try to take on some of the support myself by finding appropriate organisations		I would steer away from opening up holistic conversations because I don't feel I have the knowledge/confidence to refer to appropriate organisations		I believe it would affect the ability of my patients to address the social determinants of health		I believe it would affect the ability of my patients to engage with their health		I don't think it would make much difference	
	No.	%	No.	%	No.	%	No.	%	No.	%
Strongly agree	15	9%	10	6%	72	44%	55	34%	3	2%
Agree	71	43%	38	23%	57	35%	70	43%	4	2%
Neither agree nor disagree	40	24%	44	27%	29	18%	25	15%	15	9%
Disagree	25	15%	56	34%	5	3%	13	8%	70	43%
Strongly disagree	13	8%	17	10%	2	1%	1	1%	71	44%

'I think this service is a vital part of caring for the overall well-being of our patients'

'(I) wonder now how we managed without it - feel it's at the beginnings and has huge potential - also in helping us form links/conduits with local community/voluntary sector.'

3.8 General Feedback

Respondents were asked to comment what they thought are the best things about social prescribing. The main features cited are outlined below. Refer to **Appendix 11** for a list of all the comments received.

- Local resource
- Gives adequate time to patient issues
- Holistic
- Access to so many services/networks
- Additional support to patients
- Empowers patients
- Takes pressure off general practice
- Can be life changing for patients
- Builds community
- Addresses social determinants of health
- Ease of referral process
- Patients receive specialist help
- Reduces appointments/inappropriate appointments
- Single point of access to many interventions.

'Empowers patients and gives them time and space to address their "life" concerns which inevitably affect their health.'

'It is empowering and supportive of people to make positive changes in their lives. It gives me, as a doctor, a better perspective on the impacts of health on people's lives and of their lives on health!'

'Having a positive intervention to offer those who need help but not medical help. Medicalizing problems is as likely to cause harm as to solve problems.'

'The variety of services, and the competence and commitment of the social prescribers.'

'It complements and reinforces patient care, making their experience and outcomes much better.'

3.9 How the service could be improved

When asked what potential improvements they would like to see made to the service, respondents made the following suggestions:

- Better feedback and communication with referrers - closer working between social prescribers and the clinical staff in the practice to aid sharing of information and feedback about the patients referred
- Service to be supported by more community services
- Increased funding and an increase in numbers of social prescribing staff to allow more availability of Social Prescribers for engagement at practice level
- Expansion of social prescribing service to community health teams, mental health and urgent care
- More information available about service the offered – potential remarketing and a new leaflet
- Directory of services.

Refer to **Appendix 12** for a full list of improvements shared.

4. Conclusions

The survey results demonstrate that the social prescribing service is being used across the whole of the borough and accepting referrals from many different sources. The service is well-regarded and respondents believe in its benefits. Their responses indicate a strong desire for the service to continue and expand, and to have closer connections both within general practice and with wider community services. Respondents felt that the social prescribing service is providing primary care with a referral pathway that deals with patients' needs holistically and helps to address their wider social issues. A withdrawal of this service would leave a gap in primary care's ability to adequately meet patients' needs.

Most respondents were aware of the breadth of social prescribing services offered, although further marketing may be beneficial, particularly around the Macmillan Social Prescribing Service. There were a few GPs that were new to Tower Hamlets who had not referred into the service due to a lack of awareness. It is important that new members of staff receive information about the service and that the service continues to be promoted at regular intervals within each practice so that existing staff can be updated on any changes/ service outcomes. Leaflets were felt to be useful for this.

In the future, respondents would like to see better feedback from the social prescribing service. One way to improve the current process would be to have standard feedback practice across the social prescribing teams as this currently varies across different GP Networks. It would also be of benefit to inform GPs of failed contacts or patients who did not engage. Feedback was viewed positively when EMIS was used by social prescribers, allowing clinicians to look at the consultation outcomes directly.

5. Appendices

Appendix 1: Copy of the survey - Social Prescribing Referrer Survey 2017

This survey forms part of an evaluation we are conducting on social prescribing within Tower Hamlets. We would like to hear your feedback on your local social prescribing scheme, which will be used to shape future development of social prescribing within the borough.

1. In which GP practice are you based? (Please select primary location from drop down list)
2. What best describes your profession?
 - a) GP
 - b) Practice Nurse
 - c) Health Care Assistant
 - d) Practice Manager
 - e) Patient Assistant/ Receptionist
 - f) Administrator
 - g) Other (please specify)
3. Have you referred to the social prescribing service in the last year? Yes/No
4. If you haven't made a referral, please indicate why not? (Free text)
5. If you have made a referral, was the process easy and straight forward?
 - o Yes/No/Somewhat
 - o Please comment (free text)
6. Do you agree that, overall, patients respond well to the suggestion of social prescribing?
 - a) Strongly agree
 - b) Agree
 - c) Neither agree nor disagree
 - d) Disagree
 - e) Strongly disagree
7. Do you think that social prescribing bring benefits to the wellbeing of your patients?
 - o Yes/No/Somewhat
 - o If relevant, please state how (free text)
8. Do you think that social prescribing brings benefits to you in your profession?
 - o Yes/No/Somewhat
 - o If relevant, please state how (free text)
9. Are you aware the social prescribing service offers the following... Yes/No
 - a) One-to-one coaching sessions
 - b) Motivational interviewing and goal setting
 - c) Links to over 50 different local community servicesPlease comment (free text)

10. Are you satisfied with the patient feedback the service provides:
- Yes/No
 - If no, please comment (free text)
11. Are you aware of the social prescribing patient leaflet, describing the service? *(If not and you would like to see a copy please provide your name at the end of the survey)*
- a) Yes I use it with patients
 - b) I've seen it but haven't yet used it
 - c) No I've never seen a leaflet
- Please comment (free text)
12. How do you prefer to hear about services and developments that support referred patients? Tick all those that apply:
- a) Direct email
 - b) Presentation at a practice meeting
 - c) Leaflets at your workplace
 - d) Presentation at a PLT or network event
 - e) From a colleague
 - f) Other (please specify) (free text)
13. Are you aware of the specialist social prescribing service for people living with and beyond cancer (funded by Macmillan and delivered by Bromley by Bow Centre across Tower Hamlets)?
Yes/No
- (If not and you would like to receive some information about this service please provide your name at the end of the survey)*
14. Have you referred any patients living with and beyond cancer to social prescribing?
- Yes/No
 - If no, why not? Please comment (free text)
15. Do you wish to see the social prescribing service continue?
- Yes/No
 - Please comment (free text)
16. If the social prescribing service was not available, please rate the following comments (Strongly agree/ Agree/ Neither agree nor disagree/ Disagree/ Strongly disagree):
- a) I would try to take on some of the support myself by finding appropriate organisations
 - b) I would steer away from opening up holistic conversations because I don't feel I have the knowledge/ confidence to refer to appropriate organisations
 - c) I believe it would affect the ability of my patients to address the social determinants of health
 - d) I believe it would affect the ability of my patients to engage with their health
 - e) I don't think it would make much difference
17. In your opinion, what are the best things about social prescribing? (Free text)
18. Please state any improvements you would like to see made to the service? (Free text)
19. Please enter your name or leave blank if you prefer to remain anonymous.

Appendix 2: Reasons given for not referring patients to Social Prescribing:

- *Has not been required*
- *I have just started at the practice and have been informed about it*
- *Just started in GP 2 weeks ago*
- *Opportunity did not arise*
- *Not too clear who would benefit... probably because I'm too busy sorting out the problem. However, my registrar has done plenty and now I think I may be more confident at referring. It's just that I forget...Perhaps a SMALL reminder sheet of what you offer is what I need to stick to my PC screen as an aide memoir!*
- *Would not be confident that the condition is one which should be dealt with medically/ the patient is seeing the doctor for a medical report etc.*
- *Not sure it's a practice management role*
- *Not within role remit*
- *It wasn't part of my role to refer patients*
- *Not appropriate*
- *My role doesn't deal patients directly*
- *Not requested*
- *Limited patient contact*
- *Not sure what this scheme refers to? Lack of information about service*
- *Not had anyone disclose a reason to warrant a referral*
- *Don't know enough about it*
- *Unsure of the service details*
- *Not applicable to my role*
- *I don't do referral*
- *I did not know much about the service until my ALG presentation. Also, I've not come across many patients who need the services as of yet. It would be useful to have a poster with all the services that are provided*
- *I am new to the practice and still learning about social prescribing*
- *Hard to get patients to talk about things, I think patients find it easier to speak to clinicians about these things*
- *haven't come into interaction with a patient who would benefit from the services*
- *Information passed to GP*
- *I personally am not able to refer - surgery has referred*
- *Did not have face to face contact with patient*
- *I am not clinical*
- *Not a referrer*
- *Never needed to*
- *Apprentice*
- *I don't make any referrals*
- *Not had a need to as yet but would do if the occasion arises*
- *Pressure of time*
- *Haven't needed to*
- *Have pointed several others to make a referral but not personally*
- *Cannot remember how to or what they can offer*
- *Do not have patient contact*
- *I don't have the kind of contact with patients*

Appendix 3: Responses received to the question: If you have made a referral, was the process easy and straightforward? Please comment:

- *Too many steps to attach the document from EMIS*
- *Booked direct into SP clinic*
- *Using EMIS code*
- *Very easy just to use Read code and add comment in consultation notes*
- *Often patients complained nobody called*
- *Very easy and efficient*
- *I was impressed with how flexible the referral process is which makes referrals into the system very easy.*
- *now better but initially some confusion re the pathway and I am not sure that referrals got through*
- *Easy*
- *Have only referred twice and both very recently so as yet unaware of outcome*
- *Very simple process ever*
- *I like the form, easy to complete - doesn't take much time*
- *Easily accessible*
- *Several different options.*
- *Also directed patients to self-refer*
- *There can be confusion around which referral form to use in EMIS*
- *Very easy to book as appointments are on our system and works well with NFA population*
- *Send emails or EMIS tasks & either book the patient an appointment myself or ask them to book via reception*
- *Having a EMIS entry probably title as referral in was extremely efficient*
- *Always easy!*
- *Pass patients to PA reception team and they book into SP clinics*

Appendix 4: Responses received to the question: Are you aware that social prescribing offers the following services 'one-to-one coaching sessions, motivational interviewing and goal setting, links to over 50 different local community services' ... please comment:

- *Refers to more services like counselling, fit4life, mind, social service, OT, local exercise classes, sure start and befriending etc.*
- *Knew there were links but not over 50*
- *My concerns are whether the Network has sufficient people to deliver the service effectively in a timely manner*
- *I had some basic understanding of social prescribing but these other services I was not aware of*
- *Doing much more than this*
- *Very helpful service*
- *I know about links to local community services, but it would be useful for referring people to have an updated list of these services. This would enable referrers to give more specific information to patients, encouraging them to use the available services when needed*
- *Please can we set up a poster with different services that are accessible to patients so that we as clinicians can offer these services to them*
- *I have no idea what is available so it is a good service*
- *I'm not sure I have seen the evidence with the first two- signposting I have*
- *A list of the services would be useful*
- *Great news*
- *I have referred several people to the fit for life scheme but not direct to social prescribing*
- *Excellent service*

- *Our social prescriber attend a monthly practice meeting and keeps us informed*
- *We were told this could help people get back to work especially those who have been out of work for a long time. When I have tried to refer people and advised that you can help with this the patients I spoke to refused it*
- *I was not in post for most of the promotion of the scheme so I missed a lot of the information regarding the full details of the service*

Appendix 5: Responses received to the question: Have you referred any patients living with and beyond cancer to social prescribing? If not why not? (Please comment)

- *Not seen these patients*
- *I've not had any cancer pts under my care to refer*
- *I haven't referred but the GPs may have*
- *I have just started at the practice and have been informed about it*
- *I have not had to*
- *Not thought to and hasn't been relevant.*
- *I am not sure if any of our patients have been referred from [name of practice]*
- *Just started in GP 2 weeks ago*
- *Did not need to as no one arisen*
- *I was not aware of it*
- *Mostly done by gp*
- *I didn't need to as other people did it*
- *Not aware*
- *I didn't need to*
- *I am not working with anyone who has cancer*
- *Not appropriate for PM*
- *Haven't had a patient who was indicating they had a need*
- *The odd pt I have seen personally haven't needed it*
- *Unsure how they can help*
- *No appropriate patients yet identified*
- *Refer to SP in generic way - not disease focused*
- *Not aware that there is separate specialist service for this. I would think social prescriber will know about this service and would make onward referral*
- *Wasn't aware if it*
- *Wasn't aware this existed*
- *Not had opportunity*
- *Was unaware*
- *Already referred by nurse*
- *Have not seen this type of patient to refer them*
- *Have not dealt with a patient with cancer yet*
- *Unaware patients can be signposted to social prescribing for this specific service*
- *I have not seen any patients living with cancer as of yet*
- *Not yet as no one relevant right now on my case load but will do*
- *Still learning about social prescribing and referrals*
- *GP would do this*
- *No able to refer*
- *Wasn't aware*
- *I was not aware of the service provided*
- *Not aware of this*
- *None suitable: some had been referred to a similar service at The Brompton*

- *Wasn't aware*
- *I don't see or refer patients in my role*
- *Not come up*

Appendix 6: Responses received to the question: Are you aware of the social prescribing patient leaflet, describing the service? Please comment:

- *Maybe I have seen it but not sure*
- *Display in practice waiting room as well*
- *I have a laminated copy for my use and hand copies to hand to patients, although running out of copies*
- *I use SP leaflet*
- *It has been made available to staff*
- *I don't think the leaflet is helpful and I now do not use it*
- *Pls send to me*
- *I tend to highlight by speaking about service and signposting*
- *It would be useful to have available copies of the leaflet to hand in to patients*
- *There are no leaflets in the practice - You need to send us some*
- *Yes*
- *I give verbal referral*
- *I don't see patients so would have no reason to use it*
- *Would like some please*
- *Are we trying to drum up custom, or do we have enough? Wonder about group texts to relevant patients?*
- *Ought to have a supply in my room...*

Appendix 7: Responses to the question: Are you satisfied with the patient feedback the service provides? Please Comment:

- *I have not received sufficient feedback about patients, who have been contacted or those, who have been seen*
- *I've not received any feedback from referrals I've made*
- *I receive hardly any feedback*
- *No, I never get any feedback so I don't really know at all how the patient's benefit*
- *I don't really see this end of it... As I am primarily typing letters and making sure referrals go out*
- *Not had any*
- *Have not received formal feedback*
- *But I have not had much feedback from patients*
- *It may be helpful to have an email which lists where patients have been referred to and a little detail about what works etc.*
- *As I said they often complain they are not called back*
- *Not had any feedback yet*
- *I have not seen any feedback*
- *Although would be good to have more regular feedback with numbers of who is referred where.*
- *I can't remember any feedback but I haven't made many referrals*
- *I am not aware*
- *Negative feedback some pts*
- *No feedback is provided back to the surgery once the prescriber contacts the patient which is the reason for low number of referrals*
- *Unsure*

- *Would be useful to know that referral has been received, any outcomes of early meetings and 'discharge' summary when leaving the service*
- *Patients have definitely found it useful when GP said someone would contact them then it happened*
- *Too early for me to comment*
- *Have not had any feedback, not sure how feedback is given*
- *I don't normally receive feedback*
- *Almost every single patient I have referred has given very positive feedback*
- *Unable to answer this, as I have not had the opportunity to see any patient feedback. Do they get sent regularly to the referring GP practice?*
- *Yes definitely, from the feedback that was presented at a presentation I was at recently, it certainly seems that patients really appreciate all that social prescribing brings to them*
- *But could be more comments i.e. DNA or responded well*
- *None came back to I've feedback*
- *Not seen any*
- *Would love to hear more success stories or case studies, it's lovely seeing how patients are coping better but also it may help remind clinicians to refer, particularly if it involves a more 'niche' service*
- *I do not know the feedback from patients*
- *Though - it would be useful to get notification and some comments in EMIS*
- *I haven't seen feedback for the patients I have referred but this is more likely due to another doctor receiving the report*
- *Would love to know what happens after referral but not getting anything back so far*
- *I haven't had enough feedback to know that yet*
- *Haven't seen any but I'm sure I'd be aware if there were any problems / issues*
- *[Social Prescriber] writes in our EMIS record which works well*
- *Not had any*
- *Didn't get feedback*
- *It is unclear whether referrals have been received, patients contacted or any action taken*
- *Sent details of action points after patient had been seen*
- *As integrated into EMIS feel "on the same page" and can also support SP plans when I next see - helps I think patient also feel it's an integrated system with good internal comms*
- *Value the fact [Social Prescriber] writes into our record so very accessible and built in to the planning*
- *I have never been informed about the outcome of any referral I have made*
- *Never seen any feedback*
- *Haven't seen any patient feedback*
- *I have not had any feedback*

Appendix 8: Responses received to the question: Do you think that social prescribing brings benefits to the wellbeing of your patients? If relevant, please state how

YES:

- *Patients feel safe speaking to someone who is interested and is in a position to guide them to the right resources*
- *They have adequate time to discuss their social issues*
- *Not to all but to some, it is completely life changing*
- *Different organisations help a patient on their wellbeing*
- *SP has more community knowledge than we do*
- *I have not referred but I think life is so complicated most people have other issues compounding their health and social prescribing may help with them dealing with the other issues as well*

- *Yes, occasionally some concerns have been resolved, and I guess for patients is good to know that we are exploring all options*
- *Patients are using more services according to their needs*
- *Over whole range of housing employment and benefit problems*
- *Transfer of workload from GP to staff who are more familiar with other types of service/pathway*
- *Good sign posting, think would be useful if social prescriber cannot get hold of patient to contact GP however.*
- *Most of my patients have been nicely surprised to find that this service exists - especially when they've been feeling like they are all alone and no one can help*
- *Completely. It allows the opportunity to look into the roots of socioeconomic, cultural, spiritual background. Without this our medical interventions can often be in vain as some of the root causes can be found in the person's social background. Being part of a community really helps and our social prescriber has been great and connecting people, e.g. walking groups, which gives patients meaning and purpose.*
- *Gives them the chance to speak to someone about their issues in a surrounding more comfortable*
- *I feel the services that are on offer can be of benefit to all patients*
- *Provides support and can improve motivation for making healthy lifestyle changes*
- *Patients find it useful and helps there mental well being*
- *Helps patients find activities that improve their wellbeing*
- *Social prescribing helps looks after the patient holistically and this in turns has an impact on their mental and physical wellbeing*
- *So many of the issues that present to us are not medical and having a place to refer to is very helpful to the overall well-being of them*
- *Patients gave positive feedback as a service user*
- *Addresses societal issues that we cannot. Empowers patients*
- *Helps isolated patients connect with the community*
- *Feedback from patients has been positive*
- *Excellent service, supporting patients in ways GPs can sometimes find difficult*
- *They feel empowered and offers them a whole new perspective about how to address her health issues*
- *Social problems can cause mental health problems or concerns and pointing patients in the right direction for help can improve their health*
- *Sometimes has been critical in sorting out social issues - takes the strain off the gp and allows pt more time to sort out the real issues when they are not primarily medical*
- *Social elements of patients health affects many of their medical issues and supports the overall care of patients*

SOMEWHAT:

- *Occasionally, signposted services are not exactly what patient had in mind/ not available*
- *Depends which patients*
- *Several pts fed back that didn't find it helpful after seeing them*
- *As already mentioned, I have only just become aware of it in my practice and have only referred twice and as yet unaware of outcomes/benefits as too early to say*
- *Unable to comment. I have not had any feedback from patients or the social prescribing team following the many referrals I have made*
- *I feel that it is likely to bring benefit and my patients are very interested to be referred or will request to be referred in the future. I am yet to have feedback from patients or the SP team to know whether they engaged*

Appendix 9: Responses received to the question: Do you think that social prescribing brings benefits to you in your profession?

YES:

- *Knowing that a professional is there to support patients in the social circumstances. Therefore improving their general well being in regards to their health*
- *Improve their holistic well being*
- *It gives me more tools to treat the patient in a more holistic way*
- *Helps patient on their wellbeing journey*
- *Saves us time and chasing around for hundreds of services as they change so frequently*
- *This allows us to focus on medical issues and now on social issues. It also allows support for people with mental health problems that in itself can be therapeutic*
- *They can provide information/services that I am not really aware of*
- *Social prescribing service enabled me to learn about more services and how they work*
- *Makes me more aware and knowledgeable about several issues in our society*
- *My dealings with patients, particularly those that are vulnerable, has shown me that there is a need to support patients non-clinically. Often these patients don't know who to turn to for help so they end up making an appointment to see a GP, when their problems are not medical.*
- *Another thing to offer patients in what they or we feel is an intractable situation*
- *Improves patient wellbeing and availability of appointments*
- *Will reduce need to see gp when can be directed straight to person who can help*
- *It eases somewhat the admin pressures, and especially with homeless patients.*
- *Difficult to be up-to-date with all healthy living services, so referral v helpful*
- *It gives me a trusted referral source where in the past they'd have been none - it offers services that are much needed but as far as I'm aware not available in many other CCGs*
- *Definitely. It goes hand in hand with my profession it allows the consideration of that person's health to not just remain medical model but together alongside social prescriber we can go deeper, more long term. It also frees some time in nursing consultation also.*
- *Understanding of different problems patients face*
- *It helps us to sign post places which patients can go for further support which we can't always offer in General Practice*
- *Definitely allows me to do my job and yet address the concerns of the patient better, meeting their concerns and needs*
- *We are not able to offer the time needed to explore different options with patients or provide ongoing motivational support*
- *Reduces inappropriate use of appointments*
- *As front of house this is something we can inform the patient about in a friendly way*
- *To address psychosocial issues*
- *It makes the work easy*
- *Helps to keep us updated about what services are available locally*
- *It offers a more holistic scheme of health care to patients*
- *I can spend time focusing on clinical issues*
- *It increases my awareness of what we can help patients with, it really helps us take the steps to providing holistic care.*
- *Better support given to the patients*
- *Allows us to offer a more comprehensive service*
- *Probably reduces consultations of frequent attendees*
- *I feel I can at least do something about social problems*
- *Patients are happier & better engaged as well as healthier when doing exercise and supported with stressful issues like benefits*
- *Less clinical time spent on social issues*

- *Able to offer practical solutions to patients in need*
- *Should reduce workload and inappropriate attendance and empower patients*
- *Social prescriber has a good knowledge of services in the community*
- *Feel that we are handing patient over to colleague who is up to date on local options something we struggle to keep up to date with/often unknown - I feel it reduces possible reattendances and often helps speed up consultations*
- *It supports and facilitates the healthy lifestyle choices we promote*
- *It complements beautifully the medical care and provides with a holistic approach to patient care*
- *I think it brings benefits to the practice because it means Drs can signpost people elsewhere for non-medical issues*
- *It's really helpful to have another safety net for patients*
- *[Social Prescriber] has far more knowledge of community services than we do or have time for*

SOMEWHAT:

- *I don't hear back from the service so I don't know if pt has attended and what they've been offered*
- *Reflects the lack of community and support networks in society that we need to refer*
- *As already mentioned, I have only just become aware of it in my practice and have only referred twice and as yet unaware of outcomes/benefits as too early to say*
- *I am a practice manager so for the practice but not personally*

NO:

- *I'm not a clinician but I think it probably does for those who are*

Appendix 10: Responses received to the question: Do you wish to see the social prescribing service continue?

- *But better communication would be essential*
- *It's a brilliant service for patients who are not sure where to go and who to for whatever it is they need*
- *A much needed service supporting practices*
- *YES PLEASE, it would be a shame to lose it*
- *Continuing with social prescribing service will provide more benefit to the community*
- *Very helpful to me and the patients and their family*
- *It sounds an important service*
- *This is a brilliant service which benefits our patient enormously*
- *Very useful adjunct to GP work*
- *People who are not eligible for FitforLife service, can access Social prescribing, this provides options for clinical to refer*
- *Definitely please!*
- *Although I do wonder if the format in the future might change so that eg practices train up individual staff to take on the signposting aspect*
- *It's an amazing service that can make a massive difference to people's lives and health*
- *100%. This service is so innovative and I think the direction the health service needs to go in order to be more sustainable cost effective (as it considers the actual person and not blankets them with a generic treatment). It also links many different aspects social, financial, cultural which can become heavy burdens for our patients*
- *I feel it benefits people in many ways, providing advice, support and social inclusion*
- *Don't think that I could continue as a gp in tower hamlets without it*
- *Very much so*
- *Having them in the surgery will be better*

- *Excellent service with real changes to complex problems which we have not resolved in the past.*
- *But could we make this more widely known. Maybe if you want this to work and I have mentioned this to my staff who forget, seem disinterested at times, need to be reminded. This despite a 6 foot banner opposite them*
- *It supports both patients and primary care staff*
- *But more feedback please*
- *It's a very valuable part of the service we provide at the practice. It contributes to providing patient-centred and holistic individualised care*
- *Great service and wonderful to have it weekly in-house at the practice*
- *I think this service is a vital part of caring for the overall well-being of our patients*
- *Wonder now how we managed without it - feel it's at the beginnings and has huge potential - also in helping us form links/conduits with local community/voluntary sector*
- *This is an invaluable service that supports our patients. In a time of ever decreasing resources and funding, this is a service that MUST continue*
- *It has improved patient care and reduced demand of many frequent attendees*
- *I think this is an incredibly valuable service that helps and supports primary care to meet people's needs in the most appropriate way. It gives options for patients and health care professionals, helps GPs, nurses and primary care teams with complex cases and directly addresses patient need*
- *It would be good to know what you do though*
- *The need is always there and as clinicians we can't always provide all the support that the social prescriber can*

Appendix 11: What respondents felt are the best things about social prescribing

- *Local services*
- *Another form of health*
- *The time available to the social prescriber to go over problems with an open mind on the outcome*
- *Patient can be referred to someone who may be able to assist with my patient's social circumstances and follow things through*
- *If not sure where to signpost to, they are always there*
- *Holistic approach, addressing patients social issues*
- *How broad their services are*
- *Additional support for people who genuinely need it*
- *Patients can have more thorough review/ assessment without as much time constraint and can be signposted to services that I may not have been aware of*
- *Don't have to specify what I think is needed, patients are assessed by the team.*
- *I think that it takes some pressure of other services saves time on dictating and typing of letters*
- *Empowers patients and gives them time and space to address their "life" concerns which inevitably affect their health*
- *It is empowering and supportive of people to make positive changes in their lives. It gives me, as a doctor, a better perspective on the impacts of health on people's lives and of their lives on health!*
- *Links and networking*
- *Addresses social determinant of health, allows px to tackle non medical issues with help of team*
- *A person to direct social issues towards within our practice*
- *Having a dedicated place where people can take a wide variety of social issues and get tailored help*
- *Sharing the ownership of health*

- *It offers things services that I am not aware, and time to deal with other than health concerns (which I know how to deal with)*
- *The help patients receive alongside attention to their direct medical health.*
- *Good for patients that need a push in the right direction*
- *Making people to engage with the services*
- *The wide variety of services they offer to patients.*
- *Range of services*
- *Ease of referral, competence in areas I'm not good at or have no time for*
- *Support for patients outside of the GP*
- *The variety of services they can benefit patients with.*
- *They are aware of all the available services*
- *An alternative to having a tablet/pill*
- *Access to a range of community services that can help with patients problems which leads to better health and wellbeing*
- *Time factor - the patients are offered the time it needs to determine what they need without the pressure of time in a GP consultation*
- *Easy referral, good signposting to various services*
- *Social Prescribers deal with some of the non-clinical cases, allows our clinicians to use their time efficiently*
- *The service is fulfilling an important need and will help to reduce appointments booked by patients for social issues once it is firmly established*
- *One to one hopefully empowering attention for needy patients*
- *Range of options explored*
- *It appears to tailor patients expressed needs and concerns with services that can be offered and are appropriate*
- *Giving patients confidence to empower their health and make positive decisions on their health*
- *There is something out there for anyone - a way to join in the community*
- *That patients can be seen by a social prescriber and that they may discover other needs that they have that was not their first intention*
- *Having the one stop shop approach, shortens my consultations*
- *It's good to have this service, where without any booked appts, patients are contacted and provided support initially with a variety of services available*
- *Unsure*
- *The word social but not the word 'prescribing'*
- *Easy referral process, no form! helpful wide ranging advice and services provided*
- *Employment advice/ homelessness advice*
- *Efficient*
- *Someone specialised who can focus on this and who has more time than we do so can do a better job*
- *Easy referral process, offers lot of numerous local service and access to services*
- *Wide breadth, easy to refer, contact patient's directly, you have more time to discuss different options that are important to patient's welfare*
- *Address wider determinants of health for patients health improvements and save clinician's time by providing non clinical specialise services to patients health needs*
- *One stop referral for all needs makes it easy for us to refer and patients more receptive to it*
- *Someone with the time can take on this very important role*
- *The personal and local knowledge*
- *A single point of referral offering many different types of help*
- *How quick they see a patient and how helpful they are*
- *Helpful information*

- *All the different services that are available to patients*
- *Targeted help and support for patients, increased patient awareness and confidence, reduction of unnecessary use of GP appointments*
- *It allows patients to take control of their life and gives them empowerment over their health and wellbeing*
- *Offering care and connections to the community that are lacking and allow patients to find hope that medicines cant and make them less reliant on the NHS*
- *Patients are given time to discuss their needs and make their own plans to improve their health*
- *Opens up further conversations about patients needs and is able to find the appropriate service for the patient*
- *Confidence building, reduces stress, prepares patients to manage, help with job and benefits*
- *It tackles the social determinants of health*
- *Patients have somewhere they can go and get support*
- *The ease of referring patients for various things to enhance well being*
- *The fact that patients have someone else to help them with things that GP's cant, things that are probably most detrimental to their health at that moment in time.*
- *Enabling a lot of self help where clinicians are not needed to be seen*
- *That we are there for people whose existence truly matters, not just limited to physical health*
- *That is local services for people*
- *A pleasant, easy to talk to social prescriber*
- *It's a person, easy access to them*
- *Patients can be more independent and overall improves their health/mental state.*
- *Quick access to services*
- *Immediate availability*
- *Having time to listen & informing patients of local services*
- *Promotes patient participation in the community*
- *Addressing social problems that doctors don't have expertise or time to resolve*
- *Patients can find a lot of activities and support that takes them out of well-worn habits and generally negative view of chronic conditions*
- *Patient get better informed choice from someone who knows what is available*
- *Help for the patients*
- *I feel that this is a very Good service, it brought pts together, ie Garden work*
- *Provides an aspect of holistic care not covered by traditional roles*
- *It connects patients with services where they can work towards solutions or goals in situations where as clinicians we may be unable to help as much as we want to*
- *Useful service to patients*
- *Supports patients and healthcare professionals by "filling in" gaps in services*
- *Free GP appointments for admin things and saving time and money*
- *Offers a holistic approach to health*
- *Alternative route instead of patients seeing gps and this helps patients seek advice and get help quicker and get the right help they require*
- *Patients very happy with person and his knowledge and help*
- *Easy to refer. Helpful*
- *Opens up new possibilities for patients*
- *Someone who you can talk about not just your health but other issues.*
- *Has raised profile of social determinants and offers route of suggestion that social problems not always fixed by medication.*
- *Holistic, reduces over medicalisation and helps self reliance , gives patients time to discuss issues*
- *Having a local and walk-in*

- *Easy access for patients in the practice and easy for clinicians to book them directly into EMIS appointment diary. Great to have the expertise and free up time in clinical consultations*
- *The support they provide to patients*
- *The time and expertise necessary to listen and appropriately challenge someone to stop being dependent and take back their life*
- *Having a positive intervention to offer those who need help but not medical help. Medicalizing problems is as likely to cause harm as to solve problems*
- *Empower patient and teach them new skills for ADL*
- *It's existence*
- *Brilliant service run by [Social Prescriber] at [name of practice]*
- *Everything being in one place*
- *The wide range of support on offer and no strict referral criteria excluding patients from being referred. I like the fact I got feedback/update on the patients I have referred - thank you*
- *Addressing true need and empowering*
- *Patients having a dedicated time slot & person to discuss their social needs with. This frees up my time as a GP to focus on medical problems and I know they will get excellent social support with the prescriber*
- *Ease of access / quality of SP provision (thorough comprehensive, gd feedback from pts)*
- *People's lives are more than their diseases- quality*
- *The variety of services, and the competence and commitment of the social prescribers*
- *Improves patient wellbeing and staff work load*
- *It complements and reinforces patient care, making their experience and outcomes much better*
- *Getting patients to help themselves*
- *Enabling patients to think about their health differently*
- *Able to refer to one single point for various support and help for patients, local services*
- *Someone with knowledge of provision in the Borough for lots of different reasons*
- *You have time to spend with people that we do not*
- *Provides holistic support to patients*
- *Wide range of services, ease of referral*
- *They get patients thinking about other things other than their health problems*
- *Focus on what matters to patients, reduces pressure on NHS and LA budgets, deal with the whole of someone's health*
- *Takes pressures off the Doctors - gives patients support to deal with other issues which they would not otherwise have*
- *It saves lots of admin and clinicians time.*
- *Keeping up to date with varies organisations offering help*
- *The breadth of experience available, and familiarity with local services and sign posting*
- *Easy access as they are in practice*
- *Having a route to help patients when you are not aware of how you can help them with social problems that are affecting their health*

Appendix 12: Improvements respondents would like to see made to the service:

- *Better communication!*
- *Not been long at present Practice to make a judgement*
- *More feedback from social prescribing services*
- *Needs to be supported with available community services*
- *FEEDBACK TO REFERRERS; reduced waiting times; legal advice*
- *More attendance at practice meetings to engage the team.*
- *More information and knowledge*

- *More drop in clinics for patients, presences/advertising within in waiting rooms*
- *More availability of the SP*
- *Updates on services to remind me it exists and to refer*
- *Involving carers and family*
- *More advice to non-medical staff on how to refer those who are e.g. lonely, in bed all day - how does one distinguish between clinical depression help needed and social input help needed.*
- *Having more staff*
- *We would like more staff to be employed for the social prescribing role as there are a lack of staff at the moment*
- *More staff*
- *More communication between the social prescribers and the practice*
- *They need a better system to access gp referral*
- *Social prescriber having face to face contact with patient*
- *Feedback to be better - perhaps in the records regarding outcome ongoing and after discharge*
- *Clearer feedback of outcomes*
- *Review and evaluation needs to be improved and quantified*
- *Problems seem to miss phone call and are not followed up*
- *We would like to see a big marketing campaign undertaken to raise awareness of the service amongst patients and their carers*
- *Too soon to comment*
- *The leaflet needs changing, I would like to see a description of the range of services that are being offered most frequently*
- *No keep it going*
- *I wish we did not have to do a referral when we have made them an appt- can that not be covered when they see the patient instead, to save admin time?*
- *Feedback to the GP from the prescriber and from the service providers where the patient attends will be of great benefit to monitor the patient progress being the referrer. Currently as we do not get any information back, the referrals have gone down.*
- *Feedback as above*
- *Change name to social networking or other but 'prescribing' still implies medical*
- *Provide more days when social prescribers can be at GP practices*
- *Communication with GPs when no contact with patient*
- *Needs to be marketed much more than it is, I have only just really got to grips with how to refer.*
- *Happy with the service, possible some information on how feedback is obtained*
- *This services need to sustain in primary care with extended capacity*
- *To share the directory of organisations they sign posting people into, link in with the THT early years work/ is it linked with [name of person] who heads up VSOs in TH? Expand to include CYP?*
- *I would like a booklet with more info on the diff services you can refer people to as patients often ask a lot of questions I can't answer about service*
- *Keep going please. useful list of services for us*
- *More of an active role in the practice*
- *Waiting times*
- *More social prescribers!*
- *Clearer and better divulged information about available services, both for referring staff and for patients. A direct phone line for individuals who want to know more about social prescribing before they agree to be referred would be useful*
- *More support for social prescribers - with administrative duties to free them up to do person to person work*
- *Can't think of any. But can patient refer themselves?*
- *Marketing and publication is vital, the practices need to promote SP as much as they can*

- *Leaflets to give to Patient. or maybe inviting them in for information morning*
- *More of them - we have a waiting list*
- *More outreach by the social prescribing team - integrate with CHT, mental health and urgent care*
- *I would like the service to expand*
- *Centralised structure, improved funding and recognition*
- *Keeping us up to date with what's happening/changes to the services*
- *Improve awareness of availability of this service*
- *Needs to be promoted more*
- *Maybe write to GPs*
- *More feedback on patient outcomes and how we can get patients to engage more*
- *Happy with service*
- *More feedback on patients referred please*
- *Please continue!*
- *Maybe more sessions?*
- *To be informed of pt progress when attends*
- *I would like a few more leaflets in surgery to hand out so that patient can make direct contact themselves.*
- *More knowledge of local services*
- *Better individual patient feedback*
- *Employing more social prescribers*
- *Would like to be confident that it has been mainstreamed- if funding at risk need to understand how we build a good case*
- *More services!*
- *More sessions and support or Wilma and her team.*
- *More appointments maybe*
- *Feedback about referred patients eg 'Mrs Jones has started gardening club'*
- *Electronic page, link with web GP*
- *I would like better PR for the service so it is available to a wider audience not just in the doctors surgery and self referral*
- *More capacity for more referrals, embedding social prescribing more effectively in NIS/care plans so discussed more systematically with patients*
- *Please communicate what you do, what issues you tend to have success with and what doesn't seem to work so that I can refer appropriately*
- *More please*
- *Access for patients to participate in outcome of services*
- *Just more hours available...!*
- *More availability of social prescriber*
- *Feedback - either by email or letter; increased funding*