

Social Prescribing for Dementia in Practice

Arts 4 Dementia
The Wellcome Collection, London

Thursday 16th May 2019

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Chair, College of Medicine

- Why do we need a new paradigm?
- What is social prescription?
- What is its relevance to dementia?
- How will we see the change?



“The greatest single advance in medicine will not be some new drug or procedure but an increased ability of patients to care for themselves”

Ivan Illich
“Medical Nemesis”
1964

“It will always be a struggle if we continue with an overemphasis on mechanistic and technological approaches”.

HRH The Prince of Wales

“Integrated health and post modern medicine”
Journal of the Royal Society of Medicine 2012

Social Prescribing – Coming of Age

- November 2015 – Decision to make social prescribing a national movement.
- December 2015 – Formation of a National Leadership Group
- January 2016 – First meeting of those interested in social prescription (100 came, 150 asked to come).
- March 2016 – House of Commons launch of social prescription.
- 2017 – NHS England appoints coordinator for social prescription (Bev Taylor) and first National Clinical lead (Michael Dixon).
- Christmas 2017/2018 – Simon Stevens says that social prescription should be available for all patients and GPs.
- November 2018 – Secretary of State says that social prescription should be available for all.
- January 2019 – Ten Year Plan has social prescription on the front of its Executive Summary and says should be available for all by 2022/2023.
- February 2019 – NHS England announces funding for social prescribing link worker in every GP local network for 2019 with up to three per network by 2022/2023.

“Within five years over 2.5 million more people will benefit from social prescribing, a personal health budget, a new support for managing their own health in partnership with patients’ groups and the voluntary sector”.

NHS Long Term Plan 2019

For Who?

- 20% of patients presenting with primarily a social problem
- High users of hospital and GP services
- Those with the worst health risks

What is Social Prescription?



The Prescriber

- GP
- Anyone in the GP Practice
- Secondary Care
- Patient Self-referral

The Link Worker

(Aka Social Prescribing Facilitator, Health Advisor, Community Connector, Village Agent....)

- Non-clinical
- Good personal skills
- Motivational training
- Supports patient until social prescription activated

Patient Activation

Level 1

Disengaged and overwhelmed

Individuals are passive and lack confidence. Knowledge is low, goal-orientation is weak, and adherence is poor. Their perspective: "My doctor is in charge of my health."

Level 2

Becoming aware, but still struggling

Individuals have some knowledge, but large gaps remain. They believe health is largely out of their control, but can set simple goals. Their perspective: "I could be doing more."

Level 3

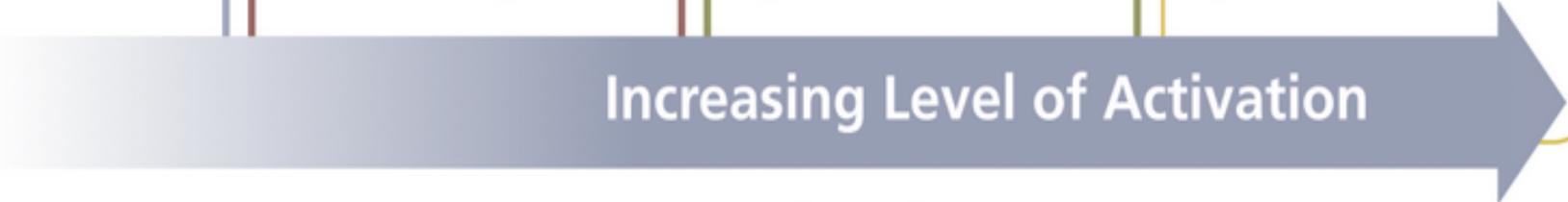
Taking action

Individuals have the key facts and are building self-management skills. They strive for best practice behaviors, and are goal-oriented. Their perspective: "I'm part of my health care team."

Level 4

Maintaining behaviors and pushing further

Individuals have adopted new behaviors, but may struggle in times of stress or change. Maintaining a healthy lifestyle is a key focus. Their perspective: "I'm my own advocate."

Increasing Level of Activation 

Menu of Activities

- Exercise – Green Gym/Blue Gym/Gardening/Walk and Talks.
- Arts Interventions – reading/singing/dancing groups/museums.
- Benefits advice/housing/job experience and occupational support.
- Public sector, voluntary and volunteer organisations.
- Complementary therapies.
- Mind/body interventions apart from CBT and especially group interventions (e.g. group yoga/group acupuncture/Tai Chi).

Rotherham CCG Social Prescribing

- Tai Chi
- Therapeutic Art
- Group Yoga
- Laughter Therapy

What is the Evidence?

- Rotherham Clinical Commissioning Group
- Gloucestershire Clinical Commissioning Group
- West London Clinical Commissioning Group
- Croydon Clinical Commissioning Group
- Frome Clinical Commissioning Group

What is it achieving?

- Providing personalised care
- Addressing inequalities
- De-medicalising
- Activating
- Increasing social capital and the potential for a dementia friendly community

Why relevant to Dementia?

- Proven benefits of many interventions – e.g. exercise/better diet/reducing social isolation etc...
- Patient an active participant in his/her intervention.
- Creates a new social environment.
- Ripple effects from altered perception and relationships.



NEED TO INTERVENE AS EARLY AS POSSIBLE

- Lonely people have a 64% increased chance of developing clinical dementia.
- Tower Hamlets Social Prescribing Survey concludes that “We have to prioritise the recently diagnosed”.

Current Issues

- Will clinicians maximise the cost effectiveness of social prescription.
- How do we develop a flourishing volunteer and voluntary sector?

The changing face of General Practice and Primary Care







Culm Valley
Integrated
Centre for Health



THE
GLASSHOUSE
CAFE



AT TRIUMPH MEDICAL
PHYSICIAN ASSISTANT

PLEASE RECYCLE
PLEASE RECYCLE
PLEASE RECYCLE

THE ONLY WAY TO GET A BLOOD PRESSURE READING
1. STAND WITH YOUR FEET FLAT ON THE FLOOR
2. REST YOUR ARM ON THE PADDED ARMREST
3. RELAX AND BREATHE NORMALLY
4. DO NOT TALK OR MOVE DURING THE READING
5. WAIT 30 SECONDS BETWEEN READINGS
6. WAIT 1 MINUTE BETWEEN READINGS
7. WAIT 2 MINUTES BETWEEN READINGS
8. WAIT 3 MINUTES BETWEEN READINGS
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C&D

Café Calm

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Future Events

- Social Prescribing and Mental Health – Royal College of Psychiatrists – 10th June 2019.
- First International Conference and Exhibition on social on 11th/12th July 2019, Westminster University London.

