

Poverty, pathology and pills



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Exploring Social Prescribing from a Primary Care Perspective: An Ethnographic Approach

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Social Prescribing

- What is it?
- Why is it so popular?
- What is the evidence base for it?

Social Prescribing

- It is difficult to conceptualise what social prescribing actually is
- It is very diverse, often being driven by local context so aims, outcomes, target populations and models vary
- Choosing outcome measures is therefore difficult: what constitutes success?

(Husk et al, 2019)

Draft Common Outcomes Framework

Identifies three areas of impact:

- Impact on the person their carers and families
- Impact on community groups
- Impact on health and care systems

(NHS England, 2018)

But it's not all about the efficacy...

“Regardless of the effectiveness of the intervention, if the patient doesn't even initiate or make use of their particular social prescription, it's impossible for it to be useful.” (Husk, 2016)

There are other important areas for further research:

- Patient engagement (Pescheny et al, 2018)
- Primary care staff engagement & differential referral rates (Cawston, 2010; Bertotti, 2018)

In Summary

- Poor conceptual understanding of social prescribing
- Varying constructs of success and failure
- Differential staff and patient engagement

My PhD

Why Ethnography?

- Accounts for context & complexity
- Iterative and responsive to emerging data
- Can explore how knowledge is created around a phenomenon

(Hammersley, 2018; Livingstone, 2012)

My Research Questions

- *How is knowledge of social prescribing created within and by primary care teams and what factors influence this?*
- *How do primary care teams construct concepts of success and failure in relation to social prescribing?*
- *How are social prescribing routines embedded in the daily practices of primary care staff? What factors influence this?*

What am I actually doing?

- Primary care staff observation
- Primary care staff interviews
- Primary care patient interviews
- 3-4 GP practices accessing Ways to Wellness social prescribing

Ways to Wellness



- Accessed by 17 GP practices in West Newcastle Upon Tyne
- Supports those with Long Term Conditions who may also have depression and anxiety
- Uses social impact bond investment



Examples of early data

GP 1 asked how people raised it in consultations. PN 1 said she asked if people needed help, if they were socially isolated or needed help with forms. GP 1 joked that if you say “do you want to exercise or lose weight” the answer will always be no but if you say “we have this fantastic service – we can change your blood pressure tablets but these people can talk to you about all the other things that are important to you”. GP 3 agreed enthusiasm was important but for that you need a feedback loop to know it was working.

Field Notes, 07.11.18

Examples of early data

After the patient had left Dr 9 explained that she was not eligible for WtW but her husband had been referred. “It was often the way,” he added that “one member of the family may be eligible and so they get in but they sort everyone out.”

Field Notes, 18.12.18

Examples of early data

PN 1 asked the patient if he was going to retire but he explained how he couldn't afford it. He got state pension but it wasn't enough. "what about other benefits?"

PN1 asked "shall I get someone to come and talk to you?" [meaning WtW] "Nah, I'll just leave it as I am" said the patient.

Field notes 23.11.18

Examples of early data

Dr 6 spoke a bit about [raised blood sugar] saying it could be due to diet or alcohol. She asked the patient if she knew she was borderline diabetic, “Yes, borderline,” the patient replied. “Who’s at home?” Dr 6 asked. “I’m on me own,” the patient replied. Her daughter, she added, lived in the same street. “Would you like some help organising exercise classes?” Dr 6 asked, to which the patient replied that she lived in a big house and went up and down the stairs all day. “How’s your diet?” “All right,” said the patient. “If you need more help organising things like exercises classes we can offer help with that,” said Dr 6 [meaning WtW].

Field notes 14.11.18

Examples of early data

The patient was already seeing [LW] from WtW. He'd had help from her, mainly to lose weight he said. As he described his situation the patient explained how he felt the loss of his work and "with universal credit," he added "well I just can't see the light."

"So much of what is causing your stress is rooted in this situation you're in and there's no tablet for that," Dr 1 said.

Field notes 20.11.18

Early impressions...too early to draw out themes

- Referral practices give insight into how social prescribing is conceptualised by staff (lifestyle vs complex social circumstances).
- How staff introduce social prescribing to patients might influence patient uptake
- Factors such as the funding models, eligibility criteria and feedback are seemingly important issues for primary care staff

Thankyou

Questions

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<https://waystowellness.org.uk/>

<https://www.socialprescribingnetwork.com/>