



## Making social prescribing work in practice

Dr Jane Myat, of the Caversham Group Practice in Camden, explains how her practice has used social prescribing to improve the wellbeing of patients and staff. From July, approved Primary Care Networks will begin receiving reimbursement for employing social prescribing link workers.

Social prescribing is in vogue following the publication of the NHS Long Term Plan with its ambitions to expand care for patients at every stage of life. Huge hope lies at the door of the 'army of link-workers' tasked to help us in primary care achieve this. So is social prescribing the 'next big thing', and will it last longer than previous 'next big things'?

For me, this is not a new idea but a memory of what we have lost in our fast, busy and disconnected lives. As GPs we see the resulting effects of this: distress: the resulting rise in mental health problems, poverty, addictions, and chronic disease in its many forms. We have moved from local, place-based family orientated communities relying on reciprocity and mutual obligation to a disconnected and fragmented society of individuals. With access to a 'social prescription' we remember what it is to be human - the need for a more tightly woven social fabric, to reconnect with each other, to our histories, to the world from which we have come and to re-embodiment our minds, our thoughts and our feelings.

Three years ago, at our practice in North London we started a small project with big dreams. Collaborating with patients and the local Transition Group, we built a therapeutic garden from where we could rebuild our local community so we could work together to produce a healthier future for all. When we started I was feeling burned out, overburdened with at times mindless, misdirected work in a system which increasingly seemed to chase targets rather than patient care. In this climate of endless reorganisation and new initiatives it is little surprise that the idea of social prescribing might be greeted with scepticism. However, let me reassure you, if you get right recipe you can find yourself 'burning-in': in a place where work once again has coherence, regains meaning and purpose, workload can be reduced; a place of re-integration where you can feel more energised, stable and where the medical gaze once again focuses on patient care.

Our project now has gardening groups, gatherings, waiting room 'afternoons' and aspirations for a community workshop, kitchen and adolescent hub. Through ensuring our activities have fun, inclusivity, and positivity at their heart, as well as being fuelled by plenty of tea and good food, our patient community has more than risen to the challenge, running sessions, suggesting new activities and working together. The role of the clinician has been to facilitate adventurous civility in conversation, to provide support and navigate difficulties which can arise in group situations. In doing so we are able to have lively discussions in a safe space where people can talk about their vulnerabilities, concerns and differing life experiences.

I believe that much of what we see presenting as distress in general practice comes from our isolation from each other as humans who are evolved to live and work in groups. The separation manifests as anxiety and depression, attempt to self soothe in overeating, drinking or the use of drugs-prescription or otherwise. In our social prescribing project, we offer an invitation into another story, to offer a different way of doing things, a way back into community.

I have been asked if we have numbers to support what we do. This has not been our focus to date. We do have plenty of stories: the patient who used to come for blood pressure checks as her only opportunity for human contact, who now has a group of friends and can laugh again; the patient to whom life had become so unbearable that she could not see a future, who now is volunteering, re-engaged in life through craft and cooking; and the elderly isolated man whose only solace came in a bottle of vodka each night who realised could still hold other possibilities when he unexpectedly learnt to sew.

Our staff sees the waiting room transformed, the patients no longer shouting in desperation for appointments, clinicians have new opportunities to offer on 'prescription' and we all have the benefit of regular lunches together in a thriving garden supplemented by homegrown produce. Practices come in all shapes and sizes, but if you get the recipe for social prescribing right the results can be truly nourishing.