



Health  
Innovation  
Manchester

# GM Medicines Optimisation Community of Practice

12 July 2023



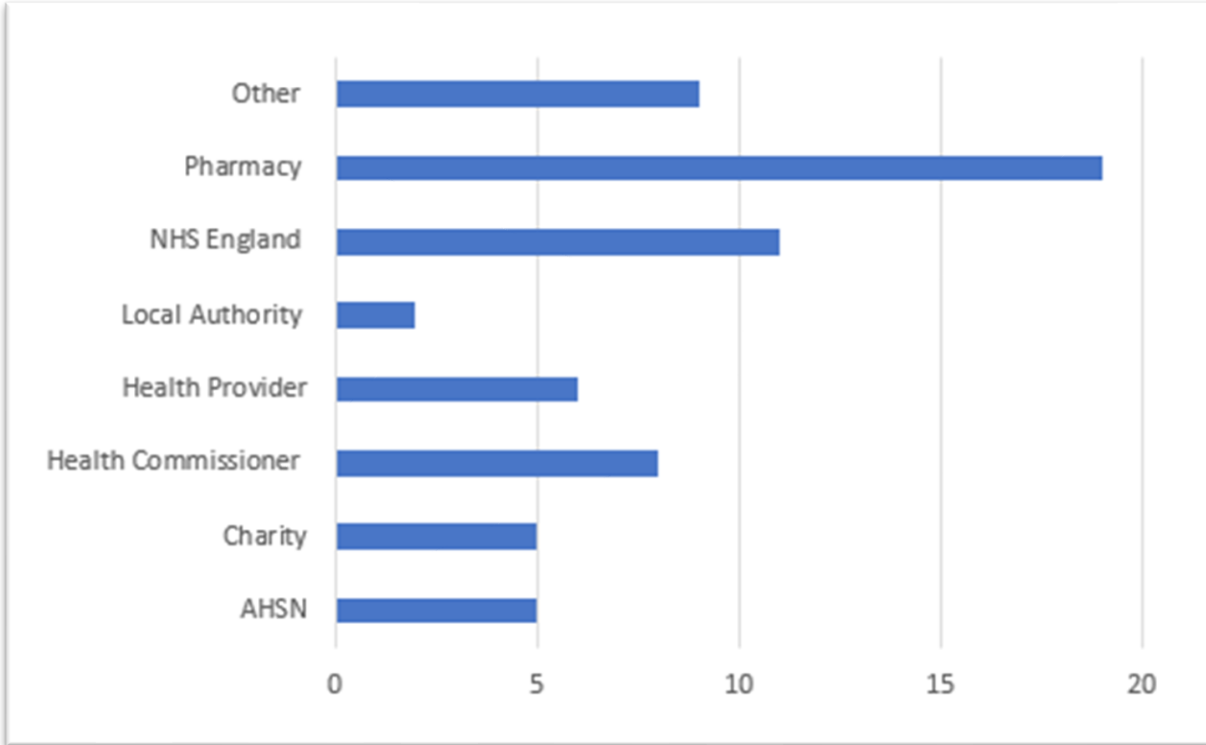
Key Insights



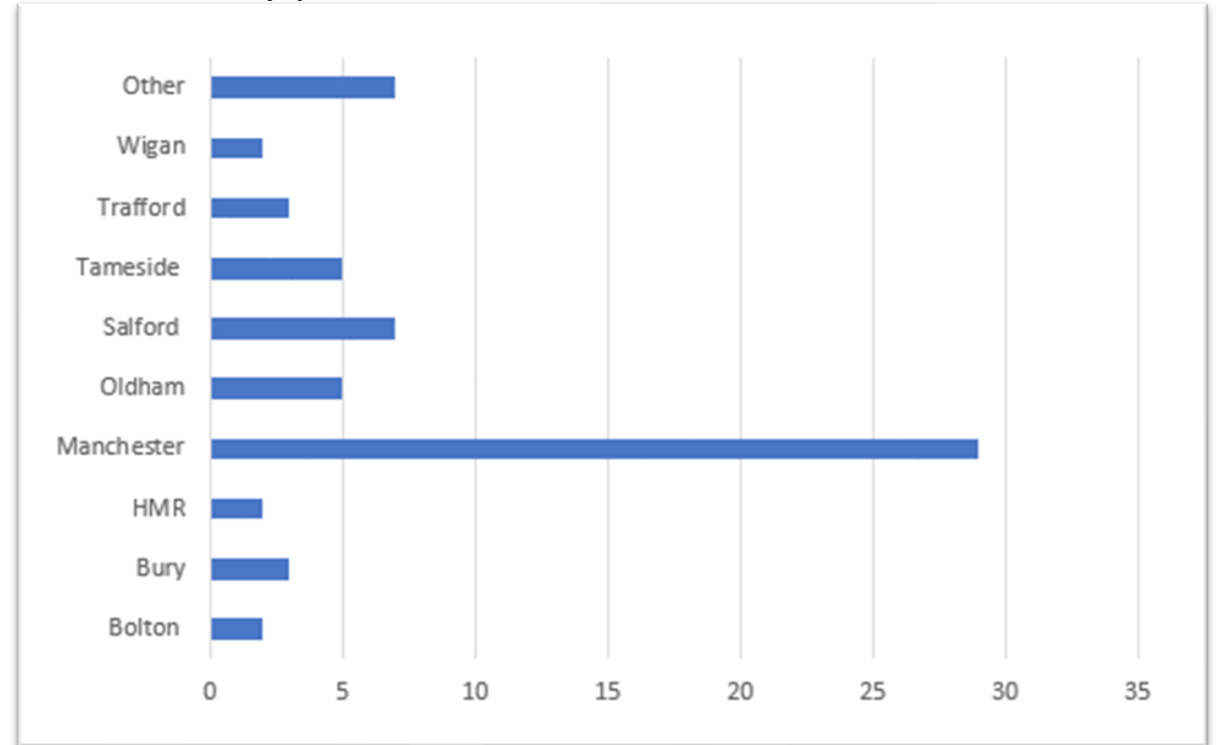
# 65

attendees on the day

Attendees by organisation



Attendees by place based teams



"what is strong with you,  
not what is wrong with you"



## Key CoP Headlines



**100%**

said the community of practice met their expectations



**82**

confirmed registrations

**97%**

said the session had enabled them to feel more confident about recommending social prescribing to their patient community



**65**

attendees on the day



**94%**

said they learned something from the community of practice they could apply in practice



# Key themes and discussions from the chat

- Suggestions made around Social Prescribers having stalls or a table in the waiting room at GP practices to promote what's available. This would allow them to chat to patients and sign patients up to relevant initiatives - It gives patients choice and control.
- It would be good where possible/ capacity permitting to have a presence in waiting rooms as not everyone can read and it can take a lot of courage to be pro-active when you are feeling depressed/ low, isolated/ anxious.
- Very heartwarming stories - People sometimes don't know where to turn. Having a caring, listening ear is so important helping to improve a person's self-esteem.
- In Tameside and Salford, they try to signpost people to groups and activities that are free or as low cost as possible.
- Considerations on how to sustain the service as people need long-term support.
- Can there be a Social Prescribing website where groups can add themselves to it, patients can refer themselves as well as GP referral and have the link on NHS app or website address on bottom of prescriptions.
- Social Prescribing supports around a range of activities and support for example financial support, housing, creative activities etc.
- In Salford they encourage and support people to connect into cultural activities as much as physical.
- In Tameside they have a chat with people about what is important to them and to signpost them to those things. For some people that might be arts and crafts, for other people it might be a faith group and for others it could be trips to theatres & museums
- Pharmacists in GP or community pharmacies are under-used, a GM-wide approach for referral pathways and monitoring long-term impacts will be useful. Pharmacists can do health coaching well, in particular when they build a relationship and trust with patients in the neighbourhood.
- It would be great if we were able to refer from secondary care. we often get to know our patients well and have time for these conversations, especially for those patients who are in hospital for a while or who come in frequently.
- Suggestions around chemists promoting Social Prescribing on their notice board or leaflets section.



# Reflections from the audience



I think some patients don't realise they are depressed. It took me a very long time to admit I was depressed - I was found crying on the toilet floor at a family wedding as I couldn't hold it in

Great to link up with individuals working in other roles within GM. I loved Lisa's patient story.

Social Prescribing support is less about the clinical condition, but about those non-medical interventions which can support better mental health

Really good session, great mix of people to pull on experience and learn from. Just need to know how and who to tap into the link workers in my area.

Wider knowledge of Social Prescribing is needed in the community



The value of Social Prescribing in deprescribing pain meds and addressing inappropriate polypharmacy



It's so important to keep these conversations going



# Useful resources shared in the chat

- Primary Care Networks explained - <https://www.kingsfund.org.uk/publications/primary-care-networks-explained#:~:text=As%20of%20the%20latest%20PCN,of%20approximately%2030%E2%80%9350%2C000%20patients>
- The perspective from a Social Prescribing Link Worker - <https://youtu.be/MfYC0CgmpKI>
- An introduction to Social Prescribing - [What is social prescribing? | The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/what-is-social-prescribing/)
- Social Prescribing Providers by PCN in Greater Manchester - [Social Prescribing Providers by PCN in Greater Manchester – Google My Maps](#)



"A lot of people living with pain wear "masks" to fit in and appear like nothing is wrong"



"Empower patients to self manage their condition and take back control from pain and health conditions"



# Topic suggestions for future Community of Practices

- Other services that are available
- Transfer or integrated care for long term conditions for community dwelling patients and also any evaluations of the best practice
- Facilities that are available in the community setting
- Linking patients up more so they have a social support with like minded people that understand what there going through and how there feeling. Also, other types of help like acupuncture, cupping etc
- Other roles that we can tap into across primary/secondary care
- Polypharmacy, de-prescribing
- Diabetes offers
- Working together- joining the pathways, handling clinical uncertainty, discuss complex cases from clinical practice
- Further case studies



## Breakout Feedback





# Q1 - How do you see Social Prescribing making a difference to you and the people you are supporting?

- Being told to deprescribe, but some of the issues are Social Prescribing issues
- Mindset might be just to ring GP, ring GP rather than look at alternative support
- When trying to put some of these issues back on to the patient it becomes more challenging so social prescribing helps bridge this gap
- Supporting alternatives to traditional medical care
- It changes their life from a low place to a happier and healthier, more positive place
- Diversional therapy – it allows patients to consider other options to help manage their conditions
- Patients with chronic pain and those who received pain management programme
- Continued support outside of the physio department
- Encouraging motivation / self confidence
- Used in conjunction with pain medication reduction plans
- To support the mental health of patients beyond medication
- Opportunities for patients to see the practice nurse more, as they have more time to talk about services and additional support that's available



## Q1 continued - How do you see Social Prescribing making a difference to you and the people you are supporting?

- Non-pharmacological approach to support people living with long term conditions and chronic pain
- It provides wrap around support
- Giving time and getting to know the patients
- Raise awareness or offer pre-payment certificates – reduce financial pressure on patient prescribed with multiple medications
- Social anxiety can be a barrier to engaging with Social Prescribing
- Holistic approach for chronic disease management
- Gives us an option of a 'prescription' for a patient who we don't feel needs a pharmacological treatment
- Support for people moving into the area and lacking in family/community support
- Support with exercise programmes and connecting to their community
- Networking opportunity to support the health and well-being of patients



## Q2 - What opportunities are there to include Social Prescribing where you work? What would it take to make that happen – how could you help?

- A mixed picture in Manchester when our pharmacists are asked about what access they have to referring someone to a social prescriber
- Some GP practices have a social prescriber, and this works well
- Potential barriers are finding out who the link worker is, how to do the referral, and the criteria for being referred
- MLCO - good opportunity for social prescribing, but again needs to be clear on referral/refusal criteria and what happens after a refusal, signposting to the service would be useful
- MOT pharmacist Oldham - time pressure during consultations, limited, so social issues and environmental factors are unable to be explored in detail so this would fit really well but again finding out how to tap into this resource
- Some barriers especially with high dose opioid patients
- Having a database of GM about services, cost and procedures that would be helpful
- Ensure we include in the Opioid reduction hub
- Offer to every patient seen if relevant to them



## Q2 continued - What opportunities are there to include Social Prescribing where you work? What would it take to make that happen – how could you help?

- Discuss with team to increase our referrals to INT
- When deprescribing pain medications encourage pharmacists and GP's to have a discussion with patients about Social Prescribing in their area
- To support patients to live well with pain
- Keep Social Prescribers in mind when completing SMR's and link in
- Refer patients when their mental health is affected by other factors like isolation, debt, housing etc.
- To have more of a streamlined link into Social Prescribers in my PCN
- Hook up with pharmacists within own PCN
- Raise awareness of Social Prescribing more widely
- Make patients aware that Social Prescribing can complement clinical intervention
- Signposting to self-referral of local services
- We can make referrals direct to the service but that's where it usually ends – how do we get kept in the loop
- To see Social Prescribers having more input with care home patients



## Q3 - What is the 1 thing you will do tomorrow after hearing about Social Prescribing?

- From this session find out how and who to contact in my place-based team about Social Prescribing
- Spread the word – tell others what Social Prescribing is and how it can be accessed
- Think about the pathway for patients
- Liaise more with Social Prescribers to help minimise prescription of medications
- Find out if there is a GM database to support access
- Ensure services are culturally appropriate
- Further the conversation around Social Prescribing within my wider team
- When deprescribing pain medications encourage pharmacists and GP's to have a discussion with patients about Social Prescribing
- Find out more about Blusci
- Add Social Prescribing to the staff meeting agenda
- Feedback to my meds op team and the practice I work in. Look into the link workers in my PCN
- Social Prescribers connect with pharmacists to raise awareness
- Reflect on how I offer Social Prescribing to patients – try to make them feel like they are doing something empowering
- Raise awareness of Social Prescribing within care homes