

# Innovation in the NHS in Rotherham

## Social Prescribing

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# The NHS Challenge

- Huge efficiency challenge - £70m over 4 years
- Increasing numbers with long term conditions
- Above average unplanned hospital admissions
- Shift of focus to prevention and early intervention
- Recognition that patients need support with non-medical issues
- “More of the same” is not an option

*Your life, Your health*

- The challenge for GPs.....
- How do we make you feel better?



*Your life, Your health*

# “Life Makes you Feel Unwell”

*Your life, Your health*

# Our Solution

## Social Prescribing Case Managed by GP's



# The Leap of Faith.....

- Voluntary sector challenged to reduce admissions to hospital
- Open thinking by commissioners prepared to take a risk

# Why Work in Partnership With Voluntary Action Rotherham?

- Track record and relationship with CCG
- Conduit to wider Voluntary and Community Sector
- One contract/accountable body
- Added value/ripple effect

**GP Quote:**

An excellent service that complements health and social care services – opens up new ideas to social care planning

# How Are Patients Selected For The Service?

- Risk Stratification identifies top 3% of patients at risk of hospitalisation
- 3-5% identified using risk stratification and GP Clinical Judgement



# MDT

GPS, PRACTICE NURSES, DISTRICT  
NURSES/COMMUNITY MATRONS,  
SOCIAL WORKER AND VAR WORKER

# Social Prescribing

*Strengthening individuals, strengthening communities*

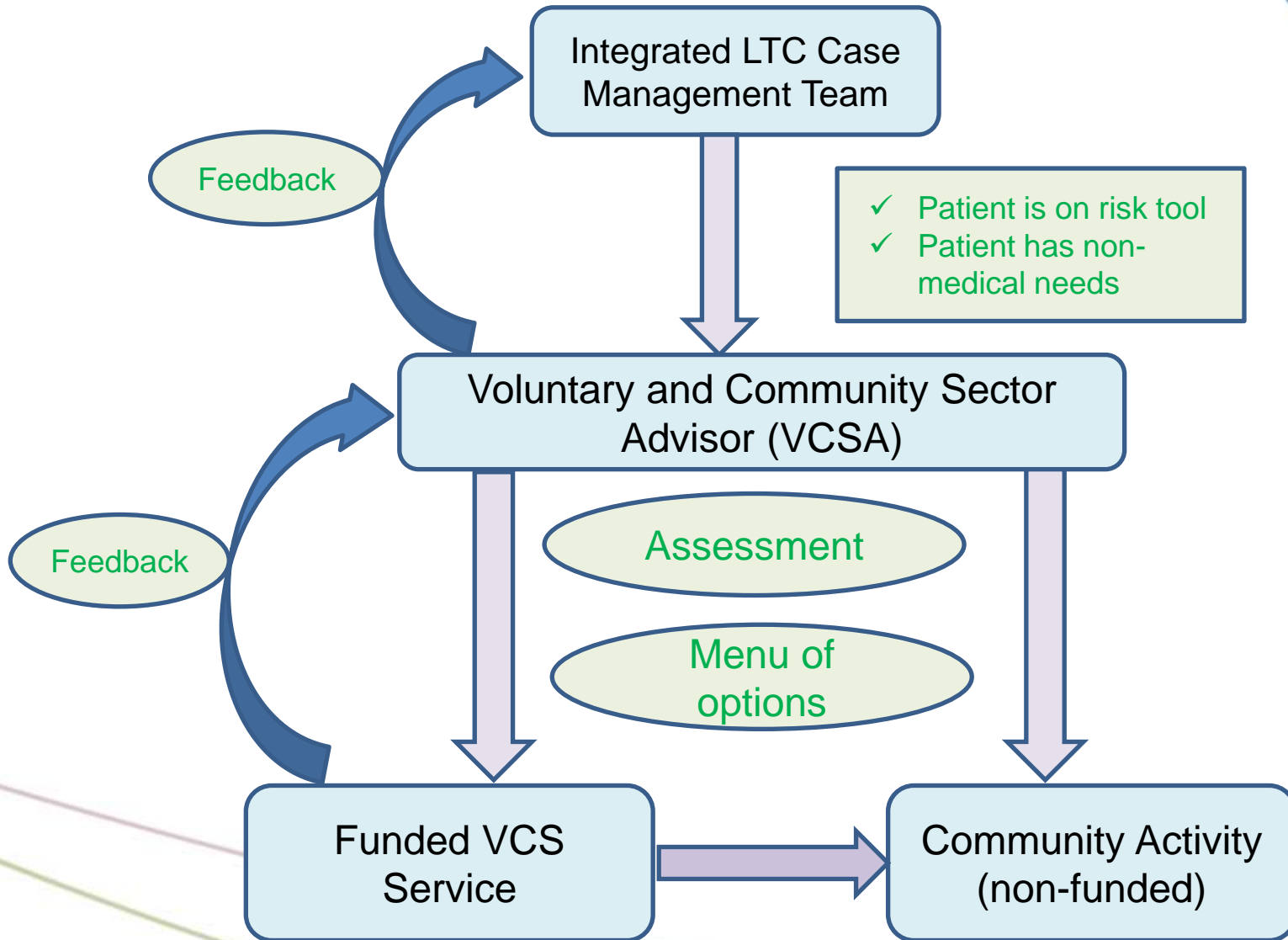


Provides a framework for:

1. Connecting people with long term conditions, referred through case management teams, to sources of support in their community
2. Linking a Voluntary Sector Advisor to each practice to support the GP and primary care team to find community activities that meet patient needs
3. Rotherham SPS started April 2012 first referrals September 2012
4. Extended to a pilot project working with RDASH mental health teams. Pilot started 1<sup>st</sup> April 2015



# Rotherham Social Prescribing Model



# Process Measures

## Social Prescribing - referrals to services



- 3997 referrals in to SPS
- 6184 referrals out to VCS services (4822 to commissioned services 1362 to non commissioned services)
- 1604 referrals out to non-VCS
- 2171 signposts
- 35 GP practices
- Highest referring GP Practice – 416 referrals
- 51% aged 80+
- 12.5% aged under 60
- 4% BME



# Key Learning Points

- The need for key contacts, building and maintaining relationships and champions – get the CCG, GP's and VCS on board
- Be in the right place, right time, with the right idea, pitched to the right people
- Leap of faith – the importance of time and scale
- Role of lead bodies – implications for contracting and micro- commissioning
- Support the VCS groups/ organisations as well as the patients
- The need for dedicated co-ordinated staff who are integral to the team
- Be prepared to be challenged and to challenge professional boundaries
- The vital role of KPI's and quantative as well as qualitative independent evidence to argue the case

# Conclusion



- There continues to be positive signs of impact on emergency admissions / A&E attendances with marked changes for those under 80 and those who use this intervention as a kick start to continued support and involvement with the VCS
- Translates into cost reductions for commissioners: Health & Social Care
- Also broader outcomes such as patient experience and satisfaction with care, and the potential social and residential care reductions
- Non-economic value: improvements in the health and well-being of local people; more engaged communities; more sustainable and vibrant VCS – We estimate in the last few months approximately £ 1.5m brought into the sector
- Continued and growing National Reputation and interest in Social Prescribing and role of the VCS in the emerging health economy

## It is a win/win!!

- ✓ The CCG benefits, as it addresses inappropriate admissions.
- ✓ The GP's benefit, as it gives them a third option other from referral to hospital or to prescribe medication.
- ✓ The Voluntary and community sector benefit, as it supports their sustainability.
- ✓ **And most importantly** - the Patient and Carers love it as it improves quality of life, reduces social isolation and moves the patient from dependence to independence.

# The Future

- The service is no longer a pilot and is recurrently funded through the Rotherham Better Care Fund.
- The CCG have commissioned an expansion into helping those patients that are stable long term psychiatric patients to re-enable them to leave mental health services