

Study praises new approach to GP visits

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Credit: University of the West of England

A cultural shift in how patients access care through their GPs is one step closer after a university study highlighted the benefits of an emerging approach known as 'social prescribing'.

Heralded as one solution to mounting pressure on the NHS, social prescribing links patients with non-medical needs to sources of support run by charities and voluntary groups within their community.

Health experts believe the approach has the potential to relieve strain on overstretched GP surgeries and help reduce social exclusion among patients struggling with problems including isolation and [poor mental](#)

[health](#).

Among the organisations accepting referrals from GPs through social prescribing include Age UK, Citizens Advice and the Samaritans.

A researcher from the University of the West of England (UWE Bristol) carried out an evaluation of the cost-effectiveness of a social prescribing trial being run in Gloucestershire, one of several parts of the UK piloting the service.

Public Health Economist Dr Richard Kimberlee found the county's trailblazing approach had been successful - helping to reduce GP appointments in practice, on the phone and home visits, cut A&E emergency admissions, get people back into work and even help prevent attempted suicide.

He believes his findings add further authority to growing calls for social prescribing to be rolled out to all GP surgeries across the country to reduce the burden on the NHS.

Dr Kimberlee said: "From the patient's point of view, social prescribing offers space to talk about symptoms and concerns about wellbeing. These are things they might not be able to express to a GP and that a GP wouldn't necessarily have time to address in a consultation lasting only 10 minutes.

"Under this approach, GPs start to see patients who typically have a high demand on their resources less often."

Health commissioners are starting to turn to social prescribing as a possible answer to pressures on the NHS, including the increasing strain on GP services, the growing number of appointments for non-medical reasons, the rising burden of mental health and long term conditions, an

expanding aging population and a reduction in universal welfare provision.

The approach identifies patients who present for non-medical reasons or whose health needs need to be better managed. They can be referred to services provided by the voluntary and community sector including arts groups and exercise classes or put in touch with organisations offering help with everything from legal issues to parenting problems. In most cases, a GP will refer a patient to a co-ordinator who works tirelessly to identify their needs then refers onwards or draws on community resources.

Dr Kimberlee is a founding member of the Social Prescribing Network, which is monitoring the progress of 400 social prescribing projects already running in the UK in areas including Bath & North East Somerset, South Gloucestershire and North West Somerset.

Gloucestershire Clinical Commissioning Group (GCCG) introduced its county-wide social prescribing service in 2014 as part of a plan aimed at creating a cultural shift from a "reactive, disease-focussed fragmented model of care towards one that is more proactive, holistic and preventative". The county currently has a social prescribing co-ordinator in every GP practice.

In his study, Dr Kimberlee found 2,047 patients had been referred to receive Gloucestershire's social prescribing service – one of the largest in the country – up until August 2016. Reasons for referral included mental health and wellbeing; benefits, housing or environmental advice; generic health and fitness; carers support; social isolation and memory loss. Patients were referred on to more than 230 different organisations including Age UK, the Barnwood Trust, Citizens Advice and Carers Gloucestershire.

Dr Kimberlee found patients using the service experienced improved wellbeing and [mental health](#). He calculated the cost of the service – a £480,819 investment by GCCG – equated to £234.88 per patient. Dr Kimberlee, a Senior Research Fellow, estimated a return on investment of £1.69 for every £1 spent on the service.

Of the study's findings, he said: "The results confirm what was found in a similar evaluation in Rochdale a short time ago. In terms of utilising primary care, there was a significant reduction in visits and phone calls – and this was only during a six-month period. If you could track the service over a longer period, you would see a more dramatic result and the savings would be greater.

"I'm very much convinced of the great benefits social prescribing brings to GP practices, particularly among those patients taking up a lot of resources. These are patients who make a lot of GP visits for many reasons, some of which will be non-medical, while others will be for problems that can be effectively self-managed with support. With a diminishing welfare state, the pressure on health service providers is exponentially growing and they need to think quickly to stem the tide."

Dr Simon Opher MBE, Clinical Lead for Social Prescribing at GCCG, said: "This study reinforces the increasing body of evidence which shows that social prescribing can help people who wouldn't necessarily gain much benefit from the healthcare system. It therefore helps to improve the overall health of the population.

"People in Britain today are less engaged within their communities than ever before and this project supports them to reconnect. Social isolation has been said to be one of the major causes of ill [health](#): social prescribing reduces this burden and can therefore reduce the stress on the NHS."

Provided by University of the West of England

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