



Social Prescribing

Experience in Buckinghamshire

November 2022



What we did

We wanted to find out about people's experiences of social prescribing in Buckinghamshire.

We developed a short survey and did 14 phone interviews with people who had talked with a social prescriber in 2022. We also collected 16 responses in person at three social prescribing 'talking cafés' (in Marlow and Hazelmere) in July, August and September. Another 17 people completed the survey online via a link from a social prescriber or voluntary organisation.

We also talked to five social prescribers about what issues they faced when trying to get people engaged with new activities or organisations that might be able to help them.

Key Findings

- + Most of respondents told us they were **happy** or **very happy** about being referred to a social prescriber.
- + Most said they had a **positive impression** following their use of the social prescribing service.
- + Almost all of the respondents said meeting with / talking to the social prescriber was **helpful**.
- + People appreciated the **time** social prescribers had **to listen** to them and to **provide practical and cognitive support**. The support included giving people new coping mechanisms and signposting them to other organisations. Over half of respondents told us they were now involved with these new groups.
- + There were, however, **issues** which had stopped people getting more support after talking with a social prescriber. The ones highlighted included access to affordable / accessible transport, a lack of provision in certain localities and waiting lists for particular services.

- + 86% of the people we heard from said their **health and / or wellbeing had improved** because of the new activities or organisations they had become involved with. People told us about improvements to their mental health and **feeling more confident** and **more socially engaged**. Several also told us that their family members now felt better supported after a social prescriber became involved.
- + Several people told us the social prescribing service should be **better publicised**.

Our recommendations

We recommend that Buckinghamshire Council:

- Identifies gaps in the provision of affordable and / or accessible transport in the county with an aim to work with voluntary, community and social enterprises (VCSE) to plug these.
- Looks to make the Community Transport Hub more accessible to the public. For example, putting the Community Transport Hub database online as the phone line is only available weekday mornings.
- Continues to work with VCSE / Community Board / social prescribers to identify in which communities more support groups are needed.
- Looks to supplement the support currently provided to people to help them complete forms to access benefits such as Attendance Allowance, Carers Allowance and Blue Badges. This could be done in collaboration with VCSE / Prevention Matters / Community Boards. We heard that some social prescribers provide this support already.

We recommend that Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB):

- Ensures staff in general practice and Primary Care Networks (PCNs) are informing patients with transport needs how to access the Buckinghamshire Community Transport Hub.
- Continues to work with PCNs and GPs to publicise the social prescribing service on GP websites and in local community spaces.
- Encourages those PCNs who have not yet set up a 'talking café' to consider the idea as this can often provide peer support as well as social interaction.
- Investigate the barriers effecting waiting times to the Memory Clinic (Oxfordshire Health NHS Foundation Trust) and escalate appropriately

What the project was about

Following our [Social Prescribing Awareness report](#), we decided to talk to those who had actual experiences of this service. Having found that many people had no knowledge of social prescribing, we collected feedback to show how some had engaged with the service.

“As a personalised, holistic, targeted, community-based and preventative approach to support more people to live well in the community, social prescribing embodies the shift we all want to see across the health and care system.” (‘Changing lives, changing places, changing systems - Making progress on social prescribing’, National Voices report, June 2022.)

Our aim was to show the changes social prescribing can bring, but also some of the reasons why people found it difficult to pursue some of the suggestions of the social prescribers.

We wanted to understand:

- How people accessed the social prescribing service
- How they found the process of receiving a service from a social prescriber
- What went well and what could have been better.

Who talked to us

Full details about who completed or survey can be found in Appendix 2. We found:

- 91% (42/46) described themselves as White: British
- 85% (40/47) identified as a woman and 15% (7/47) as a man
- The median age was 69.
- 58% (26/45) said they had a long-term health condition
- 53% (23/43) told us they were a carer.

What we heard

47 people told us about their experiences of social prescribing. They are all registered with a general practice in Buckinghamshire. Some people met face to face with a social prescriber whilst others talked on the phone with them. This was on a one-to-one basis. Others we spoke to attended 'talking cafés' and did not talk with a social prescriber outside that environment. A 'talking café' (organised by a social prescriber), takes place in a community space and provides advice and support and / or a friendly chat.

Whilst some people had been referred to a social prescriber by their doctor, surgery staff had referred others.

"I'm on my own since my wife died. The GP surgery suggested coming along when I was putting in a repeat prescription."

One person had picked up a leaflet, advertising the service, in a local café. We did not hear of anyone self-referring, although this is an option for patients in some areas of Bucks.

Referral to a Social Prescriber

"I didn't know what to expect."

Despite low awareness of social prescribing, of the people we heard from, 94% told us they were very happy or happy about being referred to a social prescriber. The full results are shown in Appendix 3.

"They're brilliant."

We asked people why they gave this answer and received 48 comments. We summarised these comments by theme. Some people commented on more than one theme, so the number of comments is greater than the number of people who responded. 45 comments about being referred to a social prescriber were positive. Five of these were general positive comments.

Twelve comments highlighted the practical support people had benefitted from. For some this was informing them about other services, for others it was making phone calls on their behalf.

"Covered areas other professionals had no time for and co-ordinated practical solutions. "

"It's good to have someone to help point you in right direction with regard to non-medical issues."

"Because we were really struggling and once the social prescriber was involved, we managed to get things sorted out."

Eleven other comments related to the emotional and cognitive support people had received. They appreciated the social prescriber being a consistent person they could regularly talk to.

"My GP referred me because of my changed circumstances. I'm getting divorced and needed someone to talk to."

"The lady was in contact every 2 weeks, gave me lots of information on groups we can attend. Built my confidence to know someone was there for me."

"I couldn't have got through what I've been through the last few months without [the social prescriber]."

Nine comments highlighted how being referred to a social prescriber had reduced their feelings of socially isolation. For some, attending a talking café might be the only time they left the house each week.

"The GP surgery suggested I come for the social contact. I told them that I'd gone 9 days in a row without seeing anyone."

Four people also mentioned that bereavement had been a factor in them becoming more withdrawn.

"My husband recently died, and I am very lonely and miss him. The evenings are the worst. I need to be kept occupied."

Four comments highlighted the social opportunity 'talking cafés' gave people, particularly those caring for others.

“It’s a good social opportunity coming to the cafe. A friend told me about it and it’s one of the few places I can get X to come to. Getting X to come out is difficult. It’s a miracle that he’s still coming.”

“[The social prescriber] runs a group where we can meet people we otherwise wouldn’t have met. We can talk to like-minded people and open up about any problems we might have. We identify with each other. It’s very welcoming; opens up a whole new world. Makes you feel normal again; part of something.”

There were three negative comments. These related to people being confused about who to speak to, having a remote, rather than in-person, appointment and not being offered the service earlier.

“Disappointed that it has come so late for us. We needed this service 7 years ago. If mum had come to the attention of a social prescriber earlier then we would have been able to put more things (that we were unaware of) in place earlier.”

93% said they had a positive impression following their use of the social prescribing service.

Conclusion

People told us they were happy to be referred to a social prescriber. They valued the knowledge of the social prescriber who could signpost them to different types of support. Many also appreciated their continued support whilst they built their confidence to get reinvolved in their community.

Help to connect people to new organisations

98% of the respondents said meeting with / talking to the social prescriber was very helpful or somewhat helpful. The full results are shown in Appendix 3.

We summarised the 50 additional comments by theme. 44 comments were positive. Four of these were general and three others reiterated how the social prescriber had improved a person’s wellbeing through their attendance at the talking cafés.

Over 50% of the positive comments praised the quality of the support individuals received from the social prescriber. People told us about the different skills social

prescribers might have which enabled them to arrange transport, help with paperwork or book a medical appointment.

"It's been really useful. I'm a lot happier and in a better place now. She's helped me with lots of forms (as I'm partially sighted) and to move home."

"Called back and genuinely keen to help. Came up with one practical solution not previously thought of."

"Not only has she helped get what we need and put us in touch with groups to help X, but she's kept an eye on me after he died."

Seven people commented on the positive staff attitude and the caring nature of the social prescribers themselves.

"She's very kind; someone you can easily talk to."

"They made it so easy to ask and get help. They didn't make me feel inadequate."

Seven comments illustrated how social prescribers were able to provide information for people to act upon themselves.

"If she doesn't know something she'll find it out for us."

There were six negative comments. Three related to people still being unable to access support because suitable resources were not close by.

"Pleasant and helpful. But nothing suggested came to fruition. My Mum lives in Stone and this seems to be an area of Bucks with very little support available. We are really struggling :-("

One of these also mentioned transport issues for a young person who cannot travel independently and lives in a more rural part of Buckinghamshire. The other two negative comments requested more experienced staff and commented on waiting times.

“I think response times could be better so that all parties can work on effectively treating my son.”

Which organisations

As a result of meeting with a social prescriber, 57% respondents told us they were now involved with new activities and / or organisations which provided them with support. The new activities included starting a Parkinson’s exercise class, a first aid course and counselling.

“I am about to start a morning art group. The phone calls and meeting gave me the courage to do this.”

“Installed telephone monitoring service for my husband allowing greater freedom for me as a carer.”

The new organisations people were now involved with included parts of the NHS (for example Occupational Health), and the most frequently mentioned organisation, Healthy Minds. All the groups or organisations mentioned can be seen in Table 1.

List of Organisations people were now involved with:		
Age UK	Friends in Need	Occupational Health
Alzheimer’s UK	Healthy Living Centre	Parkinson’s Society
Building Bridges	Healthy Minds	Penny Brohn
Carers Bucks	Helping Hands	Prevention Matters
Citizens Advice	Home Library Service	Voices & Choices
Dementia UK	Macmillan	Wendover Minibus
Dept. of Work & Pensions	Men in Sheds	

Table 1 – Organisations respondents are now involved with after talking with a social prescriber

Conclusion

Most people were happy to have the help of a social prescriber and to be signposted to new activities and / organisations. For some just the contact details of ‘new’ organisations were sufficient, while others benefitted from more support from the social prescriber.

However, some people told us that a lack of suitable transport meant that they could not join new groups. Social prescribers confirmed that a lack of accessible or affordable transport was mentioned as a barrier by many clients they talked to. Primarily this was in relation to older people who no longer drove and had mobility issues. This meant getting to a bus stop and back was too physically difficult for them. While good, affordable community transport is available in some areas, people did not think it was available in all. Knowledge of what community transport was available for what purpose also varied among the people we talked to.

How life has changed

58% respondents told us changes had been made as a result of meeting with a social prescriber.

We received 39 comments giving more details about how people's lives had changed. Figure 1 shows these summarised by theme.

The top theme (11) was how people were more socially engaged in the community in comparison with before they had met with a social prescriber. For many, although not all, this had a direct link to an increase in their confidence levels (7).

"Coming to the café has given me my confidence back again. I come to the church occasionally and the local community group. I look out now for things I used to do and so might want to do again."

Seven comments also illustrated how some respondents had learnt new coping mechanisms to support their wellbeing.

"I'm dealing with things differently. She's given me some direction."

"I feel I am now more able to face more difficult challenges in a calm way and know I have support from good, constructive people if I need it."

Seven people told us about using additional aids to help their independence. Some had changed things in their home e.g. installing more grab rails whilst others now used a walking frame or employed a PA which helped them retain their independence outside the home.

“As a result of seeing X using a walker at the café, my husband decided it was time he got one. He'd never have one before we came to the cafe. There's a big benefit for me.”

Three people told us they now knew about, and accessed, more financial benefits, whilst two said their mental health had improved.

“Mum has more aids in the house, a library visitor and carers allowance.”

Two people also now employed carers to help in the home.

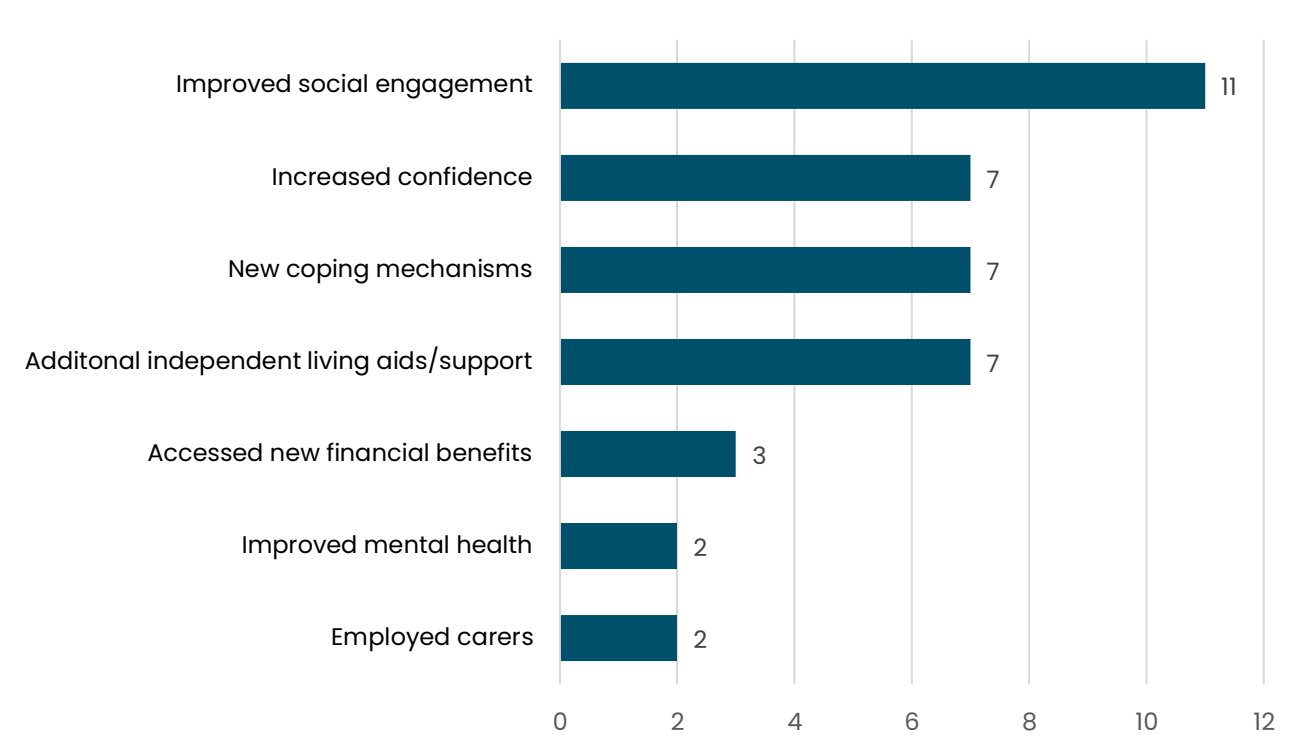


Figure 1 - What changes have you made as a result of meeting with a social prescriber?

How health and/or wellbeing has improved

40% of people said their health and / or wellbeing had improved a lot because of the new activities or organisations they had become involved with. Another 47% said it had improved a little. The full results are shown in Appendix 3.

We received 29 comments giving more details about how people’s health and / or wellbeing had improved. Figure 2 shows these summarised by theme. Some people commented on more than one theme, so the number of comments is greater than the number of people who responded. 27 of these comments were positive.

Figure 2 – The impact on health and/or wellbeing after referral to new activities or organisations

Almost 50% of the positive comments related to the how much better respondents felt as a result of becoming more involved with new activities or organisations.

“The impact is enormous in terms of the positive impact on my mental health.”

“100% improved my wellbeing now I don't spend as much time on my own.”

The same number of comments (13) also mentioned an increase in their social engagement with others in their community.

“I have met new people and feel much better about life going forward.”

“I was ‘stuck’ in a pattern of isolation and loneliness and now I have activities I look forward to.”

Five people told us how their confidence had grown.

“I am now confident to take hubby out on my own, even going to London and booked a holiday abroad.”

“I feel a lot better now. Everyone has commented on how well I'm doing. It's been really useful.”

Four people commented that family members, whether partners, adult children or parents, also felt better supported following the involvement of a social prescriber.

“... Prevention Matters helped my husband get a Blue Badge and Attendance Allowance. Also, suggestions I made, he wouldn't take from me, but he would from someone else, so that helped a great deal.”

“... It's helped my adult children too. One has their own health problems and the other is my carer, so it's helped them too.”

A further five comments mentioned feeling their wellbeing had improved because of the additional independent living aids they now used, further financial benefits they received, and feeling better informed.

The two comments which were negative, both related to previously mentioned comments about being unable to access services.

Conclusion

Over half of respondents told us that positive changes had been made to their lives after talking to a social prescriber. Most told us that there had also been an improvement in their health / wellbeing. Many were more socially engaged and felt much better in themselves as a result. Activities such as talking cafés and signposting to community groups can help to reduce social isolation. They give people opportunities to meet like-minded people and have a sense of purpose. Social prescribing can tackle the root cause of a problem such as anxiety, not just the recurring symptoms.

Often family members also felt better supported as social prescribers were able to highlight financial benefits and physical aids which might be of assistance to the individual needing support. Help to complete benefit forms and researching new housing options when relationships break down can positively affect not just the individual at the centre of a difficult situation but also family and those who live with them.

What has proven effective

We received 44 comments about what worked well with social prescribing. We summarised the comments by theme. The full results are shown in Appendix 3. These are the top three themes.

- People (14) valued social prescribers as many felt that they have time to listen and talk through what might be affecting a person's health and wellbeing.

“It's the first time I feel I have actually been LISTENED to and given PRACTICAL solutions for my issues...”

“Talking to someone about how I feel has helped a lot. The social prescriber has time to talk and has phoned several times since our first conversation.”

- People (11) also recognised that they had a wealth of knowledge about groups that respondents hadn’t known about or considered approaching. Some required social prescribers to contact organisations on their behalf, but many were happy with simple signposting.

“The knowledge of the social prescriber and her ability to make a few calls and start things happening.”

“A social prescriber can think through what would be helpful. They make it personal to you.”

- Many people (11) were also pleased that, having talked to a social prescriber, they now felt more able to socially reengage than they had been before.

“I like meeting with the people here and feel good about myself if I get myself out each week. I use it as a form of exercise; I walk here and back home again.”

What could be better

We asked everyone whether anything could be improved with the service. Six people said No. We received 20 other comments. We summarised these by theme. The full results are shown in Appendix 3. The top themes were:

- more resources (8) are needed either in particular parts of Buckinghamshire or for services themselves

“Like many NHS interventions, the concentrated six-week service then nothing feels like box ticking with no real concerns as to the ongoing problems and the little, but continuous, support needed by some carers in dealing with the person they are looking after.”

“I don't know but probably understaffed [social prescribing] service!”

- waiting times (4) for organisations, people are signposted to, needed to be reduced

“There is a huge waiting list for the memory clinic. At the moment we have been told mum has to wait 5 months to get seen. That could be improved although is not [the social prescriber’s] fault.”

“I’m still on a waiting list for an Age UK befriender.”

One social prescriber also mentioned waiting lists for those people seeking support with complex needs, personality disorders and getting an autism diagnosis as an adult. Another two social prescribers told us that help to complete forms, such as those to apply for carer’s allowance or a blue badge, was no longer available from Citizens Advice and people struggled to get through on the Age UK phone lines.

- more publicity for social prescribing locally (4)

“They need to advertise it better. I have told loads of people about it, and no one has heard of social prescribing. They also need to tell people what it is they do or can do for you. I didn’t know. I’m not sure I still know all of the things they could help me with.”

- better transport to access services (2)

“It is not easy to get to places in Bucks if you don’t live in one of the big towns.”

Several social prescribers told us the lack of affordable transport and / or transport in certain areas was an issue for those unable to drive often resulting in social isolation.

Conclusion

People experienced social prescribers having the time to listen and talk through what might be affecting their individual health and wellbeing. They also recognised that social prescribers had a wealth of knowledge about local groups that were appropriate to their needs. Many people were also pleased that having talked to a social prescriber, they now felt more energised and socially engaged than they had been before.

People reiterated the need for more resources (including access to affordable transport) either in particular localities or for actual services. They told us that waiting times to access support from certain organisations needed to be reduced. This was confirmed by social prescribers’ comments. The latter also told us that more support is

needed for those who struggle to complete forms. A shortage of this type of help might mean that some people miss benefits which they are due.

Any other comments?

We received 20 additional comments. The full results are shown in Appendix 3.

Excluding the general comments left, the top three themes were ones people had mentioned before.

- Transport issues

“Transport is a major issue around here for us older people. I can only go places if I can get a lift as I can't drive. There's no bus once you get off the main road and I can't always pay for taxis everywhere; they're very expensive.”

“The volunteers who run the Wendover mini bus are wonderful.”

- More resources required

“I'm sure there are many people out there - like me - who would flourish if they were better connected with a Social Prescribing Service ... Surely, such a valuable asset to the local community should be better funded, especially as it is doing valuable work that would previously be provided by the NHS...”

“We used to go to the sports centre at Handy Cross where annual membership for the over 50's was £5. Then you'd pay £5 to do anything so you could swim, go in the gym and play tennis. They had a good social side to it too. Now you have to pay for every activity and it's just too much. So we haven't been back.”

- Publicise the social prescribing service

“WHY isn't this service more widely known? Had I known about this service before and what it involved I may have been in a better place than I am now...”

"I had never heard of 'Social Prescribing' until I was sitting in front of 'A Social Prescriber' 6 weeks ago..!"

What are we doing to ensure these recommendations are achieved?

We have sent our findings to the Care Quality Commission and Healthwatch England as the independent national champion for people who use health and social care services.

We will pass our findings to the Buckinghamshire Oxfordshire and Berkshire West Integrated Partnership Board (BOB ICB) PCN Lead for a formal response on behalf of all the PCNs.

Acknowledgements

We thank all the people who talked to us, whether these are people who have used a social prescribing service or social prescribers themselves.

Disclaimer

Please note this report summarises what we heard and what we saw. It does not necessarily reflect the experiences of all service users.

Appendix 1

More about our approach

Who we included

We set up the survey to hear from people who were registered with a Buckinghamshire GP surgery. Anyone not registered in this way was excluded.

In this report we have summarised the free text feedback offered by people according to the categories used across the Healthwatch network. We have added some specific these as well. These summaries should be regarded as an indication of how often a theme was mentioned rather than an exact count. Some feedback offered views on more than one theme so the number of results can be more than the number of responses. People may have made a similar comment in response to different questions. The numbers for each theme reported under each question should not be added together. People could do the survey more than once so the total number of responses may be more than the number of individuals who responded.

Appendix 2

Who did we hear from?

What age group are you in?

Age Group	Total
18 – 25 years	1
26 – 35 years	1
36 – 45 years	4
46 – 55 years	4
56 – 65 years	10
66 – 75 years	12
76 – 85 years	13
86 and over	2
Total	47

Are you a:

Gender	Total
A man	7
A woman	40
Total	47

Is your gender identity the same as your sex recorded at birth?

Gender Identity	Total
Yes	37
Total	37

What is your sexual orientation?

Sexual Orientation	Total
Heterosexual / Straight	39
Total	39

How would you describe your marital or partnership status?

Marital or Partnership Status	Total
Divorced / Dissolved civil partnership	2
Married	19
Separated	1
Single	6
Widowed	9
Prefer not to say	1
Total	38

What is your religion or belief?

Religion / Belief	Total
Christian	16
Jewish	1
Muslim	1
No religion	9
Prefer not to say	1
Spiritual belief	1
Total	29

How would you describe your ethnic group?

Ethnic Group	Total
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Asian / Asian British: Pakistani	1
White: British / English / Northern Irish / Scottish / Welsh	42
White: Irish	1
White: Any other White background	2
Total	46

Do you consider yourself to be a carer?

Are you a carer?	Total
No	20
Yes	23
Total	43

Have you been diagnosed with any of the following?

Have you been diagnosed with	Total
Autism (ASD)	1
Prefer not to say	3
Total	4

Do you have a disability?

Do you have a disability?	Total
No	28
Yes	17
Total	45

Which of the following disabilities apply to you?

Which disabilities?	Total
Learning disability or difficulties	1
Long term condition	3
Mental health condition	2
Other	1
Physical or mobility impairment	13
Sensory impairment	4
Total	24

Do you have a long-term health condition?

Do you have a long-term health condition?	Total
No	19
Yes	26
Total	45

Which of the following long-term conditions?

Which long-term health conditions?	Total
Asthma, COPD or respiratory condition	7
Blindness or severe visual impairment	3
Cardiovascular condition (including stroke)	3
Deafness or severe hearing impairment	6
Diabetes	1
Hypertension (high blood pressure)	2
Mental health condition	4
Musculoskeletal condition	4
Other	3
Prefer not to say	1
Total	34

Please tell us your postcode

First part of postcode	Total
HP6	1
HP7	1
HP8	2
HP9	2
HP13	3
HP15	13
HP16	2
HP17	5
HP19	1
HP20	1
HP21	2
HP22	1
HP27	2
LU7	1
SL2	2
SL7	2
SL8	1
MK18	1
Total	43

Appendix 3

What did people tell us?

How do you feel now about being referred to a social prescriber?

Rating	Total
Very happy	28
Happy	16
Unhappy	1
Very unhappy	1
I don't know	1
Total	47

Overall, what is your general impression of using the Social Prescribing Service?

Rating	Total
Positive	43
Neutral	2
Negative	1
Total	46

How helpful was the social prescriber that you met with?

Rating	Total
Very helpful	37
Somewhat helpful	8
Neither helpful nor unhelpful	0
Somewhat unhelpful	1
Unhelpful	0
Total	46

As a result of your meeting(s) with the social prescriber, have you made any changes to the way you live your life?

Rating	Total
Yes	26
No	14
Don't know	5
Total	45

Do you think your health and/or wellbeing has improved because of any new activities or organisations that you became involved with?

Rating	Total
It has improved a lot	17
It has improved a little	20
It has not changed	5
It has deteriorated	1
I don't know if it has changed	1
Total	44

What aspects of the social prescribing service worked well?

Rating	Total
Time to listen	14
Signposting	11
Improved social engagement	11
General Positive comments	4
Gave more support to family	2
Helped improve my mental health	2
Total	44

Is there anything that could be improved with the service?

Rating	Total
More resources needed	8
More publicity for social prescribing service	4
Reduce waiting times	4
Better transport	2
Up-to-date information	2
General comments	1
Total	20

Any other comments?

Rating	Total
General comments	7
More publicity for social prescribing service	6
More resources required	3
Transport	3
Increased initiative	1
Total	20

If you require this report in an alternative format, please contact us.

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