Pills or push-ups?

Is social prescribing the answer to the NHS' problems?

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GP, Mountain Ash
Bevan Commissioner

What underlies the NHS' issues?

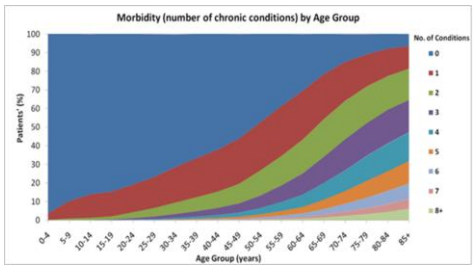
Positive impacts

- Increasing ability to keep people going for longer
  - Advances in cardiac and stroke management
  - Advances in obstetric care and care of premature babies
  - Genomics and medical technology
  - Robotic surgery
- Care remains free at the point of access
- Available to all, regardless of ability to pay

Negative impacts

- Staffing problems
- Waiting times/ Waiting lists
- Financial problems – 70% budget goes to people with long term conditions
- Operational – over bureaucratic, time – consuming processes, no single electronic patient record
- Not sufficiently joined up with Social Care
- Changing demography – epidemiology of multi-morbidity
- System can fail to deliver on things people value: joined up service, being listened to, having a say in what happens to them

"Epidemiology of Multimorbidity" – Lancet, May 2012



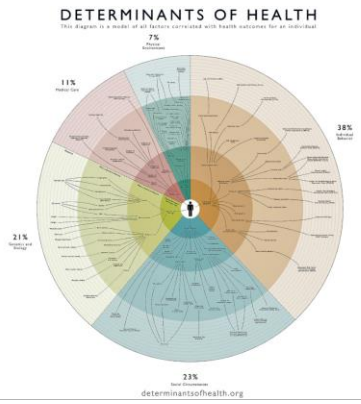
Multimorbidity and implications for health care

(Lancet July 2012, pg 37 Barnett et al)

- 17.5 million people registered at 314 practices in Scotland, 2007. 40 common conditions.
- 42% had >1 morbidity, 23.2% >2 morbidities.
  - Prevalence increased with age, but the absolute number was higher in people <65 yrs (210,500 vs 194,996).
  - Onset occurred 10-15 yrs earlier in deprived areas especially mental health disorders.
- Prevalence of both physical and mental health disorder 11% (95% CI 10.9-11.2%) in most deprived area vs 5.9% (95% CI 5.8-6.0%) in least deprived area. Presence of mental health disorders increased as the number of physical morbidities increased
- Concluded: Multi morbidity is the norm for people with chronic disease.

What does this additional burden of multi-morbidity mean for patients and the NHS?

- For every additional prescription:
  - Odds of an adverse drug reaction (ADR) increases by 13%
    - 6.5% hospital admissions are related to ADRs
  - Odds of a medication error increases by 16%
    - Medication errors cause 712 deaths and contribute to 1708 deaths/ year
  - Odds of poor adherence increases by 14%
    - 50% patients don't take medicines as prescribed
  - Evaluation of medication reviews shows no proven reduction in healthcare use, mortality and inconsistent evidence of improvement of adherence – best for single conditions eg diabetes



Inextricable links

- The most seemingly biomedical conditions reveal a complex interplay of biology & social and environmental determinants of health
  - Violence and loss of telomeres
  - Effects of in utero environment on future health in middle age

It is increasingly difficult to ignore these determinants

- Many are grounded in social differences and sometimes, injustice – 'medicine' doesn't have the answers

An example of the importance of understanding how communities work...

- **Deprived neighbourhoods linked to mental health decline**
  - Cardiff University - Institute PCAPH (David Fone et al, Jan 2014, Psychological Medicine)
  - Looked at 4500 adults in Caerphilly county borough over 7 year period
  - Found that living in deprived neighbourhoods increases risk of decline in mental health, even when individual risk factors and life events were controlled for.
  - BUT significantly reduced in highly close knit neighbourhoods - may offset detrimental effects of social disadvantage, by social togetherness.
    - ? Interventions that help facilitate social interaction and exchange may help reduce levels of mental health illness. Implications are far reaching - could work not only at individual level to help patients, but also at neighbourhood level

Traditional bio-medically framed explanations

- Greedy & lazy
  - They eat too much
  - They eat wrong sort of food
  - They don't take enough exercise
  - They watch TV too much

Entirely victim blaming

Contemporary responses should be:

Determinants ↔ Morbidity → Advocacy → Policy

↓

- •Building regulations
- •Play policy
- •Neighbourhood violence
- •Recreation
- •Neighbourhood Safety
- •School Funding
- •Tax/benefits system
- •Food production
- •TV Deregulation

Eg. Measures to prevent obesity:

- •% Inc income spent on food
- • Access to Safe Play
- • Content of School Meals
- • Physical Education Schools
- • Dec % Children in poverty
- • Food: costs vs. content
- • Reduce Marketing "junk" food
- • Reduce Marketing to Children (Commercials – Time, Number & Focus)
- •Number & location of Fast Food outlets

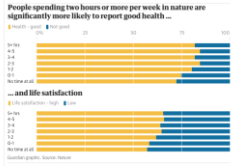
The Guardian Jun 13th 2019

Two-hour 'dose' of nature significantly boosts health - study

Researchers say simply sitting and enjoying the peace has mental and physical benefits

A two-hour "dose" of nature a week significantly boosts health and wellbeing, research suggests, even if you simply sit and enjoy the peace.

The physical and mental health benefits of time spent in parks, woods or the beach are well known, but the new research is the first major study into how long is needed to produce the effect. If confirmed by future research, two hours in nature could join five a day of fruit and veg and 150 minutes of exercise a week as official health advice.



Changing approaches:

- Keener to emphasise maintaining health and wellbeing as well as disease Dx and Mx
- Overdiagnosis – treating people as a series of one –disease systems instead of systems with multiple conditions in parallel
  - Wastage of resources, duplication of effort, iatrogenic illness caused by medication and medication interactions
- Realisation that much ill health has social determinants
  - Housing
  - Education
  - Income
  - Lifestyle
- Encouraging a more central role for people in making decisions about their health and care

How does it fit with wider health and social care policy?

- 2006 highlighted in White Paper 'Our health our care our say'
- 5yrFV 2014 – focus on prevention and wellbeing, patient-centred care and highlighted role of 3rd sector in services that promote wellbeing.
- GPFV 2016 – role of voluntary sector organisations through social prescribing to reduce pressure on GP services
- June 2016: NHSE: national clinical champion for social prescribing to advocate and share lessons of successful projects
- NHS Long Term Plan –
  - Give people more responsibility for, and control of their own health
  - 2.5 million will benefit from social prescribing schemes by 2024
- New GP Contract NHSE (2019) – Primary Care Networks will be funded to employ 1 social prescriber each from 2019
- Wales – Prudent Healthcare – 'co-production with patients'
- Scots Contract – Realistic Medicine
- Guidance for commissioners in Local Govt docs and a new Social Prescribing Network.

So what is 'social prescribing?

Definition:

Non-medical interventions to address wider determinants of health and help patients improve health behaviours and better manage their conditions, potentially recuing healthcare demand and costs.

Been around for many years!

'Boiler on prescription' scheme transforms lives and saves NHS money

Pilot project in Sunderland hailed a success with GP and outpatient visits reduced by a third and heating bills cut by £30 a month

This trial boiler on prescription scheme in Sunderland was seen to make a 'massive' difference to people's lives, raising temperatures by 3C and saving £30 a month. Photograph: Gentoo

Who else could benefit?

- Wide range of social, emotional or practical needs
- Focus on improving mental health and physical wellbeing
- Eg.
  - people with mild or long-term mental health problems
  - vulnerable groups
  - people who are socially isolated
  - frequent attenders to Primary or Secondary healthcare

What's the evidence social prescribing works?

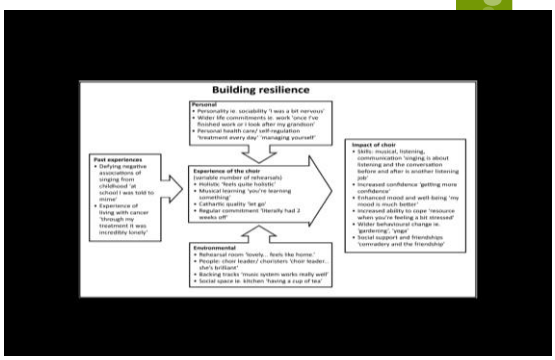
- Robust and systematic evidence is limited and insufficient (Systematic Review: Bickerdike et al, BMJ 2017).
  - Small scale studies, wide range of interventions and outcomes, confounding factors
  - No control group
  - Focus on short-term process rather than outcomes
  - Relies on self-reported outcomes
- Challenging measuring complex interventions, or comparing between schemes
- Varying findings for whether it reduces NHS costs - Bristol↑, Rotherham↓ over 2 years.
- ? Other social values eg reduced time out of work?
- A number of positive health and wellbeing outcomes
  - Improvements in QoL and emotional wellbeing, mental and general wellbeing and levels of depression and anxiety
  - High levels of satisfaction from participants, primary care professionals and commissioners
  - May lead to reduction in use of NHS services:
    - Eg in Rotherham, liaison service helping patients access support from >20 voluntary organisations, 8/10 patients reduced A&E attendance, OP appts and IP admissions.
    - Bristol social prescribing study showed reduction in GP attendance rates

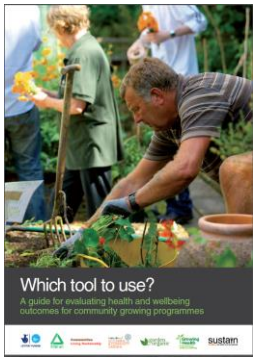
More examples…

Reference	Subject
BJPsych 2018 Fancourt DE, Steptoe A, Cadar D.	Cultural engagement and cognitive reserve: museum attendance is inversely associated with dementia incidence over a 10 year period.
BMJ 2019. Wise J.	'Ways to Wellness', Gateshead. DM/CHD patients. 5,000+ patients taking part. 35% lower 2ndry care costs than comparison.
BJPsych 2018. Fancourt D, Perkins R.	Effect of singing interventions on symptoms of post-natal depression.
BMJ Open 2018. Warran K, Fancourt DE, Wiseman T.	How does the process of singing impact upon people affected by cancer?
Public Health 2017. Loftus et al	Impact of social prescribing on general practice workload and polypharmacy – better patient outcomes, no impact on GP workload.

How does it work? – Singing and patients with cancer

From Warran K, Fancourt DE, Wiseman T. BMJ Open 2018





What does this mean for the jobbing clinician?

The Mountain Ash story

Cynon Vale medical practice, Mountain Ash

- A typical, traditional South Wales valleys practice, part of a cluster.
- List size approx 4,500
- Working out of poorly appointed premises with portacabins locked on
- 2 partners, 3 salaried doctors – all P/T.
- Economically deprived older community
- High Street: Iceland, fast food shops, nail bar, tattoo bar, Bookies, post office, knitting shop

- From August 2018:
  - Clinical pharmacist
  - OT
  - Wellbeing co-ordinator

JD, 54Yrs

Tearful, overwhelmed, not sleeping.

- Depression
- Carer for her son, serious mental health problems
- Hypertension
- Knee pain
- Fibromyalgia

MIND Counsellor – CBT course

Wellbeing Co-ordinator –

Fibromyalgia support

RCT Carers Support

Counselling/ Trips out/ Forum/ Legal advice

'Breathing Space' – weekly tea and chat

Abercynon Community Garden

Pills or push-ups?

Abercynon Community Garden

Janis Werrett – a force of nature!

Cynon Vale becomes a ParkRun practice!

The impossible happens

Supported by the team made it happen…

How do these developments make me feel as a GP?

- Cautious, early days…
- Thrilled by the scope of social prescribing – suddenly I have so much more to offer patients
- Starting to see the effects on patients' lives
  - Community garden
  - Referrals to a variety of 3rd sector and community organisations I'd never known about before
- Fits with my own belief that you can't expect to find the answer to many of life's events in a pill…
  - 'give a man a fish and you feed him for a day – teach him how to fish, and you feed him for the rest of his life'.
- And it's helped a couch potato (me) get up and start running!!

How does the NHS relate to social prescribing specifically?

Will it make a difference to patients, communities and clinicians?

- In areas where social prescribing is used
  - Clinicians are more resilient
  - Clinicians are happier
- In the long term, if done on a population scale, we could have people developing their chronic conditions later than currently, and having a better quality of life throughout.
  - ? Communities more resilient
  - ? Communities more happy
- May reduce waiting lists/ NHS workload if morbidity reduces, but we've been waiting for this since the inception of the NHS!

Will social prescribing be the answer to the NHS' problems?

- It won't solve the manpower problems
  - Still short of 7000 GPs
  - Still short of 20,000 nurses
- It won't solve bureaucracy, management and financial problems in the NHS – the NHS needs to sort its own house out!
- The population will continue to age, with chronic illnesses and multi-morbidity
  - Biomedical knowledge and skills will still be needed
  - But by combining forces, the sum will be greater than the parts!

Looking ahead…

- We will be much more digital… and able to monitor people much more closely at home in 'real time' (currently <0.1% of time is spent with an HCP – the rest of the time is unsupervised!!).
  - Personalised medicine, genomic medicine, drones, Siri/Alexa, avatars, monitors and wearables
  - Better understanding of the body as a complex system, rather than discrete diseases
- We will be promoting wellness much more than currently
  - We will be working harder to engage the public, and understand better how to support patients