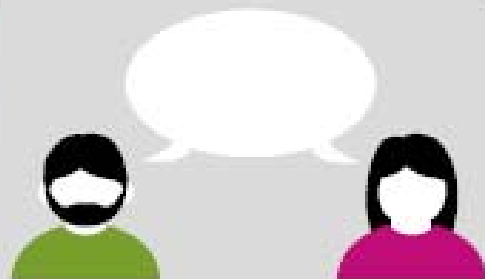


# Scaling Up Social Prescribing in Tayside

Andrew Radley  
Consultant in Public Health Pharmacy

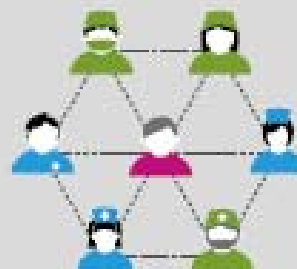


# PRACTISING REALISTIC MEDICINE



CHANGE OUR STYLE TO  
SHARED DECISION MAKING?

BUILD A **PERSONALISED**  
APPROACH TO CARE?



REDUCE HARM  
AND WASTE?



REDUCE **UNWARRANTED**  
**VARIATION** IN PRACTICE  
AND OUTCOMES?

MANAGE RISK BETTER?



BECOME IMPROVERS  
AND INNOVATORS?





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qrw#d#s dqd fhd

Somehow, we have convinced ourselves that when something is wrong, we go to the doctor and get medicine that will miraculously sort everything out. If we don't get pills, we feel short-changed. Under such pressure, GPs have been persuaded into over-prescribing drugs

FOR HEALTHCARE LEADERS

**HSJ**

VALUE IN  
HEALTHCARE  
AWARDS

Z h#fdqgrw#wuhdw#rxutz d | #rxw#ri#p xov10  
p r u e l g l w | # By [Don Redding](#) 20 April 2018

**“Dealing with multi-morbidity requires rethinking the role of medicines”**



# NHS in Scotland 2018

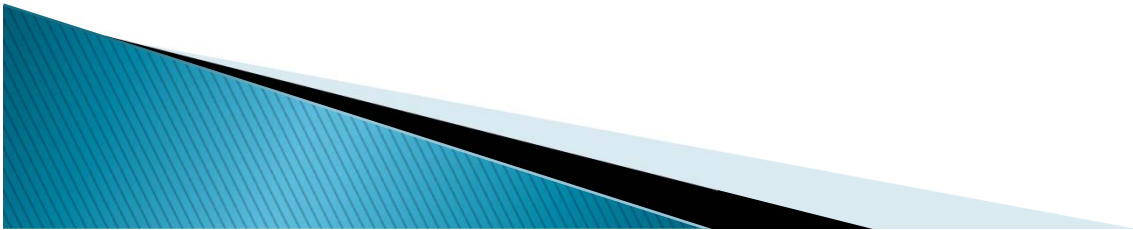


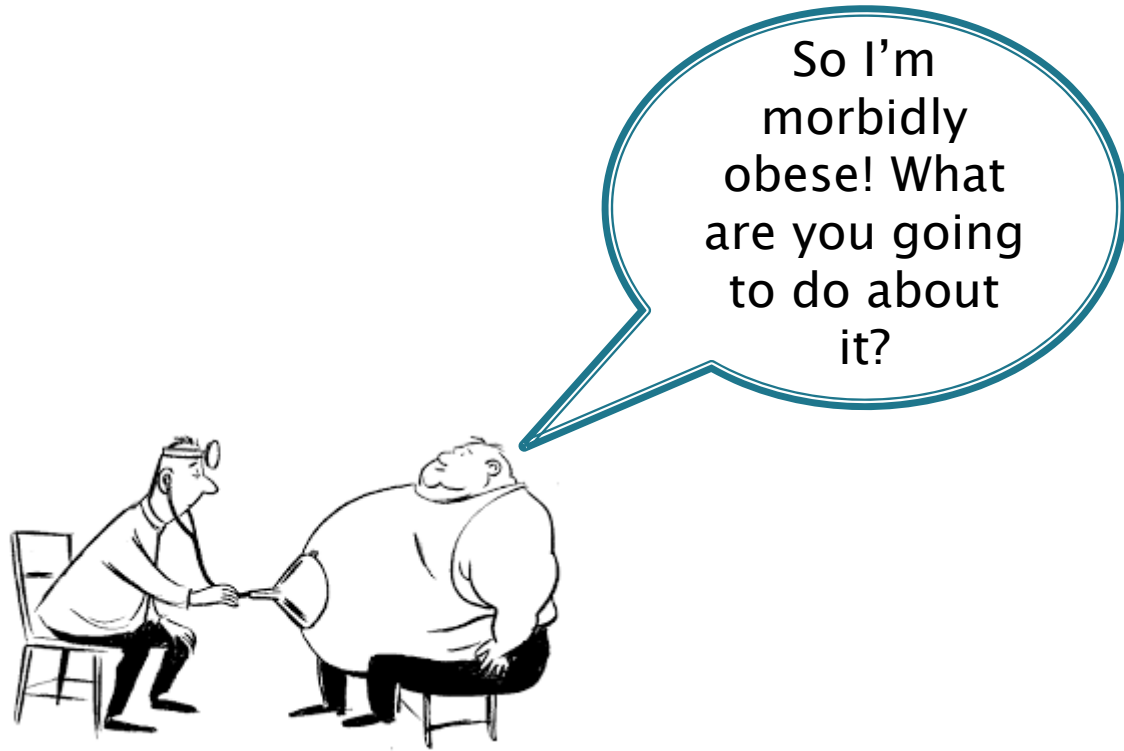
AUDITOR GENERAL 

Prepared by Audit Scotland  
October 2018

7643	6	432	8709	8797	5165
1254					
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“To meet people’s health and care needs, the NHS urgently needs to move away from short-term fire-fighting to long-term fundamental change”

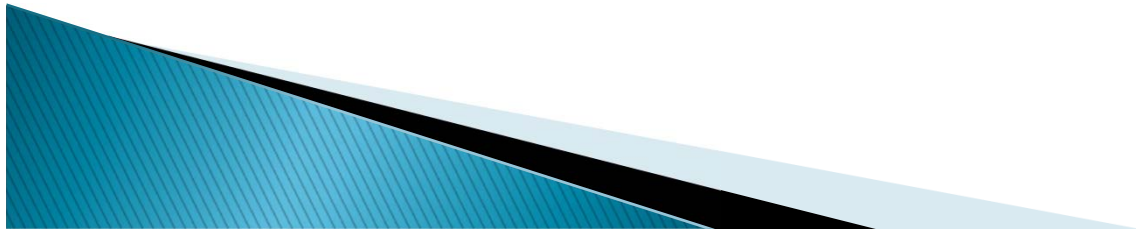




Fkr lfhv

Prescribe medicines ?

Lifestyle change ?



# Prescription for Type 2 Diabetes

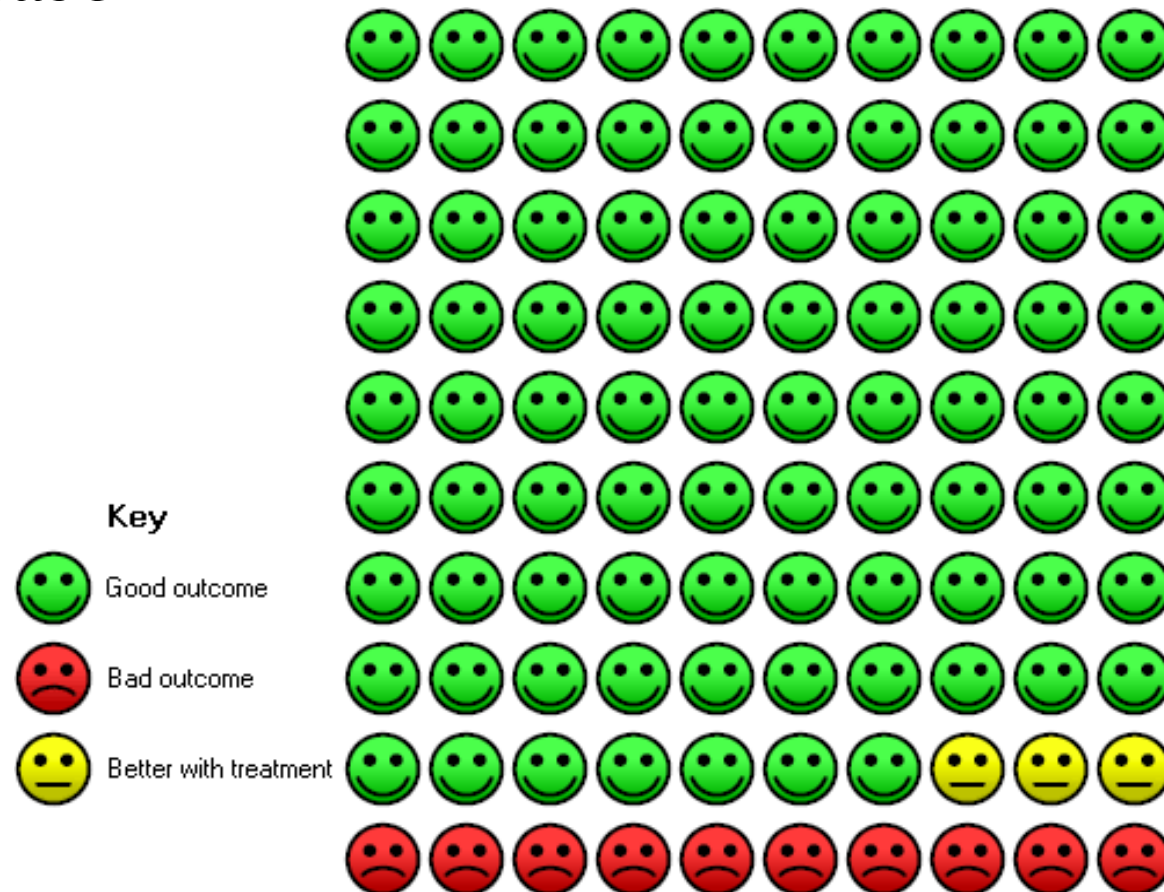
- ▶ Treatment of diabetes
  - Hyperglycaemia ( biguanides, sulfonylureas, DPP4 inhibitors , GLP-1 mimetics, SGLT-2 inhibitors ,PPAR $\gamma$  agonists)
- ▶ Treatment of diabetic complications
  - Nephropathy (ace inhibitors, angiotensin II antagonists)
  - Neuropathy (SSRIs, Gabapentinoids)
  - Retinal disease (bevacizumab)
  - Hypertension (diuretics, betablockers, calcium channel blockers)
  - Stroke (anti-platelet agents, anticoagulants)
  - Cardiovascular risk(statins)
- ▶ Blood sugar monitoring







Cates plot showing the that 3 people out of 100 benefit from simvastatin when used to treat vascular events over five years in Diabetics without occlusive arterial disease



# What are the Chances of Benefitting from all 10 Prescribed Medicines?

An NNT of 33 means that 3 people in 100 benefit

$3/100$  (0.03)

Chances of benefitting from 10 medicines is :

$3/100 \times$

$3/100 \times$

$3/100 \times$

$3/100 \times$

$3/100 \times$

$3/100 \times$

$3/100 \times$

$3/100 \times$

$3/100 \times$

$3/100$

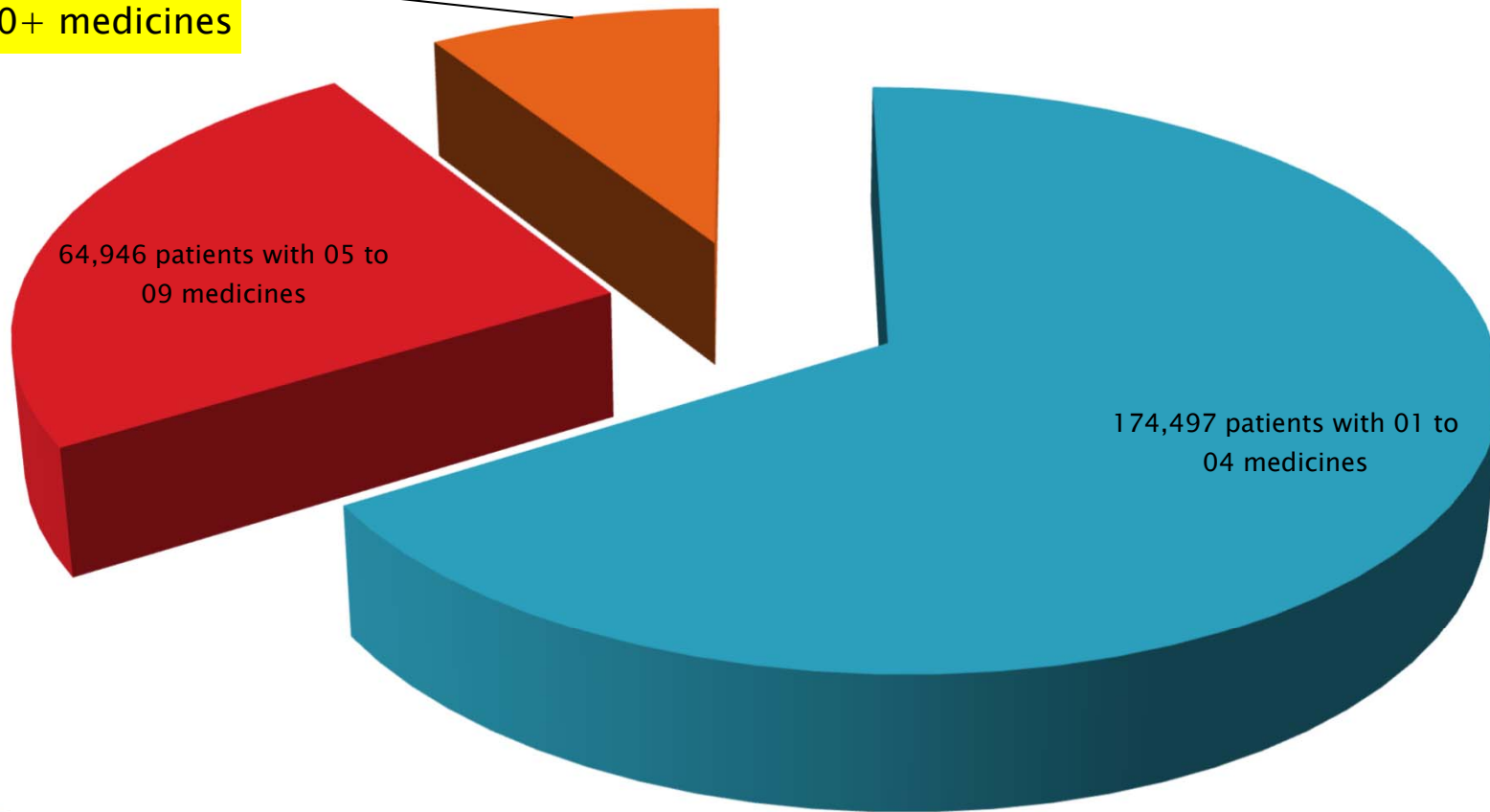
$6/10,000,000$

If we Prescribed 10 Medicines for the entire Population of Scotland, how many would benefit from all 10?

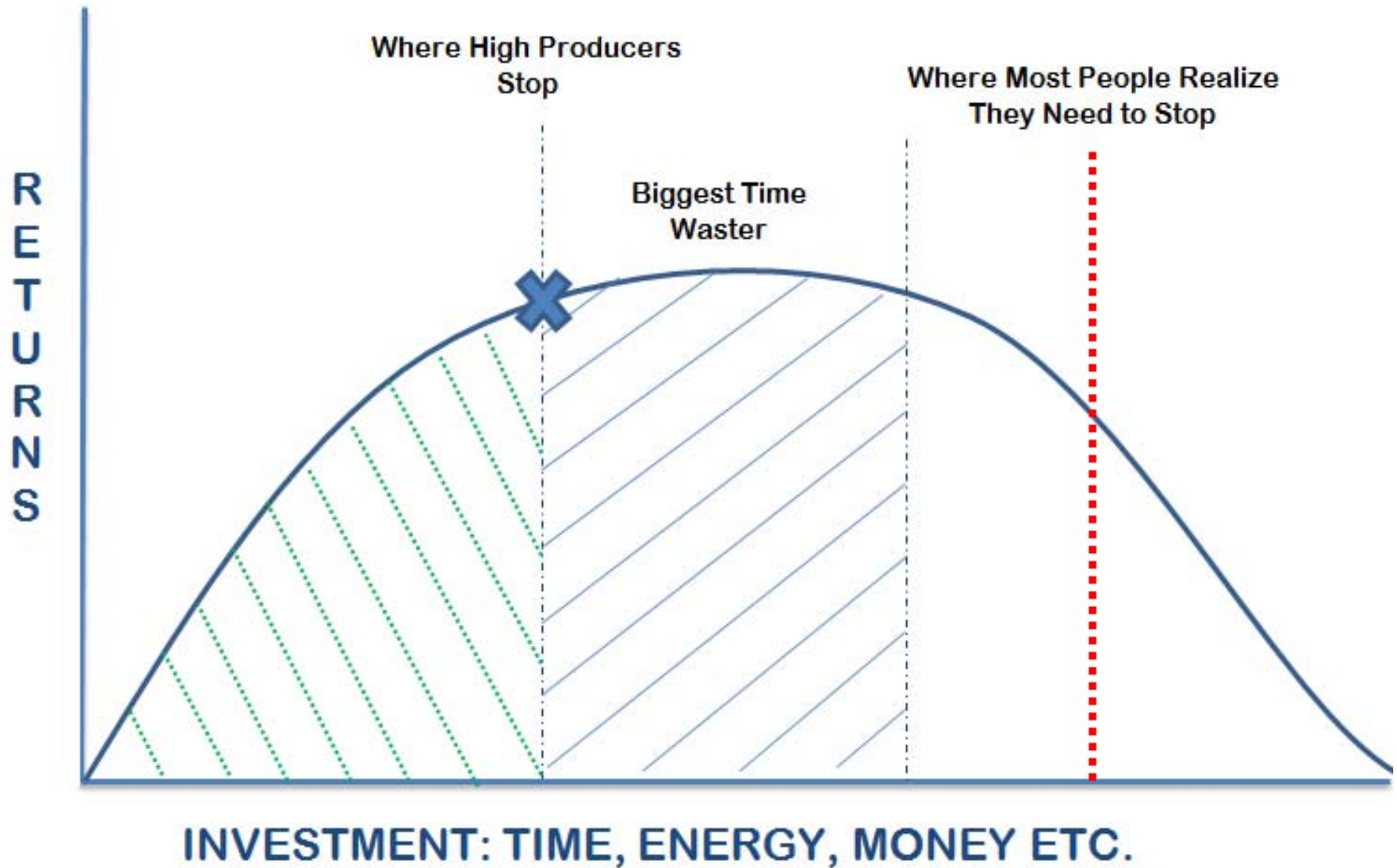


# Patient count by number of distinct BNF paragraphs for NHS Tayside between July and December 2016 for patients of all ages.

39,028 patients  
with 10+ medicines



# Law of Diminishing Returns



## Developing a Social Prescribing Approach for Bristol

“Social prescribing provides a pathway to refer clients to non-clinical service, linking clients to support from within the community to promote their well-being, to encourage social inclusion, to promote self-care and to build resilience”.



Kimberlee RH

## Developing a Social Prescribing Approach for Bristol

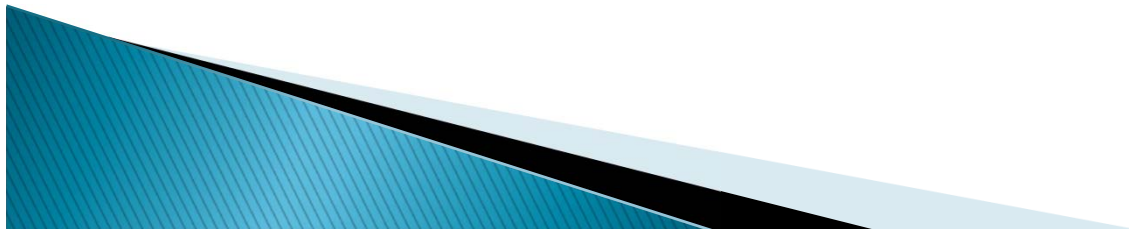
Best practice models share the following criteria:

- A clear referral process from GP / Primary Care
- A local remit with developed local knowledge
- A method to address beneficiary needs in a holistic way
- No limits to the amount of time the link worker spends with the referred beneficiary
- Address referred needs but anticipate that mental health needs may be discovered

# The Social and Economic Impact of the Rotherham Social Prescribing Project

A well-being outcome tool measured progress across 8 criteria:

- **Feeling Positive** – 35% made progress
- **Lifestyle** – 25% made progress
- **Looking After Yourself** – 24% made progress
- **Managing Symptoms** – 21% made progress
- **Work, volunteering and activities** – 49% made progress
- **Money** – 21% made progress
- **Where you live** – 20% made progress
- **Family and friends** – 27% made progress





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# Our Local Social Prescribing Landscape in Tayside

25,000  
people  
with  
diabetes

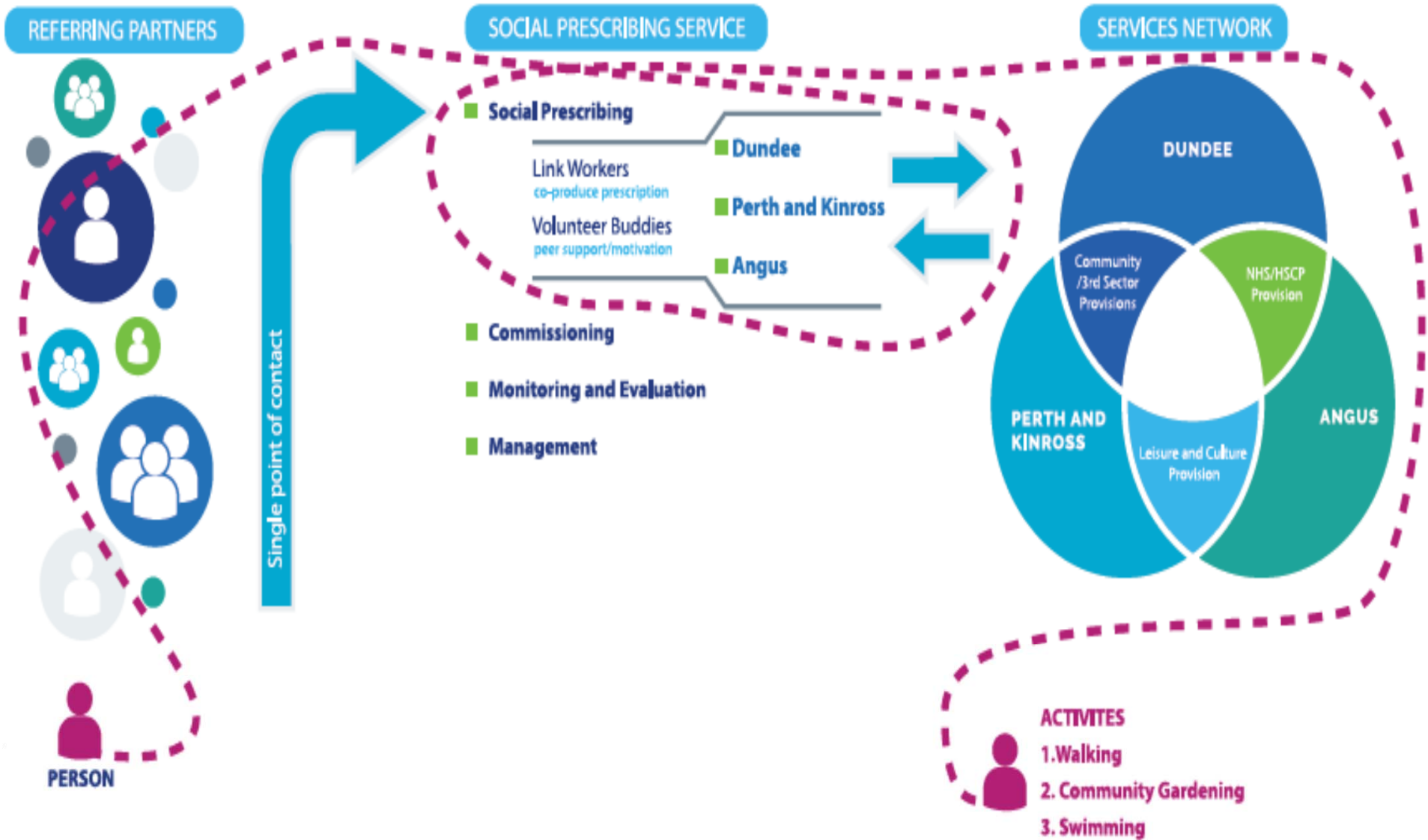
100,000  
people with  
BMI > 30

94,000 people  
prescribed 4+  
medications for  
chronic pain

85,000 people  
prescribed  
medication for  
mental health  
problems

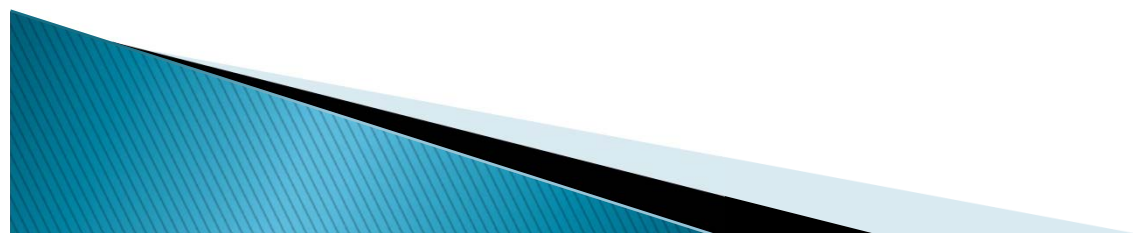


# TAYSIDE PHYSICAL ACTIVITY SOCIAL PRESCRIBING SERVICE



# A Draft Plan for Implementation

Activity	0–2 years	3– 5 years	5–10 years
Infrastructure Building	Short-Term deliverables	Capacity Building Social Marketing	Culture and Generational Change
Engagement	Community Description	Community Mobilisation	Community Delivery
Service implementation	HSCP Assessment and Action	Delivery and Commissioning	Sustainability and Review
Service Evaluation	Design of Monitoring System	Use of Process Outcomes	Assessment of Population Outcomes



## GPs should prescribe gardening, dancing and cookery, Matt Hancock, Health Secretary says

The minister called for an increase in “social prescribing” in a bid to “shift the balance” away from automatically prescribing drugs for many illnesses. Speaking at an NHS conference in Manchester, he urged GPs to encourage patients to be more sociable and active, referring them to classes and groups, in a bid to reduce reliance on painkillers and antidepressants.



# Scaling Up Social Prescribing in Tayside

The requirements:

- ▶ Commitment to provide general practice with sufficient link workers to deliver at scale
- ▶ Formalise the role of HSCPs to assess need, commission, monitor, review.
- ▶ Develop the capacity and capability of the third sector to provide services
- ▶ Orientate and inform secondary care clinicians



# Questions ?

