

Empowering Medical Students to Design and Deliver a Social Prescribing Scheme in General Practice

Rationale

As a medical educator I believe that the NHS does not fully take advantage of the abilities of medical students to take an active role in the delivery of health care to patients. Too often students are viewed as consumers of teaching and are not given the responsibility to design or deliver services. This large group of motivated and capable workers is not being fully utilised. We are missing out on the potential benefits to overstretched health services, patients and the students themselves.

Social prescribing has been described as a means of enabling GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services. The NHS Long Term Plan and GP Forward View have both highlighted the importance of social prescribing as an integral part of the future of the NHS. and Primary Care Networks (PCNs) have been encouraged to recruit link workers to put it into practice. Awareness of social prescribing is limited amongst medical students (1,2) and GPs lack the time within consultations to discuss social prescribing options with their patients (3). Involving medical students in social prescribing projects has been shown to produce positive changes in students' attitudes towards social prescribing (4).

How it was developed

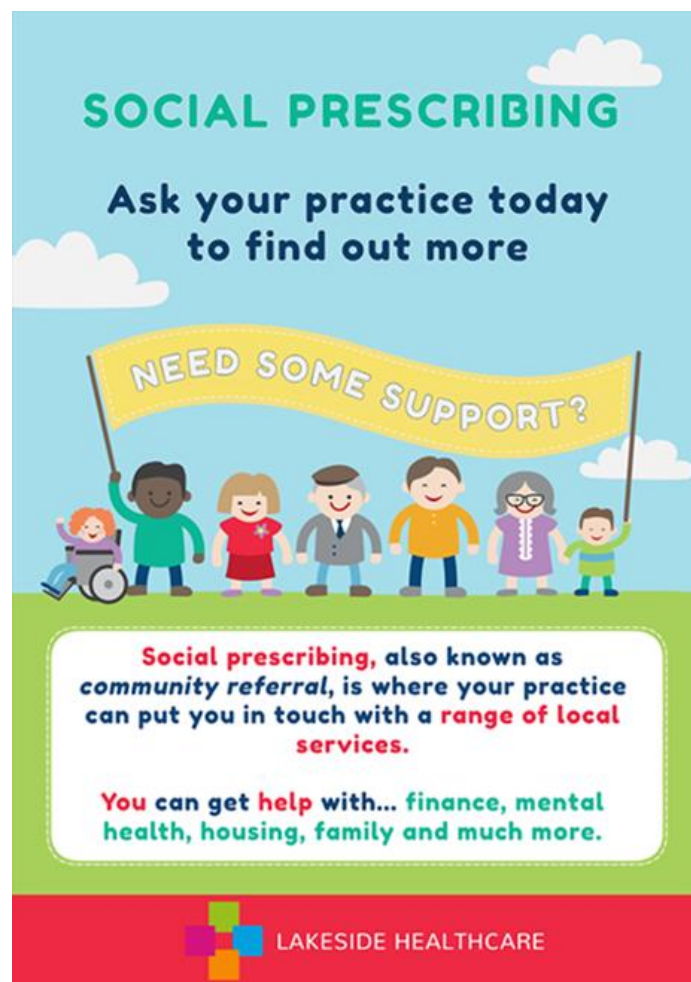
Lakeside Surgery in Corby is a large GP practice with over 48000 patients. The practice has a strong commitment to medical education and hosts medical students from Leicester and Cambridge Medical Schools. Third year Leicester students (n=12) have 12-week attachments at the practice, during which time they complete a quality improvement activity. This usually takes the form of a simple audit, but in early 2019, after identifying a need to get patients to engage with social prescribing, I offered a new proposal to the students. The group were asked to consider developing a social prescribing service. I offered my support and advice where needed, but the students were given the task of planning and implementing the initiative.

This project built on some experiential learning on social prescribing that had been included in the Compassionate Holistic Diagnostic Detective (CHDD) course that I lead in the first two years of the medical curriculum. The CHDD course has a patient-centred focus, encouraging students to think beyond diseases and medical treatments and consider the person they are dealing with. The social prescribing component involved a "Voluntary Agencies Marketplace", where a number of local organisations were able to set up stalls in the medical school and students were given a time to visit and find out what services were on offer. Throughout the CHDD course, groups of 8 students are allocated a real patient, who they communicate with regularly via the online portal *Patients Know Best*. As part of the social prescribing exercise, the students were expected to identify which voluntary agencies may be of benefit to their patient and then offer them a "social prescription" via the portal. The patients provided feedback on the process and on the choice of prescription they were offered. This exercise gave students early exposure to the concept of social prescribing and I was keen that this should be built on later in the curriculum. Involving students in a new project at Lakeside allowed me a chance to pilot an intervention that could then be shared with all GP practices hosting Leicester students. The students in Corby were keen to get involved:

"I was part of the original group approached by Dr Ward about doing a social prescribing project instead of the usual audit, which sounded great. We were given time during our GP placement to do the project and met with Dr Ward weekly for guidance which was really helpful."

How it was implemented

Students began by creating a list of voluntary organisations in Corby and Northamptonshire and categorising them by the services they provide. Each identified organisation was contacted, the project explained to them and their willingness to participate in the project established. Services provided by each organisation were clarified as well as the contact details to be used by healthcare professionals or future patients. This process enabled the students to ensure that all organisations involved in the scheme were still active and taking patients. The information was collated into a categorised list with the details of over 35 organisations, up-to-date contact details and a short description of the services on offer. The students used this list to create a booklet for patients, providing an accessible resource to refer to in their own time. Patient information leaflets were produced. It was recognised that raising awareness among staff and patients would facilitate uptake of the service and so measures were taken to address this. For staff, a letter including a description of the service, how to refer patients and details about the booking process was circulated physically and via email. To improve awareness amongst patients, posters were designed by one of the students and displayed around the practice:



Patients referred into the new service were seen in 30-minute appointments by students working in pairs. Students spent time discussing the patient's needs before working with them to identify suitable organisations that could provide support. Students assisted the patient in engaging with the organisation, making initial contact if required. Follow up was arranged to find out how the patient was getting on with the service and to suggest alternative services if necessary. Students had access to a GP for advice or to address any concerns they had about a patient.

To ensure sustainability of the service, it was important to develop effective handover of the project to following cohorts. Students from the previous placement return to the practice to deliver a presentation containing information about social prescribing, details of the project and how the service was delivered. Each student cohort has been encouraged to review the project and make adjustments to improve the process. The introduction of Primary Care Networks enabled the practice to appoint a social prescribing link worker. This link worker has been able to use the resources developed by the students, refine the processes and take a supervisory role, particularly in the handover period. The continued involvement of students in the project has increased the capacity in the practice for social prescribing interventions - 250 patients have been seen in social prescribing clinics since the scheme started, with over 40 patients having their main contact with medical students.

Impact

At the time of writing there have been four groups of medical students involved in this project. Throughout the placement, medical students worked with a variety of teams within the practice to promote the scheme and provide guidance around how to refer patients. The team included receptionists, doctors, nursing staff and the online services team. The project has given students the opportunity to develop skills in supporting patients with lifestyle changes and issues such as anxiety and depression. Students involved in this project felt that they have had the opportunity to practice the skills required to do this in an authentic setting.

“We learnt how to pilot a quality improvement project from start to finish in real clinical practice. We were able to set up the social prescribing clinics at Lakeside, which continue to run with the current medical students and a Social Prescriber Link Worker.”

Patients involved in the project have reported positive experiences. A patient with who rarely left home due to fibromyalgia was seen in the social prescribing clinic by the students. Following their recommendation, she started volunteering at a local soup kitchen and for a crisis helpline. She has since started completing regular park runs with her family and has stopped her analgesic and anti-depressant medication.

It is hoped that the success of the project can be replicated at other GP organisations hosting medical students and plans are being made to roll this intervention out across other teaching practices affiliated with Leicester Medical School.

Lessons Learned

Through this project, students built on their previous understanding of social prescribing. They were able to spend time speaking to patients about their life and lifestyle, and to think holistically about health. Students also gained valuable team-working experience and learned how to implement a service. Empowering medical students to develop authentic interventions can be beneficial to all stakeholders. Supervision and some guidance was needed but was light-touch. The students responded well to encouragement and have maintained a genuine interest in the project, further enhancing their professional development:

“We have been able to gain two posters at national conferences and two oral presentations, as well as writing the project up for publication. This whole experience was made possible by Dr Ward, who continues to support us in our conference/writing work.”

Word count 1451

References

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