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ORGANISATION Tokard Hill Medical Centre

#### SUMMARY

**Tokard Hill Medical Centre** wanted to implement a social prescribing model with improved patient and community engagement. They collaborated with their patient participation group (PPG) to achieve this through virtual forums and surgery-based meetings. The PPG arranged two summer events involving patients, the local population and community/voluntary organisations. They were able to successfully implement the model without external funding available and the activities were mainly driven by staff commitment, the PPG and some internal funding.

# OVERVIEW AND REASON FOR CHANGE

Torkard Hill has implemented an innovative approach to patient engagement through collaboration with an active patient participation group (PPG) and local, community organisations. Our approach is essentially very simple and cost neutral.

Through knowledge of our patient demographic, we understood the fact that any social prescribing model would require **good relationships with organisations in the local neighbourhood** as most patients would not be keen on travelling even short distances out of the local area.

We have found benefit in having dedicated staff who are motivated and enthusiastic to drive progress. Enthusiasm and innovation is contagious, and buy-in from community groups has been very positive. Our focus was on **positive engagement rather than targeted results**, which has led to enhanced clinical outcomes.

#### WHAT DID YOU DO?

Making things happen has been incremental.

We have **developed and fostered an active and involved virtual PPG** of 1400 members who contribute via the online forum on practice developments. The PPG have their own **newsletter**, 'Torkard Matters', which has a consistently high open rate via the e-version. The PPG carer's subgroup is evolving and we held our first **coffee morning** earlier this year where practical and innovative ideas for improving the services we offer were developed.

The PPG held **two large scale events** in the summer (our **summer health fairs**) which attracted support from 30 different organisations with diverse age, faith, gender and activity remits who all share a common goal of support for local people and families. The fairs included mini health checks, the fire Brigade, healthy choices cookery demonstrations and craft/health stalls. Clinical and administrative staff from the surgery also attended, and the event was advertised to the local community as well as patients at the surgery. The fairs could be seen as informal social prescribing events that help foster and engaged community.

In addition, the PPG held a 'Question Time' event at a local school to demystify primary care and establish closer links with younger people.

We held our interventions because we saw need and benefit, and the staff involvement has been because they are fun! We have had buy-in from the CCG early on and they have supported all our events.

### WHAT HAPPENED?

We collaborated very successfully with the PPG who now have a pivotal role in community engagement. They ran two successful summer events with a large number of local organisations in attendance, which allowed us to **build wider relationships**. We were subsequently presented with the 'most active PPG 'award by Nottingham North and East CCG (in Sept 2016).

### FINANCE AND COMMISSIONING

Our committed team are the springboard for our social prescribing model. We have a **core planning group** with representation from our PPG chair, the **CCG patient engagement lead** as well as **local community champions**. We received no funding. All interventions have been solely financially supported by the practice, including all marketing interventions, management and hospitality.

# NEXT STEPS: SUSTAINABILITY AND SCALABILITY

We are currently completely self-motivated and self-sustaining, but additional funding would allow us the scope to properly implement a sustainable social prescribing service to our patients and local groups/organisations. Our key focus is to **appoint a dedicated lifestyle coach** with our practice to assist patients with navigating social networks that are most beneficial for them and evaluating them to ensure they make a positive impact.

# PATIENT STORIES

Our feedback is from a variety of sources to add value and weight. We particularly try to target those whose voice is seldom heard, including young people, whose views are traditionally underrepresented in primary care.

# REFLECTIONS: TOP TIPS FOR OTHER GPs CONSIDERING SETTING UP SOMETHING SIMILAR:

- Keep it **local** and **relevant**.
- Start small and build.
- **Find and nurture key people** to help and maintain the relationships.
- Embed feedback so you can see progress both quantitative and qualitative.
- Don't do something **complicated**.