Engagement Alliance

healthwatch Bolton

Bolton CVS

Making Sense of

Social Prescribing

Perceptions, People, and Processes

January

2018

Healthwatch Bolton

Background

Social prescribing has become a popular concept in recent years. Broadly speaking the term describes a variety of models and methods that help to join up non-clinical support with the formal health system in order to achieve greater wellbeing for people. In Bolton, the following definition of social prescribing has been adopted as follows;

"the connection of people, services and support to the non-clinical assets in our communities that will improve the health, wellbeing and happiness of residents."

A new social prescribing programme for Bolton is one of the new delivery models expected in the Bolton Locality Plan and, as part of its engagement on the Transformation programme, The Bolton Engagement Alliance (Healthwatch Bolton and Bolton CVS) have engaged with local residents in order to understand:

- What the term 'social prescribing' means to people
- How people thing a social prescribing programme should be shaped and developed
- How social prescribing can be best communicated to people
- If there are any potential barriers to embedding social prescribing

Methodology

Field researchers used a semi-structured questionnaire and conducted informal interviews with individuals on a one to one basis. All comments were recorded verbatim against the relevant question prompts.

Comments were analysed against three sets of criteria;

1. People's understanding (or lack of it) of the term social prescribing
2. Comments elaborating how people related to the concept of social prescribing
3. What people would like social prescribing to look like (i.e. referral pathways, and delivery processes)
4. Comments relating to how people would like to access social prescribing and potential challenges that may arise.

The Questions

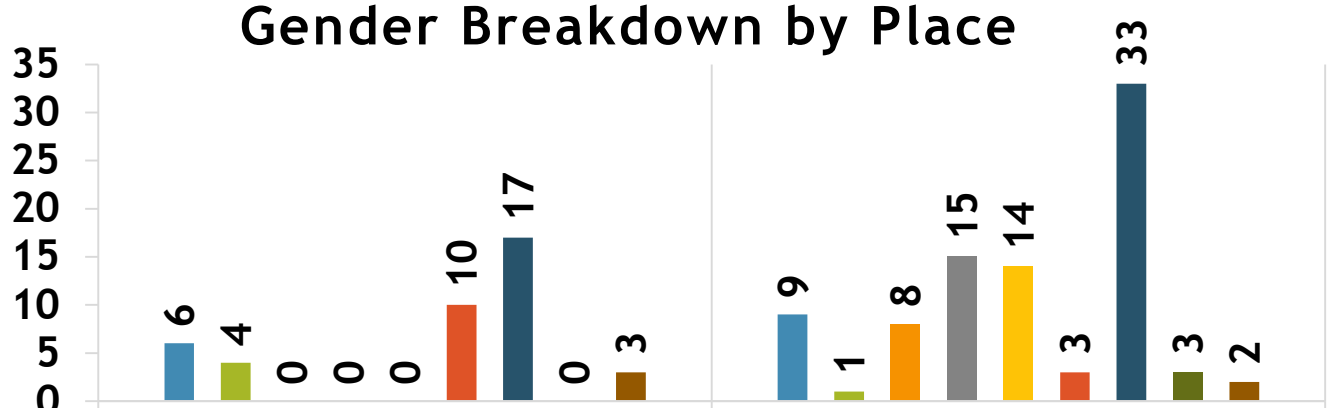
1	What do you think about this idea? Does the term 'social prescribing' make sense? (Thoughts on the name, process, impact, usefulness reliability, referral process)
2	What kind of support/schemes/classes/services do you think would help people live healthier, happier lives? (ideas about current and future community assets)
3	What do you think of the idea of someone at a GP surgery suggesting this kind of support to you? What would that look like? (Thoughts about who would be involved in social prescribing and how the process might work in practice)
4	If you were interested in accessing something like this, what kinds of things would make you more likely to go and are there any barriers? What would that look like? (ideas about wrap around support t5o access/benefit from such approaches)
5	Additional comments.

Who we spoke to

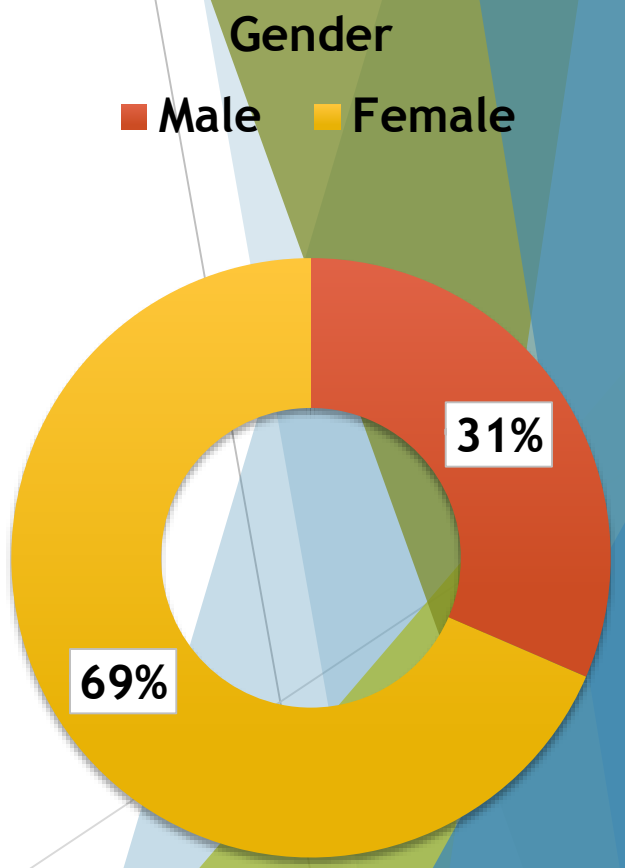
We spoke to 127 people at 9 workshops in Bolton In November 2017. This fieldwork produced 377 comments

Community Groups	No of Respondents
Band	15
Best Choices	5
Caribbean Elders	8
ESOL	15
Fort Alice Service Users	14
Prostate Cancer Support	13
Seva Dal	50
Spiritualist Church	3
The Hub	4
Total	127

Demographics - Gender



	Male	Female
Band	6	9
Best Choices	4	1
Caribbean Elders	0	8
ESOL	0	15
Fort Alice Services Users	0	14
Prostate Cancer Support	10	3
Seva Dal	17	33
Spiritualist Church	0	3
The Hub	3	2



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What is Social Prescribing?

Making sense of ‘social prescribing’ - Summary

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The What

- Support/empower people to manage their health and wellbeing locally
- Support self care
- Taking responsibility for own health and wellbeing using local assets (community/voluntary groups)

The How

- Use local community/voluntary groups or statutory sector e.g. public health funded health behaviour programmes and self management programmes (e.g.. Weight loss)

The When

- Before hitting rock bottom (i.e. before crisis)
- When clinical treatments are not appropriate or only partially support the problem

The Why

- Comfortable, local and offers choice
- Residents know each other better than professionals
- Minimises the risk of some people slipping through the net

‘It’s a good concept, I think sometimes those local [community] services are far more equipped to support people’s social, emotional and physical needs’

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Social Prescribing - Perceptions and Understanding

67 (47%) responses suggested that people had some understanding of Social Prescribing.

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The responses highlighted that people:

Saw Social Prescribing in a positive light

Felt they had the mechanisms (community assets) to embed social prescribing at community and neighbourhood level

'It's a good concept, I think sometimes those local services are far more equipped to support people's social, emotional and physical needs'

'I'm really positive about it. I think it's good but it will need continuous work and monitoring to ensure its working'

'It would be good, lots of people don't know about things that are happening'

'I think it would be good, sometimes the GP isn't the most suitable person to deal with your issues but you do need some sort of bespoke services to support people using an holistic approach'

'I run a group and would be happy with more coming although some people with mental health may take advantage as we offer lots and don't charge'

'More discussions about the area and what's there'

'I' have personal experience of self-harm and taking lots of medication. Medication didn't help but then I had talking therapy and that helped. We look at different ways of helping people here at the group'

Of the 67 people who understood social prescribing, **17 (25%)** said expressed concerns about social prescribing processes. The four main concerns were:

Referral Pathways (who to connect to, how, where, and when)

Role ambiguity (link workers, community/volunteer groups/hosts)

Information flows (how information is channelled through the referral pathways)

Community participation

Professionalism

'If in a GP surely they need to be giving their input. They would need confidence in this link person otherwise they would not refer someone to see them'

'Need someone very understanding and professional for the job and that the GP feels comfortable referring you to'

'Would a doctor know about these things going on locally? Some doctors in our practices we have got to tell them [link workers] what we want'

'I think it will create a wheel. GP will think it is voluntary sector job, voluntary sector will say they can't deal with it and will refer back to GP. More time consuming'

'What about people who need to see the doctor but don't go out or can't go out? Will these people go out into the community as well? They need to'

'I think it's a good idea but just thinking about safeguarding. It could look like a respectable services but what if you went to a group and the leaders where all cannabis users/axe murderers or something. Not sure how to combat that'

'social prescribing does make sense. How does the community know that these services are available?'

'Who is the point of contact?'

'At what point do individuals and community groups get involved? People would like to know how the referral pathways would work '

'They need to work with people in the community. You know me, I speak to loads in my community. I know who needs support, I know who is lonely or who doesn't have enough money for food etc. If they come and talk to us and listen to what we say then that will be good'

'Difficulty with specialists in the voluntary sector - needs to just be low level support - someone to talk to etc.'

'I worry about some people being missed or slipping through the net if they are sent to a group when they do need medication'

Who ?

'I wouldn't like it being someone from the community. In our culture we wouldn't go and see someone if it was someone we know for fear of others finding out'

'If it was in a community place people might not go. Everyone goes to see the GP at some time. People have confidence in surgery. If it was in the community like say it was in 'The Hub' I wouldn't go'

'CANs will be part of a roundabout where clients are passed round and round'

'People feel cheated if they have been referred to CANs when they went to see GP'

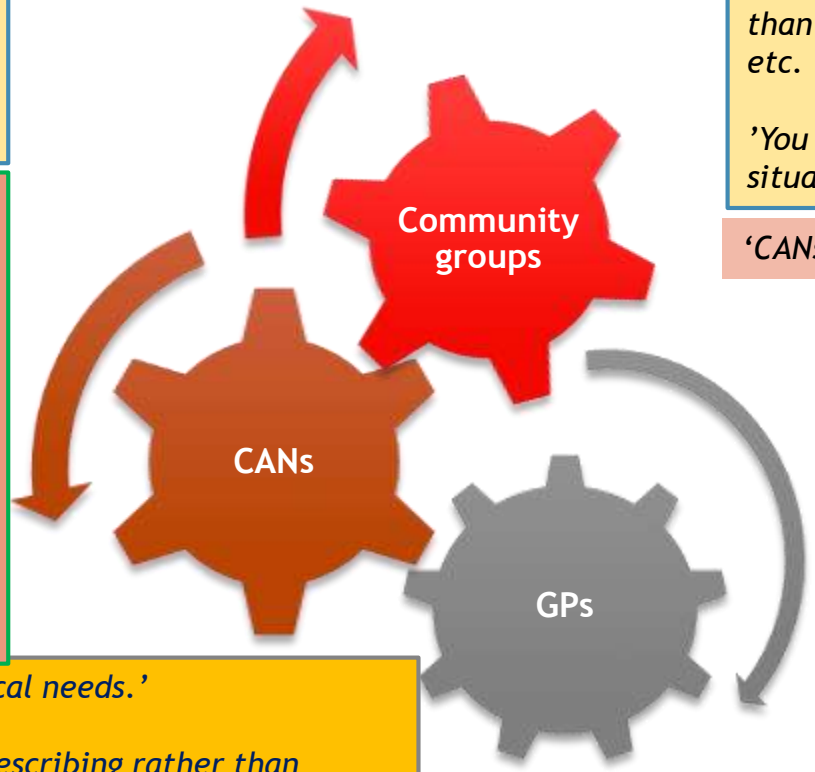
'Could be accessing support from someone not qualified [referring to a link worker or community groups]. I worry about someone giving someone the wrong help. What if they need more specialist help? That scares me a bit'

'…GP not having enough time to find out non-medical needs.'

'The GPs would need to learn to refer for social prescribing rather than instantly giving medication'

'If in a GP surely they (GP) need to be giving their input. They would need confidence in this link person otherwise they wouldn't refer someone to see them'

'GP appointments aren't long enough so it couldn't be them. You're only allowed to talk about 1 issue so they wouldn't have time to talk about this'



Where ?

'It would be good if they are in the community too, like them coming here. Alternative treatments rather than medicines such as massages, sauna, hydrotherapy etc.

'You are better able to spot difficulties, community situations etc.'

'CANs should be based in social services'

'I would prefer it to be in a GP surgery'

'GP surgery is a safe place. You feel confident going because you know what you are getting'

'I'd be happy with it being in a surgery. I know the doctors, I trust the doctors'

'I think it would be good at a GP. You could be ill but underneath lonely or isolated. It might be an underlying condition that's making the physical or mental illness'

'If in a GP surgery you would need 50 of them! One in each practice? Is that going to happen?'

'It would be good at a doctors surgery, it doesn't really matter who says it to you as long as they know'

76 (53%) responses suggested that people had limited or no understanding of Social Prescribing.

In particular, people felt the phrase social prescribing is too technical and did not make sense to them.

'The name makes it still sound like its clinical; like getting medication'

'Is it like connecting? So like connexions?'

'Is it groups that might help you sleep?'

'Who's this for? People or NHS?'

'Bringing dogs/food into hospitals for people who don't have anyone else'

'Non-clinical therapies'

'Groups that people who have trouble sleeping can go'

'Treatment or solution?'

Is it referring people where they might be?

'Alternative way of living?'

Developing the process for Social Prescribing

People suggested the following issues needed to be looked at in developing the social prescribing process:

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KEY WORDS AND CONCEPTS

- Collaborative approach
- Central point of contact
- Coordination arrangements
- Fill gaps in local assets
- More time with practitioners
- Address transport issues
- Patient records

'I would need transport whatever classes are available because my legs are very bad'

'Closing all youth clubs was a mistake. It hit age groups of around 14. That's when I used to go out. It's a safe haven in a controlled environment. Bring stuff like that back'

'Links with other services e.g. Macmillan Health Needs Assessments'

'Coordination between the different services'

'It would be nice for someone to have the time to talk. I don't think you need like 30mins though. But have the option'

'Liaison between medical and other departments so person gets joined up services throughout their treatment'

'One contact point, where people can find out about other services'

'Buddy system to go to sessions with as you have built up a relationship. Once you are at the organisation they could build up their own internal buddy systems. That's important as you don't want to create too much reliance on the person who referred initially'

'Needs recording on a person's medical records, there should be some sort of follow up to check how people have gotten on and to see what services are popular and those that aren't'

'It is a good idea to have representative at GP practices. Before this happens the community need to be educated and housebound needs to be reached - advertising the services'

'Get groups on board to support one another e.g. signpost'

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Communicating Social Prescribing

How to communicate social prescribing

'Look what groups do things successfully and follow'

'Group visits. That would help with the initial contact'

'Posters to inform of social prescribing and what it is, number of groups in Bolton so people can see that there are so many on offer and where to go for information'

'On buses they have stuff on, you notice that…'

'Both GP and home area'

'Home visits'

'Have flyers in GP surgery of all different things'

'Someone to go to someone's house'

'Billboards would be good'

'Community centres'

'Schools/Libraries'

'Find something that works well already for advertising and roll out the same for social prescribing'

'Adverts/leaflets'

'Notice boards - CMHT'

'You could send a letter to everyone - come from you GP about the services'

Social Prescribing : Barriers to Acceptance

People identified the following issues as potential barriers to people accepting social prescribing:

- Information literacy
- Language
- Cultural
- Trust and Confidence
- Transport

'Language barriers (out of the 50 people 33 said this would be a big problem)'

'Response delays'

'Waiting lists'

'Bus routes'

'Accessibility – good transport services, location of Services'

'We go swimming twice a week and take 2 buses to get there (Jubilee pool)'

'This 'magical person' – you see a nurse in uniform and you trust them straight away. Someone in a pinstripe suit and tie, or a hippy you'd think oooooooo'

'In Asian culture it can be very difficult as seeking help for something is seen as wrong. If you tell a member of your family for example you feel depressed they would say 'it's the djinn's'

'Information about where to go, how to cope'

'Services should be better publicised – put a booklet through peoples doors'

'Capacity is a concern. We are working at capacity now and we get lots of people coming to our befriending service. How will we cope with even more? (Mental Health service)'

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Conclusions and Recommendations

Conclusions

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More than half of the people we spoke to expressed limited understanding of what social prescribing is.

Of those who did have some understanding the idea of social prescribing was broadly supported.

People raised a number of questions about how the delivery model might work in practice. Referral pathways, community group involvement, role ambiguity, professionalism and information governance were all raised as areas where further information would be welcome.

People raised capacity, appropriate staffing, transport and information as potential barriers.

Recommendations

To the Social prescribing leadership

- There is need to help both individuals and community groups to better understand the concept of social prescribing as well as the details of how it will work locally.
- A Social Prescribing handbook resource and some patient facing information about social prescribing would help to increase basic recognition /understanding of the concept and support delivery partners.
- There is a need to address concerns about the capacity of community groups to successfully participate in social prescribing.
- Concerns about referrals and information flows need to be considered. People are concerned that individuals do not 'get lost in the system'

To Community Asset Navigators

- People hope that CANs will be both community and surgery based to help wider reach, representation, participation and joined up working.
- People expect CANs to be identifiable as professionals to cultivate trust and confidence
- CANs should provide ongoing communication with and support to community groups

To Primary Care Staff

- Embed the message that referral to community based services is not an end to care - but rather an extension of care.
- Primary care staff need to pay attention to how the referral pathways will work and to how social prescriptions will be represented in care records

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The Comments

People with some idea of social prescribing (84)

- I have had it before when I went to Slimming World after doctor gave me free membership
- I think it's good, lots of positives
- I run a group and would be happy with more coming although some people with mental health may take advantage as we offer lots and don't charge
- It would impact my group because our group is quite small and don't have capacity to meet increased demands
- I have personal experience of self-harm and taking lots of medication. Medication didn't help but then I had talking therapy and that helped. We look at different ways of helping people here at the group
- Medication alongside other kinds of support
- Helps people re-connect
- Supporting each other
- Get groups on board to support one another e.g. signpost
- It's a good concept, I think sometimes those local services are far more equipped to support people's social, emotional and physical needs
- Get groups on board to support one another e.g. signpost, not all groups seem to do this it's like they want to keep people to themselves. I would always signpost people to additional groups if I thought it was beneficial, more convenient for them etc.
- Group A thinks this is a very good idea, provided there are enough people available to deliver services to the client who needs it.
- Help with cost of bills
- Connect with people
- It sound like a good idea if it work
- In theory it sounds good. Unsure how it will work in practice
- Good idea? Poorly thought out implementation
- Good idea but needs to be run as a trial with areas cross pollinating their experiences. And successes and failures recorded to build up successful initiative
- I'd be ok with services being in different areas depending on the community needs however you could have 1 main group but other smaller groups in different communities.
- I'm really positive about it. I think it's good but it will need continuous work and monitoring to ensure its working
- People need to know about it and how to refer so it can work
- I think it's good
- Sounds good to me
- Very good, I like it. Well I like what your describing. If it's like that in reality it's another matter
- More contact between people and the community
- Chance to find out about other groups
- You will feel better when in contact with other people
- More discussions about the area and what's there
- Will improve health
- Learn more things
- Get to know more people
- Non-clinical means not medicine
- It could be good as you could volunteer. You need lots of volunteers. You don't have to go to university to volunteer
- Most of time if emotional health is looked after it impacts on overall health
- It would be good, lots of people don't know about things that are happening
- It often needs to be a crisis before you get help so something extra would be good
- Some people are not willing to help themselves
- I worry about some people being missed or slipping through the net if they are sent to a group when they do need medication
- Some groups of people might be missed
- Difficulty with specialists in the voluntary sector – needs to just be low level support – someone to talk to etc.
- I think it will create a wheel. GP will think it is voluntary sector job, voluntary sector will say they can't deal with it and will refer back to GO. More time consumingx2
- Services should be provided by volunteers not health professionals
- ensure its working
- People need to know about it and how to refer so it can work
- Some people shouldn't be volunteers. My dad told me once about people who had been in the services and volunteers but they were still using drugs and misusing things. It's not easy to stop like but it's not good
- I will avoid the social prescribing plan x 2
- It will create strain on voluntary sector
- Good idea? Poorly thought out implementation
- What happens in one area might not happen in another
- Could be accessing support from someone not qualified. I worry about someone giving someone the wrong help. What if they need more specialist help? That scares me a bit
- It often needs to be a crisis before you get help so something extra would be good

People with limited/no idea of social prescribing (76)

- social prescribing does make senseX15
- The name is not good, it's confusing
- The term social prescribing is too fragmented between the 9-10 boroughs of GM
- The term is not clear
- Title need simplifyingx3
- You need to explain it to us
- I didn't understand it when I came in. I get the jest of it now though
- Not easily understandable. It's very ambiguous isn't it
- Sounds confusing (in reference to the name)
- The name makes it still sound like its clinical; like getting medication

- It puts me off (reference to the name)
- The name puts me off
- I still keep saying subscribing – it's a long name
- The name social prescribing might put you off
- I don't like the name. Why 'prescribing' It's not the right phase – too medical.
- Sounds a bit harsh
- The word prescribing is difficult for speakers of other languages. It's hard to make sense off as we learn that prescribing is from the doctor for medicine x 2
- Social prescribing sounds horrible. It sounds political like you are being told to do something or behave in a certain way. It sounds clinical. You need to jazz it up a bit, make it sound more fun
- But it's long winded
- Not all communities/local I understand people would understand it and it would put them off lots of people who can't read or write, those with dyslexia etc.
- This definition is too complicated for a lot of people I support. They just wouldn't understand it
- Social prescribing does not relay its meaning
- What a made up meaningless phrase
- Is it things for house at a decent price?
- Is it referring people where they might be?
- Stuff like the gym, childcare, jobs?
- Is it like connecting? So like connexions?
- Is it groups like LGBT?
- No hospital?
- Who's this for? People or NHS?
- Sending people to other places to get better?
- Counselling?
- Treatment or solution?
- Advice?
- Is it groups that might help you sleep?x4
- Who does 'SP work for? i.e. the person that will help refer/signpost you to places
- Is he/she specialised in any field? Is she a medical professional?
- Where are they based?
- How does SP cut out bed blocking? My brother was in a hospital bed because he needed home support and none was available so he had to stay in
- Who do you get in touch with?
- Who is the point of contact?
- Voluntary helpx10
- Home help?
- Is it a free service?
- I go around to pensioners in my area to check in on them in my own time – so am I doing some of this job? I want to make sure they are ok as I know many will be alone and struggle. I have my own difficulties (uses a mobility wheelchair) but I know others need help.
- Will be beneficial to VCS as they will be put in the spotlight – more people will find out about them and what they do so that's a good thing
- Groups that people who have trouble sleeping can go
- I understand what voluntary means
- Bringing dogs/food into hospitals for people who don't have anyone else

Alternative names (10)

- Health Fit – it means staying away from medicine
- Alternative Action
- Social Connection – (this was the favoured name) this is good because social means where I live and being with people and connection means something I can access
- Social Benefit
- Community & Health
- Social & Healthy Lifestyle
- Health Fix
- Why don't they call it something like Connexion's – they offer more that CV's so this could be the same
- Alternative way of living?
- Social Connection is easy to make a connection with

What assets? (37)

- I go to cooking sessions every now and again at the Temple, but I struggle because my legs are also very bad
- In my area they have a dance school, I would love to go but it's so expensive, £6-7 a time. If there two of us its £12-14, we just can't afford that
- Knitting classesx4
- Hygiene classes
- Allotment – in Great Lever
- Gym and swimming is free for over 65's I know that, I go a few times a week
- Luncheon club
- At Queens Park they have a Walk-a-thon group
- BRASS – they do English classes and cooking classing
- There is something at Victoria Halls for refugees
- Silverwell Street they have Bolton Multi Cultural Poetry
- BAND – they care for old people in the town centre
- Gym passes
- Zumba
- Gardening
- Red Cross
- BCOM
- Beacon
- Table tennisx4
- The gymx5
- Computer classes
- Yogax5
- Library

Missing assets (20)

- Transport
- Affordable parking spaces
- I would need transport whatever classes are available because my legs are very bad
- I'd love to go to the Temple but its 2 busses and I can't get there on time because I can only use my free bus pass after 9.30am
- We go swimming twice a week and take 2 buses to get there (Jubilee pool) The Bolton One has sauna and steam over 65's free, gents Tues & Thurs free and Ladies Wed & Fri free. Cost is too high for activities other times
- English sessions
- Computer sessions
- Organise a day out for a group. I don't mind paying

- Youth clubs: Closing all youth clubs was a mistake. It hit age groups of around 14. That's when I used to go out. It's a safe haven in a controlled environment. Bring stuff like that back
- Community centre – youth clubs, line dancing – just a building to share. Different people can use it for different things
- You need to go to magistrate's court just to go canoeing – it's all policies and procedures
- Just something so you can get out more and socialise with people
- I used to go to youth centres and stuff when I was younger. They don't have stuff like that now the same so people get bored and lonely. That probably why people have more issues
- Somebody to talk to about your worries
- Someone to help with interpreting
- Advice: How to manage money
- Speaking to people and not just being fobbed off
- Someone to talk to about their problems especially if new to the country. If this could be in their language as well that would be good as it will break barriers and help people quicker. People get left for too long and then that's where issues appear
- Someone to come to the house to see a person

What people (19)

- Support groupsx2
- Talking groups
- Children groups
- Disability groups
- Art/music groups
- Befriending groups
- Walking groups
- Healthy cooking groups
- Health trainers based at community centres (for quick check up)
- Cancer support
- Weight Management
- Volunteering groups
- Sleeping groups
- There is a men in sheds programme – they do woodwork, someone made a big Gruffalo, chainsaw art, xmas tree. I know because of where I volunteer they do it at the back of the place. (2 others in the group had heard of them but 2 others hadn't)
- Cancer choir. Me dad died last year, he used to go there
- Music groups
- Art groups
- Groups for post-natal depression

What processes (4)

- More time with DRs.
- Coordination between the different services
- Liaison between medical and other departments so person gets a joined up services throughout their treatment
- Links with other services e.g. Macmillan Health Needs Assessments

What Information (13)

- Promotion for health and wellbeing e.g. healthy cooking, exercise
- More awareness about services in area
- Alternative treatments rather than medicines such as massages, sauna, hydrotherapy etc.
- More local events
- Access to physio often hospital care/treatment
- Access to fitness and leisure activities
- Older people do not like computers so how would information get to them?
- Booklet on available services NOT internet
- Walking group. There's one up at our doctors but when you ask about the poster no one knows whose running it
- Cooking classes would be good. They told me I've got bad sugars but I like eating Indian food. I just need help cooking it healthier. I can't eat English food, it gives me an upset tummy
- New recipes to eat healthy
- Allotments
- Information about where to go, how to cope

Information to be developed (11)

- Would a doctor know about these things going on locally? Some doctors in our practices we have got to tell them what we want
- I would love to access some of the local churches in my area but I'm a bit scared that they won't accept me in their community groups and I would sit on my own drinking coffee
- Diabetes support / Parkinson's. I know people who have these and I can't find support
- If you need to search on the internet for support not everyone is capable of doing this. It will be good if someone can do this for you or help you do it. That sounds good.
- Knowing information is from a professional
- Central point for information
- How many places will be running social prescribing?
- When you search it can take ages. I was searching loads for Parkinson's support but I had to put a specific term in the search box to get the results. I didn't know until I had spent hours looking. I thought nothing was available and it was. Why is it so difficult? This takes time and not everyone is capable of doing this.
- Communication works both ways. The hospital just giving a number of a place doesn't work. I had that experience following 5 miscarriages and I wasn't good. They just gave me a number but I didn't call.
- In Asian culture it can be very difficult as seeking help for something is seen as wrong. If you tell a member of your family for example you feel depressed they would say 'it's the jinn's'
- How would you find a website to help when their name is CANS? Who would find that?

What assets – GPs (54)

- Some people may feel railroaded into this because it's a GP
- The GP's would need to learn to refer for social prescribing rather than instantly giving medication.
- I don't think it should be at a GP surgery. Maybe GP refer but then not there
- It is a good idea to have representative at GP practices. Before this happens the community need to be educated and housebound needs to be reached – advertising the services
- GP not having enough time to find out non-medical needs. Possibly practice nurse could help with this but special training may be needed to integrate and assess…
- Would feel very disappointed
- Would feel I was being fobbed of to save GP's time
- I paid 60 years contribution I would feel disappointed
- Not happy
- If in a GP surgery you would need 50 of them! 1 in each practice? Is that going to happen?
- If in a GP surely they need to be giving their input. They would need confidence in this link person otherwise they would refer someone to see them.
- CAN's will be part of a round about where clients are passed round and round
- Disappointed. Not assessed properly 'time wasting'
- Disappointed – require professional advice and treatment
- GP surgery adviser
- GP not having enough time to find out non-medical needs. Possibly practice nurse could help with this but special training may be needed to integrate and assess the individual personal needs
- Disappointed if GP referred me to non-medical people
- OK f it was applicable but not if you considered you were not being fully listened to or given enough attention
- GP's are the hub for everyone but they can't see everyone. How do they see everyone in that time?
- Need someone very understanding and professional for the job and that the GP feels comfortable referring you to.
- GP's are good but I worry about them not understanding what's out there
- In community they lacks a certain amount of professionalism
- I wouldn't like it being someone from the community. In our culture we wouldn't go and see someone if it was someone we know for fear of others finding out.
- I've had the same (as above comment) I've had women who have agreed to get support but then seen it was someone they know and refused. It's very difficult.
- Yep me too (as above) this was a very common theme amongst the group
- People speak to needs to be trained in mental health and SG
- Like the idea of a doctors
- We would love that
- In my area there not a lot of Indian people so I'm a bit worries about being isolated
- Other older people who can't speak English might struggle to access it
- It would be good at a doctors surgery, it doesn't really matter who says it to you as long as they know
- It would be good if they are in the community too, like them coming here
- Good idea because I will accept what they tell me and go to the service
- Good. Grateful. Then make suggestions especially if within surgery. Should be based in Bolton One and it should be walk in
- Doing at GP is alright. Dr knows you. He has all your information on the screen in front of him. He could direct you to places. I had a weight problem and he helped me. That service was great but it's gone now.
- I think it would be good at a GP. You could be ill but underneath lonely or isolated. It might be an underlying condition that's making the physical or mental illness.
- They need to be in a clinical type of uniform
- I would prefer it to be in a GP surgery
- If it is somewhere else people would not use it
- GP surgery is a safe place. You feel confident going because you know what you are getting
- At GP you feel in safe hands
- GP surgery is a central place
- New place is busier
- I would want someone in a professional uniform.
- You need someone who looks right. I would want to speak to someone in a suit. Someone in a nurse's uniform you trust. If you see a doctor which a think round their neck you instantly know what they do and trust them
- If in a surgery they need to be dressed right. Need to be in a clinical uniform. They need to appear professional.
- I'd be happy with it being in a surgery. I know the doctors, I trust the doctors. If it was in a community place people might not go. Everyone goes to see the GP at some time. People have confidence in surgery. If it was in the community like say it was in 'The Hub' I wouldn't go.
- What about people who need to see the doctor but don't go out or can't go out? Will these people go out into the community as well? They need to. If we want to reach all people and the ones that probably need the most help will be the ones who won't go and access the doctor or someone in the first place. I go out all the time and speak to people I know are alone, it's them that would need a home visit. Home visits need to be an option

- Need to help those who won't go out – what about them. I know people that say 'I don't like to bother the doctor' especially older people they always say that. But then you get others going for everything like 'a broken finger nail'
- When wanted to have a baby I tried and went to the GP. The Dr told me it was because of stress that I wasn't getting pregnant. He was really good. I like GP's they would be good people
- I like the idea of it being a GP
- GP appointments aren't long enough so it couldn't be them. You're only allowed to talk about 1 issue so they wouldn't have time to talk about this. Having someone else there would be good though. But I'd want to see them at same time. I wouldn't want to have to come back for another appointment
- It would be nice for someone to have the time to talk. I don't think you need like 30mins though. But have the option..
- Some don't feel confident if it's just a phone number so in person is good

Information Access – Where? (35)

- Have a centralised location
- UCAN centre? Library? If it's too medical it's not ok
- Home is a safe area – so home visits good. You are better able to spot difficulties, community situations etc.
- People/service providers going to residents in community
- One contact point, where people can find out about other services
- Should be based at Bolton One
- Why not in a library? People go there.
- A community centre is a good place
- What about going out to people's homes. That will be good
- In every GP surgery
- Both GP and home area
- Have flyers in GP surgery of all different things
- Notice boards – CMHT
- Adverts/leaflets x 3
- Posters to inform of social prescribing and what it is, number of groups in Bolton so people can see that there are so many on offer and where to go for info
- Have flyers in GP surgery of all different things
- On buses they have stuff on, you notice that
- Billboards would be good
- Schools/Libraries
- Drop in centres
- Community centres
- Buses
- Newspapers
- Post
- Internet
- Supermarkets
- Through people
- Inform people
- Home visits
- Someone to go to someone's house
- Having someone specific would be good
- I would want someone to go with me
- Group visits. That would help with the initial contact
- Others [not specified]
- Look what groups do things successfully and follow
- Trial it in some areas first to check for success

Potential barriers (11)

- Costs (transport)
- Motivation
- Awareness of services
- Accessibility – good transport services, location
- Parking
- Response delays
- Language
- Bus routes
- Lack of support
- Bus pass
- Waiting lists

Additional Comments (3)

- I think it's a good idea nut just thinking about safeguarding. It could look like a respectable services but what if you went to a group and the leaders where all cannabis users/axe murderers or something. Not sure how to combat that. (Someone else commented that you could get people who attend to rate them)
- Some people shouldn't be volunteers. My dad told me once about people who had been in the services and volunteers but they were still using drugs and misusing things. It's not easy to stop like but it's not good
- You can get immune to antibiotics if you use them for a long time and taking too much. My cousin is like that. She was taking something for so long the Dr said it doesn't work anymore. So this would be good.

Disclaimer

Please note that this report relates to findings observed and contributed by members of the public in relation to the specific project as set out in the methodology section of the report. Our report is not a representative portrayal of the experiences of all service users and staff, only an analysis of what was contributed by members of the public, service users, patients and staff within the project context as described.