

Life & Times

Thoughts on GPs and social workers

LITTLE CANOES

GPs and social workers both provide services to local residents in specific geographical areas but they are organised very differently. We all register with a GP to have access to medical help when we think we need it. However, social work departments (Children's Services and Adult Services as well as the multidisciplinary Child and Adolescent Mental Health Teams and Community Mental Health Teams) work with people often referred by others for practical support, to access treatment or to provide reflective space for a crisis or problematic relationship. GP and social care services in a locality do have something in common, however: they are both totally dwarfed by a local hospital employing thousands, which sits like a tanker in a community pond alongside our little canoes.

ESTABLISHING CONNECTIONS

We agree that face-to-face contact is the most successful way to build relationships — but our different working practices make meetings hard to arrange. GPs account for their every minute seeing individuals in the surgery or home, whereas social workers are often focused on coordinating a number of different interventions around a family or frail person. Hence the dreaded social work Case Conferences, which GPs can never get to and social workers can never get out of!

Social workers are skilled at helping people through complex psychosocial situations, particularly when there are difficult practical and relationship issues to be tackled. During my research¹ a social worker told me about a client who had severe narcolepsy after being knocked down by a car:

'He was a big athletic man, rather intimidating and scary; he got into a lot of rows.'

To improve his wellbeing, she had multiple tasks: to take on the police, the courts, and the housing department to stall imprisonment and eviction; obtain medical help from the GP and neurological consultant; find a counsellor to help him emotionally; and identify a care worker to teach personal care and cookery. After daily visits and a lot of door slamming and swearing, his life began to improve. She commented that:

"After successful implementation of some well-tried services, they argued that anxiety and depression among residents was still increasing the demand for health and social services intervention, so they invested in community wellbeing and resilience."

'Nine months later a charity manages his money; the medication now works and he's not falling asleep; the police are off his back and the housing department hasn't kicked him out!'

A good time for the two professions to make contact is during training or when starting a new job. For example, a prospective GP could visit a cross-section of local facilities and offices. During my first week in a new community patch, I was urged to locate all the schools, surgeries, adult day centres, nurseries, and housing estates. I always encourage students to do the same.

It would be even better if a new GP could spend one whole day in a social work team, and a new social worker one day in a surgery. Established GPs could consider adding it as a novel item to their personal development plan and spend a short time with local social work services. This would give them the opportunity to see the range of work handled and the roles of the different people involved — and to find out how they like new referrals to be made. Do they have any relevant group meetings that one might attend — even if very occasionally? Then one can accompany the other on some visits to clients, patients, or other agencies.

It only need happen once, but observing and listening to the hum of an unfamiliar working day is a memorable experience.

INVESTING IN WELLBEING WITH INTEGRATED CARE

Recently there have been pilot projects

on 'integrated care'² across the country to encourage health and social care to develop joint projects to reduce residential and hospital admissions. One pilot community multidisciplinary team (CMDT) and clinical commissioning group (CCG) ran for 4 years. After successful implementation of some well-tried services, they argued that anxiety and depression among residents was still increasing the demand for health and social services intervention, so they invested in community wellbeing and resilience. In one example they gave free passes to the over-65s for leisure centres. My older neighbour now buses from one centre to another for her aqua-aerobics classes and has never felt better! The investments made in community resources proved effective. In the latter half of the pilot there was no increase in hospital bed days for over-65s, whereas other CCGs recorded an 18% increase, and the project's admissions to care homes fell by an impressive 60%.³

These results confirm the advantages of empowering CMDTs to listen to citizens and give CCGs the autonomy to experiment. Both GPs and social workers can feel proud of their contribution to these developments.

Building better links with the social work team could bring many mutual benefits and facilitate the sharing of crucial patient information. So this year, why not invite a social worker to your Christmas Party?

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