Health together:

how community resources can enhance clinical practice

Embedded in local communities and a trusted source of information, GPs are in a key position to encourage their patients to use non-clinical services that promote and maintain health and wellbeing. Participation in the arts and outdoor activities like gardening are known to be beneficial to mental health as highlighted in a recent article in this Journal.¹ There are also myriad activities which can complement and enhance clinical treatment in primary care and benefit not only mental but physical health. The challenge for busy GPs and primary care practitioners is how to enable patients to access these activities given that they vary from place to place and over time. Knowing what is available, having assurance regarding quality, and having the time to explore options with patients requires local knowledge, time, and capacity which clinicians simply do not have.

Social prescribing is one way of addressing this challenge and involves the 'creation of referral pathways that allow primary care patients with non-clinical needs to be directed to local voluntary services and community groups.'² A non-clinical facilitator, generally employed by and based in the practice, is able to spend time with patients who have psychological and social needs and direct them to community-based support, including accompanying them on a first visit if needed. This approach has been found to be popular and effective³ through providing a 'bridge' between primary care and the services and resources based in communities, from bereavement counselling, to luncheon clubs, literacy classes, and welfare rights advice. Alternatively some practices have welfare rights practitioners based in GP surgeries, a service which will become increasingly needed as changes in benefits take effect.⁴

In Bradford, Yorkshire, social prescribing has been combined with the role of health trainers, who are a relatively new non-clinical workforce who support people to make and maintain changes in lifestyle — often through signposting them to local activities such as cook and eat sessions or walking groups. An evaluation of the Bradford service found that it was enabling people to make changes in their lifestyles and was popular with both patients and GPs. One of the participating GPs commented that

she welcomed the service as 'somewhere to send patients that I don't have the skills to deal with, things like housing benefit, loneliness, all those social problems that as a GP, I don't want to be prescribing antidepressants for'.⁵ Patients welcomed the time that the health trainer could spend with them which enabled them to 'get to the root of the problem'. One patient who had suffered from depression for years said: 'I think over the years, I think it's the best thing that I've ever been given.'⁵

Health trainers although small in number, are now operating in most parts of England, based in GP practices and a variety of other settings. They are lay people, largely recruited from the communities that they work with and are empowering people to take more control of their lives and change to healthier behaviours.⁶ Increasingly health trainers, who are paid staff, work with volunteer community health champions also drawn from the disadvantaged communities they work with. Champions organise a variety of small scale activities, such as regular walking groups which GPs, primary care practitioners, and health trainers can signpost people to. They can also befriend patients who are isolated and, for example, accompany them shopping to help them choose a healthier diet.

A recent evaluation of health champions in Yorkshire and Humber found that they were changing their own lifestyles, promoting health with family and friends, and supporting people within their communities to make changes. Champions were also promoting social cohesiveness which is known to be good for health, by involving people in activities which in turn often led to friendships and support networks that extended beyond the original activity.⁷

Health trainers bring time, frequency of contact and a practical, staged approach which enables patients to make and maintain changes. Being lay people — who can empathise with clients because of similarities in culture, language, and background — removes any barriers

patients may feel when dealing with health professionals. One patient commented of his health trainer that:

*'... because he wasn't medical as such, you relate, if it's a medical person you tend to think they're in charge and with [the health trainer] it didn't seem like that. It just seemed like talking to an acquaintance or a friend even, more on my level ...'*⁸

Champions provide a further critical element by running activities that patients can join and/or accompanying patients on a visit to the gym, a walk, or out shopping. For many patients this level of support is necessary to enable them to make and sustain behavioural change.

Volunteers, whether as health champions, community health educators, or in other roles, are supporting a range of health activities from sexual health outreach, to breastfeeding, and befriending groups. A recent study found that volunteers played a vital role in helping people to join in with health activities and access health information.⁹ Volunteer-run programmes like the Expert Patients Programme have demonstrated that lay people can not only develop the skills and knowledge to support others effectively,¹⁰ but because they are non-clinical can offer something different and complementary.

General practice faces challenging times, with rising costs, growing needs, and organisational changes. Broadening from a clinical model of primary care to one that combines the clinical and the non-clinical not only has the potential to improve community health and wellbeing, but also makes economic sense: it allows GPs to tap into the existing resources in the local community and voluntary sector. Combining clinical and non-clinical interventions in a way that can benefit patients offers an exciting way forward for primary health care which could reduce the pressures on GP practices while also potentially saving on health care costs. As they embed, clinical

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commissioning groups, as well as individual GP practices, have much to gain from working in partnership with the voluntary and community sector to make services and activities like the ones described above available to their patients.

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