Welcome to our first newsletter of 2022. The social prescribing team are excited to continue supporting patients throughout this year. This month's newsletter presents our Goals for 2022, Patient Data, Team Member Introductions and a Patient Case Study.

Wallsend Social Prescribing Team

Link Workers

Helen Greig
Robbie Hall
Caroline Hamilton
Mark Adley (1 day/week)

Care Coordinators

Dawn Jackson
Lyndsay Hogg
(Mon, Wed - Sat)






Our Goals for 2022

1. All patients to be allocated to a case worker within 7 days from referral and to continue without a waiting list.
2. Fill vacancies and have a full capacity as the Wallsend Team, with all members fully inducted.
3. Continue to communicate effectively and regularly with the PCN and local services and organisations.
4. Support and implement changes made in the PCN.
5. Have regular time within clinics to have face to face patient appointments.

FIRST CONTACT CLINICAL
ENABLING HEALTHY BEHAVIOUR CHANGE

Here our two newest members of the team introduce themselves, their skills and their aspirations.

Dawn Jackson

I'm Dawn, I have recently been appointed to the role of Care Coordinator, alongside Lyndsay.

Background For the past 12 years I have been employed as a Practice Secretary, and prior to this a Medical Receptionist in a GP surgery. My previous experience includes administration work in both the mental health and substance use sectors.

Care Coordinator My role is to assist with coordination of patient centred care, offering additional approaches and opportunities for patients who require extra support and navigation in complex situations. I aim to continue to develop my knowledge and skills to enable me to best support service users and colleagues alike.

I look forward to the new year ahead, and hope 2022 brings resolution and peace for many.

Caroline Hamilton

I'm Caroline, a new Psychosocial Link Worker in the Wallsend PCN.

Background Social Work, Social Care, and Teaching.
I have always been interested in social prescribing and how holistic the approach is. As well as the personalised approach and keeping the patient at the centre of everything we do.

I am looking forward to building close relationships with our GP surgeries and their staff, so we have a strong line of communication and collaboration. I am passionate about my role within FCC.

I welcome contact from any professional, who would like to share knowledge and insight that I can learn and develop from, whatever their role may be.

Here we share some recent data, including a case study of a successful outcome for a patient following an intervention with one of our Care Coordinators.

Background 'Norman', a 64-year-old male, was referred into the service via a Mental Health Nurse. He was homeless, not claiming benefits, dyslexic, alcohol dependent, and was feeling overwhelmed.

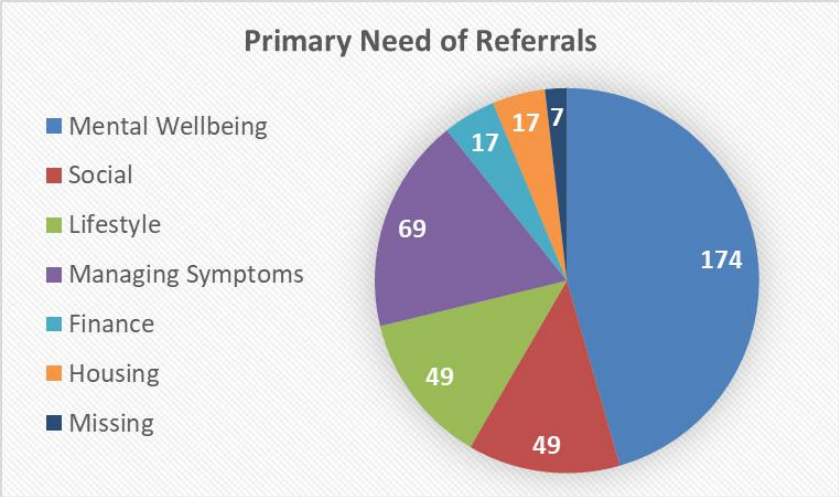
Intervention Initial contact was made in November 2021. His Care Coordinator identified that a block to him receiving benefits was a lack of ID, and referred him into the Homelessness Team at NTC and the CAB. Engaging with support helped Norman to feel more engaged in his care, and he referred himself to NTRP for support with his drinking.

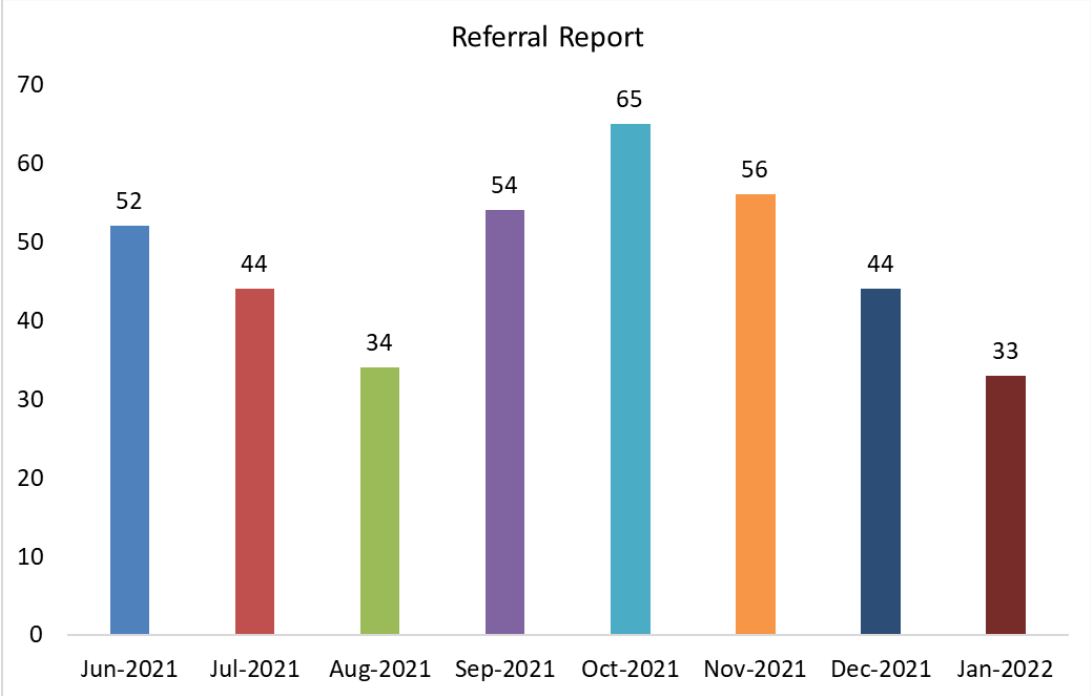
Outcome Norman engaged with NTRP, reducing his alcohol intake gradually. CAB put him in touch with Changing Lives, who supported him to get documentation and a bank account, ultimately leading to benefits claims. Following joint work with his CC and the Homeless Team, Norman received keys to his new home on 20/21/2021, where he slept in his own bed that evening, for the first time in years.

I am looking forward for the first time in a long time, loving the little things like wearing clean underwear everyday and being able to invite my sons for tea, for the first time in six years

Lastly, we present our latest patient data, which represents our referrals over the previous 8 months (01/06/2021 - 28/01/2022).

Referral Primary Need and Referral Source:
Data in the pie chart highlights that 45.5% of referrals to our service have a primary need of mental health support. Our main referral source is from GPs.





Referral Report:
The graphic above displays the total number of referrals we have received. The data reveals there has been some fluctuation in referral numbers, with the average number of referrals each month being 47.75.