Welcome to September's newsletter, which focuses on the role of your social prescriber, from referral to outcome.

Referral and initial appointment

A referral to your social prescribing link worker generates approximately **1.5 hours** of initial work. Opening conversations generally take around 45 minutes and focus on **what matters to** the patient. Patient notes are then added, with updates sent to the referrer and named GP. A follow-up email/text is then sent to the patient, and referral forms completed when required.

A Day in the Life of your social prescribing link worker

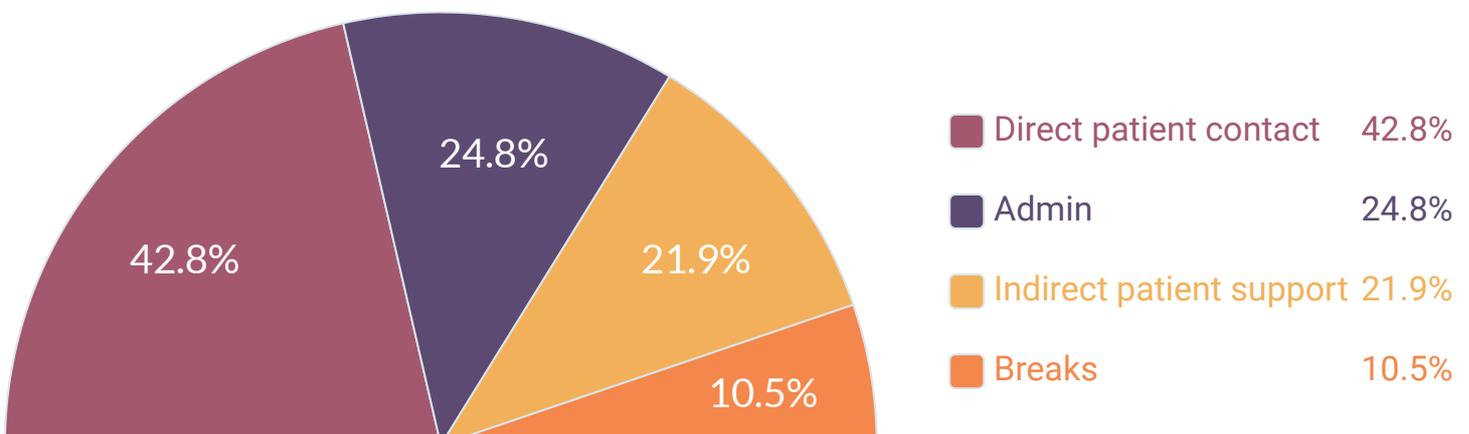**Direct patient contact**
3.75 hours

Face to face, telephone, text, email or video calls

Admin
2.17 hours

Emails, PAM collection, case notes (GP and local systems)

Indirect patient support
1.92 hours

Contact with services, referrals, consultations with GP/colleagues

42.8%

24.8%

21.9%

10.5%

Direct patient contact	42.8%
Admin	24.8%
Indirect patient support	21.9%
Breaks	10.5%

>>>>> ## Background

"Ian" is a 60 y.o. patient with a long history of alcohol dependence and associated physical and mental health complications. He was referred to the social prescribing service in January of this year, following an in-patient alcohol detox.

IIIIII Intervention

- Explored motivation to remain abstinent from alcohol
- Behaviour change conversations evoked increased self-confidence and self-efficacy
- Contact made with a local member of Alcoholics Anonymous (AA) for peer support
- Exploration of cravings, triggers and high risk situations
- Identification of grief as a trigger, and subsequent referral to Cruse (bereavement counselling)

Outcomes

- Maintains abstinence from alcohol - is engaged with treatment
- Relationship re-established with wife, children and grandchildren
- Addressing underlying issues related to alcohol use

Measures

Initial PAM (03/02/2020)
Level 1   Score 29

Second PAM (10/08/2020)
Level 2   Score 53.2 *

* An increase in PAM levels signal a reduction in use of emergency admission, A&E attendance, reduced risk of hospital readmission, fewer GP and outpatient appointments, increased use of preventive care and screens. Each point increase in PAM score correlates to a 2% decrease in hospitalization and 2% increase in medication adherence; a single PAM level increase was associated with 8.3% lower follow-up cost (95% confidence interval 2.5–13.2%). [1,2,3]

1. https://www.insigniahealth.com/products/pam-survey
2. https://www.health.org.uk/sites/default/files/Reducing-Emergency-Admissions-long-term-conditions-briefing.pdf
3. Lindsay, A., Hibbard, J.H., Boothroyd, D.B. et al. Patient Activation Changes as a Potential Signal for Changes in Health Care Costs: Cohort Study of US High-Cost Patients. J GEN INTERN MED 33, 2106–2112 (2018). https://doi.org/10.1007/s11606-018-4657-6