

## **Working In partnership with Health – workshop leader, Lisa Spivey, Age UK Wakefield District**

The workshop looked at two Age UK Wakefield projects. These were the Bridge Bereavement and GP social prescription projects.

### **Bridge Bereavement Project**

- 3 year funding from Wakefield NHS
- Free support to bereaved older people – emotional, financial (advice) and practical support through 1-1 home visits, mutual group support and life skills programme.
- Currently 10 -15 people and some go on to volunteer with project – volunteers deliver bereavement training
- Partners include, Wakefield NHS, Cruse & Carers Wakefield.
- Referrals from health service (37%), social workers, police, carers, funeral directors and GP social prescription (16%)
- Not currently time limited, but 4 emotional support visits then may refer to Cruse or Age UK befriending service
- Use wellbeing scale to evaluate and feed back to NHS.
- Won pilot because of relationship with NHS, but will need to bid for tender – will need to show added value to commissioner, but will know actual costs

### **GP Social Prescription**

- Aimed at supporting wider needs of older people who are socially isolated, struggling to manage significant life change, living with a long term condition or a frequent user of primary care services.
- Funded by NHS Wakefield & Department of Health – latter a regional scheme (Leeds, Sheffield & Wakefield) for people with long term conditions
- Free, at present
- GP buy in is vital:

- need to get passed GP manager
- not paid extra under LES contract – in Barnsley GPs want referral fees. Need to factor in to costings, if this is the case.
- Sell to doctors that will get a return on investment but will take time
- Buy in from patient by GP saying that thinks they would benefit from talking to Age UK & ask permission to pass on details - do house visits if house bound.

**Questions / points for consideration:**

1. Engaging with GPs is very difficult although they are crucial to combat social isolation.
2. Why is it so hard to engage with GPs? Is there a cultural lack of understanding of what we do?
3. How do we champion “our cause” when there’s so much information out there for GPs to know about in terms of services?