

Personalised Care and Social Prescribing – *Recognising the Strengths of Our Patients*

by Miss Adeline Kwan, Manager, Community Engagement & Partnerships, SingHealth Community Hospitals
Dr Low Sher Guan Luke, FCFP(S), Chief Editor, Team D Editor

The late George Engel reminded us the importance of the biopsychosocial model, where the health outcomes of an individual is beyond what clinicians can influence, but a sum of its parts in the spheres of biomedical, psycho and social. Undoubtedly, social determinants – the community one lives in, family or social support he receives, and other socioeconomic factors are often a harbinger of a person’s prognosis.

With more people living with more complex, multiple comorbidities, juxtaposed against increasing life expectancies, demands are changing and social determinants become pivotal in recovery trajectories. No two patients with the same type of condition will be treated the same way and nor will they recover the same way, chiefly due to the fact that their lives are spent differently the moment they step out of the clinic or hospital. Personalised care, “where people have choice and control over the way their care is planned and delivered, based on ‘what matters’ to them and their individual strengths, needs and preferences can play a vital role in today’s care delivery”¹. As a care model that was conceptualised and put into policy by the NHS England lately, personalised care will be implemented at large scale within England as one of its five major, practical changes in its Long Term Care Plan. At the heart of its implementation is a personalised care operating model, with shared decision making as its cornerstone and social prescribing and community-based approach as key tenets. A team of us from SingHealth and SingHealth Community Hospitals (SCH) visited England recently to learn more about personalised care and social prescribing, which resonated very much with us, as they



SCH is a finalist in the International Award category in the inaugural Social Prescribing Awards at the 2nd International Social Prescribing Conference in London.

are reflective of SCH’s mission in delivering person-centred care to achieve health goals with our patients.

Social prescribing, as the NHS England defines, enables healthcare professionals to refer patients to a link worker², to co-design a non-clinical social prescription to improve patients’ health and wellbeing, with emerging evidence that leads to reduction of hospital visits and emergency re-attendances. Visits to the NHS England, Health Education England, National Association of Link Workers and various sites of practice that partner GP surgeries to implement social prescribing allowed the team to have an overview of the spectrum of work entailing social prescribing, from the genesis for the policy, required competencies that would support the training of link workers, guidelines necessary for social prescribing and operational factors influencing success of social prescribing. SCH’s early efforts to connect patients to the community with the view to improve their social determinants of health during the average length of stay of 28 days at the community hospital, also led us to a finalist spot for the International Award Category at the inaugural Social Prescribing Awards at the 2nd International Social Prescribing Conference, held at the University of Westminster.

Exciting times are ahead as SCH implements social prescribing at a secondary, inpatient care setting. While



Meeting with NHS’ Personalised Care unit

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it can be a daunting task in what seems to be a paternalistic culture in doctor-patient interactions, the ability to make a personal choice in our lives – including the care that we receive – is a timeless appeal to every individual. We remind ourselves that we seek to cure sometimes, treat often but we comfort always – and comfort can only be effected when we care for the person as an individual.



Learning more from AgeUK Camden, one of the sites of practice for social prescribing, which works closely with GP Surgeries

REFERENCES

- ¹ Universal Personalised Care: Implementing the Comprehensive Model, Sanderson, J., Kay, N. and Watts R. NHS England. (2019).
- ² A link worker is a general term used to address a non-medical staff within the system that is employed to give time to the patient, understand social issues that the patient faces and address these issues with community-based support and resources.

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