

## Employability on Prescription

### *Background*

The number of individuals in Glasgow of working age, but not in work, has been a significant concern for a number of years, even pre-recession. Many attempts have been made to tackle this. However the figures, whilst reducing, are still high, generally in the worst 15% datazones. Research carried out by Professor Alan McGregor of Glasgow University's Training & Employment Research Unit, indicated that approx. 35,000 people had an aspiration around employment but didn't know where or how to access help and support. As we also now know, not working can impact very negatively on both physical and mental health and Welfare Reform policies are increasingly focused on supporting people to return to and sustain employment. Consequently, key organisations in Glasgow have been working together to develop more effective ways of engaging with people and supporting them to progress along the employment pathway.

### *Bridging Services*

One element of this process has been the introduction of innovative 'bridging' services that link the health and social care sector to employability services including advice, training, further education, volunteering and in-work support etc. These 'Bridging' services, therefore, provide a single point of contact for referrals from these services, acting as a 'conduit' for employability purposes. The services, based within Local Regeneration Agencies as the leads for Glasgow Works City Strategy, are aligned to the 5 Community Health and Care Partnerships i.e. locally-based combined primary health and social work services.



## *Employability on Prescription*

In the South East of the city, a new service was developed specifically to address the capacity of resource within GP surgeries, many of whom were small practices and did not have the physical capacity to set aside accommodation to base employability staff there. GPs/ AHPs reported being very confused about what services were available. These would often be 'issue'-specific i.e. only for IB patients, Lone Parents, people with mental health issues etc., and quite often for people in specific post codes. Equally, these initiatives tended to be short-term funded. There was also a reluctance to suggest taking up opportunities in case it impacted negatively on patients' welfare benefits. Consequently, given the plethora of initiatives and the real difficulty finding out about them, understandably GPs/ AHPs generally tended to avoid the issue.

Research has shown that patients value and trust GPs'/ AHPs' opinions regarding their fitness for work and they can, consequently, be a very valuable source for encouraging patients to consider their working potential. Accordingly, working with the CHCP Clinical Director, 'Employability on Prescription' was set up. It sits as one of a range of mainstream 'social prescribing' options similar to e.g. active lifestyles, stress management, smoking cessation etc. Access to the service is therefore available throughout the area and open to any patient who has some sort of employability need whether in work or not, thereby avoiding any confusion relating to eligibility.



### ***How was it implemented?***

With the support of the Clinical Director staff were invited to a range of forums attended by GPs/ AHPs in order to raise awareness of the system. A briefing paper was developed indicating the benefits of linking to employability services and the prescription pads were distributed. To date only 1 practice declined to accept the prescription pads. GPs do not receive any payment for making a referral.

### ***How does it work?***

GPs/ AHPs are not expected to become experts in employability rather they are asked to think about the 3 Rs i.e. Respond, Raise and Refer!

Therefore, when a patient **raises** an issue related to their employment status, the GP can **respond** and then **refer** on to the Bridging service. Equally, the GP may choose proactively to **raise** the matter and again **refer** on.

The prescription pad contains 2 copies, one which is given to the patient with the duplicate copy being placed into the patient notes. This way when the patient returns for any subsequent consultation, the GP has the opportunity to enquire whether the referral was successful. When a patient does engage with the service a confirmation letter is also sent to the GP. The 'prescription' is a direct link to the local 'bridging' service which can then be contacted, via a freephone number for advice, information or indeed one-to-one meeting/s. The prescription pad has also been designed for use by Allied Health Professionals such as Practice & District Nurses, Health Visitors, Physiotherapists etc.



It is a simple easy to use system, cost effective and has been very well received. There were several ways the system could have been implemented but the process developed was the most effective given the Bridging Service resources available.

The onus is on the patient to contact the service and this ensures for the beginning that the individual is motivated to access support. Alternatively, the GP/ AHP can, with the patient's permission make the contact on their behalf. All the prescriptions are annotated so a check can be made on the number distributed against the number of referrals received. While referral numbers are not high, there is a recognition that such a simple process has struck a chord with GPs as it follows a model with which they are familiar. It also enables referrers to easily signpost their patients to a single point of contact which will then support individuals to find the most appropriate support services to meet their needs.

We are currently examining how 'Employability on Prescription' can be integrated into the soon to be introduced 'Fit for Work' Service.

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