**Referral Criteria WSR Social Prescribing Service**

The West Suffolk Rural (WSR) Social Prescribing Service aims to connect people to activities, groups and support that improve health and well-being. Referrals will be actioned within 7 working days. Social prescribers usually offer people 1-3 contacts with a focus on active signposting, this may be flexible depending on the support the person needs. To maximise workflow the service aims to keep the maximum number of contacts to 6. See link below for more detailed information:

[**https://socialprescribingacademy.org.uk/what-is-social-prescribing/**](https://socialprescribingacademy.org.uk/what-is-social-prescribing/)

**Inclusion Criteria:**

1. People over 16 years old
2. People with one or more long-term conditions
3. People who need support with their mental health
4. People who are lonely or isolated
5. People who have complex social needs which affect their wellbeing.

(Ref: NHS England, Social prescribing and community-based support: Summary guide)

Referrals should be made for people where they would benefit from support around one or more of the following issues:

• Lifestyle

• Looking after yourself

• Managing symptoms

• Work, volunteering and other activities

• Money

• Where you live

• Family and friends

• Feeling positive

**Exclusion Criteria:**

1. People who do not fall into one of the above groups
2. People with severe and enduring mental health conditions unless it’s part of a package of care and has been discussed between the referrer and SP and agreed as a suitable referral
3. People in palliative care
4. People who do not want to engage with the SP service
5. People who are being referred mainly for clinical reasons, e.g. Addictions

**Please email completed form to** **gsc.wgglsp@nhs.net**

**We aim to contact referred patients within 7 working days, incomplete forms will be returned to the referrer for more information**

|  |  |
| --- | --- |
| **Patient Name** |  |
| **Date of Birth** |  | **Gender** |  | **NHS Number** |  |
| **Contact Details** |  |

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| --- | --- |
| Surgery: **Only to be used for: Wickhambrook, Glemsford & Guildhall Clare Surgeries** |  |
| Referrer name |  |
| Referrer job title |  |
| Referrer email |  |
| Referral Date |  |

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| --- |
| **Reason for referral** (please add YES to all that apply) |
| Isolation/Loneliness |  | Bereavement |  |
| Stress |  | Substance abuse |  |
| Low mood |  | Stopping smoking |  |
| Debt |  | Weight management |  |
| Housing |  | Getting active |  |
| Carer for Dementia |  | Social activities |  |
| Carer for children |  | Benefits |  |
| Carer |  | Education |  |
| Other reason (not listed above) |  |
| Risk factors (please list below) |
| Additional information (please advise if there are any special circumstances, mental health issues, domestic concerns or details we should know about before we contact the patient) |
| Are there any ongoing safeguarding concerns? |
| Are there any risks to staff associated with visiting the patient (violence, alcohol abuse, aggressive pets etc)? |