

Could Social Prescribing support people living with Mild Cognitive Impairment (MCI) to live well? Patient and professional views

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This project is a collaboration of researchers within the Oxford Social Prescribing Research Network: <https://socialprescribing.phc.ox.ac.uk/>

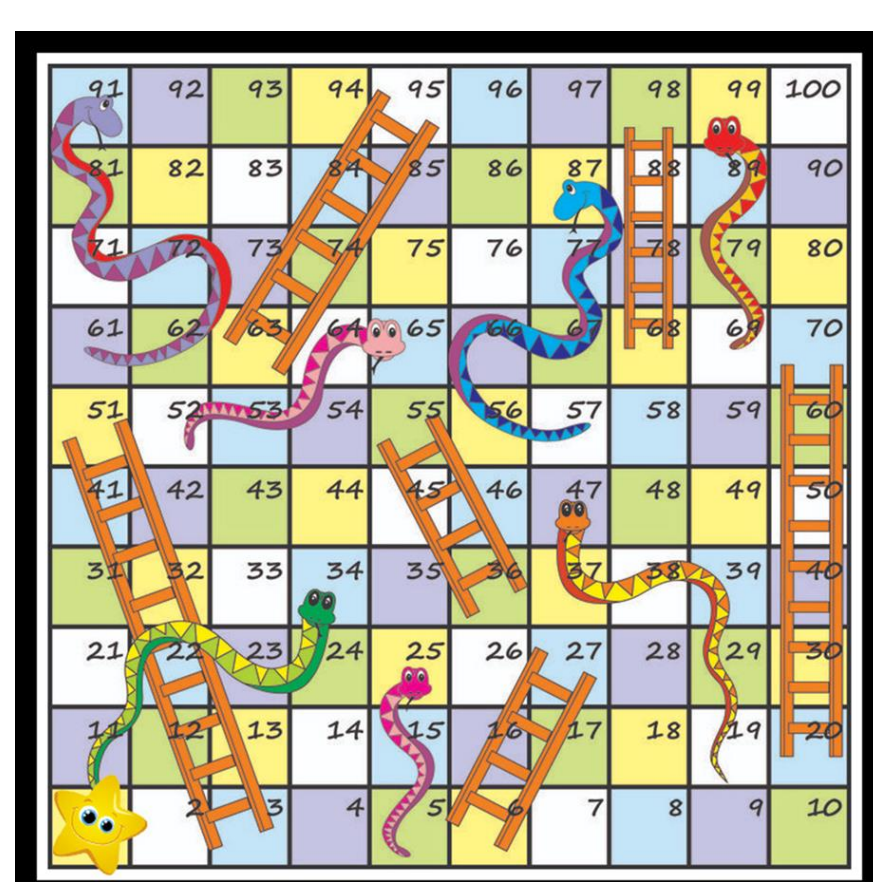
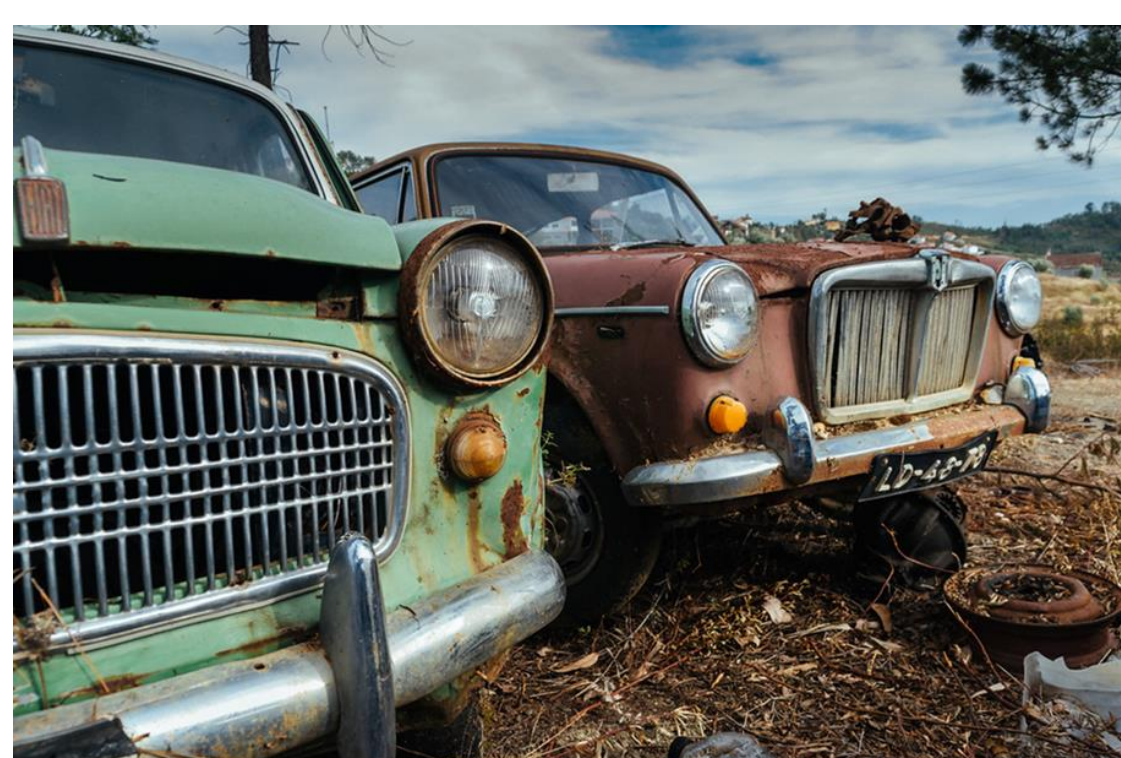
Main findings and clinical implications

- MCI can have big impacts for patients on their feelings, behaviours, and relationships – but there is little clinical support post-diagnosis.
- Contributors agreed that social prescribing could help patients to address social isolation and health impacts often experienced with MCI.
- We recommend a feasibility study to assess the acceptability and challenges of implementing social prescribing among MCI patients and the healthcare professionals who support them.

“Feeling less of who I am”

Impacts of MCI:

- Fear of what the future holds
- Anxiety about everyday interactions
- Embarrassment of memory problems
- Worry about how perceived by others
- Frustration at extra work for routine tasks
- Fatigue from constant planning and elaborate coping strategies
- “Wear and tear” on partners
- Social withdrawal and feeling “invisible” (to peers and to the health system)



The importance of “bus stop buddies”:
When feeling overwhelmed, some contributors became reluctant to try new activities or to maintain old ones. Casual interactions with acquaintances could bring some joy and relief.

Project design

Patient and Public Involvement (PPI)

Small groups & individual interviews.
Mix of online and face-to-face.

Exploring:

- Impact of MCI diagnosis on health & wellbeing (feelings, behaviours & relationships)
- Unmet needs
- How social prescribing might help
- Potential challenges for social prescribing

Film of PPI contributions

Anonymised reflections captured on a short film to share with health care professionals

Film available at:
<https://www.youtube.com/watch?v=4oPvc0KaJdE&t=7s>

Engagement with health care professionals (HCPs)

Small groups & individual interviews, online.

Exploring:

- Perspectives on PPI contributor reflections
- Views on unmet needs
- Views on the potential of social prescribing

34 PPI contributors: 25 patients and 4 companions in 6 group sessions, plus 5 individual interviews
11 HCPs: 1 Old Age Psychiatrist, 2 GPs, 4 Memory Clinic Nurses, 3 Social Prescribers, 1 Arts & Dance programme lead

Patient priorities and potential of Social Prescribing

Public contributors identified three key needs to be met by social prescribing:

- Reduce social isolation and associated health risks (mobility, poor mental health)
- Individualised plan for coping with the everyday and reducing risk of decline
- Professional guidance specific to MCI (tips and tools for looking after your brain)

Social prescribing could address these by:

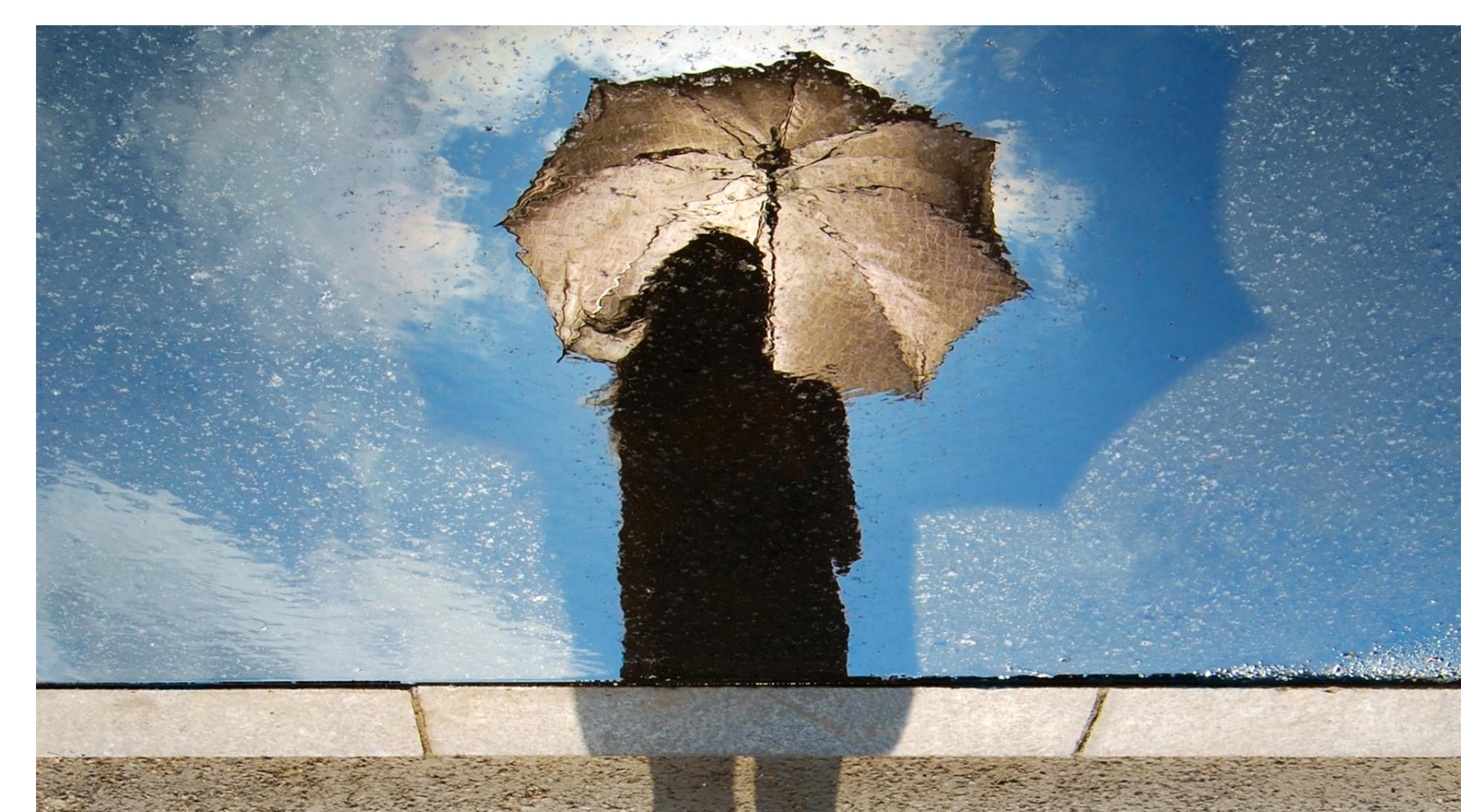
Allowing MCI patients to be heard, encouraging peer networks, supporting behaviour change

Social Prescribing in practice: opportunities and challenges

- Social prescribing referral pathway**
Who refers? GP, memory clinic, self, community hospital? Fair access?
- GP-led bridge to social prescribing**
Importance of primary care buy-in. Post-diagnostic, face-to-face group?
- Role of the social prescriber**
Time to listen, ongoing point of contact, support action on risk reduction plan, onward referral
- Community services**
Peer support, skills workshops, befriending, health activities

Unknowns: for further research

- Capacity of social prescribers
- Will and capacity of GPs
- Diagnosis and information flow
- Availability of community services



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Further details: <https://www.arc-oxtv.nihr.ac.uk/socialprescribing>

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