June 2026

Wallsend Social Prescribing Team Newsletter

Thank you for reading our newsletter. This month we share some staff and service updates, data on X and a case study from the team.

Welcome back Emily!

Hello! I'm Emily and I've just returned to the Social Prescribing team after a year's maternity leave. The team have been up to some exciting things while I've been off, so I'm looking forward to getting stuck in.

*My working days will be **Tuesday to Thursday**, and I'll be based at Wallsend Health Centre.*

*Before I went on leave, my areas of focus were **housing** and **men's mental health**, and I plan to continue to develop my knowledge of these areas. In particular, the new Renters' Rights Act is good news for many of the patients we work with, as we often hear that housing insecurity causes stress and anxiety.*

Talking Therapies and Psychology Meeting

Robbie and Amy met with the North Tyneside Talking Therapies and Specialist Community Psychology Service to explain how Wallsend Social Prescribing works. In the meeting, we agreed to **streamline the referral process**. Previously, referrals were made through discharge letters, but we agreed the service can now **contact the GP surgery directly by phone or email to request a referral to social prescribers.**

Hopefully, this will lead improve the transition from therapy into social prescribing. We also hope this makes things a bit easier for practice admin and secretary teams.

Staying *Cool* in Summer (via National Energy Action)

"For people living in fuel poverty and struggling to cover their energy costs, a heatwave isn't just uncomfortable – it's dangerous. When money is tight, some families can't afford to run a fan or take extra showers, leaving them struggling to cope in extreme heat.

- Create cool spaces indoors by keeping your curtains and windows closed through the day.
- At night, keep the home ventilated by opening doors and windows.
- Use a damp cloth or cold water on wrists and neck for an immediate cooling effect.
- Ovens can really heat up the home. On very hot days, try switching to non-cook options like salads or using smaller appliances like an air fryer.
- Drink plenty of fluids to stay hydrated."

TyneHealth

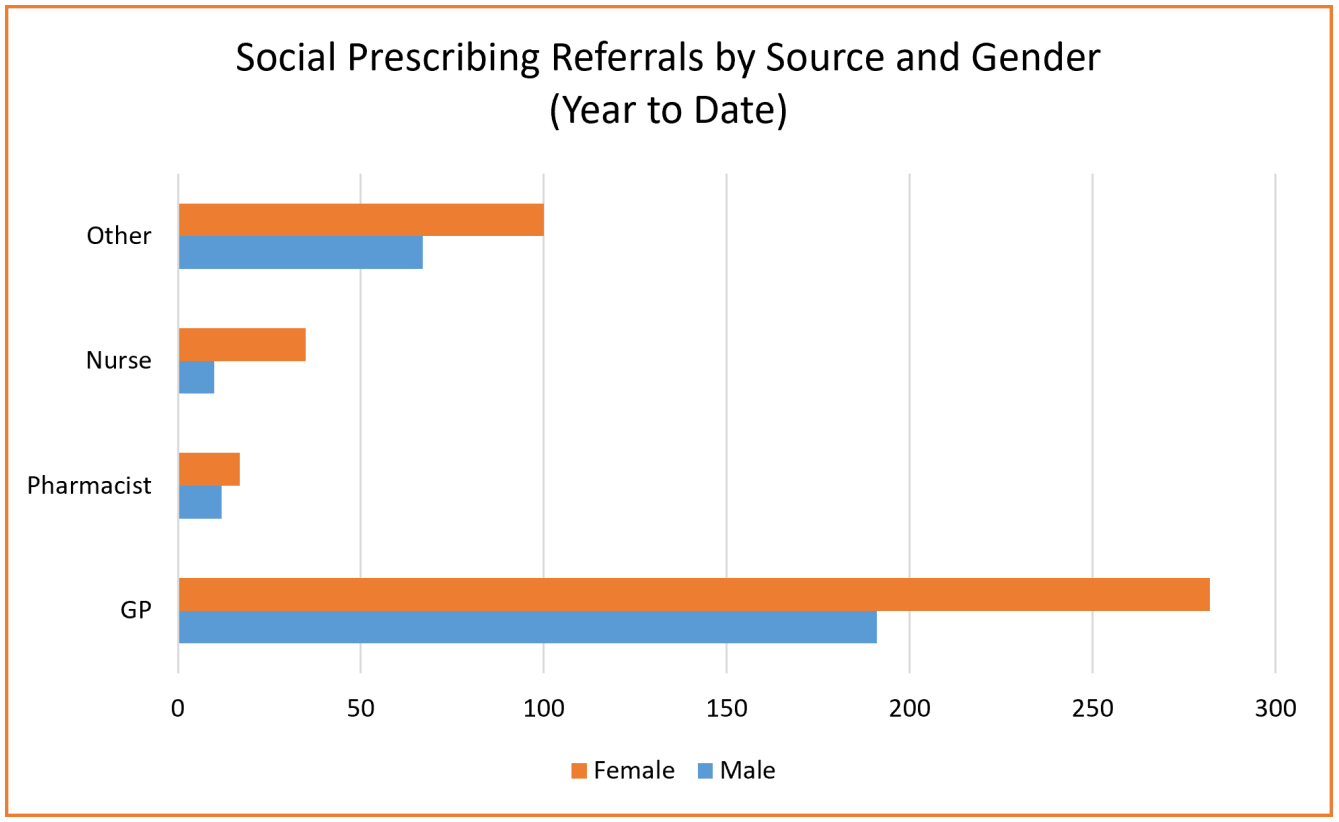
Living Well Wallsend Primary Care Network

PCN Data

Referral data from the last year shows that females are referred more frequently than males across all sources. GPs are the main referral source (191 males and 282 females), with much lower numbers coming from pharmacists and nurses, although nurses refer more females (35) than males (10).

The “Other” category accounts for a notable number of referrals (67 males and 100 females). This includes referrals from other surgery staff such as mental health nurses or care navigators, self-referrals and referrals from external services.

Due to limitations in EMIS coding, it is unfortunately not possible to break this group down further.



GPs are the main source of referrals, which probably reflects that they see most of the patients whose needs fit well with social prescribing. While this shows the service is well established within GP consultations, it does also highlight an opportunity to make better use of the wider team. The lower referral numbers from nurses and pharmacists suggest there’s room to support these roles more—particularly by raising awareness of what we do and providing simple guidance or materials to help them identify suitable patients and feel confident making referrals.

Case study: summary

Who: 44-year-old, male

Referred by: PCMHN for "behavioural activation and links with community"

Background: Patient began intervention presenting with high levels of anxiety, stemming from past trauma. He had some existing coping strategies, such as mindfulness and walking. He had been working to reduce his alcohol intake, as he recognised this makes him feel more depressed.

Intervention: 14 appointments, mostly face to face.

SPLW supported patient through **goal setting** around anxiety management and improving mood. Patient was independently working through a **Talking Therapies workbook for PTSD**. He was motivated to try new ways to support himself, for example he started to go to the shop for food across multiple days, to support in anxiety management. He tried the Anxious minds **mindfulness** session, as he told his SPLW he'd enjoyed another mindfulness session in the past, but felt it wasn't a good fit for him. Patient focused his energy on improving his sleep by being **physically active**, such as riding his bike and decorating.

SPLW explored services such as Andys Man Club, NT Life recovery college, ReCoCo Newcastle, Anxious Minds drop-in support, Anchorage Safe Haven. Referral to CBT-I sleep support via PCMHN team.

Outcomes: Patient continues to focus on his **routine**, including caffeine reduction and waking at the same time daily. He has started **weighted exercise** at home again and continues to ride his bike. He started sessions with **Talking Therapies** to address his past trauma. He was interested in attending **ReCoCo mental health recovery college** in future, after completing Talking Therapies.