

**LEISA BATKIN**  
**SIZE 6**

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My name is Leisa Batkin and I work at St Martin's Practice in Chapeltown, Leeds, as a well-being coordinator, which is part of the social prescribing service.

I came to Leeds in 1992 to do my nurse training, with every intention of leaving Leeds. I am from the North, but I'm from 'over the hill' as they say, from Liverpool. When I first came to Leeds I didn't know anybody who was from Yorkshire at all, and ended up marrying a Yorkshire man, and now all my friends are from Leeds. So I've integrated myself really into the Yorkshire way of life. It's such a diverse community is Leeds, whatever you want, it's here. You walk down Chapeltown Road which is a good mile, head straight into the city centre and you will see every walk of life; young, old, every ethnicity - it is a brilliant place to be.

But don't get me wrong, it has its hot spots and it has its black spots. There's a lot of isolation here, it, there's a lot of poverty here, there's a lot of educational needs here. There is a lot of health issues, people making choices which are probably not in their best interests. There's a drink problem, there's a drugs problem, there's an employment problem. You see great wealth and you see great poverty so you get both aspects of it really. You know that from research, but people that come to the GP service, the reason they give is not always the reason that they're here. They're here because they're lonely, they're here because they've lost connections, they're here because they don't have friends, they're here because they're tired, they're bored, they're skint, they're lost. We know that, the GP also knows that, but because of capacity they can't tread that path with that patient, but what they can do is refer them over to me, who has more time and is generally a lot cheaper than a GP, who can sit down with that person and say, 'Look, we know that you've been coming to the GP for this, that and the other - tell us why you keep getting these sore throats, tell us why you keep having this pain in your chest,' and nine, well actually ten times out of ten there's always a reason for that. You know the pain the chest is because of their anxiety, 'Well, why are you anxious?' 'Because I'm frightened.' 'Well, why are you frightened?' 'Because I'm living alone and people keep coming to my door and I don't know what to do about it.' 'Right, well let's sort that out then, so then you won't get them chest pains of the, you won't come to the GP service.'

I'm not a clinician. I will not give tablets but I can assist in other ways, so if there's a need for a patient, that's non-medical, I can find somebody in the community who has information on whatever they need. I can help you with your housing, I can help you with your employment, I can help you with your welfare, I can help you if you're lonely, I can help if you're sad. If you don't have food, if you're living rough, if you've got a drugs problem, alcohol problem. I'm not an expert in any of that but I know people that are. When I first started this job, I thought, if I'm going to work and I'm going to do the best job that I want to do here, I need to feel this piece of earth, I need to know what's going on here. So I put my shoes on and I walked up and down the streets. In this area, there's so many organisations that will help. And I knocked on these doors and said, 'We're starting this service, can we work together?' Because that was the one thing that we knew that was missing, was the connection between the GP and the third sector, to go in both ways.

So, where I work, we have a massive problem with males being lonely - I don't know whether it's the loss of the working man's club or employment, because men aren't very good at talking about stuff. I don't know what it is. But there is more and more men, coming to the practice with various complaints, that when we get to the bottom of it, is because of they're sitting there in their flats, on

their own, drinking too much or smoking too much or not speaking to each other for days. The isolation is highly significant. I have seen some horrible sights but I've also seen things of the community actually pulling together and being funny and caring and kind. I met a chap called Paddy who is sixty six, retired, living on his own, used to work in security and kept coming to the doctor's every week - rang them up virtually every day. When he retired, he had working security dogs that he brought home. No-one will go and knock on his door because these dogs are terrifying. So Paddy came to the practice, and when we got down to it, we found that he really liked music and he had about two thousand vinyls in his home but didn't have anything to play them on. So what we decided was that we'd apply for some funding, and we bought a record player for the coffee morning at the Polish centre. I said, 'Right, Paddy, well if you bring some of your records, you bring ten albums to this coffee morning, we've got you a record player.' So he left the dogs and he started coming to this coffee morning, and played his vinyl records. Another man, who'd sat there in the corner for the past four weeks, recognised the music, walked over and had that conversation, with Paddy, just about records. Every Thursday they meet for a coffee. He brings his vinyl and he brings his and the pair of them talk about music for two hours. And that's all it took. You're not very complicated you fellas.

As soon as the hand went out for that hand shake, I knew that that was it then, that we were sorted. And while he was actually out, we got the dogs chained up and then we got another group in, who changed his step on his front door to a slope and then helped put hand rails and fitted his bathroom as a wet-room. Gradually, while he was out, we could crack on and get these other people to do all these aids and adaptations which have stopped him falling, which will stop him visiting hospital. Now he sees the GP less, and we can look on Paddy's notes and, and see the last time he spoke to the GP and it was for something that he needed to, rather than something that he wanted to do. The record player was rubbish as well, it was a cheap one, it wasn't even a good one, but it doesn't matter does it?

So this social prescribing service is not a new service, it's been happening since the seventies - but it's not universal. The constraints are so tight, and the NHS is under such pressure at the minute, we need to step outside. We need to incorporate other models, the social model - using what you've got around you. Choose your army. If a clinician's made a diagnosis, and you do need that tablet, well of course take that tablet, but let's look at other things as well to support that process, that journey that you're travelling and why you're helping yourself medically - let's build your life again.

My satisfaction from this job comes from the little things. It's a tiny little thing. It's the GP saying 'Have you seen so-and-so, because I've not seen them for ages, and they used to be here all the time?' When I ring up, and they're not in - that's a good one. When you ring them up, these isolated people, and they're not in - it's like, well, where are they? Where've they been? It means they're not isolated, because they're actually out. You know, they're on their access buss they're going into town, they're meeting friends, they're doing something, they want something. They're just out, and to be out is kind of significant, when you're not used to being out. I'm a realist - yeah, the building is not brilliant. The patients are testy sometimes and you can't always win every battle. But it only takes that one glint of sunshine, for someone to go, 'Leisa, this has happened,' and you think 'brilliant.' You know all that stuff. It was just stuff and this is what actually matters. This person, ringing me, saying, 'I've got a job,' or 'I've been shopping today, on my own and I went and I didn't have an anxiety attack,' or 'I crossed the road and I was fine,' just that, you just think - nailed, done it. Off you go, don't wanna see you again!