

Bournemouth East Collaborative, Primary Care Network

SOCIAL PRESCRIBER

BEC PCN ENHANCED CARE TEAM

Job Title: Social Prescriber PCN Enhanced Care Team

Contract Type: Part Time | Permanent

Working Days/Hours: 22.5 Hours per week

- Monday - Wednesday: 08:00-16:00

Salary: £15.00 per hour

Location: Based in our Mental Health Team Office at Southbourne Surgery, Beaufort Road, BH6 5BF

About us!

Bournemouth East Collaborative Primary Care Network (PCN), situated on the stunning Dorset South Coast, comprises four like-minded practices working together in East Bournemouth, with a strong reputation on quality improvement and investing in its employees. The PCN serves a population of approximately 53,000 patients with a diverse demographic.

Practices part of the PCN are:

- Beaufort Road Surgery
- Littledown Surgery
- Shelley Manor and Holdenhurst Medical Centre
- Southbourne Surgery

The PCN is committed to developing, supporting, and sustaining a diverse workforce, representative of the community it serves. By working together with our different Network teams, we use our combined skills to provide a service that is joined-up, holistic, proactive, and personal for the patient.

We are lucky that all our practices are located close to the sea and open green spaces.

Our Network teams include:

- Enhanced Care Visiting team for frail housebound patients and those in care homes. The team includes visiting GPs, ANPs, Frailty Nurses, Nurse Associates, Healthcare Assistants, Care Coordinators and a Clinical Pharmacist.
- BEC Treatment Centre working out of the Private Suite at Shelley Manor Medical Centre.
- Pharmacy Team made up of a number of experienced Clinical Pharmacists and Pharmacy Technicians supporting our practices and patients
- First Contact Physiotherapy Practitioner service.
- Digital Care Coordinator, Digital Champions.
- Mental Health practitioners.
- Health & Wellbeing Coaches within Help & Care team.

Main duties of the job:

The Social Prescribing Link Worker will work as part of the Primary Care Network's multidisciplinary team to support patients with non-medical needs that impact their health and wellbeing. The post holder will have a particular focus on supporting specialist population groups, including unpaid carers, care leavers, veterans, people experiencing or at risk of homelessness, and other vulnerable communities.

The role will involve providing personalised support, reducing health inequalities, strengthening community connections, and improving access to local services. The post holder will also work proactively within the community by developing partnerships, facilitating focus groups, engaging with community organisations, and supporting projects that improve health and wellbeing across the Primary Care Network population.

This role will require an Enhanced DBS Clearance. Should you have this certificate as part of the DBS subscription service, we would be happy to accept this, providing the original is shown. Otherwise, you will be expected to complete a new application

Job Description and responsibilities

Patient Support:

- Receive referrals from GPs, nurses, allied health professionals, care coordinators, and other members of the multidisciplinary team.
- Undertake person-centred assessments to identify social, emotional, practical, and wellbeing needs.
- Develop personalised care and support plans based on each individual's goals and priorities.
- Empower individuals to improve their confidence, resilience, independence, and self-management.

Frailty and Housebound Focus:

- Provide dedicated support for patients living with frailty and those who are housebound.
- Undertake home visits when clinically appropriate to assess wellbeing, social circumstances, environmental factors, and support needs.
- Identify risks relating to isolation, nutrition, mobility, falls, safeguarding, loneliness, and carer strain.
- Support patients to access services that help maintain independence and prevent avoidable hospital admissions.
- Work alongside community nursing, therapy teams, adult social care, and voluntary organisations to coordinate holistic support.

Social Prescribing:

- Connect individuals with community groups, voluntary organisations, statutory services, and local resources.
- Support referrals to services including:
 - Befriending services



Bournemouth East Collaborative

- Falls prevention programmes
- Welfare benefits and financial advice
- Housing support
- Carers' organisations
- Dementia support
- Mental health and wellbeing services, PCN Mental Health team
- Exercise and rehabilitation programmes
- Community transport
- Food support services

Home Visiting:

- Complete home visits independently where appropriate.
- Carry out holistic assessments in patients' homes.
- Identify environmental concerns affecting health and wellbeing.
- Liaise with family members and unpaid carers where appropriate.
- Document assessments accurately and escalate concerns promptly.

Care Coordination:

- Work collaboratively within the multidisciplinary team.
- Attend multidisciplinary team meetings, frailty meetings and care planning discussions.
- Support continuity of care through effective communication with partner organisations.
- Ensure timely follow-up and review of patients receiving social prescribing support

Safeguarding:

- Recognise safeguarding concerns relating to adults at risk.
- Follow local safeguarding policies and procedures.
- Escalate concerns appropriately and participate in safeguarding processes when required.

Record Keeping:

- Maintain accurate clinical records using the practice clinical system
- Record interventions, outcomes, and follow-up activity.

Health Promotion:

- Promote healthy ageing, independence and self-care.
- Encourage patients to engage in preventative health initiatives where appropriate.
- Support patients to access vaccinations, health checks, and community wellbeing activities.



PERSON SPECIFICATION: Skills, Abilities and Knowledge

Essential

- Excellent communication and interpersonal skills.
- Ability to build trusting relationships with patients.
- Understanding of person-centred care.
- Knowledge of local community resources and voluntary services.
- Ability to work independently and manage a varied caseload.
- Strong organisational and documentation skills.
- Full UK driving licence and access to transport (where required for home visits).
- Compassionate and empathetic approach.
- Excellent listening and motivational interviewing skills.
- Strong problem-solving abilities.
- Ability to work collaboratively across multiple agencies.
- Good IT and clinical system skills.
- Ability to prioritise workload effectively..

Desirable

- Knowledge of frailty pathways and care of older adults
- Understanding of personalised care and social prescribing.
- Knowledge of safeguarding legislation.
- Awareness of NHS Long Term Plan and Personalised Care agenda.

Experience

Essential

- Experience working within health, social care, community, or voluntary sector services.
- Experience supporting vulnerable adults or older people.

Desirable

- Experience working within Primary Care or a Primary Care Network.
- Experience undertaking home visits.

Equality & Diversity

Demonstrates knowledge and understanding of equality of opportunity and diversity, taking into account and being aware of how individual actions contribute to and make a difference to the equality agenda.

The PCN is a friendly, flexible, forward thinking and a supportive Network.



What can we offer you in return?

- Our PCN reflects the NHS values of working together for our patients and the communities we serve; we will support you with a robust induction programme to help you achieve your full potential and highlight areas of training to ensure good progression.
- We highly value a teamworking ethos and strongly promote a culture of support and development for our staff.
- All our mandatory learning opportunities are free to all employees, and many can be used towards revalidation for those with a professional qualification.

Equal opportunity

Bournemouth East Collaborative PCN is committed to creating a diverse and inclusive environment and is proud to be an equal opportunity employer. All applicants meeting the minimum criteria for the role will receive consideration for employment without regard to age, marriage or civil partnership status, gender, gender expression or gender identity, disability, race or ethnicity, religion or belief, sexual orientation, or veteran status.

Immigration Act 2016

All applicants will be asked to provide the required documented evidence of eligibility to live and work in the UK, prior to the interview. In completing this application, you are giving Bournemouth East Collaborative PCN permission to contact the Home Office/UKBA to establish your immigration status and eligibility to work at Bournemouth East Collaborative PCN.

Bournemouth East Collaborative PCN is not a Licence Sponsor and can only consider applicants who have the right to live and work in the UK.

Bournemouth East Collaborative PCN reserves the right to close this vacancy early should we receive sufficient applications.

Application Deadline: 17 August 2026