



What is “social prescribing”?

The Low Commission reported that 15% of GP visits are for social welfare advice.⁷ Social prescribing enables GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services (via “link worker”).¹

A social prescribing scheme has three key components – i) a referral from a healthcare professional, ii) a consultation with a link worker and iii) an agreed referral to a local voluntary, community and social enterprise organisation.⁷

Does it work? What are the outcomes?

More than 100 social prescribing schemes currently run in the UK, with >25 in London. Few studies collected a good quality evidence:

- ✓ Rotherham pilot (2 years, 1,607 patients) identified reduction in patients’ use of hospital resources after social prescribing.²
- ✓ Bristol study on 14 local social prescribing projects also identified the reduction of GP attendance, but only for 60% of “holistic SP” beneficiaries.³



Social prescribing at scale

Pros and cons of social prescribing

Social prescribing builds on the six principles for New Care Models and is promoted by the General Practice Forward View⁸. According to the national Social Prescribing Network survey, social prescribing creates the following benefits:

- ✓ Physical & emotional health & wellbeing
- ✓ Cost effectiveness & sustainability
- ✓ Builds up local community
- ✓ Behaviour change
- ✓ Capacity to build up the VCS
- ✓ Social determinants of ill-health

But to be effective and scalable, a range of activities needed to support social prescribing, as identified by the Healthy London Partnership⁵:

- ✓ Training and activating the workforce
- ✓ Technology and digital solutions
- ✓ Making the most of online directories



The six principles for new care models set out by NHS vanguards with the People and Communities Board.⁶

What is required to implement a social prescribing scheme locally?⁵

1. Identifying target population and local needs

While social prescribing can potentially benefit a whole range of people, it may be important to actively offer it based on specific locality, health condition or pattern of service uptake.

2. Identifying local partners and assets

- a. Borough based voluntary sector councils
- b. Social housing providers (tenancy support teams)
- c. Statutory provision (health champions, health trainers, expert patient programmes, community pharmacies, care coordinators)

3. Funding and resources

Commissioners and local providers will need to engage the community sector to identify ways of making additional capacity and identify what support or funding will be needed.

4. Develop local operating model

5. Contracting, governance and risk management

Social prescribing interventions⁴

- ✓ Community education groups
- ✓ Arts, creativity, learning and exercise on referral
- ✓ Self-help groups
- ✓ Computerised CBT
- ✓ Bibliotherapy / self-help reading
- ✓ Group activities on referral
- ✓ Volunteering
- ✓ Time Banks
- ✓ Signposting information and guidance
- ✓ Supported education and employment
- ✓ Adult learning
- ✓ Knit and natter clubs
- ✓ Fishing clubs
- ✓ Gym-based activities
- ✓ Guided/health walks
- ✓ Green Gym / gardening clubs
- ✓ Cycling
- ✓ Swimming and aqua-therapy
- ✓ Team sports
- ✓ Exercise and dance classes
- ✓ Physical activity
- ✓ Learning new skills
- ✓ Mutual aid
- ✓ Befriending

Evaluation

Several frameworks can be used to evaluate the outcomes of social prescribing, including:

- ✓ Wellbeing Star™
- ✓ West Wakefield Social Prescribing Tool
- ✓ Measure Yourself, Concerns and Wellbeing (MYCAW)

Additionally, an economic assessment based on reduction in NHS services and delivery of social benefits usually performed.

Challenges of social prescribing

Deploying a social prescribing scheme requires aligning multiple VCSO providers, ensuring the scalability of referral pathways and providing continuous service evaluation.

Would you like to know how technology could help implement scalable social prescription?

Find out how: info@sentimoto.com

1. "What is social prescribing?", King's Fund
2. "The social and economic impact of the Rotherham Social Prescribing Pilot: Summary Evaluation Report", Sheffield Halam University
3. "Developing a social prescribing approach for Bristol. Project Report", Bristol Health & Wellbeing Board
4. "Evidence to inform the commissioning of social prescribing", The University of York Centre for Reviews and Dissemination
5. "Steps towards implementing self-care - a focus on social prescribing", Healthy London Partnership
6. "New Care Models: empowering patients and communities", NHS
7. "The role of advice services in health outcomes: evidence review and mapping study", The Low Commission
8. "General practice forward view", NHS England