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**North of England**  
Commissioning Support Unit

# Social prescribing: Evidence, examples & models of delivery

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**Dr Joanne Smith, Research Manager  
NECS Research and Evidence Team**



# Aims

- What is the latest evidence on social prescribing?
- What are the gaps in the evidence base?
- Share local examples and regional models of delivery
- Share key resources and contacts for those in primary care
- Interactive exercise – what do you need?



# What is social prescribing?



- *“a means of enabling GPs and other frontline healthcare professionals to refer to ‘services’ in their community instead of offering medicalised solutions.”*  
(NHS England, 2018)
- Usually involves a care navigator or link worker, who develops tailored plans and connects individuals with local groups and support services.
- Social prescribing recognises that a person’s health is heavily determined by economic, social and environmental factors
- Holistic approach, supporting the individual to take control of their overall health and wellbeing



# Social prescribing in NHS policy

2016

- General Practice Forward View
- SP & supported self-care two of the 10 high impact actions to improve care & workloads, & release capacity.

2018

- Minister for Loneliness & Loneliness Strategy
- By 2023 all GP's in England will be able to refer patients experiencing loneliness to voluntary & community services

January 2019

- NHS Long Term Plan
- SP widen & diversify the range of support available
- 1,000+ link workers by end of 2020/2021
- Increasing further to meet needs of 900,000 people participating in social prescribing by 2023/2024

July 2019

- Primary Care Networks
- Funding 1x link worker in 19/20, up to 5 link workers by 23/24



# Evidence



- Service users perspectives - Positive impact on health related behaviours e.g. healthy eating, weight loss, increased physical activity.
- Reduced social isolation, increased self-confidence and control

(Moffat et al., 2017)

- Systematic review of 15 social prescribing evaluations – “clear methodological shortcomings” and lack of standardised or validated measuring tools and comparative controls.

(Bickerdike et al., 2017)

- 8 UK studies of low methodological quality & no clear evidence for effectiveness of SP
- Studies focusing on primary care outcomes inhibited by data quality, inconsistencies & discrepancies in ‘read codes’

Link worker support varied – signposting vs. attending activities with individuals

(Public Health England, 2019)



## Impact on general practice & beyond...

Impact on general practice workload & polypharmacy

- No statistically significant difference in attendance at GP practice or home visits
- No significant difference in repeat prescriptions @12 weeks or 6-12months follow up  
(Loftus et al., 2017)

University of Westminster - Evidence review

- 28% reduction in demand for GP service following referral (7 papers)
- 24% fall in A&E attendance following referral (5 papers)
- 8 studies assessed value for money, no traditional cost-effectiveness analysis & higher costs per patient in intervention group of RCT
- 4 studies report 'social return on investment' – mean SROI £2.3 per £1 invested  
(Polley et al., 2017)



# What works? For whom & in what circumstances?

- *“Evidence base for social prescribing currently lags considerably behind practice”*
- Two phased realist review – evidence collection, if-them statements & proposed mechanisms
- Individuals are more likely to...

## Enrol

- If they believe social prescription will be of benefit
- If the referral is presented in an acceptable way – matching their needs & expectations
- If concerns elicited are addresses appropriately by the referrer

## Engage

- If the activity is accessible
- If transit to the first session is supported

## Adhere

- If the activity leader is skilled and knowledgeable
- If changes in condition or symptoms can be observed

(Husk et al., 2019)<sup>7</sup>



## Models of delivery: An overview



- Over 90% of CCGs have some form of local care navigation service
- Majority of services open to all adults, in some cases individuals who are frail, socially isolated or diagnosed with a LTC were targeted.
- Referrals made via receptionist, community or primary care professional and self-referral.
- Only 22% of the 147 CCGs reported that the service running in their local area had been evaluated.

(Tierney et al. 2019)



# Models of delivery: Role of the link worker

- 75 different titles for ‘care navigator’
- Care navigators are commonly an upskilled, existing member of practice staff e.g. a receptionist.

(Tierney et al. 2019)

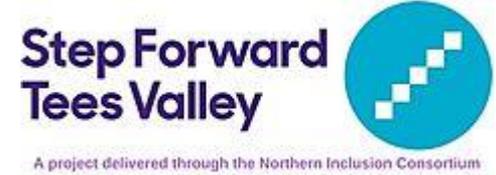
- Link workers of the utmost importance
- Should be remunerated as such, with appropriate career development
- Complicated role – with complex patient needs
- Challenges – speed of referral & availability of community groups

(Wildman et al., 2019)





# Local & regional examples



## Step Forward Tees Valley

- Helping people to overcome barriers to work or training
- Promoting social inclusion & volunteering opportunities

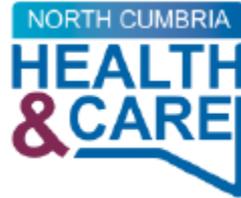


## Ways to Wellness, Newcastle

- Personalised, comprehensive, long-term social prescribing for people aged 40 to 74 living with long-term conditions, Inc. diabetes, COPD, epilepsy

## The Wellbeing Service, Eden and Keswick & Solway

- Living Well Coaches embedded in all GP practices to support 'non-medical' & psychological needs of individuals with LTCs, including frailty, cancer & cardiac.



## Edberts House, Gateshead

- Community linking project – linking individuals to community activities, and provides non-medical support and advocacy (no time limit)

## Edberts House





# Resources

## Key documents

- ✓ [Social Prescribing Link Workers: reference guide for primary care networks](#)
- ✓ [Social Prescribing Summary Guide](#)
- ✓ [Link Worker - Welcome Pack](#)
- ✓ <https://www.england.nhs.uk/personalisedcare/social-prescribing/support-and-resources/#webinars>
- ✓ <https://www.socialprescribingnetwork.com/>

Personalised Care 

Social prescribing link workers:  
Reference guide for primary care networks

THE SOCIAL PRESCRIBING NETWORK



THE SOCIAL PRESCRIBING NETWORK

Personalised Care 



**Welcome!**  
An inductive guide for social prescribing link workers in primary care networks.




**An exploration of co-commissioning approaches to social prescribing services**

A Bromley by Bow Centre study commissioned by the Greater London Authority with the intention of supporting the development, growth, and commissioning, of social prescribing in London

2019



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## Key contacts

- **Jane Hartley**  
North East & North Cumbria Social Prescribing Regional Facilitator  
[jane.hartley@vonne.org.uk](mailto:jane.hartley@vonne.org.uk)
- **Jackie Jamieson & Sarah Gorman**  
Regional Learning Co-ordinators, supporting Link Workers (North East & North Cumbria)  
[jackie.jamieson1@nhs.net](mailto:jackie.jamieson1@nhs.net) ; [sarah.gorman4@nhs.net](mailto:sarah.gorman4@nhs.net)
- **NHS England Social Prescribing Online Collaborative Platform**  
If you wish to sign up to the NE Social Prescribing Network and access the national social prescribing discussion platform, information, research and good practice guides please email: [england.socialprescribing@nhs.net](mailto:england.socialprescribing@nhs.net)
- <https://www.england.nhs.uk/personalisedcare/social-prescribing/support-and-resources/><sup>2</sup>



# Conclusions

- Social prescribing is being offered in most CCG areas in England
- Variation in the models of delivery
- Mixed evidence regarding demand & service costs
- Very few social prescribing schemes have been evaluated
- Future evaluation/research questions...
  - Cost – accurate assessment using traditional economic analysis
  - Comparable impact measures - a common evaluation framework?
  - Uptake factors - including those who decline to participate



# Thank you

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## Contact details:

Joanne Smith, Research Manager

[joanne.smith67@nhs.net](mailto:joanne.smith67@nhs.net)

NECS Research & Evidence Team [necsu.reteam@nhs.net](mailto:necsu.reteam@nhs.net)

<https://www.necsu.nhs.uk/research-evidence/>





## Interactive exercise

1. What evidence are you collecting if involved in social prescribing?
2. What evidence do you need or is missing for social prescribing?
3. What unanswered questions do you have about social prescribing?

