# BRIGHTLIFE LEGACY REPORT

# 2. SOCIAL PRESCRIBING

# EXECUTIVE SUMMARY

The University of Chester Evaluation Team

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## 2. Social Prescribing

### Review of Existing Evaluations (January 2017)

Social Prescribing (SP) is a relatively new non-medical intervention, consequently there is a lack of empirical evidence and peer reviewed research. This summary provides a review of social prescribing pilots that have been undertaken in the UK and evaluated. The following key themes and findings emerged from the analysis:

Definition

There are a range of definitions within existing evaluation reports, although essentially it is a means of enabling primary care professionals to refer individuals with practical, emotional or social support needs to voluntary and community sector organisations. Emphasis is also placed on reducing 'inappropriate' use of health care services, improving long term health conditions and targeting deprivation and exclusion.

Models of SP

Evaluation reports identified a number of SP models ranging from:

- Information only on display boards or a directory of services
- Signposting patients to relevant local organisations without formal processes
- A telephone line for people to self-refer to a social prescribing service
- Primary care referrals to a link worker, directly to a voluntary and community sector (VCS) or other specialist organisations
- In-practice clinics triaging and signposting people or they can offer specific services such as Citizens Advice Bureau
- A referral centre receives referrals and provides one-to-one support
- A holistic approach emphasizes a person-centred intervention

Referral, Eligibility and Feedback

Referrals are generally made by GPs or other primary care professionals. Equally, evaluation reports include schemes whereby referrals are received from other organisations or through self-referral routes.  When assessing eligibility, factors include frequency of attendance in primary care, the number of hospital referrals, a mental health diagnosis, long term health conditions and social isolation.  However, there was an absence of formal procedures for feedback on patient progress between GPs and social prescribers.

Range of Activities

Popular activities provided within SP projects included, support for structural and environmental issues, information and advice, social and physical activities, befriending, community transport, and family and relationship support

Evaluation Methodologies

A case study methodology was employed in all evaluations and data collected through interviews, focus groups, surveys, documentation including GPs social prescriptions, link worker notes and databases of Voluntary and Community Sector (CVS) organisations. Reported benefits from various studies included the following:

- Improvement in physical and mental health and wellbeing Increased confidence, self-esteem and motivation
- A reduction in social isolation and loneliness
- Access to wider welfare benefits
- Reductions in Accident and Emergency attendance, outpatient and inpatient appointments over a 12-month period
- A Social Return on Investment of approximately £1.20 for every £1 invested
- A cost-benefit analysis of between £1.14 and £3.38 was saved for every £1 spent

However, evaluation limitations included small sample sizes and short timescales to be able to provide statistically significant results and robust evidence of impact. Providers did not routinely collect monitoring information due to lack of resources, making it difficult to compare outcomes across SP projects. To address the above methodological issues, recommendations included using longitudinal studies to capture long-term benefits, and control groups and standardised validated tools such as the General Health Questionnaire should be used to allow for comparisons.

**Recommendations from existing reports**

- Health and social care professionals applying appropriate selection criteria in order to identify only those patients for whom social prescribing is appropriate.
- Finding innovative ways to access hard-to-reach target groups.
- Development of a social prescribing care pathway flexible enough to meet the needs of different geographic and demographic area profiles.
- Consider locating social prescribers in primary care settings
- Social marketing of SP to promote benefits and use.
- Link workers having the right skills mix and be upskilled as they are key to the success of the social prescribing project.
- Ensure activities are user-led.
- Improved shared ownerships and co-ordination to manage the efficiency and effectiveness of the service across the locality and between referrers, providers and service users.
- To consider resource implications of increased referrals from primary care for CVS organisations and ensuring providers sustainability plans.
- Systems should be implemented to mitigate the impact of staff turnover.
- Introduce quick and simple systems for GPs to make referrals including the use of the Egton Medical Information Systems (EMIS).
- Learning from previous initiatives and national guidance should be reviewed and embedded.