How social prescribing can benefit patients and prescribers

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Social prescribing has the potential to address unmet patient needs and ease pressure on GPs and other healthcare professionals. This article investigates the evidence behind social prescribing, the benefits and drawbacks, and how it is gaining a higher profile in the NHS.

Social prescribing involves the referral of patients to local non-clinical services to improve their health and wellbeing. Although not always known by this name, social prescribing has been around for as long as GPs have cared for their patients and taken an interest in their social circumstances. But more recently it as been given much more of a platform. The practice was highlighted in NHS England's *General Practice Forward View*[1] as a useful mechanism for GPs to support their patients and is one of NHS England's 10 High Impact Actions outlined in that document, aimed at freeing up GP time to enable them to deliver more clinical care.

There is now an NHS England-appointed National Clinical Champion for Social Prescribing and in January 2016, the National Social Prescribing Network, originating from a Wellcome Trust-funded research project, was created. The aim of the network, whose collaborators include the University of Westminster, the College of Medicine and NHS England, is to share knowledge and best practice, to support social prescribing at a local and national level, and to inform good-quality research and evaluation into the practice.

Speaking at the King's Fund health think tank in November 2018, Health Secretary Matt Hancock claimed that social prescribing can lead to "the same or better outcomes for patients without popping pills" and added that the arts could be considered in place of drugs to treat conditions such as dementia.

Addressing unmet needs

Social prescribing – sometimes also known as community referral – essentially aims to address the needs of the 20% of patients who consult their GP for what is primarily a social problem.[2] The practice recognises that people's health is determined by a range of socioeconomic, emotional and environmental factors and seeks to prescribe holistically, rather than just in a medical way. So instead of, or as well as, a prescription for medication, a social prescription will aim to enrich patient lives, ease loneliness and stress, or even help individuals with housing or money issues. In practical terms, it will usually mean getting patients involved in life-enriching activi-

ties locally, such as volunteering, painting or music classes, group learning, gardening, healthy eating, money management or exercise classes.

Best practice

According to NHS England, nearly half of all CCGs across England are already investing in social prescribing programmes. And a GPonline survey[3] found almost a quarter of GPs are regularly using social prescribing to refer patients with social, emotional or practical needs to non-clinical services.

There are no NICE guidelines that provide guidance on social prescribing specifically, but there is a valuable precedent in schemes that already run successfully around the UK. Figure 1 illustrates how social prescribing works.

The University of Westminster and the Social Prescribing Network's guide *Making Sense of Social Prescribing*,[4] commissioned by NHS England, supports commissioners to understand what a good social prescribing scheme looks like. The three components are:

- A referral from a healthcare professional
- A consultation with a link worker
- An agreed referral to a local voluntary, community or social enterprise organisation.

In most cases, the referring healthcare professional will be a GP, but referrals could also be made by a practice nurse, a consultant (*eg* in the case of cancer patients) or an allied health professional such as a physiotherapist. Third-sector organisations such as Macmillan Cancer Support also have social prescribing schemes.

The link worker is considered a key component of a successful social prescribing scheme, so much so that in January 2019, NHS England announced plans to recruit 1000 more of these staff as part of the *NHS Long Term Plan*. The plan will see GP surgeries supporting each other in around 1400 Primary Care Networks covering the country, with each network having access to a social prescriber link worker and NHS England agreeing to fund their salaries in full. The non-clinically trained individual may work at the GP's surgery or in an outside organisation, and their job is to receive the referred patient and assist them in accessing the help and support they need.

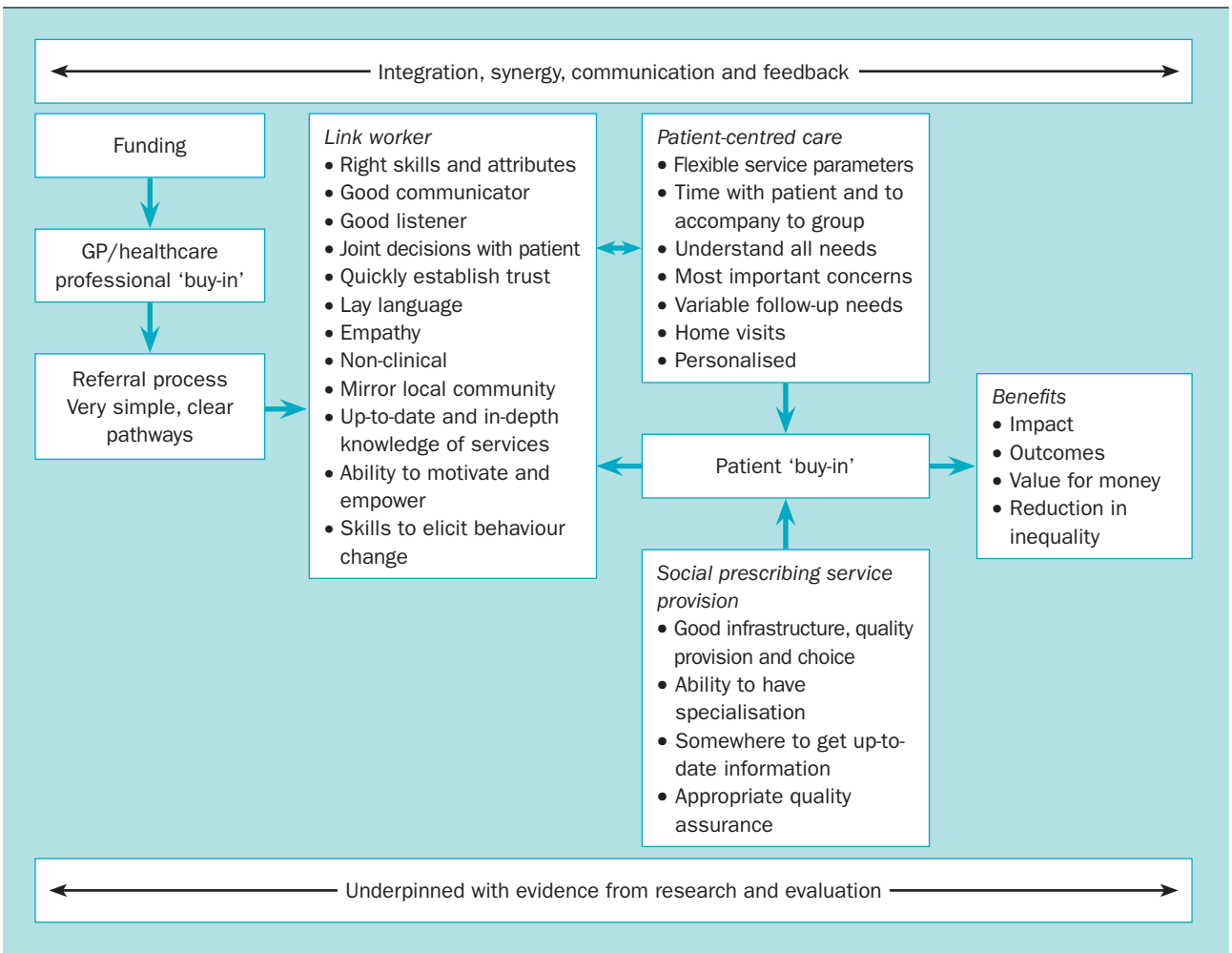

Figure 1. Key ingredients of social prescribing. From: Report of the Annual Social Prescribing Network Conference, January 2016[10]

"The link worker will have an up-to-date knowledge of local community groups that a healthcare professional cannot be expected to have," explains Dr Marie Polley, Co-Chair of the Social Prescribing Network. The level of support given may vary from basic signposting through to spending as much time as necessary to build trust and assess a person's needs.

Thinking creatively may produce some interesting link-ups or shared resources. London Mayor Sadiq Khan's new health inequalities strategy document for London,[5] for example, suggests that fire departments could be used for stop-smoking services or memory clinics for dementia patients, and in some social prescribing schemes, doctors' surgeries can also become social hubs for isolated patients. A case in point is Storrsdale Medical Practice in Liverpool, which launched its first GP tea party in conjunction with Contact the Elderly in 2014 and has been going strong ever since.

"The concept is that socially lonely patients get to enjoy a slice of cake, a cup of tea and a chat with others once a month, which improves their wellbeing," explains Dr Murugesh Velayudham, a GP at the surgery. "For some of my patients, it is the only event on their calendar other than their hospital appointments and it enables me to monitor their health in a social way every month. I would like to see other practices do similar things to help to address social isolation, which is the growing threat to our elderly population."

Safeguarding issues

As a referrer, the GP needs to know that link workers and organisations providing social prescriptions have their own appropriate governance, professional standards and/or liability insurance in place. With social prescribing schemes that are commissioned, commissioners must ensure that quality standards exist in their contracts with providers, and should hold contracted providers to these standards.

Ultimately, though, it would be wrong for governance and paperwork to stifle the gifts of time and support that people are willing to give on a voluntary basis in their communities, says Dr Polley. "It's important not to be overly cautious and create problems where there are none… If a GP recommends that a person joins a walking club, but then the person trips over a kerb, there is no question of liability, and common sense must be used when it comes to due diligence," she adds.

Social prescribing will be a key way to tackling loneliness, indicates the government's first loneliness strategy, launched October 2018.[11] According to the strategy document:

- Three-quarters of GPs surveyed are seeing between one and five people a day suffering with loneliness
- Around 200,000 older people have not had a conversation with a friend or relative in more than a month
- Loneliness is linked to a range of damaging health impacts, such as heart disease, stroke and Alzheimer's disease.

The Prime Minister has confirmed that by 2023, all GPs in England will be able to use social prescribing – referring patients to community activities and voluntary services – for loneliness instead of defaulting to medicine.

Some promised measures include:

- £1.8m to increase the number of community spaces available – the funding will be used to transform underutilised areas, such as creating new community cafés, art spaces or gardens
- Partnering with the Royal Mail on a new scheme in Liverpool, New Malden and Whitby, which will see postal workers check up on lonely people as part of their usual delivery rounds
- An 'employer pledge' to tackle loneliness in the workplace. A network of high-profile businesses – including Sainsbury's, Transport for London, Co-op, British Red Cross, National Grid and the Civil Service – have pledged to take further action to support their employees' health and social wellbeing.

Box 1. An epidemic of loneliness

Effectiveness

In May 2018, an analysis by the RCGP[6] concluded that social prescribing was among the most effective of NHS England's 10 High Impact Actions for both GPs and patients, with 59% of GPs thinking that it can help to reduce workload. Furthermore, an evidence review from the University of Westminster indicated that demand on GP services dropped by an average of 28% following referral to a social prescribing service.

In general, social prescribing schemes appear to result in high levels of satisfaction from primary care professionals, commissioners and, crucially, from participants. The experience of Ken Smith (not his real name), who is in his 70s and had become socially isolated, is typical. After being referred to the social prescribing service in Doncaster, he joined a weekly men's social group at a local church, and adaptations were made to his home.

He comments: "I would recommend the service to anyone. At my age you can lose touch with what's happening in your local area. It's easy to get morbid when you're sat at home all the time, but as I've been shown, there are always things you can do."

Evaluation of a study into a social prescribing project in Bristol[7] showed improvements in participants' anxiety levels and in feelings about general health and quality of life. It also showed reductions in general practice attendance rates for most people who had received a social prescription. Three-month follow-up of a liaison service in Rotherham,[8] which helps patients access support from more than 20 voluntary and community sector organisations, also showed that for over 8 in 10 patients referred to the scheme, there were reductions

in NHS use in terms of A&E attendance, outpatient appointments and inpatient admissions.

Who pays and is it cost-effective?

Previously established social prescribing schemes have been funded in a variety of ways. Some have received CCG and/or local authority funding, some have been funded with public health money, others with grants and trusts, and a few with social impact bonds.

The attraction of referring to charities and social enterprise groups is that it can seem 'free', but the Social Prescribing Network warns that it is critical that money follows the patient so that organisations receiving referrals can sustain their income and service provision when the number of users rises.

Determining the wider resource implications and cost effectiveness of social prescribing is complex. The aforementioned Bristol study found that positive health and wellbeing outcomes came at a higher cost than routine GP care over the period of a year. However, schemes are likely to become cost effective over a longer period of time. For example, exploratory economic analysis of the Rotherham service suggested that it could pay for itself over 18–24 months in terms of reduced NHS use.

More research needed

Despite the current wave of enthusiasm for social prescribing, there are gaps in knowledge. The King's Fund says that robust and systematic evidence on the effectiveness of social prescribing is very limited and points out that much of the evidence available is "qualitative, and relies on self-reported outcomes".

A 2017 systematic review of social prescribing evidence, which evaluated 15 social prescribing programmes,[9] found most studies were small scale and limited by poor design and reporting, while all were rated as having a high risk of bias. "Common design issues included a lack of comparative controls, short follow-up durations, a lack of standardised and validated measuring tools, missing data and a failure to consider potential confounding factors," wrote the review authors.

Neither should social prescribing be seen as a silver bullet that gives an excuse for governments to dodge their funding commitments for the huge and growing number of people with conditions such as dementia. As Sally Copley, Director of Policy, Campaigns and Partnerships at Alzheimer's Society, puts it: "There is no denying that social interaction, music and the arts have a key role to play in helping the 850,000 people with dementia across the UK… But what we really need to see in addition to social prescribing is GPs giving people with dementia access to the right support and medication when needed and, crucially, the government ensuring adequate funding."

However, with the right money streams and more thorough evaluation to inform future development, social prescribing has the potential to be a powerful tool; because treating patients as actual people with underlying real-world concerns and worries must surely yield better outcomes than only treating them as a bunch of physical and mental symptoms.

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Declaration of interests

None to declare.

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