
What is social prescribing?

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But does it work?

And how does it fit in with wider health and care policy?



What is social prescribing?

Social prescribing, sometimes referred to as community referral, is a means of enabling GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services.

Recognising that people's health is determined primarily by a range of social, economic and environmental factors, social prescribing seeks to address people's needs in a holistic way. It also aims to support individuals to take greater control of their own health.

Social prescribing schemes can involve a variety of activities which are typically provided by voluntary and community sector organisations. Examples include volunteering, arts activities, group learning, gardening, befriending, cookery, healthy eating advice and a range of sports.

There are many different models for social prescribing, but most involve a link worker or navigator who works with people to access local sources of support. The Bromley by Bow Centre in London is one of the oldest and best-known social prescribing projects. Staff at the Centre work with patients, often over several sessions, to help them get involved in more than 30 local services ranging from swimming lessons to legal advice.

Social prescribing is designed to support people with a wide range of social, emotional or practical needs, and many schemes are focussed on improving mental health and physical well-being. Those who could benefit from social prescribing schemes include people with mild or long-term mental health problems, vulnerable groups, people who are socially isolated, and those who frequently attend either primary or secondary health care.

Does social prescribing work?

There is emerging evidence that social prescribing can lead to a range of positive health and well-being outcomes. Studies have pointed to improvements in areas such as quality of life and emotional wellbeing, mental and general wellbeing, and levels of depression and anxiety. For example, a **study into a social prescribing project in Bristol** found improvements in anxiety levels and in feelings about general health and quality of life. In general, social prescribing schemes appear to result in high levels of satisfaction from participants, primary care professionals and commissioners.

Social prescribing schemes may also lead to a reduction in the use of NHS services. A **study of a scheme in Rotherham** (a liaison service helping patients access support from more than 20 voluntary and community sector organisations), showed that for more than 8 in 10 patients referred to the scheme who were followed up three to four months later, there were reductions in

NHS use in terms of accident and emergency (A&E) attendance, outpatient appointments and inpatient admissions. The Bristol study also showed reductions in general practice attendance rates for most people who had received the social prescription.

However, robust and systematic evidence on the effectiveness of social prescribing is very limited. Many studies are small scale, do not have a control group, focus on progress rather than outcomes, or relate to individual interventions rather than the social prescribing model. Much of the evidence available is qualitative, and relies on self-reported outcomes. **Researchers have also highlighted** the challenges of measuring the outcomes of complex interventions, or making meaningful comparisons between very different schemes.

Determining the cost, resource implications and cost effectiveness of social prescribing is particularly difficult. The Bristol study found that positive health and wellbeing outcomes came at a higher cost than routine GP care over the period of a year, but other research has highlighted the importance of looking at cost effectiveness over a longer period of time. Exploratory economic analysis of the Rotherham scheme, for example, suggested that the scheme could pay for itself over 18–24 months in terms of reduced NHS use.

Several studies highlight the importance of measuring the wider social value generated through social prescribing, for example through reducing welfare benefit claims. Again, this can be difficult to measure, and may require a longer- term approach.

How does social prescribing fit in with wider health and care policy?

Social prescribing and similar approaches have been used in the NHS for many years, with several schemes dating back to the 1990s, and some even earlier (the Bromley by Bow Centre was established in 1984). However, interest in the model has expanded in the past decade or so. More than 100 schemes are currently running in the UK, more than 25 of which are in London.

Social prescribing was highlighted in 2006 in the White Paper *Our health our care our say* as a mechanism for promoting health, independence and access to local services.

The objectives of social prescribing also support the principles set out in subsequent NHS policy documents, including *the NHS five year forward view* (2014), which encourages a focus on prevention and wellbeing, patient-centred care, and better integration of services, as well as highlighting the role of the third sector in delivering services that promote wellbeing.

More recently, the *General practice forward view* (2016) has also emphasised the role of voluntary sector organisations – including through social prescribing specifically – in efforts to reduce pressure on GP services. In addition, social prescribing contributes to a range of broader government objectives, for example in relation to employment, volunteering and learning.

Although the National Institute for Health and Care Excellence does not provide guidance on social prescribing specifically, some of its guidelines relating to mental health include initiatives that could be described as social prescribing activities.

There is also an increasing amount of guidance on social prescribing available for commissioners and others in the NHS and **local government**, as well a new **Social Prescribing Network** set up to provide support and share practice on social prescribing at a local and national level. In June 2016, NHS England appointed a national clinical champion for social prescribing to advocate for schemes and share lessons from successful social prescribing projects.