

## Social prescribing: a selected bibliography

*"Social prescribing: woven round the lives of people, where they live, rooted in an analysis of the wider determinants, committed to social justice"<sup>1</sup>*

Social prescribing, sometimes called community referral, is a way of linking patients in primary care with sources of support within the community. It provides GPs and other primary care professionals with a non-medical referral option to improve health and well-being. Social prescribing may be offered alongside existing treatments, or where no medical treatment is indicated and/or to support people whose needs are not being met within existing services. It also provides an opportunity for a stronger focus on the social determinants of health.

This **bibliography**, produced for colleagues attending the Social Prescribing seminar in Waterford, provides a brief guide to some of the recent research, case studies, evidence of effectiveness and ongoing debates about social prescribing. The focus is on papers published in the last five years.

Gold standard reviews of social prescribing programmes have not, to date, found robust evidence of effectiveness and there are few studies comparing social prescribing to usual care. (It is important to distinguish between evidence on social prescribing as an approach, and evidence on interventions e.g. exercise, bibliotherapy, self-help, welfare advice etc: some studies 'conflate the health and well-being impact of the activities themselves and the prescribing route through which they are reached').

Nevertheless, there is growing interest in the potential of social prescribing to contribute to new approaches to delivering health care, to relieve pressure on primary care and to improve outcomes for people with long term conditions. See for example

*Social Prescribing Conference*

Social Prescribing: from rhetoric to reality

Forthcoming Kings Fund event to provide 'a platform for enabling strategic collaboration and sharing of best practice'.

### 1.0 Networks/Case studies/directories

- 1.1 [Social Prescribing Network](#) hosted at University of Westminster
- 1.2 Social Prescribing in London [online map](#)
- 1.3 Jackson G. (2016) *Social prescribing at a glance: North West England* Health Education England

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<sup>1</sup> [Evaluation of Dundee Equally Well](#) 'Sources of Support' Social Prescribing in Maryfield (2012)

Online directory of wide range of social prescribing programmes

1.4 [More than heritage](#) North West Directory of Social prescribing in Museums

1.5 [social prescribing webinar](#) by Innovation Unit July 2016

"To mark the launch of a guide on Asset Based Care that we developed for the Greater Manchester Public Health Network, we hosted a webinar, bringing together panellists from three pioneers of social prescribing. They discuss their experience of developing and implementing social prescribing services."

## 2.0 Briefings/evidence reviews

2.1 Kings Fund (2017) *What is social prescribing?*

Simple, accessible briefing on social prescribing stating that robust and systematic evidence on the effectiveness of social prescribing is very limited, but that social prescribing has potential for improved well-being, quality of life, mental health, patient satisfaction and reduction in use of NHS services. The values of social prescribing are consistent with "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."

"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."

See also Kimberlee R [What is the value of social prescribing?](#) an economic analysis of the Bristol project

2.2 University of York Centre for Reviews & dissemination (2015) Systematic review *Evidence to inform the commissioning of social prescribing*

[https://www.york.ac.uk/media/crd/Ev%20briefing\\_social\\_prescribing.pdf](https://www.york.ac.uk/media/crd/Ev%20briefing_social_prescribing.pdf)

Highlights the problems of evaluating complex interventions:

"There is little good quality evidence to inform the commissioning of a social prescribing programme...if existing knowledge is to be improved, evaluation of new

schemes should be comparative by design and address when, for whom and how well does a scheme work? What effects does it have? What does it cost?"

Distinguishes between approach and intervention e.g. 'evidence exists for the benefit of arts interventions but not in relation to social prescribing'

- 2.3 Health & Social Care Alliance Scotland  
Developing a Culture of Health [The role of signposting and social prescribing](#) in improving health and wellbeing  
'Think piece' on potential of social prescribing from health and social care perspective
- 2.4 Keenaghan C et al (2012) [Research Report](#) Care Options for Primary Care: The development of best practice information and guidance on Social Prescribing for Primary Care Teams

Commissioned by HSE West, focussing on the benefits of social prescribing for mental health. Includes a series of recommendations for the definition and implementation of social prescribing practice in Ireland, with an emphasis on social prescribing 'as part of the ongoing development of primary care teams and mental health services'. Draws on the international evidence base and provides a wide range of case studies across Ireland.

### **3.0 Social prescribing and employment**

- 3.1 Call for ph.d candidates to explore GP attitudes to social prescribing as a 'tool to support job retention or return to work for people with long term conditions'

<https://www.findaphd.com/search/ProjectDetails.aspx?PJID=84077&LID=723>

"A recent report recommends clinicians should make greater use of social prescribing to help people with disabilities/long-term conditions stay in or return-to-work, and that social prescribing can improve work outcomes directly through referral to employment support services, or indirectly by improving health outcomes.... this requires GPs to expand their existing remit beyond sickness certification and to engage more fully with employment issues."

- 3.2 Steadman K, Thomas R, Donnalaja V. (2017). [Social prescribing: a pathway to work?](#) The Work Foundation

Explores the extent to which social prescribing might be contributing towards broader recovery goals such as a return to full functioning and to work, and how this might be happening in practice. Notes 'little reference to the role of work in this context. This has not been a key feature of previous large-scale studies on social prescribing.'

Identifies two potential pathways:

- Direct where an individual is referred to a focussed work support service
- Indirect where an individual is referred to non-work social prescribing activities which have a positive impact on them e.g. through improvements to health and wellbeing, social inclusion, confidence, or engagement in physical activity, which might put them in a better position to think about work and related goals in the medium to longer term

Found: work was rarely identified as a priority goal; referrals to specific work services (i.e. services that offer support with CVs, interview practice and job search etc.) are rare.

"WCA and related aspects of the welfare system have been identified as stressors by social prescribing services. Reluctance among services, and GP referrers, to work with the Job Centre in this way."

#### 4.0 GP/primary care perspectives

##### 4.1 Nesta (2013)

Social prescriptions should be available from GP surgeries, say four in five GPs.

##### 4.2 GP online analysis from primary care perspective

what does social prescribing mean for GPs

##### 4.3 Should GPs bother with social prescribing? (2016) Debate in Pulse (only accessible to health professionals)

##### 4.4 national links worker programme

Scottish Government funded programme which aims to explore how primary care team can support people to live well in their community. Describes partnership between primary care and community development.

##### 4.5 GPs at deep end 2010

Wide range of important reports from GPs working in 100 general practices serving the most socio-economically deprived populations in Scotland. Report 8 (2010) provides a powerful account of the potential of social prescribing in addressing health inequalities.

## 5.0 Local government

### 5.1 Local Government Association (2016)

#### [Just what the doctor ordered: social prescribing - a guide for local authorities](#)

Addresses the challenge of an ageing population and supporting people with long-term conditions. Argues:

"Chronic illnesses consume approximately 70 per cent of the health budget. But as there is no cure for them they require us to look beyond the traditional clinical model the NHS offers. This is where social prescribing comes in. By connecting people with local community services and activities we can improve the health and wellbeing of large numbers of people."

## 6.0 Physical health outcomes

### 6.1 Pilkington et al (2017)

#### [Searching for Real-World Effectiveness of Health Care Innovations: Scoping Study of Social Prescribing for Diabetes](#)

Aims to characterize, collate, and analyze the evidence from evaluation of social prescribing for type 2 diabetes in the United Kingdom and Ireland, comparing information available on publicly available websites with the published literature.

40 UK- or Ireland-based projects that referred people with type 2 diabetes and pre-diabetes to nonmedical interventions or services provided in the community. We located evaluations of 24 projects; 11 as published papers, 12 as Web-based reports. The interventions and services identified included structured group educational programs, exercise referral schemes, and individualized advice and support with signposting of health-related activities in the community. These evaluations report generic improvement in a broad range of outcomes and provide an insight into the criteria for the success of social prescribing services. The findings of this scoping study do not prove that social prescribing is an effective measure for people with type 2 diabetes in the United Kingdom, but can be used to inform future evaluation and contribute to the development of the evidence base for social prescribing.

## 7.0 Mental health outcomes

### 7.1 Bragg R and Leck C (2017)

[Good practice in social prescribing for mental health](#): the role of nature-based interventions (NECR228) York: Natural England

Aims: • to develop an understanding of the value of nature-based-interventions within social prescribing services for people with mental ill-health; • to provide suggestions for good practice in social prescribing services for commissioners; • to provide a resource and support for the providers of nature-based interventions in engaging with primary care

"The nature, health and wellbeing sector provides an increasing number of nature-based interventions, comprising i) nature-based health promotion services – providing opportunities for people to engage with nature in their community (e.g. community gardening and food growing, conservation volunteering) and ii) green care services for individuals with a defined health need - structured therapy, rehabilitation or care using contexts such as conservation or horticultural therapy projects, and care farms"

## 8.0 Self-care

### 8.1 Healthy London Partnership (2017)

[Steps towards implementing self-care](#): A focus on Social Prescribing for Commissioners

A guide to strengthening self care, covering:

- Needs: Identify the target population and local needs
- Assets: Identify local partners and community assets
- Funding and resources: Work out funding, resources, contracting, governance and risk
- Structures, processes and value for money: Set out the business case for the investment, citing ethical, economic and practical arguments
- National standards and governance: Compliance with national standards and requirements for all providers

Includes:

Three UK service evaluations include outcomes and impacts for the NHS such as:

- 60% reduction in GP contact times in the 12 months following intervention compared to the previous 12 months (Bristol Wellspring Project; Kimberlee R. 2016)
- 25% reduction in A&E attendance in the social prescribing group, with a 66% increase in A&E attendance by the control group. (City and Hackney Clinical Commissioning Group & University of East London 2014)
- 17% reduction in A&E attendance and 7% reduction in non-elective in patient stays were reported in the 12 months post intervention compared to the 12 months before it from the most recent evaluation report from the Rotherham Social Prescribing Service (Dayson C. & Bennett E. 2016)

Also looks at SROI and [includes financial modelling](#):

Where Social Return on Investment (SROI) is reported, this is usually greater than to the NHS alone. The Bristol Wellspring project for example estimates a social return of £2.90 in year for each £1.00 invested

## 9.0 Evaluations

- 9.1 [Social and economic impact of Rotherham Social Prescribing Pilot](#) (2014)  
Very detailed account of the social and economic impact of a pilot programme in the north of England. Shows reduction in use of services, good cost effectiveness and positive patient outcomes, but not statistically significant due to timescales and patient numbers.
- 9.2 Calvert Amelia (2016) [A Report on Art in Healthcare's Art Project](#) for Baronscourt Surgery Describes developing an Arts-Based Social Prescribing Service using an Occupational Therapy model Art in Health Care Edinburgh (v. small pilot involving 5 patients)
- 9.3 [Volunteering on prescription](#)  
Internal evaluation (part of Ways to Well-being) assesses the impact on the well-being of vulnerable people who received Community CVS support through social prescribing projects: **Fast 4wd** and **Volunteering on Prescription**. It is based on 83 vulnerable people who have been supported on a one to one basis by Community CVS peer support volunteers over a time period of at least 3 months, with 31 receiving support for 6 months. Volunteers included **Community Navigators** from our Volunteering on Prescription Project, and **Recovery Support Volunteers** from our Fast 4wd Project. Vulnerable people supported included those facing multiple disadvantages including, social isolation, disability or long term conditions, substance misuse or alcohol issues, mental health issues, housing or homelessness issues, or offending backgrounds.
- 9.4 Thomson, L.J., Camic, P.M. & Chatterjee, H.J. (2015). *Social Prescribing: A review of community referral schemes*. London: University College London.
- 9.5 [Sources of Support](#): evaluation of social prescribing pilot in Dundee (2012)
- 9.6 [Dance to health](#): evaluation of the effectiveness of dance as a falls prevention programme; interesting for the exploration of effective working between artists and health sector
- 9.7 Donegal: Social Prescribing for Health and Wellbeing Evaluation Report (2015)  
Evaluation of six social prescribing demonstration sites across County Donegal, involving 237 participants and a social prescribing co-ordinator for each site.

"The findings from the quantitative evaluation clearly showed statistically significant

positive changes in the scores for wellbeing, anxiety and depression and community involvement. GP visits also reduced for participants."

"The findings from the qualitative element of the evaluation supported the quantitative findings and provided additional information and insight into the role of the Social Prescribing Coordinator, the programme structure, programme promotion, the location of the service and the strengths and challenges of the project."

## **10.0 Social determinants**

### 10.1 Social determinants of mental health (2014)

Major report of special relevance to social prescribing.

### 10.2 Health 2020

European strategy and framework for social determinants of health and reducing health inequalities

### 10.3 Some of the literature on 'commissioning for social value' provides helpful examples of creative commissioning that is relevant to social prescribing in the context of 'building strong and active communities'. A good example from a local council is [Inspiring and Creating Social Value in Croydon](#) A Social Value Toolkit for Commissioners