National Academy for Social Prescribing

An Introduction to Social Prescribing

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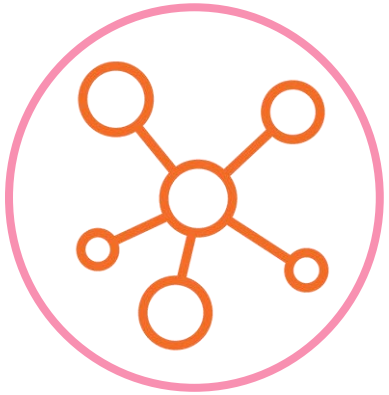
What will we cover today?

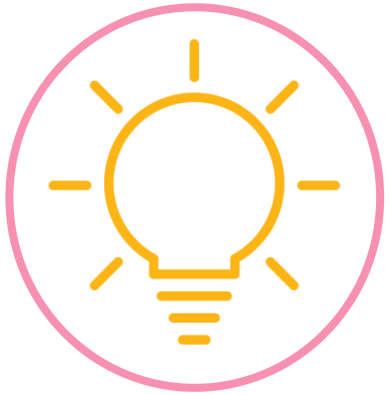
- Intro to NASP & Social Prescribing
- What does SP look like in a variety of settings?
- The growing evidence base for Social Prescribing
- A chance for questions and discussion

The National Academy for Social Prescribing

NASP is a national charity that champions social prescribing. We support and connect people, communities and organisations so that more people across the UK can enjoy better health and wellbeing.



Connection



Innovation

Investment

Evidence

Awareness

What is Social Prescribing?

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Internationally Accepted Definition (2023)

> A means for trusted individuals in clinical and community settings to identify that a person has non-medical, health-related social needs and to subsequently connect them to non-clinical support and services within the community by co-producing a social prescription - a non-medical prescription, to improve health and well-being and to strengthen community connections.

Individual

A person with non-medical, health-related needs

Data Tracking

Tracking individual through the pathway enabling learning & improvement

Identifier

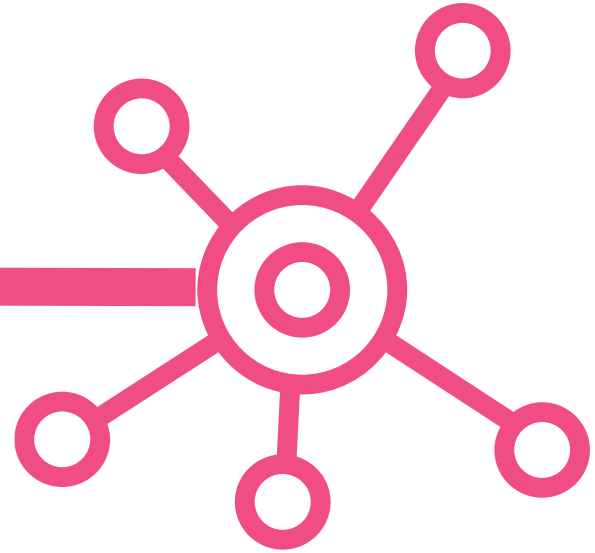
A person in a position to identify that someone needs support

Connector

A person who has time to have a “what matters to you” conversation, and co-produce a plan

Prescription

Opportunities, Activities & Support Services that help to improve someone’s wellbeing



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National, Regional & Local Organisations enabling smooth pathway

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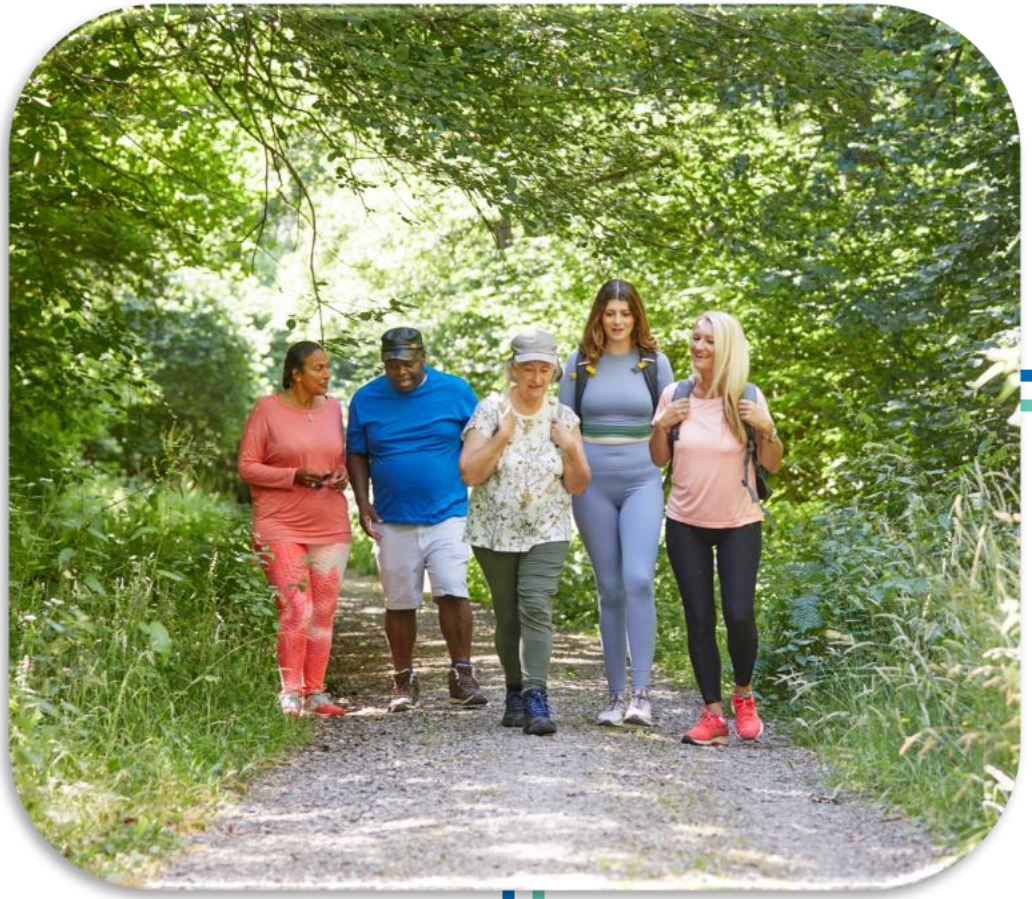
Why Social Prescribing?



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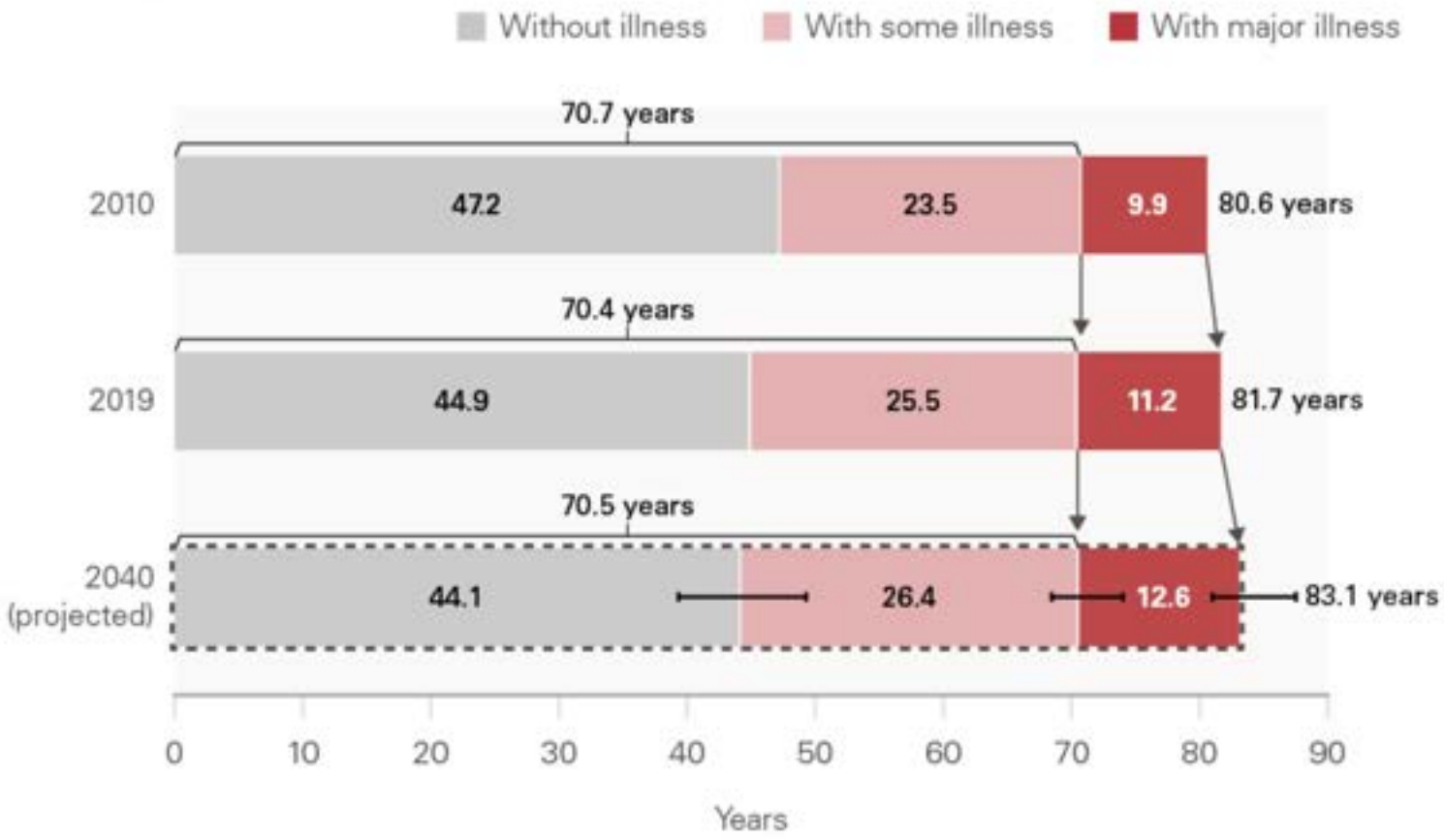
Widening gap between life expectancy and healthy life expectancy

Figure E1: Average years of life people spend in different states of ill health, England, 2010, 2019 and projected for 2040



Source: Analysis of linked health care records and mortality data conducted by the REAL Centre and the University of Liverpool.

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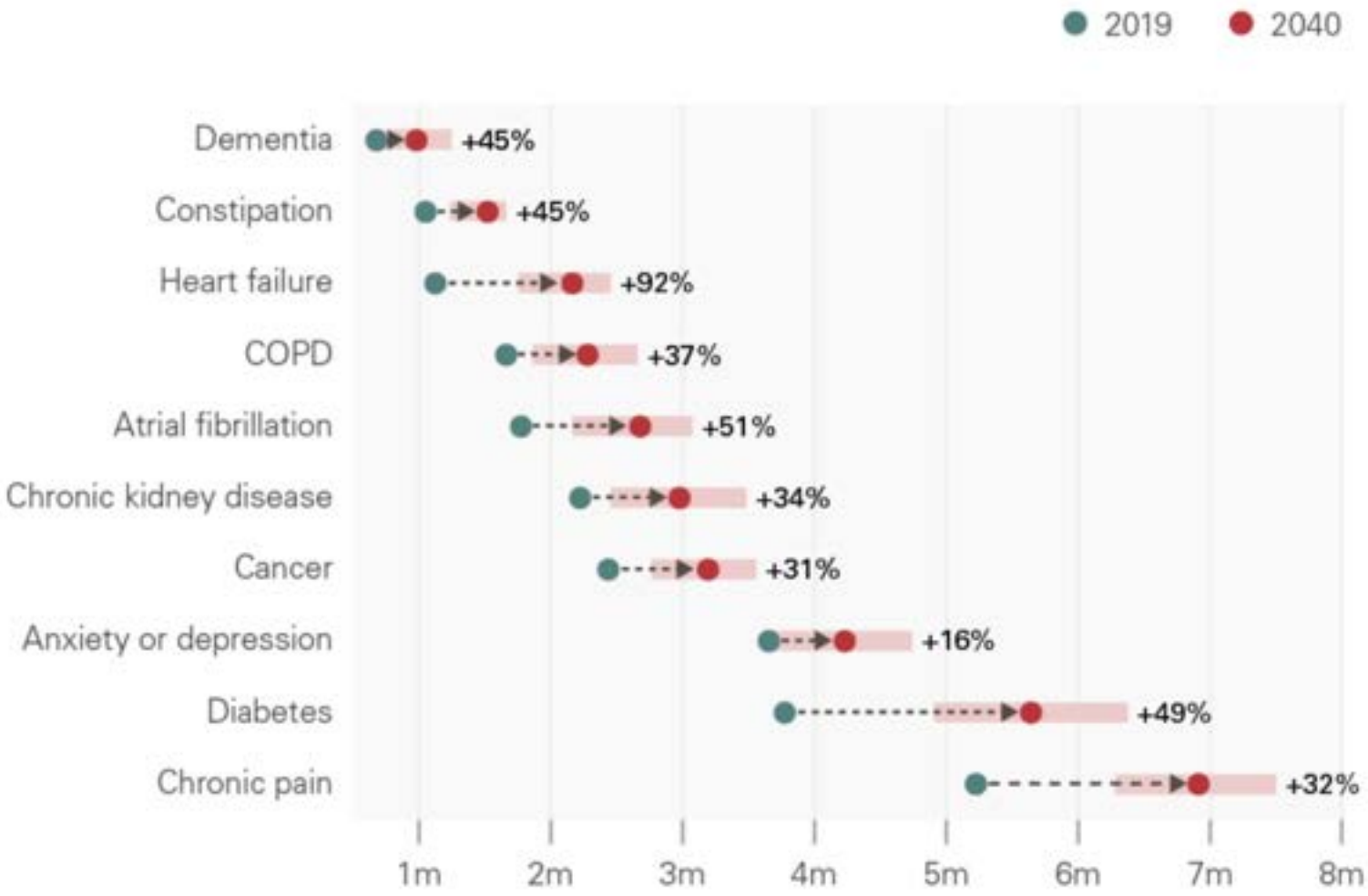
Increase in people living with long-term health conditions

Figure E3: Projected total number of diagnosed cases for the 10 conditions with the highest impact on health care use and mortality among those aged 30 years and older, including demographic changes, England, 2019 and projected for 2040



Source: Analysis of linked health care records and mortality data conducted by the REAL Centre and the University of Liverpool.

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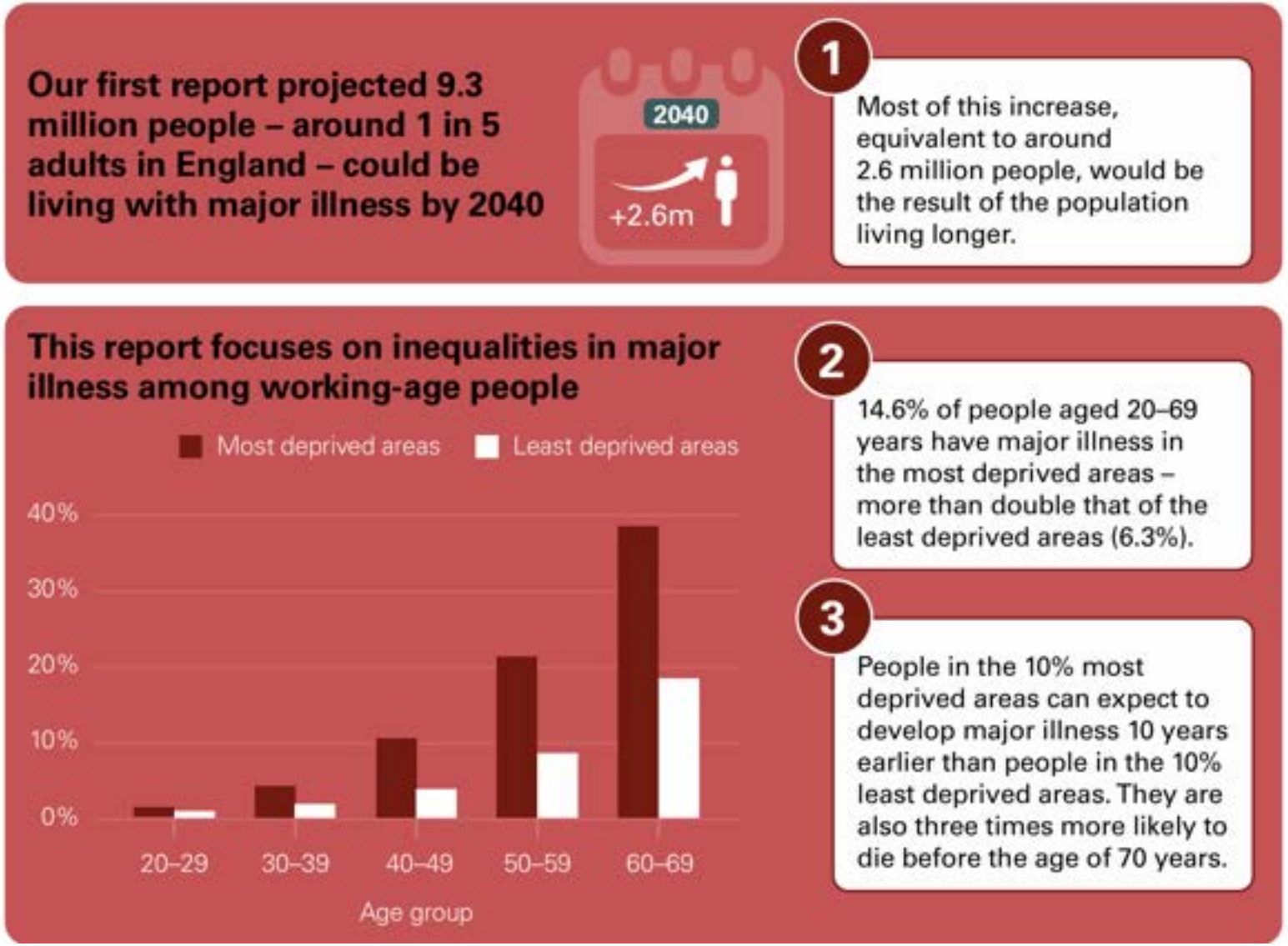
Health Inequalities



From “Health inequalities in 2040” - The Health Foundation April 2024 Report
https://www.health.org.uk/publications/health-inequalities-in-2040

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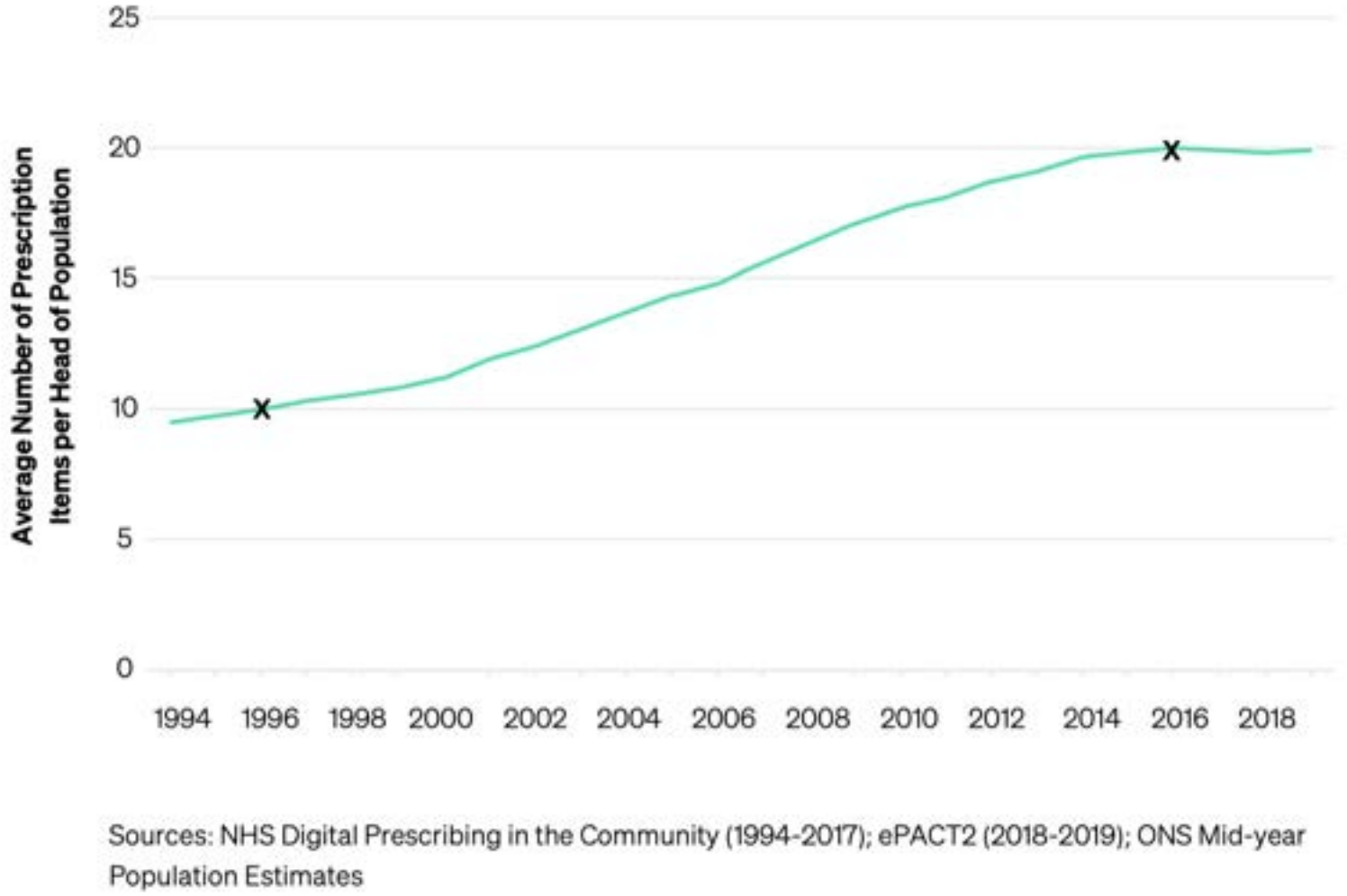
Overmedicalisation



The Average Number of Prescription Items per Head of Population by year 1994 - 2019. Adapted from DHSC "Good for you, good for us, good for everybody: A plan to reduce overprescribing to make patient care better and safer, support the NHS, and reduce carbon emissions" (2021)

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"Medicines do people a lot of good and this report is absolutely not about taking treatment or services away from people where they are effective. But medicines can also cause harm and can be wasted. Building on important initiatives now underway, including the rapid expansion of clinical pharmacists alongside GPs, and the scaling up of social prescribing. This report shows how the NHS can make the most of a once in a generation opportunity to reset prescribing in a new, patient-centred way."

Source: Keith Ridge to retire as chief pharmaceutical officer for England in February 2022 - The Pharmaceutical Journal (pharmaceutical-journal.com)

R8. NHS England and NHS Improvement should expand the use of SMRs in primary care networks to benefit those target groups most at risk of overprescribing, with resources to support practice teams and maintain standards. Appointments must be long enough to allow for shared decision-making—typically at least 30 minutes—and social prescribing link workers should be trained to help support patients after SMR.

Source: Good for you, good for us, good for everybody: a plan to reduce overprescribing to make patient care better and safer, support the NHS, and reduce carbon emissions (publishing.service.gov.uk)

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Why social prescribing?

- Around 80-90% health outcomes not directly related to health care [1]
- As many as one in 5 GP visits are related to non-clinical needs [2]
- People are unique and complex, and we need a person-centred approach
- Social Prescribing embodies many of the shifts we know are needed within healthcare
- Investing in the social determinants is the only way to achieve lasting change

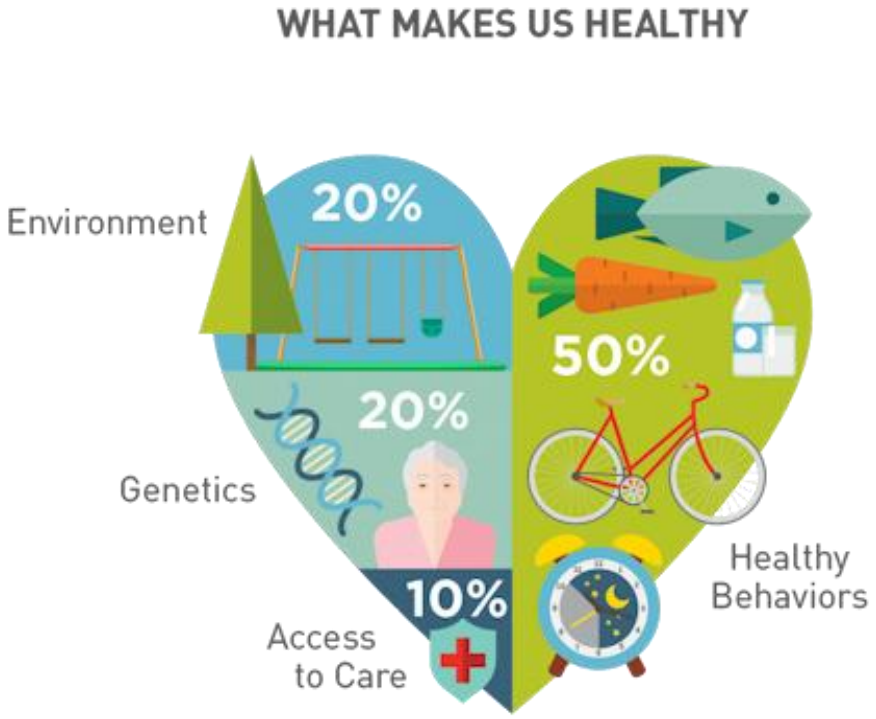

Image source: https://idahofoodbank.org/contributing-factors-to-your-health/

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Policy context & background

NHS Foreward View Plan 2014

GP Foreward Plan

Theresa May launched cross government Loneliness strategy 2018

NHSE Long Term Plan 2019

NHSE Long Term Workforce plan 2023

DHSC Major Conditions Strategy

Good for you, good for us, good for everybody: a plan to reduce overprescribing to make patient care better and safer, support the NHS, and reduce carbon emissions

NHS England » Neighbourhood health guidelines 2025/26

Social Prescribing mentioned as a prevention approach

Social Prescribing referred to in a GP model

Shortly after this launch Secretary of State announced a 'National Academy for Social Prescribing' in Nov 2018: Rt Hon Matt Hancock, Secretary of State for Health and Social Care: Keynote address

Commitment of 4,500 LWs and **900,000 people** to benefit by 2023/24.

July 2019 = PCNs come into operation
Dec 2019 = 300 LWs in PCNs
Mar 2021 = 1000 LWs in PCNs
Aug 2023 = 4000 LWs in PCNs

Social Prescribing recommended in various policy documents & notable reports

- **SPLWs trained to support pts after SMR**
- **SP can enhance timely support for the economically inactive**
- **Barnardo's recommends a cross-govt national strategy for social prescribing for CYP**

Social Prescribing is listed as a function of neighbourhood multi-disciplinary teams (MDTs) with SPLW included in the list of team members

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NHS Long Term Plan (2019): Comprehensive model for personalised care

What is Personalised Care? The Comprehensive Model and the Six Components - Happy Healthy Lives

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Key Results

Clinicians elicited the patient's agenda in 40 of 112 (36%) encounters. Agendas were elicited more often in primary care (30/61 encounters, 49%) than in specialty care (10/51 encounters, 20%); $p = .058$. Shared decision-making tools did not affect the likelihood of eliciting the patient's agenda (34 vs. 37% in encounters with and without these tools; $p = .09$). In 27 of the 40 (67%) encounters in which clinicians elicited patient concerns, the clinician interrupted the patient after a median of 11 seconds (interquartile range 7–22; range 3 to 234 s). Uninterrupted patients took a median of 6 s (interquartile range 3–19; range 2 to 108 s) to state their concern.

New data shows patients want more involvement in healthcare decisions

/ Latest News, Newsroom / By Admin User

The Personalised Care Institute (PCI) is encouraging healthcare professionals to refresh their shared decision making (SDM) knowledge after new data from the GP Patient Survey[1] revealed that people want to be more involved in their healthcare decisions.

The annual population survey, completed by 719,137 patients in 2022, found that 44.6% of patients want more involvement than they currently have in their healthcare decisions – the highest proportion since the question was first asked in 2018. The proportion of patients who felt they were "not at all" involved in decisions about their care was also at a record level – rising significantly from 7.1% in 2021 to 10.1% this year.

Research consistently shows that SDM leads to better patient/clinician relationships, improved adherence to advice, reduced treatment regret and increased satisfaction with the outcome.[2] Yet, while clinicians are well-versed in the principles of SDM, changing patient expectations suggest a growing gap between what patients want and what clinicians believe they want based on past experience.

Personalised Care Institute

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But what does this mean for the patient?

Moving From …

What is the matter with you?

- seeing the person only in the context of their illness / ailments
- living out any conscious bias
- lack of trust between professional and individual
- deficit approach

What matters to you?

- creates time to find out what is important
- helps person to manage own care
- shows an interest in the whole person

“I am more than my illness”

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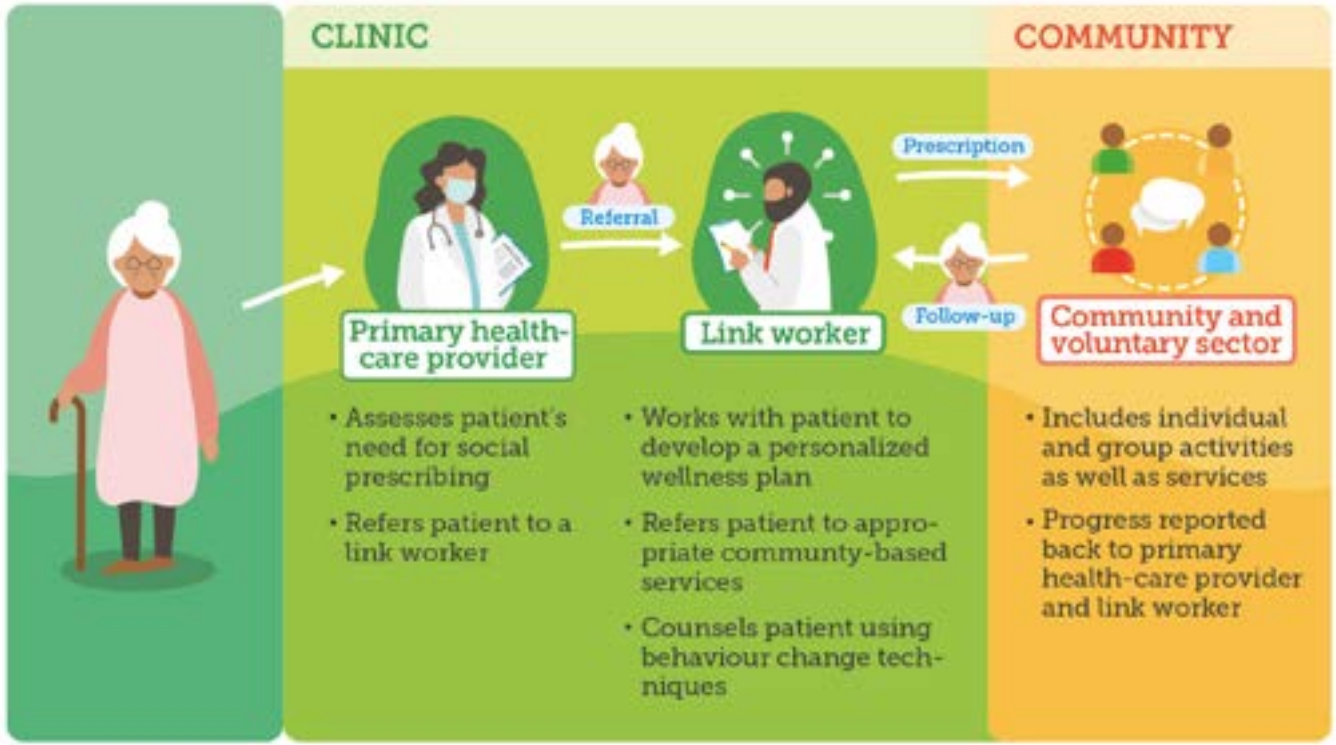
Where does Social Prescribing fit into Primary Care?

THE 12 NEW ARRS ROLES:

- Clinical Pharmacist
- Pharmacy Technician
- Health and Well-being Coach
- Dietician
- Podiatrist
- Paramedic
- Health Practitioner
- Nursing Associate
- Occupational Therapist
- First-contact Physiotherapist
- Care Co-ordinator
- Physician Associate



Source: Husk et al. *(1)*

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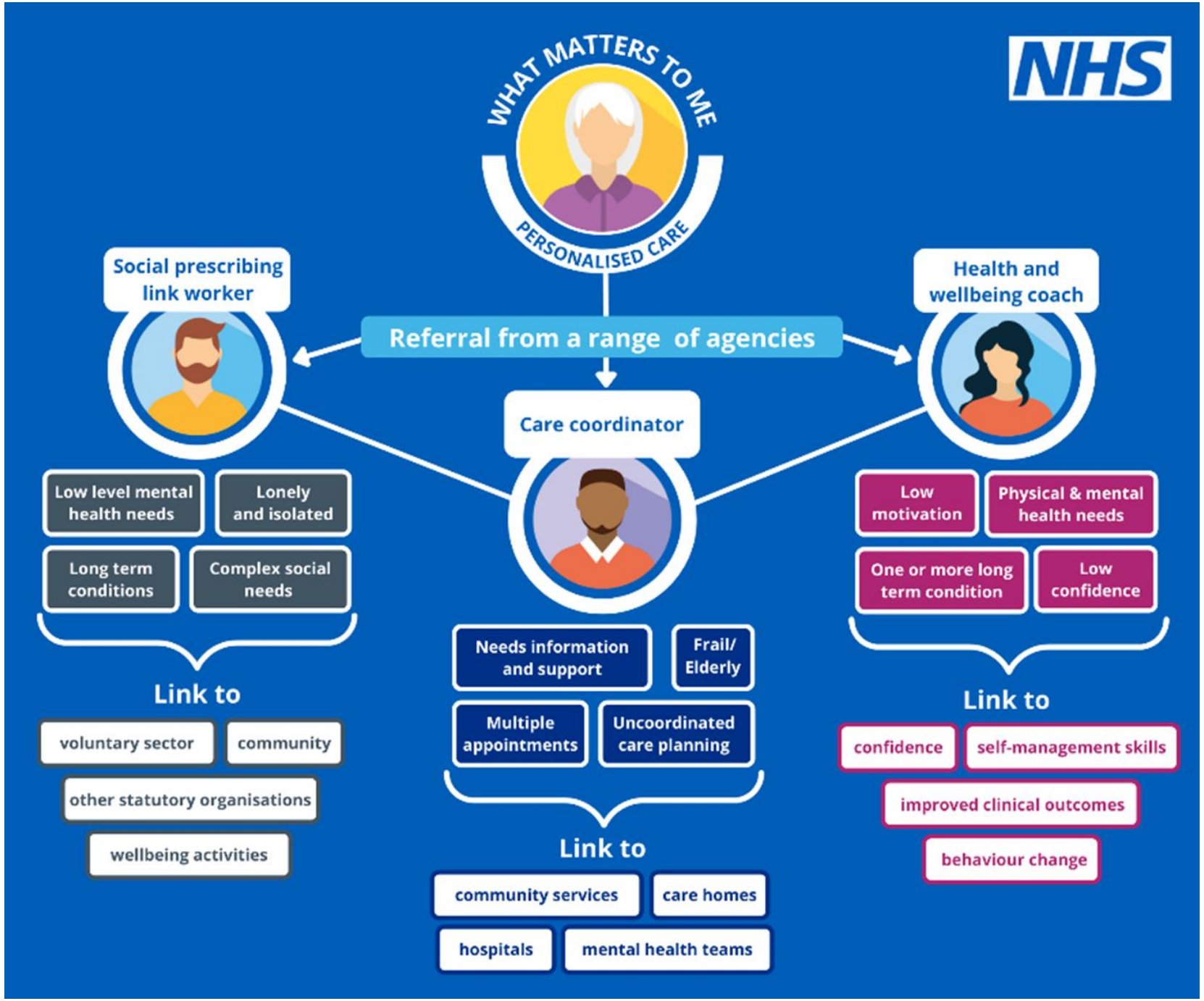
How does this work in practice?



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Summary: Link worker role

Who can be a link worker?

- Anyone
- Basic numeracy and literacy plus some IT skills and relevant work experience
- Expectation on employer to equip workforce in Level 3 (DES)
- NASP are currently developing a Training Roadmap for SPLWs to highlight career development opportunities

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The link worker role

- Works alongside people
- Recognises the wider determinants of health
- Helps people to address the underlying reasons for their struggles
- Must have access to other healthcare professionals
- Connects people to sources of support within their community
- Are ideally part of the MDT
- Support local voluntary sector develop groups

Supports people who

- Have one or more long-term condition
- Who need support with their mental health
- Who are lonely or isolated
- Have complex social needs affecting their well-being

Through

- 6-12 contacts with a patient over 3-month period
- Case load of 250 per year – often more
- Being trained in skills such as motivational interviewing

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Personalised Support Plan

A personalised care and support plan must meet the 5 criteria below:

• People are central in developing and agreeing their personalised care and support plan including deciding who is involved in the process.

• People have proactive, personalised conversations which focus on what matters to them, paying attention to their needs and wider health and wellbeing.

• People agree the health and wellbeing outcomes they want to achieve, in partnership with the relevant professionals.

• Each person has a sharable, personalised care and support plan which records what matters to them, their outcomes and how they will be achieved.

• People are able to formally and informally review their personalised care and support plan.

Source: NHS England » Personalised care and support planning

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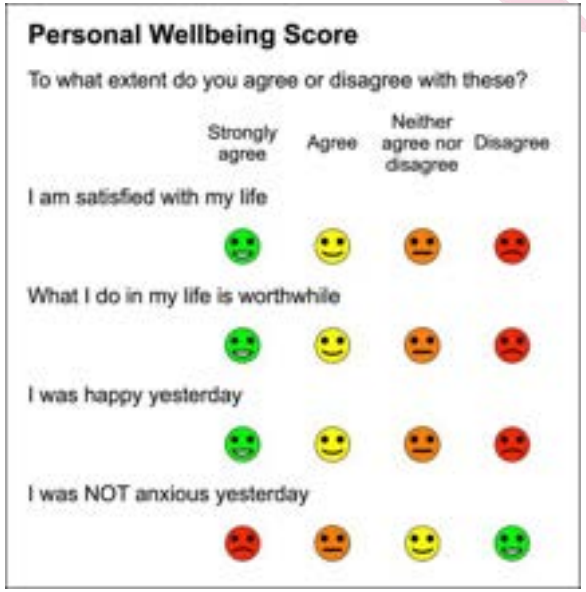
ONS 4 Wellbeing Measure

Participants' wellbeing was measured before and after participation in nature-based activities using Office of National Statistics (ONS4) measures, with statistically significant improvements:

- **Happiness increased** from an average of 5.3 out of 10 to 7.5, above the national average of 7.4.
- **Life satisfaction increased** from an average of 4.7 out of 10 to 6.8 (national average 7.5).
- **Feeling that life is worthwhile increased** from an average of 5.1 out of 10 to 6.8 (national average 7.7).
- **Levels of anxiety reduced** from an average of 4.8 out of 10 to 3.4 (national average 3.2).
- The **economic value of improvements to individual life satisfaction were estimated to be £2.42 for every £1 invested** by central Government, and a total value of £14.0 million.

[Green social prescribing improves your mental health - National Academy for Social Prescribing | NASP (socialprescribingacademy.org.uk)]



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Social Prescribing is NOT

- Signposting people to services
- Health coaching (though they use coaching techniques)
- Trying to replace medicine
- To carry out administrational work on behalf of GPs or care navigation
- Telling people what services or activities they **should** take part in
- A crisis / emergency service

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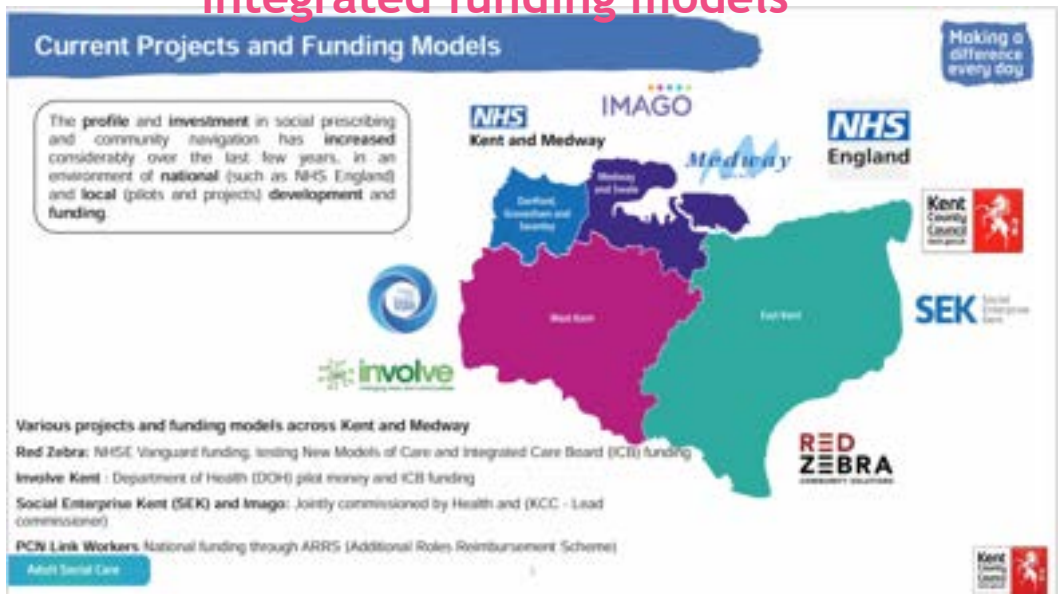
What have we achieved in England?

- 3660 NHS Link Workers employed, all GPs can now access social prescribing for their patients
- 2.7 million patient referrals to Social Prescribing Link Workers in GP practices since 2019
- More than £500 million investment in social prescribing from the NHS since 2019
- Recommendation in the 2023 NHS Workforce Strategy to expand to 9000 GP Link Workers over next 15 years

Social Prescribing in other settings – Whole System Approach

Integrated funding models

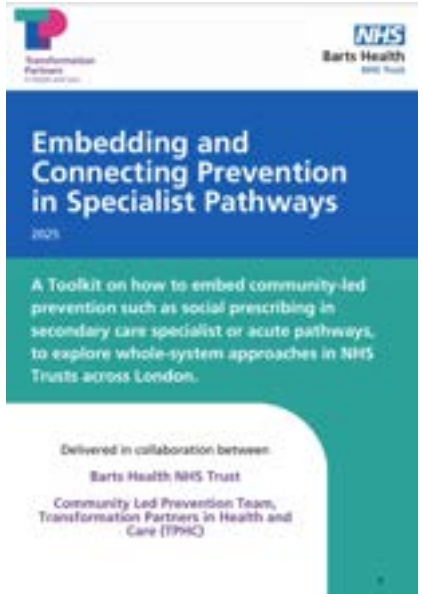


Source: Kent & Medway ICS SP Strategy: Social Prescribing and Care Navigation Strategy Presentation.pdf (kent.gov.uk)

Global SP

NASP image

SP in Secondary care



Source: Secondary Care Prevention Toolkit

Targeted / Proactive Social Prescribing

Supporting the LGBTQ+ community through social prescribing - National Academy for Social Prescribing | NASP

CYP SP & other innovations

Source: report-missing-link-social-prescribing-children-young-people.pdf

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Social Prescribing Around the World

Scan the QR code to download the report

Outlining case studies & social prescribing models from 32 countries around the world

International Social Prescribing - National Academy for Social Prescribing | NASP (socialprescribingacademy.org.uk)

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The Evidence

Social Prescribing...

Reduces Health Service Use & Cost

"For every £1, the social prescribing services produces more than £10 of benefits in terms of better health"

"Reductions in health service use were reported in most studies"

Improves Health Outcomes

"Social Prescribing, including community-based arts on prescription, can impact wellbeing and self-efficacy, and alleviate pressure on community nursing and community mental health services"

Reaches deprived communities

"45.9% of patients referred to social prescribing in England live in the three most economically deprived deciles"

Data records of more than 160,000 patients

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Newcastle

- Secondary care cost per patient was 9.4% (£107 per head) lower than the comparison cohort[10]

Kirklees

- 50% reduction in GP attendances and 66% reduction in A&E attendances for high intensity service users[4]
- Overall, GP appointments, 50% of patients saw an increase, 39% saw a decrease and 11% saw no change[17]
- A&E attendances, 46% saw an increase, 41% saw a decrease and 13% saw no change[17]

Rotherham

- 39-43% reduction in A&E attendance
- 33-40% reduction in non-elective inpatient spells
- Cost reduction of 20-42%[3]

Tameside and Glossop

- 42.2% reduction in GP compared to 5.6% reduction in control[7]

Calderdale

- A £350 reduction in hospital cost per patient per year
- An average reduction in 4 GP contacts per patient per year[15]

Frome

- Unplanned hospital admissions in Frome reduced by 14% compared to an increase in Somerset as whole of 28.5%[8]

Sussex (Mile Oak medical Centre)

- 6% reduction GP appointments
- 23% reduction in hospital admissions[14]

Sussex (Mid Sussex Healthcare)

- 25% reduction GP appointments
- 15% rise in hospital admissions compared to 57% in those starting support[6]

Kent

- 2.8-8.3% reduction in unplanned inpatient stays
- 15.4-23.6% reduction in A&E attendances[9]

Individual

A person with non-medical, health-related needs

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Tracking individual through the pathway enabling learning & improvement

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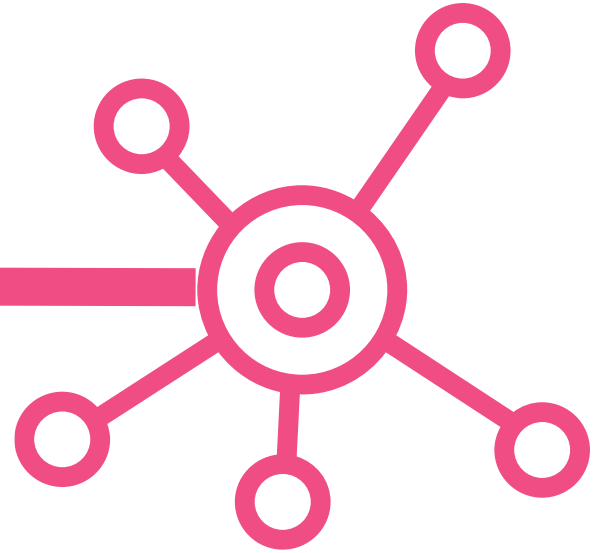

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National, Regional & Local Organisations enabling smooth pathway

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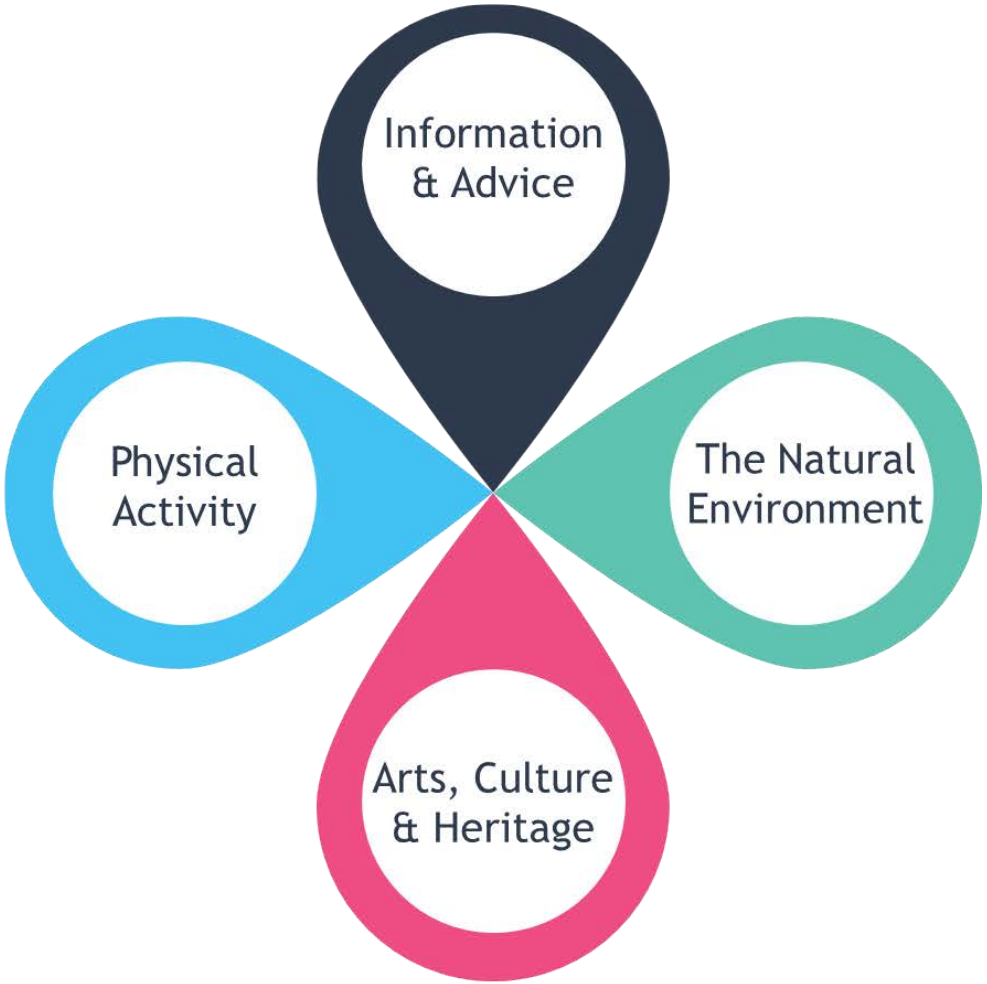
Social Prescribing Activities

- Requires cross-sector collaboration – there is often an interface across pillars
- Demands a whole system approach in the context of social prescribing
- Practitioners need tools to enable safe & effective practice
- Have benefits for individuals that often transcend those of the activity
- Enables choice and personalisation when offered as a targeted intervention



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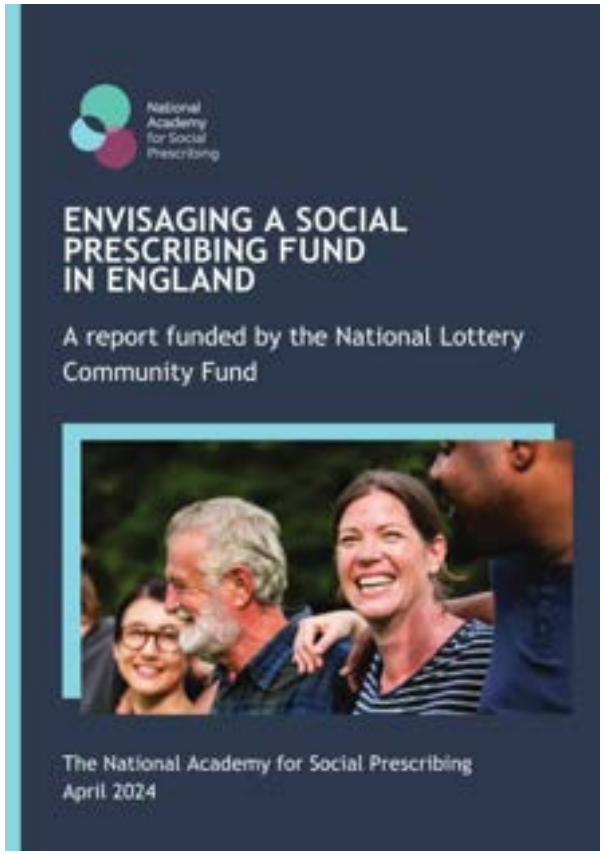
National Social Prescribing Fund



Please visit socialprescribingacademy.org.uk to read the report and learn more.

Our research shows that demand for social prescribing is growing while the supply of community groups and activities is shrinking. The current resource landscape has revealed an urgent need to address inadequate, fragmented and short-term funding in order to build social prescribing capacity.

Envisaging a Social Prescribing Fund **sets out options for establishing new models of shared investment funds to build social prescribing capacity:**

- Support the growth of existing social prescribing activities and services
- Widen the reach and range of SP addressing gaps in provision and improving access for all
- Empower local VCFSE organisations and community groups to develop greater community-led decision making in the fund management
- Tackle inequalities through effective targeting and distribution of funds

Co-designing the solution —100 organisations from the private, public and philanthropic sectors were consulted and shared a strong consensus for:

1. Proportionality: For every £1 the NHS invests in social prescribing link workers (£100m annually), we need at least as much investment to increase community capacity.
2. Leverage: Incentivise new investments and the pooling existing funds.
3. Build on existing structures and partnerships: Integrated Care Partnerships and their VCSE Alliances
4. Long-term funding to unleash the productivity of the VCSFE

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What next for Social Prescribing?

Social Prescribing is listed as a function of neighbourhood multi-disciplinary teams (MDTs) with SPLW included in the list of team members

The transition to a neighbourhood health services will happen over the next 5 to 10 years as set out in this diagram. **Social Prescribing has an important contribution to make in all three.**

Focus in 25/26 on **priority social groups** including:

- Adults with moderate or severe frailty
- People of all ages with palliative care needs
- Adults with complex physical disabilities or multiple LTCs
- CYP who need wider input
- High intensity users

NHS England » Neighbourhood health guidelines 2025/26

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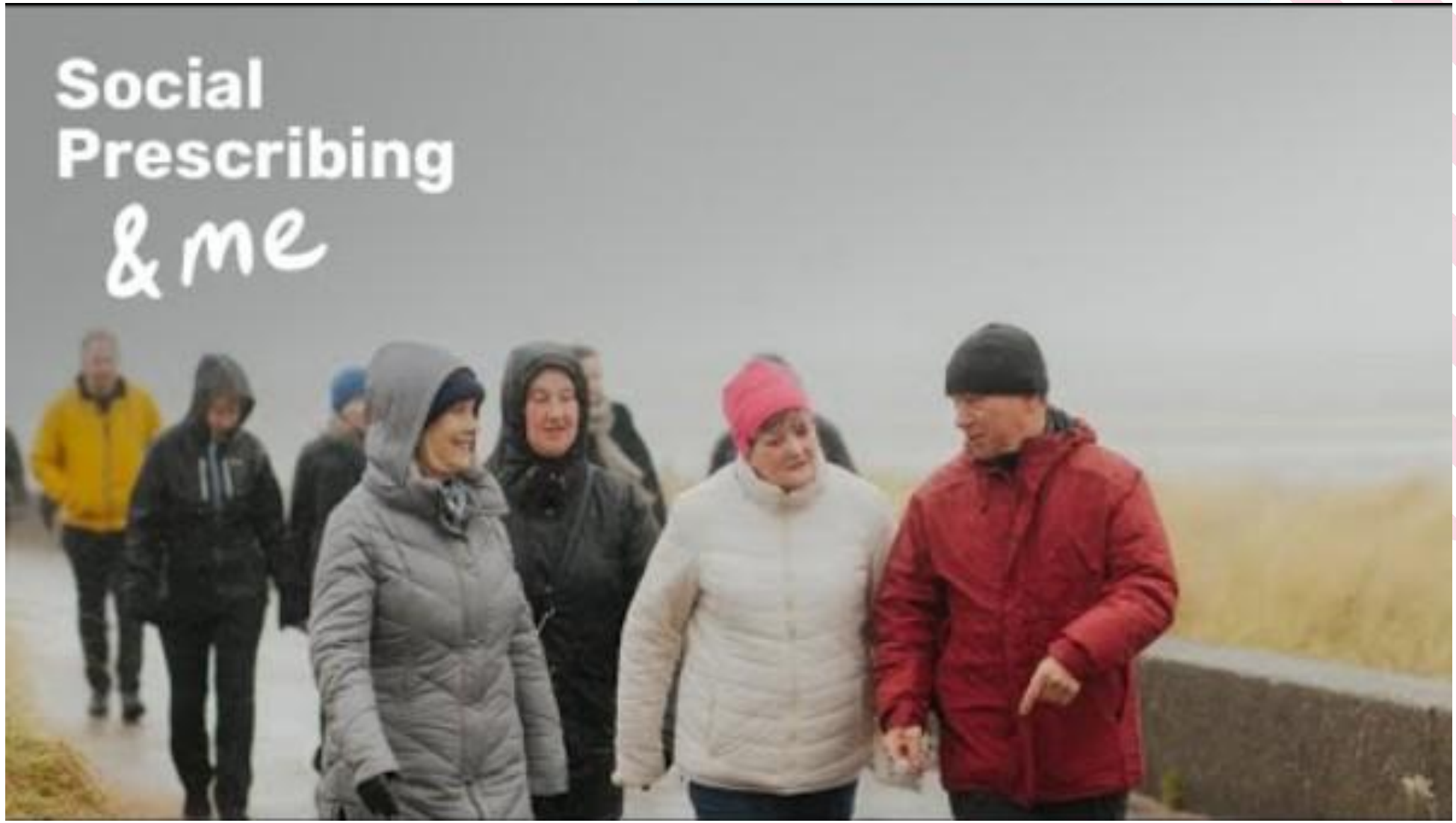

Become a Social Prescribing Champion!

LEARN MORE HERE

NASP Social Prescribing Champions raise awareness of social prescribing within their workplace or profession. The scheme is open to a variety of professionals in a position to raise the profile of social prescribing. When you become a Social Prescribing Champion, you will join a network of over 200 professionals, receive a badge to recognize your contribution to social prescribing, and support the consistency of messaging while sharing the latest social prescribing evidence.

spchampions@nasp.info

- Champion the role of social prescribing in supporting people's health & wellbeing
- Raise awareness of social prescribing within your workforce, locality & region
- Advocate, promote and share the work of NASP
- Support a collaborative, whole system approach to social prescribing
- Feedback any local initiatives, case studies & exemplars of social prescribing practice
- Commit to a core set of values

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Thank you!

Get in touch

socialprescribingacademy.org.uk

Connect with us on LinkedIn

workforce@nasp.info