Guidance and recommendations for SP service best practice models

Social prescribing (SP) is part of the NHS Long-Term Plan's commitment to make personalised care business as usual across the health and care system.

SP enables all local agencies to refer people to a link worker. **Link workers** give people time and focus on what matters to the person as identified through shared decision making or personalised care and support planning. They connect people to community groups and agencies for practical and emotional support. Link workers collaborate with local partners to support community groups to be accessible and sustainable and help people to start new groups.[1]

Contextual issues

- Setting SP as part of the **self-care continuum of work** with patients/service users as part of self-management including structured group educational programs, expert patients, personal budgets and social prescribing. [2]
- **Taking a Partnership approach** - explicit recognition at the outset that the 'costs' for and 'benefits' to services are shared across many local organisations and therefore all need to be engaged at the outset.[3]
- Ensure the **voluntary sector is ready** for increase in referrals. Nesta specifically identify the value of including welfare services. [4]
- Ensure SP is to projects that we know people have been/**want to attend** rather than start new ones in the first instance.[5]

Service processes

- **Identify resources and training** – to ensure good communication between referrers and services, GPs, participants and link workers.
- NHS England has worked with NHS Digital to establish national **SNOMED** CT6 codes for social prescribing to be used with GP IT systems to capture social prescribing referrals.
- Clear explanation for referrer and referee of **why people are being referred.**
- **Self-referral** to SP will be encouraged.
- **Referral pathways -** Central coordination of referrals can be very helpful, clarity very important, short waiting times to benefit from patient motivation and effect of healthcare worker advice.[6]
- Agree **wellbeing measures** in advance that are validated, pertinent, acceptable and practical. Both for the individual and the local community.

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[1] Social prescribing and community-based support Summary guide

[2] Healthy London Partnership; Steps towards implementing self-care: A resource for local commissioners. (2017)

[3] LGA; Just what the doctor ordered: social prescribing - a guide for local authorities. (2016)

[4] https://www.nesta.org.uk/blog/ways-to-wellness-a-collaborative-approach-to-social-prescribing-for-long-term-conditions

[5] ATTARD J.Healthy London Partnership;Unlocking the value of VCSE organisations for improving population health and wellbeing: the commissioners role. (2017)

[6] Bickerdike L., Booth A., Wilson PM, et al Social prescribing: less rhetoric and more reality. A systematic review of the evidence. (2017) .

- The following **outcomes** are measured:
  - Impact on the person
  - Impact on Health and Care system [7]
  - Impact on community groups
- **Workforce Development**- All referrers need support to understand link worker roles, Social prescribing link workers need regular access to '**clinical supervision'** and link workers should receive accredited training and ongoing development to support their role.[8]

Link Worker

- **Placement/base** - There is evidence that placing SP link workers in primary care facilitates more appropriate referrals. There are practical considerations of having a GP practice base (space) with a varied effect on GP consultations. SP Link workers may also be located within third sector organisations.[9] [10] [11] [12]
- **Session average** – 6-8 with potential to onward referral for further sessions. Can be face to face and over the phone.
- **Link workers** are to connect and where needed **accompany** the patient with relevant non-medical interventions in the third sector e.g. exercise, art, museums.
- Need regular **clinical supervision** and should receive accredited training and ongoing development to support their role.
- Will **co-produce simple plans** of what matters to the patient or summary personalised care and support plans.
- Will deliver **feedback** on participants' progress to Primary Care and other referrers, ensure referral and its outcomes are included in Care Plans and shared onward with other health services where relevant.

Quality aspects

- **Tools for assessing impact** – too wide a variety in current use – need to simplify but need to cover; individual mental health e.g shorter WEMWEBS, individual health behaviour. e.g. progress towards personal goals in Care Plans; Quality of Life e.g. Wellbeing Star,
- **Impact on service use** - Include a measure of the person's service use before and after an intervention e.g. prescriptions, GP attendances in order to judge impact on GP appointments /hospital attendances, ambulance call-outs. The evidence is broadly supportive of its potential to reduce demand on primary and secondary care. [13] [14] [15]

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[7] Social prescribing and community-based support Summary guide
[8] Social prescribing and community-based support Summary guide
[9] Polley M Social Prescribing Network, University of Westminster Making sense of social prescribing. (2016) .
[10] Skivington K. Delivering a primary care-based social prescribing initiative: a qualitative study of the benefits and challenges. British Journal of General Practice 2018;68(672):e487-e494
[11] Loftus AM Impact of social prescribing on general practice workload and polypharmacy. Public Health 2017;148:96-101 .
[12] Carnes D.The impact of a social prescribing service on patients in primary care: a mixed methods evaluation. BMC Health Services Research 2017;17(1):835 .
[13] SWIFT Mark People powered primary care: learning from Halton. Journal of Integrated Care 2017;25(3):162-173.

- **Long term outcomes** – how to measure these at a later intervals e.g. social prescribing services have been identified to contribute to increase levels of community resilience.
- Explore potential for **widening referrers** as part of integrated care systems and new models of care, with the patient at the centre - such as pharmacists, nurses, social workers, paramedics, not just the GP.
- **Database** – easy to use – integrated into referrers current system and also easy to use for link worker. Parameters piloted in advance.

What good social prescribing looks like for people [16]

• People, their families and carers **know about** social prescribing and can **easily be referred** to social prescribing link workers from a wide range of local agencies.

• People, their families and carers can **refer themselves** to social prescribing link workers.

• Building on 'what matters to me', people can work with a link worker to co-produce **a simple plan** or a summary personalised care and support plan, based on the person's assets, needs and preferences, as well as making the most of community and informal support.

• People, their families and carers may be **physically introduced** to community groups, so that they don't have to make that first step to join a group and to meet new people on their own.

• People, their families and carers are encouraged to develop their knowledge, skills and confidence by being involved in local community groups and **giving their time back** to others. For some people, this may provide volunteering and work opportunities to help find paid employment.

• People, their families and carers may be **supported to work.**

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[14] SNOMED CT is a structured vocabulary to classify activity and ensure that all GP IT systems share the same language National social prescribing codes in GP IT systems to capture social prescribing referrals: NHS England has worked with NHS Digital to establish national SNOMED CT6 codes for social prescribing:
871691000000100 | Social prescribing offered (finding)
871711000000103 | Social prescribing declined (situation)
871731000000106 | Referral to social prescribing service (procedure).

[15] A review of the evidence assessing impact of social prescribing on healthcare demand and cost implications – University of Westminster.
https://docs.wixstatic.com/ugd/14f499_75b884ef9b644956b897fcec824bf92e.pdf

[16] Social prescribing and community-based support Summary guide