

Social Prescribing: Making it work for GPs and patients



General practice
and PCN support

Introduction

In January 2019, the BMA GPs (England) committee and NHS England agreed plans to fund social prescribing link workers for Primary Care Networks (PCNs) in England, as part of the English GP contract agreement, which included £2.8bn more funding for primary care by 2023/24. NHS England aim to recruit up to 1,000 link workers by 2020/21 who will be directly embedded within Primary Care Networks (PCNs)¹.

Social Prescribing schemes are targeted at patients who visit their GPs but do not necessarily immediately require clinical treatment. These schemes aim to address the wider determinants of health with supported access to community groups and voluntary organisations running a wide range of activities from benefits advice, singing and cooking classes, to sports, gardening and housing help.

An increasing body of literature on social prescribing reveals that patients referred to these schemes can benefit from a health offering which might be more appropriate to their needs. While the evidence is still emerging, some local initiatives have proved really effective at tackling health inequalities and cost saving².

Health leaders and GPs³ are confident that embedding link workers within PCNs will contribute to reducing GP workload, as well as repeat attendance and admission to hospital too.

This guidance has been drafted to help GPs make the most of the non-clinical support schemes they refer patients to, and collaborate with social prescribing link workers who will, from 1 July 2019, join their extended primary care teams.

What is the role of a social prescribing link worker?

Also known as social prescribers, navigators or community connectors, social prescribing link workers will have, along with GPs, a central role to play within PCNs, to ensure the success of social prescribing schemes and help patients address the wider determinants of health.

Their primary role within these networks will be to help GPs, patients and their carers to navigate the voluntary and community services environment through signposting, but also referring patients to appropriate VCS (voluntary, community and social enterprise) services.

In order to carry out that mission they will first need to establish relationships with the other referring professionals (GPs, social workers, allied health professionals, local authorities, hospital discharge schemes, police and fire services, pharmacies, job centres, etc).

This already often happens through the attendance of link workers at surgeries and will be further developed with their participation in MDT (multi-disciplinary team) meetings within the PCNs.

This close engagement with GPs and other referring professionals will help link workers to identify unmet needs of patients – especially for those at risk of hospital admission, loss of independence or those coming toward the end of their lives.

Link workers will also need to build up relationships with the providers of voluntary, local and community services and maintain their knowledge of the various programmes offered by these organisations in their local area. This will help them to co-produce with patients an offer tailored to their needs and in line with these services and programmes available locally.

Link workers who will maintain regular engagement with patients and their carers through phone calls and home visit will also be expected to act as a first port of call for nursing homes, initially handling issues such as prescription requests, visit requests and post-discharge coordination of services and medication.

As an integral part of the MDT of a PCN, link workers will also have a role in educating nonclinical and clinical staff within the network on what other services are available within the community and how and when patients can access them.

What are the benefits to patients?

One of the main advantages of embedded link workers within PCNs will be the increased opportunities for patients with long-term conditions (LTCs) to access non-clinical support options via primary care. This access to additional support and VCS services can lead patients to experience positive outcomes associated with their health and wellbeing such as reduced isolation and increased independence.

The success of a number of local schemes has contributed to a better understanding of, and a desire to highlight, the positive outcomes for patients. In Rotherham for instance, VAR (Voluntary Action Rotherham) offers a number of social prescribing schemes for patients with LTCs who are referred by GPs in participating practices. This service, which is funded by Rotherham CCG, relies on the support of link workers who attend GP Long Term Condition MDT meetings, visit patients and help them as well as GPs navigate the offers provided by the VCS services locally.

Patients and their carers who benefit from this additional support through VAR schemes, [report](#)⁴ consistent improvements in wellbeing and health outcomes (over 80% improvements for LTC patients and over 90% for mental health users).

What types of patients can/should be referred?

Anyone can be referred to a social prescribing scheme if it represents the most appropriate tool for addressing their needs. This often takes the form of social or emotional assistance. Patients accessing social prescribing services will typically be those with mental health needs, multiple long-term conditions, are suffering from isolation or loneliness or have complex social needs.

What are the benefits to GP practices?

In addition to the improvements in wellbeing and health outcomes for patients, researchers have also linked the development of social prescribing schemes and the increasing role of link workers to reduced pressures on NHS services and GP workload.

In 2017, a group of researchers from the University of Westminster published a [review](#)⁵ of the evidence assessing the impact of social prescribing on healthcare demand and cost implications. This review showed an average 28% reduction in demand for GP services and an average 24% fall in A&E attendance for patients who had been referred to a social prescribing scheme.

What are the benefits to the NHS?

As a result of the ongoing financial challenges facing public services, as well as longstanding issues around an ageing population and increasingly complex and expensive treatments, there is a renewed focus on the potential of prevention in healthcare to reduce demand and by extension save money for the NHS.

The value of encouraging patients to better care for their health can be measured in several ways, including:

- fewer hospital admissions and A&E attendances
- fewer outpatient appointments
- fewer GP consultations
- reduced reliance on medical prescriptions

Though the body of evidence establishing these examples as direct consequences of the availability of social prescribing schemes remains relatively small, some studies have found that social prescribing can prove effective in reducing demand on primary⁶ and secondary care. A 2014 study from the University of East London and City and Hackney CCG found that over a three-month period, there was a 25% reduction in A&E attendance in their social

prescribing group, compared with a 66% increase in A&E attendance by the control group.⁷ Similarly, a 2016 study compared demand amongst social prescribing users in the 12 months before and after their referral to a scheme. The study found that non-elective inpatient episodes reduced by 75%, non-elective inpatient spells reduced by 11% and A&E attendances reduced by 17%.⁸

How will link workers be embedded within PCNs?

From the 1st July, PCNs will be able to begin the recruitment of a pharmacist and social prescribing link worker, which will constitute the first elements of an extended primary care workforce.

The PCN Direct Enhanced Service specification has provisions regarding the workforce reimbursement to allow the network to build up an expanded primary care team. This includes in the first year, one link worker funded 100% (including on-costs^a) by NHS England.

The maximum reimbursable amount for a link worker role will be set at the weighted mid-point of the respective Agenda for Change salary band, as shown below:

	Agenda for Change band	Maximum reimbursable amount in 2019/20 with on-costs	Maximum basic salary
Social Prescribing Link Worker	5	£34,113	£27,536

NHSE has published a suite of helpful [guidance](#)⁹ on social prescribing and community-based support. It contains an example job description and person specification, as well as information on an outcomes framework, the average cost of employing a link worker, and an implementation checklist for local partners and commissioners.

What types of organisations deliver SP schemes?

Schemes are delivered by VCSE (voluntary, community and social enterprise) organisations, GP practices responsible for community wellbeing, or by partnerships between health service commissioners and the voluntary sector.

How are schemes funded?

In 2018 the Health and Wellbeing Fund gave 23 social prescribing projects in England a share of £4.5 million to fund or broaden existing social prescribing schemes or set up new ones.¹⁰ The fund subsidised a variety of schemes across England with a view to building the evidence base around good practice in social prescribing, sharing lessons and widening adoption of practices that are proven to work.

More broadly, most schemes are commissioned either by local authorities or CCGs, with some funded by trusts, grants or [social impact bonds](#)¹¹. Increasingly they are likely to be co-commissioned by partnerships of health and social care organisations working with the voluntary sector, community groups and other statutory agencies.

Does social prescribing work? Strengths & Limitations

Qualitative evidence indicates that patients' experiences of social prescribing schemes have been largely positive; as described by the BMJ, they value "a trusting and supportive relationship with their link worker, the time and space to address social problems, and link workers' extensive knowledge of the range of community support services available."¹² However, it remains to be seen if schemes can reproduce these results in all contexts.

^a Costs that an employer has when they employ someone, in addition to the cost of paying the person's salary or wages (eg pension, national insurance contribution).

Furthermore, the risk remains that social prescribing will increasingly be viewed as a quick and easy fix to several of the major issues currently facing the NHS (eg rising demand and inadequate funding). While initiatives that help to alleviate the burdens that those issues have created should be welcomed, they should not be viewed in isolation as long-term solutions to deep-rooted, systemic problems.

Other recommended guidance

- [HM Government. \(2018\), *A connected society: A strategy for tackling loneliness - laying the foundations for change*.](#)¹³
- [NHS England. \(2019\), *Social prescribing and community-based support*.](#)¹⁴
- [Public Health England. \(2019\), *Social prescribing: applying All Our Health*.](#)¹⁵
- Social Prescribing Network (2017) *The Social Prescribing toolkit*.¹⁶
- National Association of Link Workers (2019), [Getting to know the link worker workforce](#)¹⁷.

References

- 1 Source: NHS England (January 2019): <https://www.england.nhs.uk/2019/01/army-of-workers-to-support-family-doctors/>
- 2 Ferguson, K. Hogarth, S. (2018), Social Prescribing in Tower Hamlets: Evaluation of Borough-wide Roll out – source: <https://towerhamletstogether.com/resource-library/2/download>
- 3 Source : BMA Quarterly Survey , (December 2018): <https://www.bma.org.uk/collective-voice/policy-and-research/education-training-and-workforce/quarterly-survey/quarterly-survey-results/quarterly-survey-q3-2018>.
- 4 Source: https://www.kingsfund.org.uk/sites/default/files/media/Janet_Wheatley.pdf
- 5 Polley, M.J. and Pilkington, K. (2017). A review of the evidence assessing impact of social prescribing on healthcare demand and cost implications. University of Westminster. Source: <https://www.westminster.ac.uk/file/107671/download>
- 6 Ibid v.
- 7 Source: <https://www.health.org.uk/sites/default/files/City%20and%20Hackney%20CCG%20final%20report.pdf>
- 8 Source: https://www4.shu.ac.uk/research/cresr/sites/shu.ac.uk/files/rotherham-social-prescribing-summary-report-2016_7_0.pdf
- 9 Source: <https://www.england.nhs.uk/wp-content/uploads/2019/01/social-prescribing-community-based-support-summary-guide.pdf>
- 10 Source: <https://www.gov.uk/government/publications/social-prescribing-schemes-to-be-funded-by-the-health-and-wellbeing-fund-2018>
- 11 Source: <https://www.gov.uk/guidance/social-impact-bonds>
- 12 Source: <https://www.bmj.com/content/364/bmj.i1285>
- 13 Source: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/750909/6.4882_DCMS_Loneliness_Strategy_web_Update.pdf
- 14 Source: <https://www.england.nhs.uk/wp-content/uploads/2019/01/social-prescribing-community-based-support-summary-guide.pdf>
- 15 Source: <https://www.gov.uk/government/publications/social-prescribing-applying-all-our-health/social-prescribing-applying-all-our-health>
- 16 Source: <https://knowhow.ncvo.org.uk/funding/commissioning/Makingsenseofsocialprescribing2017.pdf>
- 17 Source: https://www.connectlink.org/wp-content/uploads/2019/06/Released_NALW_link-worker-report_March-2019_updated.pdf

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