

Evaluation of the national roll out of social prescribing link workers in primary care

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Disclaimer

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Context

- 2019 NHS Long-term Plan in England set out funding to provide 1,000 trained social prescribing link workers in place by the end of 2021 - ensure every patient in England could access by 2022
- Similar policy initiative in Scotland in 2018 General Medical Services Contract
- Rapid expansion of provision planned despite a sub optimal evidence base for benefit

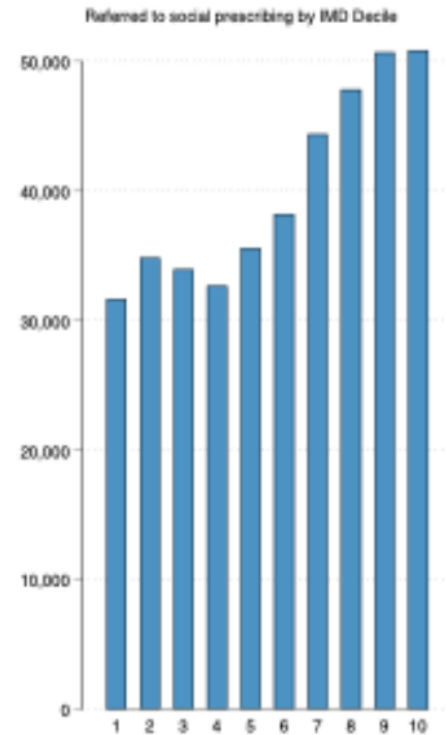
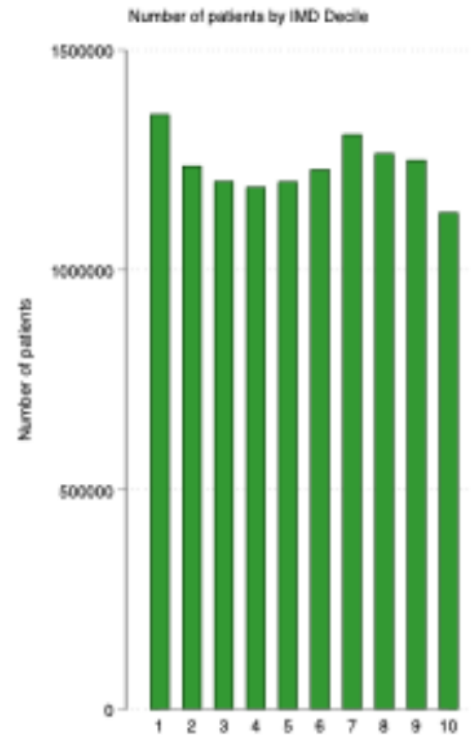
Our study

Multi methods approach across 5 regions in England and Scotland to assess:

- Key features and variations in delivery models
 - Access and equity
 - Experience and acceptability
 - Health and service impacts
 - Economic sustainability
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- Reliance on availability of national routinely collected data

Roll out

- By 2025, approx 3,350 social prescribing link workers in England and 340 funded in Scotland
- Rollout (in England) not sufficiently targeted at areas with the highest need



Impact

Rollout associated with small but meaningful improvements in outcomes for people specifically targeted for social prescribing

Adding one full-time equivalent link worker per 50,000 patients led to:

- Increased confidence in managing long-term conditions
- Feeling more supported by local services and organisations
- Improving their experience with their GP

No evidence of benefit for loneliness and social isolation

Impact on healthcare

Referrals to social prescribing link workers associated with an increase in service use (primary care and outpatient appointments) in the short term (6 months).

But 1-year post-referral, no difference in primary care use between referred and non-referred – reduction in GP appointments for patients who had been referred to social prescribing.

Those who decline offer of referral to social prescribing link workers remain high service users.

Sustainability

- Sustainability of the link worker role threatened by unstable funding, rising service demands due to ongoing austerity and worsening access to statutory and non-statutory services
- But is it cost effective ?.....probably
- For an optimal pathway to function, onward referral destinations also need to be resourced not only to meet the demand for services but to ensure the long-term sustainability of the model as a whole

We need better data

- Social prescribing link workers now play a central role in supporting patients with complex needs
- Much of this activity is not captured routinely in electronic healthcare records in primary care
- More complete analysis of social prescribing impact and answer questions on the optimal number of sessions and the availability of referral destinations in relation to outcomes

Thank you

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