



National
Academy
for Social
Prescribing

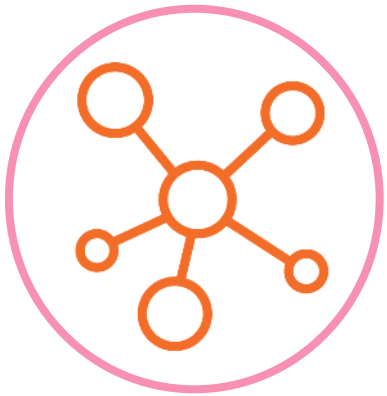
The Future of Social Prescribing

Monica Boulton
Strategic Lead for Healthcare Integration & Neighbourhood Health



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

Social prescribing in the NHS

*“This is the biggest investment in social prescribing by any national health system and **legitimises non-medical community-based activities and holistic support** alongside medical treatment as part of a personalised care approach.” NHS England, 2019*



What has been achieved since 2019?



All patients registered with GPs in England have access to social prescribing, with 3300 GP Link Workers employed



5.6 million social prescribing referrals in England from roll out in 2019 to 2023 (5 x more than planned!)



Robust evidence, on cost effectiveness, impact and practice including cross Government funded initiatives



Around 24% of the public now understand the term 'social prescribing' and 97% GPs are 'Favourable' to it

The Growing Evidence Base

Moving from proving to improving

01

SCALE

5.6 million social prescribing referrals since NHS rollout

9.4 million GP consultations involving social prescribing codes

1.3 million people referred in 2023 alone

Available to every patient registered with a GP



03

IMPACT

Improved wellbeing outcomes across

Population-level improvements demonstrated

Significant reductions in GP attendance, A&E attendance and hospital admissions

Powerful patient-reported outcomes and lived experience



05

VALUE

Reduced healthcare utilisation and NHS costs

Fewer GP contacts following referral

Improved outcomes for frequent service users

Strong indications of return on investment



Links to further evidence

The impact of social prescribing
on health service use and costs

Examples of local evaluations in practice

November 2024



[The impact of social prescribing on health service use and costs](#)

[National roll-out of social prescribing in England's primary care system: a longitudinal observational study using Clinical Practice Research Datalink data](#)

[Impact of the rollout of the national social prescribing link worker programme on population outcomes: evidence from a repeated cross-sectional survey | British Journal of General Practice](#)

[The impact of social prescribing on well-being outcomes in a nationwide analysis | Nature Health](#)

[Assessing the impact of social prescribing on health service utilisation: Evidence from the UK](#)

[Changes in healthcare use and cost associated with referrals to social prescribing link workers in England: a matched case-control cohort study - ScienceDirect](#)

[involve-kent-briefing-v4-nasp-final.pdf](#)

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nature health

Assessing the impact of social prescribing on health service utilisation: Evidence from the UK

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ScienceDirect[®]

involve

Patient Experience

Mark's story

"I was 24 and a half stone, in a mobility scooter with type 2 diabetes, I had severe sleep apnoea and hypertension stage 3 blood pressure and couldn't walk for longer than a minute before I had to stop and take a breath and rest,"

"My psychiatrist couldn't do anything for me, my friends couldn't do anything for me. I didn't want to do anything for me, so I couldn't see how social prescribers were going to help me....

He was assigned a social prescriber called Clare who was "amazing" and set him weekly active targets starting with short walks.....

"I started to believe in myself, I started to enjoy myself again, I started to love myself again. I started to appreciate life again instead of just being stuck indoors doing nothing."

<https://www.bbc.com/news/articles/c3r3p244e22o>



Social prescribing 'has changed my life'



'My GP prescribed Parkrun - it changed my life'



'I was 24 stone, now I've run a half marathon'



Mark King completed the Nottingham Half Marathon in 2025 after losing seven stone in weight

Dan Hunt and Steve Beech, Derby

8 April 2026



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WHO Collaborating Centre for
Social Prescribing Policy and Development

Learning from the rest of the world



Scan the QR code to
download the report



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

What is Social Prescribing?

*“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 supports 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.”*

Muhl C, Mulligan K, Bayoumi I, et al. [Establishing internationally accepted conceptual and operational definitions of social prescribing through expert consensus: a Delphi study](#), *BMJ*



Individual

A person with
non-medical,
health-related
needs



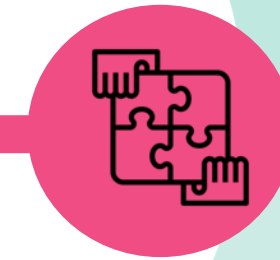
Data Tracking

Tracking individual
through the pathway
enabling learning &
improvement



Identifier

A person in a position to
identify that someone
needs support

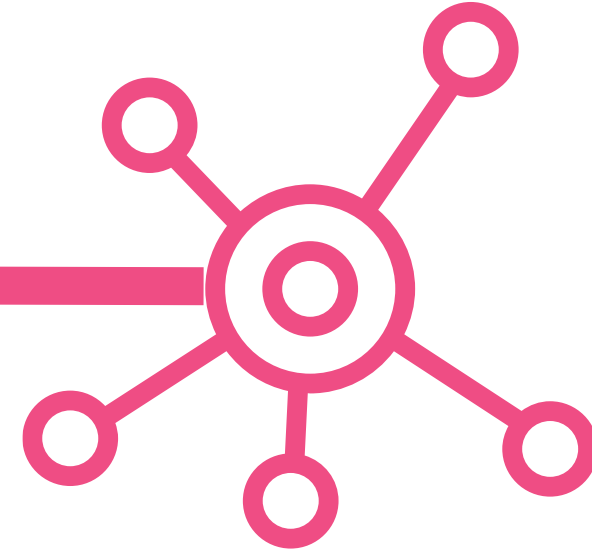


Connector

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



National, Regional & Local Organisations enabling smooth pathway

The Importance of the Social Prescribing Link Worker Function

A Randomized Controlled Trial of Social Prescribing: Comparing a Comprehensive Navigation Model With Signposting

Simone Dahrouge, Alain P. Gauthier, François Durand, Manon Lemonde, Patrick Timony, Kiran Saluja, Claire E. Kendall, Kamila Premji, Marie-Hélène Chomienne, Monica Taljaard, John Hoyle, Doreen Toal-Sullivan, Karen James, Justin Presseau and Denis Prud'homme
The Annals of Family Medicine July 2026, 24 (4) 301-310; DOI: <https://doi.org/10.1370/afm.250265>

- 41% more likely to access needed health and/or social resources.
- effectiveness in linking patient to resources that addressed social needs.
- patients also reported greater satisfaction with navigation services



Defining social prescribing link worker practice in Europe: an international Delphi consensus study of core functions, training needs and implementation conditions 

 Ferdinando Petrazzuoli^{1, 2, 3}, Josep Vidal-Alaball^{3, 4},  Thomas Kloppe^{3, 5}, Sian Brand⁶, Sónia Dias⁷, Miriam Dolan^{3, 8}, Gindrovel Dumitru^{3, 9}, Sinah Evers³, David Halata^{3, 10}, Wolfram Herrmann^{3, 11}, Jean-Pierre Jacquet^{3, 12}, Katerina Javorska^{3, 13, 14}, Joyce Kenkre^{3, 15}, Carmen Lopez Fando³, Juan Manuel Mendive^{3, 16}, Nataša Mrduljaš-Đujić^{3, 17},  Hendrik Napierala^{3, 11}, Andrea Neculau^{3, 18}, Sara Paternoster¹⁹, Erwin Rebhandl^{3, 20}, Joanne Robins²¹, Hans Thulesius^{3, 13, 22, 23}, Donata Kurpas^{3, 13, 24} The Link Worker Delphi Study Collaborative Group
Correspondence to Dr Ferdinando Petrazzuoli; ferdinando.petrazuoli@gmail.com

- Consensus was strongest for a person-centred, relational SPLW role that explores ‘what matters’, supports navigation to community and social care resources, advocates when barriers arise, and provides structured follow-up and documentation.
- Digital tools were viewed as useful complements when resources are scarce but not substitutes for trust-based link working

Can we do even better?



Social Prescribing in Neighbourhood Health

Urgent Neighbourhood Services

In Kent and Medway, details of SPLW services are included in communications to patients that are admitted to virtual wards



Population Health Management

Trent PCN worked with ICB to target HIU of emergency departments. The HIU leads facilitated co-production of personalised care plans which included work with SPLWs.

Integrated Intermediate Care (Home first)

Warrington Voluntary Action have integrated SPLWs in hospital discharge teams which has supported people suffering from health inequalities and reduced readmissions.



6 Components of Effective Neighbourhood Health Working

Modern General practice

Brookside Group Practice using a digital triage platform to direct to patient health teams including a social prescriber enabling continuity of care and prioritisation of people's wellbeing.



Neighbourhood Multidisciplinary Teams (MDTs)

Social Prescribing listed as a key function to enable personalised care and support planning. Examples include Washwood Health and Wellbeing Centre which demonstrates the key role of SPLWs in broader teams through co-location.



Standardising Community Health Services

In Cambridgeshire and Peterborough we see MHCCs working in close partnership with SPLWs to provide a SP service for people with complex mental health needs to help fill a gap for those who are not suitable for current provision.

Government commitments

National Youth Strategy “improve their access to health services and support, including through exploring options for how we can integrate social prescribing into community youth care.”

Keep Britain Working “build from existing provision already available through social prescribers, NHS work initiatives..... In 2024 there were 3,400 Social Prescribers and the NHS Long Term Workforce Plan targets this to grow by 9,000 in 2036/37”

Environmental Improvement Plan “track the impact of Green Social Prescribing.”

National Neighbourhood Health Implementation Programme Insights “Direct and align resources toward community facing roles - Expand roles, such as link workers, ensuring they are embedded within INTs.”



Health and Social Care Select Committee

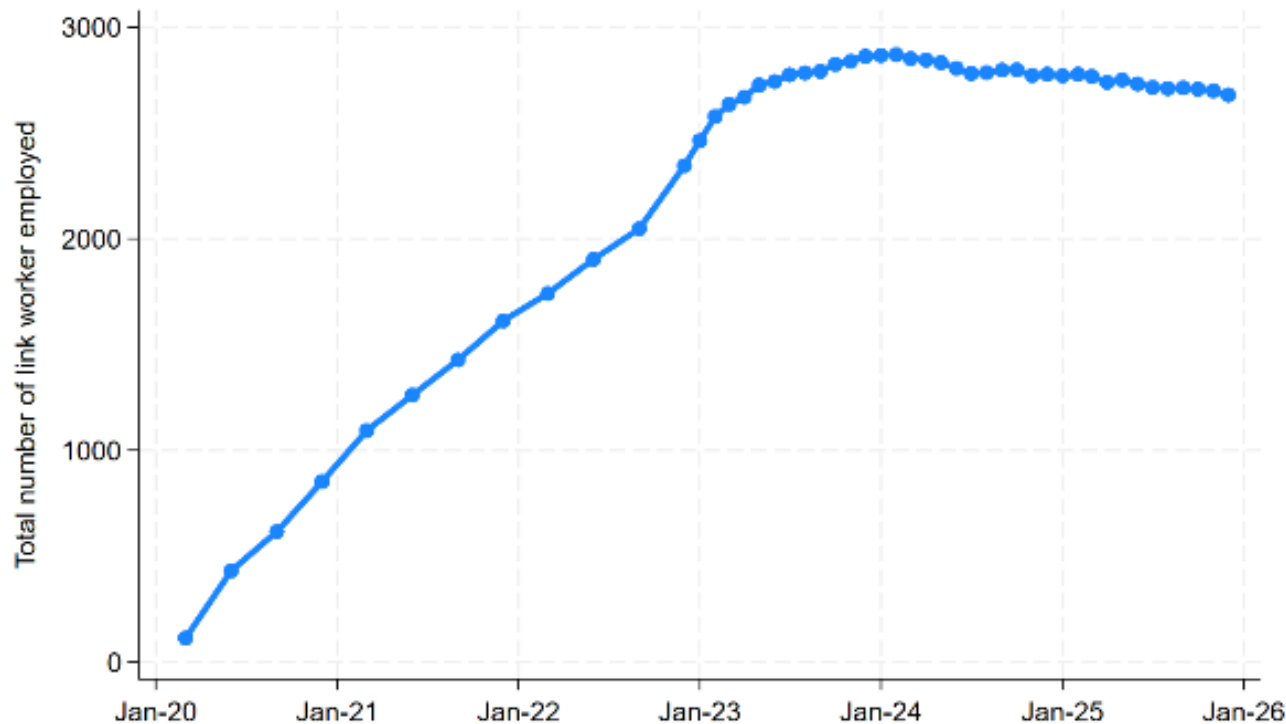
“To fulfil its potential, social prescribing must be prioritised within the health system and supported with the workforce development, infrastructure and national leadership necessary”

The Health and Social Care Select Committee report ‘Healthy Ageing’ published May 26 recommends;

- *The Department should assess whether the overall funding, infrastructure and training available to social prescribing are sufficient to reflect its growing role in promoting physical activity and reducing demand on health services and set out how it will ensure social prescribing is consistently embedded, prioritised and supported across the health system.*
- *As part of the ongoing merger between NHS England and the Department, we recommend that the Department review and strengthen the support it provides for social prescribing.*



PCN Link Worker numbers are stalling....



There were 3,713 link workers in primary care in March 2024, which decreased to 3,361 by June 2026 - a fall of around 10%.

Social Prescribing at the Intersection of National Priorities



Few approaches sit at the intersection of so many national priorities.

Employment as a Social Determinant of Health



People who live in areas with high employment rates are more likely to have a higher health life expectancy⁵



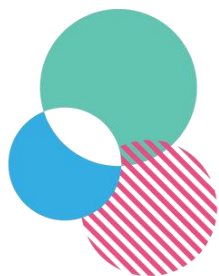
Unemployed people have the worst health of all groups, other than disabled people or people with a long-term illness⁶



Unemployed individuals face significantly higher rates of poor mental health compared to those employed⁷



Low-quality work can be just as bad for health as unemployment. Workplace conditions, stress levels, autonomy, or job insecurity all leads to less people reporting good health⁸



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Social Prescribing & Employment

What is the current evidence?

01



Green Social Prescribing

All test & earn sites highlighted secondary impact of employment, due to improved outcomes through participation.

02



“life changing”

Interaction with SPLWs was received positively and several pts described results relating to employment ¹⁴

03



39% into employment

In Bristol, an evaluation of a SP project determined that 29% of beneficiaries managed to obtain full time employment ¹⁵

04



Improved health outcomes

Social Prescribing leads to improved health outcomes which can support people get back into work

SPLWs can identify CtW participants

By giving people time, building trust, and understanding “what matters”, SPLWs are often in a position to detect, for the first time when employment is an individual’s goal. They can support with building motivation and confidence before the referral.

Tackling barriers together

SPLWs can identify and tackle barriers such as debt, housing problems, loneliness – providing holistic offer boosting readiness as well as likelihood of sustained work.

Improving health and wellbeing outcomes

Research demonstrates the positive impact that SP has had on confidence managing long term conditions and feeling supported by services.

How Social Prescribing complements Connect to Work

Provides wraparound support & warm handovers

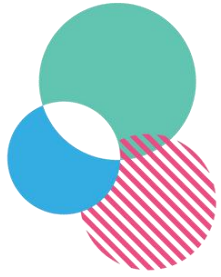
Once someone joins a connect to work programme, day-to-day life issues could destabilise progress. SPLWs support emotional wellbeing, lifestyle and confidence and support to access practical help. They give time to build trust which can enable smoother transitions to further support.

Aligns with national policy

Linking work, health and community support means that both models can benefit from working together.

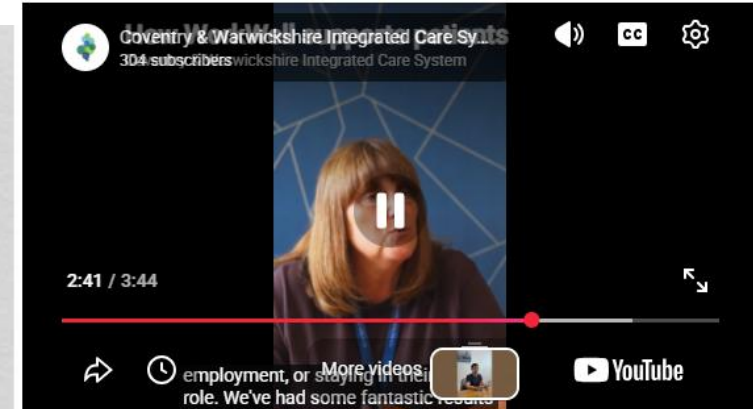
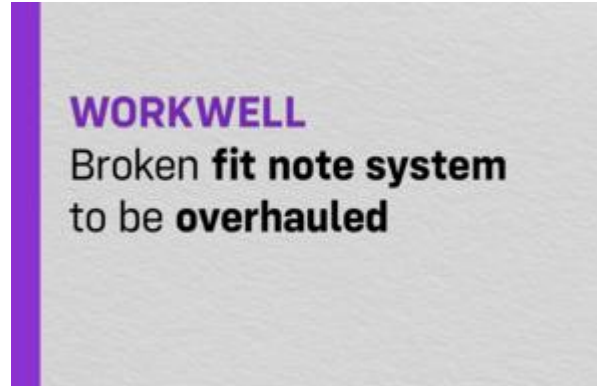
Strengthen local collaboration

SPLWs are integrated within PCNs, VCFSE sector and ICS’s – by working together they can ensure that projects remain locally led, reduced duplication, and tap into existing local knowledge and partnerships.



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Social Prescribing & Employment



20/05/2026

Social prescribing part of new trials to change fit note system

Social Prescribing Link Workers will be part of new trials to change the current 'fit note' system, through which people are signed off work by their GP.

The future

- New **NHS Neighbourhood health contracts** – for ‘Multi-Neighbourhood Provider’ (MNP) and ‘Single Neighbourhood Provider’ (SNP) – a key opportunity and risk

[NHS England » A consultation on proposed Multi-Neighbourhood Provider \(MNP\) and Single Neighbourhood Provider \(SNP\) contracting models to support neighbourhood health services – high level summary](#)

- Increasing scale and diversity of social prescribing beyond primary care; in local authorities, hospitals, VCSFE, social care and wider public services
- Integrated Care Boards and strategic authorities have a key role in mapping provision, understanding need and strategic commissioning to ensure consistency and address gaps/inequalities
- NASP’s new Neighbourhood Health Strategic Forum for commissioners to share best practice and insight

[Strategic Forum: Neighbourhood Health & Social Prescribing | NASP](#)





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What approach do we need?

**Protect what
we have**



01

Protect and continue to develop social prescribing within primary care and community services. The whole population approach is vital.

**Expand the
approach**



02

Expand both the role and the approach through targeted expansion and adoption, prioritising where can have the greatest impact.

**Invest in the whole
pathway**



03

Consider what a person needs to benefit from social prescribing pathway and invest in the necessary infrastructure and capability



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Thank you

Happy to answer any questions

Get in touch

socialprescribingacademy.org.uk



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UCL Research on the scale of social prescribing

“As of the end of 2023, an estimated 9·4 million GP consultations in England have involved social prescribing codes, and 5·6 million consultations have specifically led to social prescribing referrals. In 2023 alone, an estimated 1·3 million patients were referred to social prescribing”

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National roll-out of social prescribing in England's primary care system: a longitudinal observational study using Clinical Practice Research Datalink data

Manchester University research on population level impact



NIHR | National Institute for Health and Care Research

MANCHESTER
1824
The University of Manchester

The study of over 4.1million responses found improvement in:

- Patient confidence in managing their long-term condition
- Feeling more supported by local services
- Overall experience with general practice
- Feeling that their mental health needs were understood

UCL Research on the impact of social prescribing

Social prescribing delivers £9 wellbeing benefit for each £1 invested, major study suggests

Research by UCL found that social prescribing is linked to improved wellbeing, happiness and life satisfaction, reduced anxiety - and an estimated £9 social return for every £1 invested.

Data analysed from 19,627 people in the UK who had been referred to a Social Prescribing Link Worker (either by a GP or through community referrals) using Elemental

UCL research on health service utilisation

‘Assessing the impact of social prescribing on health service utilisation: Evidence from the UK’

This study (preprint) analysed data on self reported NHS use from 4,547 patients, using the Elemental social prescribing digital system.

“Our findings demonstrate consistent patterns of reduced health service utilisation across all outcome measures and model components. Specifically, GP attendance decreased by an average of 1 visit per person in three months following SP (53.1% reduction). A&E attendance decreased by 0.04 admissions per person equivalent to a 62.6% reduction. And hospital admissions decreased by 0.03 admission per person equivalent to a 61.7% reduction.”

Manchester University study on NHS demand

The research analyses how healthcare use and costs changed for patients who were referred to Social Prescribing Link Workers. The costs **reduced by £115** on average comparing 12 months after referral with 12 months before.

The authors conclude: *“Referrals to social prescribing have impacted patients’ healthcare use with evidence of directing patients away from general practitioner appointments in the longer term...The scheme has been successful in delivering a universal personalised care model.”*

COHORT & WINDOW	BEFORE		AFTER	DIFFERENCE	
REFERRED TO A LINK WORKER 12 months	19.1	→	17.8	-1.3	fewer contacts
NOT REFERRED 12 months	15.4	→	17.0	+1.6	more contacts

NASP Report on NHS Impact

Headlines - evaluation results from 9 local health systems across England.

- Social prescribing **can substantially reduce pressure on the NHS**, including through reduced GP appointments, reduced hospital admissions and reduced A&E visits.
- Reductions in demand for health services were particularly high for frequent service users.

Example- Sussex (Mid Sussex Healthcare)

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

Example- Newcastle

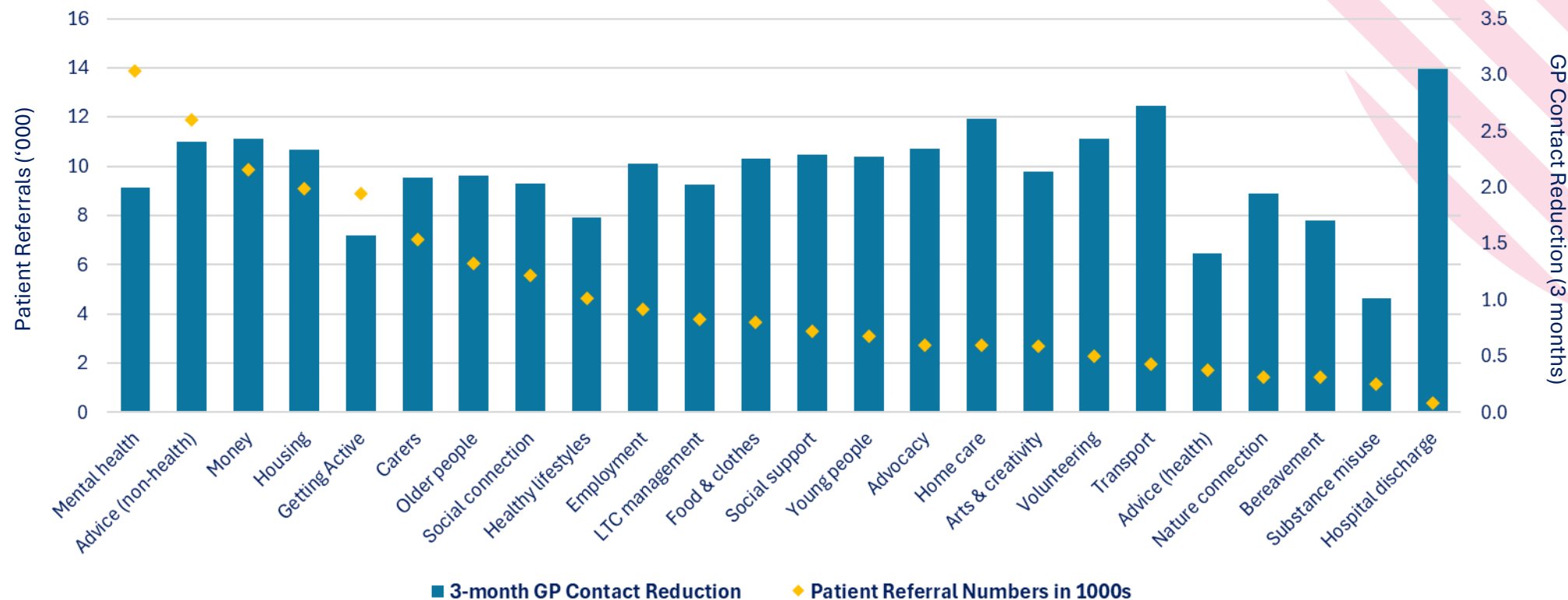
- Secondary care cost per patient was 9.4% (£107 per head) lower than the comparison cohort



The impact of social prescribing on health service use and costs

Social Prescribing Reduces GP Demand

Insights From 176,000 Referrals



Based on 176,000 Joy referrals, patients averaged **2.1 fewer GP contacts over three months**, adjusted for natural variation (regression to the mean). This strengthens the evidence that social prescribing reduces pressure on primary care while supporting those most in need.

Voluntary Sector Data



- NASP report on data from **Involve Kent**, a charity provider of social prescribing and employers of ARRS funded link workers.
- Involve used recognised patient reported measures which are now part of the national Neighbourhood Health Index, eg ‘life satisfaction’.
- The Treasury has allocated financial £ to improvements in these measures, and the NHS uses them to compare the value of interventions.
- This approach can be adopted by VCSFE providers without recourse to NHS data, to demonstrate impact and cost effectiveness.

Cost-Effectiveness of Social Prescribing

6,112 Patients across PCN, ICB, CYP and adult services	£2,548 Cost per QALY, weighted average across all services	80% Below the NHS marginal cost of £13,000/QALY
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What Is a QALY and Why Does It Matter?

A QALY (Quality-Adjusted Life Year) is the standard unit the NHS uses to measure the value of health interventions¹. **One QALY = one year lived in perfect health**. Cost per QALY asks: how much does it cost to generate that year of healthy life? The lower the number, the more efficiently a service creates health for the money spent.

How the NHS uses this measure

- **NHS marginal cost:** £13,000 per QALY, which is what the NHS typically spends to generate one QALY through routine clinical activity².
- **Willingness-to-pay threshold:** £20,000 per QALY, the lower limit NICE sets when approving new treatments².
- **Excellent value:** below £5,000 per QALY, the band in which the most cost-effective interventions sit.

The Headline Finding

Involve Kent delivered social prescribing to **6,112 patients in 2023–24** across PCN-employed and ICB-employed link workers, Children and Young People services, and other adult services. Across this cohort, the service generated health gains at a cost per QALY of **£2,548**, well below NHS marginal cost (£13,000) and the lower limit NICE willingness-to-pay threshold (£20,000).