

CLINICAL PROFESSIONAL RESOURCE

Social Prescribing in Action – Evidence from a Nurse-led Project

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In order to raise awareness of the benefits of social prescribing the RCN General Practice Nursing Forum developed the social prescribing clinical pages on the RCN website. These provide a range of resources, links and guidelines for the successful introduction of social prescribing in a variety of settings.

Rationale for the project

- Social isolation it has been estimated that around 20% of patients consult their GP for what is primarily a social problem (Work Foundation, 2017).
- Loneliness 76% of GPs report that
 1-5 patients a day come to their surgery
 because they are lonely (Campaign to End Loneliness, 2013).
- Social prescribing is identified as one of the ten high impact actions within the GP Five Year Forward View and now forms part of the 10 year NHS Plan.

Feedback from a nurse-led survey on social prescribing

Project objectives

- Raise awareness of social prescribing.
- Highlight the role of the nurse in social prescribing, utilising evidence of a nurse-led social prescribing project.
- Provide a range of resources to support the successful introduction of social prescribing in a variety of settings.
- Embed social prescribing into the RCN's clinical resources.

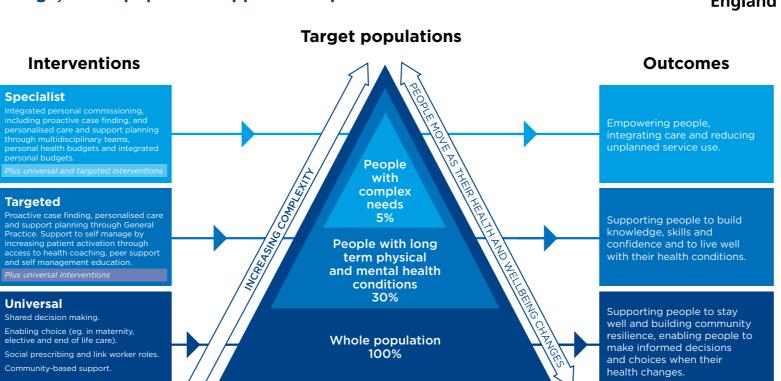
Social prescribing in action

- Walking football.
- Gardening schemes.
- Ballet for all ages.
- Singing for health.
- Lunch clubs.

Models of social prescribing

Comprehensive model for personalised care
All age, whole population approach to personalised care







Demographics across England vary enormously which has led to the many different models of social prescribing both established and evolving:

- nurse-led social prescribing
- community-led model
- voluntary sector model.

Patient feedback from nurse-led model



Advantages of social prescribing

- Reduce isolation and enhance social networks.
- Improve physical health.
- Improve quality of life and emotional wellbeing.
- Increase patient empowerment.
- Improve self-management.
- Increase support to manage long-term conditions.
- Person-centred personalised care.
- Integration of services that lead to improvements in the social and economic determinants of health.
- Reduce pressure on the NHS research found an average of 28% fewer GP consultations and 24% fewer attendances at A&E (Polley et al., 2017).

Nurse-led social prescribing - the evidence so far

Data collection first 12 weeks:

- 5-10% reduction in body weight
- reduction in blood pressure medication
- average improvement in HbA1c 18%.

Looking to the future

Many models of social prescribing are emerging across the country and more will evolve over the next few years. Additional work is required to develop the evidence base on the impact of social prescribing.

Further integration of primary care with wider health and care systems to reduce demand on stretched primary care services.

New schemes that find local solutions to suit population need and develop health-creating communities.

In the *Long Term Plan*, NHS England committed to building the infrastructure for social prescribing in primary care:

- 1,000 new social prescribing link workers in place by 2020/21, with significantly more after that, so that
- at least **900,000 people will be referred** to social prescribing by 2023/24.

Continued recognition is needed amongst commissioners, health professionals, social prescribing services, link workers and clients that social prescribing can produce a variety of beneficial outcomes.

How to get involved?

Check out:

- the RCN's social prescribing clinical pages at: www.rcn.
 org.uk/clinical-topics/ public-health/self-care/ social-prescribing
- contact your Primary Care
 Network clinical lead.

References

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