The impact of a social prescribing service on patients in primary care: a mixed methods evaluation.

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Background: Social prescribing is targeted at isolated and lonely patients. Practitioners and patients jointly develop bespoke well-being plans to promote social integration and or social reactivation.

Aim: To investigate: whether a social prescribing service could be implemented in a general practice (GP) setting and to evaluate its effect on well-being and primary care resource use.

Methods: We used a mixed method evaluation approach using patient surveys with matched control groups and a qualitative interview study. The study was conducted in a mixed socio-economic, multi-ethnic, inner city London borough with socially isolated patients who frequently visited their GP. The intervention was implemented by 'social prescribing coordinators'. Outcomes of interest were psychological and social well-being and health care resource use.

Table 1. Engagement in service (Feb 2014 – Mar 2015)

Consultations between patient and social prescribing coordinator/volunteer	Number (%) of people referred into social prescribing (n=585)
No contact	81 (14)
Single consultation	405 (69)
Between 2 and 4 consultations	79 (14)
Between 5 and 6 consultations	20 (3)

Results: At 8 months follow-up there were no differences between patients referred to social prescribing and the controls for general health, depression, anxiety and 'positive and active engagement in life'. Social prescribing patients had high GP consultation rates, which fell in the year following referral.

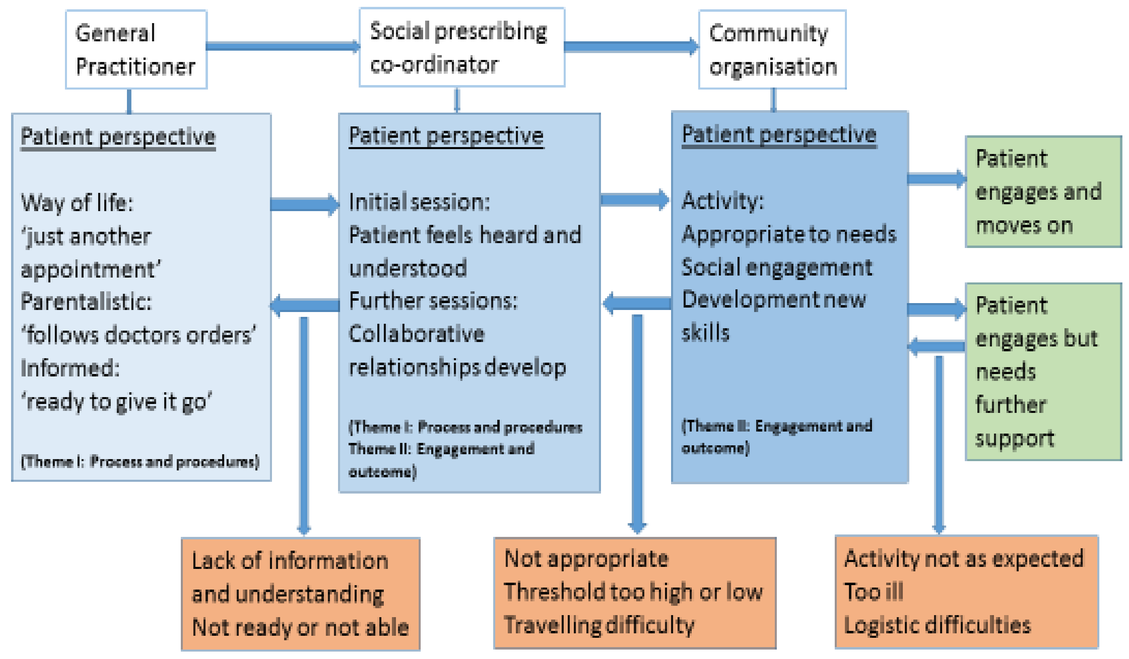
Table 2 – Effect of social prescribing on general and mental health, wellbeing and active living

Linear regression model on outcome differences (between baseline and follow-up) against treatment group		
	Non-adjusted	Adjusted [f]
Outcomes	Coef. (95% Conf. Interval)	Coef. (95% Conf. Interva
General health score	-0.029 (-0.312, 0.253)	0.127 (-0.221, 0.475)
HADS Anxiety score (range 0-21)	-0.542 (-1.837, 0.752)	-0.119 (-0.847, 1.609)
HADS Depression score (range 0-21)	0.679 (-0.566, 1.924)	0.857 (-0.737, 2.451)
HADS score (range 0-41)	0.232 (-2.113, 2.577)	0.906 (-2.144, 3.957)
Wellbeing (past week) (range 0-6)	-0.089 (-0.569, 0.391)	-0.013 (-0.623, 0.596)
Active engagement in life score (range 0-20)	0.023 (-0.957, 1.004)	-0.073 (-1.278, 1.131)
Number of regular activities [g]	**-0.856 (-1.518, -0.194)**	**-0.897 (-1.729, -0.065)**

[f] Adjusted with control variables, including age, sex, ethnicity, work status and living arrangement

[g] *p=0.012* for non-adjusted model and *p=0.035* for adjusted model

Results cont.: The qualitative study indicated that most patients had a positive experience with social prescribing but the service was not utilised to its full extent.



Conclusion: Changes in general health and well-being following referral were very limited and comprehensive implementation was difficult to optimise. Although GP consultation rates fell, these may have reflected regression to the mean rather than changes related to the intervention. Whether social prescribing can contribute to the health of a nation for social and psychological wellbeing is still to be determined.

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