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EDITORIAL

Social Prescribing: What It Is and What It Can Do

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Abstract

Social prescribing is proposed as a way to address social determinates of health and improve health and well-being outcomes and increasingly, acute hospitals, secondary and specialist care services are also implementing the approach. There are many local small-scale studies that have explored the benefits of social prescribing and, more recently, larger scale evaluations have brought together evidence across different areas. These studies suggest that social prescribing is able to reach those facing inequalities and can lead to economic benefits to health services as well as social and health related outcomes for individuals. However, it is also important to consider the systems that link workers fit into and how this contributes to addressing social determinates of health.

Key words: social prescribing; health inequalities

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It is now widely recognised that social factors can have a significant impact on health and wellbeing. One study by Citizens Advice (Caper and Plunkett, 2015) estimated that on average 19% of General Practitioner's (GP's) consultation time was taken up with non-health matters. Social prescribing is proposed as a way to address social determinates of health and improve health and well-being outcomes by connecting people to activities, groups, and services in their community to meet their practical, social and emotional needs. Social prescribing practice has grown organically over the years, often with and through the voluntary sector. The NHS has also recognised the benefits of non-medical prescribing and 'community referrals' with schemes dating back to the 1990s and earlier and there is a wealth of evidence around the positive impacts of physical activity, engagement with arts and time spent in nature. Social Prescribing is now a key component of Personalised Care in England, since it was included as part of the NHS Long Term Plan in 2019. This included funding for the recruitment of Social Prescribing Link Workers in Primary Care Networks via the Additional Roles Reimbursement Scheme (ARRS). There are now more than 3500 Social Prescribing Link Workers employed as part of primary care teams in England. Since 2019 they have received more than 2.7 million referrals. The predominant social prescribing model in England involves a health or care professional, often a GP, referring people to a Social Prescribing Link Worker, who then has a conversation to understand the individual's needs and preferences based on what matters to them. Social Prescribing Link Workers work with people to co-develop tailored 'social prescriptions' which often include referrals to one or more services or activities within the community. Social prescribing provides the

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means for non-medical interventions to be encompassed within our healthcare system through providing a more comprehensive personalised approach—using asset-based approaches rather than often deficit models that make up most of the health care systems.

Social prescribing is growing momentum across the world with examples emerging in 34 countries and, increasingly, acute hospitals, secondary and specialist care services are also implementing the approach. In 2023, a Delphi study was published (Muhl et al, 2023) that brought together 48 social prescribing experts from 26 countries to establish global agreement on the definition. The simple definition of social prescribing is "*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 wellbeing and to strengthen community connections*". This definition enables us to explore social prescribing on a global scale to understand what works in different contexts. However, the different ways that social prescribing has been implemented locally, and the different types of activities and support that people may be connected in their local community, from choirs, gardening and walking groups, to debt advice services and employment support, means that the evidence base largely comprises local small-scale studies or focussed on specific activities. Indeed, the roll out of link workers came before any rigorous Random Controlled Trials (RCT) studies on the link worker model. More recently, larger studies have started to bring together evidence across different areas to explore impacts on economic as well as social and health outcomes.

Who Does Social Prescribing Reach?

One aim of social prescribing is to address health inequalities by reaching those most in need of support. Proactive social prescribing is also a way of using existing local population data to identify and target groups with unmet needs and encourages a Primary Care Network to identify a population within their population who are experiencing inequality and develop targeted plans to tackle those needs. A multi-regional study into the rollout of Social Prescribing Link Workers in primary care found that the rollout of link workers between 2019 and 2023 has not been sufficiently targeted at areas with the highest need (Wilding et al, 2024). However, more recent evidence using data from a social prescribing software programme, of 160,128 individuals with a valid postcode recorded across the UK, suggested that, in England, 46% of people referred to social prescribing between 2020 and 2022 lived in the top three most deprived deciles (Bu et al, 2024), with community rather than medical referral routes reaching those in more deprived areas. There were similar findings from the recent evaluation of 'preventing and tackling mental ill health through green social prescribing (GSP)' in terms of reach, where 57% of participants were from the top three most deprived deciles (Haywood et al, 2024). In terms of ethnicity, there are often data quality issues in how this is recorded. However, a report from the Race Equality Foundation (2024), focused on two lo-

cal areas, found that there were higher proportions of social prescribing referrals for those from Black, Asian and minoritised ethnic communities. These studies suggest that social prescribing is able to reach those facing inequalities.

What Impact Does Social Prescribing Have?

In terms of impacts on the health system, most analysis is carried out locally where methods often differ. A recent report from the National Academy for Social Prescribing (O'Connell Francischetto, 2024) brought together examples from nine areas on the impact of social prescribing on healthcare usage. Examples include data showing a 42% reduction in GP appointments for 1751 people referred to social prescribing in Tameside and Glossop. Although there are challenges in accessing data from control groups, there were various methods used to compare data to those without social prescribing support, with analysis suggesting positive results compared to comparison groups. In some areas, healthcare usage did increase for those who were previously not seeing a GP, suggesting that support enabled them to access healthcare that was needed and highlighting that meeting people's needs may not always result in an immediate saving to the health service and caution in focusing on this measure alone.

Many local studies have demonstrated the impact of social prescribing on wellbeing, loneliness, and connectedness. More recently, the evaluation of the GSP programme found that, across seven pilot sites, there was a statistically significant improvement in wellbeing after accessing nature-based activities through the GSP Project (The majority of post outcome measures were collected between six weeks and 12 weeks following referral). The authors estimated a social return on investment of £ 1.88 for every £ 1 invested in the project overall.

The evidence base for social prescribing is growing, particularly for people living with long-term conditions. A recent systematic review of social prescribing initiatives designed to target long-term conditions in adults found that such initiatives demonstrated significant improvements in disease-specific psychological outcomes and quality of life (O'Sullivan et al, 2024). A separate rapid review of opportunities and challenges in the implementation of social prescription interventions for addressing the unmet needs of individuals living with long-term chronic conditions chronic highlighted the importance of strong relationships between Social Prescribing Link Workers and patients, and the benefits of taking a holistic approach (Yadav et al, 2024). Moreover, a systematic review of hospital-initiated social prescribing for children with neurodisability reported benefits to health, well-being, healthcare usage, knowledge, skills, satisfaction and service delivery (Gordon et al, 2023).

Many research studies and consultations with those working in the social prescribing system highlight the challenges. Westlake's research (2024) into the function of 'holding' for individuals with complex needs, who lack informal networks of support or who are waiting to access services, highlights unintended consequences in terms of link workers exceeding their capacity, becoming overburdened, and experiencing burnout. Other research into community-led social prescribing (Munro and Dayson, 2025) highlights the importance of long-term flexible funding for com-

munity organisations to aid sustainability. There is a keen interest in gathering evidence from larger studies and datasets to evidence the longer-term impact of social prescribing. However, alongside addressing data issues, it is also important to consider the systems that link workers fit into and connect people to, in order to understand the key barriers and enablers in terms of supporting individuals and addressing the wider social factors that impact on health and wellbeing.

Key Points

- Social prescribing is a key component of Personalised Care in England and is proposed as a way to address social determinates of health and improve health and well-being outcomes.
- Many small-scale studies that have explored the benefits of social prescribing.
- More recently, larger scale evaluations have brought together evidence together across different areas.
- However, it is also important to consider the systems that link workers fit into and how this contributes to addressing social determinates of health.

Availability of Data and Materials

Not applicable.

Author Contributions

JB and MB contributed to the conception of the work. JB drafted the original manuscript. MB reviewed and edited it. Both authors contributed to important editorial changes in the manuscript. Both authors read and approved the final manuscript. Both authors have participated sufficiently in the work and agreed to be accountable for all aspects of the work.

Ethics Approval and Consent to Participate

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Conflict of Interest

The authors declare no conflict of interest.

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