

[What is social prescribing?](#)

[View this post in Welsh | Darllenwch yr erthygl yma yn Gymraeg](#)

19/05/17

Ahead of the plenary debate on social prescribing scheduled for Tuesday 23 May 2017, this article briefly summarises what is meant by the term ‘social prescribing’, the existing evidence base for this approach, and how social prescribing is being taken forward in Wales.

Social prescribing is a way of linking patients in primary care with sources of support within the community. It provides GPs, nurses and other primary care professionals with a non-clinical referral option, and can operate alongside conventional treatments to address people’s needs in a holistic way. It also aims to support individuals to take greater control of their own health.

Social prescribing schemes can include a range of interventions and activities, for example volunteering, arts/creative activities, gardening, sports, adult learning, and befriending. Social prescribing may be of benefit to a wide range of patients, including people with mild or long-term mental health issues, vulnerable or isolated people, and frequent users of primary or secondary healthcare services.



The Welsh Government’s [programme for government 2016–2021](#) sets out its commitment to prioritise mental health treatment and support, including a **pilot social prescription scheme**.

The potential benefits of social prescribing were highlighted in the Chief Medical Officer’s most recent [annual report](#), and it’s an approach supported by a range of stakeholders – for example, in evidence submitted to the Health, Social Care and Sport Committee’s inquiries into [primary care](#) and [loneliness and isolation](#).



Although widely–advocated, there is at present a lack of robust evidence about the effectiveness, and particularly the cost–effectiveness, of social prescribing.

The [King’s Fund](#) highlights emerging evidence that social prescribing can lead to a range of positive health and well–being outcomes. It’s also suggested that social prescribing schemes may lead to a reduction in the use of NHS services. However, the **limited evidence base** is emphasised:

Much of the evidence available is qualitative, and relies on self–reported outcomes. Researchers have also highlighted the challenges of measuring the outcomes of complex interventions, or making meaningful comparisons between very different schemes.

Improved evaluation is a key recommendation in the University of York’s 2015 briefing [Evidence to inform the commissioning of social prescribing](#):

If existing knowledge is to be improved, evaluation of new schemes should be comparative by design and address when, for whom and how well does a scheme work? What effects does it have? What does it cost?

In Wales, a [Primary Care Hub](#), established by Public Health Wales, is coordinating the development of social prescribing through:

- evidence mapping (the final mapping report is expected in June 2017);
- developing a systematic process for gathering and sharing social prescribing activity. (Social prescribing projects by health board area can be viewed on the [Primary Care One](#) website);
- organising regional and national event(s) to share learning.

Article by [Philippa Watkins](#), National Assembly for Wales Research Service.

Llun: o Pixabay. Dan drwydded Creative Commons.

