

Feasibility study for an impact study on Social prescribing (Protocol)

Overview

The Department of Health (2006) supported the introduction of social prescribing (SP) for people with long term conditions. Social prescribing in this context encourages health professionals to refer patients to a link worker who will develop a personalised plan for each individual. Plans can include activities such as arts, gardening and physical activity, with the aim of improving an individual's health and wellbeing¹. Referral to link workers can occur from a 'wide range of local agencies, including general practice, pharmacies, multi-disciplinary teams, hospital discharge teams, allied health professionals, the fire service, police, job centres, social care services, housing associations and voluntary, community and social enterprise (VCSE) organisations. Self-referral is also encouraged'².

In 2006, the NHS England announced the appointment of a national clinical champion for social prescription. There are several modes of SP, including signposting, direct referrals, the link worker model and the holistic model³. The Social Prescribing Network defines the link worker SP model as 'enabling healthcare professionals to refer patients to a link worker, to co-design a nonclinical social prescription'⁴. The NHS England defines SP "a way for local agencies to refer people to a link worker. Link workers give people time, focusing on 'what matters to me' and taking a holistic approach to people's health and wellbeing. They connect people to community groups and statutory services for practical and emotional support". Link workers can support existing community groups, collaborate with local partners and support people to start new groups. SP covers a wide range of conditions such as mental health, complex social needs and long term conditions⁵. The NHS Long Term Plan expects that by 2023/24 nearly one million people in England will be referred to social prescribing schemes. To support this, the 2019 GP contract makes provision for all Primary Care Networks (PCNs) in England to employ one social prescribing link worker each out of an allocated £891million. This is a substantial investment in social prescribing⁶.

Rapid response to the Department of Health and Social Care

The Department of Health and Social Care wished to explore whether an evaluation of the link worker model of SP is possible. Warwick Evidence TAR has been commissioned to complete a feasibility analysis for an impact evaluation study of SP to address the following research questions that were proposed by the funder:

1. What are the most important evaluation questions that an impact study could investigate?
2. What data is already available at a local or national level and what else would be needed?
3. Are there sites delivering at enough scale and in a position to take part in an impact study?
4. How could the known challenges to evaluation (e.g. information governance, identifying a control group) be addressed?

In order to address the above questions we will perform an independent assessment of the following taking account of heterogeneity/ personalisation of the intervention (different providers, different clients) and the likely paucity of available outcomes data:

1. **A scoping assessment to identify service delivery sites (*to address question 3*)**

Aim: to identify potential sites to understand the scale of current service delivery. This will help inform the number of impact sites available for a future service evaluation.

Approach: we will follow a staggered approach (moving to the next option if information is not available). Initially, we aim to contact **a) national SP leads from NHSE contacts**, then **b) eight regional leads of the Social Prescribing Network**:

1. East of England
2. London
3. Midlands
4. Yorkshire and Humber
5. North West
6. South East
7. South West
8. North East

We will ask each lead to better understand:

1. The nature of the service in terms of structure, models implemented, organisations involved, and health domains that it covers
2. Anticipated outcomes
3. Any measured outcomes
4. Volume of service uptake (average)
5. Type of service utilisation (highest vs lowest)
6. Nature and length of follow-up
7. Patient journey throughout the service
8. Potential strengths and limitations of current service
9. Major enablers and challenges of developing and implementing SP service
10. Costs and savings of recruiting SP and of implementing service (both to PCN and to other organisations involved).

If leads are unable to provide information on some of the above listed questions then we will ask each lead to identify **c) sites** (both those which deliver an established/mature scheme of the link worker SP model (LWSPM) and those which do not yet have a mature scheme) and key contacts for each site. We will aim to contact at least two sites per region to and ask the above questions. In addition, we will search websites, grey literature resources, our list of contacts across networks such as the National Academy for Social Prescribing, and National Association of Link Workers.

Timelines: April 2020 – June 2020

2. A scoping outcome assessment to identify routine data (to address question 2)

Aim: we aim to identify outcomes that are captured within the current service. This will inform data-availability for a potential future evaluation.

Approach: we will assess the current literature to capture logic models, anticipated and reported outcomes. This will help shape a list of outcomes for thematic mapping. Additionally, it will highlight the heterogeneity across outcomes that fall within the same domain (for instance surrogate outcomes that capture the same domain). We aim to contact colleagues identified by NHSE to learn more about current work on SP evaluation. Following data familiarisation, we will contact the sites identified from WP1 which implement a LWSPM. We will contact up to two sites per region to better understand:

1. Data collection methods and human resources

2. Baseline routine data (conditions for which people are referred, anticipated outcomes per condition, measures used, methods of data collection and analysis (if any))
3. Post intervention data (any outcomes measures collected)
4. Any follow-up data across different time points
5. Outcomes per SP theme (for instance resulting from different types of SP including: exercise, green prescription, arts prescriptions)
6. Nonattendance data (for instance resulting from people who do not take up their social prescribing referral).
7. The make-up of people taking up social prescribing (how different are they to the overall practice population, availability of social class data)

Timelines: April 2020 – June 2020

3. Feasibility and potential limitations of an evaluation (to address questions 1 & 4)

Aim: we aim to better understand the feasibility, strengths and limitations of a future national evaluation of the SP link worker model. WP1 and WP2 aim to ascertain the key elements of the current service.

Approach:

1. Capturing the perspectives of stakeholders is essential to explore key elements not captured from an academic and a service provider perspective. At the early stage of the work to discuss with **a) experts and relevant parties:** our protocol, seek feedback, guidance and recommendations for our planned work. We will aim to capture their thoughts around a national evaluation in terms of: routine data, key knowledge gaps, practicalities and challenges, potential solutions to overcome challenges. This will be carried out through a series of webinars organised by NHSE. **b) Patient and public representatives:** we will also seek feedback on our protocol through the NHSE network (webinars) and Warwick networks.
2. Towards the end of the work. We aim to synthesis and summarise WP1 and WP2 taking into account published evidence. We will conduct a workshop at Warwick University to discuss the summary of work with expert stakeholders and people with lived experience (patient and public representatives from the Warwick network). We will invite stakeholders identified by NHSE as well as stakeholders identified through the course of the work. We will present our work, facilitate discussions, and members of the team will conduct formal observations and collect field notes during the meetings. We aim to identify gaps, future work, strengths and limitations of our work.

Timelines:

First engagement March 2020

Second engagement June 2020/July 2020

4. Report of findings and recommendations (to address question 1)

We will develop a final report to NHSE summarising our findings in terms of:

1. scale of the current service
2. the make-up of the current service
3. available routine data
4. strengths and limitations of the SP service
5. main barriers and enablers for an SP impact evaluation

6. recommendations for options on completing an SP impact evaluation (such as potential methods if feasible)

Timelines: July 2020 – August 2020

Ethical considerations: In ethics terms this is a consultation to develop a research proposal. As a service scoping exercise we will help inform the feasibility and practical considerations of a future service evaluation. We will anonymise service leads, sites names and services providers in our final report. We will seek ethics advice from the Biomedical & Scientific Research Ethics Committee of Warwick University to support the publication of our work.

Project team and roles

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CI: Dr Amy Grove (Assistant Professor): Methodologist evidence syntheses and implementation, Warwick Evidence/WMS ARC-WM

CI: Dr Adam Briggs (Associate Clinical Professor): Public Health Consultant, Social prescribing topic expert, WMS ARC-WM

CI: Dr Jenny Harlock (Senior Research Fellow): Mixed methodologist, social prescribing link worker topic expert, WMS

Ms Iman Gosh (Research Assistant): Public Health researcher, data collection expert, WMS

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Rider on responsibility for this protocol

The views expressed in this report are those of the authors and not necessarily those of the NIHR Systematic Reviews Programme. Any errors are the responsibility of the authors.

Declared competing interests of the authors

TBC

This protocol should be referenced as follows

Al-Khudairy, L, Harlock, J, Briggs A, , Grove A, Clarke A. *Feasibility study for an impact study on Social prescribing (Protocol)*. Warwick Evidence, 2020:

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