



Social Prescribing

End of Project Report

What is Social Prescribing?



Social Prescribing is a mechanism for linking patients with non-medical sources of support within the community

— FRIEDLI ET AL

Social Prescribing aims to:

- 1. Improve the health and wellbeing of vulnerable adults who are frequent attendees at GP practices**
- 2. Reduce unnecessary repeat appointments thereby saving time and money for GP practices / healthcare systems**

Social prescribing achieves this by expanding the options available in a primary care consultation at a GP practice, creating a formal way for GPs to refer patients with social, emotional or practical needs to a variety of holistic, local, non-clinical services.

Voluntary Action LeicesterShire's (VAL) social prescribing service referred patients to services such as social or lunch clubs, self-help groups, leisure and sports clubs, counselling, mental wellbeing groups and link patients up with volunteering opportunities.

VAL ran the Social Prescribing Project at Rosebery Medical Centre from May 2015 until September 2016. This began as an initial 6-month pilot which was then extended to September 2016.

Social Prescribing Delivery Model

Voluntary Action LeicesterShire's model of social prescribing focuses on the valuable contribution volunteers can make when they are included in the delivery of the service.

Volunteers from the Patient Participation Group (PPG) receive referrals from GPs, meeting with patients at a social prescribing clinic in order to discuss what services may best meet their needs and then making direct referrals into those services.

In Brief:

Over the course of the Social Prescribing Project:

- **63** patients have attended a social prescribing clinic
- **87** patient referrals were made by Voluntary Action LeicesterShire to local voluntary and community sector groups
- The total attendance rate of the project is **67%**
- The total referral rate of the project stands at **138%** - patients are referred to 1.38 groups on average
- Social prescribing has saved Rosebery Medical Centre the equivalent of **£4,500** in reduced primary care appointments.
- Social Prescribing has the potential to save the local NHS up to **£97,000** from Rosebery Medical Centre alone.

The Social Prescribing Project

In April 2015, West Leicestershire Clinical Commissioning Group (WLCCG) commissioned VAL to manage and deliver a social prescribing pilot based at Rosebery Medical Centre in Loughborough. The aim of the six-month pilot was to introduce a social prescribing service within a single GP practice and to provide some insight into the range of factors that are key to its implementation.

The Social Prescribing Project

How Social Prescribing Works

Based within the GP practice, social prescribing clinics receive patients with non-medical issues, such as social isolation, from GPs who feel the patient could benefit from accessing interventions within the voluntary sector.

Patients are seen for a 30-minute appointment, discussing their issues in detail with volunteer social prescribers. Patients are then referred to local voluntary sector services which can provide the necessary interventions to resolve the patient's issues.

Each patient's progress is monitored through the Short Warwick-Edinburgh Mental Wellbeing Scale. Patients are required to score themselves 1-5 on a series of statements before and after receiving interventions from the voluntary sector. This methodology allows patients to understand the issues facing them and guides the referral options for volunteers.

Attendance and Referrals

VAL ran the social prescribing service at Rosebery over 16 months, with 63 patients attending a social prescribing clinic. From this 87 referrals have been made. These are presented by month in Figure 1 on page 6.

April 2016 saw the most patients attend a social prescribing clinic, 10 patients across three clinics. Additionally, social prescribing made the most referrals in April 2016 at 17. This can be explained by a high attendance rate and a diverse voluntary sector being involved in the project.

The overall trend in attendance and referrals was upward from January. This is due to several factors: the buy-in achieved with GPs at the practice; the confidence in social prescribers to refer to appropriate VCS groups; and the implementation of the Social Seeding grants fund, giving social prescribers access to a number of newly created VCS services.

The overall referral rate increased each month since January 2016, so much so that in six months the overall referral rate increased from a low of 25% in December 2015 to a high of 140% in September 2016.

Timeline of the Social Prescribing Project

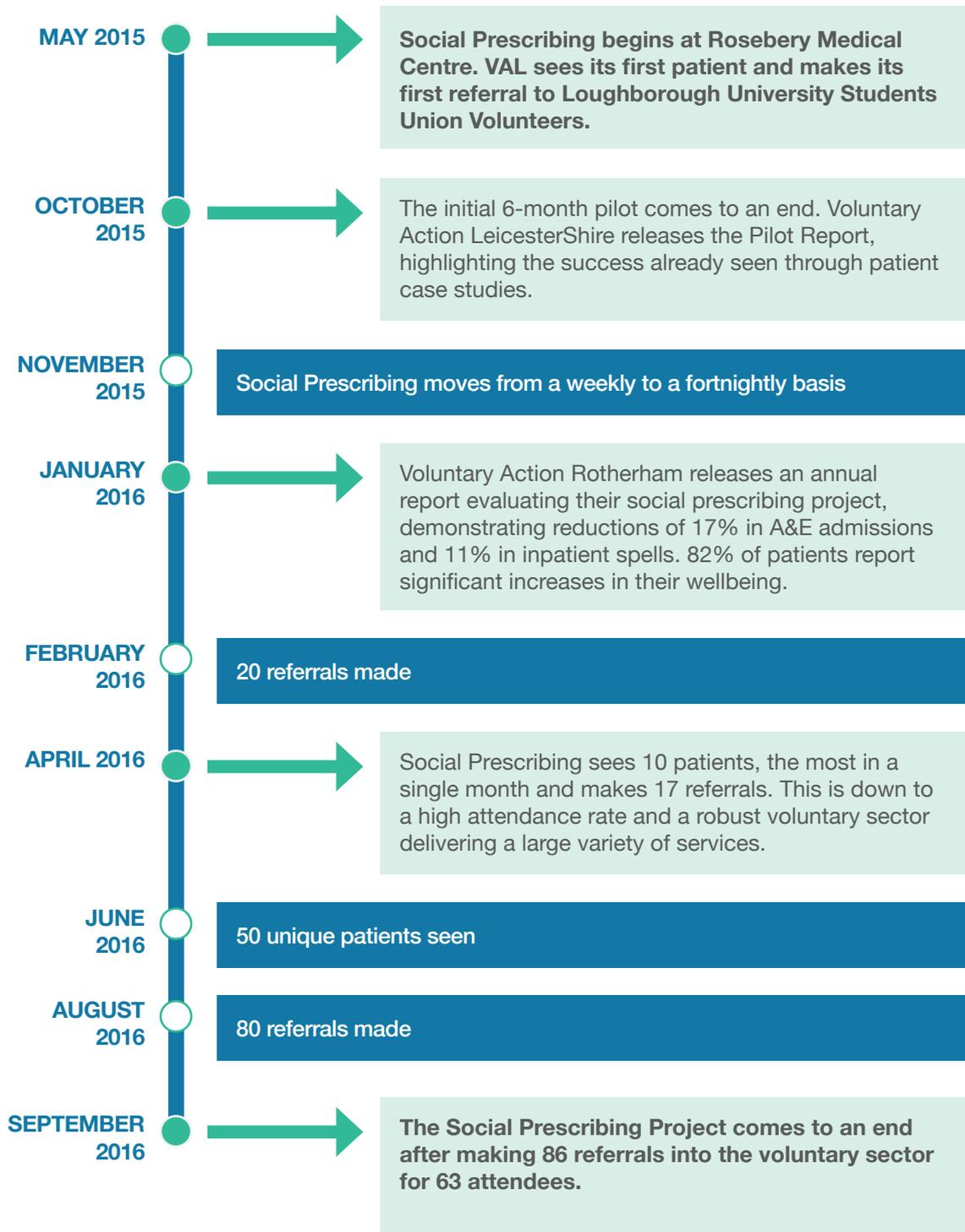
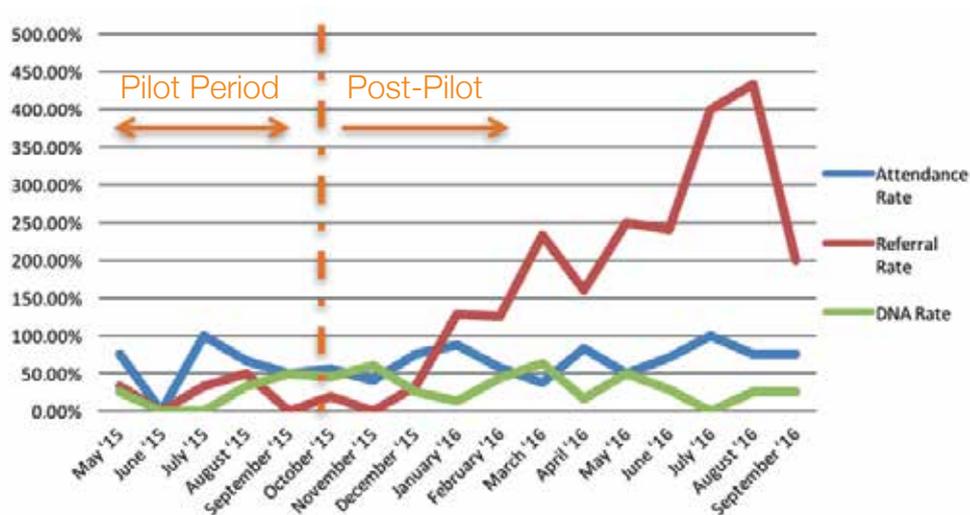


Figure 1: Attendance, DNA and Referrals

Month	Attendance	DNAs	Referrals
May 2015	3	1	1
June 2015	0	0	0
July 2015	3	0	1
August 2015	4	2	2
September 2015	4	4	0
October 2015	5	4	1
November 2015	2	3	0
December 2015	3	1	1
January 2016	7	1	8
February 2016	4	3	5
March 2016	3	5	8
April 2016	10	2	16
May 2016	2	2	5
June 2016	5	2	12
July 2016	2	0	8
August 2016	3	1	13
September 2016	3	1	6
TOTAL	63	31	87

The number of attendees each month fluctuated, generally however it remained stable throughout the project. Referrals on the other hand rapidly increased after December 2015.

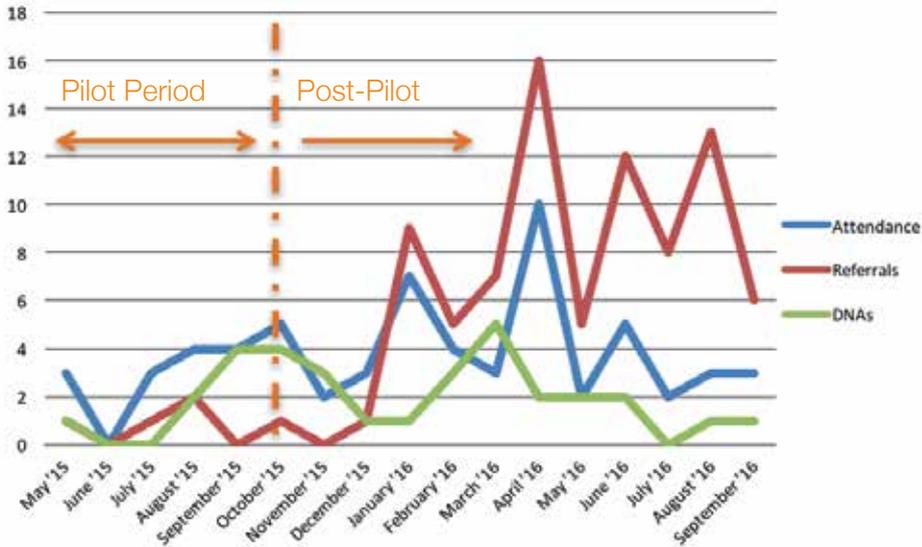
Monthly % Referral Rate and DNA Rate - Rosebery Medical Centre



The referral rate after December 2015 shows that every attendee received at least 1 referral (100%), and in some months the average patient received 4 referrals (400%). The diversity of VCS services on offer contributed to this rise.

Social Prescribing Project in numbers

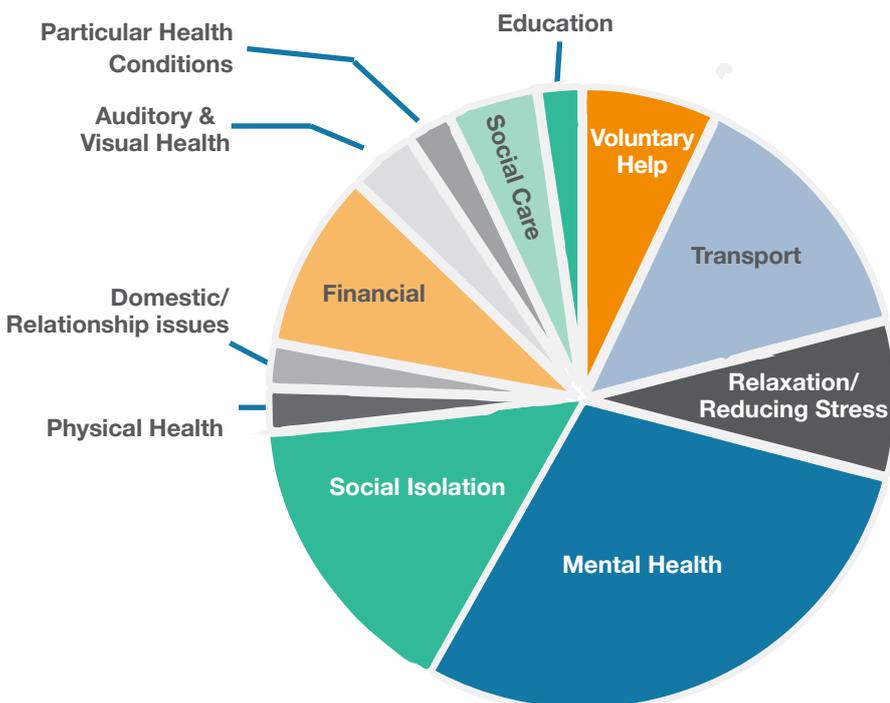
Number of attendees and referrals



A total of 54 unique patients have booked a social prescribing appointment at Rosebery Medical Centre over the course of the project, a total of 94 appointments.

Voluntary Action LeicesterShire has made 87 referrals to VCS groups over the 17 months of the project.

Issues faced by participating patients



63 Attendees to Social Prescribing Clinics

87 Referrals to Voluntary and Community Sector Groups

26 Unique Local Organisations referred to

NB: Patients often presented with a combination of these issues.

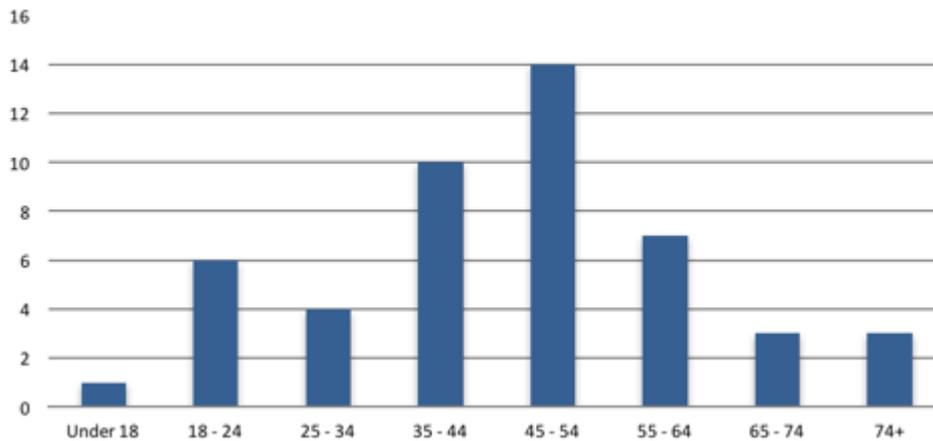
Patient Analysis: Who is accessing Social Prescribing?

Voluntary Action LeicesterShire’s social prescribing service is open to any individual over the age of 18 regardless of their age, gender or medical and social issues. This is in contrast to other social prescribing models around the UK that focus on particular types of patients, such as those with long-term health conditions. Despite this, there were a few noticeable trends appearing: over two thirds of patients were female and patients between the ages of 45 and 54 were the most likely to be referred to social prescribing compared to other age ranges.

One of the more surprising details was that there are so few patients in the 65-74 and 74+ age brackets being referred to social prescribing. This potentially points out that the idea of social isolation and other social issues just being an issue for older individuals is a misconception, at least in the area surrounding Rosebery Medical Centre and that many younger age groups suffer from isolation and associated mental health issues.

This suggests that the emphasis on prevention and early intervention for the social prescribing project is the correct approach and intervening in a patient’s issues between the ages of 35 and 54 could lead to reduced usage of health services in their older age.

Rosebery Medical Centre Attendees Age Range

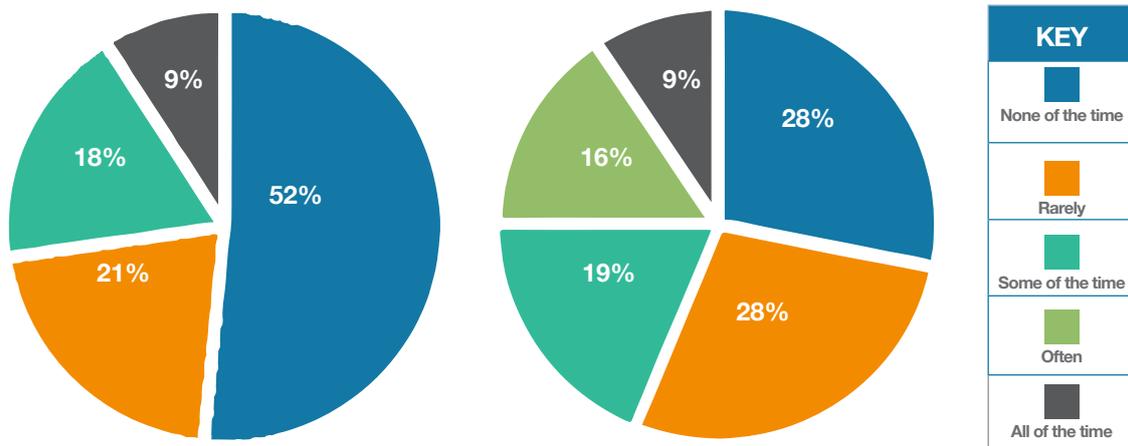


All individuals who attend a social prescribing clinic were asked to complete the Short Warwick and Edinburgh Mental Wellbeing scale. This is a series of seven statements rated 1, “none of the time” to 5, “all of the time”. As well as a monitoring tool to track the progress of patients after referral, this scale can give us insight into the issues that patients come to social prescribing with.

For example, 52% of patients have indicated they feel relaxed ‘none of the time’. This is a significant proportion, even more so when combined with the second lowest rating, ‘rarely’; in total 73% of patients attending a social prescribing clinic felt relaxed ‘rarely’ or ‘none of the time’ in their everyday lives. This illustrates the high stress and anxiety patients experience from the issues they face when they initially come to a social prescribing clinic.

I’ve been feeling relaxed

I’ve been feeling close to other people



Over half of patients said they ‘feel close to others’ ‘none of the time’ (28%) or ‘rarely’ (28%). This indicates that social isolation, or feelings of loneliness is a key issue for patients referred by their GP to social prescribing. Reducing social isolation is one of the main aims of social prescribing referrals; voluntary sector groups based in the local communities are best placed to aid in this reduction.

Following interventions from the social prescribing team 71% of patients had improved Short Edinburgh and Warwick Mental Wellbeing scores.

Case Study 1

Patient 1: Sue

Sue came to her first social prescribing clinic in early June 2016. Sue has Asperger's Syndrome which affects her social interactions and her confidence in getting out of the house.

Sue has an interest in art and had been enrolled at Charnwood College for an art course, however the limitations of Asperger's meant she could not continue.

This had left Sue isolated and at home in the care of her mum. Her mum expressed frustration with being unable to find her something she is interested in to get her out of the house and more independence. Her doctor recommended attending a social prescribing clinic to see what we could refer her to.

Short Warwick & Edinburgh Mental Wellbeing Scale – Initial Scores	
I've been feeling optimistic about the future	2 - Rarely
I've been feeling useful	1 – None of the time
I've been feeling relaxed	2 - Rarely
I've been dealing with problems well	2 - Rarely
I've been thinking clearly	2 - Rarely
I've been feeling close to other people	3 – Some of the time
I've been able to make up my own mind about things	3 – Some of the time

From conducting the Short Warwick and Edinburgh Mental Wellbeing Scale with Sue, it became clear that she was not feeling useful, optimistic or relaxed. These were mostly a symptom of her isolation.

The social prescribing team recommended Sue attend a voluntary group called Little Bird SOS based on the outskirts of Leicester. This group runs group-based arts and crafts sessions designed to provide life enrichment, education, socialisation, creative distraction and personal growth. Alongside this, Sue was referred to Charnwood Community Transport in order to get her to Little Bird SOS due to her difficulties with bus travel.

Short Warwick & Edinburgh Mental Wellbeing Scale – After Referral Scores	
I've been feeling optimistic about the future	4 - Often
I've been feeling useful	3 - Some of the time
I've been feeling relaxed	4 - Often
I've been dealing with problems well	4 - Often
I've been thinking clearly	4 - Often
I've been feeling close to other people	5 – All of the time
I've been able to make up my own mind about things	3 – Some of the time

After six weeks of using the service, Sue has shown great improvements in her mental state, improving all but one of her scores. It was noted that Sue was a little unsure at first but really enjoyed the sessions and wished to continue further after the six weeks.

Case Study 2

Patient 2: Rina

Rina was referred to the social prescribing clinic after an appointment with her GP. Through the use of the Short Warwick & Edinburgh Mental Wellbeing Scale (SWEMWS), used at the beginning of the first session, it became clear that Rina had some very complex issues including: high levels of anxiety; issues relating to substance misuse; on-going emotional abuse; and feeling vulnerable and isolated.

Short Warwick & Edinburgh Mental Wellbeing Scale – Initial Scores	
I've been feeling optimistic about the future	2 – Rarely
I've been feeling useful	3 – Some of the time
I've been feeling relaxed	1 – None of the time
I've been dealing with problems well	3 – Some of the time
I've been thinking clearly	2 – Rarely
I've been feeling close to other people	2 – Rarely
I've been able to make up my own mind about things	3 – Some of the time

Each of Rina's issues were identified and discussed during the 45-minute social prescribing appointment. It was apparent from the session how grateful Rina was to really have an opportunity to talk through these issues for a substantial length of time and to feel that there was help available in the community.

Rina revealed that she was feeling stressed due to the financial issues she was facing after losing her job in relation to substance misuse and anxiety. This led to a direct referral to an organisation called PACE, in particular the PACE Advice – Enquire service. This service offers financial advice as well as sorting through debt and giving support for ESA applications and appeals. This has helped Rina begin to resolve her issues.

Over the course of 11 sessions a PPG volunteer, alongside VAL staff, have worked through each of Rina's issues, providing peer support and suggesting voluntary and community sector organisations she could access. Her most recent SWEMWS scores show how far Rina has improved and she knows where to go to receive support for her issues in the future.

Short Warwick & Edinburgh Mental Wellbeing Scale – After Referral Scores	
I've been feeling optimistic about the future	4 – Often
I've been feeling useful	4 – Often
I've been feeling relaxed	4 – Often
I've been dealing with problems well	3 – Some of the time
I've been thinking clearly	4 – Often
I've been feeling close to other people	4 – Often
I've been able to make up my own mind about things	4 – Often

Rina has said that the social prescribing clinic itself has become a support mechanism, giving her reassurance that she will have the opportunity to regularly talk through arising issues that the volunteers will be able to offer help.

Statistical Analysis

Through our analysis of the project we can estimate that annually, social prescribing can save:

- **£49,164 - £97,381** at Rosebery Medical Centre
- **£442,476 - £884,952** within North Charnwood Federation
- **£1,081,608 - £2,163,216** across both Charnwood Federations
- **£2.3m - £4.7m** for West Leicestershire CCG
- **£7.7m - £15.4m** for Leicester and Leicestershire CCGs

One of the key purposes of social prescribing is to alleviate pressure on primary care, such as GP practices, by tackling unnecessary appointments or reducing frequent appointments. Social prescribing aims to achieve this by addressing the root cause of patient’s health issues that are often social or emotional issues such as social isolation, low-level mental health issues, and financial issues.

By analysing a cohort of patients tracked through the social prescribing project, a significant reduction can be seen in the number of GP appointments booked by patients six months after attending a social prescribing appointment compared to six months prior.

Short Warwick & Edinburgh Mental Wellbeing Scale – After Referral Scores					
Cohort	Number of Patients	Average number of GP appointments			
		6m before	6m after	Change	% Change
Over 6 months after SP	14	7.93	6.14	-1.79	-23%
Not yet 6 months after SP	14	6.64	4.14	-2.50	-38%
Whole Cohort	28	7.29	5.14	-2.15	-29%

The analysis shows that for the cohort of patients that have completed the full six months after their first social prescribing appointment, the number of appointments they have made with their GP has reduced by 23%. This equates to 25 fewer appointments over 6 months for the 14 patients. Over the course of a year, if this effect is sustained, this equates to 50 appointments. Applied to the whole cohort of 28 patients, this means 100 appointments fewer for Rosebery Medical Centre.

The average GP appointment costs £45, taking this into account, the Social Prescribing Project, over the course of a year can save £4,500 for a cohort of 28 patients.

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A fully funded social prescribing project, operating on a weekly basis, would aim to see 100 patients annually as a minimum within a single GP practice, with 200 patients as an aspirational target. This would save the equivalent of £16,110 to £32,130 in reduced GP appointments.

¹ Reference Costs 2014-15, Department of Health (November 2015)

Additionally, social prescribing can be seen as a preventative programme, tackling social issues before they reach crisis levels and deteriorate an individual's health significantly, reducing the likelihood of individuals needing costly secondary care and/or A&E admission.

Whilst VAL's Social Prescribing Project has been focused on primary care, Voluntary Action Rotherham's social prescribing project shows a significant reduction after being referred to the voluntary sector by a social prescriber. Voluntary Action Rotherham's data can be used as a guide to the reductions in secondary care usage by patients coming through VAL's Social Prescribing Project.

The average cost of an Accident & Emergency admission is £132, with a typical non-elective inpatient spell in hospital costing the NHS £2,233². With this in mind, if patients accessing social prescribing in Rosebery are similar to those in Rotherham, the equivalent of £4,507 of secondary care usage has been saved in six months at Rosebery Medical Centre. If this is sustained over the course of a year, the amount saved equates to £9,015.

Rosebery Medical Centre Secondary Care Estimates				
Number of Patients	Average number of A&E admissions			
	12m before (total)	12m after	Change	£ saved
28	36.96	30.24	-6.72	£887.04
100	132	108	-24	£3,168
200	264	216	-48	£6,336

Rosebery Medical Centre Secondary Care Estimates				
Number of Patients	Average number of A&E admissions			
	12m before (total)	12m after	Change	£ saved
28	29.12	25.48	-3.64	£8,128.12
100	104	91	-13	£29,029
200	208	182	-26	£58,058

The potential savings in secondary care for Rosebery with a fully funded social prescribing service would therefore stand between £32,197 and £64,394.

Whilst savings to the NHS are a key purpose of social prescribing, the main outcome of the service is to improve the wellbeing of patients. The benefits of social prescribing on patient's wellbeing are difficult to measure monetarily. The Rotherham project however, conducted a Social Return on Investment (SROI) utilizing measurements of patient's wellbeing after being referred and applying a monetary value to them through Quality Adjusted Life Years.

² Reference Costs 2014-15, Department of Health (November 2015)

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Through this, a SROI of £1.03 to £1.11 was calculated³ for every £1 invested by the CCG. This is important, as this alone will mean that the money invested by the CCG for social prescribing will return a positive investment in the wellbeing of their patients.

The combined savings at primary care and secondary care, alongside the wellbeing value of social prescribing for Rosebery Medical Centre will return savings displayed below.

Rosebery Medical Centre Social Prescribing Savings				
Number of Patients	Primary Care Savings	Secondary Care Savings	SROI (minus initial CCG investment)	Total
28	29.12	25.48	-3.64	£8,128.12
100	104	91	-13	£29,029
200	208	182	-26	£58,058

Social prescribing utilises the local voluntary and community sector to provide services to patients. A proportion of the budget for the project is used to finance patient referrals to these services to ensure that referral accepting groups are sustainable and not incapacitated by increased demand without funding. Over the course of the Social Prescribing Project, 207 hours from 86 patient referrals have been delivered to patients from the voluntary sector. This has cost the project around £1,994.45 or an average of £9.64/hr.

If this is compared to services provided by a social worker, community occupational therapist, family support worker or similar services where the average staff wage is between £30-40/hr, this would come to £6,210 - £8,280. This should not be taken as an undervaluing of the VCS. Rather, it should highlight that the VCS can provide excellent, focused community-based services at a lower cost than the statutory sector. The VCS does however need this investment in order to continue, and cannot be expected to step in for the statutory sector for zero cost. This is why the social prescribing service has an element of finance attached to each individual patient's referral built into its model.

³ Dayson et al. *The Rotherham Social Prescribing Service for People with Long-Term Health Conditions Annual Evaluation Report*, Sheffield Hallam University (Jan 2016)

Recommendations for the Future

With the fantastic support of PPG volunteers, practice staff and West LeicesterShire CCG, Voluntary Action LeicesterShire has achieved much with the establishment of social prescribing at Rosebery Medical Centre in the last 17 months. Looking at the future however, it is essential that patient's wellbeing continues to improve and reductions are seen in avoidable use of primary and secondary care services.

1. A Funded Social Prescribing Service

The evidence presented in this report and supported by findings from other social prescribing projects shows the efficacy of the model to provide savings to the NHS and improve patient's wellbeing. Social prescribing should be seen as a fundamental aspect of community and preventative healthcare, aiding vulnerable individuals before they reach crisis.

2. Expansion of Social Prescribing

Social prescribing has been limited at present to working within a single GP practice. VAL is actively continuing to identify ways to expand social prescribing across Leicester, Leicestershire and Rutland to support the delivery of the Sustainability and Transformation Plan.

3. Improved Evidence Base

By increasing the geographical area and the number of patients utilising social prescribing, VAL will be able to create an even larger evidence base, demonstrating the benefits of the service for patients and the local voluntary sector. This will add to the growing body of evidence in support of social prescribing nationally, in particular at primary care level where less research has been carried out.

4. Measuring Patient Wellbeing

In any future social prescribing service, more emphasis needs to be placed on the collection of qualitative data, showing the impact of social prescribing on patient wellbeing. Improved wellbeing over a large period of time will demonstrate the sustained impact of social prescribing and thus cashable savings across the NHS, delivering real reductions to demand.

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