It is estimated that 20% of patients see their GP for what is primarily a social problem (Social Prescribing Network, 2016). For these people, a medical approach is inappropriate; this can be frustrating for both the patient, who is left with unmet needs, and the GP, who wants to help but simply can’t.

Social prescribing – sometimes referred to as community referral – can help in these situations. It enables primary care professionals to refer people to local, non-clinical services with the aim of improving their health and wellbeing (The King’s Fund, 2017).

Social prescribing is a holistic, integrated approach to healthcare, which recognises that health is determined not just by the absence of disease and injury, but by a range of social, economic and environmental factors. It empowers people to manage their health and wellbeing when faced with social, physical and emotional challenges.

It isn’t a new concept – social prescribing has been used by the NHS for many years, with a number of schemes dating back to the 1990s, and one to 1984 (Bromley by Bow Centre, London). Today, there are more than 100 schemes running in the UK, with a quarter of these based in London.

**WHAT DOES IT INVOLVE?**

There are many different models of social prescribing, but most involve a link worker or navigator, who works closely with the referred individual to help them access local sources of support that best suit their needs. The types of support will vary according to availability, with many services offered by voluntary and community organisations. These might include housing and financial support; education and learning; gardening and other creative activities; cooking and healthy eating; counselling, mindfulness and complementary therapies; and support groups (for example, for those affected by cancer or type 2 diabetes).

**WHAT ARE THE BENEFITS?**

The aim of social prescribing is to support people with a wide range of social, emotional and practical needs, often with a focus on improving their mental health and physical wellbeing. Those who could particularly benefit from these schemes are people affected by mild or long-term mental and health problems, vulnerable groups, socially isolated individuals, and people who often access primary or secondary healthcare (The King’s Fund, 2017).

Evidence on the effectiveness of social prescribing is currently limited and researchers have highlighted the challenges of measuring and comparing the outcomes of complex schemes that often rely on qualitative data. Despite this, The King’s Fund highlights on its website that some studies have pinpointed improvements in quality of life, wellbeing and levels of depression and anxiety. One study even showed a reduction in GP attendance rates for most of those who had accessed that particular social prescribing scheme.

Social prescribing has been referenced in a number of government health and care papers and policies, and it also supports the principles set out in the NHS Five Year Forward View (NHS England, 2014). The Social Prescribing Network, co-chaired by Dr Marie Polley and Dr Michael Dixon, was launched in 2016 by the University of Westminster and the College of Medicine to promote social prescribing, carry out collaborative research and produce recommendations with a view to influence long-term policy and investment.

Do you offer therapies as part of a social prescribing project? Tell us more by emailing Karen at kyoung@fht.org.uk

**REFERENCES**

For full references, go to fht.org.uk/IT-references

With thanks to Dr Dixon and colleagues. For more information about social prescribing visit collegeofmedicine.org.uk or kingsfund.org.uk

BEYOND GENERAL PRACTICE

AN INTRODUCTION TO SOCIAL PRESCRIBING AND ITS ROLE IN HEALTH AND SOCIAL CARE