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PUBLIC PERSPECTIVES OF SOCIAL PRESCRIBING

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Abstract

Background: There is a strong national drive within the UK government and NHS for social prescribing. Previous research studies have mainly focused on service user perspectives and evaluating their experiences. There is limited evidence on how the general public perceive and understand what social prescribing is and how these views could influence service planning and delivery. This paper seeks to understand perceptions of social prescribing within the wider community.

Methods: Semi-structured focus groups were conducted with 37 members of the public in four areas in north-west England. We explored public awareness and understanding of social prescribing.

Results: Limited knowledge of the term social prescribing was found amongst participants as well as limited involvement in community discussions of the topic. Concerns were raised about the short-term nature of activities and the need for adequate resourcing to support continuity of service provision. The social prescribing link worker was considered to be important in supporting engagement with services and it was preferred this role was undertaken by people with local knowledge.

Conclusions: The findings provide evidence of public perspectives on social prescribing and highlight how wider community perceptions can supplement service user feedback to support social prescribing service planning, commissioning and delivery.

Key words: Public, lay knowledge, social prescribing, commissioning

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INTRODUCTION

Social prescribing (SP) is considered to have a key role in contributing to the personalised care agenda and addressing health inequalities.[1,2] The UK Government's Loneliness Strategy[3] and NHS Long Term Plan 2019[4], emphasise the role of SP link workers in supporting the health and social needs of individuals with the NHS plan calling for a roll-out of link workers in all primary care networks by 2020/21.[5]

There are many definitions and models of SP. A recent House of Commons publication defines it as *'a means for GP's and other health professionals to refer patients via a link worker to non-clinical services in the local community'*[6] whilst a broader definition is provided by NHS England: *'Social prescribing is 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.'*[7] Regardless of the variations in definitions and language used, the key aspect of SP is the referral of individuals to community-based non-clinical services to improve health and well-being.[8]

The role of lay knowledge is increasingly recognised to provide experiential knowledge alongside practitioner, policy and research perspectives, contributing to the understanding of relationships between the behaviour of individuals, their life circumstances and how they might understand the causes of disease and illness;[9,10] In the UK, national policy has also placed emphasis on enabling individuals and communities to have a greater role in influencing how health and social care services are delivered.[11] Evidence has highlighted the benefits of patient and public involvement at various stages of the healthcare system including how services are planned and delivered.[12,13]

In the context of SP, several studies have evaluated impacts for service users, focusing on exploring experiences of effectiveness and considering how individuals access and benefit from participation.[14,15,16,17] However, few studies have explored the views of the general public or community perceptions of SP, how it is understood and how such insights could contribute to/influence local service planning and delivery.

This paper utilises lay knowledge to understand perceptions of SP within the wider community. The findings are presented under two headings, knowledge and awareness of SP and factors for

consideration in the implementation of SP. We conclude by discussing how this research can be used to inform SP practice.

METHODOLOGY

Researchers (KK,FW,VH) from North-West-Coast Applied Research Collaboration (ARC-NWC) conducted the fieldwork between December 2019 and January 2020 in four socio-economically disadvantaged areas in North-West England. The areas were chosen as they represent the geography of ARC-NWC which includes South Cumbria, Lancashire, Cheshire West and Merseyside. Four focus groups were conducted, using a semi-structured guide exploring participants' understanding of SP, awareness of SP activities and the role of communities in service development and provision. The schedule's a priori questions were developed in response to existing evidence and the study's research questions. During focus groups, additional questions were introduced based on participant responses or to encourage participants to elaborate on points, for example, where respondents raised points about SP particularly salient to their local context.

An animation 'What is Social Prescribing?' was used as a visual stimulus to provide context for those unfamiliar with the topic.[18] Stimuli materials such as video or audio clips can also help generate discussion around topics relevant to the research agenda.[19,20]

Recruitment was undertaken by four community organisations based in each area who had extensive experience of engaging residents and working collaboratively with the research team. Purposeful sampling aimed to capture perspectives from adults across the life-course. Diversity was sought with respect to gender, disability and employment status. All participants were over 18 years old with the capacity to consent. Participants were approached face-to-face or by telephone, given an information sheet and asked to sign a consent form prior to the focus group. The groups took place in community venues.

Thirty-seven participants were recruited to the four groups (Table 1). Participants were not expected to have prior knowledge/experience of SP though coincidentally 14% (n=5) of participants had accessed SP and were able to share their experiences.

Table 1: Demographic details reported by participants

		No. participants	%
Gender	Female	19	51%
	Male	18	49%
Age group	18-44	8	22%
	45-64	21	57%

	65+	8	22%
Ethnicity	Identified as a minority group (i.e. not White British or English)	3	8%
Disability	Identified as having a disability	12	32%
Employment status	Economically active	14	38%
	Economically inactive	18	48%
	Not stated	5	14%

Data Analysis

Focus groups were audio-recorded and transcribed for coding. Thematic analysis was conducted and a coding frame developed using a-priori themes based on the topic guide, with further codes added as they emerged from the data.[21] (Table 2) The coding frame was initially applied by one researcher(KK) and then a second researcher(FW) double-coded extracts from one group to a sample of nodes. The framework was then reviewed and modified, the second researcher continuing to code 20% of the data. Inter-reliability was tested using NVivo coding comparison: the agreement score was 92% and over for each code. Where quotations have been used, the reference includes a numbered area for each group and FG to indicate focus group e.g. Area1-FG-participant.

Table 2: Coding frame and nodes

Main Node	Additional nodes
Awareness of social prescribing	Involvement in SP activities, knowledge of SP activities, knowledge sources, language used, limited knowledge, positive views/benefits of SP, similar roles to SP, what can SP address
Delivery of social prescribing	Approaches to SP, considerations for delivery information sharing, link worker role, local service provision, SP within primary care/NHS context referral processes, resources, ,
Planning/implementation of social prescribing	Continuity, funding, raising awareness, importance of identifying needs, buy-in from professionals, role of others,
Role of communities	Barriers/considerations for community involvement, communities supporting, encouraging access to SP, local knowledge/insights, volunteering
Take up of social prescribing	Access, other barriers, personal factors

ETHICS

Ethics approval was granted by Lancaster University Faculty of Health and Medicine Ethics Committee in November 2019.

FINDINGS

Knowledge and awareness

At the beginning of each focus group participants were asked if they had heard of the phrase 'social prescribing'. There were notable variations in the level of awareness ranging from no awareness to having a good understanding.

"I think I've heard of it in the context of instead of people being given medication, they are prescribed…a social activity." (Area1-FG-participant)

In the Area 2 focus group, all participants said they had heard of the phrase although only a few participants had a good understanding. Most participants in Areas 1, 3 and 4 were not familiar with the term as these participants describes:

"I've never heard of social prescribing." (Area3-FG-participant)

"I didn't know about social prescribing. I would love to do something… alternative… because I feel like I'm rattling with the medication." (Area4-FG-participant)

Participants also felt there was limited knowledge in the wider community about SP and suggested that individuals needed to be made aware of the offer and how they might access SP:

"Most probably our neighbours maybe don't know what social prescribing is… I think it's the message, getting it out really." (Area2-FG-participant).

Once participants were shown the animation this led to further conversation about the term. Some suggested the concept of SP was not *'something new'* and that the language being used was referring to a broad range of existing community-based activities:

"It is happening in lots of places but we just don't necessarily call it that, it's happened for a long time in lots of places just never tagged it in that name." (Area2-FG-participant)

Participants identified a range of activities they felt fell under the umbrella of SP. This included services organised through the NHS they specifically considered SP such arts and exercise 'on prescription', health referral to gyms and other activities that involved being referred though a professional:

"This kind of thing called Arts on Prescription… used to be quite widespread. It was really good." (Area1-FG-participant)

"For Slimming World, mine was through a blood test, my blood sugar it was… more or less border of being… you know having type 2 diabetes. So, I was sent there and I was sent on the course." (Area2-FG-participant)

Discussions also reflected on the role of local community and leisure organisations. In particular participants talked about activities run through community organisations such as women's and men's groups, luncheon clubs, walking groups, mental health support groups, and arts and crafts

activities. The role of other organisations such as churches, libraries and sports clubs were also recognised as potentially contributing to SP activity:

"I've been involved with… [organisation name]… classes as prescribing in a way… it's for mental health, wellbeing you know, depression and anxiety and… tries to prevent social isolation and… like come down for a crack and a cuppa… in amongst folk." (Area2-FG-particpant)

"We have a Thursday group here [library] *that's quite good. I think it's got people out of the house."* (Area1-FG-participant)

Considerations for service planning and implementation

Issues related to the planning and implementation of SP were raised across the groups. Three main themes of funding, the link worker role and community engagement are described below.

Funding and continuity

Firstly, there was considerable discussion about the resources required and the need for continuity of provision. Participants recognised that for SP to be successful, sufficient activities need to be available locally to meet demand. Yet, participants spoke about community groups or organisations which no longer existed due to limited funding and the impact this had on the availability of activities:

"We don't even have a children's centre round here with the funding… and that was getting parents together in the local school." (Area 4 FG-participant)

All groups raised concerns over the short-term nature of funding for community-based projects and activities. Participants felt it was important that SP itself was not implemented as another short-term initiative. "*That's the problem isn't it and the money is never there for long-term.*" (Area2-FG-participant). This was felt to not only impact the offer of SP and what people can access but also meant there was little continuity in activities, in turn impacting outcomes, as these participants described:

"I mean it's alright saying we will put you on this and you are on for six weeks. Well then, that ends, people don't do it no more." (Area4-FG-participant)

"The problem with a lot of community-based projects… they have funding for like six months, twelve months… and then the funding stops and everybody dwindles away… it is difficult… it needs to be done properly and it needs to be funded properly. Long-term." (Area1-FG-participant)

One participant summed up the importance of not just focusing on funding the roles required to deliver SP but the need to consider what local provision is required to support its delivery:

"It's both sides of it there is money… for the link worker… role the NHS has introduced then there is the other side of the activities that may come with a cost… to plan and deliver." (Area3-FG-Participant)

Link worker role

Secondly, discussions focussed on the role of the link worker and the skills required. This included personal characteristics such as empathy and compassion as well as skills in putting people at ease. Participants felt that in order to support successful engagement it was important that the role was not undertaken by *'just like anyone' (Area4 FG-participant)*. It was suggested that the link worker needed to be someone who was relatable and with experience of working in the community. References were made to the link worker being "*someone who is local and has got knowledge of the area (Area3-FG-participant)* as well as '*being based in the community.*' (*Area3-FG-participant*) Relationships and trust were also considered crucial to patient engagement:

"I think it's also down to trust… as well in [City] *they trust people, people that they know, and… relationships are based on trust." (Area4-FG-participant)*

Community Engagement

Finally, many focus participants highlighted that they had not been involved in conversations about SP before and the discussions had provided them with a valuable opportunity to share their perspectives. They suggested it was important to engage residents in discussions about SP and this could help influence how SP was delivered by providing better insights into local communities and their needs:

"I think the community should be involved in the planning stages" (Area3-FG-Participant) "they need to shape it don't they." (Area2-FG-participant)

"You often hear it said don't you that you know err people higher up that's making decisions just haven't got a clue what is going on… I think it's a really good thing to consult with normal people." (Area1-FG-participant)

Communities were considered to have local knowledge and insights which could help inform service providers, particularly when it came to understanding local needs:

"Find out what the needs are... and to ask that question in communities rather than for [professional] *people to think what's needed." (Area2-FG-participant)*

Participants also suggested that members of the community could support others to access SP activities by sharing information and their own experiences of accessing services:

"So, you know it's like… I had this link worker and she helped me with this… word of mouth also helps." *(Area1-FG-participant)*

DISCUSSION

Main findings of this study

The study found there was limited public knowledge of the term 'social prescribing', and where there was some knowledge, this was due to being directly involved in activities referred to as SP. However, participants unaware of the term were able to recognise a range of activities which could be prescribed once it was explained. In this respect, the video and focus group discussion appeared to encourage participants to think about activities they were familiar with and how they linked to SP. This highlights the need to consider the appropriateness of the term and how this may impact the reach of SP. If individuals do not understand what it means they are less likely to engage. Husk et al refer to enrolment in SP, indicating that if individuals perceive that SP will do them good they are more likely to be interested in taking up the offer.[22] This cannot be achieved if individuals do not understand what the service can offer. This is particularly relevant for service delivery as one challenge cited in scheme evaluations has been the issue of engagement in SP interventions.[23] Therefore, it is important that the language being used with communities focuses on the key concepts of SP such as its non-clinical approach, connecting people to community-based support and using personalised approaches to meet health and wellbeing needs. This would enhance the understanding of what SP means and what it offers.

There were considerable concerns about the availability of local resources to support the delivery of SP. Local knowledge demonstrated that the closure of organisations and local activities may limit the range of provision that individuals could be referred to. The short-term nature of community-based activities was considered to negatively impact the continuity of the benefits that SP could provide. Community infrastructure and local provision are regarded as key components for the success of SP services.[24,25] As Woodhall et al. indicate, there needs to be a range of options available in order for SP to address the needs of individuals.[26] The findings highlight the need for commissioners to consider how local provision can be better supported to ensure the availability of activities to support SP.

The emphasis on the role of the link worker and the need to have a good understanding of the community indicated a preference for local people to be working in these roles. It was felt this would support more effective relationships and help develop trust between link workers and those accessing SP. Individuals need to believe that being referred to a link worker is going to benefit them: to support

this, link workers need the skills to encourage recipients to 'open up' and demonstrate they can offer tailored support.[27]

Finally, it was evident that most participants had not previously had the opportunity to participate in discussions about SP. Participants felt it was important to engage with communities as they had local knowledge and insights which could help support the delivery of SP to better meet the needs of those it is trying to reach.

What is already known on this topic

Members of the public have been involved in studies exploring the service user perspective of SP. These studies have highlighted experiences of referral processes, engagement and outcomes achieved and have generally focused on particular schemes or interventions.[28,29,30] Little has been reported about the public's perspectives of SP and its relevance to service delivery and planning.

What this study adds

This study provides an alternative perspective of how people who have not necessarily accessed SP understand SP and what factors might support better access to SP and improve its delivery. Many studies focusing on service user outcomes have not explored how the term itself is understood. This raises questions about those who do not engage and how their understanding of SP and the language used may be negatively impacting engagement. The need for raising awareness and understanding of SP has been highlighted. This study also emphasises the importance of appropriately skilled link workers and adequate resources including sustainable local provision to support the delivery of SP. In addition, it draws attention to the role local communities can play in service planning/delivery and the value in to engaging local communities. These findings provide SP commissioners and providers with practical considerations for service delivery which not only consider resources required to deliver effective services but also the importance of actively involving communities in decision-making and planning processes to develop provision that better meet local needs. Involving communities can also lead to increased service awareness and improved communication between patients and service providers.[31]

Limitations

Although efforts were made to widen participation, the focus groups were not as diverse as they could have been in terms of age and ethnicity. The final sample included a larger proportion of White participants aged over 44. Recruitment was conducted through community organisations which have encouraged participation from individuals more familiar with services rather than individuals who do

not engage. We also acknowledge the study was based in one region and therefore accounts and experiences of SP may not be generalisable to other parts of the country.

Data availability

The data underlying this article cannot be shared due to the nature of consent obtained. For further information about the data, please contact the corresponding author.

Conflict of interest

The authors declare no conflicts of interest relating to the research, authorship or publication of this article.

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