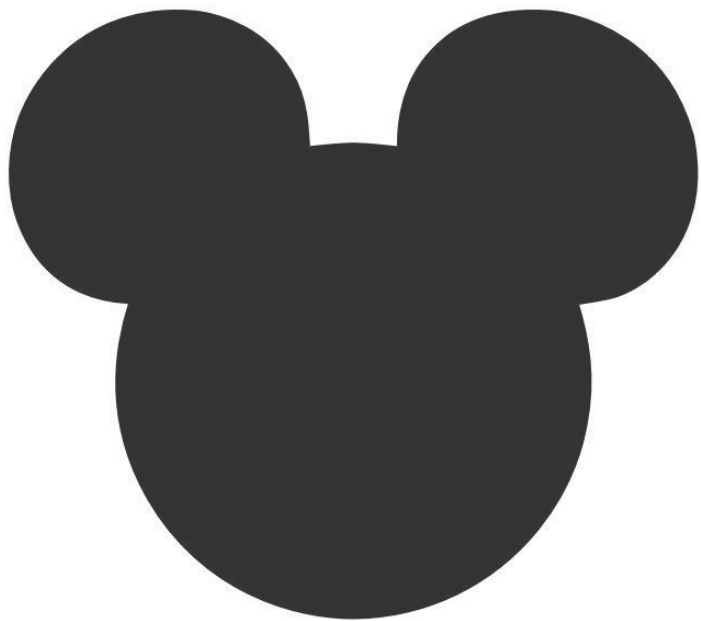


PREPARING THE PRESCRIPTION



Julie Barnett
Hannah Durrant
Emily Rempel



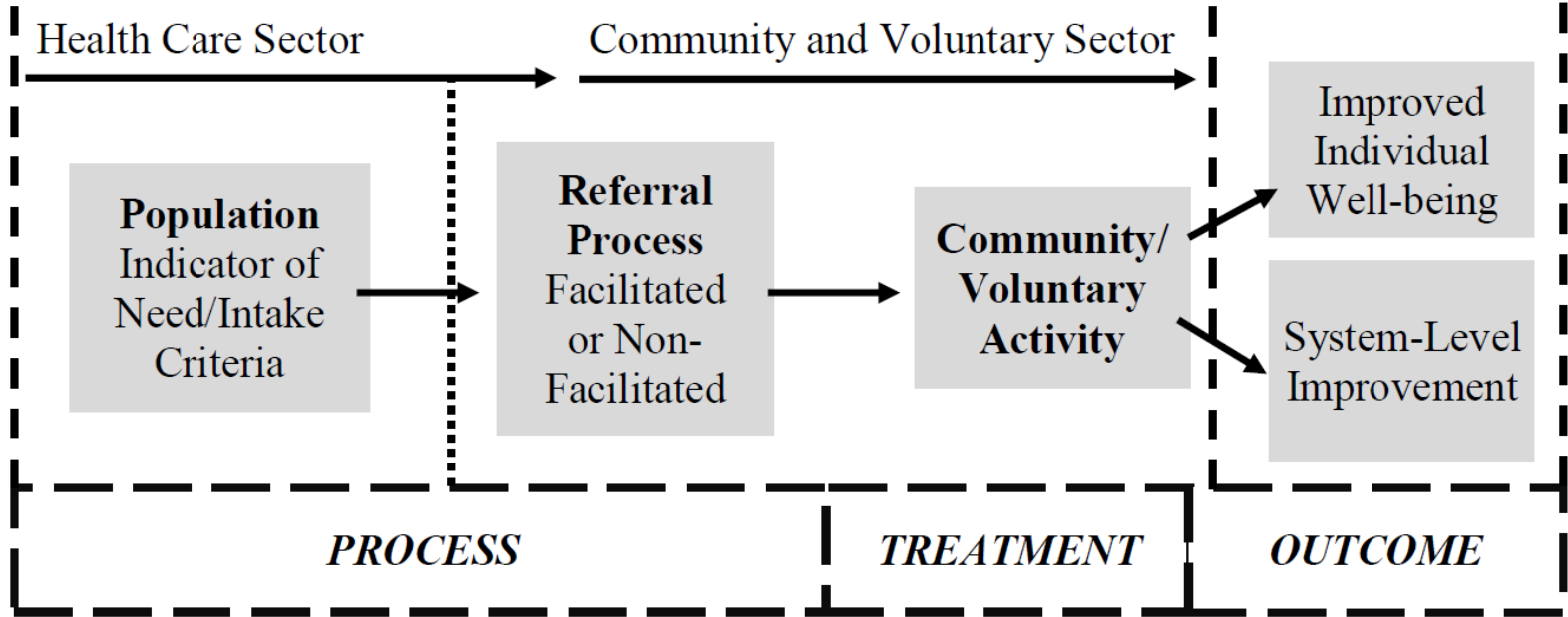
“The tonic effect of fun and play has long been recognized as an *antidote to the stresses*, worries, labors, and responsibilities of our workaday life...we must diagnose and *prepare the prescription*.”

Walt Disney, JAMA, 1958

WHAT IS SOCIAL PRESCRIBING?

- **Common definition:** ‘Social prescribing is a way of linking up patients in primary care with sources of support in the community’ (University of York, 2015).
- **Initial project definition:** Linking up ‘frequent users’ from primary care with the third sector.
- **Kimberlee et al.’s (2014) categorisation** of social prescribing mechanisms:
 - Signposting
 - Light
 - Medium
 - Holistic

Figure 2: ‘Social Referral’ Process



IS THERE A LACK OF EVIDENCE?

- “There is **little in the way of supporting evidence** of effect to inform the commissioning of a social prescribing programme.” (University of York, 2015, pg. 4)
- There is relatively little peer-reviewed research (n=7?).
 - a. Both grey literature and academic research offer inconclusive results.
 - b. Methodology is generally poor and study quality low.
 - c. Very small sample sizes.



THE 'BIG' QUESTIONS ABOUT SOCIAL PRESCRIBING



1. Who is the target **population**?

- a. Socially isolated? Those with 'mild/moderate' mental health problems? Individuals with long-term conditions? Elderly? Anyone in the community?

2. Is the benefit from the **referral process itself or from the activity**?

- a. Is it mostly about social support?

3. What are the **outcomes**? Aka: does it work?

- a. Individual: Personal wellbeing? Physical health? Social interaction?
- b. System-level: GP visits? Costs? Time? Environment?

SOCIAL PRESCRIBING IN BATH AND NORTH EAST SOMERSET



- Wellbeing College
 - *Signposting and light referral.*
- Developing Health & Independence MyScript Programme
 - *GP-referred, facilitated social prescribing, initially targeted at high GP users.*
- Second Step
 - *Facilitated mental, health and social care in the community.*
- Range of other wellbeing services, see:
<http://wellbeingoptions.co.uk/>

WHAT IS OUR SOCIAL PRESCRIBING PROJECT ABOUT?



Bath & North East
Somerset Council



Innovate UK
Technology Strategy Board

Digital Algorithms



BEMIS

‘Collaborating to Deliver Social
Prescribing in Bath and North East
Somerset’

- (1) Improving signposting
- (2) Integration with GP referral systems
- (3) Exploiting data to enhance services**

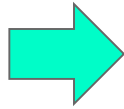
WHAT DID WE DO?

'WE' = UNIVERSITY ARM OF THE PROJECT

- Literature review
- Retrospective data focus
- Prospective data focus

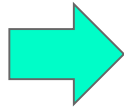
WHAT DID WE LEARN FROM THE LITERATURE?

What are the *aims* of social prescribing initiatives?



- individual health problems - mental, physical and social wellbeing
- system issues - cost savings, resource reallocation, environmental protection

What *measures* were used to evaluate whether the aims of social prescribing were met?



- 33 studies and 104 measures/methods
- Most common measure was of mental wellbeing - Warwick Edinburgh scale - used 6 times



- Multiple populations

DOES THE VARIATION IN AIMS & MEASURES MATTER?

No - we expect variation in aims and measures when addressing different problems with different interventions with different populations

Yes - there is some commonality in outcomes e.g. mental wellbeing

Yes - all of these programmes refer from health services to community and so reasonable to expect some standardisation of the linking is done and how it is evaluated

Yes - very difficult to learn what works, why, when and for whom.



WHAT DID WE WANT TO DO? RETROSPECTIVE DATA FOCUS

Set out to learn from administrative data about location of need and how social referral initiatives were meeting need

BUT...

Data could not be accessed, had not been collected, could not be shared, had to be paid for, was not shareable



REFLECTIONS ABOUT DATA...

In theory data could provide important intelligence about social prescribing - what is needed, what is wanted and what works where, when and for whom

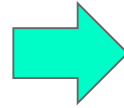
OUR DATA JOURNEY

Seeking retrospective consent
Liaising with the CCG
Registering as data processor
Looking for other data

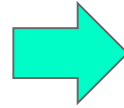


PROSPECTIVE DATA FOCUS

Interviews with providers of
community/voluntary activities



Interviews with people registered
to attend a course before they
attended




What do people
want? What do they
expect? Who does
the course work
best for?
How can the course
be meaningfully
classified/tagged
for signposting?

PROSPECTIVE DATA FOCUS


Questionnaire Survey

Those registered with social prescribing services & the Wellbeing College; those who have /have not accessed NHS for mental health problems

Recognising the importance of *wants* as well as *needs*



Also signals patterns of demand for courses



What is the relationship between wellbeing measures?

- Warwick Edinburgh Mental Wellbeing Scale
- Five Ways to Wellbeing
- ONS Wellbeing measure
- Inventory for Brokerage Service Outcomes

How do these relate to patterns of *trust* and *social connection*?

How do they relate to activity *preferences*

How do measures of *wellbeing*, *trust*, *social connection* and *preferences* relate to *course choices*

WHAT DID WE FIND ABOUT THE MEASURES?

- ★ **340 UK respondents filled in a cross-sectional survey of various well-being measures including a single-item on whether they had any mental or physical condition that impacted their well-being.**
 - Enabling comparability
 - Minimising overlap

★ **Recommendation: Short Warwick-Edinburgh Mental Wellbeing Scale, the ONS question on anxiety, and family group connectedness (or social connectedness).**

- Core and ancillary set of social prescribing measures.
- Identify aim first then choose from recommended sets of core measures, supplementing with measures specific to each programme or course.

FINAL THOUGHTS

Need to consider *prescription* and *subscription*: a tiered service with multiple users

Need to consider role of the referral service *and* the opportunity/activity being referred to

Building in evaluation from the start using appropriate measures to see what works for who and why

We need to theorise what is responsible for effectiveness

How best to transfer learning into practice? And how might it be instantiated in technology for referring or choosing?

In longer term - co-design necessary for making data useful

NEW PROJECT: SUSTAINABLE PRESCRIBING

Funded by Wessex Water and an EPSRC Impact Acceleration Grant

Aim - to reduce the load of pharmaceuticals in the environment

Waste Water Fingerprinting for Public Health Assessment

Can use of prescribed pharmaceuticals be reduced by the use of social prescribing?

THANKS FOR
LISTENING

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