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Brokering Innovation Through Evidence

TITLE: Equity in accessing social prescribing: who is being referred and who isn't?

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Aim of Study

Social prescribing has been taking place in the UK in many different forms and supports health professionals to refer people to a range of local community based, non-clinical services dependent on their individual needs. More recently it has become a key component of NHS policy and practice to deliver personalised care.(1) This has led to a significant amount of social prescribing activity taking place in general practice settings. Primary care patient management systems such as EMIS (a web based primary care data system that holds electronic patient records and is widely used across Lancashire) are also being used to record information on those being referred to social prescribing. Primary care patient management systems such as EMIS (a web based primary care data system that holds electronic patient records and is widely used across Lancashire) are also being used to record information on those being referred to social prescribing.

Evidence indicates that social prescribing can have positive impacts on health and well-being and it is often described as an intervention that can help address the wider determinants of health and help reduce health inequalities.(2) However emerging research findings also suggest that some groups such as younger people, men and minority groups are underrepresented and appear not to be engaging with social prescribing.(3)

It is not known if these groups are in fact being offered social prescribing and then decline or are simply not being referred by general practitioners (GP's).

This project explored the feasibility of accessing primary care data to understand which population groups were being referred to social prescribing and

which groups decline social prescribing at the point it is offered in primary care. The study also explored if there were

What did we do and who was involved?

The research was undertaken by the ARC-NWC Equitable Place-Based Health & Care (EPHC) theme. NHS HRA approval for the study was granted in December 2021.

The project involved collaborating with the North West Coast Clinical Research Network, Lancashire and Midlands Commissioning support Unit. Two Public Advisors and a stakeholder from the VCSFE sector were involved in the planning and conduct of the project as well as exploring preliminary findings.

11 GP practices were recruited from Blackburn with Darwen (n1), Blackpool (n3), East Lancashire(n4) and Liverpool (n3). All practices signed an organisational information agreement.

A search strategy was developed to extract data from EMIS that captured details of any patient who had been referred to social prescribing or had declined. The table provides a summary of the individual level data that was requested:

Main demographics	Other	General Health	Excluded	Excluded
Age	Mental Illness	Respiratory	Marital status	Sexual orientation
Gender	Housing	Obesity	Interpreter need	Non-English speaking
Deprivation score	Employment	Diabetes	Education Status	Nationality
Ethnic group	Carer status	Heart Disease	Disability	

Data analysis was carried out to compare main demographics to the practice population and to assess referral and decline rates.

What did we find out?

We found that GPs were recording data on patients who were being referred as well as those declining the offer of social prescribing.



However, this was not consistent for all the different variables. We found that age, gender, ethnicity and IMD scores were more commonly recorded for patients. Wider determinants such as if someone was unemployed, their educational status or if they had a disability or needed language support were less likely to be recorded.

Who is participating in social prescribing

We found:

- That younger people (aged up to 30) were underrepresented. Mean age for those declining was higher than those that accepted a referral
- A slightly higher number of women than men were being referred compared to practice populations. But there were no significant difference in those declining
That the Asian group was underrepresented in those being referred to social prescribing but were not more likely to decline the offer.
- The highest number of referrals and declines were recorded for the white group. That over 75% of those being referred to social prescribing had a diagnosed mental health condition. Those with a diagnosed MH condition were less likely to decline the offer of social prescribing.
- Individuals with one or more diagnoses of long-term conditions (respiratory, coronary heart disease, obesity and diabetes) were more likely to decline a referral to social prescribing compared to those with no diagnosis.

Where data was available for housing status, employment and carer status we found:

- homeless individuals were less likely to decline referral but those in supported living accommodation had a higher than expected rate of decline.
- Unemployed individuals were less likely to decline referral than employed or retired individuals.
- Carers and those receiving care had a lower than expected rate of decline and were less likely to decline than the rest of the social prescribing population.

What does this mean for service delivery and research?

The findings suggest young people and some minority groups are more likely to be less represented as they are not being referred into social prescribing as much as other population groups. In particular we found that Asian group was being referred less than the white group. These findings raise some important questions about referral behaviours, how do GP's decide who to refer and why? 3The findings suggest young people and some minority groups are more likely to be less represented as they are not

Next Steps

- Develop a grant funded study to conduct research into referral behaviours, identifying barriers to access and how particular population groups can be supported to engage with social prescribing.
- The EPHC theme plan to disseminate these findings with key stakeholders and publish a research paper.

References

1. Supporting social prescribing in primary care by linking people to local assets: a realist review |BMC Medicine |Full Text (biomedcentral.com)
2. Pescheny J, Randhawa, G, Pappas Y, The impact of social prescribing services on service users: a systematic review of the evidence, European Journal of Public Health, Volume 30, Issue 4, August 2020, Pages 664–673, <https://doi.org/10.1093/eurpub/ckz078>
3. Khan K, Goldthorpe J, Wilson et al Evidencing the Impacts of Social Prescribing. <https://arc-nwc.nihr.ac.uk/wp-content/uploads/2021/12/Evidencing-the-Impacts-of-Social-Prescribing.pdf>

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ARC North West Coast

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