



FEATURE

Social prescribing: coffee mornings, singing groups, and dance lessons on the NHS

The UK government wants to formalise doctors' referral of patients for community activities and is setting up an academy to advance the practice. **Ann Robinson** asks whether it can improve patients' outcomes and save waste in the NHS?

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"Dance lessons for the lonely on NHS," led the *Daily Mail* in October.¹ "GPs should prescribe hobbies like ballroom dancing, gardening and art classes to millions of people, because it is often better than drugs," said the *Telegraph*.²

This "social prescribing" is being touted widely as a panacea, including for loneliness,³ obesity, depression, and osteoarthritis. The health and social care secretary, Matt Hancock, is a fan: he wants social prescribing to relieve pressure on the NHS and improve patients' outcomes.

At an event at the King's Fund think tank on 6 November, Hancock, a former culture secretary, said, "For too long we've been fostering a culture that's popping pills and Prozac . . . Arts and social activities can help us move to more person centred care and increase focus on prevention.

"I see social prescribing growing in importance, becoming an indispensable tool for GPs, just like a thermometer or a stethoscope may be seen today."

He gave as an example the Alchemy Project in Lambeth, London, which uses dance as part of an integrated recovery model in early intervention in psychosis.⁴ And he mentioned hospitals in Gloucestershire that offer singing groups for people with chronic lung conditions to teach them a better understanding of breath control while aiming to improve self esteem and reduce social isolation.⁵

Hancock also announced the government would create a National Academy for Social Prescribing—"an online platform where training, guidance, research, and evidence based practice can be shared and discussed."

The King's Fund event was held in collaboration with the College of Medicine, which advocates for a more holistic approach to healthcare, and the Social Prescribing Network, which is building an evidence base for social prescribing, sharing best practice, and setting up regional networks.

Alternative or addition to drugs

According to the King's Fund, social prescribing, or "community referral," offers a practical alternative to drug treatment.⁶ Primary and secondary care professionals can refer people to a

range of local, non-clinical services to "address people's needs in a holistic way" and "to support individuals to take greater control of their own health."

It's part of a bigger vision for the NHS, going beyond integrated care to population health, joining up the NHS, local authorities, and third sector and private services, in which communities have a key role in improving health.^{7 8}

The Somerset GP Helen Kingston points out that social prescribing can complement drug prescribing. As the founder of the Compassionate Frome Project, which connects isolated patients with community groups, she tells *The BMJ*, "The term 'social prescribing' has a rather passive connotation and implies that the doctor knows best."⁹

"But it's much more about active listening, understanding what is most important to the individual, and working together to consider a broad range of options to enhance connectedness and community.

"It's what good general practice has always been about. It's the art rather than the science of medicine, and acknowledging the complexity of the human condition. It's knowing when to use each [type of prescribing] and sometimes using them together rather than simply an alternative to a prescription for pills."

Informally, many GPs already advise patients to access community resources, from Citizens Advice to pilates classes, choirs, and gardening clubs. Last year a fifth of GPs responding to a survey said that they already regularly referred patients to community activities, and 40% said they would if they knew what services were available.¹⁰

But the most vulnerable patients are often the least empowered or motivated to take up the suggestions and may live in areas where accessing community activities is hard without guidance.

More formal schemes already exist: nearly half of all English clinical commissioning groups are investing in social prescribing programmes. For practices that want to develop a programme, the General Practice Forward View has identified "10 high impact actions" to help.¹¹

Power of social connection

Primary care professionals already know that physical, psychological, and social factors play a huge part in wellbeing and that tackling problems such as loneliness is essential. And, as the 2010 Marmot review of health equity found, some 70% of health outcomes are determined by social factors.¹² In addition, at least a fifth of GP consultations concern psychosocial problems such as housing, employment, and personal relationships, which the conventional medical model is ill equipped to tackle.

How does social prescribing work?

Generally, GPs refer patients to link workers, who work with individual patients to find activities tailored to their preferences and needs, explore challenges to attending, and encourage ongoing participation.

One established scheme is at the Bromley by Bow Centre in London, where, often over several sessions, staff help patients access more than 30 local services, from swimming lessons to legal advice. (Services are usually free or low cost, funded by charities or local authorities.)

Another is My Script, available in 27 GP surgeries in Bath and north east Somerset and funded by the charity Developing Health and Independence. Arabella Tresilian has benefited from the scheme.

"Of all the many services I saw after my mental health breakdown," she says, "My Script was the one that made by far the most tangible difference to my ability to get my health and life back in order." Through the scheme she joined a choir, which she says she continues to find a sustainable, positive part of her life, and she retrained as a mediator, having previously worked as a management consultant.

"We know that are most powerful therapeutic tools are social relationships," the palliative care consultant Julian Abel says. He is a founder member of the charity Compassionate Communities UK and has helped roll out the Frome project.

Research shows that poor social connection is associated with as much effect on mortality as smoking, exceeding factors such as obesity and physical inactivity.¹³ Abel sees "compassionate communities"—a term he prefers to social prescribing—as developing and exploiting people's naturally occurring supportive networks, such as family and work colleagues: "It's about community development, which is much more than being solely healthcare related or GP surgery dependent."

We don't know if it works

Critics of the drive to formalise social prescribing say that the current evidence base is inadequate to assess its success at promoting health or reducing demand for healthcare—or its value for money. A systematic review of 15 evaluations of UK programmes in 2000–16 that referred patients from primary care to a facilitator found that most evaluations were of poor quality and likely to be biased.¹⁴ The researchers found no evidence that schemes were ineffective but said that they could not judge whether any of the schemes showed promise.

"The use of a link worker is the key feature of social prescribing," they wrote. "How this link worker role was fulfilled varied significantly between projects. So . . . we are not able to reliably judge the type of skills set or level of training and knowledge people require to effectively fulfil this role."

Julian Abel from Compassionate Communities UK says that the evidence base is growing.¹⁵ His and colleagues' recent research, for example, found a significant fall of 14% in unplanned hospital admissions in the Frome region in the 44 month study period, compared with a 28.5% rise in admissions in the Somerset area in the same period.¹⁶ Abel estimates that implementing the Frome model nationally could save 5% of NHS budgets in fewer unplanned admissions.

Tool to cut waste

The health and social care secretary sees social prescribing as "becoming an indispensable tool for GPs . . . to help the NHS cut waste." Hancock also thinks social prescribing could help to prevent ill health and unnecessarily medicalising people, reducing drug prescribing.

But it would be wrong to characterise social prescribing as anti-pharma. The Devon GP James Szymankiewicz says it is "part of a management plan that includes medication. It's not a substitute." Or, as Hancock says, "It's the Goldilocks approach to medication: the right amount at the right time. No more, no less."

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