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POSTER ABSTRACT

Service user outcomes of a social prescribing programme in general practice

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Introduction: Social prescription promotes the use of the community and voluntary sector within primary healthcare. It provides healthcare professionals with a non-medical referral option, which can operate alongside medical treatments, to address the non-clinical needs of patients. Social deprivation or psychosocial problems are often the source of health problems, poor wellbeing, and may lead to frequent primary and secondary care visits. To address the non-clinical needs of people, social prescribing links patients with sources of support within the third sector. There is evidence that social prescribing interventions have the potential to improve service user outcomes, however, most evaluations are small scale and limited by poor design and reporting. This study aimed to assess and explore the service user outcomes for the patients who participated in a social prescription intervention in the East of England Luton.

Methods: A mixed-methods study was conducted including ten semi-structured interviews with service users, analysed using thematic analysis. Quantitative analysis of change in service users' mental wellbeing N=68, measured with the 7-item Warwick Edinburgh Mental Wellbeing Scale was conducted. A Bayesian approach to analysis was conducted to estimate the average percent increase in physical activity and probability of observing a non-zero score indicating no physical activity post intervention N=186. Physical activity was measured with the 7-item International Physical Activity Questionnaire.

Results: Qualitative service user outcomes included reduced social isolation, pain relief, feelings of control and self-confidence, improvements in mood, stress management, and wellbeing. The quantitative analysis found a significant improvement in service users' mental wellbeing $t67 = 5.026$, $p= 0.00$ post intervention. The expected increase in physical activity is 56.3% with 95% PPI 54.77-57.69, and the average increase in probability of observing a non-zero score due to the intervention is 26.4% with 95% PPI 0.15-0.36.

Discussion: The qualitative findings can contribute to an evidence base on social prescribing and inform the choice of quantitative outcome measures to evaluate social prescribing interventions in the future. The quantitative analysis was limited by missing outcome data at baseline and post intervention >58%. The authors proposed that the following issues should be considered in future evaluations to reduce the rate of missing data and to strengthen the evidence base for social prescribing: Clear outcomes, the selection of relevant and validated measurement tools, clear communication about roles and responsibilities in the evaluation

process, standardised training for those responsible for data collection, a user friendly IT platform ensuring the collection of standardised data, establishment of systems to ensure continuous data collection and recruitment if responsible staff is leaving, and monitoring the data collection and recruitment process on a regular basis.

Conclusion: This study produced evidence on qualitatively and quantitatively measured service user outcomes of a social prescribing intervention in the East of England. Considering the practical issues discussed by the authors in future programmes, has the potential to reduce the prevalence of missing quantitative data and to strengthen the evidence base for social prescribing.

Keywords: social prescribing; primary care; service user outcomes; mixed methods