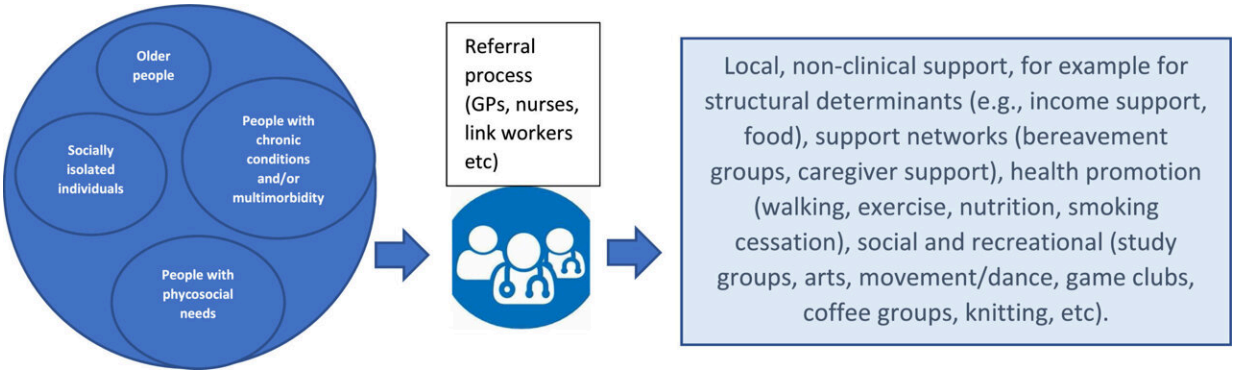
Could your GP prescribe a park run instead of a pill?

March 13 2024, by Siân Slade



Examples of social prescribing: for whom, how, and what. Credit: *Health Policy* (2024). DOI: 10.1016/j.healthpol.2024.104992

The old adage is a "pill for every ill." But what if a GP prescribed you joining an art class, a choir or a park run?

Or what if, as well as referring you to medical support services, they also refer you to financial or legal services, or even housing support, all with the aim of improving your health?

There is growing interest in this idea of "social prescribing," so how does it work and what is fueling this momentum?

I recently co-authored a paper that explores the origins and application

of different approaches in 12 high-income countries: Australia, Austria, Canada, England, Finland, Germany, Portugal, the Slovak Republic, Slovenia, the Netherlands, the United States and Wales.

All approaches look to solve the same problem: how do we, at a local, national and global level, bridge the health and community sectors to better address the challenges of ill-health?

While the term "social prescribing" is new, the approach is not. Put simply, social prescribing is a referral to support in the local community to help a person achieve their goals of health and well-being.

It is person-centered, place-based and underpinned by a conversation that asks patients, "what matters to you?"

A social prescription recognizes and addresses the health impacts of social, environmental, financial and situational factors, collectively known as the social determinants of health. It may include referrals to activities, spaces or services.

A single referral may address multiple health needs. For example, someone might be given a social prescription to join a park run to increase or maintain mobility or lose weight, but gain additional benefits like building social connections and community, which combats the increasingly common challenges of social isolation and loneliness.

While GPs and other health care providers incorporate recommendations for lifestyle changes into their practices (a step often known as signposting), the challenge has been ensuring individuals have the necessary support to make these changes.

Social prescribing globally has been accelerated by the 2019 launch of the Universal Comprehensive Model of Personalized Care by England's

National Health Service (NHS), which highlighted that 20% percent of appointments in primary care are for non-clinical needs.

Social (or non-clinical) prescribing involves a conversation with a patient focused on a "whole of person" approach. It aligns with the primary health model of biopsychosocial care adopted by many general practitioners, allied health professionals and the voluntary sector.

The focus is on understanding what matters to the person and developing a shared approach to help reach those goals.

Beyond the "scripts" are the "community connectors" that enable a social prescription. This is an important part of social prescribing—just because someone is referred to support services doesn't mean they will access them.

There are many different reasons for this, and a community connector takes time to understand an individual's needs and how to ensure referrals are supported so that spaces, services and activities can be accessed.

Community connectors are often people in community-based roles, for example, volunteers for Neighborhood Houses, who actively support people to access community services.

One of the challenges social prescribing has faced since the launch of the NHS England model is that there has been limited documented evidence that it has a positive effect on someone's health and well-being.

This is changing, with increasing evidence of health and economic benefits, as illustrated in the latest briefings from the National Academy for Social Prescribing (NASP) in England.

Proponents believe that building this evidence base will support policy change, leading to a large-scale cultural change in how society thinks about health and well-being and the role of individuals in participating in their own health care.

Equity is a core value underpinning social prescribing. It does not seek to replace what people can do for themselves, but instead focuses on people for whom a social prescription may provide additional supports.

Reducing weight and addressing diet can help people who are at risk of developing conditions like high blood pressure and type 2 diabetes for example. Data from the U.K. shows that "prescribing" patients a link worker may reduce health care spending for non-elective care, enable improved management of diabetes and fewer avoidable health crises like kidney failure.

At the Melbourne School of Population and Global Health at the University of Melbourne, we are working closely with colleagues globally including England, Wales, Singapore and Canada to understand how social prescribing initiatives in these countries can inform a global health system approach in Australia.

Although at a relatively early stage, social prescribing is attracting increasing support in Australia.

It has been incorporated into recommendations of the Royal Commission into Victoria's Mental Health System, the Parliamentary Inquiry into Social Isolation and Loneliness in Queensland, Australia's Primary Care Taskforce 10 Year Plan and the National Preventive Health Strategy.

There are also state and national level initiatives evaluating the use of non-clinical or social prescribing, for example Local Connections and

the recent Social Prescribing Survey in Victoria, the 18-month evaluation of social prescribing in Queensland, and an Australian Government feasibility study evaluating the use of non-clinical prescribing that is due to report this year.

This is an exciting time for building capability linking the health, social and voluntary sectors as social prescribing gains traction locally and globally.

The challenge and opportunity ahead lie in implementation, through clear evidence—understanding what works for who in what context, cross-sector stakeholder engagement and ensuring sound economic rationale.

With a focus on person-centered care, the approach must be underpinned by the philosophy of "what matters to you?" is evidence-based and supports our national endeavor in "measuring what matters."

More information: Giada Scarpetti et al, A comparison of social prescribing approaches across twelve high-income countries, *Health Policy* (2024). DOI: 10.1016/j.healthpol.2024.104992

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