

# The evidence for social prescribing: Less rhetoric and more reality

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# Context

Evaluating three ways of delivering research evidence to NHS commissioners in North East of England

Responsive service addressing questions raised by local decision makers

Briefings based on existing synthesised evidence

- Systematic reviews (DARE, Cochrane)
- Economic evaluations (NHS EED)
- Guidelines (NICE)

Wilson PM, et al. *Implement Sci* 2015;10(1):7.

## CCG considering social prescribing programme

Little supporting evidence of effect to inform commissioning

What evidence there is fails to provide sufficient detail to judge either success or value for money

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### Evidence to inform the commissioning of social prescribing

- There is little good quality evidence to inform the commissioning of a social prescribing programme
- Most of the available evidence tends to describe evaluations of pilot projects but fails to provide sufficient detail to judge either success or value for money
- There may be evidence for relevant interventions that have yet to be evaluated as part of a social prescribing programme
- Evidence on the cost effectiveness of social prescribing schemes is lacking
- If existing knowledge is to be improved, evaluation of new schemes should be comparative by design and address when, for whom and how well does a scheme work? What effects does it have? What does it cost?

This evidence briefing has been produced by the Centre for Reviews and Dissemination. Full details of methods are available on request (paul.wilson@mbs.ac.uk or alison.booth@york.ac.uk). The content of this briefing was judged to be up to date as of February 2015.

# Systematic review

What is the evidence for the effectiveness of social prescribing programmes relevant to the UK NHS setting?

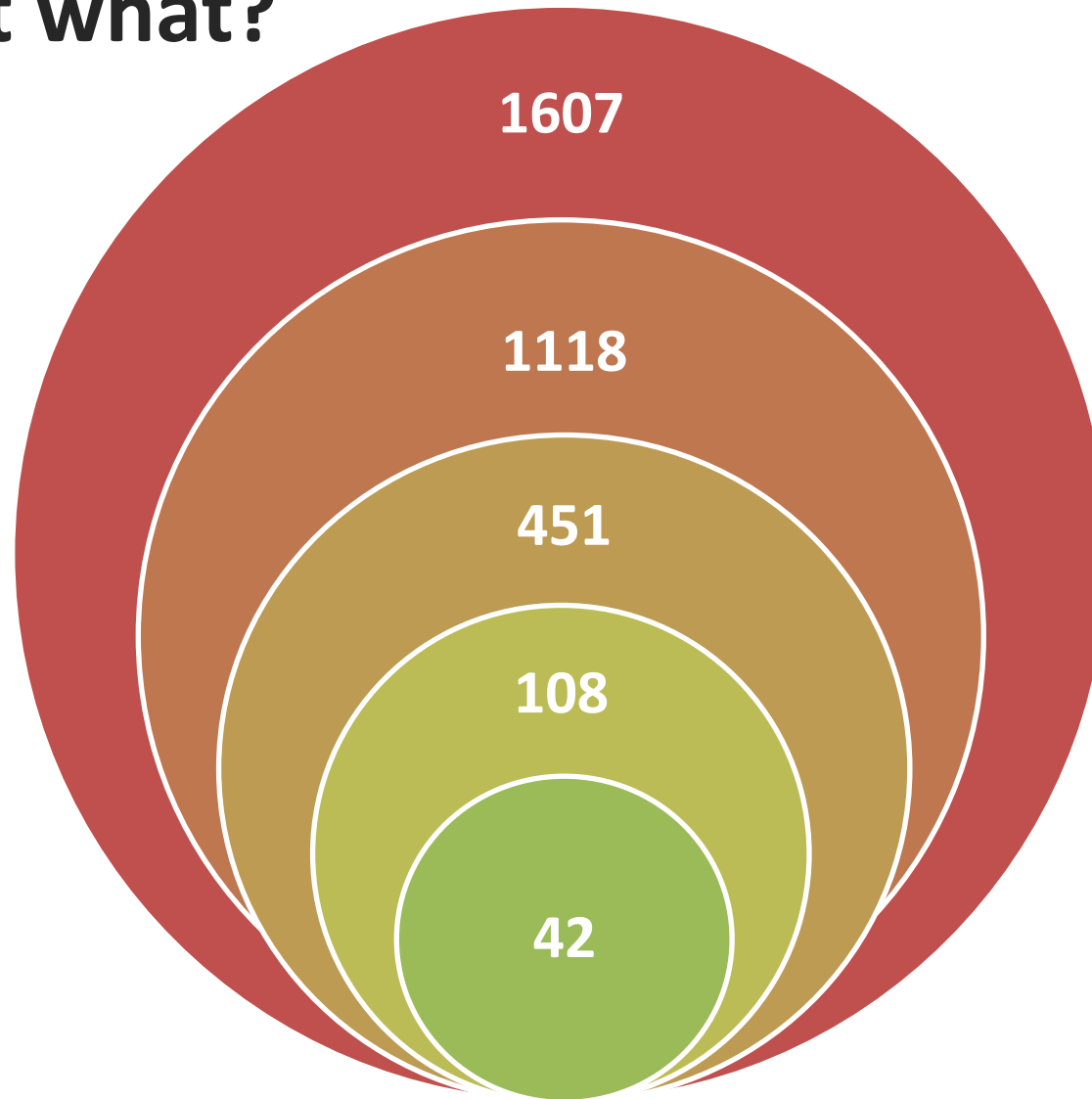
- Included any design evaluating patients referred for social prescribing activities from primary care
- 11 studies identified  
(1 RCT, 1NRCT, 4 UBA, 5 'descriptive' accounts)

(PROSPERO Registration: CRD42015023501)

# Characteristics of included studies

- High risk of bias
- Poor reporting
- Measurement issues
- Completeness of data
- Confounding

# Who got what?



# Lack of comparative evaluation

- What might have happened if patients not referred?
- Regression to the mean
  - Previous high levels of service use will have natural tendency to show reductions over time, even in the absence of a specific intervention
  - Patients with 2 or more admissions in an index year are responsible for 38% of all emergency admissions, but falls to 10% in subsequent year

Roland et al. *BMJ* 2005;330:289

# How can we improve what we know

- Clear objectives / theory of change
- Formative evaluation  
(what are the different approaches, and to what extent do these influence intermediate outcomes)
- Use of comparative designs
- Use of validated patient reported outcome measures
- Transparent reporting



# Summary

- Social prescribing is being widely promoted as a way of improving health outcomes, at low cost.
- But the available evidence fails to provide sufficient detail to judge either success or value for money.
- Those considering commissioning social prescribing schemes also need to consider evaluation and ask when, for whom, how well and at what cost.

# Disclaimer

This presentation is based on ongoing work by Paul Wilson (MBS), Alison Booth (York), Liz Bickerdike (York), Kate Farley (Leeds), and Kath Wright (York)

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