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LETTERS

SOCIAL PRESCRIBING

Improving the evidence base for social prescribing

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Salisbury's article raises important points about the widespread rollout of social prescribing.[1] Linking people with services that could help tackle problems that contribute to reduced wellbeing seems sensible, but the approach rests on several problematic assumptions.

A recent systematic review[2] concluded that current evidence on social prescribing is insufficient to judge either success or value for money. Of the 15 evaluations identified, most were small scale and limited by poor design and reporting. Studies on patient and referrer experience mainly reported positive findings but showed limited understanding or familiarity with social prescribing.

We used evaluability assessment to examine social prescribing programmes and reported on the lessons we learnt.[3] These included ensuring that programmes are designed with stakeholder involvement and buy in; that information governance and data sharing agreements are in place from the start; that staffing levels are sufficient to cover the range of activities involved in service delivery and monitoring; that social prescribing programmes are co-located with primary care; and that linkage to health service data systems is established as part of the programme design.

NHS England is working to improve the evidence base for social prescribing, including funding 23 projects through the health and wellbeing fund to find out which models work best[4] and developing resources to support the implementation and evaluation of social prescribing programmes.[5] Gaps in the evidence base could also be filled by planning programmes more systematically, with evaluation frameworks developed through collaboration between those involved in developing, delivering, participating in and evaluating the programmes.

To realise the potential benefits of social prescribing for patients, general practitioners, and the NHS,[6] the underlying assumptions must be made explicit, and research efforts should be targeted towards these. We have proposed a list of assumptions[7] as the starting point for taking this work forward.

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Full response at: https://www.bmj.com/content/364/bmj.l271/rr-1.

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