Social Prescribing: developments; definitions; why; the emerging evidence

Dr A Wylie
Department of Primary Care and Public Health Sciences, KUMECC
The Prescription

- Qualified doctors have the privilege and responsibility of being able to prescribe
- Prescribing requires skills, knowledge, judgements, awareness of local protocols, costs, likely concordance, contra-indications and latest directives/evidence
- Decisions about strength, dose and duration as well as potential risks/side effects and expectations are also part of the process
- Explaining the ‘script’ to the patient or carer is essential
Can social prescribing follow similar principles?
Social prescribing

Aims

• To explore rationale and developments
• To define social prescribing
• To examine current evidence and guidance
• To consider strengths and limitations
• To look at some examples
• To explore your potential contributions
Social prescribing

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Where do we begin?
Social prescribing: why

There is NO magic bullet!

– Prevalence of Non-Communicable diseases
– The known modifiable social determinants of health
– Emerging evidence of efficacy and cost benefits
– Benefits beyond individual health
– Contributing to your case studies and tutorial
Why patients seek help

- Pain!!
- Problems - debilitating
- Weight gain - medicalised
- Lack of Mobility/motivation
- Lots of medication
Estimates by The King’s Fund based on Department of Health, Chief Medical Officer Officer Annual Report 2009

<table>
<thead>
<tr>
<th></th>
<th>Obesity</th>
<th>Inactivity</th>
<th>Smoking</th>
<th>Alcohol misuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of adult population affected</td>
<td>26%**</td>
<td>61-71%*</td>
<td>21%**</td>
<td>6-9%*</td>
</tr>
<tr>
<td>Impact on health and wellbeing **</td>
<td>Increased risk of chronic disease. Reduces life expectancy by up to 10 years</td>
<td>Causes 10% burden of many chronic diseases and 17% of all cause mortality</td>
<td>Increased risk of chronic disease. Reduces life expectancy on average by 10 years</td>
<td>Increased risk of 60 medical conditions and significant social impact</td>
</tr>
<tr>
<td>Estimated cost to the English economy per year*</td>
<td>£15.8 billion</td>
<td>£8.3 billion</td>
<td>£5.2 billion</td>
<td>£20 billion</td>
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<tr>
<td>Estimated cost to the NHS per year*</td>
<td>£4.2 billion</td>
<td>£1-1.8 billion</td>
<td>£2.7 billion</td>
<td>£2.7 billion</td>
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Social Prescribing - Need and definitions

• [http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2688060/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2688060/)
Social prescribing: definitions

BJGP link...

- Non pharmacological interventions
- Expanding the primary care options
- Using local opportunities
- Formal links with providers
- Simple idea but complex implementation
I recommend that for your health you should: go for a brisk walk, or

of intensity □ moderate
□ vigorous

for at least __________minutes __________times per week
and □ strengthening exercises __________times per week

Medical conditions:

<table>
<thead>
<tr>
<th>Type</th>
<th>Examples</th>
<th>How do I know I have done this?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderate</td>
<td>Brisk walking, climbing stairs, carrying heavy shopping, gardening, cycling, dancing, chair or water aerobics</td>
<td>Feeling warmer, breathing harder, but still able to hold a conversation.</td>
</tr>
<tr>
<td>Vigorous</td>
<td>Running, swimming, football, aerobics, hill walking, tennis.</td>
<td>Sweating, breathing much harder, difficulty speaking in sentences.</td>
</tr>
<tr>
<td>Strengthening</td>
<td>Lifting weights, working with resistance bands, heavy gardening, climbing stairs, hill walking, cycling, dance, push-ups, sit-ups, squats, yoga.</td>
<td>It needs to work your muscles to the point where you need a short rest before continuing. Try to work on all major muscle groups.</td>
</tr>
</tbody>
</table>

Department of Health recommendations for exercise:

- **Young people aged 5-18**: aim for 60 minutes mixed moderate and vigorous activity each day, with muscle (against resistance) and bone strengthening (with impact) included at least 3 days each week.

- **Adults aged 18 – 64**: aim for 2 hours 30 minutes moderate activity each week, or 1 hour 15 minutes vigorous activity, AND strength training on 2 or more days a week working all major muscle groups (legs, hips, back, abdomen, chest, shoulders, arms).

- **Older adults**: If you have not health issues limiting your mobility, aim for adult levels of activity. Doing activities that improve balance, coordination and leg strength, such as dancing, yoga or tai-chi twice a week can reduce your risk of falls.

Remember:

- Try to reduce time spent being inactive (watching TV, reading, listening to music) as any activity, however light, is beneficial.
- There’s strong scientific evidence that people who are active have a lower risk of heart disease, stroke, type 2 diabetes, some cancers, depression and dementia.
- Tips and resources are available at http://www.nhs.uk/LiveWell
Social prescribing: evidence and guidance

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Evidence

https://www.evidence.nhs.uk/search?q=%22social+prescribing%22

Evidence linked to:

• Patient engagement
• Weight management
• Exercise uptake and outcome after 6/12months;
• Smoking cessation
• Social engagement
• Reduced isolation
• Well-being and more - improving evidence based regards cost effectiveness
Social prescribing: strengths and limitation

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Strengths and limitations

Strengths:
- Local population/needs and provision
- Empowering/wider benefits
- Cost effective
- No or minimal side effects
- Improving health data

Limitations:
- Dose, duration
- A work in progress
- MI skills maybe lacking
- Local provision can be variable/short term
- Need to be locally aware
Social prescribing: examples

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The KCL health promotion curriculum: an overview

You have already been exploring social prescribing

Phase 3
- Patient-centred approaches to clinical clerking
- Behaviour Change sessions

Phase 4
- Pregnancy study
- Health promotion review

Phase 5
- Community case studies
- Obesity study

Phases 3-5
- Smoking cessation certification

Phase 5 = final year (with GP rotation)
The student’s journey – Phase 3

Content
- Patient-centred approaches to clinical clerking
- Smoking cessation NCSCT online course +/- practical opportunities
- Behaviour change lecture and workshops

Aims
- Patient centredness – in clinical context
- Responding to healthy lifestyle issues

Assessment
- Formative feedback & course assessment
- Summative assessment - OSCEs and written papers
The student’s journey – Phase 4

Content
- Health promotion review of community resource for practice population
- Antenatal/postnatal longitudinal study and seminars

Aims
- Evaluating health improvement initiatives and practice protocols using complex evidence
- Focus on social determinants of health

Assessment
- Presentations as part of course assessment linked to progression
- Summative assessment - OSCEs
The student’s journey – Phase 5

Content
- GP rotation – consulting semi-independently
- Obesity case study
- Four community case studies on complex patients

Aims
- Addressing multi-morbidity – community referrals, support for self-care
- Putting behaviour change into practice – smoking cessation, weight loss
- Evidence-based medicine – using resources such as NHS Evidence

Assessment
- Presentations – in course assessment & submission of case reports
- Summative assessment - OSCEs
Beattie’s model of health promotion practice

Mode of intervention
- Authoritative
- Negotiated

Mode of thought
- Objective knowledge
- Participatory, subjective knowledge

Mode of intervention
- Health Persuasion
- Legislative Action
- Personal Counselling
- Community Development

Individual
- Collective
The 5 As

● **ASK** – find out if the patient is a smoker and record

● **ASSESS** – how relevant to current concern does the patient perceive their smoking

● **ADVISE** – what options have you patient.co.uk; NHS, NICE etc but tailor as appropriate

● **ASSIST** – Does the patient seem ready for change? Have they relapsed? If so support with “their” action plan

● **ARRANGE** – for some patients actually make the cessation appointment/referral there and then
Stages of Change Model

Pre-contemplation: Not interested in changing ‘risky’ lifestyle

Contemplation: Thinking about change

Commitment: Ready to Change

Action: Making changes

Maintenance: Maintaining change

Relapse: Relapsing Back

Exit: Maintaining ‘safer’ lifestyle

Attitude Development

Behaviour Development
What is out there?

- [http://claremont-project.org/services-how-we-help/226-sp](http://claremont-project.org/services-how-we-help/226-sp)
- [http://www.nhs.uk/Livewell/getting-started-guides/Pages/getting-started-walking.aspx](http://www.nhs.uk/Livewell/getting-started-guides/Pages/getting-started-walking.aspx)
Access the guidance-get involved

- [http://guidance.nice.org.uk/PHG/76](http://guidance.nice.org.uk/PHG/76)

- Could your Rot 2 SSC be an opportunity if in GP?
- Morbidity/NCD – part of the main stream care/support
Becoming a reality

- The CMO page
- The script KCL
- Local examples
- BJGP
- Nice and Nice evidence
- How to – MI, History, what is being prescribed; dose; duration; expected outcome; review
References

