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# Social Prescribing in Primary Care Engagement Event

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May 2022



Canolfan Datblygu ac Arloesi  
Gofal Sylfaenol a Chymunedol  
*Datblygu Gofal Sylfaenol yng Nghymru*

Primary and Community Care  
Development and Innovation Hub  
*Developing Primary Care in Wales*

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## Overview

On 16<sup>th</sup> March 2022, the Primary Care Hub hosted a 90-minute virtual event for primary and community care professionals in Wales. The purpose of the event was to share information about the social prescribing landscape in Wales, to outline the developing all-Wales framework for social prescribing and to seek the engagement of primary and community care professionals. 188 people joined the session.

Lynne Neagle, Deputy Minister for Mental Health and Wellbeing and Albert Heaney Chief Social Care Officer for Wales, opened the event emphasising the importance of social prescribing, as well as, demonstrating the commitment from Welsh Government within the Programme for Government 2021-2026, to introduce an all-Wales framework to further support the roll-out of social prescribing. Existing social prescribing work was commended, and it was emphasised that the aim of the framework is to support and add value to social prescribing in Wales.

Three keynote speakers, included:

- **Prof. Carolyn Wallace**, Professor Community Health and Care Services, Associate Director PRIME Centre Wales, Director Wales School for Social Prescribing Research (WSSPR), who presented on key findings, key messages and recommendations from the recent publication 'Understanding social prescribing in Wales: A mixed methods study'.
- **Dr. Karen Pardy**, Community Director for Cardiff South West Cluster, who shared a primary care cluster's experience of social prescribing activities and projects, working to support the shift from illness to wellness.
- **Nicola Evans**, Head of Health Inequalities & Healthy Communities, Welsh Government, who presented the draft model for social prescribing, and discussed the seven themes of the all-Wales framework for social prescribing.

Throughout the event, delegates had the opportunity to submit questions, comments and feedback, as well as, engage in live polls via slido.



The event concluded with a facilitated Question & Answer session led by Kerrie Phipps, National Allied Health Professional (AHP) Lead for Primary and Community Care. Panel members included: Prof. Carolyn Wallace, Dr. Karen Pardy, Nicola Evans, Dr. Amrita Jesurasa (Public Health Wales), and Dr. Sally Rees (formerly with the Wales Council for Voluntary Action).

To catch-up on the event, the full recording can be viewed on the PCOne website, visit: <https://primarycareone.nhs.wales/topics1/strategic-programme/event-and-information-videos/>

## Event Analytics

Analytics of engagement with the event highlighted that:

- 188 people joined the event
- The average watch time was 49 minutes, showing that in general, delegates participated for the majority of the session
- 58 questions/comments were raised by delegates
- 180 interactions, in the form of 'likes', to questions/comments were raised by delegates
- 171 interactions across three polls were recorded
- 7 questions/comments were addressed in the Question & Answer session.



## Engagement

The event used two approaches (submitting questions/comments and live polls) for delegates to engage with keynote speaker presentations and the developing all-Wales framework for social prescribing.

### Questions/Comments

A total of 58 questions/comments were raised by delegates throughout the event. These have been collated and organised into the following themes:

1. Sustainability and funding
2. Referrals and pathways
3. Workforce
4. Collaborative working and integration of care
5. Community assets
6. The social prescribing service
7. Communication and engagement
8. Monitoring and evaluation
9. Digital solutions and barriers
10. Leadership and governance
11. Uncategorized comments

To view the full questions and comments organised by theme, see appendix 1.

As questions/comments were published for viewing, delegates were able to vote on each other's questions/comments, thus pushing the most relevant ones to the top. The two most popular questions/comments were related to sustainability and funding:



**“Transport for people to use SP opportunities is a significant challenge in rural communities. Public transport is very limited if at all available. Volunteer opportunities have been reduced both due to COVID concerns and the cost of fuel; adding to the challenge. We need to consider all barriers” (17 likes)**

**“Social prescribing is usually subject to short-term funding and whilst its strength is widely recognised, the funding issues encourages a 'postcode lottery' approach. What efforts are being made at strategic/national level to ensure sustainability and inclusion of so-called social prescribing?” (15 likes)**

The voting function enabled the Question & Answer session to focus on and discuss the most pressing questions/comments, related to the following:

- Top tips for spreading good work across other clusters in Wales
- How social prescribing can respond to Inverse Care Law principles
- The need for sustainable funding
- The role and skills of allied healthcare professionals
- Ways to bring sectors together in a productive forum
- Overcoming transport barriers for people to use social prescribing
- Collaboration and coproduction between health, local authority and third sector for the benefits of community members.

## Polls

Nicola Evans, Head of Health Inequalities & Healthy Communities, Welsh Government presented an illustration of the proposed model for social prescribing (appendix 2) and the all-Wales framework for social prescribing (appendix 3). In parallel to this presentation, three polls were available to seek the views of primary and community care professionals on the proposals.



Poll 1

Delegates were asked whether they agreed with the proposed model for social prescribing in Wales. A total of 63 delegates engaged, with results displayed in figure 1.

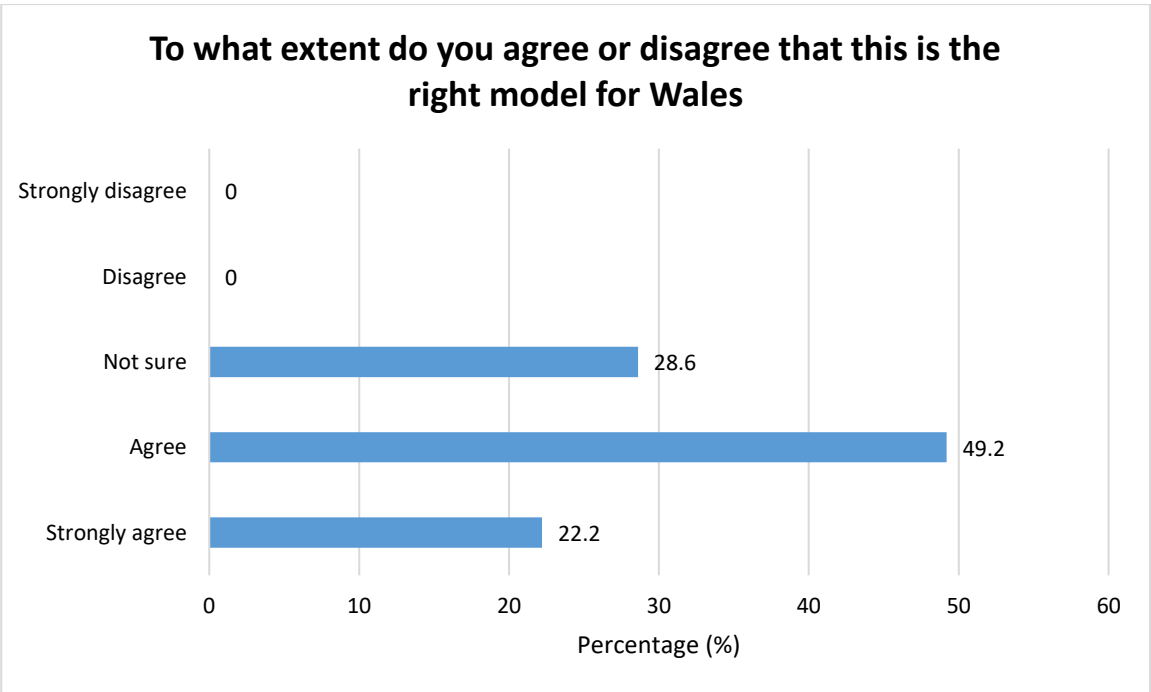


Figure 1: Distribution of level of agreement amongst delegates in relation to the proposed model for social prescribing.

Of all the respondents, 71.4% (n=45) agreed (either ‘strongly agreed’ or ‘agreed’) that the model for social prescribing is right for Wales. However, 28.6% (n=18) felt unsure.



## Poll 2

Delegates were asked to identify, in one word or phrase, the main barrier to delivering the Welsh model of social prescribing in their area, with multiple entries permitted. A total of 62 responses were collected, then generated into a word cloud (a textual data visualisation) representing frequency of words/phrases (the larger the text the greater the number of entries), displayed in figure 2.



**Figure 2: A word cloud representing the main barriers to delivering the Welsh model of social prescribing.**

Figure 2 suggests that primary and community care professionals' consider 'sustainable funding' (n=11) and 'funding and resources' (n=7) to be the main barriers to delivering the Welsh model of social prescribing. Related terms further support these barriers i.e. sustainability, funding, money, short-term funding and resources.



### Poll 3

Delegates were asked to identify, in one word or phrase, what support on a once-for-Wales basis is required, with multiple entries permitted. A total of 46 responses were collected, then generated into a word cloud representing frequency of words/phrases, displayed in figure 3.



**Figure 3: A word cloud representing support that is required on a once-for-Wales basis**

Sustainable funding (n=6) was identified as the leading area of support required on an all-Wales basis. Related terms further support these barriers i.e. ongoing funding, long-term finances, government funding, money, health board support and finance. Though not amalgamated, it is helpful to see how different people have their own terms and language to describe similar concepts.



## Limitations

It is important to note that there are a number of limitations when considering how representative is this feedback from the whole primary and community care workforce across Wales. In particular:

- It is likely that those who attended the event and/or engaged with interactive questions and polls, were more likely to have an interest in social prescribing and therefore may have different views to those who did not engage.
- Engagement varied throughout the event with an observed reduction in engagement between poll 1 (n=63) and poll 3 (n=46).
- The occupational characteristics (job role and setting) and geographical location (health board region) of those who engaged is unclear.

However these findings do reflect the views of the individuals who engaged with the event and these individuals are likely to be champions of social prescribing with influence in their area of work/ locality. These views are therefore important to inform the proposed model for social prescribing, as well as, the all-Wales framework for social prescribing.

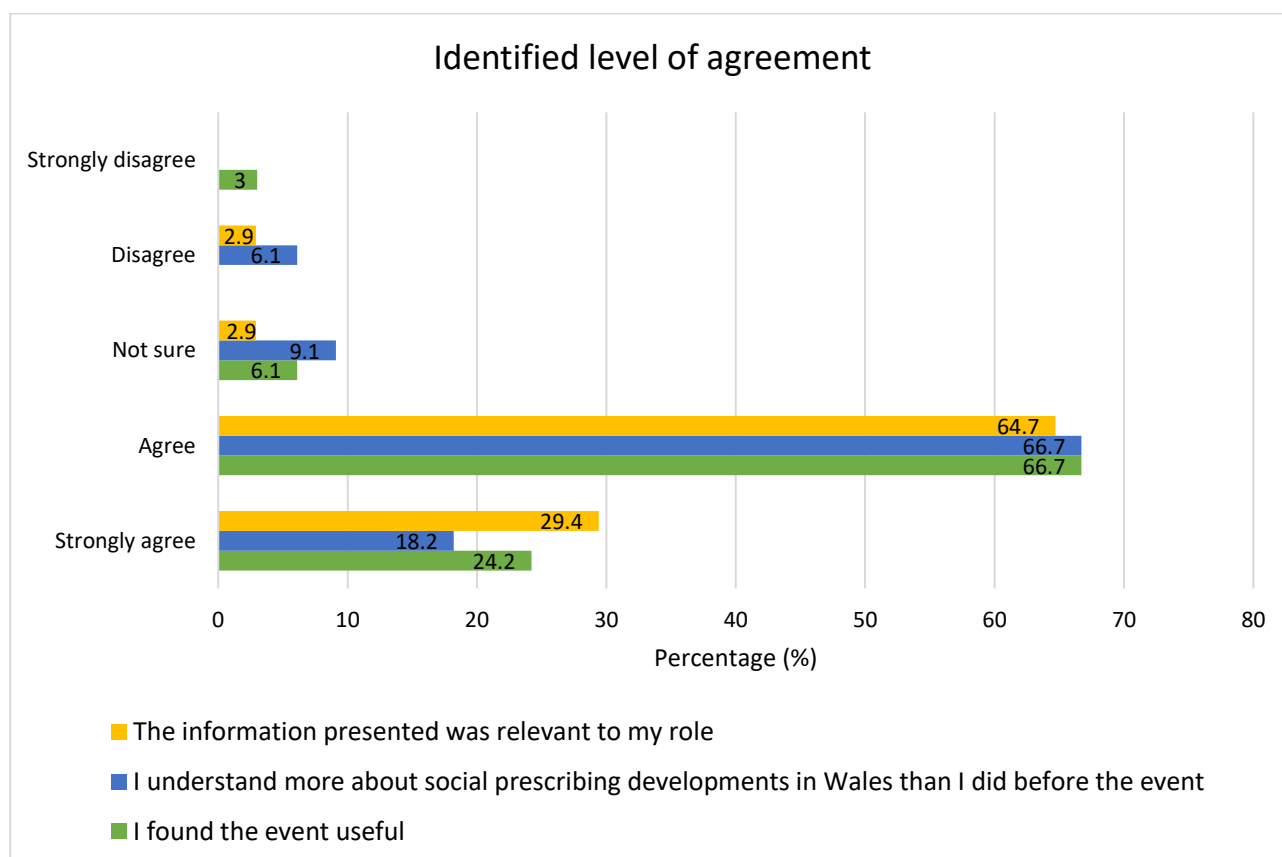


## Event Feedback

In an attempt to determine how useful the event was and to receive feedback on what went well and/or could be improved, delegates were encouraged to complete a seven question post-event feedback form. The first four questions were quantitative, followed by three qualitative questions. A summary of results can be seen below:

### Quantitative results

Delegates were asked to identify their level of agreement to three given statements as displayed in figure 4. A total of 33 delegates responded.



**Figure 4: Distribution of level of agreement amongst delegates in relation to event information and usefulness**



A high proportion of respondents agreed ('agreed' or 'strongly agreed') that they understand more about social prescribing post-event (84.9%), found the event useful (90.9%) and that the information presented during the event was relevant to their role (94.1%).

Of 33 respondents, 93.9% felt that a 90-minute event was the right length with only 6.1% feeling that the duration was too long.

## Qualitative results

Delegates were asked the following three open-ended questions:

### 1. What was your main reason for attending the event?

A total of 30 responses were received, with the majority of respondents (n=17) reporting that they attended the event as a learning opportunity, to find out more about social prescribing in Wales and the developing framework. Other reasons for attendance included: opportunities for service improvement, digital solutions and part of their job role.

### 2. What improvements would you suggest for future events?

A total of 12 responses were received, suggestions for future events included: face-to-face events, localised/targeted events, improved engagement and audience interaction.

### 3. How can we engage with you further as this work develops?

A total of 20 responses were received, with the majority of respondents (n=7) indicating that they would like to engage through email. Additional suggestions for engagement activities included: Teams meetings, workshops and regular updates i.e. newsletters.



## Appendix

### Appendix 1: 58 questions/comments organised by theme

Sustainability and Funding	
1	Social prescribing is usually subject to short-term funding and whilst its strengths is widely recognised, the funding issues encourages a 'postcode lottery' approach. What efforts are being made at strategic/national level to ensure sustainability and inclusion of so-called social prescribing?
2	What funding is going to be provided to enable social prescribing to thrive. Most social prescribing in Wales is third sector and local authority driven. This model appears to be focused on saving money for NHS and a holding ground for mental health services.
3	It will be interesting to understand how much of the RIF is being prioritised for SP - it has not been top sliced (that I am aware) and therefore will be for local determination. Ideally this needs to be ringfenced funded recurrently if a real priority.
4	Feedback on funding will need to be explored with 3rd sectors who have struggled to get any lottery funding and other pockets that were available during Covid. People are being declined?
5	Is there any funding to set up Internet cafes as this has been highlighted in my area, as it offers access to the internet but face to face support also ?
6	I feel to ensure success moving forward there needs to be more investment in the role itself but also the infrastructure and community development opportunities to have things to link people into. Covid has irradiated alot of community resources. Transport also is a huge barrier for rural areas.
7	the value of social prescribing within England is reflected, supported and funded through the PCN DES, would Wales look towards a similar funding model
8	Transport for people to use SP opportunities is a significant challenge in rural communities. Public transport is very limited if at all available. Volunteer opportunities have been reduced both due to COVID concerns and the cost of fuel; adding to the challenge. We need to consider all barriers
9	Social Prescribing is such an important aspect of supporting Primary care in looking after a patients health needs. It is great to see the development of the Framework. Strategically, how will these roles be funded to ensure long term sustainability for this essential service
10	we had an OT willing to work in our surgery alongside a team including GP and Psychotherapist for our most vulnerable pts with MUPS and PTSD. The post was funded by Health not County Council, but the CC would not permit the deployment despite the collaborative working being a WG directive

Referrals and Pathways	
11	There needs to be a clear pathway for social prescribing to avoid duplication and people being overwhelmed with professionals
12	Building on the question from the OT. We have a number of professionals who have existing relationships with patients / clients and use SP as part of goal setting. We need to be mindful not to create parallel pathways or duplication
13	we need to be mindful of flooding community groups as they are fragile and referrals need to be appropriate and supported



14	Has community pharmacy been considered in the pathway?
15	I totally disagree that OT's 'are the 'original' social prescribers - this is what the Vol Sector has been doing since inception. However this tends to distract from it being 'everybody's business' and encourages duplication of support/delivery in practice, is most unhelpful

### Workforce

16	Do GP's have training in social prescribing and how to work with social prescribers? I have found that GP's pass an individual to the social prescribers and then feel their job is done.
17	Community pharmacists and Optometrists are keen to support health & wellbeing agenda in the area I work in, so I think they can be key connectors..but guess this needs some work.
18	Just in response to the question about GP training in social prescribing - I am Head of Graduate Entry Medicine at Swansea University, and have made sure that social prescribing is included within the curriculum for our Final Year medical students.
19	How do you envisage supporting those asset managers and providers that are going to commit time, energy and resources into facilitating referrals so that they feel confident when making that investment?

### Collaborative Working and Integration of Care

20	How do we ensure genuine collaboration and coproduction between Health, LA, and 3rd Sector for the benefits of community members?
21	Ideally, 'social prescribing' ought or should divert the demand upon health & social care 'professionals' to the voluntary sector, where appropriate, rather than 'medicalising' the community support on offer and often already in existence. How can statutory bodies assist in this?
22	I'm a Primary Care Occupational Therapist working in the Cardiff South West Cluster with Karen Pardy. Multi-disciplinary, multi-agency collaborative working is highly valued by our citizens. It has such a positive impact, enabling them to increase independence and self-manage their occupations
23	There are a number of good practise and services in place. Bringing the 3 rd sector providers together instead of working in silo has been a huge issue due to some competing demands around funding etc. Any ideas how to get them together in a productive forum?
24	Our experience in Pembrokeshire is that having SP integrated into our wider Communities Hub, as well as joining cluster and practice MDTs/CRTs really works well. SPs need to have the system wrapped around them whilst collectively we wrap around our people

### Community Assets

25	We have an all Wales nutrition training programme, Nutrition Skills for Life, for community workers and potential providers of community nutrition activities and accredited food and nutrition skills courses (community assets). This can provide support on a 'Once for Wales' basis.
26	3rd sectors are precious about their mapping of local services, which they have completed and updated. They will not share it in our area with another 3rd sector as it's a funding competition issue. Then we have the LA mapping separate. all these excellent SP databases kept in silo.
27	part of this work, is there a mapping of SP activities being coordinated at a all wales level?



### The Social Prescribing Service

28	Central and South denbigshire have a mobile social prescribing unit -12 month pilot
29	Have the schemes throughout Wales, some of which have been operating for several years, been fully taken account of with equal weighting? The presentation of schemes as examples without highlighting the progress of many others could be seen as not representative of the all-Wales experience.
30	How can social prescribing respond to Inverse Care Law principles ie respond to access inequity etc and is there good alignment between primary care and PH agendas to support shared vision and approach to this?
31	We currently have different levels of support at a local authority level. How will the new framework ensure that there is an equitable provision of social prescribing across all local authority/ cluster/ locality levels?
32	Agree that SP is a function rather than a person. We don't want to draw people into statutory provision, but rather support communities / activists / activators to support their own communities
33	As an OT, I would argue we are the original social prescribers and our specialist skills and knowledge needs to be utilised to support training and imodel development across Wales. Its essential we define the role and scope of social prescribers and that of specialist/ targeted therapeutic groups

### Communication and Engagement

34	Need to ensure good work is shared across clusters but how will "self referrals" be publicised to the citizens of Wales
35	Is there a communications plan to introduce the concept and promote social prescribing to citizens across Wales?
36	Having been in post for nearly 3 years as a SP I find there is a lot of mis-information on what SP is. A framework and more information on what the service is/can be/how it can help is important.
37	Well done Karen! This is really inspirational... the next issue is how to spread this good work across other clusters in Wales. What are your top tips?
38	How would you suggest we get involved at a regional and national level to help influence the development of this model?
39	Can I please ask if we can move forward with better communication about work being undertaken and making sure everyone in relevant roles has a voice in this. I was only made aware of this event today by accident through a colleague in social services and alot of info today is new to me. Thanks

### Monitoring and Evaluation

40	Local area coordinators in Swansea and Neath and Local Community Coordinators already have an established SROI evaluations to prove they work. Why not adopt these models instead of reinventing the wheel
41	Is social prescribing effective/ are some social prescribing interventions more effective than others?
42	How do you measure outcomes?



### Digital Solutions and Barriers

43	in relation to DEWIS what is the plan to make this work as a digital, timeley directory? As technology, as stated is a key cog in the machine of the social prescribing pathway?
44	A number of North Wales SP projects use Elemental as a digital platform for referring and recording the wellbeing outcomes and health data - the groups often meet in an network to share good practice. The platform shows the journey for the individual to both those who refer in and the SP workers.
45	Is there a recognition at WG that Dewis does not function as it is intended and needs a full review?
46	Directories of service are a useful tool but given the dynamics of the voluntary sector, such directories can rarely replace the 'human interface'. My personal experience in the development of Dewis evidenced that cost reduction in the removal of the 'human interface' was a key driver
47	Agree that SP services should be made available virtually and tech utilised to its full potential, though concerned that tech inequalities could limit access for those unfamiliar or intimidated by technology, or do not have access to the internet. How will this be considered?
48	also. clinical systems need to make the referral to such organisations easier. we have access to Elemental software but it is very clunky! but gets people onto the SPOA for social prescribing
49	transport needs to be part of this model, digital is not a substitute for face to face contact

### Leadership and Governance

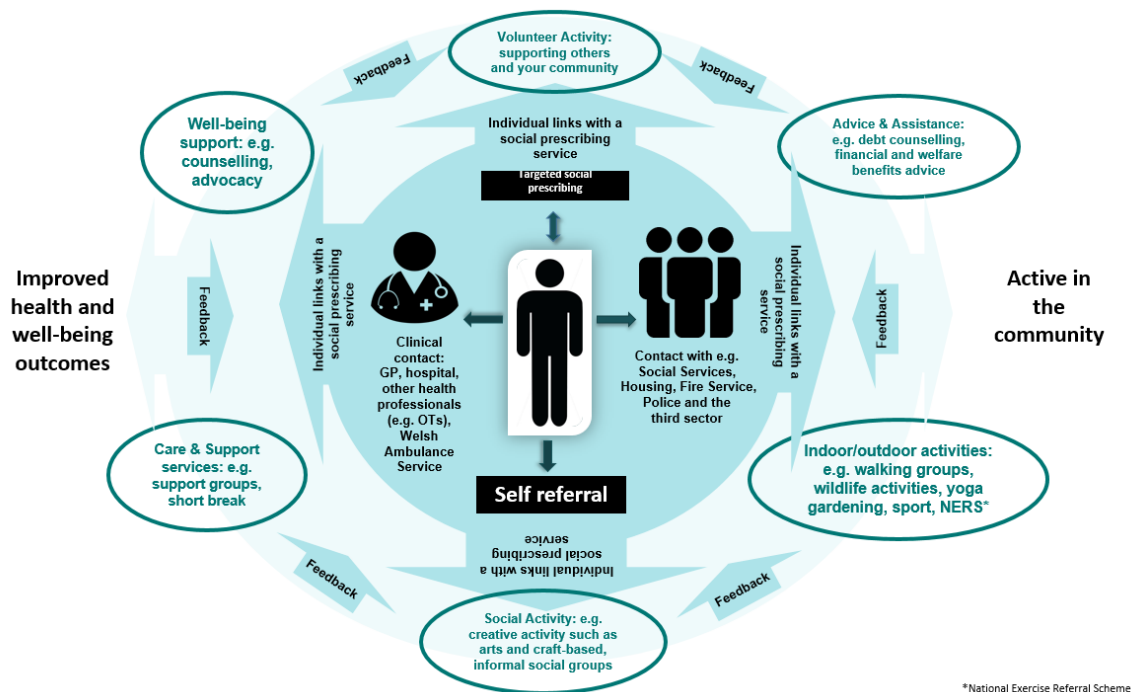
50	The social prescriber, works across all organisations, very often delivered through the Local authorities, do you see these roles continuing to be overseen by LA or by Health?
51	Is there any distinct relationship between the further development of SP and the accelerated cluster development work that's happening?
52	PHW used to be at the forefront of pushing community asset based approaches and supported development. Now it seems to be left to CVS but they don't have the capacity or resources. How will this be supported
53	Is there any consensus on future better levers and incentives for GP practices - rather than relying on only on goodwill and values? And linked to this is there any work being done of what good looks like and how impact can be meaningfully measured and agreed by both citizens and GPs?

### Uncategorised Comments

54	I'm trying to log in but having problems can I be admitted please?
55	the higher wage is aligned with social workers
56	Very well said, Sally 😊
57	diolch yn fawr pawb. Really interesting session.
58	Clusters are not GP Clusters they are multi professional and often led by other staff groups



Appendix 2: Draft proposed model for social prescribing in Wales (as presented at the event)



Appendix 3: Draft all-Wales framework for social prescribing (as presented at the event)

