
POSTER ABSTRACT**Social Prescribing: Implementation and delivery**18th International Conference on Integrated Care, Utrecht, 23-25 May 2018

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Introduction: Social prescription is an innovative approach that aims to link patients in primary care with sources of support within the community and voluntary sector to help improve their health, wellbeing, and care experience. Social prescription provides healthcare professionals with a non-medical referral option, which can operate alongside medical treatments, to address non-clinical factors that precipitate and perpetuate ill health and often lead to frequent primary and secondary care visits. It is based on the bio-psycho-social model of health that considers physical, as well as psychological and social factors as determinants of health and wellbeing. Research on social prescription indicates that there is a potential for psychosocial benefits and health and wellbeing improvements for service users. While most attention has been paid to outcome evaluations, there is a lack of research on factors affecting the implementation process of social prescription interventions. This study aimed to explore factors facilitating and hindering the implementation and delivery of a social prescription intervention in the East of England Luton. The Luton social prescribing programme is based in primary care and involves navigators, who support and work with referred patients to identify their non-medical needs.

Methods: A qualitative study was conducted including 22 semi-structured interviews with managers and policy-makers 9, GPs 3, navigators 4, and service providers in the third sector 6 involved in the Luton social prescribing programme. Thematic analysis was used to analyse the data.

Results: Due to the differences in stakeholders' experiences and views, barriers and facilitators were often two sides of the same coin e.g. good communication/ poor communication. Therefore, the identified issues are presented by theme, rather than separately for barriers and facilitators. Identified issues include the availability of resources, stakeholder involvement and engagement, information technology, organisational culture and readiness, existing infrastructures, leadership, staff turnover, support and supervision, planning, communication, and relationships between stakeholders.

Discussion: This study contributes to the development of an evidence base on barriers and facilitators to the implementation and delivery of social prescribing programmes. Some of the identified barriers and facilitators seem to be similar to those of other integrated care pilots in the UK, whereas others are specific to social prescribing interventions. Thus, it is important

to conduct more robust and transparent research on social prescribing, to address potential barriers to implementation.

Conclusion: This study produced evidence on factors that hinder and facilitate the implementation of a social prescription programme in the East of England. Findings can contribute to the development of an evidence base for social prescription programmes in the UK, and inform practice, policy, and future research in the field.

Keywords: social prescribing; implementation; facilitators; barriers; primary care
