

SOCIAL PRESCRIBING

Evidence Bulletin

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NEW EVIDENCE

Baker, J. R., et al. (2024) '[Australian Link Worker Social Prescribing Programs: An Integrative Review.](#)' *PloS One* 19(11)

Link worker social prescribing programs are gaining recognition in Australia for addressing health and social needs outside routine medical care. The evaluation of these programs is essential for informing future social prescribing programs, research and evolving policy. However, diverse outcome evaluation measures present challenges for benchmarking across link worker social prescribing programs. An integrative review was conducted to identify and describe outcome domains and measures, and the methodological approaches and evaluation designs of link worker social prescribing programs in Australia. Comprehensive searches of the literature on link worker social prescribing programs in Australia were conducted across 14 electronic databases. In order to reduce the risk of bias, study selection and data extraction were conducted independently by multiple authors, and included studies underwent quality and risk of bias assessment using the standardised Mixed Methods Appraisal Tool. Six studies met the inclusion criteria. Outcome domains were categorised into 'person-level', 'system-level' and 'program implementation' domains. Despite the variation in participant groups, the 'person-level' domains of global well-being and social well-being were consistently evaluated. While measurement tools varied significantly, the WHO Quality of Life Brief Assessment and short-form UCLA Loneliness Scale were most commonly applied. At the system level, health service utilisation was primarily evaluated. This integrative review reports on the current state of evidence in

Australia, with the potential to track changes and trends over time. Developing a core outcome set, incorporating stakeholder and consumer contributions for benchmarking aligned with the healthcare landscape is recommended. The findings may guide the refining of social prescribing initiatives and future research, ensuring methodological robustness and alignment with individual and community needs.

BBC Guernsey. [Social Prescribing Referrals Triple in Three Years](#) **[online]** Monthly referrals for social prescribing have tripled over the last three years, a health report has found. The Health Improvement Commission said the Bailiwick Social Prescribing (BSP) pilot scheme had been "successfully integrated" into healthcare since its launch in 2021. Social prescribing aims to help the health and wellbeing of patients by connecting them to community resources and activities. More than 300 people were referred to BSP in 2023 with an average of 34 referrals per month in the second half of the year.

Brown, C. (2024) ['A Drug-Free Prescription for Pain.'](#) *Nature (London)* **633(8031), S37–S39.**

Non-invasive, non-pharmacological approaches such as virtual-reality therapy and yoga can help to relieve chronic pain.

Non-invasive, non-pharmacological approaches such as virtual-reality therapy and yoga can help to relieve chronic pain.

Bu, F., et al. (2024) ['Equal, Equitable Or Exacerbating Inequalities: Patterns and Predictors of Social Prescribing Referrals in 160 128 UK Patients.'](#) *British Journal of Psychiatry* , **1–9.**

Social prescribing is growing rapidly globally as a way to tackle social determinants of health. However, whom it is reaching and how effectively it is being implemented remains unclear.

To gain a comprehensive picture of social prescribing in the UK, from referral routes, reasons, to contacts with link workers and prescribed interventions.

This study undertook the first analyses of a large database of administrative data from over 160 000 individuals referred to social prescribing across the UK. Data were analysed using descriptive analyses and regression modelling, including logistic regression for binary outcomes and negative binomial regression for count variables.

Mental health was the most common referral reason and mental health interventions were the most common interventions prescribed. Between 72% and 85% of social prescribing referrals were from medical routes (primary or secondary healthcare). Although these referrals demonstrated equality in reaching across sociodemographic

groups, individuals from more deprived areas, younger adults, men, and ethnic minority groups were reached more equitably via non-medical routes (e.g. self-referral, school, charity). Despite 90% of referrals leading to contact with a link worker, only 38% resulted in any intervention being received. A shortage of provision of community activities - especially ones relevant to mental health, practical support and social relationships - was evident. There was also substantial heterogeneity in how social prescribing is implemented across UK nations.

Mental health is the leading reason for social prescribing referrals, demonstrating its relevance to psychiatrists. But there are inequalities in referrals. Non-medical referral routes could play an important role in addressing inequality in accessing social prescribing and therefore should be prioritised. Additionally, more financial and infrastructural resource and strategic planning are needed to address low intervention rates. Further investment into large-scale data platforms and staff training are needed to continue monitoring the development and distribution of social prescribing.

Bungay, H., et al. (2024) '[Critical Perspectives on Arts on Prescription.](#)' *Perspectives in Public Health* 144(6), 363–368.

The positive outcomes of engaging in the arts are increasingly reported in the research literature, supporting the use of the arts to enhance individual and community health and wellbeing. However, little attention is given to the less positive aspects of arts engagement. In some countries, healthcare practitioners and link workers can refer service-users experiencing mental health issues to social interventions such as Arts on Prescription (AoP) programmes. This critical review identifies problematic issues across such social prescriptions and AoP, including failures in arts and health projects, participants' negative experiences, and an absence of ethical guidelines for arts and health practice. Furthermore, it is evident that there is a lack of awareness and knowledge within healthcare systems, leading to inappropriate referrals, failure to take account of individual preferences, and a lack of communication between the third sector and healthcare services. Significantly, it is also unclear who holds the health responsibility for AoP participants. This article raises more questions than it answers, but for AoP to be effectively embedded in healthcare practice, the issues highlighted need to be addressed in order to safeguard participants and support the effective implementation of programmes more widely.

Childred & Young People Now. [Social Prescribing for Children in Hospital](#) [online] Evidence on the effectiveness of social prescribing

has tended to focus on the impact it has for people in community settings. For example, a recent analysis of a government-backed project to prescribe activities in nature to tackle mental ill health found that it helped more than 8,000 people to take part in activities including nature walks, community gardening, tree planting and wild swimming. The results showed that after taking part in the schemes, people's feelings of happiness and of life being worthwhile jumped to near national averages, while levels of anxiety fell significantly. However, few projects have assessed the role social prescribing can play in supporting people receiving care in health settings. One pilot scheme, run at the Royal London Hospital in north east London, aimed to address that by using social prescribing to support young people with long-term health conditions in hospital.

Chopra, R. C., et al. (2024) '[Efficacy of Community Groups as a Social Prescription for Senior Health—insights from a Natural Experiment during the COVID-19 Lockdown.](#)' *Scientific Reports* 14(1), 24579–15.

Loneliness and associated physical and cognitive health decline among the aging population is an important medical concern, exacerbated in times of abnormal isolation like the 2020–2021 Covid-19 pandemic lockdown. In this backdrop, recent “social prescribing” based health policy initiatives such as community groups as a support structure for the aging population assumes great importance. In this paper, we evaluate and quantify the impact of such social prescribing policies in combatting loneliness and related health degeneration of the aging population in times of abnormal isolation. To this end, we conduct a natural experiment across a sample of 618 individuals aged 65 and over with varying access to community groups during the Covid-19 lockdown period. Using a random-effects, probit model to compare the differences in health outcomes of participants with access to community groups (target) with those without access (control), we find that the target group was 2.65 times less likely to suffer from loneliness as compared to the control group, along with lower incidences of reported cardiovascular and cognitive health decline. These initial findings provide preliminary support in favor of the interventional power of social prescription tools in mitigating loneliness and its consequent negative health impact on the aging population.

Dougherty, M., et al. (2024) '[Coproductioin in Social Prescribing Initiatives: Protocol for a Scoping Review.](#)' *JMIR Research Protocols* 13, e57062.

Social prescribing (SP) takes a holistic approach to health by linking

clients from clinical settings to community programs to address their nonmedical needs. The emerging evidence base for SP demonstrates variability in the design and implementation of different SP initiatives. To effectively address these needs, coproduction among clients, communities, stakeholders, and policy makers is important for tailoring SP initiatives for optimal uptake. This study aims to explore the role of coproduction in SP initiatives. The research question is as follows: How and for what purpose has coproduction been incorporated across a range of SP initiatives for different clients?

A review of international literature will be conducted following the JBI guidelines for scoping reviews. We will search multiple databases including Scopus, MEDLINE, and the PAIS Index, as well as gray literature, from 2000 to 2023. The primary studies included will describe a nonmedical need for clients, a nonmedical SP program or initiative, coproduction of the SP program, and any follow-up. Review articles and commentaries will be excluded. Titles, abstracts, and full-text articles will be screened, and data will be extracted by at least 2 research team members using Covidence and a pilot-tested extraction template. Clients with lived experience will also participate in the research process. Findings will be descriptively summarized and thematically synthesized to answer the research question. The project was funded in 2023, and the results are expected to be submitted for publication in early 2025.

Descriptions of what coproduction is meant to accomplish may differ from theoretical aspirations. Continued understanding of how coproduction has been designed and executed across varied international SP models is important for framing engagement in practice for future SP arrangements and their evaluation. We anticipate this review will guide clients, communities, stakeholders, and policy makers in further developing SP practice within health care systems.

Feather, J., et al. (2024) '[Locating the Evidence for Children and Young People Social Prescribing: Where to Start? A Scoping Review Protocol.](#)' *PloS One* 19(11), e0310644.

It is estimated that disruptions to life caused by the COVID-19 pandemic have led to an increase in the number of children and young people suffering from mental health issues globally. In England one in four children experienced poor mental health in 2022. Social prescribing is gaining traction as a systems-based approach, which builds upon person-centered methods, to refer children and young

people with non-clinical mental health issues to appropriate community assets. Recognition of social prescribing benefits for children's mental health is increasing, yet evidence is limited. Inconsistent terminology and variation of terms used to describe social prescribing practices across the literature hinders understanding and assessment of social prescribing's impact on children's mental health. This scoping review thus aims to systematically identify and analyse the various terms, concepts and language used to describe social prescribing with children and young people across the wider health and social care literature base. The scoping review will be undertaken using a six-stage framework which includes: identifying the research question, identifying relevant studies, study selection, charting the data, collating, summarising and reporting the results, and consultation. Electronic databases (MEDLINE, Embase, Cumulative Index to Nursing and Allied Health, PsychInfo, Social Policy Practice, Scopus, Science Direct, Cochrane library and Joanna Briggs), alongside evidence from grey literature, hand search, citation tracking, and use of expert correspondence will be included in the review to ensure published and unpublished literature is captured. Data extraction will be carried out by two reviewers using a predefined form to capture study characteristics, intervention descriptions, outcomes, and key terms used to report social prescribing for children and young people. No formal quality appraisal or risk of bias evaluation will be performed, as this scoping review aims to map and describe the literature. Data will be stored and managed using the Rayaan.ai platform and a critical narrative of the common themes found will be included.

Gao, Q., et al. (2024) ['Longitudinal Associations between Loneliness, Social Isolation, and Healthcare Utilisation Trajectories: A Latent Growth Curve Analysis.'](#) *Social Psychiatry and Psychiatric Epidemiology* 59(10), 1839–1848.

Purpose

To explore the longitudinal associations between eight-year trajectories of loneliness, social isolation and healthcare utilisation (i.e. inpatient, outpatient, and nursing home care) in US older adults.

Methods

The study used data from the Health and Retirement Study in 2006–2018, which included a nationally representative sample of American adults aged 50 and above (N = 6,832). We conducted latent growth curve models to assess the associations between trajectories of loneliness and isolation and healthcare utilisation over 8 years.

Results

Independent of sociodemographic and health-related confounders, social deficits were associated with a lower likelihood of baseline physician visits (loneliness $\beta = -0.15$, SE = 0.08; social isolation $\beta = -0.19$, SE = 0.08), but there was a positive association between loneliness and number of physician visits ($\beta = 0.06$, SE = 0.03), while social isolation was associated with extended hospital ($\beta = 0.07$, SE = 0.04) and nursing home stays ($\beta = 0.05$, SE = 0.02). Longer nursing home stays also predicted better trajectories of loneliness and isolation over time.

Conclusion

Loneliness and social isolation are cross-sectionally related to complex patterns of different types of healthcare. There was no clear evidence that social deficits led to specific trajectories of healthcare utilisation, but nursing home stays may over time help provide social contact, supporting trajectories of isolation and potentially loneliness. Non-clinical services such as social prescribing could have the potential to address unmet social needs and further promote patients' health-seeking profiles for improving healthcare equity.

Jopling, K. (2024) '[Social Prescribing: The View from the VCSE Sector.](#)' *Clinics in Integrated Care* 26, 100230.

After many years of incubation by leading voluntary, community and social enterprise (VCSE) sector organisations, in 2019 social prescribing services were mainstreamed into the NHS primary care offer, with funding offered to Primary Care Networks to pay link workers' salaries.

Social prescribing services capitalise on the VCSE's capacity to address issues that go beyond the medical, by bridging between the formal health system and the support available in communities. The VCSE sector has welcomed the NHS's adoption of social prescribing and wants to see it succeed.

However rolling social prescribing out across the NHS has been challenging, most notably in relation to funding for the VCSE sector. While NHS England now funds link workers directly, it does not fund the community activities and services into which link workers make referrals. The roll out of social prescribing has therefore created additional pressure on an already-stretched VCSE system, particularly in more deprived communities.

Finding sustainable solutions for funding the whole social prescribing "ecosystem" and securing its position as a core part of the health system will require work to bring a wider group of stakeholders together behind the vision for social prescribing and to secure their commitment to contributing to the outcomes it delivers.

McMullen, S., et al. (2024) '[A Qualitative Exploration of the Role of Culturally Relevant Social Prescribing in Supporting Pakistani Carers Living in the UK.](#)' *Health Expectations : An International Journal of Public Participation in Health Care and Health Policy* 27(6), e70099.

Approximately 5.7 million people in the UK are providing informal care. Carers across all ethnic groups can experience negative impacts on their physical and mental health but some minority ethnic groups face greater challenges. Higher levels of social isolation exist among Pakistani carers compared to White British carers, yet the needs of Pakistani carers and how well support services meet these needs is less well understood. Social prescribing can help people get more control over their health care in a nonmedical way. South Asian and other ethnically diverse populations are under-served in social prescribing and there is little evidence available on why this is the case.

To explore the potential role of culturally relevant and adapted social prescribing in assisting Pakistani carers and identify the cultural and religious influences and barriers on carer health behaviours.

Semi-structured one-to-one interviews with Pakistani family carers (n = 27) and social prescribing stakeholders (n = 10) living in London and Sheffield, UK. Participants were recruited through voluntary and community sector organisations (VCSOs), social media, religious organisations, and word of mouth. Interview data was analysed in NVivo using reflexive thematic analysis methods.

Two themes were developed; (1) Individual and community level influences: Navigating and accessing carer support within Pakistani communities, including carer identity and cultural barriers to accessing support provision, and cultural adaptation to facilitate support for Pakistani carer health and well-being, (2) societal and structural level challenges: Accessing and providing social prescribing for Pakistani carers, including funding challenges for the provision of culturally relevant carer support, integration of primary care and social prescribing, and enhancing cultural awareness and competence in social prescribing for Pakistani carers.

There are complexities surrounding carer identity, family dynamics, stigma, and a lack of knowledge of social prescribing within Pakistani communities. There is a need for more culturally competent support, culturally relevant education, awareness-raising, and collaboration among primary care and VCSO's to better support Pakistani carers through social prescribing, which acknowledges and addresses the complexities.

The study included a patient advisory group comprised of two South

Asian family carers who contributed towards all stages of the study. They provided feedback on study documents (topic guides and recruitment materials) and recruitment strategy, supported with translation of study documents and interpretation of the interview data, and helped with facilitation of our dissemination activities.

Morris, L., et al. (2024) '[2866 Implementing a Social Prescribing Service in an Emergency Department.](#)' *Emergency Medicine Journal* 41(Suppl 1), A14.

Aims and Objectives Nottingham City is one of the most deprived districts in England, exhibiting significant health inequalities among its Emergency Department (ED) population. To mitigate these disparities, Social Prescribing (SP) has been identified as a key initiative. SP connects individuals with community-based services and support to address wider determinants of health. Traditionally, SP is situated within primary care settings, raising the question of its potential effectiveness if integrated into the ED environment to reach the most disadvantaged populations.

Method and Design From June 2022 to August 2023, an ED-based Social Prescribing programme was implemented for individuals aged 11 and above attending the ED. The programme was delivered by three providers specialising in specific geographical areas, population groups, and community resources. SPs identified patients through ED staff referrals and screening electronic health records. Interactions occurred face-to-face during ED attendances or via telephone for out-of-hours referrals. The programme followed an iterative approach, continuously improving to enhance capacity, engagement, and evaluation.

Results and Conclusion Over the 14-month period, the service reached 1057 patients, 40% were from the most deprived quintile. Patients aged 18-25 years old, formed the biggest group using the SP service, with the over 70s being the second largest group (figure 1). The main reason for SP referral included mental wellbeing (30.7%), housing (14.7%), social isolation (11.4%), independent living (9.8%), and substance misuse (8.0%). These figures do not account for the multifaceted nature of most interactions. More than 200 community organisations received onward referrals. ED staff referrals increased by 39% during the pilot. Despite challenges in follow-up due to various factors affecting this patient group, staff feedback highlighted the positive impact on patients and the time saved by referring to community services. Preliminary findings suggest that SP significantly benefits ED patients, particularly those experiencing considerable health inequalities. Further evaluation is necessary to comprehensively

assess this initiative. Abstract 2866 Figure 1 Social prescribing June 22–August 23 population

Moya-Galé, G., et al. (2024) '[Stronger Together: A Qualitative Exploration of Social Connectedness in Parkinson's Disease in the Digital Era.](#)' *American Journal of Speech-Language Pathology*, 1–16.

Social isolation is a common consequence of Parkinson's disease (PD), and social prescribing has become a crucial aspect for fostering well-being in this population. In fact, group work has been shown to improve levels of social connectedness in older adults across different domains. Increased technology use in older adults may also contribute to increased social connections, especially since the COVID-19 pandemic. Still, the impact of digital use on social connectedness remains to be further explored in individuals with PD. Therefore, the purpose of this study was to examine the perceptions of social connectedness in relation with group-based activities and use of digital technologies in this population.

Ten individuals with PD participated in focus groups. Transcripts of the video-recorded groups were analyzed qualitatively using thematic analysis.

The three constructed themes not only revealed changes and challenges in social connectedness but also underscored the power of family and new relationships established through PD. Results also highlighted the overall positive impact of current digital technologies, although the view on telehealth per se was multifaceted.

Referrals for group rehabilitation programs can enhance social connectedness in individuals with PD through fostering new social connections and community building. Hence, group rehabilitation programs should be viewed as a form of social prescribing. The use of digital technologies should be further explored as a means to maximize social engagements in this population.

Muhl, C., et al. (2024) '[Building Common Understanding: Seeking Consensus and Defining Social Prescribing Across Contexts - a Collective Commentary on a Delphi Study.](#)' *BMC Health Services Research* 24(1), 1280–6.

Social prescribing has become a global phenomenon. A Delphi study was recently conducted with 48 social prescribing experts from 26 countries to establish global agreement on the definition of social prescribing. We reflect on the use and utility of the outputs of this work, and where we go from here.

NHS Confederation & East [Staffordshire Social Prescribing \[online\]](#) East Staffordshire PCN has harnessed the relationship with

a local football club and the power of innovative social prescribing technology to catalyse neighbourhood health creation and generate valuable insights on neighbourhood needs.

O'Sullivan, D. J., et al. (2024) 'The Effectiveness of Social Prescribing in the Management of Long-Term Conditions in Community-Based Adults: A Systematic Review and Meta-Analysis.' *Clinical Rehabilitation* 38(10), 1306–1320.

Objective

The objective of this systematic review and meta-analysis was to evaluate the effectiveness of social prescribing interventions in the management of long-term conditions in adults.

Data sources

Eleven electronic databases were searched for randomised and quasi-randomised controlled trials.

Review Methods

Outcomes of interest were quality of life, physical activity, psychological well-being and disease-specific measures. Bias was assessed with the Cochrane Risk of Bias 2 tool. A narrative synthesis and meta-analysis were performed.

Results

Twelve studies (n = 3566) were included in this review. Social prescribing interventions were heterogeneous and the most common risks of bias were poor blinding and high attrition. Social prescribing interventions designed to target specific long-term conditions i.e., cancer and diabetes demonstrated significant improvements in quality of life (n = 2 studies) and disease-specific psychological outcomes respectively (n = 3 studies). There was some evidence for improvement in physical activity (n = 2 studies) but most changes were within group only (n = 4 studies). Social prescribing interventions did not demonstrate any significant changes in general psychological well-being.

Conclusion

Social prescribing interventions demonstrated some improvements across a range of outcomes although the quality of evidence remains poor.

Parkhill, H. Nature and Outdoors Increasingly Prescribed by GPs [online] There has been a rise in doctors prescribing nature, outdoors and community activities to tackle mental illness in Lincolnshire, NHS figures show.

Social prescribing connects patients with community groups that run outdoor activities and other voluntary programmes. [17 Dec 2024]

Rennie, J. [Social Prescribing for People Living with Dementia: Role and Benefits \[online\]](#)

Social prescribing is a non-medical intervention to improve mental health and wellbeing that isn't managed with prescription medication. Instead, GPs prescribe activities, groups, and services in the community to meet the practical, social and emotional needs of people who need support with low-level mental health issues or are lonely or isolated.

People who are prone to social isolation have an increased risk of losing brain cells related to cognition and can be susceptible to a 26 per cent increased risk of dementia, according to Cambridge University.

The study looked at over 460,000 people across the UK with an average age of 57 for 12 years. Of those, almost 42,000 (nine per cent) reported being socially isolated, and 29,000 (six per cent) felt lonely. During the study, almost 5,000 developed dementia. [17 Dec 2024]

RSBP. [Nature Prescriptions: Connecting to Nature to Boost Health and Wellbeing \[online\]](#)

RSPB Nature Prescriptions are an innovative way for health and associated professionals to discuss nature with the aim of improving their client's wellbeing.

They are created with and delivered by a wide range of professionals, including GPs, social prescribing link workers, wellbeing connectors, occupational therapists, health and wellbeing coaches, dementia support workers, and community stroke support teams.

The Nature Prescription encourages people to connect with nature in a way that is personal and meaningful to them, at a time to suit them. It can be as simple as listening to birdsong or watching a sunset. The prescriptions include a calendar of simple prompts to help people to notice the nature around them.

Tredinnick-Rowe, J., et al. (2024) ['Piloting a Community Health and Well-being Worker Model in Cornwall: A Guide for Implementation and Spread.'](#) *BMC Family Practice* 25(1), 367–11.

This paper evaluates the introduction of ten Community Health and Well-being Workers (CHWW) in four pilot sites across Cornwall. The period evaluated was from the initial start in June 2022 until June 2023, covering the project setup and implementation across a range

of Primary Care Networks (PCNs) and Voluntary sector partners (VSCO).

All ten CHWWs and their managers at each site were interviewed (n = 16) to understand the barriers and enablers to implementation and wider learning that could be captured around the project setup.

Qualitative methods were used for data collection, including semi-structured interviews and focus groups. Transcripts were thematically analysed for cross-cutting themes, as well as site-specific effects.

In terms of learning, we cover the following key areas, which were of most importance to the successful implementation of the pilot: The CHWWs were introduced into an already established, successful social prescribing (SP) system by the time the CHWW project began. CHWWs can access some of the same training and office space as SPs, with overlapping meeting schedules allowing them joint input on some topics. It seemed that all the pre-work in terms of relationships and learning about a similar role helped a rapid implementation. Each site's CHWW management structure uses the same line management as the SPs. Roles were clustered together to remove duplication, maximise coverage and triaging of residents. The largest barrier to overcome was integrating VSCO staff into NHS systems. Conversely, hosting CHWWs within an NHS organisation has pros and cons, namely better access to NHS data and staff, but longer lead-in time for registration on systems, and more bureaucracy for procurement/spend.

Looking to the future, the pilot's success has spread the programme to other integrated care areas in the country, with ongoing plans for further rollout and evaluation in the coming years.

Vaughan, K., and Lavery, J. (2024) '[Self-Management of Long-Term Conditions: A District Nursing Perspective of Patient Engagement.](#)' *British Journal of Community Nursing* 29(10), 474–479.

The UK has a growing ageing population with increased prevalence of long-term conditions. It has the potential to overwhelm the country's healthcare system. The COVID-19 pandemic and its risk of transmission provided an opportunity for people with long-term conditions to focus on self-care and for district nurses to promote self-management. Self-management strategies, such as digital technology, motivational interviewing, social prescribing and shared decision-making can assist them in planning a whole-population approach towards managing physical and mental wellbeing. For this to become a reality, investment is needed to educate the patients,

their carers, district nurses, multidisciplinary teams and to ensure the sustainability of self-care methods for future practice.

Wilding, A., et al. (2024) '[Geographic Inequalities in Need and Provision of Social Prescribing Link Workers a Retrospective Study in Primary Care.](#)' *British Journal of General Practice* 74(748), e784–e790.

Background Long-term health conditions are major challenges for care systems. Social prescribing link workers have been introduced via primary care networks (PCNs) across England since 2019 to address the wider determinants of health by connecting individuals to activities, groups, or services within their local community. **Aim** To assess whether the rollout of social prescribing link workers was in areas with the highest need. **Design and setting** A retrospective study of social prescribing link workers in England from 2019 to 2023. **Method** Workforce, population, survey, and area-level data at the PCN-level from April 2020 to October 2023 were combined. **Population** need before the rollout of link workers was measured using reported lack of support from local services in the 2019 General Practice Patient Survey. To assess if rollout reflected need, linear regression was used to relate provision of link workers (measured by full-time equivalent [FTE] per 10 000 patients) in each quarter to population need for support. **Results** Populations in urban, more deprived areas and with higher proportions of people from minority ethnic groups had the highest reported lack of support. Geographically these were in the North West and London. Initially, there was no association between need and provision; then from July 2022, this became negative and significant. By October 2023, a 10-percentage point higher need for support was associated with a 0.035 (95% confidence interval = -0.634 to -0.066) lower FTE per 10 000 patients. **Conclusion** Rollout of link workers has not been sufficiently targeted at areas with the highest need. Future deployments should be targeted at those areas.

Additional Resources

- **The Knowledge Network** [Search for more information](#)
- **NHS Highland and Social Prescribing** [Learn more](#)
- **NHS England and Social Prescribing** [Learn more](#)
- **The King's Fund and Social Prescribing** [Learn more](#)
- **Careers in Social Prescribing** [Learn more](#)
- **National Association of Link Workers** [Learn more](#)
- **National Academy for Social Prescribing** [Learn more](#)

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