

Social prescribing link workers:

Reference guide for primary care networks



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Who is this guide for?

This guide has been created for practice managers and clinical leads within primary care networks (PCNs), for social prescribing link workers, commissioners and local system partners, including voluntary, community and social enterprise (VCSE) leaders, public health leaders, people with lived experience and patient groups. It should be read in conjunction with the accompanying document: Reference guide for primary care networks – Technical Annex.

Aims of this guide

This guide is provided as additional information to help PCNs introduce the new role of social prescribing link worker into their multi-disciplinary teams as part of the expansion to the primary care workforce introduced under the GP contract reforms, using the new national funding available from July 2019, as part of the Network Contract Directed Enhanced Service (DES). It builds on the local system guidance provided in the [Social Prescribing and Community Based Support Summary Guide](#).¹ It should be read alongside other guidance that will be published about PCNs and the additional roles being funded under the DES.

It is recognised that many PCNs are new and finding their feet. At the same time, social prescribing is at different stages in different areas across the country. Social prescribing has emerged as a highly creative and collaborative approach in local areas and is key to supporting local areas address health inequalities, but it is not the same everywhere. In this first year of operation it will be important for all partners, including NHS England, to learn from emerging practice, to build in feedback and review processes, and to hear from a wider range of perspectives in local areas and emerging primary care networks about opportunities and challenges.

Social prescribing is part of a commitment to personalised care

Personalised care means all people have choice and control over the way their care is planned and delivered, based on 'what matters to me' and individual strengths and diverse needs. This happens within a system that makes the most of the expertise, capacity and potential of people, families and communities in creating better health access, outcomes and experiences. Personalised care takes a whole-system approach, integrating services around the person. It is an all-age model, from maternity and childhood through to end of life, encompassing both mental and physical health support. It can contribute to advancing equality and reducing inequalities in access and outcomes for all².

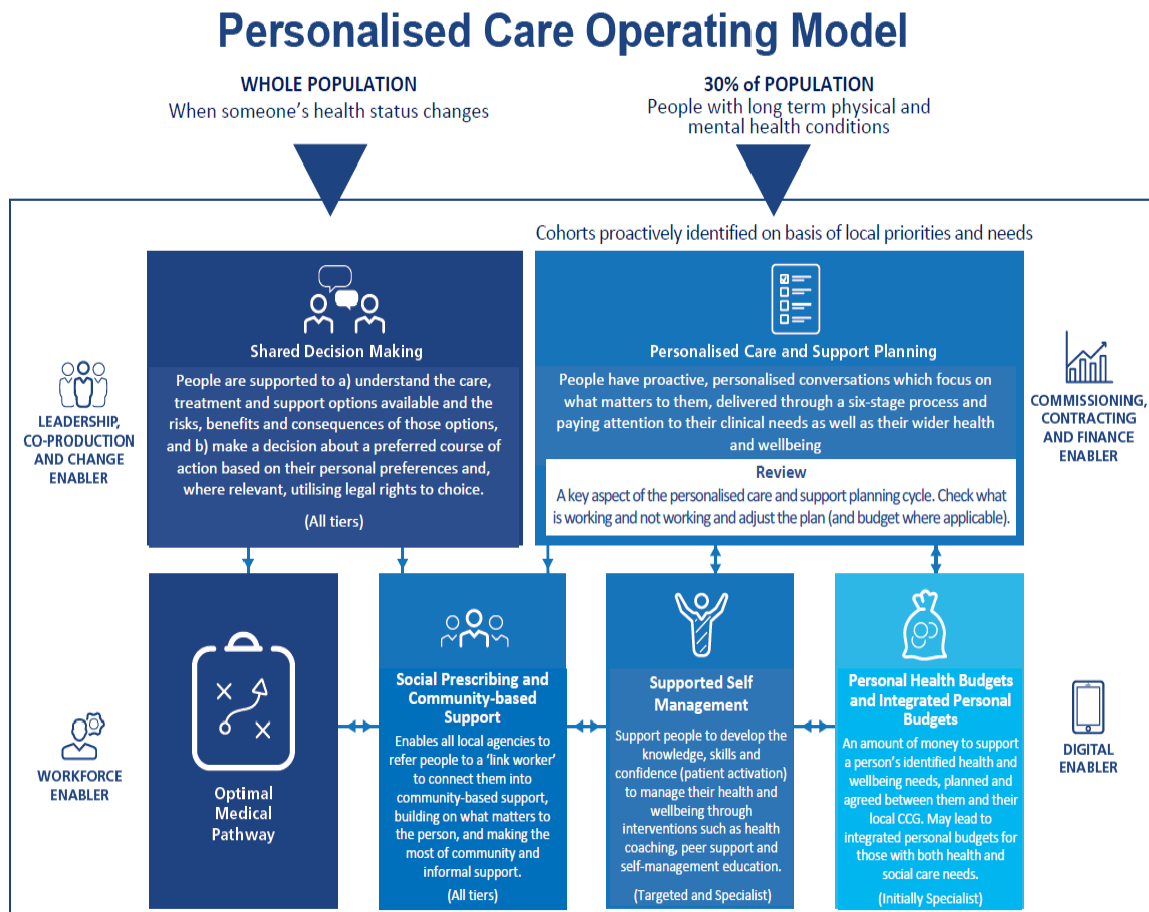
Social prescribing is one of six key components of the [NHS England comprehensive model for personalised care](#)³. Alongside shared decision making, personalised care and support planning, supported self-management, personal health budgets and broader choice within the NHS, social prescribing enables people to be more involved in their care. Social prescribing should be delivered as part of a broader shift to personalise care in PCNs and local areas.

¹ <https://www.england.nhs.uk/wp-content/uploads/2019/01/social-prescribing-community-based-support-summary-guide.pdf>

² This includes Health Inclusion groups defined as groups of people who are not usually well provided for by healthcare services, and have poorer access, experiences and health outcomes. The definition covers people who are homeless and rough sleepers, vulnerable migrants (refugees and asylum seekers), sex workers, and those from the Gypsy, Roma and Traveller communities.

³ <https://www.england.nhs.uk/wp-content/uploads/2019/01/universal-personalised-care.pdf>

A key component of the Network Contract DES will be the development and implementation of seven national service specifications (see section 8.2 of the Network Contract DES guidance), of which one is personalised care. Social prescribing link workers will take a role in supporting the delivery of this service specification.



Personalised care represents a transformative relationship between people, professionals and the health and care system. It provides a positive shift in power and decision-making that enables all people to feel informed, have a voice, be heard and be connected to each other and their communities.

Boosting the multi-disciplinary team in primary care

Social prescribing link workers are one of five additional roles being funded within primary care, to bring additional capacity into the multi-disciplinary team, under the Network Contract DES. The other roles are clinical pharmacists, physician associates, community paramedics, and physiotherapists. These roles will all help reduce workload on GPs and other staff, enrich the skill mix of primary care teams, and help GPs work “at the top of their licence”. They are intended to become an integral part of the core general practice model throughout England⁴.

⁴ Investment and evolution: A five-year framework for GP contract reform to implement The NHS Long Term Plan (2019)

Why social prescribing?

One in five GP appointments focus on wider social needs⁵, rather than acute medical issues. In areas of high deprivation, many GPs report that they spend significant amounts of time dealing with the consequences of poor housing, debt, stress and loneliness. Social prescribing and community-based support is part of the NHS Long Term Plan's commitment to make personalised care business as usual across the health and care system and to bring additional capacity into the multi-disciplinary team. This approach aims to reduce pressure on clinicians, improve people's lives through improved and timely access to health services and strengthen community resilience, meeting the needs of our diverse and multi-cultural communities.

Social prescribing enables all primary care staff and local agencies to refer people to a link worker and supports self-referral. Working under supervision of a GP, link workers give people time and focus on what matters to the person, as identified through shared decision making or personalised care and support planning. They will manage and prioritise their own caseload in accordance with the health and wellbeing needs of their local population, and where required discuss and/or refer people back to other health professionals and GPs in the PCN. They also connect people to local community groups and agencies for practical and emotional support. Link workers work within multi-disciplinary teams and collaborate with local partners to support community groups to be accessible and sustainable and help people to start new groups and activities.

Social prescribing can support a wide range of people, including (but not exclusively) people:

- with one or more long term conditions
- who need support with their mental health
- who are lonely or isolated
- who have complex social needs which affect their wellbeing.

There is emerging evidence that social prescribing can lead to a range of positive health and wellbeing outcomes for people, such as improved quality of life and emotional wellbeing.⁶ Whilst there is a need for more robust and systematic evidence on the effectiveness of social prescribing,⁷ social prescribing schemes may lead to a reduction in the use of NHS services,⁸ including GP attendance. 59% of GPs think social prescribing can help reduce their workload.⁹

Social prescribing, equality, diversity and inclusion

The embedding of social prescribing link workers within multi-disciplinary teams enables PCNs to provide personalised support and give individuals more control over their lives. Social prescribing helps to address the wider impacts of social inequality and can significantly improve people's health and wellbeing. Link workers practically

⁵ Citizens Advice policy briefing (2015), A very general practice: How much time do GPs spend on issues other than health?

⁶ Dayson, C. and Bashir, N. (2014), The social and economic impact of the Rotherham Social Prescribing Pilot. Sheffield: Sheffield Hallam University: <https://www4.shu.ac.uk/research/cresr/sites/shu.ac.uk/files/social-economic-impact-rotherham.pdf>

⁷ Bickerdike, L., Booth, A., Wilson, P.M., et. Al. (2017), Social prescribing: less rhetoric and more reality. A systematic review of the evidence, *BMJ Open* 2017;7: e013384. doi: 10.1136/bmjopen-2016-013384

⁸ Polley, M. *et al.* (2017), A review of the evidence assessing impact of social prescribing on healthcare demand and cost implications. London: University of Westminster

⁹ RCGP (2018). Spotlight on the 10 High Impact Actions: <http://www.rcgp.org.uk/about-us/news/2018/may/rcgp-calls-on-government-to-facilitate-social-prescribing-for-all-practices.aspx> (accessed 2 June 2018)

help PCNs to create a culture that embeds the principles of equality, diversity and inclusion is fundamental to delivering high-quality personalised care approaches.

Social prescribing link workers provide PCNs with practical opportunities to lead good practice, ensuring that services are culturally responsive and meet the requirements of diverse communities within the neighbourhood.

PCNs as employers have a responsibility to ensure that all staff feel valued, are treated with respect and dignity, and that all patients receive a service that is responsive, inclusive and tailored towards their individual needs. Social prescribing link workers will help PCNs to meet the requirements of the Public Sector Equality Duty and the health inequalities duties in relation to improving healthcare access and outcomes.

How is social prescribing different to the work of care navigators and health coaches?

In many PCNs, receptionists and other staff may have been trained to provide care navigation and active signposting, in addition to their existing roles. Active signposting is a light-touch approach where existing staff provide information and choice to signpost people to services, using local resource directories and local knowledge. Active signposting works best for people who are confident and skilled enough to find their own way to community groups and services, after a brief intervention. It complements social prescribing when viewed in terms of 'as well as social prescribing' not 'instead of social prescribing'.

Health coaching is a personalised approach that is based upon behaviour change theory and is delivered by health professionals with diverse backgrounds. Within the NHS there are 'health coaching' roles, both within primary care and acute settings. NHS health coaching differs from social prescribing in that emphasis tends to be placed on the behaviour change, rather than connecting people with community groups and services. However, there are many similarities, as a motivational coaching approach is an integral part of a social prescribing link worker role.

The role of social prescribing link workers, as a key part of the PCN multi-disciplinary team

The DES specification sets out the key role responsibilities for social prescribing link workers in delivering health and wellbeing services. The information can be found in section 4.5.16 (pages 22-24) of the Network Contract DES specification at <https://www.england.nhs.uk/wp-content/uploads/2019/03/network-contract-des-specification-2019-20-v1.pdf>

As members of the primary care network team of health professionals, in 2019/20 social prescribing link workers will take referrals from the PCN's members, expanding from 2020/21 to take referrals from a wide range of agencies¹⁰, to support the health and wellbeing of patients. PCNs that already have social prescribing link workers in place, or who have access to social prescribing services, may take referrals from other agencies prior to 2020/21.

¹⁰ These agencies include but are not limited to: the PCN's members, pharmacies, multi-disciplinary teams, hospital discharge teams, allied health professionals, fire service, police, job centres, social care services, housing associations and voluntary, community and social enterprise (VCSE) organisations.

Of the five workforce roles being funded via the Network Contract DES, social prescribing link workers and clinical pharmacists are being introduced in 2019. Physician associate and physiotherapist will be added from April 2020 and community paramedics from April 2021. PCNs will need to work through how to integrate the additional posts into their existing workforce mix.

Useful links

For information about the practicalities of providing social prescribing link worker services in PCNs, please refer to the following NHS England publications:

Network Contract Directed Enhanced Service Specification

<https://www.england.nhs.uk/wp-content/uploads/2019/03/network-contract-des-specification-2019-20-v1.pdf>

Network Contract Directed Enhanced Service Guidance

<https://www.england.nhs.uk/wp-content/uploads/2019/03/network-contract-des-guidance-2019-20-v2.pdf>

Network Contract Directed Enhanced Service VAT Information Note

<https://www.england.nhs.uk/wp-content/uploads/2019/03/network-contract-des-and-vat-information-note-v2.pdf>

A five-year framework for GP contract reform to implement the NHS Long Term Plan

<https://www.england.nhs.uk/wp-content/uploads/2019/01/gp-contract-2019.pdf>

For a full list of all the documents relating to the new GP contract and setting up of PCNs, please go to <https://www.england.nhs.uk/gp/gpfv/investment/gp-contract/>

Technical guidance on recruiting and supporting PCN social prescribing link workers is available in the accompanying Technical Annex document. This document also sets out practical guidance as to how social prescribing link workers:

- provide individuals with personalised support;
- undertake quality assurance of the community groups and VCSE organisations into which people are connected, to minimise risks; and
- measure the impact of social prescribing on people's wellbeing and on the community groups and VCSE organisations involved.