



Views on social prescribing: Shaping the National Academy of Social Prescribing's new strategy

August 2026

Acknowledgments

Thank you to the National Academy of Social Prescribing (NASP), which has provided funding for this project.

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Executive Summary

The National Academy for Social Prescribing (NASP) commissioned the Patients Association to explore patients' experiences of social prescribing and identify opportunities to strengthen future social prescribing services. This report captures the findings of a survey of people who had received social prescribing, covering what patients valued most, where improvements are needed and the difference social prescribing has made to their lives. The findings will help inform the priorities in NASP's future strategy and ensure that patient experience remains central to the development of social prescribing policy and practice.

Overall, patients described overwhelmingly positive experiences. The findings demonstrate that social prescribing can make a meaningful difference to people's lives when it is delivered through personalised, relationship-based support. Patients consistently valued having time to talk, feeling listened to without judgement and being treated as equal partners in decisions about their care. Many also highlighted the knowledge and commitment of Social Prescribing Link Workers (sometimes just called link workers), who helped them identify appropriate community activities and services that they may not otherwise have known about.

Personalised support emerged as one of the service's greatest strengths. Many respondents said their goals and priorities were discussed, that support was tailored to their individual circumstances and that link workers provided practical assistance alongside ongoing encouragement. Patients valued having someone who understood their situation, checked in with them regularly and supported them to access community activities. More than half of respondents continued attending activities after their formal support had ended, suggesting that social prescribing can help establish lasting connections with community support.

The survey also demonstrates that social prescribing can improve outcomes that matter to patients. Respondents reported positive impacts on their mental wellbeing, confidence, social connections and ability to access support and services. These findings reinforce the value of taking a holistic approach to health and wellbeing that recognises the wider social, practical and emotional factors affecting people's lives.

While experiences were generally positive, the survey identified several opportunities for improvement. Awareness of social prescribing remains low, with more than two-thirds of respondents saying they had not heard of the service before being referred. Many also felt that social prescribing and the reason for their referral had not been fully explained, highlighting opportunities to strengthen communication and shared decision making at the start of the patient journey.

Patients also described variation in access to community services depending on where they lived, with some reporting limited local provision, transport difficulties and a lack of suitable activities. Patients in our work with the [Royal College of GPs](#) shared that care was often poorly coordinated, with patients referring to the NHS as a “maze”. Although coordination of care in social prescribing compared favourably against patient experience of other health and care services, respondents highlighted the need for stronger collaboration between health services and community organisations to provide a more joined-up experience. A small number of patients also described inconsistent experiences with link workers, suggesting there is value in continuing to invest in training, professional development and quality assurance.

The report makes ten recommendations focused on increasing awareness and access, delivering consistently high-quality personalised care and embedding continuous improvement. These include improving public understanding of social prescribing, strengthening conversations at the point of referral, protecting the relationship between patients and link workers, reducing variation in service quality and access, improving integration across health and community services, and using patient feedback to drive ongoing improvement.

Overall, the findings present a positive picture of social prescribing and the difference it can make to people's lives. Patients consistently valued personalised, compassionate support that recognised them as individuals and helped them access appropriate community services. By building on these strengths while addressing the barriers identified in this report, there is an opportunity to ensure that more people benefit from high-quality, equitable social prescribing that improves health, wellbeing and quality of life.

Introduction

The National Academy for Social Prescribing (NASP) is a national charity that champions social prescribing, providing training and development, building partnerships and developing the evidence for what works. It supports and connects people, communities and organisations so that more people across the UK can access non-medical support that improves their health and wellbeing.

To inform the development of NASP's new strategy, the Patients Association surveyed people who were currently receiving (58), or had previously received (61), social prescribing. It is worth noting that some people did not complete every question. Anyone who clicked that they had never received social prescribing was discounted. The survey explored patients' experiences of the service, what had the greatest impact on them, where improvements could be made and how social prescribing had influenced their health and wellbeing. The findings and recommendations in this report will help ensure that NASP's future work continues to support the delivery of high-quality, patient-centred social prescribing services.

The survey also provides valuable insight into how people accessed and experienced social prescribing. Almost two-thirds of respondents (63%) were referred by their GP, while waiting times to see a link worker ranged from one week to more than six months. Most respondents were seen within two weeks of referral. Patients reported meeting with their link worker between one and 24 or more times, although most had between two and three appointments. Support was delivered through a combination of face-to-face and telephone appointments, with very few respondents receiving support online.

Respondents described being connected with a wide range of activities and services through social prescribing. Community-based activities, including gardening, walking and art groups, were the most common, followed by healthcare services such as mental health teams and practical support services including housing and financial advice. Waiting times to begin activities ranged, with around two-thirds of respondents waiting between one week and four months to start their activity. Around 65% agreed that the activities they accessed lasted for the right length of time.

Throughout the survey, many respondents described the positive difference social prescribing had made to their lives. Their comments illustrate the value of personalised, relationship-based support:

"It's just better than anything else as it is personal and not self serving. If the NHS put folk like my social prescriber in charge you'll have a NHS to be proud of."

"I recommend social prescribing to anyone I meet who is struggling, typically those who are sole unpaid carers for family members."

"Genuinely the best interaction within the NHS in my life, (my link worker) is fantastic and changed my experience completely around for the best."

This report explores what patients valued most about social prescribing, improvements they would like to see and the difference the service has made to their lives.

Key findings

How did social prescribing make a difference to patients?

Patients were asked if social prescribing had improved anything in their lives. The findings show that the impact extended beyond access to community activities, with many respondents describing improvements in their wellbeing, confidence, social connections and ability to access support. These outcomes demonstrate how personalised support from social prescribing can positively influence different aspects of people's lives.

Improving mental wellbeing

Improved mental wellbeing was one of the most commonly reported outcomes, with half of respondents (50%) saying social prescribing had made a positive difference in this area.

Patients described how having someone to talk to, practical support and connections to appropriate services helped them manage their mental wellbeing. For many, social prescribing offered support that complemented traditional healthcare by recognising the wider factors affecting their wellbeing. One respondent explained:

"The support and advice to help me improve my mental health wellbeing."

Building confidence

Almost half of respondents (44%) also said social prescribing had helped improve their confidence. For some, this meant feeling able to try new activities or engage with services they may not previously have considered. Others described feeling more confident to take positive steps towards improving their health and wellbeing. As one patient simply put:

"I did things I thought impossible."

Reducing loneliness and isolation

More than a third of respondents (38%) said social prescribing had helped reduce feelings of loneliness or isolation by having "human contact" and "meeting other people". Patients highlighted the value of making new social connections and having opportunities to spend time with others. Even brief comments demonstrated how meaningful these connections could be. Respondents described the impact as:

"Honestly support has really changed things for me, I have hope now and friends"

These comments illustrate that, for many people, social prescribing provided opportunities to connect with others and reduce feelings of isolation.

Improving access to support and services

The most reported benefit was improved access to support and services, identified by 53% of respondents. This reflects one of the core aims of social prescribing: helping people find and access the support that is available within their communities. Throughout the survey, patients described how link workers helped them navigate services, identify appropriate sources of support and access help that they may not otherwise have received. One respondent commented:

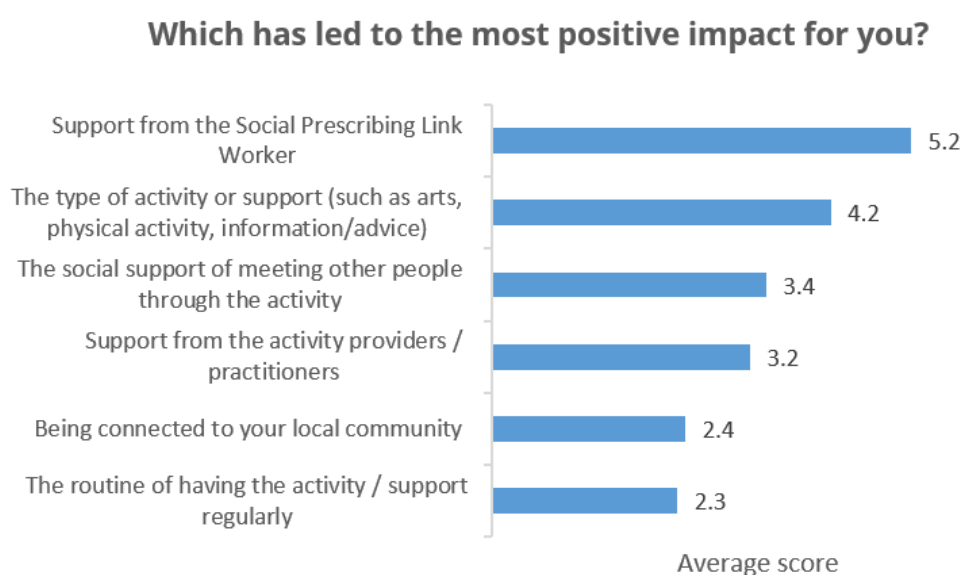
"I wouldn't be here without social prescribers, they have changed my life completely at a point where I didn't know where to turn to for help anymore."

Overall, these findings demonstrate that through social prescribing, patients reported improvements in their wellbeing, confidence and social connections, alongside better access to support and community services. Together, these outcomes show how

personalised, relationship-based support can make a meaningful difference to people's lives.

What had the greatest impact?

Patients were asked to rank what had led to the most positive impact for them. The highest ranked area was 'support from the Social Prescribing Link Worker' followed by 'the type of activity or support (such as arts, physical activity, information/advice)'.



Patients consistently described the relationship with their link worker as the aspect of social prescribing that had the greatest impact on their experience. Throughout the survey, respondents highlighted the importance of feeling listened to (70%), having enough time to discuss their circumstances, receiving personalised support and being connected to appropriate community services.

Feeling listened to

The relationship patients developed with their link worker was key to how they viewed their experience, with a positive relationship helping them feel comfortable discussing their concerns and confident that their individual circumstances were understood.

The vast majority of respondents (85%) said they felt very or fairly comfortable speaking to their link worker. This suggests that link workers are creating a welcoming, non-judgemental environment where people feel able to talk openly about their health, wellbeing and the wider challenges affecting their lives.

Patients also highlighted the importance of having enough time with their link workers, whether that be during appointments, or over the course of many months. More than three-quarters (76%) felt their link worker spent enough time with them. This contrasts with the experience of some patients in other parts of the health system, where limited appointment times can make it difficult to discuss the [wider factors affecting their health](#). The time link workers are able to dedicate to listening, understanding individual circumstances and exploring suitable options was viewed as a key strength of the service.

For many people, this support extended beyond conversations alone. Around 43% said their link worker accompanied them to an activity or service, helping to reduce anxiety about attending somewhere new and providing practical encouragement to take the first step. This hands-on support helped many people feel more confident accessing community services and maintaining their involvement over time. As one respondent explained:

"She was kind and patient, made time to listen to me and really encouraged me to access support as I am not good with change. She came with me initially to a group and I continue to attend weekly thanks to this and have made some firm friends which has really helped me"

Another reflected on the ongoing support they received:

"Huge range of knowledge of available resources. Treated me kindly when struggling with my mental health. Checked in with me when I didn't attend things as I had planned to."

Together, these findings demonstrate that the time, empathy and continuity offered by link workers were among some of the most valued aspects of social prescribing, enabling people to build trusting relationships and access support that reflected their individual needs. By creating trusting relationships and providing ongoing support, link workers helped patients feel heard, understood and more confident to engage with services that reflected their individual needs.

Being treated as an equal partner

Treating patients as equals is one of the [Patients Association's six key principles of patient partnership](#), and positively, many patients in this survey felt involved in their care, with more than three-quarters of respondents (76%) reporting they felt like an equal partner in decisions about their care made with their link worker. This finding reflects one of the central ambitions of the 10 Year Health Plan for England, which commits to moving patients from passive recipients of care to active partners in their own health and treatment. This is particularly valuable because it demonstrates patient-centred practice, which the Patients Association has always strongly advocated for.

In the Patients Association's wider [patient experience survey](#), only 42% of respondents reported feeling like an equal partner in decisions about their care. The higher proportion reported in this survey indicates that social prescribing is supporting a more collaborative approach, where patients feel involved in conversations about the support that is right for them, taking account of not only their physical health but also the wider factors affecting their lives."

Patients also reported that link workers took the time to understand them as individuals. Around three in five respondents (62%) said they valued having a link worker who understood their situation, while 78% felt that their link worker understood their culture, identity or background. This indicates that in this area, Social Prescribing Link Workers are more capable of supporting care built around what matters to the patient. In our [Patient Experience Survey: May 2026](#), we found that almost seven in ten respondents weren't asked what matters to them in any appointments over the previous six months. Together, these findings suggest that many patients felt recognised as individuals rather than receiving a one-size-fits-all approach. One patient described their experience by saying:

"My prescriber was engaging, listened to my needs, made me feel seen and heard, and helped me become aware of other support available. Really lovely person."

Overall, these findings suggest that social prescribing supports a collaborative approach to care, where patients feel involved in decisions and recognised as individuals. Feeling treated as an equal partner, alongside being understood in the context of their culture, identity and personal circumstances, was an important part of patients' positive experiences of the service.

Receiving personalised support

Many patients found their social prescribing support personalised to their individual needs, with support shaped around their goals, priorities and preferences.

For many respondents, this started with conversations about what mattered most to them. Around 65% said their priorities and goals were discussed and considered as part of their support. This compares with just 17% of respondents in the Patients Association's wider patient experience survey. Goal-setting is a notable strength of the social prescribing service, and other services could learn from link workers.

One patient described how their link worker adapted their support to reflect their individual circumstances:

"Although my English is not very good, she listened to me and understood my struggles. She saw I was under a lot of pressure and that I hadn't given up on finding help - I just hadn't found real help to solve the problems I was facing. She realized I had already tried all her previous suggestions, so she took real action to help me, which no one else had done. And she is still helping me."

Patients fed back that the support given by their link worker was appropriate for them, with nearly two-thirds (63%) saying they valued the practical support provided, while almost half (46%) valued the regular check-ins from their link worker. More than three-quarters of respondents (78%) felt they received the right level of support to help them engage with activities. Responses also showed that the support provided by link workers often had a more positive impact on people's experiences than the activities themselves, highlighting the importance of having someone simply listen to them and understand what they need.

As one respondent explained:

"Persuasion to join all activities. Support to be able to use the Leisure Centre, she totally changed my life! We have stayed in touch even though she is no longer the prescriber at my GP practice."

Additionally, 87% of respondents said the activities they accessed met their needs fully or partly, while 82% said they were able to access the activities they had been connected to. Survey responses showed that link workers connected people with a wide range of community activities and sources of support, reflecting the breadth of the social prescribing offer.

One patient described the range of support they received:

"My specialist Physiotherapist was amazing, we did acupuncture, we tried to work with mirror box technique and specialist exercises that I was able to do at home. Sports massage which really helped. Connected with several groups on Facebook which I am still using. The opportunity to meet other people on a pain course. I met my dearest friend on that course. I know she understands what it's like."

These findings show that patients value support tailored to their individual needs, highlighting that the link worker has listened to their preferences, and connected them with activities and services that were relevant to their circumstances.

Knowledge of local services

A major strength of social prescribing was the knowledge that link workers had of local services and community support. This enabled them to connect people with organisations and activities that were relevant to their needs, while also introducing many patients to sources of support they had not previously known about.

More than three-quarters of respondents (78%) thought their link worker had good knowledge of local services, while 62% said they valued that their link worker knew about local services and activities. Communities vary, so to know someone providing support to you is aware of smaller and potentially more niche services in the area, can make a big difference to someone who is not sure what they are looking for.

One respondent reflected on this by saying:

"She was very empathetic, she listened to me, she had a non judgemental approach, very easy going and friendly. She also was very knowledgeable about the local and surrounding services."

91% of respondents said they had been introduced to services they did not already know existed. This is one of the highest figures in the survey and demonstrates the important role link workers can play in helping people discover support available within their communities. Many patients may not be aware of the range of local organisations, activities and services available to them, and link workers are well placed to bridge this gap.

Overall, the findings suggest that link workers' knowledge of their local communities is a significant strength of the service. By connecting patients with support they may not otherwise have found, they helped widen awareness of local services and increased opportunities for people to access appropriate community-based support. This is vital for people who may be lonely, or want to meet with people with similar values, passions, or backgrounds to them. Feeling connected to one's community can have such an impact on a person's wellbeing.

Support and access to activities

Building on link workers' awareness of local services, the survey demonstrates how social prescribing has helped many patients access community activities and support that they may not otherwise have engaged with. Interestingly, 57% of people continued attending activities after support finished, showing the sustainable change it can make in people's lives.

Most respondents connected with at least one local activity or service. Around three-quarters (74%) said they had been connected to between one and seven activities, while a further 4% had been connected with eight or more. Only 15% said they had not been connected with any activities or services.

Their reasons for not being connected varied. Around one-quarter of those who had not been connected said this was because there were no suitable services available in their area, suggesting that access to activities may depend on local availability. A further 19% said that services had not been discussed with their link worker, highlighting an opportunity to strengthen conversations about available support. One respondent described the practical benefits of being connected with local services:

"Life changing support. Better than all the mental health help I've done in the past."

Importantly, many patients continued to engage with activities after their formal support from a link worker had ended. More than half of respondents (57%) said they continued attending activities once their support had finished. This suggests that, for many people, social prescribing can help establish ongoing connections with community services that continue beyond the initial period of support. One patient reflected on the lasting value of the service, saying:

"Knowing I could rely on a service to help me when I most need it, I can self-refer in the future."

Overall, these findings highlight that social prescribing not only helps patients access appropriate activities and community services, but can also support longer-term engagement beyond the period of formal support. While the availability of local services remains an important factor, the survey indicates that many patients were able to establish lasting connections with support in their communities.

Summary: What had the greatest impact

Patients consistently described the relationship with their link worker as having the greatest impact on their experience. They valued having someone who listened without judgement, understood their individual circumstances and worked alongside them to identify support that reflected their needs and priorities.

Patients also highlighted the practical difference that link workers made. From helping people stop smoking to introducing them to local activities and services they had not previously known about, respondents valued support that went beyond providing information. Many appreciated having someone who could guide, encourage and check

in with them, helping them feel more confident to access support and take the next steps.

Knowledge of local services was another clear strength of the service. Patients valued link workers who understood what was available in their community and could make meaningful connections, rather than simply signposting them elsewhere.

The comments throughout the survey demonstrate that patients valued a personalised approach centred on listening, understanding and practical support. As one respondent simply put:

"Every (area) should have one, was a really difficult time for me and I was so lonely, I was on medication for depression and now I no longer need them."

Other respondents highlighted the practical and personalised nature of the support they received:

"It supported me to stop smoking."

"Personable - my social prescriber knew their area, it wasn't just a hand out of a leaflet."

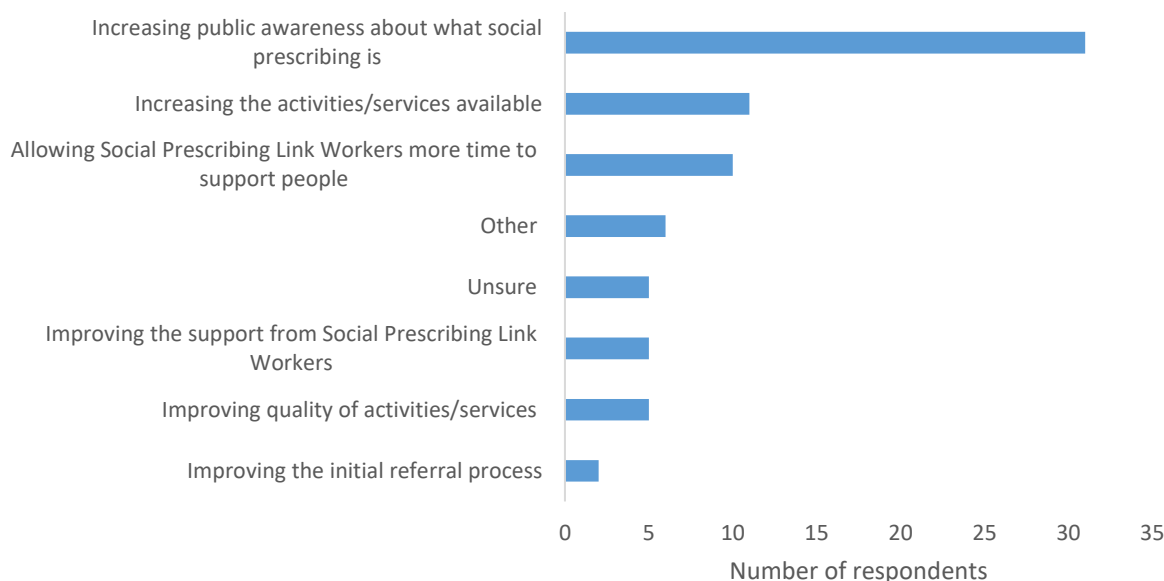
"My link worker understood my needs and supported me to access support."

Taken together, these findings suggest that patients valued social prescribing not simply because they were connected to activities or services, but because they felt listened to, understood and supported by someone who took the time to help them find the right support for their individual circumstances.

What needs improving most

Experiences were generally positive, although several areas consistently emerged where improvements could strengthen patients' experiences and increase the impact of social prescribing. When asked which area they felt most needed improving, the most common response was increasing public awareness, followed by increasing the activities/services available and allowing Social Prescribing Link Workers more time to support people.

Which areas of social prescribing do you think most need improving?



Limited awareness of social prescribing

Despite social prescribing receiving increased national investment in recent years, awareness of the service among patients remains low. More than two-thirds of respondents (68%) said they had not heard of social prescribing before they were referred, while only 30% were already aware of it.

This finding suggests that many more patients could be accessing social prescribing yet have no knowledge that the service exists or that it may be available to support them. Increasing awareness could help more people understand what social prescribing offers and encourage earlier engagement with support. Several respondents felt that greater promotion of the service would make a positive difference. One commented:

"More publicity about the role of Social Prescribers inside Health Centres."

Another reflected that earlier awareness of the service may have enabled them to access support sooner:

"Knowing about Social Prescribing Service before I got to such a dark place in my life."

Interestingly, respondents who were not aware of social prescribing before being referred to a link worker still rated their overall experience highly, giving it an average score of 8.3 out of 10 (on average, respondents rated social prescribing 7.6 out of 10). This suggests that prior awareness is not essential for patients to benefit from social prescribing once they access the service. However, increasing awareness and improving

explanations at the point of referral could help patients engage with the support earlier and with a clearer understanding of what to expect.

These findings highlight an important opportunity to increase public awareness of social prescribing, particularly within primary care settings and local communities. Helping people understand what social prescribing is, how it can help and how it can be accessed may enable more patients to ask for and benefit from the service before their needs become more acute.

Explaining social prescribing and the referral process

The survey suggests there is an opportunity to improve how social prescribing and the referral process are explained to patients. While many respondents said they received some explanation, relatively few felt they had a full understanding before their support began.

Only 34% of respondents said social prescribing had been fully explained to them by their link worker or the person making the referral, and a further 56% said it had been explained either mostly or only a little. These figures indicate that many patients began the service without a complete understanding of what social prescribing involved or what they could expect.

Similarly, only 42% of respondents said the reason for their referral had been fully explained, while almost half (49%) said it had been explained either mostly or only a little. This suggests there is scope to strengthen shared decision making at the point of referral, ensuring that patients understand why social prescribing has been recommended and how it may help them. The Patients Association advocates that shared decision making and [patient partnership approaches are used as a matter of routine](#), no matter what the setting.

Clear communication at the start of the social prescribing journey can help patients feel informed, set realistic expectations and encourage engagement with the support available. Strengthening explanations of both the service itself and the reason for referral may help improve patients' understanding and overall experience from the outset.

Coordination and access

The survey identified opportunities to strengthen the coordination of services and improve equitable access to community support. While over half of respondents (58%) felt that services were well coordinated, this also means that a substantial proportion were either unsure or did not agree.

Effective coordination between health services and community support is central to the aims of social prescribing. It is encouraging that this compares favourably with the Patients Association's wider patient experience survey, where only 26% of respondents felt their care was well coordinated (across all aspects of the system). However, there remains considerable scope to improve patients' experiences of joined-up care.

Respondents' comments highlighted that access to community services varied depending on where they lived. Several described difficulties accessing suitable activities in their local area, suggesting that the availability of services can differ significantly between regions. One respondent commented:

"That there are not a lot of free or cheap regular activities for us to attend in our local area."

Some respondents also felt that access to social prescribing itself depended on where they lived:

"Simply, if the service was available to all Post Codes and there had been something other than the NHS to refer me."

Another reflected on the wider challenge of sustaining community support:

"As winter draws on and funding is scarce the need to have a nationwide forum that supports local amenities rather than postcode lottery."

Overall, the findings suggest that while social prescribing services are often coordinating care well for many patients, continued efforts are needed to reduce variation in access to services and ensure that people can benefit from appropriate community support regardless of where they live.

Training and consistency

Although most respondents reported positive experiences with their link worker, 11% highlighted concerns about the knowledge of the link worker and an additional 12% stating they were unsure whether their Social Prescribing Link Worker had good knowledge about local activities and services. These responses suggest there may be opportunities to strengthen training and ensure a consistently high standard of support across services.

Some respondents felt their link worker did not have the knowledge or skills needed to provide appropriate support. A few described experiences where they felt the advice

they received was too general, did not reflect their individual circumstances or did not demonstrate sufficient knowledge of local services. Patients commented:

"I knew more than she did about local activities."

"Having a competent social prescriber." (when asked what would have improved your experience of social prescribing?)

"Vague suggestions without knowledge or help, felt it was a box ticking exercise."

Several respondents also highlighted the importance of ensuring that link workers have a good understanding of different people's needs and can make appropriate referrals. One respondent suggested:

"It would be good if SPLWs (Social Prescribing Link Workers) were familiar with the medical and social models of disability and maybe had training in this, so that they can refer disabled people to services that are likely to be accessible. The VCSE sector needs to make clear what access provision they have so that people aren't being signposted to unsuitable services."

Others felt that greater oversight and quality assurance would help maintain high standards across services:

"Please make sure social prescribing is always connected to strictly monitored services. Please do not allow just any organisation to socially prescribe"

One respondent also reflected on how the support they received did not fully address the issues they were seeking help with:

"My initial contact just wanted to make sure we were claiming all the benefits etc available. We are, I'm an accountant and on the ball with money issues. It seems anything that isn't 'on a script' isn't covered. I was offered nothing for feeling guilty, overwhelmed, anxious. In words nor anything."

Overall, these responses suggest that while many patients had positive experiences of their link worker, continued investment in training, professional development and quality assurance could help ensure that all patients receive the personalised,

knowledgeable and consistent support that underpins social prescribing. As one respondent commented:

"Recruitment and training of the right people to become SP is paramount. The right people can make a real difference."

Summary: what needs improving most

Overall, findings suggest that the areas requiring improvement primarily relate to how people access, understand and experience the service. Patients identified opportunities to increase awareness of social prescribing, improve explanations at the point of referral and strengthen coordination between health and community services. They also highlighted the importance of ensuring consistently high-quality, personalised support through ongoing training and professional development for link workers.

Taken together, these findings indicate that social prescribing is providing a positive experience for many patients, but that there are opportunities to improve consistency and equity of quality and access. Addressing these areas would help more people understand the service, access appropriate support and benefit from a high-quality experience regardless of where they live or which service they access.

Challenges experienced by those with poorer experiences of social prescribing

While most respondents described positive experiences of social prescribing, a smaller number highlighted challenges that reduced the impact of the support they received. These experiences provide valuable insight into where services can continue to improve and where wider factors can affect outcomes.

Communication

Some respondents felt that the quality of communication influenced their overall experience. While many patients elsewhere in the survey described link workers as kind, supportive and approachable, a small number reported feeling that they were not listened to or treated with empathy. One respondent commented:

"She was useless and spoke down to me like I was trying to get something for nothing - I ended up in tears."

Another said:

"He [the link worker] was rude and arrogant. He felt the job social prescribing was beneath him. Kept going on about his previous job which led to him being arrogant. Wouldn't listen or do what I needed."

Others wanted more ongoing communication and information throughout their support, including:

"More follow ups with up to date information."

"Knowing what else is available."

"More sessions throughout the year."

These comments demonstrate that clear, compassionate communication and regular contact are crucial elements of a positive patient experience.

Activities that did not fully meet people's needs

Although around 88% of respondents said the activities they were connected with met their needs fully or partly, some patients found it difficult to identify activities that reflected their individual circumstances. For some, available activities did not address the challenges they were experiencing. One respondent explained:

"I find being with people stressful. I have joined hundreds of groups. I don't have problem finding or joining. I have problem enjoying being with people and not feeling bullied/rejected. Social groups are for people who don't have problem trusting people."

Others described difficulties finding suitable services:

"It was hard to find a service that met my needs and she did try to look, but most of what she found didn't quite match."

"We had to explore different activities to meet my needs."

These findings suggest that while social prescribing offers a broad range of support, some patients have more specific or complex needs that can be harder to meet through existing community services.

Access to activities and information

Some respondents experienced practical barriers that affected their ability to benefit from social prescribing. These challenges were often linked to the availability of services and activities for the link worker to refer to within their local area rather than the support provided by their link worker. Patients described limited local provision, with comments including:

"Limited activities available."

"The group I was waiting to join stopped running."

"The services I was trying to access didn't exist in my area. My part of Kent is neglected."

A theme that was highlighted in [our work on health equity](#), has unsurprisingly been mentioned in this study:

"Transport."

"Not many things to do where I live on a bus route."

"I had to drive again to new places (very stressful)."

These responses suggest that the impact of social prescribing is often influenced by the range, sustainability and accessibility of local community services which are beyond their control.

Other factors affecting participation

Some respondents described personal circumstances that limited their ability to engage with social prescribing, regardless of the support available. These included caring responsibilities, hospital admissions, financial pressures, ongoing health conditions and anxiety about trying new situations. Patients commented:

"My time was limited by my caring responsibilities."

"Hospital stay."

"My own resistance and fear of new situations."

"Health issues had to take priority, long term and more recent, over what the social prescriber could recommend."

"Being able to get someone to cover for me, financially I was unable to afford cover."

These responses highlight that social prescribing operates within the context of people's wider lives. While link workers can provide support, some barriers lie beyond the scope of the service and require broader health, social care and community support to address.

Overall, the findings show that poorer experiences were often shaped by a combination of communication, environmental factors (i.e., the availability of suitable services) and wider personal circumstances. Understanding these challenges provides a valuable understanding of opportunities to strengthen social prescribing and ensure that support remains responsive to the many and diverse needs of patients.

Limitations

While this survey provides valuable insight into patients' experiences of social prescribing, several limitations should be considered when interpreting the findings.

How respondents heard about the survey

The survey was shared in the Patients Association's newsletter and on social media. It was also shared by NASP and stakeholders of the Patients Association. 28% heard about this survey from their link worker. This could mean that those people with experience of social prescribing not linked to any of these organisations, did not see the survey.

Participation in the survey was voluntary, meaning that respondents chose whether or not to take part. As a result, the findings may not fully reflect the experiences of everyone who has received social prescribing. People with particularly positive or negative experiences may have been more likely to respond.

Representativeness

The survey captures the views of those who completed it, but it is not possible to know whether respondents are representative of all people who access social prescribing services across different regions, communities and demographic groups. Experiences may vary depending on local service provision, the availability of community activities and individual circumstances.

Reliance on self-reported experiences

The findings are based on patients' own accounts of their experiences and perceptions. Responses were not independently verified and reflect individuals' personal views and recollections of social prescribing and its impact. Additionally, for those receiving social prescribing years ago, recall of that memory could potentially not be as accurate.

Variation in social prescribing services

Social prescribing is delivered differently across the country, with variation in referral pathways, link worker roles and the availability of community services. Consequently, the findings may not be applicable to every social prescribing service or local area.

Demonstrating causality

Although many respondents reported improvements in areas such as wellbeing, confidence and social connection, the survey cannot determine whether these outcomes were caused solely by social prescribing. Other factors in people's lives, including changes in their health, personal circumstances and wider support networks, may also have influenced their experiences.

Despite these limitations, the survey provides important insight into what patients value most about social prescribing, the challenges they experience and the opportunities to improve services in the future.

Conclusion

Overall, the findings demonstrate that social prescribing can make a meaningful difference to people's lives when delivered through personalised, relationship-based support. Patients consistently valued feeling listened to, understood and treated as

equal partners, with link workers helping them access appropriate community services and support tailored to their individual needs.

The survey also demonstrates that social prescribing can have a positive impact on outcomes that matter to patients. Many respondents reported improvements in their wellbeing, confidence, social connections and ability to access support, illustrating the value of taking a holistic approach to health and wellbeing.

Although experiences were overwhelmingly positive, the findings also identify opportunities to strengthen the service. Increasing public awareness of social prescribing, improving communication at the point of referral, reducing variation in access to community services and continuing to invest in high-quality, personalised support will help ensure more people can benefit from the service.

By acting on the recommendations in this report, there is an opportunity to build on what is already working well while addressing the barriers identified by patients. As demand for personalised, preventative and community-based care continues to grow, ensuring that social prescribing remains accessible, equitable and centred on what matters most to patients will be essential to maximising its impact.

Recommendations

Increasing awareness and access

1: Increase awareness and understanding of social prescribing

Develop and evaluate a communications strategy to improve public understanding of social prescribing, including what it is, who it is for, and how it can support health and wellbeing. This should include information provided through GP practices, pharmacies, hospitals, community organisations and digital channels. Success should be measured through regular patient surveys that track awareness and understanding over time.

2: Strengthen shared decision making at the point of referral

Ensure patients are given a clear explanation of social prescribing including what it is, why it has been recommended, and the support available. Patients should be actively involved in making informed decisions about engaging in it and to discuss what matters most to them. Services should routinely measure whether patients felt informed, involved in decisions and able to discuss the goals and outcomes that matter to them.

3: Improve equitable access to appropriate community support

The 10 Year Health Plan for England emphasises a shift from hospital to community, to ensure patients get the right care, in the right place, at the right time. An effective social prescribing ecosystem requires a sustainable, accessible and diverse community sector. To support this, link workers should work with local partners to increase availability, diversity and accessibility of community activities, ensuring support is available for people of different backgrounds, ages, cultures, disabilities, and levels of mobility. Support is also needed nationally and regionally to develop sustainable models of funding community activities that improve health and wellbeing. Monitoring of access and outcomes across population groups and regions to identify and address inequalities is also essential.

Delivering high-quality personalised care

4: Protect the relationship between patients and link workers

Recognise the relationship between patients and link workers as the foundation of effective social prescribing by protecting appointment time, promoting continuity wherever possible, and supporting conversations focused on what matters most to individuals. Services should monitor patient-reported measures of feeling listened to, understood and treated as an equal partner.

5: Reduce variation and strengthen integration

Develop clearer national quality standards for social prescribing, while allowing flexibility for local services to respond to the needs of their communities. Integrated Care Systems should regularly review coordination between primary care, community organisations and social prescribing services, using patient feedback to identify gaps and reduce unwarranted variation.

Embedding continuous improvement

6: Measure outcomes that matter to patients

Evaluate social prescribing using patient-reported outcomes, including confidence, wellbeing, social connection, independence, and quality of life, alongside measures of service activity such as referral numbers, waiting times and sustained engagement with activities.

7: Embed patient experience in service improvement

Establish routine mechanisms for gathering and acting on patient feedback, using lived experience to shape service development, evaluate quality and inform future strategy. This will help ensure services continue to respond to patients' changing needs and experiences.

Appendices

This survey consisted of 52 questions (including demographics), which were a mixture of open-ended and multiple-choice questions.

NASP worked with the Patients Association to devise the survey questions, and shared the survey through its networks, link worker advisory group, and on social media.

Where there is a missing question below, this signifies that it was an open text answer.

Questions:

Q1 Do you have a Social Prescribing Link Worker?

- Yes **73**
- No, but have in the past **65**
- No, I have never had a Social Prescribing Link Worker **63**
- Answered **201**

Q2 How long ago did you have a Social Prescribing Link Worker?

- Over 5 years ago **2**
- Between 1 - 5 years ago **28**
- Within the last year **30**
- Unsure **1**
- Answered **61**
- Skipped **141**

Q3 How long did you have support from a Social Prescribing Link Worker?

- Less than 6 weeks **21**
- Between 6 weeks and 3 months **15**
- 3 – 6 months **10**
- Over 6 months **13**
- Unsure **3**
- Answered **62**
- Skipped **140**

Q4 How many times (approximately) did you have contact with your Social Prescribing Link Worker?

- Once **4**
- 2-3 times **22**
- 4-6 times **12**
- 7-12 times **14**
- 13-18 times **1**
- 19-24 times **2**
- More than **3**
- Unsure **4**
- No, I have never had a Social Prescribing Link Worker **0**
- Answered **62**
- Skipped **140**

Q5 Were you aware of Social Prescribing before you were referred to a Social Prescribing Link Worker?

- Yes **36**
- No **81**
- Unsure **3**
- Answered **120**
- Skipped **82**

Q6 Who referred you to a Social Prescribing Link Worker?

- GP **76**
- Social worker **1**
- Other health professional **18**
- Charity **3**
- Self-referred **7**
- Unsure **9**
- Someone else **6**
- Answered **120**
- Skipped **82**

Q7 Was it clearly explained to you what social prescribing was?

- Yes, fully **40**
- Mostly **37**
- A little **30**
- No **12**
- Unsure **0**
- Answered **119**

- Skipped **83**

Q8 Was the reason for your referral to a Social Prescribing Link Worker made clear to you?

- Yes, fully **49**
- Mostly **42**
- A little **15**
- No **11**
- Unsure **1**
- Answered **118**
- Skipped **84**

Q9 How long did you have to wait to see a Social Prescribing Link Worker after being referred?

- Less than 2 weeks **39**
- 2-4 weeks **34**
- 1-2 months **14**
- 2-4 months **12**
- 4-6 months **1**
- More than 6 months **0**
- Unsure **8**
- Answered **108**
- Skipped **94**

Q10 How many times (approximately) have you met / did you meet with your Social Prescribing Link Worker?

- Once **14**
- 2-3 times **31**
- 4-6 times **22**
- 7-12 times **21**
- 13-18 times **2**
- 19-24 times **4**
- More than 24 times **5**
- Unsure **8**
- Answered **107**
- Skipped **95**

Q11 Did / does your Social Prescribing Link Worker spend enough time with you?

- Yes **82**
- No **17**

- Unsure **9**
- Answered **108**
- Skipped **94**

Q12 Did / do you mostly meet your Social Prescribing Link Worker:

- Face to face **53**
- Online **6**
- On the phone **47**
- Unsure **1**
- Answered **107**
- Skipped **95**

Q14 Did / do you feel like an equal partner in decisions with your Social Prescribing Link Worker?

- Yes **81**
- No **13**
- Unsure **12**
- Answered **106**
- Skipped **96**

Q15 Did / do you feel that the Social Prescribing Link Worker understands your culture/identity/background?

- Yes **81**
- No **13**
- Unsure **10**
- Answered **104**
- Skipped **98**

Q16 How comfortable did / do you feel speaking with your link worker?

- Very comfortable **68**
- Fairly comfortable **21**
- Neither comfortable nor uncomfortable **6**
- Fairly uncomfortable **3**
- Very uncomfortable **6**
- Unsure **1**
- Answered **105**
- Skipped **97**

Q17 What did / do you value most about your Social Prescribing Link Worker? (tick all that apply)

- They listened to me **73**
- They understood my situation **64**
- They gave me practical support **65**
- They helped me feel more confident **42**
- They checked in with me regularly **48**
- They knew about local services and activities **64**
- I did not find the support helpful **17**
- Unsure **0**
- Other **10**
- Answered **104**
- Skipped **98**

Q18 Did / do you feel that your Social Prescribing Link Worker had/has good knowledge about local activities and service?

- Yes **81**
- No **11**
- Unsure **12**
- Answered **104**
- Skipped **98**

Q19 Did / does the Social Prescribing Link Worker know about local services that you weren't already aware of?

- Yes **74**
- No **3**
- Unsure **4**
- Answered **81**
- Skipped **121**

Q20 Approximately how many services / activities has the Social Prescribing Link Worker connected you with?

- None **16**
- 1-3 **56**
- 4-7 **22**
- 8+ **4**
- Unsure **8**
- Answered **106**
- Skipped **96**

Q21 Why have you not connected with services/activities?

- I am still receiving support from the Social Prescribing Link Worker **1**
- There are no services/activities available **4**
- Personal choice not to attend or be referred on **1**
- No services/activities discussed with the Social Prescribing Link Worker **3**
- Services/activities offered were not accessible **1**
- Other **6**
- Answered **16**
- Skipped **186**

Q22 Did / does the Social Prescribing Link Worker provide you with the right level of support for you to engage with the services / activities eg information, encouragement, support with practical barriers?

- Yes **69**
- No **9**
- Unsure **11**
- Answered **89**
- Skipped **113**

Q23 Did / does the Social Prescribing Link Worker come with you to any of the services / activities?

- Yes **38**
- No **48**
- Unsure **3**
- Answered **89**
- Skipped **113**

Q24 Did / do the activities/services available match your needs?

- Yes, fully **38**
- Yes, partly **38**
- No **7**
- Unsure **4**
- Answered **87**
- Skipped **115**

Q25 Were / are you able to access the activities or support you were connected to?

- Yes, fully **39**
- Yes, partly **32**
- No **9**
- Unsure **7**

- Please explain why (eg. cost, travel, location, time, anxiety, waiting list, lack of information) **19**
- Answered **87**
- Skipped **115**

Q26 Did you have to wait for any of the activities / services to be available?

- Yes **39**
- No **46**
- Answered **85**
- Skipped **117**

Q27 What was the longest wait time for activities / services to be available?

- Less than 2 weeks **2**
- 2-4 weeks **11**
- 1-2 months **8**
- 2-4 months **6**
- 4-6 months **1**
- More than 6 months **1**
- Still waiting **5**
- Unsure **7**
- Answered **41**
- Skipped **161**

Q28 Did / do the activities/services continue for the length of time needed by you?

- Yes **53**
- No **14**
- Unsure **15**
- Answered **82**
- Skipped **120**

Q29 What types of activities or services did / do you engage in? (tick all that apply)

- Support services such as housing/ finance support **29**
- Healthcare services such as mental health teams **38**
- Group activities such as gardening, walking, art **40**
- Support groups such as carers/ peer support **20**
- Skills such as volunteering, education **10**
- Social care **19**
- Unsure **9**
- Other **10**
- Answered **82**

- Skipped **120**

Q30 To what extent did the services or activities meet your needs?

- Fully **38**
- Partly **30**
- Not at all **4**
- Unsure **8**
- Please comment **13**
- Answered **80**
- Skipped **122**

Q31 If no longer being supported by a Social Prescribing Link Worker, have you continued to engage with activities after support from the Social Prescribing Link Worker finished?

- Yes **44**
- No **26**
- Unsure **7**
- Answered **77**
- Skipped **125**

Q32 Thinking about all your answers above, how would you rate your experience of Social Prescribing?

- Average number **7.6**
- Answered **79**
- Skipped **123**

Q34 Did social prescribing improve any of the following? (tick all that apply)

- Mental wellbeing **38**
- Confidence **34**
- Loneliness/isolation **29**
- Physical health **23**
- Daily routine **20**
- Employment **5**
- Friendship/social connection **21**
- Access to support and services **41**
- Ability to manage own health and/or wellbeing **22**
- Ability to manage finances **11**
- Overall quality of life **23**
- It did not improve things for me **9**
- Unsure **7**

- Other **10**
- Answered **77**
- Skipped **125**

Q35 Which has led to the most positive impact for you (the highest number being the most important)

- Support from the Social Prescribing Link Worker **5.2**
- The type of activity or support (such as arts, physical activity, information/advice) **4.2**
- The social support of meeting other people through the activity **3.4**
- Support from the activity providers / practitioners **3.2**
- Being connected to your local community **2.4**
- The routine of having the activity / support regularly **2.3**

Q38 Which areas of social prescribing do you think most need improving?

- Increasing public awareness about what social prescribing is **31**
- Improving the initial referral process **2**
- Allowing Social Prescribing Link Workers more time to support people **10**
- Improving the support from Social Prescribing Link Workers **5**
- Increasing the activities/services available **11**
- Improving quality of activities/services **5**
- Unsure **5**
- Other **6**
- Answered **75**
- Skipped **127**

Q39 For social prescribing to work at its best, the Social Prescribing Link Worker needs to be joined up well with the health system, as well as the VCSE (voluntary charity social enterprise) sector. Did you feel that your care was well coordinated (such as logistics, communications, resources)?

- Yes **44**
- No **16**
- Unsure **16**
- Please comment **29**
- Answered **76**
- Skipped **126**

Demographics:

Out of the 119 whose responses were eligible to be used, only 59% of these filled in the voluntary demographics form.

Age

- 50 to 64 years – 27
- 25 to 49 years – 17
- 65 to 79 years – 15
- 80+ years – 7
- 18 to 24 years – 3
- Prefer not to say – 1

Gender

- Woman – 52
- Man – 15
- Prefer not to say/ to self-describe – 2
- Non-binary – 1

Region

- South East – 17
- Prefer not to say – 11
- West Midlands – 8
- East Midlands – 7
- North West – 6
- Yorkshire and Humberside - 6
- South West – 5
- East of England – 3
- London – 3
- North East – 3
- Northern Ireland – 1

Sexual orientation

- Heterosexual / straight – 48
- Prefer not to say/ to self-describe – 14
- Asexual – 4
- Bisexual – 1
- Pansexual – 1

Ethnic group or background

- White - English/Welsh/Scottish/Northern Irish/British - 38

- Prefer not to say – 5
- Mixed/multiple - white and Black African – 3
- Any other ethnic group or background – 1
- Asian/British Asian – Chinese - 1
- Asian/British Asian – Indian - 1
- Asian/British Asian – Pakistani – 1
- Black African – 1
- Black British – 1
- Mixed/multiple - white and Black Caribbean – 1
- White – European – 1
- White – Irish – 1

Annual household income

- £10,001 - £20,000 – 21
- I don't know – 20
- Below £10,000 – 10
- £20,001 - £30,000 – 5
- Above £50,001 – 4
- Prefer not to say – 4
- £30,001 - £40,000 – 3
- £40,001 - £50,000 – 3

Religion or belief

- Christian – 31
- No religion – 23
- Prefer not to say – 6
- Other religion – 5
- Muslim – 3
- Hindu – 2

Disability

- Yes - 50
- No – 17
- Prefer not to say – 3

Carer

- No – 51
- Yes - 17
- Prefer not to say/ not known – 2

Where did you hear about this project?

- Other (please specify) – 20
 - GP – 10
 - Healthwatch – 2
 - Charity – 2
 - NHS – 1
 - Carer - 1
- From my Social Prescribing Link Worker - 19
- Patients Association Weekly News - 11
- Another organisation or network - 7
- Social Media (Facebook, Twitter) - 5
- Word of mouth - 3
- Directly approached by Patients Association - 2
- Other Patients Association publication - 2

The Patients Association

The Patients Association is an independent charity campaigning for improvements in health and social care for patients.

Our vision is a health and care system where patients get the care they want and need, when they need it, and where their voices shape how that care is designed and delivered.

Our mission is to amplify patient voices and ensure they are heard, acted on and embedded in how healthcare is delivered. We listen to patients, translate their experiences into evidence, and use that evidence to influence policy, hold systems to account, and drive real and lasting improvements in care.

Membership of the Patients Association is open to anyone interested in health and social care. If that's you, we'd love you to be a part of our growing community - [Join us today](#).

Our [helpline](#) is free and available to anyone with a question about their care or that of a loved one. You can contact our helpline advisers by email or phone (details below).

To support our work, [visit our website](#).

Contact Us

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