



This is a ‘platform’ evidence summary commissioned by the National Academy for Social Prescribing (NASP) from their Academic Partners (AP). The AP has a research track record in the review question or topic and were able to provide an expert commentary on the evidence base, together with an indication of the limitations of that evidence base. Their commentary represents the ‘platform’, from which they undertook further literature searches. They worked with an information specialist to design and conduct database and grey literature searches relevant to the review question or topic (see appendix 1 & 2). They screened references located from these searches against inclusion/exclusion criteria. Included studies were added to the commentary provided by their topic expert(s) to update, broaden, or otherwise add to the existing ‘platform’.

## Are there any medium- to long-term outcomes reported for social prescribing and, if so, what are they?

### Context

This evidence summary is one of a suite commissioned by the National Academy for Social Prescribing (NASP) from their Academic Partners in 2021 (<https://socialprescribingacademy.org.uk/evidence-on-social-prescribing/our-academic-partners/>). The topics included in this suite were identified through a robust prioritisation process with individuals representing the breadth of the social prescribing landscape. The summaries were produced by researchers from the NASP Academic Partnership; specific teams are listed on each document.

Four of these topics had significant work conducted previously by members of our group, and so we report that work then build out using new database searches and broader grey searches; to produce synthesised conclusions about what is known (we term these ‘platform’ reviews, see above). The remaining summaries are ‘fresh’ reviews of the evidence base as it stands.

The summaries are intended for a broad readership but have a policy and practice focus; bringing together what is known on specific areas relating to social prescribing and summarising the findings, limitations, and gaps in that field. Each summary contains a detailed bibliography, and we would encourage readers to follow these links for further, more detailed, reading on each topic.

## Recommended Citation

Polley M, Chatterjee H, Asthana S, Bertotti M, Cartwright L, Husk K, Burns L, Tierney S. [On behalf of the NASP Academic Partners Collaborative]. (2022). 'Are there any medium- to long-term outcomes reported for social prescribing and, if so, what are they?'. London: National Academy for Social Prescribing

## Question description

What does the current evidence tell us about what medium- to long-term outcomes are reported for social prescribing?

## Methodological approach, plus additions for this summary

### *Platform element*

This summary is linked to the evidence summary on individual outcomes for social prescribing, and the platform element is reported more fully in that document. The team for this review included Marie Polley who recently completed a comprehensive and robust review of outcomes for social prescribing<sup>i</sup>. To avoid unnecessary duplication, this document was used as a starting point and readers are directed to that work in addition to this extension.

### *Additional evidence element*

In order to update the work by Polley et al.<sup>i</sup> a search for peer reviewed literature was conducted using terms for social prescribing and terms recommended by the platform team (above) for long term or medium term follow up. A bank of evaluation reports provided by the wider NASP Academic Partnership was also reviewed for evidence of medium or long term follow up. After screening 32 sources were identified for inclusion in the additional evidence element.

These two components, 'what was known' in the platform and 'what is added' in the additional evidence, are brought together to assess what we can say overall in the Conclusions section at the end of this document.

## Summary of evidence by experts ('Platform')

There is no consensus about what constitutes medium- to long-term outcomes for social prescribing. Therefore, based on existing work, we suggest:

- Short-term - up to 12 months.
- Medium-term - 13-35 months.
- Long-term - longer than 36 months.

Our previous work indicates there is very limited medium- to long-term data published for social prescribing programmes as most research funding has only started to be awarded in the last 12-24 months, with most awards themselves being in the region of 12-24 months. There are few examples of controlled study designs that have been undertaken, and those we are aware of have not yet published long-term outcomes.

The systematic review by Bickerdike et al.<sup>ii</sup> found only one eligible study with 12-month follow-up, and the other 13 studies selected had follow-up of up to six months.

Any data on long-term effects of social prescribing, particularly health system usage, will have been impacted by the pandemic, rendering follow-up either impossible or non-representative of programmes. More specifically, the lack of reported outcomes and system usage since March 2020 will mean that any longer-term outcomes collected are not representative of ‘true’ social prescribing but the crisis-management and ‘check and support’ roles that a significant proportion of link workers undertook during the pandemic.

### Limitations

As detailed above the comprehensive report by Marie Polley, building on previous work by Bickerdike, located very few studies with >12 month outcomes reported.

### Summary of additional evidence located

Following our updated searches for this summary, 245 papers were identified, of which 32 were included<sup>1-32</sup> following screening using the inclusion criteria detailed in Table 1. Of the 32 included papers, 9 were sourced from peer-reviewed journals and 23 from grey literature. These papers were used to address both this summary and the summary that looks at: Measuring outcomes for individuals receiving support through social prescribing.

**Table 1. Inclusion and exclusion criteria for the summaries looking at: Are there any medium- to long-term outcomes reported for social prescribing and, if so, what are they? and Measuring outcomes for individuals receiving support through social prescribing.**

<b><i>Inclusion criteria</i></b>	<b><i>Exclusion criteria</i></b>
Quantitative data reporting outcomes of a social prescribing programme	Documents published before 2018
Research conducted in England and published in English language	Documents lacking primary data
Meets NASP definition of social prescribing	Abstracts, theses, posters
	Experimental services

These additional studies are presented in Table 2 below using the framework devised by Polley<sup>i</sup>. According to the suggested definitions of medium- and long-term outcomes, none of the included papers reported medium- to long-term outcomes (13-35 and 36+ months respectively), so there is minimal data to update this platform review. Table 2 below shows outcomes reported for each study, detailing domains, measures, and length of follow-up. The papers with the periods of longest follow-up, between 4 - 10 months, are shown first.

Although we would have included it if available, there were no papers reporting outcomes for crime, legal, or welfare (wider determinants of health), modifiable risks or spiritual wellbeing (outcomes related to health), and so these are not included in the table.

Table 2. Domains, outcome measures and follow-up period for all included studies

Study	Wider determinants of health					Outcomes related to health			
	Work and volunteering	Social	Education and skills	Housing	Income	General health & wellbeing	Physiological	Psychological	Empowerment
Measure and follow-up period									
Giebel et al. 2021 <sup>11</sup>						SWEMWBS at 3 and 6m			
ICC YPSP 2020 <sup>16</sup>		One Likert scale question for loneliness, 6m				ONS personal wellbeing questions, SWEMWBS, 6m	Physical activity based on definition of 'active' by UK Chief Medical Officer, 6m		
ICC Redbridge 2020 <sup>17</sup>		Campaign to End Loneliness Tool, social capital questionnaire, 6m				ONS, EQ-VAS, EQ5D-5L, SWEMWBS, MYCaW, 6m			
ICC City & Hackney 2020 <sup>18</sup>						EQ5D-5L, SWEMWBS, 3 and 6m			
Kellezi et al. 2019 <sup>20</sup>		No. group memberships, UCLA scale, 4m							
Massie & Ahmad 2019 <sup>21</sup>		De Jong Gierveld Loneliness Scale, 1-10m				ONS, 1-7m			
Wakefield et al. 2020 <sup>29</sup>		No. group memberships, community belonging scale, social support rating, ULS-8, 4m and 6-9m				EQ5D, 4 m and 6-9m			
Benson et al. 2021 <sup>1</sup>		R-Outcomes before and after							
Bristol Ageing Better 2018 <sup>2</sup>		De Jong Gierveld Loneliness				SWEMWBS, post-intervention and 3m			

		Scale, UCLA, post-intervention and 3m							
Bromley by Bow 2018 <sup>3</sup>		WSAS, before and after				MYCaW, SWEMWBS, before and after			
Bromley by Bow 2019 <sup>4</sup>						MYCaW, ONS4, last SP session			
Dayson & Leather 2018 <sup>5</sup>		Connectedness and relationships, measure not specified, 3m				EQ-VAS, EQ5D-5L, SWEMWBS, 3m			
Dayson & Leather 2020 <sup>6</sup>		Measure not specified, 3m				EQ-VAS, EQ5D-5L, SWEMWBS, 3m			
Elston et al 2019 <sup>7</sup>						Wellbeing Star, WEMWBS, PAM, wellbeing goal achievement, 12w or exit	Rockwood Clinical Frailty Scale, 12w or exit		
Ferguson & Hogarth 2018 <sup>8</sup>						MYCaW, 12w			
Foster et al 2020 <sup>9</sup>		UCLA, 3m							
Fullwood 2018 <sup>10</sup>						SWEMWBS, post-intervention and 2m			
Hackney 2020 <sup>12</sup>		Unspecified loneliness and isolation questionnaire, unspecified follow-up				SWEMWBS, discharge and 3m	Rockwood Clinical Frailty Scale, unspecified follow-up		
Healthy Dialogues 2018 <sup>13</sup>						Wellbeing Star at each appointment		Mental health score, unspecified follow-up	

Healthy Dialogues 2021 <sup>14</sup>						Wellbeing Star at each appointment			
Healthy London Partnership 2018 <sup>15</sup>		Measure and follow-up unspecified	Measure and follow-up unspecified	Measure and follow-up unspecified	Measure and follow-up unspecified	Wellbeing Star plus 3 individual outcomes, follow-up unspecified	Measure and follow-up unspecified		
Islington Giving 2019 <sup>19</sup>						WEMWBS, 6w		Measure and follow-up unspecified	Measure and follow-up unspecified
Metropolitan Thames Valley 2019 <sup>22</sup>									
Oxfordshire Mind 2020 <sup>23</sup>						SWEMWBS, end of intervention		HACT mental health social value, follow-up unspecified	
Oxfordshire Mind 2021 <sup>24</sup>						SWEMWBS, end of intervention			
Oxfordshire Mind 2021 <sup>25</sup>						SWEMWBS, end of intervention			
Pescheny et al. 2019 <sup>26</sup>						SWEMWBS, post-intervention			
Pescheny et al. 2019 <sup>27</sup>							International Physical Activity Questionnaire, post-intervention		
Polley et al. 2019 <sup>28</sup>		De Jong Gierveld Scale, 3m				MYCaW, PAM, 3m			
Walsall Council 2020 <sup>30</sup>		De Jong Gierveld Scale, follow-up unspecified				5 Ways to Wellbeing, WHO-5, follow-up unspecified			
Woodall et al. 2019 <sup>31</sup>	Measure not reported, 3m	Campaign to End Loneliness Measure, post-intervention				WEMWBS, EQ5D, post-intervention		PHQ-9, follow-up unspecified	

York CVS 2019 <sup>32</sup>	Measure unspecified, 3m	Campaign to End Loneliness Measure, 3m				SWEMWBS, 3m	Measure unspecified, 3m		
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Of the 7 papers reporting the longest (though still classed as short-term) follow-up, the outcomes measured were mostly social- and wellbeing-based.

Social measures included a Likert-scale question<sup>16</sup>, the Campaign to end Loneliness Tool and social capital questionnaire<sup>17</sup>, the De Jong Gierveld Loneliness Scale<sup>21</sup>, number of group memberships alongside the UCLA Loneliness Scale<sup>20, 29</sup>, as well as ratings for community belonging and social support<sup>29</sup>, with follow-up between 4-10 months. Wellbeing measures included the Short WEMWBS for 4 studies<sup>11, 16-18</sup>, the ONS wellbeing scale/questions<sup>16-17, 21</sup>, the EQ-VAS and MYCaW<sup>17</sup>, and the EQ5D<sup>17-18, 29</sup>. Follow-up periods for wellbeing were between 3 and 9 months. One study also recorded physical activity based on the UK Chief Medical Officer's definition, at 6-month follow-up<sup>16</sup>.

Of the remaining 25 papers, 10 reported short-term outcomes only<sup>2, 5-10, 19, 28, 32</sup>, and 15 papers (almost half of inclusions) did not provide specific follow-up periods<sup>1, 3-4, 12-15, 22-27, 30-31</sup>, with most stating that follow-up was post-intervention, and so it is unclear when the outcome data were collected. 21 of the 25 papers reporting short-term or unspecified follow-up periods reported wellbeing, and 12 social outcomes. Five reported physiological outcomes<sup>7, 12, 15, 27, 32</sup>, and four psychological<sup>12, 15, 22, 30</sup>. Work/volunteering featured in two papers<sup>31-32</sup>, and education/skills, housing, income, and empowerment only featured in one paper<sup>15</sup>; for all of these, the measures used and/or follow-up periods were unspecified, and so there is very little for us to report on for these domains.

## CONCLUSIONS

This evidence summary concurs with the conclusions reached by Polley (2019); that neither service evaluations nor published research into social prescribing have measured outcomes beyond 12 months. The only exception remains the 2011 evaluation by Brandling, reported by Polley (2019). This evaluation measured secondary care referrals up to 18 months. Since then, there is no evidence of studies which measure beyond 12 months. Longer term evidence of the efficacy of social prescribing is urgently required.

**International Evidence**  
[In development]

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### *Platform element*

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## Additional element

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## Appendix 1 - Additional searches, search strategy

### Scopus

```
( ( TITLE-ABS-KEY ( "social* prescrib*" ) OR TITLE-ABS-KEY ( "social prescription*" ) OR TITLE-ABS-KEY ( "community referral*" ) OR TITLE-ABS-KEY ( "social referral*" ) OR TITLE-ABS-KEY ( "non-medical referral*" ) OR TITLE-ABS-KEY ( "link worker*" ) OR TITLE-ABS-KEY ( "care navigator*" ) ) ) AND ( TITLE-ABS-KEY ( results OR outcomes OR measur* OR assess* OR impact OR trial OR study OR evaluat* OR intervention OR participants OR data OR longitudinal OR follow-up OR followed-up OR pre-post OR baseline) ) AND NOT ( perfectionism ) AND NOT TITLE ( review ) AND PUBYEAR > 2017 AND ( LIMIT-TO ( AFFILCOUNTRY , "United Kingdom" ) )  
=171
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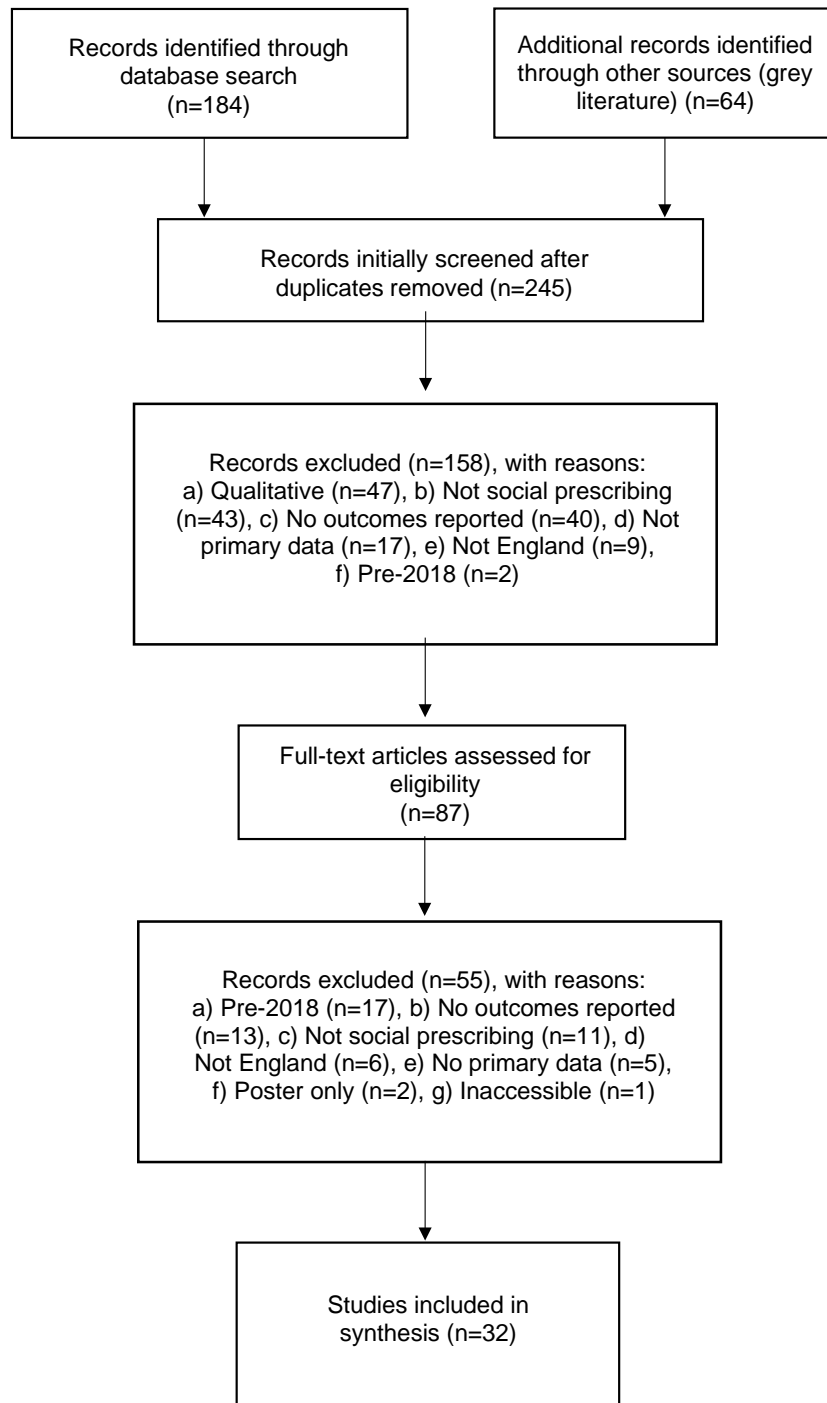
### Web of Science

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TS=( "social* prescrib*" OR "social prescription*" OR "community referral*" OR "social referral*" OR "non-medical referral*" OR "link worker*" OR "care navigator*" )  
AND  
TS=(  
results OR outcomes OR measur* OR assess* OR impact OR trial OR study OR  
R evaluat* OR intervention OR implement* OR initiative OR participants OR  
data OR longitudinal OR follow-up OR followed-up OR pre-post OR baseline)  
NOT TS =(perfectionism)  
=136
```

Refined By: Countries/Regions: ENGLAND or SCOTLAND or WALES or IRELAND  
NOT Document Types: Review Articles NOT Document Types: Letters

## Appendix 2

Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) diagram for additional search element. This diagram depicts the flow of information through the different phases of this review. It shows the number of records identified, included and excluded, and the reasons for exclusions.



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