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| Host department: QMUL |
| Project Title: |
| Evaluation of social prescribing: a mixed methods study |
| Proposed supervisory team:   * Dr Victoria Tzortziou Brown, Senior Clinical Lecturer, Wolfson Institute of Population Health, QMUL. Research interest: health policy and health services research with a particular focus on health inequalities. Expertise in the evaluation of complex interventions. * Professor Stephanie Taylor, Professor in Public Health and Primary Care, Wolfson Institute of Population Health, QMUL. Significant experience in applied health services research and Academic Capacity Development Lead for the NIHR School for Primary Care Research. Expertise in the development and evaluation of complex interventions. * Professor Kamal Mahtani, Professor of Evidence Based Healthcare, Centre for Evidence Based Medicine, Oxford. Interest and expertise: Health Services Research – focus on increasing the evidence base to support the redesign of future primary care (including the role for social prescribing in the community). * Dr Stephanie Tierney, Senior Researcher, Centre for Evidence Based Medicine, Oxford. Undertaking research on social prescribing and how it can help to address wider determinants of health. Has conducted projects on the link worker role and on the contribution of the cultural sector to social prescribing. |
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| Potential for cross consortium networking and educational opportunities: |
| The collaboration with experts from the centre for evidence-based medicine in Oxford will offer opportunities for enhancing skills around leading evidence-based research on which clinical decisions and policy can be reliably based. In addition, the expertise of the external supervisors in undertaking social prescribing research will help refine the methodology of the project. |
| Project description:  Background  The NHS England defines SP “a way for local agencies to refer people to a link worker. Link workers give people time, focusing on ‘what matters to me’ and taking a holistic approach to people’s health and wellbeing. They connect people to community groups and statutory services for practical and emotional support”. [[1]](#endnote-1)  The NHS Long Term Plan expects that by 2023/24 nearly one million people in England will be referred to social prescribing schemes.1 To support this, the GP Network Direct Enhanced Service contract (DES) committed an investment of £2.4 billion into primary care, part of which is for the development of social prescribing. [[2]](#endnote-2) This is the biggest investment in social prescribing by any national health system.  There is emerging evidence that social prescribing can lead to a range of positive health and wellbeing outcomes for those accessing it, such as improved quality of life and emotional wellbeing.  However, there is a need for more robust and systematic evidence on the effectiveness of social prescribing.[[3]](#endnote-3) It is currently unclear for whom social prescribing is most cost-effective and whether social prescribing schemes can lead to a reduction in the use of NHS services, including GP attendance.  The North-East London integrated care system (ICS) covers an area of over 2 million people with high levels of diversity and deprivation. It brings together seven places (City and Hackney, Barking and Dagenham, Havering, Redbridge, Newham, Tower Hamlets, and Waltham Forest), aligned to the local boroughs. Bringing together the NHS, local government and providers of health and social care services, including the VCSE sector, people and communities, offers an opportunity to gain a good understanding of what works well and what is needed by local communities. Social prescribing schemes are being rolled out across all seven places but are at different rates of maturity. Patient record tools have been developed using co-production with link workers. These allow the capturing (via templates) and feedback (via dashboards) of data on social prescribing activity and outcomes. There is a commitment from the ICS towards training local link workers in capturing this data and using it for quality improvement and evaluation purposes.  Aims and objectives  To undertake an outcomes and process evaluation of the social prescribing schemes in North-East London. The fact that different areas are at different stages of development will allow comparisons between areas. In addition, the data collected will allow comparative analysis of outcomes between different cohorts of people receiving social prescribing, and between different levels of social prescribing interventions.  The objectives will be to assess:   1. The impact of social prescribing interventions across different populations (broken down by age, sex, ethnicity, disability), different reasons for referral (e.g. financial, employment, weight issues), type of intervention (e.g. onward referral, advocacy, motivational interviewing, health coaching etc) and different stages of scheme maturity. 2. The impact of social prescribing interventions on the health system, including hospital attendances (hospitalisations, A&E) and GP attendances. 3. Staff (link worker) and service user experience.   Method(s)  It has been found that coproduction, alignment, research agency, sequential mixed-methods design and integration of findings, contribute to the development of a high-quality social prescribing evaluation design.[[4]](#endnote-4) These elements will guide this project.  Data from the social prescribing template in patient electronic records will be used to answer the first objective of the study. The template captures information on activity, reason for referral, service user demographics and needs, type and intensity of intervention and service user outcomes.  The Office for National Statistics personal wellbeing scale (ONS4) is used for the assessment of General health, well-being and quality of life. ONS4 is one of the recommended measures for the evaluation of social prescribing[[5]](#endnote-5) and is increasingly used by different organisations to evaluate wellbeing interventions. [[6]](#endnote-6)  The available data will be used to enable comparative analysis of effectiveness between areas at different stage of development, and between different cohorts of service users, and different types of social prescribing interventions.  Data from Discovery dataset [[7]](#endnote-7) will be used to assess the impact on GP and hospital service utilisation.  Staff (link worker) and service user questionnaires will be used to assess their experience.  Impact  The proposed evaluation will help to address the current gaps in the evidence on the effectiveness of social prescribing interventions. The findings will inform future commissioning decisions and models of social prescribing not just at national level but also internationally. A better understanding on when, by whom, for whom, how  well and at what cost social prescribing works, will enable the development and implementation of more cost-effective interventions for addressing health inequalities. |

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| Training and development provision by host: |
| Formal training:  PhD students at Queen Mary benefit from a range of support that’s carefully matched to their objectives. A range of training opportunities are offered including:   * Wolfson Institute for Population Health provides subject-specific training in the methods and techniques needed to conduct the research. * The Researcher Development Team within the Queen Mary Academy provide a skills development programme, covering topics such as getting started with a PhD, working with a supervisor, as well as a range of support in writing, applying for funding, presentation skills and wellbeing. Doctoral students who complete this recommended amount of training are also awarded the Queen Mary Diploma in Researcher Development (QDip) alongside their PhD. * Queen Mary’s Doctoral College presents a lively interdisciplinary programme of events and activities to develop networks within our thriving postgraduate community. The team also promotes a supportive PhD culture with events such as training days organised around academic networking, public engagement, and employment for Year 1, 2 and 3 students. * Research Council Doctoral Training Centres and Doctoral Training Partnerships provide specialist and highly advanced research training courses, many of which are run in conjunction with our partner universities. |
| Informal training:  The Wolfson Institute of Population Health (WIPH), one of the six QMUL Institutes, is a world-class grouping of scientists and educators in applied health sciences, including public and global health, health services and primary care research, clinical trials, health policy and economics, health data science, behavioural and social sciences, epidemiology, biostatistics, translational and implementation science. The PhD fellow will have access to this expertise and an opportunity to learn by participating to internal learning events and meetings. They will be part of a thriving research community which actively supports collaborations with other academic, NHS and industry partners and contributes to the translation of ideas into care models and clinical practice from which patients can benefit. |
| PPIE:  The Public Advisory Panel (PAP) theme supports high quality Patient and Public Involvement and Engagement (PPIE) across all WIPH research and education activity. The theme also supports and sustains substantial local impact via a panel of local residents and professionals who provide input to our education and research activity, and also shape it, based on local knowledge and needs.  We are working in partnership with the Centre for Public Engagement (CPE) and the QMUL Civic University Agreement. Recent research has generated substantial findings on the health and wellbeing of our local community, including the challenges they face and the kinds of solutions and actions they would like realised by work with QMUL. |

1. https://www.england.nhs.uk/personalisedcare/social-prescribing/ [↑](#endnote-ref-1)
2. https://www.england.nhs.uk/primary-care/primary-care-networks/network-contract-des/ [↑](#endnote-ref-2)
3. <https://bmjopen.bmj.com/content/bmjopen/7/4/e013384.full.pdf> [↑](#endnote-ref-3)
4. https://pubmed.ncbi.nlm.nih.gov/35383075/ [↑](#endnote-ref-4)
5. [a\_guide\_to\_selecting\_outcomes\_measures\_in\_social\_prescribing\_final.pdf (london.gov.uk)](https://www.london.gov.uk/sites/default/files/a_guide_to_selecting_outcomes_measures_in_social_prescribing_final.pdf) [↑](#endnote-ref-5)
6. https://whatworkswellbeing.org/blog/ons4-evaluations-what-works-to-improve-personal-wellbeing/ [↑](#endnote-ref-6)
7. [Discovery East London - Case study | North East London Health & Care Partnership (northeastlondonhcp.nhs.uk)](https://www.northeastlondonhcp.nhs.uk/ourplans/discovery-east-london-case-study.htm) [↑](#endnote-ref-7)