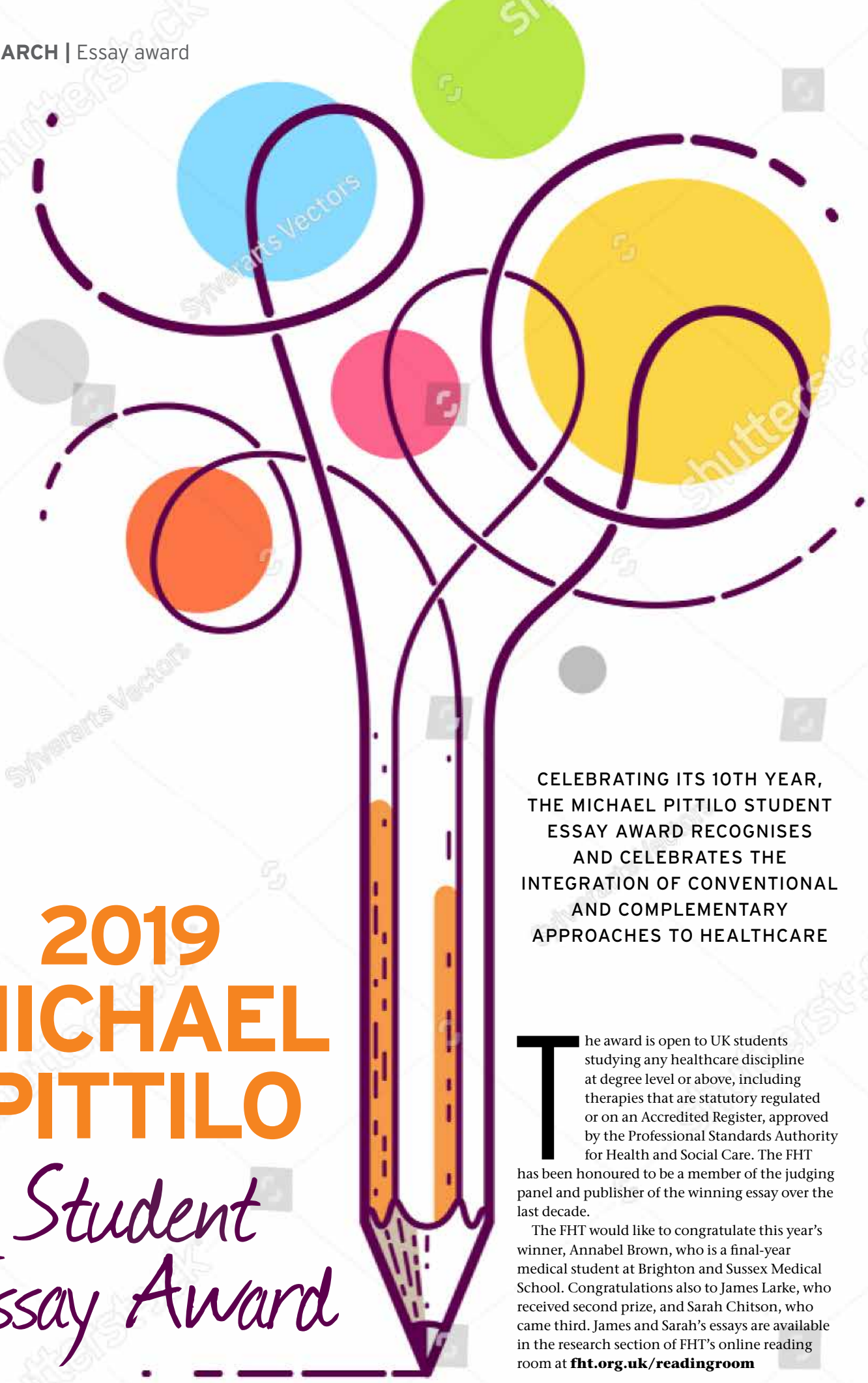

2019 MICHAEL PITTILO *Student Essay Award*

CELEBRATING ITS 10TH YEAR, THE MICHAEL PITTILO STUDENT ESSAY AWARD RECOGNISES AND CELEBRATES THE INTEGRATION OF CONVENTIONAL AND COMPLEMENTARY APPROACHES TO HEALTHCARE

The award is open to UK students studying any healthcare discipline at degree level or above, including therapies that are statutory regulated or on an Accredited Register, approved by the Professional Standards Authority for Health and Social Care. The FHT has been honoured to be a member of the judging panel and publisher of the winning essay over the last decade.

The FHT would like to congratulate this year's winner, Annabel Brown, who is a final-year medical student at Brighton and Sussex Medical School. Congratulations also to James Larke, who received second prize, and Sarah Chitson, who came third. James and Sarah's essays are available in the research section of FHT's online reading room at **fht.org.uk/readingroom**

Social prescribing has been prioritised by the NHS.

Is this support appropriate given current pressures?

Winning essay, by Annabel Brown, Brighton and Sussex Medical School

History has seen doctors prescribe their patients many extraordinary therapies, from leeches and heroin to wounds dressed with pine resin and pigeon blood (Munshi et al, 2008; Gossop et al, 2005; Forrest, 1982).

Alongside the pharmacy of medications and therapies available today, the general practitioners (GPs) of 2019 can prescribe gardening, yoga or even joining a choir. This is social prescribing, the use of non-medical interventions alongside existing treatments in response to non-medical causes of ill-health. It appears as one of the key components of the NHS Long Term Plan of universal personalised care (NHS England, 2019a; 2019b).

There is a large variety in the different interventions that social prescribing entails, often using services provided by the community and volunteer-run organisations. Interventions include education programmes that focus on condition management, lifestyle programmes that educate patients regarding exercise and healthy eating, and emotional support groups. Group activities can vary from craft workshops and community gardening for dementia patients to specialist yoga and assistive technology support (Dayson and Bashir, 2014).

Social prescribing is facilitated increasingly by 'link workers', staff who represent an emerging part of primary care, and who are trained to connect patients to available community support. The NHS plans to have 1,000 link workers trained in social prescribing by 2021, with the aim that over 900,000 people will be referred to social prescribing by 2024 (NHS England, 2014). This represents the largest investment in social prescribing by any national health system globally. It stands to reason that such an investment needs robust evidence and carefully considered consequences.

The NHS intends for more than **900,000** people to be referred to social prescribing by **2020**

The Department of Health estimates that long-term health conditions account for **70%** of England's health service expenditure

SOCIAL PRESCRIBING: A FAMILIAR INNOVATION

The NHS Five Year Forward View, a planning document published in 2014, details some of the current challenges faced by the NHS (NHS England, 2014). It emphasises the importance of prevention and public health awareness in order to stem the tide of preventable illnesses. The document stresses that innovative approaches are needed to cope with the £30bn funding gap that is predicted by 2020 (NHS England, 2014). Social prescribing is far from an innovation; music therapy, for instance, has been used in healing for centuries. According to ancient Greco-Roman mythology, the god of medicine, Asclepius, used music to heal 'disorders of the mind' (Misic et al, 2010).

The importance of certain general principles that underpin social prescribing, such as community engagement, has been recognised throughout history. More recently, Ian McWhinney, often referred to as the founding father of family medicine, expressed clear ideas about what general practice can and should entail (Kidd, 2015). Three of these principles are to emphasise subjective aspects of medicine, to consider the patient holistically and to carefully manage resources (McWhinney and Freeman, 2009). In many ways, social prescribing fulfils all three aims: it can encourage GPs and patients to appreciate the subjective aspects of medicine such as emotional wellbeing, motivation, and a sense of community. Unfortunately, current financial pressures mean that the third principle of careful resource management is particularly pertinent; this emphasises the need for stringent financial evaluation of social prescribing and thorough cost-benefit analyses.

SOCIAL PRESCRIBING MAY LIFT THE PRESSURES OF MODERN GENERAL PRACTICE

A fifth of patients attend their GP for what can be considered a social problem, and a report by the Low Commission found that 15% of consultations were to discuss social welfare advice (Parkinson and Buttrick, 2015). Challenges faced by general practice include insufficient applications to join the specialty and the five years from 2009 to 2014 saw a meagre increase of 0.2% in the number of UK GPs, while the population increased by 6% (NHS England, 2015). Perceptions of an impossible workload are thought to have contributed to the low recruitment (Rimmer, 2014). These perceptions are not unfounded; existing GPs are struggling, with up to two in three GPs labelling their workload 'unsustainable' and 'unmanageable'. Concerningly, the majority also consider their volume of work to negatively affect patient care (British Medical Association, 2015).

In response to these pressures, GPs have reported being unable to offer the holistic care they aspire to provide

Group-prescribed activities include craft workshops and community gardening

PICTURES: SHUTTERSTOCK; ISTOCK

Social prescribing could alleviate pressure on local GPs

(Fisher et al, 2017). This understandable adaptation to unmanageable demand presents a disquieting climate that adds to further low morale amongst GPs and subsequently inferior patient care. Advocates of social prescribing describe how it can alleviate the pressure on GPs by facilitating patients' access to local services, which will decrease the number of GP appointments dedicated to social problems and address the unmet needs of patients (University of Westminster et al, 2016).

SOCIAL PRESCRIBING AND THE ISSUE OF COMORBIDITY

It is estimated that long-term health conditions account for 70% of England's health service expenditure (Department of Health and Social Care, 2012). Comorbidity, the presence of multiple conditions, has become increasingly common in modern healthcare. It could be argued that the vertical model of considering just one condition is becoming inadequate for these patients' management (Fisher et al, 2017; Grumbach, 2003; Bodenheimer, 1999). Comorbidity can hamper treatment, produce barriers during consultations and lead to misaligned doctor-patient agendas (Bayliss et al, 2003). For instance, the presence of respiratory conditions and osteoarthritis can hinder a patient's effort to follow an exercise program for their obesity, despite their best efforts.

It is hoped that social prescribing could address root causes of comorbidities and provide education and assistance on managing symptoms and increasing independence (Polley et al, 2017; University of Westminster et al, 2016). Patients from social prescribing pilot studies reported improvements in their wellbeing, greater physical activity and better strategies towards self-management of their condition (Moffatt et al, 2017; Polley et al, 2017; Dayson and Bashir, 2014; NHS England, 2014). For a patient with depression, a lift in mood from a social activity may encourage them to continue with a team sport, and as a result increase their exercise levels too. Further high-quality studies are required, yet it will certainly be interesting to see whether the new investment in social prescribing will be the holistic innovation that the NHS needs in order to cope with the demands of comorbidity.

SEPARATING PROMOTION FROM EVIDENCE

Critics of social prescribing believe there is little robust evidence to support it, but emerging evidence that supports its benefits has been published. A pilot study in Rotherham was funded for two years from April 2012 (Dayson and Bashir, 2014). This pilot gave patients access to over 20 community sector and voluntary organisations, and 1,607 patients were referred to the social prescribing service. Estimated NHS cost reductions totalled more than £500,000 by the end of the study, representing a return on investment of 50 pence for every pound invested (Dayson and Bashir, 2014). If these figures prove scalable to a national level, social prescribing could prove to be a worthwhile investment in the long-term future of the NHS, especially when the social prescribing service is running at full capacity (Kimberlee et al, 2014).

In contrast, a systematic review of social prescribing in 2017 of 15 social prescribing evaluations found there is inadequate evidence that social prescribing provides details of successful implementation or value for money (Bickerdike et al, 2017). Aside from fiscal analysis, wellbeing outcome data has been used in pilot studies to estimate social benefits of the scheme (Dayson and Bashir, 2014; Kimberlee et al, 2014; Pescheny et al, 2019). A challenge to evaluating the evidence is that schemes use different outcome measures, which makes it difficult to draw meaningful comparisons (Wilson and Booth, 2015). Furthermore, schemes often measure patient progress rather than end results, often use self-reported data and rarely have control groups (Bickerdike et al, 2017; Wilson and Booth, 2015). Robust additional research is needed to answer whether social prescribing will be truly cost-effective in today's NHS.

BALANCING UNIVERSAL PROVISION WITH TARGETED SERVICES

The inverse care law states that those with the best access to care have the lowest need, and those with the worst access have the greatest need (Hart, 1971). We need to be cautious of deepening the disparity in UK health inequalities, specifically concerning the social determinants of health (Lakasing, 2017). There is evidence that progress towards narrowing health inequalities can be made (Marmot, 2017). Particular care needs to be taken to subsidise the community groups in areas of low socioeconomic status. We need to ensure that the community groups and facilities being relied upon to improve the wellbeing of the UK, such as exercise studios, choir groups and community centres, are up to the task. New initiatives must not fixate on wealthier areas or those with currently adequate facilities, especially not in a misguided effort to prove cost-effectiveness. The importance of careful epidemiological research cannot be understated when measuring the effect of changes to health policy such as the social prescribing initiative and its appropriateness. IT

CONCLUSION

Although its simplicity and holistic focus make the social prescribing concept attractive, it would be foolish to believe that a one-size-fits-all approach is the sole solution for the challenges the NHS faces, particularly in general practice. It is hoped that social prescribing will have a positive effect on those patients who frequently attend their GP, and thus will partly reduce the strains on general practice. The NHS is in uncharted waters, and to dive headfirst into a new strategy could prove to be an unacceptable risk. Early data on social prescribing appears promising. However, to be considered the right course of action, social prescribing will need to continue providing the benefits seen so far in some pilot studies while remaining cost-effective. Even a successful programme needs to demonstrate acceptable opportunity cost, otherwise we are not appropriately managing the NHS' scarce resources. These stipulations can only be answered with robust, careful research into the suitability of the social prescribing initiative, with an awareness of potential risks to health equality in today's NHS.

We may have come a long way from leeches, but only time will tell what will grace prescription pads in the 500 years to come.

REFERENCES

For full references, go to **fht.org.uk/IT-references**