



Social Prescribing

Awareness Levels in
Buckinghamshire

July 2022



What we did

Our aim was to find out about awareness of social prescribing across Bucks. We wanted to know whether people have made use of it and if they know how to access it.

We developed a survey which was online from 12 May to 4 July 2022. We also collected responses directly from the public in four libraries (Chesham, Aylesbury, High Wycombe and Buckingham) between 6 and 10 June. The survey was publicised via social media and community and service providers' newsletters.

We also did a short piece of desktop work to look at what local GP surgeries said about social prescribing on their websites.

Key findings

Most of the people who completed our survey had not heard of social prescribing. When given a high-level explanation of the service, most thought it was a good idea. However, overall, many remained cautious because of a lack of knowledge.

- + 26% of the 259 people who completed the survey had heard of social prescribing. Only 8% knew how to access the service.**
- + 41% of respondents who said they would be happy to use the service in future also said they might not because "I don't feel I know enough about what social prescribers do".**

When we looked more closely at the results, we saw some differences in people's awareness.

- + More women than men had heard of social prescribing.**
- + Those over 56 years of age said they would be happy to use the services of a social prescriber in future less often than those under 56.**

- + **People from a White British ethnic background said they would go to their doctor, instead of a social prescriber, more often than those from other ethnic backgrounds.**

When we looked at the local GP surgery websites, many did not provide much if any information about social prescribing.

- + **Only 34% of the 50 GP websites we looked at mentioned the service.**
- + **Only 26% of these mentioned how to access a social prescriber.**

Our recommendations

Although our survey showed that awareness of social prescribing is low, people were very positive about what the service could offer. Our recommendations identify ways in which providers and commissioners can improve the public's knowledge of, and confidence in, social prescribing.

We recommend that the Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) works with local Primary Care Networks (PCNs) and general practices to do the following:

- **Ensure Buckinghamshire residents can easily access a description of social prescribing, and information on how they might access this service, on general practice websites.**
- **Ensure general practices display information about the service in waiting areas (including how to access it).**
- **Ensure general practices share information about the service with their Patient Participation Groups (PPGs).**
- **Encourages PCNs and general practices to distribute more posters advertising the service for display in community hubs and localities.**
- **Hold briefings for local councillors and other key stakeholders to increase their knowledge of social prescribing.**
- **If social prescribers wish to target certain audiences - for example, men or people aged over 56 - they should target their advertising material and messages accordingly.**

What the project was about

In the Long-Term Plan, NHS England said that in the UK there will be:

“1,000 new social prescribing link workers in place by 2020/21, with significantly more after that, so that at least 900,000 people will be referred to social prescribing by 2023/24.”

(NHS England Long Term Plan)

However, the COVID-19 pandemic occurred very shortly after this announcement. We also became aware that some people did not know what social prescribing was, how to access this service or what was on offer in Buckinghamshire.

“Social prescribing, also sometimes known as community referral, is a means of enabling health professionals to refer people to a range of local, non-clinical services... [It] is designed to support people with a wide range of social, emotional or practical needs, and many schemes are focused on improving mental health and physical wellbeing. Those who could benefit ... include people with mild or long-term mental health problems, people with complex needs, people who are socially isolated and those with multiple long-term conditions who frequently attend either primary or secondary health care.... ”(Kings Fund)

Social prescribing is an important way to support people to look after themselves in their communities. This has become more apparent since the COVID-19 pandemic and the additional pressures this has put on access to general practice.

We had four project aims.

- Increase people’s awareness of social prescribing as an available service.
- Gather understanding of how the public perceives the service.
- Give insight into awareness of social prescribing across Buckinghamshire.
- Provide an opportunity to get service user feedback from those who have any experience of social prescribing.

Who completed our survey

Full details about who completed our survey can be found in Appendix 2. We found the following:

- 78% (198/254) described themselves as White: British. Another 7% (17/254) described themselves as Asian / Asian British and 7% described themselves as White Irish / Other White background
- 74% (192/258) identified as a woman and 24% (61/258) as a man
- The median age was 59. People who responded were in the age group 16 – 86 and over.

What we heard

This report looks at 259 responses.

Awareness and access

Have you heard of social prescribers or social prescribing?

“I've heard of it but did not know it was available locally.”

“No idea this existed “

Table 1 - Have you heard of social prescribers or social prescribing shows that 74% of respondents told us they had not, or were not sure that they had, heard of social prescribers or social prescribing.

Have you heard of social prescribing?	Total
Yes	67
No	180
Not sure	12
Total	259

Table 1 - Have you heard of social prescribers or social prescribing?

When we a looked at this in detail, we found that comparatively more women than men had heard about this service (see Result 1 in Statistical).

Do you know how to talk to a social prescriber?

Table 2 shows that 92% of respondents said they did not know, or they were not sure of, how to talk to a social prescriber. Only 30% (20/67) of those who said they had heard of social prescribing knew how to access the service.

“It will be helpful to receive more information about how the social prescribers could be contacted and what support they can offer.”

“I was not aware of the service, their training or anything.”

Do you know how to talk to a social prescriber?	Total
Yes	20
No	218
Not sure	21
Total	259

Table 2 - Do you know how to talk to a social prescriber?

If you wanted to talk to a social prescriber, how would you do this?

All 41 people who said they knew how to talk to a social prescriber, or who were not sure how they would do this, left at least one comment about how they would do this. The most popular response (22) was by contacting the GP receptionist or someone else who works in the GP surgery. Ten people said they didn't know how to do this. The full results are shown in Appendix 3. People could choose more than one option so the total may be more than the number of people who answered the question.

Conclusion

Nearly three-quarters of people completing the survey had not heard of social prescribing. Less people knew how to access the service. Those we spoke to in libraries who knew about the service often worked for the NHS or had a close relative or friend who did.

However, once people had a high-level explanation of what the service entailed, most were very positive. Many felt more local publicity about social prescribing was needed. Most would contact their GP surgery reception to ask about this service. However, looking on the practice website or choosing to self-refer were both chosen by almost a third of these respondents. It would therefore be useful to have

information about social prescribing on GP websites and elsewhere. so that patients have a variety of ways of finding out about the service.

“Although I have heard of social prescribing, that is only because of my work. I have not heard of it through my experiences as a patient. I don't know if my Surgery has a social prescriber or how they are using them if they do.”

Actual Experience

Have you talked to a social prescriber? If so, what support have you received from a social prescriber?

Only 11 of the respondents, who knew how to talk to a social prescriber, had talked to a one. Three left general comments.

Four people told us they had sought help for others.

“For my friend, who was struggling at home.”

“... They supported me by calling charity for advice (which I had done many times before) and offered to visit care homes with me, to also contact my father's health consultants so we could try to pull together a co-ordinated plan for the best death...”

Two had used the service for themselves.

“My daughter referred me as she saw it on the surgery website and is a district nurse so knew what it was.”

“Help with my socialising”

Two left negative comments.

“They'll only help those not working as these are the only people who are vulnerable apparently.”

“Less than helpful”

Of the 10 people who gave a rating for the support they received, six said the support they received was excellent or good. Four people rated it as fair or poor. The full results are shown in Appendix 3.

What help do you think a social prescriber can offer? (Please tick all that apply)

We asked those who had heard of social prescribing, what help they thought a social prescriber could offer. 41 respondents answered this question. The top three responses were:

- providing support if someone feels socially isolated (32)
- providing support if someone is anxious (26)
- signposting to support with weight loss, to stop smoking to other addictions (25).

The full results are shown in Appendix 3. People could choose more than one option so the total may be more than the number of people who answered the question.

Using the services of a social prescriber in future

We gave all respondents a brief description of social prescribing. We then asked if they would use the services of a social prescriber in future. Table 3 shows that 60% of respondents said they would.

“Wonderful addition to primary care”

Categories	Total
Yes	155
No	36
Not sure	68
Total	259

Table 3 - Would you be happy to use the services of a social prescriber in future?

When we a looked at this in detail, we found that whether people knew about social prescribing or not, it made no difference as to whether they would use the service in future (see Result 2 in Statistical).

However, we did find that, compared to those aged under 56, fewer people over the age of 56 said they would be happy to use the services of a social prescriber in future (see Result 3 in Statistical).

When do you think you might talk to a social prescriber?

We asked all respondents about when they might talk to a social prescriber. 200 people gave at least one answer. The top three responses were:

- to get support if I felt anxious (110)
- to get support if I felt socially isolated (90)
- to assess whether I need medical care (72).

The full results are shown in Appendix 3. People could choose more than one option so the total may be more than the number of people who answered the question.

'Other' circumstances in which respondents told us they might talk to a social prescriber included:

"If my doctor thought there was something non-medical that could improve my health [or] could help me"

"for signposting for older relatives or children."

Why would you choose not to talk to a social prescriber?

Of the 190 people who answered this question, 118 said they might choose not to talk to a social prescriber in future because they didn't feel they knew enough about what social prescribers do. We have shown the full results in Table 4. People could choose more than one option so the total may be more than the number of people who answered the question.

Most of the 20 people that said they did know how to talk to a social prescriber did not answer this question at all.

	Total
I don't think they provide the support I need	26
I don't feel I know enough about what social prescribers do	118
I don't believe they can help me with my health and wellbeing issues	33
Other	35

Table 4 - Why would you choose not to talk to a social prescriber?

'Other' reasons why they might not choose to talk to a social prescriber included the following:

"What's the point if I end up needing to see a medical professional in the end anyway, it will just have delayed treatment"

"From my experience they are not skilled enough, and don't admit when they do not know"

"I would prefer to seek help from family and friends"

"I research things myself, look up online, self-help, into natural options."

Thirteen comments left in 'Other' were from people who told us the service wasn't applicable to them as they had no wellbeing or health need at the moment.

We also found that 41% of respondents who said they would be happy to use the service in future, also said they might not because "I don't feel I know enough about what social prescribers do".

Who would you go to for help instead of talking to a social prescriber?

190 people told us who they would go to for help instead of talking to a social prescriber in future. The top three responses were:

- **Friends and family for support (155)**
- **My doctor (136)**
- **Another medical professional (53).**

People from a White British ethnic background said they would go to their doctor, instead of a social prescriber, more often than those from other ethnic backgrounds (see Result 4 in Statistical).

We have shown the full results in Table 5. People could choose more than one option so the total may be more than the number of people who answered the question.

	Total
My doctor	136
Another medical professional	53
Citizens Advice or a Voluntary or Community Group	51
Friends and family for support	155
Other	27

Table 5 - Who would you go to for help instead of talking to a social prescriber?

Of those who chose 'Other', nine left general comments. Four said they would contact other groups, three would talk to a religious leader and five said they would go online. A further six said would not seek help from anyone else.

"No one; I would just struggle on."

Conclusion

60% of respondents said they would use social prescribing in the future now they knew a little more. However, many said they would still choose to talk to their GP or friends and family rather than a social prescriber. The main reason for this was because of a lack of information. 41% of respondents who said they would be happy to use the service in future also said they might not because "I don't feel I know enough about what social prescribers do".

This clearly indicates that if people knew more about what social prescribers did, their confidence in the service, and their use of it, might increase. Many of the people we spoke to in the libraries said they would tell their friends and family about the service now they knew more, as they agreed with it in principle.

If the NHS is keen for more older people to access the service, then more publicity is needed to help persuade those over 56 to consider it as an option. Diverse groups also had different perceptions about what help they might get from a social prescriber, with some still thinking seeing a doctor would be better.

Any other comments?

We received 34 additional comments. We summarised these by theme. Some people commented on more than one theme, so the number of comments is greater than the number of people who responded.

Eleven of the comments were general ones, but all the other comments were either about people's lack of knowledge about this service or about its delivery.

Information, publicity and advice

There were 16 comments relating to people wanting to know why they had not heard about social prescribing and requesting more publicity. These included the following:

"Would love to know more - never heard of this through my GP/Surgery website"

"A fantastic service which needs to be promoted"

"Another change in the NHS that has been kept quiet to the general public. Where is the information, please? "

"This kind of service could and should be better promoted through community hubs e.g., chemists when you collect antidepressants, libraries, at coffee groups, breastfeeding centres etc."

"A caring listening ear, not sure what more as just refer to information that is all online - or can they get GP appointments for you?"

Service delivery

There were seven comments about how the social prescribing service was being delivered. These included the following:

"There are not enough social prescribers if people do learn of their existence. Our local lady is already overworked."

“How can I get to see a social prescriber when I can’t even get to see my GP?”

“I am aware of different models of social prescribing in other parts of the UK; my observation is that the Bucks social prescribing model is not well known about by residents, it appears to be a medical model of social prescribing; whereas other places use a much more integrated approach.”

What we found on GP surgery websites

We looked at 50 GP surgery websites. These GP surgeries were all member practices of Buckinghamshire Clinical Commissioning Group (now part of the BOB ICB).

- **66% (33/50) made no mention of social prescribing / prescribers.**
- **Only 26% (13/50) explained what social prescribing is and /or told patients how they might access this service.**
- **Only one GP surgery website showed how an individual might self-refer to a social prescriber.**

Conclusions

Many people, we talked to in the libraries, emphasised that their GP website was a valuable resource. Especially at the present time as most said they couldn’t visit their GP surgery either because (a) they couldn’t get an appointment, or (b) there was restricted access to the surgery building because of coronavirus measures in place.

It would be helpful if all Buckinghamshire GP websites:

- **had a description of what social prescribing was or linked directly to their Primary Care Network (PCN) website if there is an explanation of the service there**
- **told patients how they could access a social prescriber.**

Acknowledgements

We thank all the people who talked to us. Our thanks also go to the volunteers involved for their time, thoughtfulness and all their hard work on this project.

Disclaimer

Please note this report summarises what we heard and what we saw. It does not necessarily reflect the experiences of all service users.

Appendix 1

More about our approach

Who we included

We set up the survey to hear from people who were registered with a Buckinghamshire GP surgery. Anyone not registered in this way was excluded.

In this report we have summarised the free text feedback offered by people according to the categories used across the Healthwatch network. We have added some specific these as well. These summaries should be regarded as an indication of how often a theme was mentioned rather than an exact count. Some feedback offered views on more than one theme so the number of results can be more than the number of responses. People may have made a similar comment in response to different questions. The numbers for each theme reported under each question should not be added together. People could do the survey more than once so the total number of responses may be more than the number of individuals who responded.

Where suggested by the data, we looked to see if there were any differences in the answers between some groups. We focused on statistically significant findings in the main body of the report. Our statistical findings are in Appendix 4.

Who we will share our findings with

We will share our findings with the Care Quality Commission and Healthwatch England, the independent national champion for people who use health and social care services. We also share all our reports with the Buckinghamshire Council Health and Wellbeing Board and the Health and Adult Social Care Select Committee.

We will also share our findings with:

- **the Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board (BOB ICB).**

How we follow up on our recommendations

We will request a formal response to our recommendations from:

- **The BOB ICB PCN Lead (on behalf of all the PCNs).**

We will follow-up each formal response to confirm what changes have been made.

Appendix 2

Who did we hear from?

What age group are you in?

Age Group	Total
16 – 17 years	2
18 – 25 years	13
26 – 35 years	16
36 – 45 years	43
46 – 55 years	32
56 – 65 years	61
66 – 75 years	57
76 – 85 years	25
86 and over	3
Prefer not to say	5
Total	257

Are you a:

Gender	Total
A man	61
A woman	192
Prefer not to say	5
Total	258

Is your gender identity the same as your sex recorded at birth?

Gender Identity	Total
Prefer not to say	4
Yes	250
Total	254

What is your sexual orientation?

Sexual Orientation	Total
A gay man	1
Asexual	3
Bisexual	4
Heterosexual / Straight	218
Lesbian / Gay woman	1
Not known	3
Prefer not to say	15
Total	245

How would you describe your pregnancy status?

Pregnancy Status	Total
Currently breastfeeding	3
Given birth in the last 26 weeks	3
Not applicable	228
Not known	2
Prefer not to say	6
Total	242

How would you describe your marital or partnership status?

Marital or Partnership Status	Total
Cohabiting	12

Divorced / Dissolved civil partnership	13
In a civil partnership	2
Married	157
Not Known	4
Separated	11
Single	5
Widowed	34
Prefer not to say	16
Total	254

What is your religion or belief?

Religion / Belief	Total
Christian	128
Generally spiritual. No defined religious group	1
Hindu	4
Humanist	1
Jewish	3
Muslim	9
No religion	78
Not known	4
Prefer not to say	19
Spiritual belief	1
Total	248

How would you describe your ethnic group?

Ethnic Group	Total
Any other ethnic group	1
Arab	1
Asian / Asian British: Bangladeshi	1

Asian / Asian British: Chinese	2
Asian / Asian British: Indian	6
Asian / Asian British: Pakistani	6
Asian / Asian British: Any other Asian / Asian British	2
Black / Black British: African	4
Black / Black British: Any other Black / Black British background	1
Mixed / Multiple ethnic groups: Asian and White	3
Mixed / Multiple ethnic groups: Black African and White	1
White: British / English / Northern Irish / Scottish / Welsh	198
White: Irish	3
White: Any other White background	14
Prefer not to say	11
Total	254

Do you consider yourself to be a carer?

Are you a carer?	Total
No	183
Not known	4
Prefer not to say	4
Yes	62
Total	253

Do you have a disability?

Do you have a disability?	Total
No	202
Not known	7
Prefer not to say	9
Yes	36
Total	254

Which of the following disabilities apply to you?

Which disabilities?	Total
Physical or mobility impairment	17
Sensory impairment	7
Learning disability or difficulties	4
Mental health condition	5
Long term condition	7
Prefer not to say	1
Not known	1
Other	2
Total	44

Do you have a long-term health condition?

Do you have a long-term health condition?	Total
No	141
Not known	6
Prefer not to say	3
Yes	103
Total	253

Which of the following long-term conditions?

Which long-term health conditions?	Total
Asthma, COPD or respiratory condition	12
Blindness or severe visual impairment	1
Cancer	6
Cardiovascular condition (including stroke)	11
Chronic kidney disease	2
Deafness or severe hearing impairment	6
Diabetes	11

Epilepsy	2
Hypertension (high blood pressure)	14
Learning disability	3
Mental health condition	10
Musculoskeletal condition	15
Other	15
Prefer not to say	3
Total	

Have you been diagnosed with any of the following?

Have you been diagnosed with	Total
ADHD/ADD	5
Autism (ASD)	4
Dyscalculia	3
Dyslexia	4
Dyspraxia	3
None	8
Not known	48
Prefer not to say	11
Other	2
Total	88

Appendix 3

What did people tell us?

If you wanted to talk to a social prescriber, how would you do this?

How would you talk to a social prescriber?	Total
by contacting my GP receptionist or someone else who works in the GP surgery	22
by asking my doctor	15
via my GP surgery's website	12
by self-referral	12
I don't know	10
Other	3
Total	

How would you rate the support you received?

Rating	Total
Excellent	3
Good	3
Fair	2
Poor	2
Not known	1
Total	11

What help do you think a social prescriber can offer?

What help do you think a social prescriber can offer?	Total
support if someone feels socially isolated	32
support if someone is anxious	26
signposting to voluntary or employment opportunities	24
help to complete financial or housing forms	14
signposting to medical care	23
signposting to support with weight loss, to stop smoking to other addictions	25
I don't know	5
Other	4
Total	

When do you think you might talk to a social prescriber?

	Total
to get support if I felt socially isolated	90
to get support if I felt anxious	110
to access voluntary or employment opportunities	54
to get help to complete financial or housing forms	39
to assess whether I need medical care	72
to get support with weight loss, to stop smoking to other addictions	69
Other	26
Total	

Appendix 4

Statistical analysis

Result 1 - differences in whether people had heard of social distancing based on their Gender

Null Hypothesis				
There is no difference in whether people had heard of social distancing based on their Gender				
Observed Frequencies				
	Q1 - Have you heard			
Gender	No	Not sure	Yes	Total
A man	50		11	61
A woman	129	12	51	192
Total	179	12	62	253

Expected Frequencies				
	Q1 - Have you heard			
Gender	No	Not sure	Yes	Total
A man	43.1581	2.8933	14.9486	61
A woman	135.8419	9.1067	47.0514	192
Total	179	12	62	253

Parameters			
Level of Significance	0.01	0.05	0.1
Number of Rows	2	2	2
Number of Columns	3	3	3
Degrees of Freedom	2	2	2



Results			
Critical Value	9.2103	5.9915	4.6052
Chi-Square Test Statistic	6.6161	6.6161	6.6161
p-Value	0.0366	0.0366	0.0366
	No significant difference	Significant difference at 5% level	Significant difference at 10% level

Result 2 - differences in future use based on previous knowledge of social prescribing

Null Hypothesis			
There is no difference in future use based on previous knowledge of social prescribing			
Observed Frequencies			
	Q3		
Q9	No	Not Sure-Yes	Total
No	34	10	44
Not Sure-Yes	184	31	215
Total	218	41	259

Expected Frequencies			
	Q3		
Q9	No	Not Sure-Yes	Total
No	37.0347	6.9653	44
Not Sure-Yes	180.9653	34.0347	215
Total	218	41	259

Parameters			
Level of Significance	0.01	0.05	0.1
Number of Rows	2	2	2
Number of Columns	2	2	2
Degrees of Freedom	1	1	1



Results			
Critical Value	6.6349	3.8415	2.7055
Chi-Square Test Statistic	1.8924	1.8924	1.8924
p-Value	0.1689	0.1689	0.1689
	No significant difference	No significant difference	No significant difference

Result 3 – differences in whether people would be happy to talk to a social prescriber in future based on their age group

Null Hypothesis				
There is no difference in whether people would be happy to talk to a social prescriber in future based on their age group				
Observed Frequencies				
	Q9 - would you be happy			
Age group	No	Not sure	Yes	Total
<=55	12	20	74	106
>=56	23	45	78	146
Total	35	65	152	252

Expected Frequencies				
	Q9 - would you be happy			
Age group	No	Not sure	Yes	Total
<=55	14.7222	27.3413	63.9365	106
>=56	20.2778	37.6587	88.0635	146
Total	35	65	152	252

Parameters			
Level of Significance	0.01	0.05	0.1
Number of Rows	2	2	2
Number of Columns	3	3	3
Degrees of Freedom	2	2	2



Results			
Critical Value	9.2103	5.9915	4.6052
Chi-Square Test Statistic	7.0051	7.0051	7.0051
p-Value	0.0301	0.0301	0.0301
	No significant difference	Significant difference at 5% level	Significant difference at 10% level

Result 4 – difference in decision to visit a doctor rather than a social prescriber by Ethnicity

Null Hypothesis			
There is no difference in decision to visit a doctor rather than a social prescriber by Ethnicity			
Observed Frequencies			
	Q12A		
Ethnicity	N	Yes	Total
Minority ethnic group	27	18	45
White British	75	112	187
Total	102	130	232

Expected Frequencies			
	Q12A		
Ethnicity	N	Yes	Total
Minority ethnic group	19.7845	25.2155	45
White British	82.2155	104.7845	187
Total	102	130	232

Parameters			
Level of Significance	0.01	0.05	0.1
Number of Rows	2	2	2
Number of Columns	2	2	2
Degrees of Freedom	1	1	1



Results			
Critical Value	6.6349	3.8415	2.7055
Chi-Square Test Statistic	5.8264	5.8264	5.8264
p-Value	0.0158	0.0158	0.0158
	No significant difference	Significant difference at 5% level	Significant difference at 10% level

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