

Case-based learning: Social prescribing and pharmacy professionals

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Introduction

Social Prescribing (or community referral) is a core component of healthcare practices and processes in various countries¹. It was first introduced in the United Kingdom (UK) in the late 1980s² by the National Health Service (NHS), but it was not until the early 2000s that wider ideas around social prescribing began to be embedded in healthcare policy³. However, since its inception, it has lacked an official definition⁴; this confusion has hindered the efficient implementation of social prescribing in the UK.

Broadly defined, social prescribing encompasses community-based services aimed at addressing nonclinical support and subclinical needs⁵ and contributes to the NHS Long-Term Plan's commitment to personalised care⁶. When a need is identified, patients are referred to a social prescribing link worker (SPLW), who provide resources such as training, arts⁷, and time spent in nature⁸ with an aim to improve health and well-being and to strengthen community connections¹. A link worker can support patients via a personalised holistic assessment of the patient, to improve their overall well-being. Specific support areas include loneliness and isolation, financial difficulties, physical and mental health, and social issues such as career assistance. The diverse services offered range from bereavement support and pregnancy assistance to befriending services and cancer champions⁹ highlighting an intricate web of integrated care. To best identify the patient's need, the SPLW conducts

¹ Morse DF, Sandhu S, Mulligan K, Tierney S, Polley M, Chiva Giurca B, et al. (2022). Global developments in social prescribing. *BMJ Glob Health*. 7:e008524. doi: 10.1136/bmjgh-2022-008524

² Buck, D. and Ewbank, L. (2020) What is social prescribing? King's Fund. Online: www.kingsfund.org.uk/publications/social-prescribing

³ Clews, G. (2020). What role can pharmacy play in the social prescribing revolution? *The Pharmaceutical Journal*. Online: [What role can pharmacy play in the social prescribing revolution? - The Pharmaceutical Journal \(ucl.ac.uk\)](http://www.pharmaceutical-journal.com/what-role-can-pharmacy-play-in-the-social-prescribing-revolution?utm_source=pharmaceutical-journal&utm_medium=article&utm_campaign=story&utm_content=story)

⁴ Husk K, Elston J, Gradinger F, Callaghan L, Asthana S. (2019) Social prescribing: where is the evidence? *Br J Gen Pract*. 69:6–7. doi: 10.3399/bjgp19X700325

⁵ Golden TL, Maier Lokuta A, Mohanty A, Tiedemann A, Ng TWC, Mendu M, Morgan N, Kuge MN, Brinza T. (2023). Social prescription in the US: A pilot evaluation of Mass Cultural Council's "CultureRx". *Front Public Health*. 10 (1016136): doi: 10.3389/fpubh.2022.1016136. PMID: 36743160; PMCID: PMC9892638.

⁶ NHS (June 2020): Social prescribing and community-based support. Online: <https://www.england.nhs.uk/wp-content/uploads/2020/06/social-prescribing-summary-guide-updated-june-20.pdf>

⁷ Golden TL, Maier Lokuta A, Mohanty A, Tiedemann A, Ng TWC, Mendu M, Morgan N, Kuge MN, Brinza T. (2023). Social prescription in the US: A pilot evaluation of Mass Cultural Council's "CultureRx". *Front Public Health*. 10 (1016136): doi: 10.3389/fpubh.2022.1016136. PMID: 36743160; PMCID: PMC9892638.

⁸ Chatterjee HJ, Camic PM, Lockyer B, Thomson LJM. (2018) Non-clinical community interventions: a systematised review of social prescribing schemes. *Arts Health*. 10:97–123. doi: 10.1080/17533015.2017.1334002

⁹ HM Government - Department for Digital, Culture, Media and Sport (2018). A connected society A strategy for tackling loneliness. Online: https://assets.publishing.service.gov.uk/media/5fb66cf98fa8f54aafb3c333/6.4882_DCMS_Loneliness_Strategy_web_Update_V2.pdf

a social needs assessment which explores personal characteristics, financial resources, family and home life, as well as social and emotional health¹⁰.

It should be noted that the aim of social prescribing is not to replace traditional prescribing, but to complement it, and it is still an emerging area of research with limited studies on its economic and clinical effectiveness in practice. Maughan et al¹¹ highlighted the economic considerations when treating psychological disorders, and suggested that the use of social prescribing could reduce healthcare costs in the long run due to reduction in secondary-care referrals. Moreover, social prescribing was found to improve social networking and vocational skills¹², indirectly benefiting the economy as a whole. With the growing demand on the use of healthcare resources, recent studies have highlighted the impact of social prescribing in reducing environmental costs of healthcare because it offers less carbon-intensive and lower impact alternatives, leading to reduced hospital admissions¹⁰. Therefore, social prescribing can be a way of tackling health and social inequalities in all health settings¹³.

The literature highlights the impact of social prescribing on patients living with long-term conditions in health-related behaviour and has found potential improvements¹⁴. This root-cause approach could aid in medicine management, such as tapering and stopping the use of antidepressants, as improvements in mental health have been observed with a community-based social prescription¹⁵. When navigating this landscape, it is essential for pharmacists to differentiate between social prescribers and social workers, considering factors such as financial considerations, waiting times, and the presence or absence of safeguarding measures. One main challenge of social prescribing is how to measure the success or effectiveness of particular interventions which are often attempting to address problems that the patient has been living with for many years. This makes impact demonstration more difficult and “prescription renewal” can be a challenge¹⁶. It is estimated that most social prescriptions have a timeframe of just 8 to 12 weeks. In the bigger picture, the lack of this validation data could affect long-term commissioning and the expansion and survival of the scheme.⁴

¹⁰ Sandhu S, Wildman JM, Alderwick H, Wildman J, Gottlieb LM. (2022) Developing a research agenda for social prescribing in the UK using lessons from the US. *Br J Gen Pract.*;72(725):589-592. doi: 10.3399/bjgp22X721445. PMID: 36424162; PMCID: PMC9710828.

¹¹ Maughan DL, Patel A, Parveen T, et al. (2016). Primary-care-based social prescribing for mental health: an analysis of financial and environmental sustainability. *Prim Health Care Res Dev* 17: 114–21.

¹² Cruwys, T., Dingle, G.A., Haslam, C., Haslam, S.A., Jetten, J. and Morton, T.A. (2013). Social group memberships protect against future depression, alleviate depression symptoms and prevent depression relapse. *Social Science & Medicine* 98, 179–186.

¹³ John J. (2022). Social prescribing as a way of tackling health inequalities in all health settings. Available online: <https://www.england.nhs.uk/blog/social-prescribing-as-a-way-of-tackling-health-inequalities-in-all-health-settings/> accessed 23rd Mar 2024.

¹⁴ Moffatt S, Steer M, Lawson S, et al. Link worker social prescribing to improve health and well-being for people with long-term conditions: qualitative study of service user perceptions. *BMJ Open* 2017;7:

¹⁵ Aughterson H, Baxter L, Fancourt D. Social prescribing for individuals with mental health problems: a qualitative study of barriers and enablers experienced by general practitioners. *BMC Fam Pract.* 2020 Sep 21;21(1):194. doi: 10.1186/s12875-020-01264-0. PMID: 32957923; PMCID: PMC7507286.

¹⁶ Faruquee, C. F., & Guirguis, L. M. (2015). A scoping review of research on the prescribing practice of canadian pharmacists: CPJRPC. *Canadian Pharmacists Journal*, 148(6), 325-348. doi:<https://doi.org/10.1177/1715163515608399>

Pharmacies have been identified as suitable settings for social prescribing, especially in high areas of deprivation, due to their ability to communicate with patients face-to-face on a walk-in basis. 2019¹⁷ research revealed that the majority of surveyed UK pharmacists were enthusiastic about being involved in local social prescribing pathways, although they highlighted the barriers to involvement, such as, the availability of funding, time, and training. Lack of funding¹⁸ has forced pharmacies to reduce services provided to patients¹⁹; this could be a barrier that restricts the role of pharmacies in offering social prescribing.

Moreover, while prescribing pharmacists offer the opportunity to improve medication optimisation and minimise errors²¹, social prescribing complements the holistic care aspect offered by pharmacists²². Patients have been found to be positive about the role of social prescribing by pharmacists, such as reporting high satisfaction with appointment times, communication with the pharmacist prescriber and the services received however, further research should be conducted to clarify their role and scope of competency, especially in mental health²⁴., due to the ability to offer person-centred care²⁵

The following three cases will illustrate some of the ways social prescribing approaches can be used and how pharmacists can engage in the process.

¹⁷ Taylor DA, Nicholls GM, Taylor ADJ. Perceptions of Pharmacy Involvement in Social Prescribing Pathways in England, Scotland and Wales. *Pharmacy (Basel)*. 2019 Mar 4;7(1):24. doi: 10.3390/pharmacy7010024. PMID: 30836693; PMCID: PMC6473812.

¹⁸ Pharmaceutical Services Negotiating Committee. Briefing 010/20: community pharmacy funding in 2020/21. 2020. Available: <https://cpe.org.uk/wp-content/uploads/2020/02/PSNC-Briefing-Community-Pharmacy-Funding-in-2020-21.pdf> (accessed Mar, 19, 2024).

¹⁹ Community Pharmacy England. Pharmacy funding—Community Pharmacy England. 2022. Available: <https://cpe.org.uk/funding-and-reimbursement/pharmacy-funding/> (accessed Mar, 19, 2024).

²¹ Bourne, R.S., Baqir, W. & Onatade, R. Pharmacist independent prescribing in secondary care: opportunities and challenges. *Int J Clin Pharm* 38, 1–6 (2016). <https://doi.org/10.1007/s11096-015-0226-9>

²² Rosenthal MM, Houle SK, Eberhart G, Tsuyuki RT. Prescribing by pharmacists in Alberta and its relation to culture and personality traits. *Res Social Adm Pharm*. 2015;11:401–11.

²⁴ Ida-Maisie Famiyeh, Lisa McCarthy (2017). Pharmacist prescribing: A scoping review about the views and experiences of patients and the public. *Research in Social and Administrative Pharmacy*. Volume 13, Issue 1, Pages 1-16, ISSN 1551-7411, <https://doi.org/10.1016/j.sapharm.2016.01.002>.

²⁵ Cooper, M., Avery, L., Scott, J., Ashley, K., Jordan, C., Errington, L., & Flynn, D. (2022). Effectiveness and active ingredients of social prescribing interventions targeting mental health: A systematic review. *BMJ Open*, 12(7) doi:<https://doi.org/10.1136/bmjopen-2021-060214>

Case examples

Case 1 - Social prescribing to optimise anti-depressant use via self-referral

Raj who is 52 became a widower last year, and since losing his wife he has become more socially isolated, which led to him developing depression. His doctor prescribed antidepressant tablets, citalopram 20 mg once daily, which are starting to help him feel better, but he is still feeling lonely and would like to wean off of the antidepressants, if possible.

Raj was looking online at various ways to improve his wellbeing, and he came across social prescribing on his GP's website homepage, mentioning that there is extra specialist support for patients in his borough for various social and health issues. There was a link to "self-referral" where he filled out a short form, and a couple of days later, he received a call from a link worker. He did not need to see his GP to access this service. After discussing his situation with the link worker, he was referred to a local arts class, which was held once a week. Attending this class increased his social interaction and led to him gaining a new hobby, which is linked to improved wellbeing²⁶. He continued attending his class, which was held for 12 weeks, and after the course was complete, he met a friend there and they started attending another arts class together.

In the meantime, as he was picking up his regular medication from the pharmacy, he had a general check up with his regular community pharmacist and told him how he has been feeling much better since attending these classes. The pharmacist pointed out to him that this may be an opportunity to reduce his anti-depressant medicine dosage, if he feels ready for it. A dose reduction is a positive step in medicine management and optimisation, including better control over the condition and a reduction of potential side effects, including dry mouth, feeling sleepy, headaches, and nausea²⁷. On the pharmacist's advice, Raj requested a review with his GP, and he mentioned he was feeling better; therefore, the doctor suggested to reduce his antidepressant medication strength to 10 mg once daily indeed. Overall, this experience decreased Raj's loneliness, improved his mental health, expanded his social connections, and overall improved his wellbeing, which aligns with the general social prescribing measures of success²⁸.

Case 2 - Social prescribing referral from secondary care for physical health problems

Alex, 65, has recently been hospitalized due to a fall they experienced because of their long-term osteoarthritis; they also live with diabetes. Alex lives with their partner, who has health issues of their own, raising concerns about the need for additional support. During their discharge process, a holistic needs assessment was conducted, and the discharge team, including the pharmacist, identified that Alex would require further support with basic chores at home and with their physical

²⁶ Care Services Improvement Partnership. Social prescribing for mental health – a guide to commissioning and delivery [Internet]. [cited 2024 Mar 21]. Available from: <https://citizen-network.org/uploads/attachment/339/social-prescribing-for-mental-health.pdf>

²⁷ NHS. 2022. "Side Effects of Citalopram." Medicines A to Z. [Accessed on May 5th 2024] (<https://www.nhs.uk/medicines/citalopram/side-effects-of-citalopram/>).

²⁸ NHS England. Personalised Care . 2020 [Accessed on Mar 21 2024]. Social prescribing and community-based support Summary guide. Available from: <https://www.england.nhs.uk/wp-content/uploads/2020/06/social-prescribing-summary-guide-updated-june-20.pdf>

rehabilitation²⁹. The hospital pharmacist here has a role in sign-posting the patient to either secondary care or primary care link workers, and bringing their attention to social prescribing and the advantages it has to offer.

As Alex did not exhibit any other safeguarding issues or mental health crisis risks, they were directly referred to the local link worker working in the hospital for further support. Alex and the link worker met directly after discharge, where the link worker created a Health and Wellbeing plan tailored to Alex's needs. The plan assesses specific needs of each individual patient, and can include onward referrals to various service categories including physical activity, mental health support, weight management, welfare rights advice (benefits), voluntary work, learning and employment assistance, art-based activities, and community based activities³⁰. With the help of the link worker, Alex and their partner were able to apply for Attendance Allowance, which supported hiring a cleaner to clean the house weekly. Additionally, the link worker assisted Alex in applying for a blue badge, a process they found daunting, to support them when attending their numerous hospital and GP review appointments. Alex and their partner have been very grateful for the extra support they have received, saying that without it they would be very overwhelmed to be able to get by otherwise. Specific long-term management of their arthritis and health management will still be under the care of the GP and is out of the scope of the link worker.

Case 3 - Exploring the referral pathway in primary care

Sara, a Primary Care Network (PCN) pharmacist, conducts a structured medication review for one of her patients³¹, Magdalena. As she delves into the patient's health journey, she notices a notable social issue—one that extends beyond the scope of medications. This prompts Sara to consider the broader aspects of personalized care³². Magdalena is a full-time carer for her disabled son, and this has meant that she has neglected herself and no longer makes time to socialise or invest time in hobbies, which has meant she has been feeling down and generally burnt out. Evidence from Public Health England³³ shows that carers experience a “carer burden” including experiencing poor mental health, anxiety and depression, stress, and poor quality of life, with most of it being underreported.

Given the setting within a general practice, Sara has several options to consider. If social prescribers, are available within the same practice, she can make a direct referral³⁴. Otherwise, Sara can take on

²⁹ Healthy London Partnership. Social Prescribing in Secondary Care Pilot Service Evaluation Report [Internet]. 2018 [Accessed on Mar 21 2024]. Available from: <https://www.family-action.org.uk/content/uploads/2018/11/Social-Prescribing-in-Secondary-Care-Evaluation-Report-FINAL.pdf>

³⁰ Moffatt, Suzanne, Mel Steer, Sarah Lawson, Linda Penn, and Nicola O'Brien. 2017. “Link Worker Social Prescribing to Improve Health and Well-Being for People with Long-Term Conditions: Qualitative Study of Service User Perceptions.” *BMJ Open* 7(7):e015203. doi: 10.1136/bmjopen-2016-015203.

³¹ NHS England. Social prescribing: Reference guide and technical annex for primary care networks [Internet]. 2023 [cited 2024 Mar 21]. Available from: <https://www.england.nhs.uk/long-read/social-prescribing-reference-guide-and-technical-annex-for-primary-care-networks/>

³² NHS England. Personalised Care. 2024 [Accessed on Mar 21 2024]. Social Prescribing . Available from: <https://www.england.nhs.uk/personalisedcare/social-prescribing>

³³ Public Health England. 2021. “Caring as a Social Determinant of Health .” Findings from a Rapid Review of Reviews and Analysis of the GP Patient Survey. [Accessed on May 5 2024] (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/971115/Caring_as_a_social_determinant_report.pdf#:~:text=Caring%20as%20a%20social%20determinant%20of%20health%20population%2C,generalised%20cognitive%20deterioration%20and%20function%2C%20and%20poor%20sleep.)

³⁴ Drinkwater C, Wildman J, Moffatt S. Social prescribing. *BMJ*. 2019 Mar 28;1285.

the role of a signpost, guiding the patient towards relevant charities or third-sector organizations³⁵, such as Age UK, who are equipped with their own link workers³⁶.

Sara understands the importance of patient consent in this process. Should she decide on a local referral, she takes the time to engage with the patient, explaining the potential benefits of the referred service. This step is essential to ensure that the patient feels informed and valued, avoiding any perception of dismissal.

Magdalena agrees to be referred to the link worker, who offers her a referral to a respite care service aimed at supporting unpaid carers. This respite service includes arranging outings for carers, meal, and drink preparation, help with light chores, helping with the care of the care recipients including personal and health care, and playing and reading with them³³. This all meant Magdalena can have more time for herself. At her next review, Magdalena thanked her pharmacist for making this referral and said it has been a godsend to have this support and that she feels so much better.

Discussion

In broader primary care, other pharmacists, like those in community pharmacies, contribute to the awareness of such services. They play a vital role in promoting self-referral routes, thereby empowering individuals to take charge of their well-being³⁷.

Case 1 explored the self-referral pathway the patients can take to access social prescribing in primary care. Nonetheless, the pharmacist can still have a supportive role in a case like this, for example, either in signposting the patient in the first place, or in supporting patients in dose reduction if applicable.

Case 2 focused on patient referral in secondary care. Again, hospital pharmacists have a role here to help raise awareness of the service availability, and support their colleagues in this process, including the discharge team.

Finally, case 3 focussed on referral from a PCN perspective, which is likely to be the most popular route at the moment due to the direct access to link workers. Nonetheless, maintaining a relationship with local community pharmacists can also provide a bridge and access to these services too.

Building and maintaining relationships between community pharmacies and general practices are pivotal. This collaborative effort allows for case-by-case discussions, contingent upon patient consent. However, as of now, a direct referral pathway from community pharmacies to social prescribers remains a missing link in the continuum of care.

³⁵ University of Westminster. Making Sense of Social Prescribing. 2024 [Internet]. [Accessed on Mar 21 2024]. Available from:

<https://westminsterresearch.westminster.ac.uk/download/f3cf4b949511304f762bdec137844251031072697ae511a462eac9150d6ba8e0/1340196/Making-sense-of-social-prescribing%202017.pdf>

³⁶ Age UK. 2020. "Social Prescribing Link Workers." [Accessed on May 5 2024]

(<https://www.ageuk.org.uk/islington/about-us/news/2019/social-prescribing-link-workers/>).

³⁷ Oluwafunmi Akinyemi. Oxford Social Prescribing Research Network; University of Oxford . 2021 [Accessed on Mar 21 2024]. What is the potential role of community pharmacists in social prescribing? Available from: <https://socialprescribing.phc.ox.ac.uk/news-views/views/what-is-the-potential-role-of-community-pharmacists-in-social-prescribing>

Conclusions

Despite the increased number of resources for pharmacists to harness social prescribing, numerous challenges hinder its effective implementation. There is a lack of understanding of social prescribing, especially referral routes via different tiers of the healthcare system. Establishing a clear definition of social prescribing is critical, as it will catalyse decisive actions towards its integration into pharmacist practitioners' practices. Such clarity would justify the need for increased investment in training and funding to support both prescribing and non-prescribing pharmacists, as well as pharmacy technicians in embracing social prescribing. More research is needed on the implementation of social prescribing by pharmacist practitioners. Meaningful change in implementation strategies can only occur through policy shifts and the allocation of resources toward enhancing the time and training provisions for pharmacists and pharmacy technicians.