



# Social Prescribing in H&F

## Key Findings and Recommendations

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# We are Healthwatch Hammersmith and Fulham

An independent organisation for people who use health and social care services. We aim to put **people at the heart of care**.


**Healthwatch was established under the Health and Social Care Act 2012 to understand the needs, experiences and concerns of people who use health and social care services.**

We deliver the statutory Healthwatch provision for Hammersmith & Fulham. Our research and local engagement puts local people's views at the centre of decision making about health and social care.


## We make this happen by:



Helping to improve the quality of local health by sharing what people need from their care with those who commission, run, and make decisions about NHS and social care services.



Listening to what people like about services and what could be improved.



Monitoring how changes in the healthcare system affect local people.



# Our Social Prescribing project

**This project and report provides insights into areas of good practice as well as opportunities for improvement in the social prescribing service in H&F from the perspective of current and former social prescribing patients, and social prescribing link workers (SPLWs).**

The social prescribing service was selected as a topic for further investigation by Healthwatch, primarily as the service represents a great opportunity to improve health and wellbeing of residents, and considerably reduce pressure on and better support primary care. We wanted to better understand how the service was working from a patient perspective and use the patient voice to shape the service's ongoing improvement journey.

The project was additionally an opportunity to gauge how aware residents are of the social prescribing service, and to contribute to the growing evidence base of the National Academy of Social Prescribing (NASP) on the value of social prescribing, promoting the experience of Hammersmith & Fulham residents within this platform for national dialogue.

# What is social prescribing?

Social prescribing is a community-centred, holistic approach to health that offers a non-clinical intervention for people dealing with issues such as social isolation and loneliness, housing issues or financial pressures, that may impact their health and wellbeing.

The typical pathway to a “social prescription” in Hammersmith and Fulham involves a patient being referred by their GP practice to a Social Prescribing Link Worker (SPLW), who investigates the wider determinants of the patient's health and wellbeing issues, co-produces a personal plan with the patient and shares relevant information with them about local activities, support groups or services they can attend that might improve their health and wellbeing.

Ultimately, it aims to empower individuals to have greater control over their own health.

# Wider context

- In March 2019 an amendment to the national GP contract was introduced, with the inclusion of new roles into primary care networks, one of which was the Social Prescribing Link Worker\* (SPLW) role.
- On a local level, the Social Prescribing service is still relatively new in the Borough of Hammersmith and Fulham, having been introduced in late 2019.
- Initially, Social Prescribing Link Workers were employed and managed by Hammersmith and Fulham GP Federation (no longer in operation). During this time, the focus of the service included cancer patients and their families, as Macmillan Cancer Support provided some grant funding, alongside the national funding, as part of a primary care initiative.
- In 2022, management of SPLWs transferred from H&F GP Federation to Primary Care Networks (PCNs).
- At the time of running this project, Healthwatch H&F located 12 SPLWs in H&F under this structure. Some SPLWs cover multiple surgeries across their PCN.
- It must be noted that the model, management and governance systems of each social prescribing service operates differently across the five PCNs in the borough: SPLWs in H&F Central PCN are directly employed by their GP practice; SPLWs in Babylon GP at Hand, H&F Partnership and South Fulham are employed by the PCN; as of May 2023, employment for SPLWs in the North H&F PCN transferred to the Local Authority.

\*there are SPLWs whose salary PCNs reclaim directly from NHS England under the Additional Roles Reimbursement Scheme (ARRS)

# Who we spoke to for this study

The three groups we engaged with for this study were current and former social prescribing patients, social prescribing link workers (SPLWs) and H&F residents. We owe our thanks to the SPLWs, GP practice managers, North West London Integrated Care System partners (NWL ICS) and the various Voluntary, Community, Sector (VCS) organisations that helped to distribute our survey.

## 1. 74 current and former social prescribing patients

- a) We sent out an online patient survey via Smart Survey and completed surveys over the telephone and in-person. Feedback was collected between February-April 2023.
- b) This was followed up by **eight in-depth interview case studies**

## 2. Social Prescribing Link Worker insights

- a) Six completed questionnaires
- b) One online focus group

## 3. Resident engagement – 80 responses

- a) We attached a short snapshot questionnaire to our Patient Experience engagement programme to gauge public awareness of and any barriers to or misconceptions of the social prescribing service

## Limitations

The responses gathered from our patient and public survey form a snapshot of the potential amount of people using the social prescribing service in Hammersmith & Fulham - our data is not representative of all views and experiences of the service

We received a low response rate from **the 75+ age group, LGBTQIA+ community and some other ethnic minority groups.**

We continue to deploy a variety of strategies to engage with all groups, and we realise that there is always more work to be done to further engage with under-represented groups.

**We are committed to engagement with seldom reached groups in all our work.**



# How to read this report

This report is laid out in four sections:

- 1) The first section presents key findings and recommendations
  - 2) The second section highlights each finding in more detail and presents it alongside some of the key data.
  - 3) The third section presents the case studies gathered as part of this project
  - 4) The Appendix presents the full data and some selected comments from survey participants. This adds another layer of detail for those wishing to discover the full data set.
- Not all patients answered all survey questions so total counts may vary in different charts and data sets
  - The findings integrate responses from our three cohorts (social prescribing patients; residents; SPLWs)



# Key Findings and Recommendations

# Key Findings and Recommendations

## Key Finding 1

### **There are low levels of awareness of social prescribing**

62% of social prescribing patients had never heard of the social prescribing service before they used it.

**Recommendation 1.1:** Increase patient awareness and understanding of the social prescribing service through Q&A events and promotional materials such as utilizing screens and displaying posters in all GP practices across Hammersmith & and Fulham targeting patients aged 35+ and those from minority ethnic backgrounds. The promotional material should be made available in accessible and multiple language versions.

**Recommendation 1.2:** GP practice staff to clearly discuss what the social prescribing service is and the referral process to patients before their first consultation with a social prescribing link worker to manage patient expectations and to prevent any confusion.

# Key Findings and Recommendations

## Key Finding 2

### **Support and success varies for practical vs. medial issues**

Social prescribing appears to be more impactful for individuals with practical issues, while more supplementary for those with long-term health needs.

**Recommendation 2.1:** Social prescribing link workers to identify and provide additional support for patients with long-term health conditions and co-produce personal plans that include other relevant accessible activities and support services to ensure that they receive help in a way they need.

**Recommendation 2.2:** PCN leads to review their social prescribing referral criteria to specify which types of cases are appropriate for the service. This can also help to relieve pressure on the link workers who are often managing heavy caseloads and complex patients.

# Key Findings and Recommendations

## Key Finding 3

**Social Prescriber Link Workers provide a wealth of information and advice which is highly valuable and a key part of the services success**

71% of social prescribing patients agree that their link worker offers a lot of information and advice to help with their problem.

**Recommendation 3.1:** Social prescribing link workers to continue to regularly network within the local community and each other to maintain and keep their live directory/database of contacts and information up to date.

# Key Findings and Recommendations

## Key Finding 4

### **Patients prefer face-to-face contact**

While remote meetings with social prescribing link workers worked for some patients, others, including SPLWs, would have preferred more face-to-face contact. Options and preferences are important.

**Recommendation 4.1:** Put the 'social' back in 'social prescribing'. The NHS Estates team should provide more physical space for social prescribing link workers in GP practices to conduct face-to-face appointments for patients that prefer them, and for link workers to feel more integrated with the GP practice team.

**Recommendation 4.2:** Social prescribing link workers to provide patients with regular updates on any progress with social prescription referrals and clearly communicate upcoming appointments.

# Key Findings and Recommendations

## Key Finding 5

### **Social prescribing supports a reduction in patients using NHS services**

48% of social prescribing patients said that they had reduced how often they were using NHS services since using the social prescribing service.

**Recommendation 5.1:** Key partners to encourage a more joined up, preventative approach to health between NHS primary care colleagues, Local Authority and the Voluntary/Community Sector (VCS) to help patients/the public get the help they need in a more streamlined, holistic and preventative way.

# Key Findings and Recommendations

## Key Finding 6

### **Social prescribing has positive effects on health and wellbeing**

61% of social prescribing patients felt more in control of their life/life decisions; 57% felt more hopeful about their future and that their self-esteem and confidence have improved.

**Recommendation 6.1:** GP practices to highlight the positive impacts of social prescribing on health and wellbeing in future promotional materials and consultations with patients, including using case studies of former social prescribing patients that have experienced positive outcomes on their health and wellbeing as a result of using the service.



# Full Findings

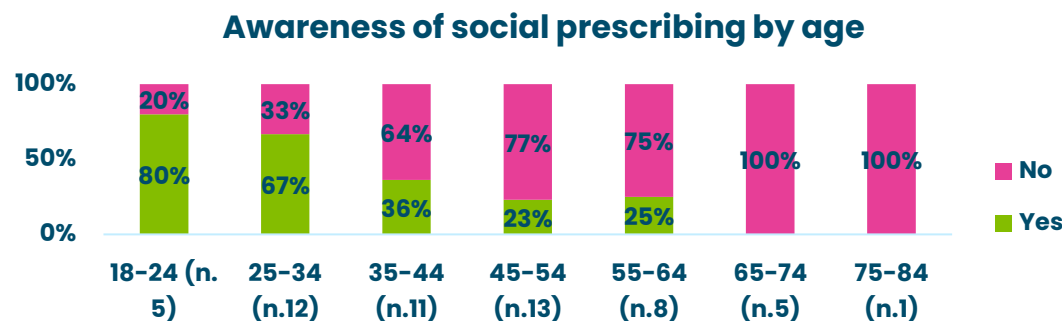
# Key finding 1: Low awareness of the social prescribing service

The awareness of the social prescribing service is low: 62% of the social prescribing patients told us that they had never heard of the service before being referred to it. The disparity was even greater among residents – 91% of residents told us that they were unaware of the service.

It seemed that younger people were more aware than others: most respondents aged 34 or younger told us they had heard of the service before whereas most respondents aged 35 or over had not.

When comparing by ethnicity, the lowest awareness was among Black/Black British patients.

These findings were corroborated by the Social Prescribing Link Workers who told us that they often spend time explaining what their role is and managing patients' expectations of the service.

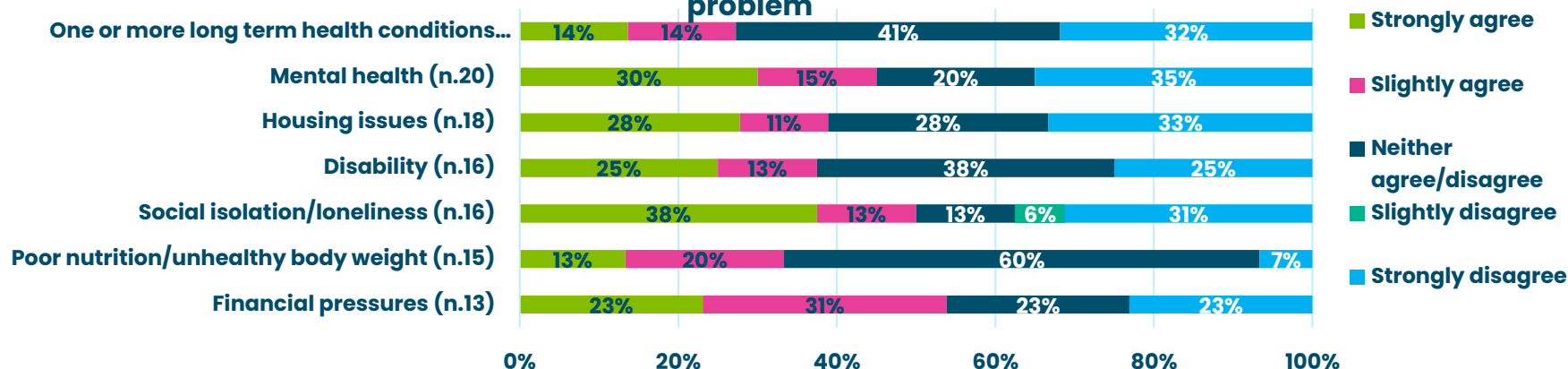


## Key finding 2: Varied support and success for practical vs. medical issues

The main reason for being referred to a social prescribing service was for long-term health conditions, however, the feedback received suggests that the service is more impactful for individuals with more practical issues like financial pressures.

54% of patients with financial pressures agreed social prescribing helped with their problem, compared with 28% of patients with a long-term health condition. Those living with a long-term health condition also rated their overall experience of the service almost three times more negatively than those without a long-term condition. This could suggest that they are not getting help or support from their social prescribing link worker in the way they need.

**Comparison between key issues and whether social prescription helped with their problem**



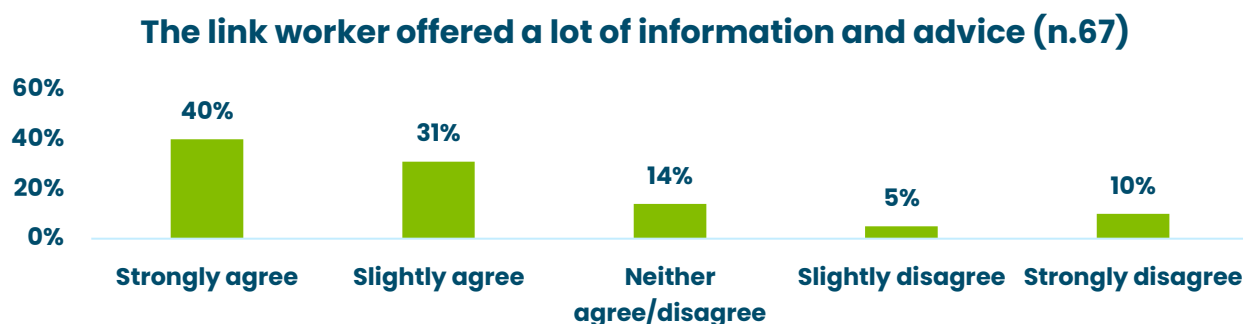
## Key finding 3: Wealth of information and advice from link worker

Most patients (71%) were satisfied with the information and advice that their social prescribing link worker offered to them. Respondents felt they received information on relevant activities and support services available for a range of issues that they may otherwise have not known about before being referred to the social prescribing service.

Social prescribing link workers told us about their WhatsApp group chat that enables them to stay updated and maintain their directory of services.

Patients also appreciated the amount of time that social prescribing link workers spent with them to discuss their issues.

SPLWs reported that as a result of equipping patients with relevant support services and activities, patients were able to take ownership of and proactively improve their health and wellbeing.

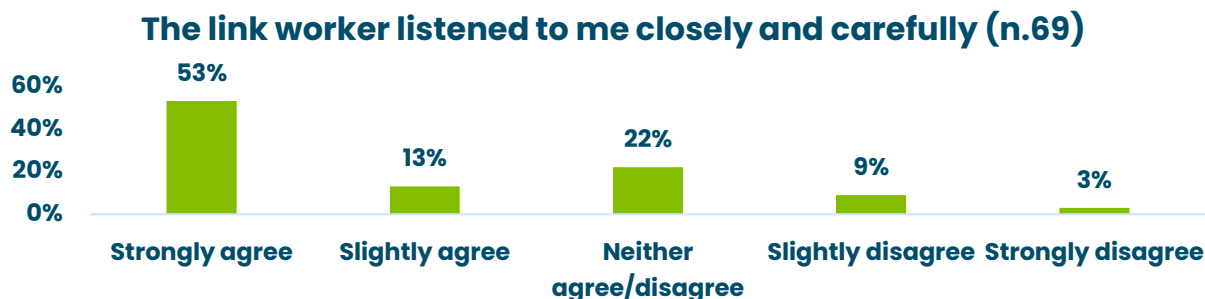


## Key finding 4: Communication/meeting preferences were not always met

Most respondents (66%) agreed that the link worker listened to them closely and carefully and shared positive sentiments about the link worker's attitudes towards them. More than half of respondents (58%) also agreed that it was easy to meet with their link worker.

However, some patients expressed dissatisfaction with remote appointments. This left patients feeling uncertain about the progress of their referral or concerned they were not getting help or support in the way they needed. Some patients mentioned that they would have preferred at least their first meeting with the link worker to be in person. When patients were able to meet with their link worker in person, it was a very positive experience.

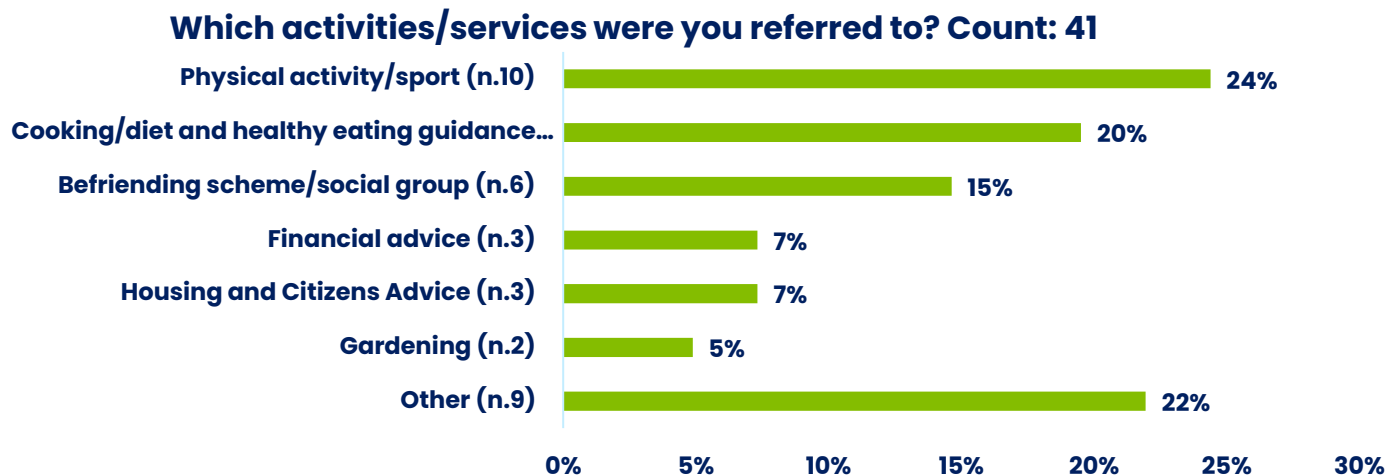
Some social prescribing link workers suggested that more presence within GP practices would make them feel more part of their GP practice and less isolated in their role.



## Key finding 5: Reduction in patients using NHS services

48% of the respondents said that they had reduced how often they were using NHS services since using the social prescribing service. This demonstrates the potential benefits of social prescribing in reducing pressure and resources on NHS services and supporting primary care more specifically.

The most common type of activity social prescribing patients were referred to was physical activity/sport, making up nearly a quarter of referrals recorded from our survey. Second was cooking/healthy eating classes/workshops (20%) and befriending schemes/social groups (15%). Referrals in the 'Other' included English language classes and art/theatre.



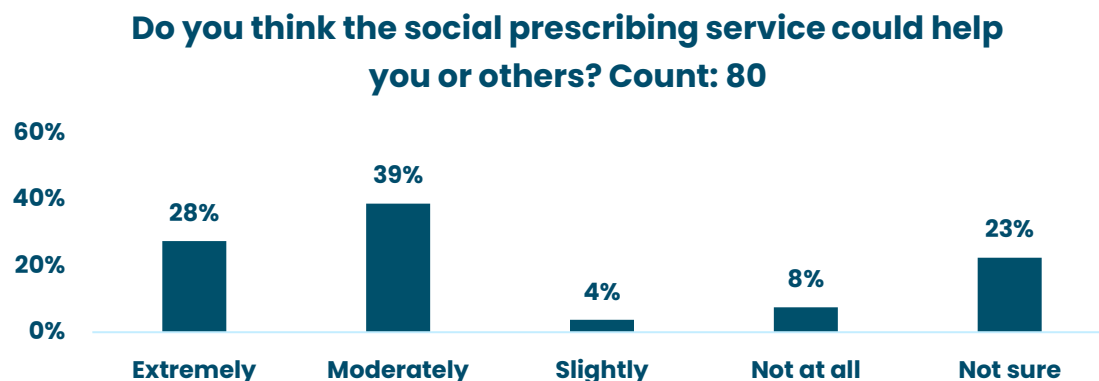
## Key finding 6: Positive effects on health and wellbeing

The majority of patients told us that they felt more in control of their lives (61%), their self-esteem and confidence improved (57%), and they felt more hopeful and optimistic about the future (57%).

Just under half of respondents reported feeling less lonely (48%), happier more often (46%), and using medication or alcohol less since accessing the social prescribing service (43%).

Some patients had been able to find a job as a result of social prescribing (29%).

When the social prescribing service was explained to residents, and we were confident that they had a good understanding of the service, most (67%) believed that the service could help either themselves or others with various issues.





# Case Studies

# Case Study – “Ruth”

Female, Any other White background, Disability and Long-Term Condition

"Ruth" was referred to social prescribing by her GP for issues with **her long-term health condition**. She had an overall negative experience participating in this service. She recognises that she needs to do exercise but wanted to find an exercise that didn't require her to take multiple pain killers beforehand.

"Ruth" found the largest issue with social prescribing to be that her link worker never called her back. Upon referral and first appointment, she was informed that someone would call her with a suggestion for swimming lessons, but this never occurred.

She was not able to create a personal plan as nothing was offered, and while she is quite sufficient with managing her illness, "the only thing [she] couldn't do was to do the exercise as [she] wanted," which is why she originally asked her GP for options.

"Ruth" has started doing exercise for 10–15 minutes every day which has helped her be able to decrease the number of painkillers she is taking. Generally, she feels that social prescribing has not been person-centred and that it should be more specific to the issue at hand. She would have also enjoyed a call back even if the worker couldn't provide any service.

# Case Study – “Eliza”

Black British Female, Multiple Sclerosis

“Eliza” was referred to a link worker due to mental health struggles with loneliness and isolation, partially regarding her long-term health condition. She started working with a link worker just before the COVID-19 pandemic hit and continued a bit for a few months.

“Eliza” did not enjoy the lengthy paperwork, especially as the first link worker she experienced just went through the questionnaire with seemingly little regard for the human aspect of this program and the possibility for more nuanced answers. The second link worker, however, was incredibly beneficial to “Eliza” by helping her get out of the house, lower anxiety, and get her confidence back.

“Eliza” on if the referring/social prescription (Hestia) was helpful: “yes and no. It wasn't for me. There were people there that had much more complex needs than I did...what they provided at Hestia was a very good support group/network for that group, but for me, I didn't get anything out of that. However, I did enjoy volunteering. But even still, I wasn't able to get help in the way that I needed.

“Eliza” on the impact of control: “SP gives the individual back that control, and that's one of the good things of SP is that you're in control of this. You can be in control of your body and...what you need...[for] your condition or what you need to do socially.”

Despite a mixed experience, overall, she felt that SP was very beneficial in getting her out of the house, building confidence, and improving her general wellbeing

# Case Study – “Justin”

White: Any other White background Male, Disability/Long-Term Condition

"Justin" was referred to a link worker by his GP due to severe mental health struggles, specifically regarding housing issues. Overall, he felt quite neutral about the social prescribing experience.

He felt listened to but also felt as though the link worker "didn't know much what she was doing." Despite the seeming lack of experience, "Justin" shared how even just the face-to-face interaction was beneficial.

He began to feel less lonely but did not enjoy the lack of consistency and minimal communication. Despite the negative attitudes regarding many aspects of his social prescribing/link worker experience, "Justin" rated the system quite highly.

He stated that the link worker worked quickly, social prescribing helped him with his problem, and that the staff were friendly. Additionally, he shared that SP helped him feel more in control and gain more hope and optimism about his future.

# Case Study – “Leah”

Female, Previous Social Prescribing User

"Leah" was originally referred to a social prescribing link worker by her GP after explaining that she recently experienced the death of a loved one and how she was in lockdown alone. "Leah" believes in the concept of social prescribing and that it can be very useful if it is done properly.

For someone in lockdown alone, "Leah" felt that a face-to-face meeting would have been much more beneficial than the phone calls and virtual appointments she had been attending. She "didn't feel listened to, [and] didn't feel that the SPLW knew much of the community."

"Leah" shared that social prescribing was actually worse for her wellbeing, as she was excited for it and had high expectations that the program did not meet. While she rates the experience of working with SPLW negatively, "Leah" stated how "Riverside Studios actually saved [her] life."

Overall, she felt as though the exclusively virtual aspect of her experience was extremely negative and could even be dangerous due to the lack of follow ups and responsibility. Had she known she would never meet her link worker in person, "Leah" would not have said yes to the referral.

# Case Study – “Annie”

White British Female, Disability/Long-Term Condition, COVID, Breast Cancer, Credit Card Debt, Evicted, Child of Parent Violence

"Annie" was referred by her GP for issues with housing and financials, mental health issues and social isolation, and long-term health conditions. The main obstacle she faced was that due to her eviction, she was currently in temporary housing out of borough, and the link worker stated that they couldn't help her because she was out of borough.

Overall, "Annie" had an extremely poor and almost non-existent experience with social prescribing and link workers due to her housing location and situation.

# Case Study – “Morgan”

White: Any other White background Female, Disability

"Morgan" was referred to a link worker to help with mental health issues. Originally, she was taken a bit aback by the call as it was somewhat uncomfortable to talk to a stranger at first. The call, however, did help and she was happy just to talk to someone.

"Morgan" finds the idea of social prescribing great to provide an alternative to GPs who might not have the time to go into depth about these type of issues.

She has a great relationship with her link worker and does not want these appointments to stop. They get her out of the house, gain more confidence, and provided solutions for other family issues.

While "Morgan" had a positive experience overall, she would have liked the appointments to have been longer in duration and continued past six weeks. She also feels that there should be a follow up service, as most people are not "cured" in six weeks.

"I proudly feel that the service is absolutely brilliant. We all have little issues e.g., being too shy to go to the GP, or have a phone call with a GP, but it does not solve the problem."



# Case Study – “Daniel”

Black British Male, Long-Term Condition

“Daniel” was referred by his GP due to his mental health struggles and feelings of social isolation. He had a fairly positive experience with social prescribing but wishes that the GPs would be more proactive in sharing information about SPLW.

He felt that the SPLW sent him links to “stuff [he] otherwise would never have come across” that were often to community centres to be with people with similar issues. He would have preferred the link worker to be in touch with him more consistently, but also realizes that he should have been more proactive regarding leaving the house, going to activities, etc.

# Case Study – “Lily”

White British Female, Long-Term Condition

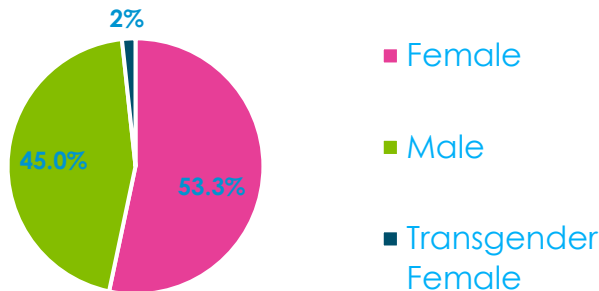
“Lily” was referred by her GP for mental health issues and housing troubles. Lily was pleased with the call she received right away. She would have liked to have met in person, but she was pleased with the overall experience.

In the survey, “Lily” shared that she has gained more confidence, become happier, feels more energetic, and is more hopeful about her future as a result of social prescribing.

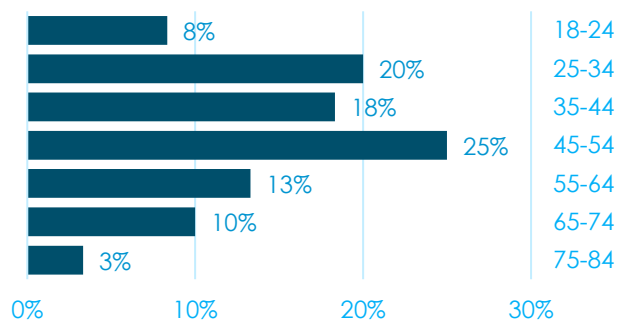
# Appendix

# Who our survey respondents were

## Gender



## Age



## Ethnicity

Most (26%) were **White: Any other White background**

74 responses

- **Most** identified as a current social prescribing patient, referred by their GP, within the last six months
- **Most** had between 1-3 sessions with their social prescribing link worker (SPLW)

## Employment status

**27%** are unemployed (unable to work)  
**17%** are working full time  
**15%** are unemployed (seeking work)  
**15%** are retired  
**7%** are students  
**7%** are working part time  
**5%** are in voluntary/unpaid work

**64%** have a long term health condition or need

**46%** have a disability

**28%** identify as a carer



**25%** are LGBTQIA+

## Pregnancy status

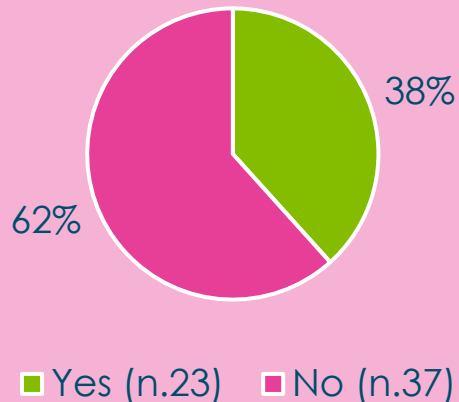
**9%** were breastfeeding  
**7%** were pregnant  
**4%** had given birth in the last 26 weeks

## Top 3 electoral wards

**16%** Hammersmith Broadway  
**13%** Shepherds Bush  
**9%** Lillie

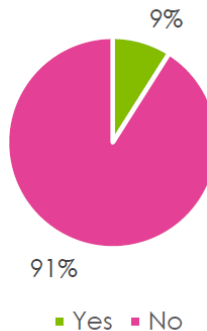
# Key finding 1: Low awareness of the social prescribing service

**62%** of social prescribing patients told us that they had never heard of the social prescribing service before they were referred into it.



***"I don't really know what it is. I told my GP about my mental health and we're talking about my housing. But the lady seems nice."*** - Male, 65-74, Black British

Have you previously heard about the social prescribing service? Count: 80



***"As patients do not initially know what social prescribing is and the role, sometimes some patients can feel uncomfortable talking to me about all of their issues, hence it takes me around 1 minute of my 1st telephone / face to face consultation to explain to patients my role, what I can do, things that are under my remit and things that are not – I also tend to do this to manage their expectations. Lack of public awareness on what exactly social prescribing service is within the GP Surgery as well as generally to the public can be very difficult as well"*** - HFP PCN Link Worker

## Key finding 2: Varied support with practical vs. medical issues

### Q4. What was the reason for being referred to a link worker? (Tick as many that apply)\*



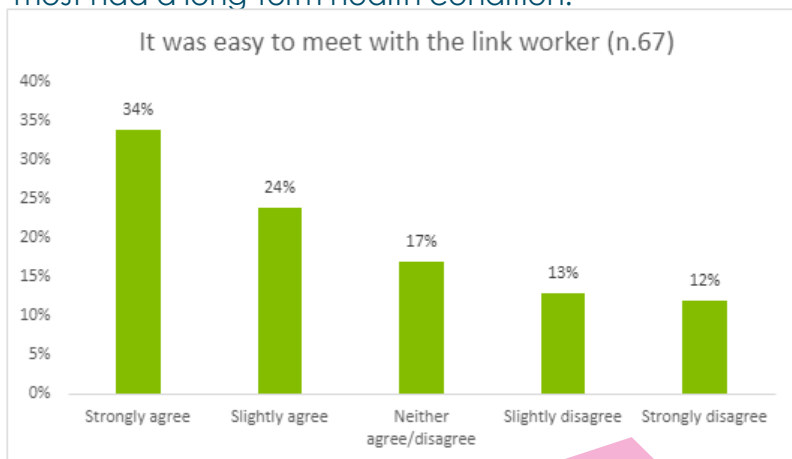
\*Since respondents could choose one or more options for this question, we have not included percentages for this question.

## Key finding 2: continued...

*"The social prescribing worker was excellent at identifying our needs. Thanks to her help I was able to find fairly well paid job to support my family including my husband who is on receipt of attendance allowance due to mobility health challenges. My confidence and self-esteem was greatly increased and even though the working site was closed after while I was able find another job soon afterward."* - **Female, 55-64, Any other White background**

### Ease of meeting with link worker

While most respondents agreed that it was easy to meet their link worker, of the 25% of respondents that disagreed, most had a long-term health condition.

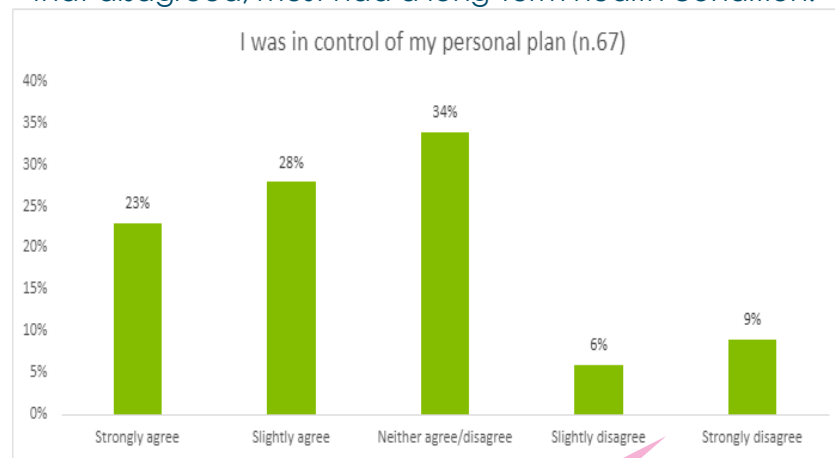


**25% (17) of respondents disagreed with it being easy to meet with their link worker:**

- **71% (12) have a long-term health condition**
- Most have a disability
- Most were female (11 female, 3 male)
- Most were Black/Black British
- Most were 25-34

### Personal plan

While half of respondents agreed that they were in control of their personal plan, of the 15% of respondents that disagreed, most had a long-term health condition.



**15% (10) of respondents disagreed with being in control of their personal plan:**

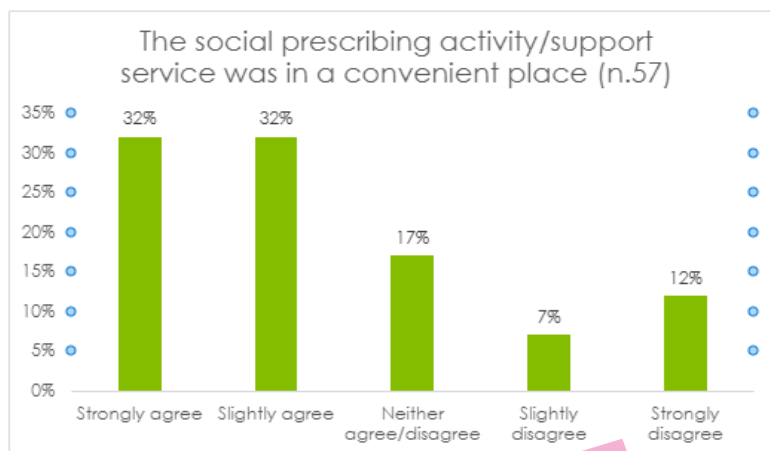
- **70% (7) have a long-term health condition**
- Half have a disability
- Most were female (9 female)
- Most were White British
- Most were 35-44



## Key finding 2: Continued...

### Ease of accessing social prescribing activity/support service

While most respondents agreed that their social prescription was in a convenient place, of the 19% of respondents that disagreed with their social prescription being in a convenient place, most had a long-term condition.



19% (11) of respondents disagreed with their social prescription being in a convenient place:

- 64% (7) have a long-term health condition
- Most have a disability
- Most were female (8 female, 2 male)
- Most were any other White background
- Most were 45-54

*"How helpful – to be honest, yes and no. It wasn't for me. There were people there that had much more complex needs than I did, and even though I could say that I'm complex, what they provided at Hestia was a very good support group/network for that group, but for me, I didn't get anything out of that. However, I did enjoy volunteering. But even still, I wasn't able to get help in the way that I needed." - Female, 45-54, Black British, former social prescribing patient living with disability*

## Key finding 3: Wealth of information and advice from link worker

*"When she talks to you, you're not just a patient, you're talking to someone who genuinely wants to help – the way the NHS is going – GPs don't have enough time – got other things to be doing."* -

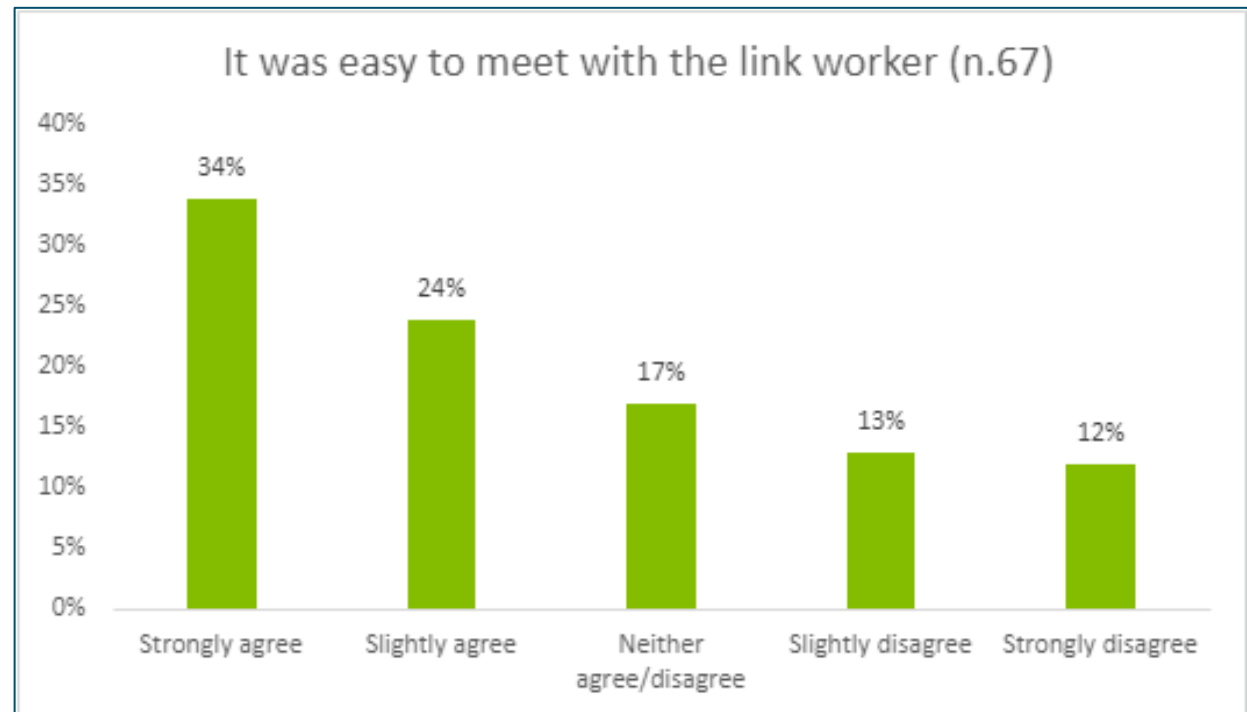
**Female, 75-84, Any other White background**

*"It's a super super idea, because someone has more information that you can make use of, that you wouldn't have known of. [You can] go through Google – but that's all impersonal – not personal, not tailored. It widened my horizon. Different people to contact to see what else there is. It opened a whole world for me after a certain time when you live with a certain condition for so long."*

**- Female, 75-84, Any other White background**

*"She was a little bit slow. I guess she's a new person – don't know much what she's doing – thought I'd give her time. But it's been a year. She doesn't have the knowledge"* - **Male, 25-34, Any other White background, former social prescribing patient**

## Key finding 4: Communication/meeting preferences were not always met



"Very good communication, 100%"  
- **Woman, 65-74, White British**

## Key finding 4: Continued...

A recurring theme was around **telecommunication difficulties**

Sentiments were also expressed about the **frequency/regularity of appointments with SPLWs** and the quality of communication **between** appointments – with some respondents expressing feelings of **uncertainty** of hearing back from their link worker after appointments

There was also dissatisfaction with **information or advice being shared over email or text message.**

*"GP practice not got desk space for them. So work from home....remotely etc and IT glitches further reduces the very important part of SP.....COMMUNICATION!" - Female, former social prescribing patient*

*"He said he will call back after the initial call but never did call. After several months, I am still waiting his call back. At least to having a call back – even if he couldn't provide the service, instead of just not calling back." - Female, 65-74, Any other White Background*

*"After I was referred, then I didn't know when I would hear back after filling out questionnaire." - Female, Black British, 45-54*

*"For me it is not working at all. How is sending links to .gov websites help? It is a no help at all, I've not received any help other than food bank vouchers." - Female, 35-44, Any other White background*

## Key finding 4: Continued...

*"Link worker introduced herself via phone. Face to face chat would have been nicer for 1st introduction."* - **Female, 75-84, Any other White Background**

*"Feeling lonely in post, feeling undignified in role sometimes due to the lack of standardisation"* – **H&F Central PCN Link Worker**

*"Currently we are all working remotely, and individually in GP practices, it would be good if social prescribers in each PCN shared the same space, for more support in role and role developing into community engagement."* – **H&F Partnership PCN Link Worker**

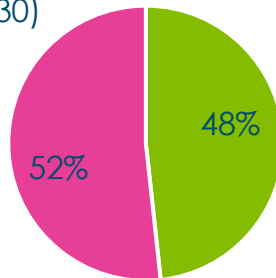
*"She was really really good, absolutely amazing. She was the one that got me out of the house, I was filled with a lot of anxiety around going outside, and she was the one that helped me so much. I was really nervous about going outside. She was asking about my wellbeing... She was really nice, and she really did help so much to get me out the house, and to give me back my confidence. it was so important, that social interaction."* - **Female, 45-54, Black British**

*"Link worker organised a book club separately. I spoke to several patients with depression - link worker thought it was a taster/trial [to bring] several people together. We met every so often. It helps bringing it all out with other people who feel similar. We spoke about books and called each other outside as a social sort of thing/coffee."*  
- **Female, 75-84, Any Other White Background**

## Key finding 5: Social prescribing supports a reduction in patients using NHS services

Q16. Have you reduced how often you use NHS services since using the social prescribing service?  
Count: 58

■ Yes (n.28) ■ No (n.30)



*"I do think the role is really beneficial to the NHS"* - **South Fulham PCN Link Worker**

*"Unchanged – only because I have nutrition issues, lower back problems. Dietician /physio. Blood pressure - a number of things."* - **Male, 45-54, Black British, referred for disability**

*"Using NHS less because if you do the science behind social prescribing or social interaction and wellbeing and whatever invisible disability you have, you'll find you'll use it less. There is a direct link between your wellbeing and how you are physically. And so, because my overall wellbeing is so much better, I find that I can cope more with my physical disability. That's why I don't use the GP as much by just not calling – it was really stressful for me getting appointments and that would add to my physical affects – vicious circle – can't get appointment."* - **Female, 45-54, Black British, former social prescribing patient, referred for disability**

## Key finding 6: Positive effects on health and wellbeing

*"Social prescribing gives the individual back that control, and that's one of the good things of social prescribing. You can be in control of your body and of what you need/your condition or what you need to do socially."* - **Female, 45-54, Black British**

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