Final Report on the All Wales Social Prescribing Research Network

Setting its Research Priorities for Wales

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Acknowledgement:

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1. Introduction

In May 2018 the new All Wales Social Prescribing Research Network (WSPRN) funded for 12 months by the Wales School for Social Care Research convened a consensus meeting with key individuals from practice, academia, government, statutory and the third sector organisations to set its current research priorities for Wales. The meeting was co-chaired by Judith Stone, WCVA and Dr Carolyn Wallace, University of South Wales & PRIME Centre Wales. It subsequently conducted a consultation process with its members to reach a final consensus and agree a way forward. This document reports on these events.

The WSPRN currently has in excess of 170 members of which 83 members were either email delegates, participants or formed part of the consultation for this first event (Appendix 1).
The purpose of the WSPRN is to build the critical evidence for social prescribing in Wales. It has a facilitative function of supporting the emerging communities of practice in North Wales, West Wales and South East Wales, where there is an emphasis on everyday practice challenges and solutions. The WSPRN also supports the social prescribing interest group in HEFGG (Higher Education Future Generations Group) and RCE Cymru (UN global network of regional centres of expertise) http://planet.cymru/en/wales-rce-wcfg/#tab2 . The WSPRN is committed to deliver the following by 31st March 2019:

A. List of agreed research priorities.
B. An action plan for research and dissemination.
C. A glossary of agreed terms.
D. Minimum of 1 large grant submission.
E. Minimum of 2 peer reviewed articles.
F. Development of regional groups with cross cutting research studies developed.
G. A detailed plan for the ongoing development and sustainability of the network after the initial 12 month funding period.

University of South Wales ethical approval was gained in advance of this event.

2. Aim and Objectives

The aim of the first consensus day was:

- To develop and agree research priorities for Social Prescribing.

Objectives were to:

- Discuss and negotiate agreed research priorities resulting in an action plan for each research priority.
- Bring together people (academics, practitioners and the public) to share experiences and/or interest in social prescribing.
- Understand better the challenges and possible solutions of working together to develop the underpinning evidence for social prescribing in Wales.

The single consensus day comprised of two methods, a Nominal Group Technique (Kenkre et al, 2013) workshop (am) and World Café Style workshop (pm) (Brown & Isaacs, 2005). See Appendix 2 for a description of the methods used.

3. Results

Sixty-four participants attended the 21st May event. Seventeen per cent (19%) were researchers from across Wales including Bangor University, Aberystwyth University, Cardiff University, Swansea University and the University of South Wales. Fifty per cent (50%) were from third sector organisations including the arts, health and social care delivery organisations. The remaining participants represented statutory health and social care organisation from across Wales.

There was representation from Welsh Government, office of the Future Generations Commissioner for Wales, office of the Older People's Commissioner for Wales, Health and Care Research Wales. Craig Lister from The Conservation Volunteers (TCV) was in attendance. TCV have recently received £375,000 from the Big Lottery Fund to work with NHS England, the NHS in the home countries, academics, clinicians and most importantly the voluntary sector, to support development of a quality assurance process and referral pathways for social prescribing, specifically for people with more significant health issues, such as mental health problems, CVD (Cardio Vascular Disease) and musculoskeletal disorders. The results from this event also contributed towards an international presentation and workshop on social prescribing delivered by Prof. Joyce Kenkre at the 23rd WONCA Europe conference for family doctors in Krakow 24-26 May 2018.

3.1 Agreed Research Priorities

Following a process of debating, defining and voting at the event on the 21st May, one hundred and sixty-three (n=163) identified research priorities were collapsed and agreed into a final eight (n=8). At the event participants were given a maximum of three votes each to finally agree the research priorities, which were as follows:

1st: What systems might sustain community assets? How can we make it sustainable? (n=42)
2nd: What does 'good' look like? What are the critical success factors for Social Prescribing? What are the barriers to stop things working? (n=37)
3rd: What would an all-Wales agreed evaluation framework look like? (n=31)
4th: How can we be mindful of demedicalisation/medicalisation/power-dynamics/language? (n=29)
5th: How do we stay true to the experience of an individual vs the experience of the 'population'? (n=25)
6th: How can we use 'appropriately' ethical research processes? What are appropriate forms of inquiry to produce useful evidence? (n=14)
7th: How are decisions made? And what nudges are needed? (n=6)
8th: What does 'accountability' mean? (n=0)

3.2 Themes and Priorities.

All participant research priorities were captured and analysed using Nvivo 11 during a post event analysis stage. Twelve research themes were identified from stage 1:

- Decision making
- Education and Training
- Evaluation

- Individual benefit
- IT systems
- Workforce
- Managing change
- Measurement and impact
- Social Prescribing process
- Models (SP and community)
- Stakeholder engagement
- Working together

3.3 Action plans

Using the World Café approach an action plan was intended to be developed for each of the research priorities. However, participants only engaged with six of the tables, leaving two action plans undone. These were research priorities 7 and 8. The full description on each of the top six priorities are available in the full report on request.

To summarise in response to the questions:

Question 1: *Remembering your experiences and knowledge of [name of research priority] in the context of social prescribing, what are the research questions which need to be asked? If you have more than one question, which research question is the priority?*

Multiple questions were offered for each priority for example priority 1:

- How do we know we are comparing like with like- regional differences (funding) when discussing sustainability?
- How do we measure the process that makes it sustainable?
- Are community assets inversely proportionate to deprivation in communities?
- What needs to be put in place to support staff delivering services in order to continue and not feel unable to cope due to compassion fatigue?

Question 2: *Who would you include in the research team and why?*

Each priority identified that social prescribing service users and staff were key to any future research study. Each study dependant on topic would need cross professional and cross sector support. A list can be seen within each of the priorities. Multi- methods studies were agreed to be the way forward.

Question 3: *What specific actions will enable research on this priority question(s) to happen? Identify challenges and solutions.*

Challenges included:

- Drawing the boundaries between professions
- Short term funding arrangements for interventions and grant schemes.
- Focussing on conditions or not.
- Identifying core evaluative measures.

Solutions or enablers included:

- Networks around specific groups.
- Having the right research skills to tackle the research problems.
- Mapping data collection approaches of current social prescribing projects.
- Painting local/regional picture of social prescribing practice.
- Constructing an open dialogue between relevant parties concerning entrenched problems and issues to develop a critical framework for understanding social prescribing.

3.4 The Glossary of Terms

Although participants did engage with the exercise 'singing from the same hymn sheet', it did not identify terms or phrases for the glossary of terms. Instead it provided an opportunity for participants to express their thoughts about an aspect of social prescribing.

3.5 Evaluation of the day

Key messages from the completed evaluation forms included

- The event met participant objectives which were mainly centred on understanding more about research, being involved in setting the research priorities having the time and opportunity to network with a wide variety of people who work in social prescribing.
- Participants wanted to have more time to discuss priorities in some depth.

3.6 The consultation process

Including a critical commentary from members of the public is really important to the development of the research network. This process has taken two forms:

3.6.1 Service Users for Primary and Emergency Care Research (SUPER group) feedback.

The PRIME Centre Wales SUPER group provided an opportunity for Carolyn Wallace to present the network findings on the 27th June 2018. Sixteen members provided the following critical commentary.

- Congratulations on getting the funding to do this piece of work
- Priorities (reported by Carolyn in her slides) may be too broad to be useful – consider making them more specific
- Need a glossary to define terms
- Use terms in a consistent way
- Does Social Prescribing include books on prescription, living libraries, green gyms?
- Define what is Social Prescribing and who is doing it and for whom – just in primary care or also community/voluntary sector?
- Use examples of Social Prescribing to communicate what it is – avoid theory, make it real
- Make assumptions explicit in all communication
- Make it clear what are the outcomes of Social Prescribing – how does it help people?
- Missing theme appears to be reciprocity – feeling of two way relationship between the prescriber and user AND ALSO between individual user and the activity they are prescribed to do

- In Social Prescribing which happens within community networks, there is a risk of professionalising normal community and neighbourhood life and losing the qualities of this being normal
- Risk of conflict/disappointment when people attend a GP expecting a medical treatment and are prescribed a social activity. Could be perceived as a type of social engineering.
- What is broken in a community if networks aren't working and Social Prescribing is needed?
- Layout of a GP surgery can encourage or hinder interaction among people
- Make research themes less 'jargony', don't use buzz words, make them more explicit
- Missing theme – the patient/service user experience of Social Prescribing and how to capture outcomes from a user's experience (note, if miss-match in expectations, then this will affect outcomes and could mask the benefits to an individual)
- Any dissemination materials need to include a clear definition of Social Prescribing
- Healthwise Wales could be a route for dissemination

3.6.2 Wales Social Prescribing Research Network Consultation.

The draft document was distributed to the whole of the network which included the original participants and delegates who did not attend. Ten (n=10) responses were received during the consultation period which occurred between 31st August and 14th September 2018. However it should be noted that one respondent had consulted with a further 12 third sector organisations to provide a full response. All of responses can be seen upon request. In summary the responses to the consultation questions are as follows:

Question 1:
Do you agree with the content of the consultation document?

Respondents who attended agreed that the content of the report was an accurate account of the day. However, some asked that the network considered:

- The local variability of research,
- Whether some of the priorities were 'research' priorities or service development,
- How could the evidence be presented to funders and commissioners for useful decision making purposes?
- None of these priorities take into account the person using the social prescribing service; it's more about the systems and the processes.
- No research questions sought to look at whether social prescribing delivers what people want or need.

Question 2:
Are there any disparities?

Generally the majority of those who attended agreed that there weren't any disparities. Others made comments such as:

- '*It is quite difficult to understand who is speaking for whom – because I wasn't there. And this may well be a positive thing as it is a collaborative effort with health workers, providers, patients and community groups sitting down together*.'
- There was a risk that the voice of the small community based group providing a social prescription was in danger of not being heard because of not recognising what they do is social prescription and also not having the resource to contribute to events like this one.
- The importance of an all Wales approach supporting local interpretation and autonomy was expressed but also the need for general principles for example on evaluation.
- A need for a clearer definition of the concepts and impact the agreed research priority areas are aiming to make.
- The research priorities have little connections and are very broad.
- A need for a clear definition of Social Prescribing. Social Prescribing is understood differently across the third and statutory sector and used indistinctively as a model, scheme or project. A definition of what a Social Prescribing scheme looks like is key to ensuring common understanding.
- A definition of what a Social Prescribing scheme looks like and that it was key to ensuring common understanding.
- That each priority needed to be further explained and explored to reduce ambiguity
- The need to measure social value.
- The meaning of sustainability, and its various aspects. For example it's very important to be able to identify the impact of Social Prescribing on community assets (e.g. community groups, venues, volunteers etc.) as well as identifying the support needs of these community assets to enable them to absorb additional pressures.
- Further research priorities were suggested

    - The impact of social prescribing on third sector services and service capacity and third sector organisation's ability to plan and develop future services.
    - The impact of social prescribing on third sector service users and patients.
    - The impact of the potential broadening scope of referrals received by third sector organisations, particularly small organisations and groups, and subsequent impact on skills and sustainability needed by such organisations.

Question 3:

Are there any areas of research you would like to take forward which are identified in the document?

Some respondents offered to facilitate access to a wide and diverse range of third sector organisations to support research studies. Others expressed an interest in an area of research and will be contacted when we undertake future projects in the following:

- Evaluation
- Working together
- Models
- Stakeholder engagement
- Sustainability of community assets

- Health model v informal community groups and organised third sector groups.
- The role of social prescribing in society and why social prescribing seems so necessary now i.e. 'professionalising normal community life'.
- Wellbeing benefits of purposeful and creative nature-based activities v control group
- Measuring Impact
- Consider the effectiveness of social prescribing for distinct pathways related to specific conditions e.g. pre-diabetes, reducing social isolation, recovery for mental health. This could lead to 'models for success' and provide a more compelling case for funding.

Question 4:

Are there any further suggested actions you would like to add?

Whilst most who attended expressed that this was a good start by bringing everybody together further suggestions provided were as follows:

- Link the research to WISERD https://wiserd.ac.uk/about-us to include researchers with experience of civil society.
- Participate in a debate as to whether 'social prescribing' is the right term to be used. Agree a definition of Social Prescribing methods/ programmes across sectors (e.g. Statutory Sector, Health professionals, Third Sector, community groups).
- Feed the research findings into Welsh Government policy to create impact.
- A discussion about the limitation of social prescribing schemes possibly due to risk aversion and the need for predictable benefits.
- Explore ways to capture localised knowledge and how this is facilitated with raising GP awareness of the community assets available to them.
- Monitor different size of third sector involvement in social prescribing and at different levels of the system.
- Ensure that the network understands the reality of social prescribing by making sure we engage with practitioners and clients.
- Ensure closing of the loop when we look at impact cycle (Learning and improving)
- Each research priority area needs to be further explained, with clear definitions of terms, expected outcomes and impacts on the social prescribing community.

4 Conclusion & next steps

The All Wales Social Prescribing Research Network (WSPRN) has had a successful launch with its first event setting the research priorities and identifying the research themes going forward. There are some clear messages for the network which include working with the developing communities of practice and members of the public in our regional meetings to discuss research priorities in more depth and in detail. Our top three research priorities resonate throughout the data captured. They are focussed on understanding sustainability, an evaluation framework and understanding how we measure the 'critical success factors' of social prescribing. Defining our understanding of social prescribing and our glossary of terms is now understood to be important to members of the public and members of the communities of practice and the WSPRN. Consequently it will be taken forward initially as part of a developing PhD portfolio by one of the steering group members but also for consideration as a topic for future grant funding.

The next steps for the all Wales Social Prescribing Research Network are to:

- Discuss the findings of this report at the next available steering group meeting with a view to including within the network's action plan.
- Plan the next event for 12th December 2018 in Carmarthen focussing on a community of practice chosen research priority.
- Continue to work on the Wales School of Social Care Research expected grant outcomes.

APPENDIX 1- List of participants and consultation contributors

1	Alan Thompson	Conwy CBC
2	Andy Burgen	North Wales Community Health Council
3	Andy Green	Grow Social Capital
4	Anna Prytherch	Rural Health & Care Wales
5	Anne Morris	Interlink
6	Beth Pickard	University of South Wales
7	Carol Owen	Public Health Wales
8	Carolyn Wallace	University of South Wales/ PRIME Centre Wales
9	Ceri Dunstan	Terrence Higgins Trust
10	Chris Jones	Thrive United Welsh
11	Christina Erwin	Cwm Taf University Health Board
12	Craig Lister	TCV (The Conservation Volunteers)
13	Dan Venables	Welsh Government
14	David Evans	Bangor University
15	David Jones	David Jones Associates
16	Deborah Schaffer	Fair Treatment for the Women of Wales
17	Della Powell	University of South Wales
18	Dr Freya Davies	PRIME Centre Wales
19	Dr Rachel Hughes	Office of the Future Generations Commissioner
20	Eleri Lloyd	Mantell Gwynedd
21	Eleri Quayzin	HCRW (Health & Care Research Wales)
22	Elizabeth Woodcock	Bangor University
23	Emma Davies	Torfaen County Borough Council
24	Emma South	Thrive United Welsh

25	Glynne Roberts	Well North Wales
26	Hayley Parker	Torfaen County Borough Council
27	Hayley Pugh	Keir Hardie Health Park, Cwm Taf University Health Board
28	Ian Scale	Pembrokeshire Public Health Team, PHW
29	Jack Martin	Hafal
30	Jade Sallis	Torfaen County Borough Council
31	Jane Holloway	Public Health Wales
32	Joanne Bartlett	Care to Co-operate/Wales Co-operative Centre
33	Joanne Hudson	Swansea University
34	John Gallanders	AVOW (Association of Voluntary Organisations in Wrexham)
35	Joyce Kenkre	University of South Wales/PRIME Centre Wales
36	Judith Stone	WCVA
37	Julia James	Mind Cymru
38	Kale Thomas	GAVO (Gwent Association of Voluntary Organisations)
39	Kay Smith	Learning & Work Institute
40	Kim Sheridan	AVOW
41	Laura Wilson	Public Health Wales
42	Lewis Gwyther	David Jones Associates
43	Liesbeth Beeckman	Social Prescribing Cymru
44	Linda Pritchard	GVS (Glamorgan Voluntary Services)
45	Lisa Kenny	British Red Cross
46	Marco Arkesteijn	Aberystwyth University
47	Margaret Street	Stroke Association
48	Maria Gallagher	Public Health Wales/1000 Lives

49	Marianne Mannelo	Play Wales
50	Mark Griffiths	Public Health Wales
51	Mark Llewellyn	Welsh Institute of Health & Social Care
52	Mark Walton	The Bridges Centre
53	Mary Lynch	Bangor University
54	Matthew Hutcherson	Thrive United Welsh
55	Michelle Herbert	Arthritis Care Wales
56	Michelle Lewis	Citizen's Advice Cymru
58	Neil Williams	Care & Repair
59	Nicola Needle	Monmouthshire County Council
60	Owain Williams	Just add Spice
61	Prof. David Pontin	Aneurin Bevan Chair of Community Health
62	Rachel Gegeshidze	Just add Spice SW Wales
63	Rachel Jones	Cardiff & Vale of Glamorgan Health & Social Care Partnership
64	Rebecca Evans	Pembrokeshire Public Health Team, PHW
65	Rena Sweeney	Bridgend Care & Repair
66	Rhodri Wyn Jones	Welsh Government
67	Robert Thomas	Welsh Government
68	Roiyah Saltus	University of South Wales
69	Ruth Chamberlain	Office Older People's Commissioner for Wales
70	Sally Lewis	Arts Council Wales
71	Sally Rees	WCVA
72	Sandra Hicks	Arts Council of Wales
73	Sara Thomas	Cwm Taf Public Health

74	Sarah Capstick	C3SC
75	Shareen Ali	Public Health Wales
76	Sharon Richards	VAMT
77	Sheila Hendrickson-Brown	Cardiff Third Sector Council
78	Soo Vinnicombe	Bangor University
79	Steven Smith	University of South Wales
80	Susan O' Leary	Mind Cymru
81	Teresa Walters	Tir Coed
82	Thomas James	Wales Co-operative Centre
83	Tracey Roberts Jones	Hywel Dda University Health Board
84	Wayne Jepson	Public Health Wales

APPENDIX 2: Methods

The single consensus day comprised of two methods, a Nominal Group Technique (Kenkre et al, 2013) workshop (am) and World Café Style workshop (pm) (Brown & Isaacs, 2005).

The Nominal Group Technique was facilitated by Carolyn Wallace and supported by members of the steering group David Pontin, Mark Llewellyn, Soo Vinnicombe, Glynne Roberts, Joyce Kenkre, Freya Davies, Emma Davies, and Steve Smith. It had three phases, with the second phase being carried out at the consensus event:

● *Phase one* - Participants were asked via email to talk to colleagues in work and bring with them three priorities for research.

● *Phase two* - During the morning of the event there were 5 rounds of negotiation to achieve consensus, developing a list of research priorities and research themes.

● *Phase three* - After the event, this report will be disseminated to attendees and already identified wider audience within the network who could not attend, for consultation on the findings.

The World Café process (www.worldcafe.com) provided the detailed action plan for each of the research priorities. It was led by Carolyn Wallace & David Pontin with each table named after a single research priority emerging from the morning session and hosted by a member of the steering group who helped to shape the content of each priority discussion and action plan.

A World Café comprises seven integrated principles (Brown & Isaacs, 2005; MacFarlane et al, 2017): set the context, create a hospitable space, explore questions that matter (remembering experience and knowledge, identifying the research team, specific actions to enable the research), encourage everyone's contribution, connect diverse perspectives, listen together for patterns and insights, 'the harvest' sharing collective discoveries. Participants moved around the room to each hosted table in timed 15-20 minute intervals, shaping the conversation as to how the individual research priority could be actioned in response to three rounds of questions:

- *Remembering your experiences and knowledge of [name of research priority] in the context of social prescribing, what are the research questions which need to be asked? If you have more than one question, which research question is the priority?*
- *Who would you include in the research team and why?*
- *What specific actions will enable research on this priority question(s) to happen? Identify challenges and solutions.*

At the end of the afternoon each table shared its collective discoveries through 'the harvest'.

All day networking opportunities were provided during lunch and break times. A network corner provided an opportunity to exchange contact and information details about social prescribing services and practices during lunch and break times. In addition, a 'singing from the same hymn sheet' corner provided an opportunity for participants to share the words and phrases which need to be included in the glossary of terms (appendix N).

The face to face interaction

The background presentations included the following:

- **Sara Thomas** outlined the history of social prescribing and asked 'how did we get here?' She defined social prescribing as '*A framework for linking patients with non-medical needs affecting their health, well-being and ability to self-manage to sources of support within the community'. She* spoke about the past influence of the Bromley-by-Bow centre and highlighted the key events that had occurred in Wales which had led us to developing the research network. In summary, there has been enabling legislation, political support and cross-sector buy-in, which has led to an opportunity to bring stakeholders together to undertake evaluation and research to underpin social prescribing.

- **Steve Smith** gave a general working definition of 'social prescribing in primary care as involves health professionals, such as GPs, referring patients to non-clinical forms of intervention, recognising that s/he has social, emotional and practical needs, which are non-clinical in character' and offered a scale of social prescription practices. Steve asked questions such as:
    - Who promotes social prescription?
    - What are their main premises?
    - Where might a focus on process in social prescription take us in practice and theory?

  He then identified the research gaps and critiques from his review of the literature. He explained that systematic reviews have shown that the vast bulk of research identifying the positive effects of social prescribing on patient's health and well-being have been based on non-controlled before and after studies. It is difficult to establish whether cost-savings are made as a direct result of social prescription plus there seems to be possible increase in patient demand on NHS after their social prescription. There were also gaps in evidence in social prescription content versus focussing on the process of social prescription. He concluded by suggesting that co-production and relational integrity where two areas where we could focus some of our future work.

There were five rounds of consensus within the morning's structured workshop where participants undertook the following which resulted in agreed research priorities:

1. Individuals wrote down their three identified key priorities for research, training and support on green paper.
2. Participants paired with another person and presented their ideas to each other. Then jointly agreed on the most important three ideas out of the six originally presented. They wrote these three ideas onto the pink paper provided.
3. Participants regrouped with another pair of participants (who had completed the same process) presented and discussed their collective six ideas. The four together then narrowed the six ideas down and agreed three ideas. These were then written onto the yellow paper provided.
4. Participants regrouped with another four participants who had completed the same process, presented and discussed their collective six ideas. The eight together then narrowed the six ideas down and agreed three ideas. These were written down on the blue paper provided.
5. Participants regrouped into three groups of uneven numbers, then presented and discussed their collective ideas. The participants then narrowed their ideas down to three agreed ideas. These were then written on the red paper provided.