
CONFERENCE ABSTRACT

Implementing and embedding Social Prescribing successfully: what works, for whom and in which context?

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Background: Integrating healthcare and social care is necessary because a substantial proportion of primary care clients receive unnecessary healthcare (not tailored to their social needs) which can lead to undesirable costs. Social prescribing is an innovative approach for more holistic person-centered care and aims to address clients' social determinants of health. Often social prescribing services include link workers who support primary care patients to access community and voluntary care services. The aim is to replace the medical approach with a social approach to address patients' needs. Previous literature has provided basic insights into how social prescribing can be implemented, especially in the early stages of implementation. Though little is known about how social prescribing can be fully embedded. This study provides guiding principles by which social prescribing can be implemented and embedded successfully and identifies which contextual factors and mechanisms influence these guiding principles.

Methods: We conducted a Rapid Realist Review to understand what works, for whom in which context. This review consisted of three steps. The first step was to align the research questions with those of health/cure and care organizations. A local reference panel consisting of national organizations gave advice on the research questions and search strategy. Then, based on these questions a systematic search of the international peer-reviewed literature was conducted. Finally, a panel discussion was organized, engaging Dutch health care professionals working with social prescribing, to discuss what the international insights mean for their local contexts. This input helped to refine the literature review's findings.

Results: Preliminary results provided insight into what is needed for implementing and embedding social prescribing after a pilot phase. For example, investing in a change of culture mindset, enabling trust between health/cure and care professionals, creating facilitative conditions for professionals to work with social prescribing in daily practice. In this paper more detailed insights will be presented on the facilitators and barriers mechanisms for implementing and embedding social prescribing in healthcare and how they operate in different contexts.

Discussion: Internationally, social prescribing has gained more and more attention, and first implementation best practices have been identified. However, we found that different types of social prescribing interventions were implemented. We will reflect on how the guiding principles relate to the implementation and embedding of these different types of interventions.

Conclusion: Implementation and embedding of social prescribing is experienced as challenging, because of local differences in context, such as different populations and the way in which care is organized. The retrieved insights demonstrate which principles can be followed for implementation and embedding of social prescribing, for whom and in which context.

Lessons Learned: We developed guiding principles for the embedding of social prescribing, and we provided insight into what this means for the context in the Netherlands.

Suggestions for future research: Despite the increase in implementation, there is little knowledge on the effectiveness of social prescribing on health and wellbeing outcomes of patients, and changes in healthcare use. Future research should focus on gaining insight into the effectiveness and impact of social prescribing.