



**Trinity College Dublin**  
Coláiste na Tríonóide, Baile Átha Cliath  
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# The impact of Social Prescribing on General Practice use

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What is Social Prescribing?

- Social Prescribing is a mechanism for linking people with non-medical sources of support within their community to improve physical, emotional and mental well-being.



- 4 partner practice
- Servicing an area including areas of significant deprivation
- Social Prescribing since 2016



# Why did we start Social Prescribing?

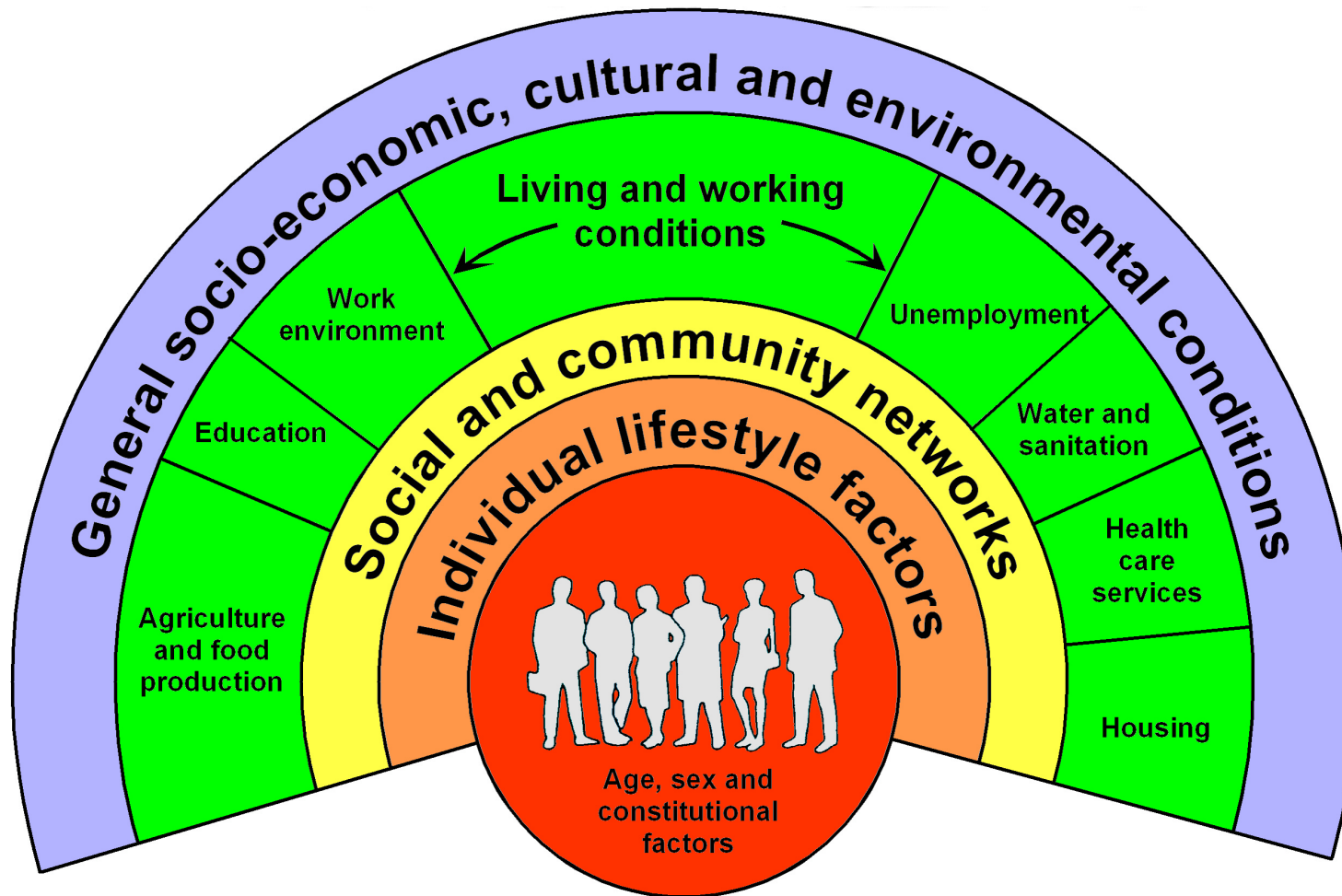
- Many patients seemed to be attending very frequently, what were we missing?



In Jan-Jun 2017, 19% of patients  
accounted for 50% of consultations

# Why did we start Social Prescribing?

- Many consultations involved social issues and the stress and anxiety associated with them, e.g. isolation, unemployment, housing issues, addiction issues



Social determinants of Health – 40% of our health outcomes are determined by socio-economic factors

Source: Dahlgren and Whitehead, 1991

Why did we  
start Social  
Prescribing?

- We did not know how to help





Brenda Nolan, Social  
Prescriber

- Spent 3 months researching links in the area, 350 resources now identified
- Bespoke software
- One to one assessment
- Follow up visits/phone calls as required
- Case is deemed closed when patient has successfully linked in with the community resource
- >300 patients helped since 2016



## The consultation

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- Patient's narrative guides us
- We have more answers now
- Protecting empathy

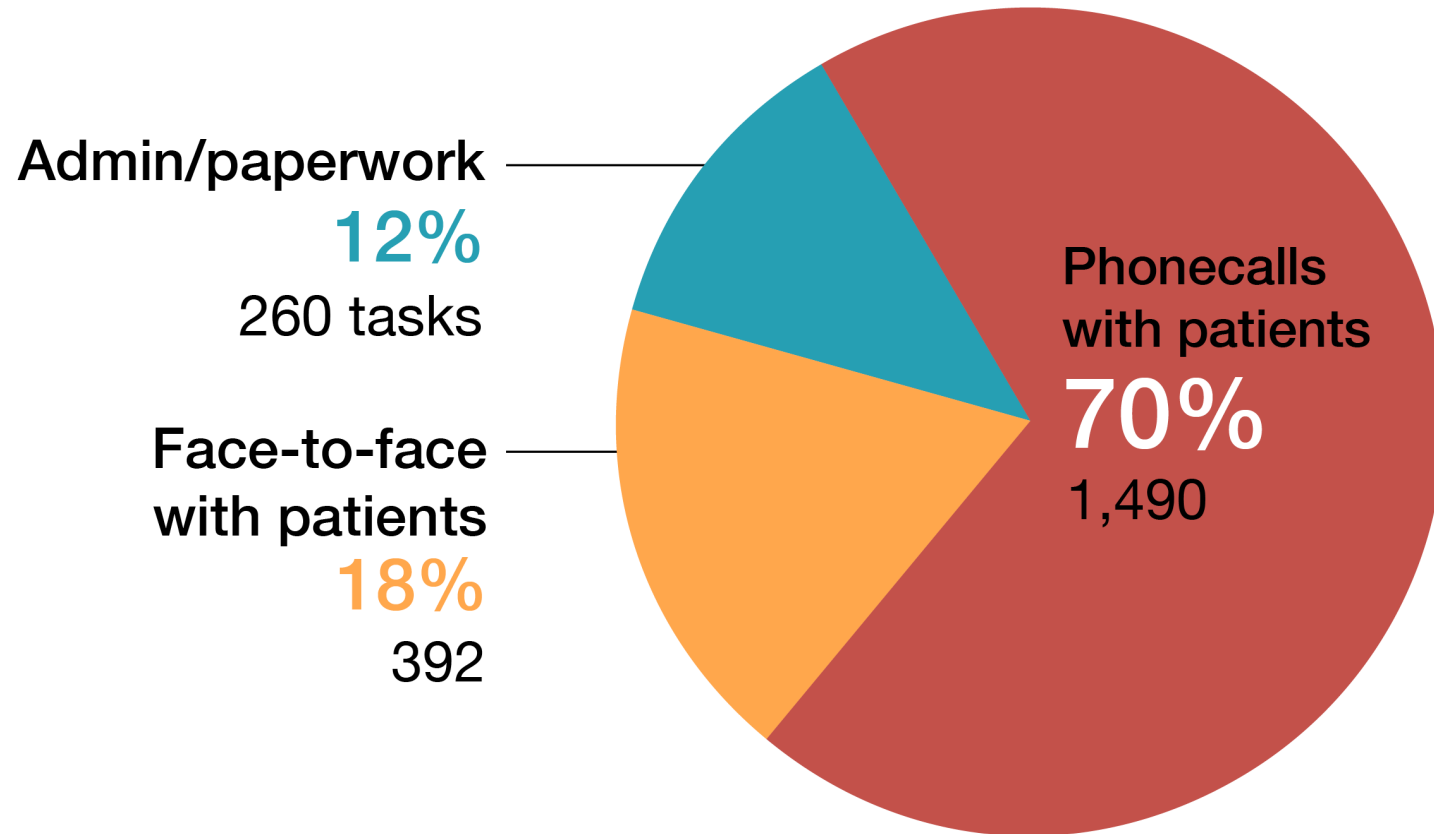
# Counting Social Prescribing Activity

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- >300 patients helped to date
- >350 resources identified
- 3 days on average to first review
- Cases remain open for 6 months



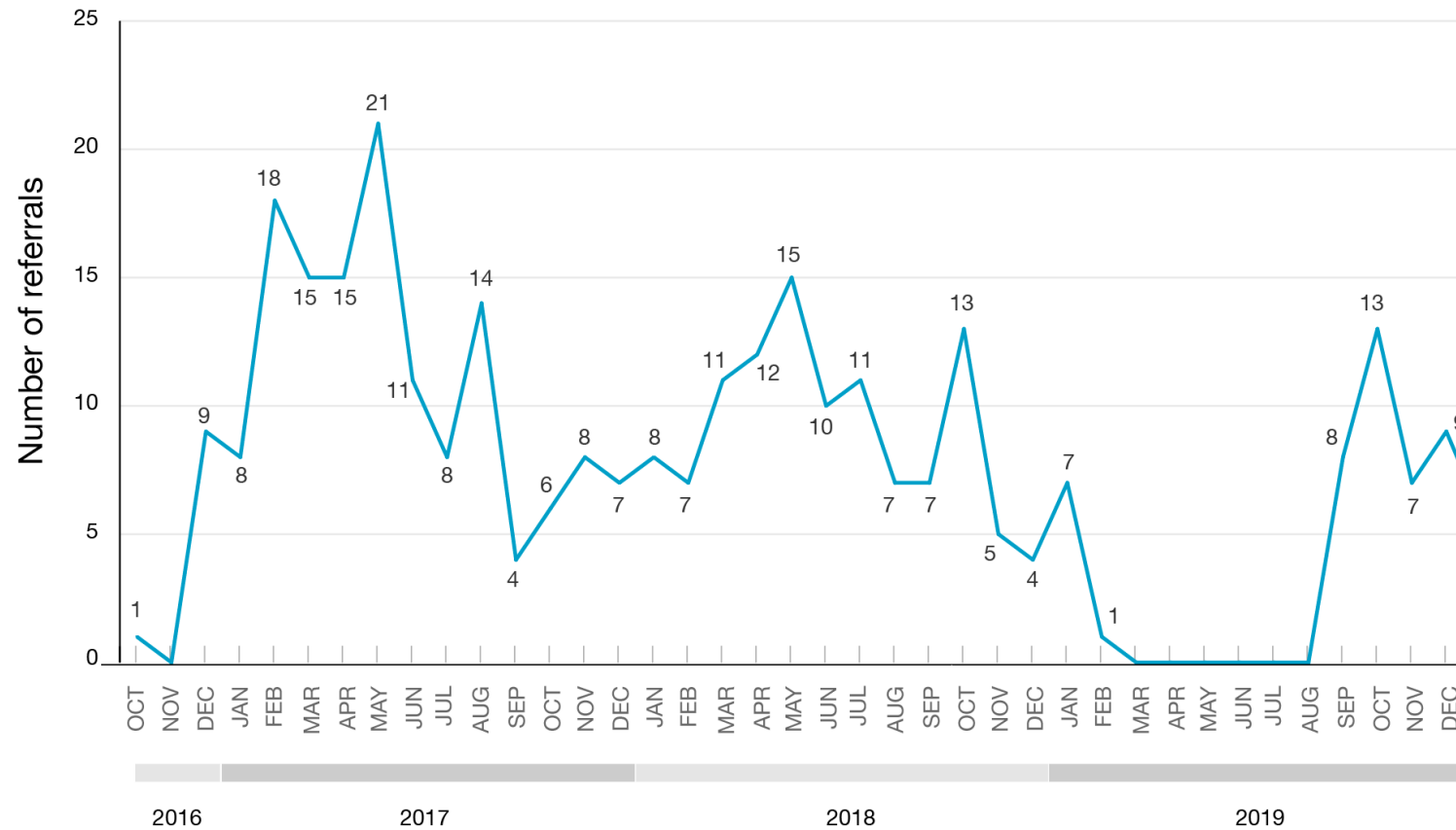
### Social Prescriber activity by type



Social  
Prescriber  
Activity

## Number of referrals to Social Prescribing per month to date

Total 306, average per month 9



Social  
Prescriber  
Activity

What else can we learn?

- Who avails of Social Prescribing?
- What services do they need?

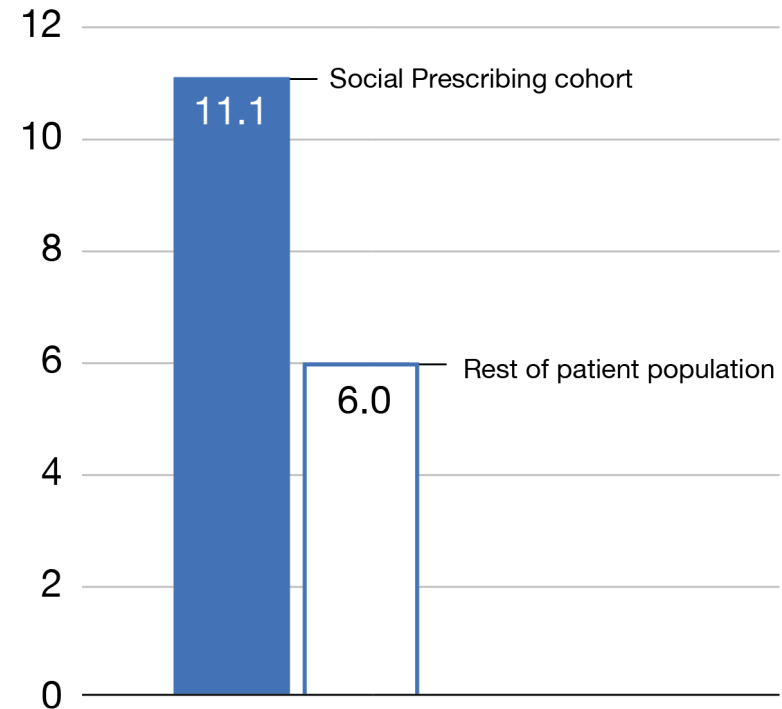


# Consultation rates

- Those who availed of Social Prescribing were attending almost twice as frequently as their peers in 2016

## Average number of GP attendances per patient/year, 2016

Social Prescribing cohort (n=187) vs rest of practice population (n=2,073)

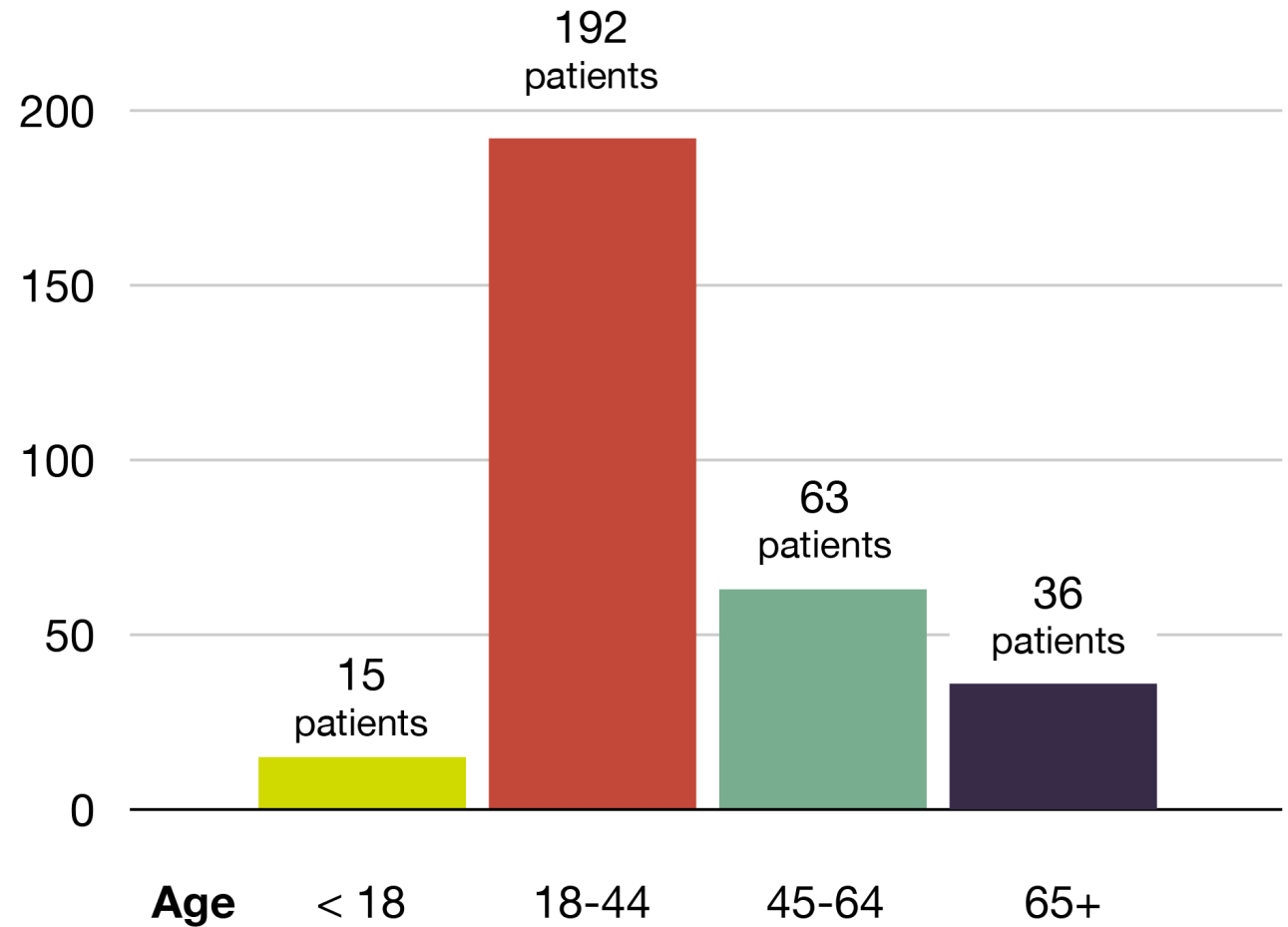


# Age

- They were young, mainly between 18-44

## Age ranges of Social Prescribing patients

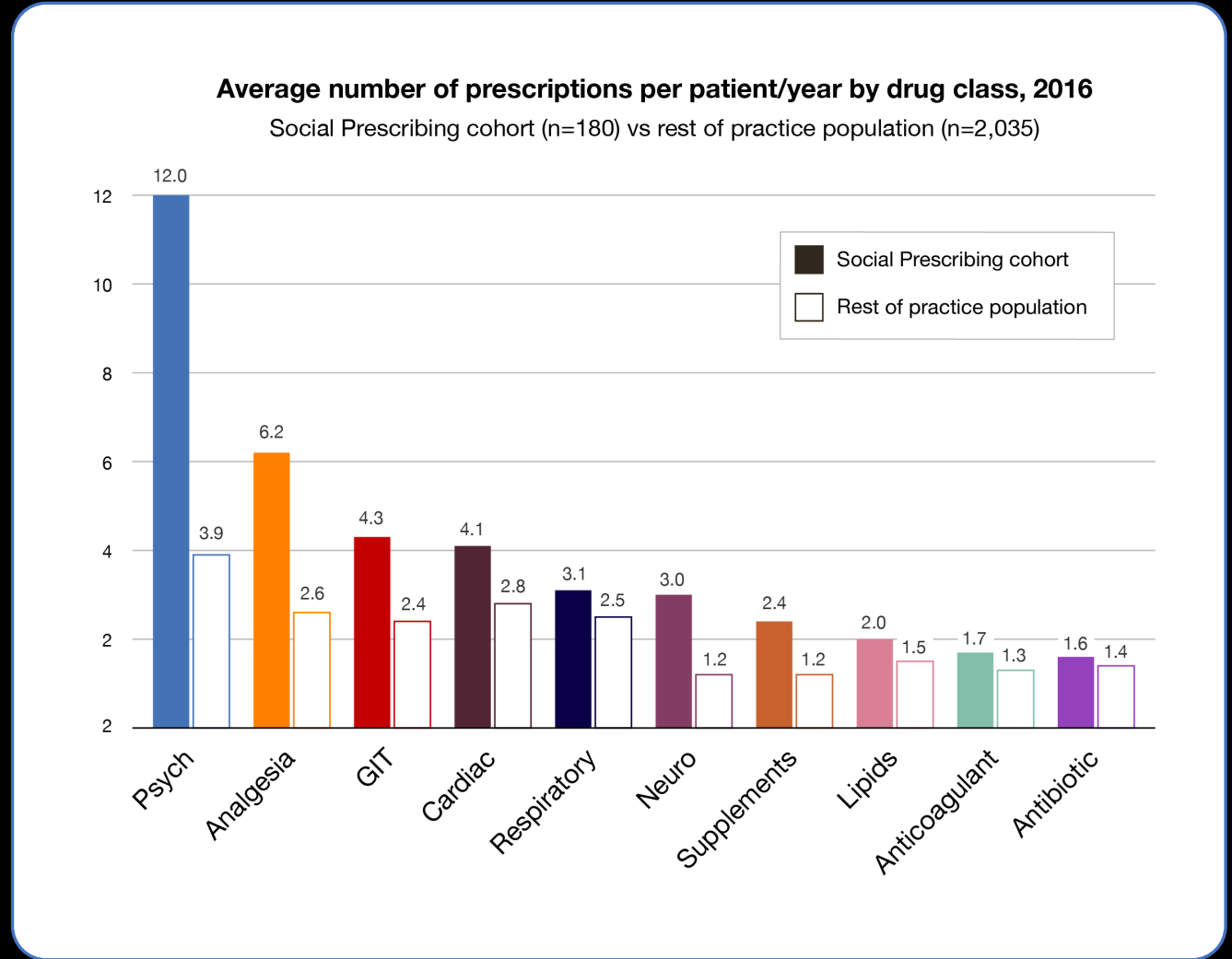
n=306



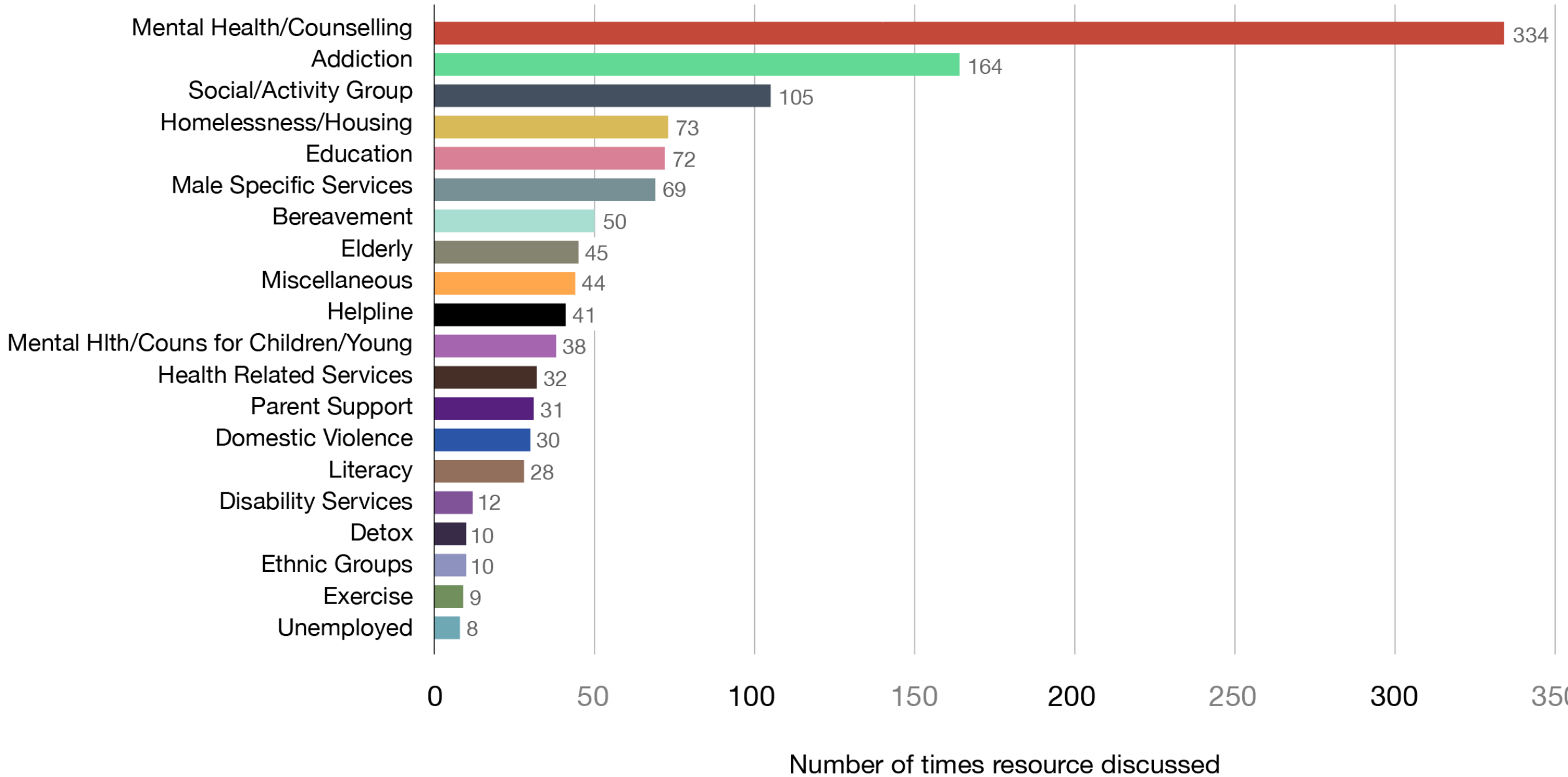


# Medication

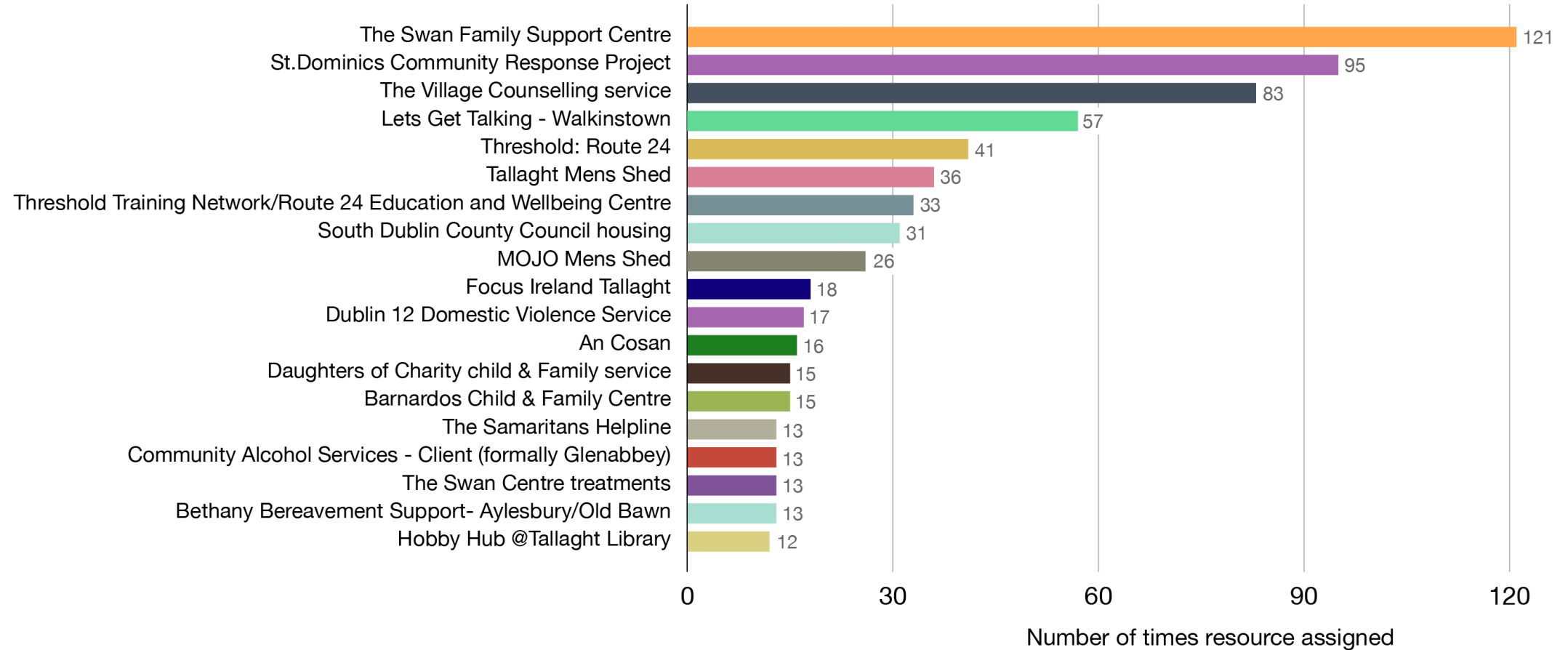
- Those who availed of Social Prescribing were much more likely to be in receipt of mental health linked prescriptions



## Number of Social Prescribing resources discussed to date by resource-type



# Resources – by name

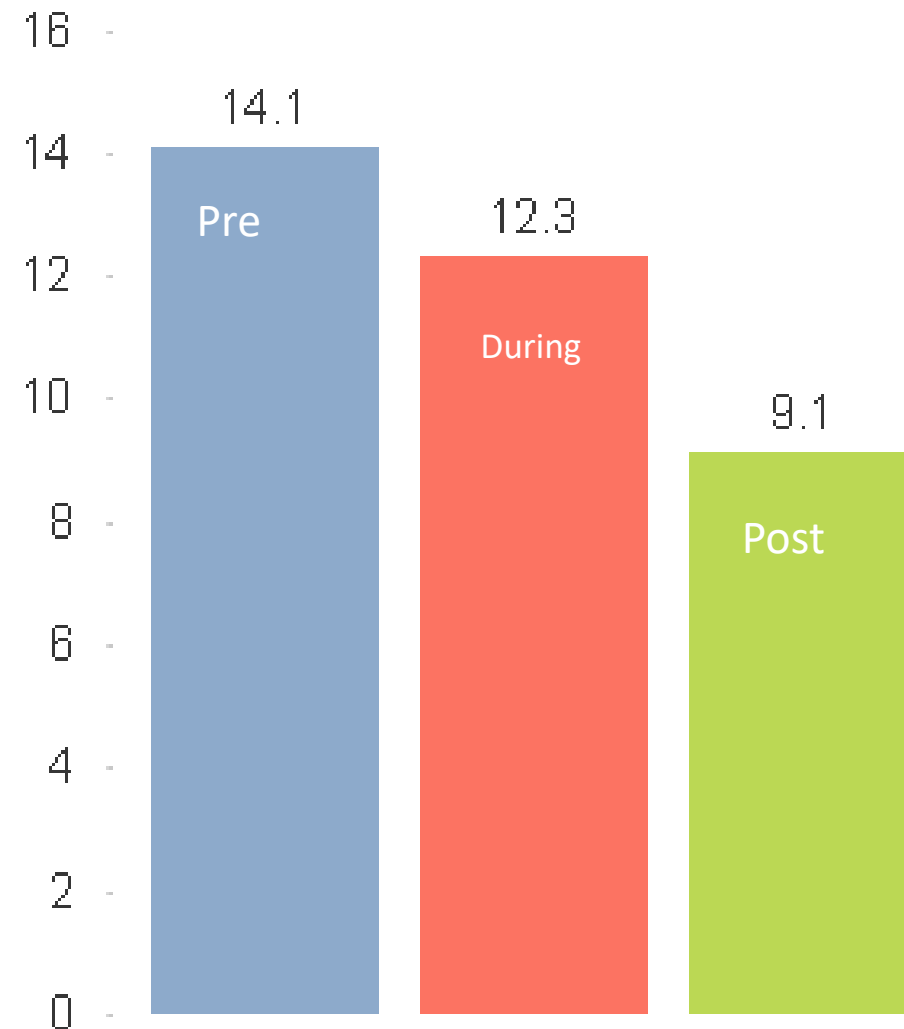


# IMPACT

Social Prescribing cases in 2017/2018:

- 35% reduction in consultation rates
- Reduction of almost 1000 GP consultations over 2 years

Rate (Annual Visits) by Status of case





# Themes from the cases...

- Opportunities for greater connectedness
- Support to help deal with sadness, grief, anxiety
- Tools to help manage addiction
- Helping hand in navigating bureaucracy in relation to housing, employment, education
- A sense of purpose...



## Reflections

- Highlights the mix of Social Determinants that are unique to the community
- Offers real-world solutions, instead of sometimes relying on medication
- Links people with Social Capital
- Protects doctor empathy, a risk in areas of high social deprivation
- Accessible to those who may benefit the most – challenging the Inverse Care Law

Credits: Dr Mike O'Callaghan, Dr Dylan Creane  
Data analytics and visualisation

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