

Public Health Practice Evaluation Scheme

Addressing the challenges faced by 'front line' practitioners

Ways to Wellness: feasibility study of the impact of a social prescribing intervention

M Steer¹, K Laing¹, S Moffatt¹, Linda Penn¹, N O'Brien¹, T Case²

Background

- Social prescribing comprises non-medical interventions to achieve sustained lifestyle change and improved self care among people living with long term conditions.
- Ways to Wellness is delivering Link Worker (LW) based social prescribing over a 7 year period to 11,000 people with long term conditions living in a socially deprived area of Newcastle-upon-Tyne, North East England, that have been referred by primary care.
- LWs offer personalised support to achieve lifestyle change, improve self-care and facilitate access a wide range of community based services.

Aims

1. To examine the feasibility, acceptability and response rate of self-completion questionnaires.
2. To examine changes in outcome measures between baseline (before first meeting with LW) and 3 month follow-up. Baseline has been completed and follow-up is ongoing.

Methods

- Self completion questionnaires comprising the following outcome measures: (1) quality of life (EQ5-D); long term condition management (LTC 6); depression (PHQ 8); anxiety (GAD 7) and loneliness & social isolation (De Jong Gierveld).

Key baseline data results

- Response rate 30% (n=102). 60% female, 92% white British

- Respondents displayed **complex mental health needs**: 21% reported **extreme anxiety or depression**; 35% felt tired or had **little energy nearly everyday** over the last 2 weeks, 21% felt afraid as if **something awful might happen nearly everyday** for the last 2 weeks



- Respondents indicated **poor self reported health status**. When asked to rate their own health on a scale of 0 (best possible) to 100 (worst imaginable). 59% **rated themselves as 50 or above**.
- 32% **were not confident they could manage their own health**

Interim conclusions

This study highlights the challenges of obtaining a high response rate to a self-completion questionnaire in a population with poor physical and mental health, living in a socially – economically deprived area and who have been referred to a social prescribing intervention. The follow-up phase is on-going, participants are being offered two reminders to maximise response rate.

¹ Institute of Health and Society, Newcastle University,

² Ways to Wellness (<http://waystowellness.org.uk/>)



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The NIHR School for Public Health Research (SPHR) is a partnership between the Universities of Sheffield, Bristol, Cambridge, Exeter, UCL; The London School for Hygiene and Tropical Medicine; the LiLaC collaboration between the Universities of Liverpool and Lancaster and Fuse; The Centre for Translational Research in Public Health, a collaboration between Newcastle, Durham, Northumbria, Sunderland and Teesside Universities.

The research was funded by the NIHR School for Public Health Research (SPHR) Public Health Practice Evaluation Scheme (PHPEs) which operates in collaboration with Public Health England. The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health.



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