



National Association of Link Workers
CONNECT LINK

10 things NHS need to get right to properly implement social prescribing nationally

1. **Social prescribing is complex:** Whilst funding is important, we must avoid mandated approaches which reduce complex human processes to a series of mechanical steps. Social prescribing is about building relationship and trust which takes time.
2. **Social policy:** we need to think broader about the social and wider determinants of health and social policy addressing these. Otherwise we are scratching the surface. Social prescribing link worker cannot perform magic, we need an honest conversation across government departments about policies that are unhelpful or hindering positive social prescribing outcomes.
3. **Evaluating impact** needs a different approach to the typical linear, cause and effect method the NHS typically uses. Otherwise the danger is we end up measuring the wrong things, not those that matter to people. This can lead to a perception of failure of social prescribing. There appears to be too much pressure on PCNs to measure outcomes too soon to justify the investment, this doesn't reflect the reality on the ground regarding how long and what is required to get the outcomes. It also does not take into account that most complex interventions require multiple people / organisations to play a role in those outcomes.
4. **A joint commissioning approach** is needed as NHS is not the only funder in social prescribing. This is about NHS joining others who are already funding social prescribing link workers. The number of existing social prescribing link workers far exceeds the current NHS link worker funding commitment for 2019/2020.
5. **Lack of emphasis on coproduction:** There isn't wide enough recognition of the importance of coproduction. Patients and link workers are key to successful social prescribing outcomes, yet policies have not been informed by them. The success of social prescribing relies on the success of link workers to maintain public confidence in social prescribing link workers. The [code of practice for social prescribing](#) developed by the National Association of Link Workers is non-model specific, which increases consistency in professional practice, ensures professional competence and public confidence.
6. **Key learnings** have not been acknowledged by policy makers and we risk relearning mistakes and wasting taxpayers money. NHS must acknowledge,

learn from what has gone on before, collaborate and not try to reinvent the wheel.

7. **Duplication:** by separating the new 1000 link workers in primary care networks from existing link workers, we are concerned that unhelpful and unnecessary bureaucracy is being created and that may increase inequality and risk to patient safety.
8. **VCSE:** Without support and funding the Voluntary, Community and Social Enterprise (VCSE) sector's role in social prescribing will be unsustainable. [74% of link workers who responded to our survey in 2019](#) identified a lack of funding in the community was the biggest challenge to their role. VCSE provide support to the person beyond link worker. Therefore, it is essential that they are able to do this.
9. **Social Prescribing Link Worker workforce:** much thought needs to go into making link working attractive; link worker pay equity, workload, retention, training, peer support and wellbeing. As well as consideration for the role of volunteers.
10. **Understanding the value social prescribing link workers bring:** Primary Care Networks need to be allowed time to understand the role and value social prescribing link workers would bring to their practice and local population and what is required. As the funding to employ a link worker isn't ring fenced, we are concerned that a lack of understanding could result in preference to substitute between link worker and other roles. Furthermore, recruitment for link workers should not be reduced to a tick box exercise. Whilst, financial incentive is good, it would not be enough to properly implement social prescribing nationally. Ensuring understanding of the value link workers bring and invoking the intrinsic motivation of primary care networks, communities and patients is essential.