

Impact case study (REF3)

Institution: University of Gloucestershire		
Unit of Assessment: UoA C-24 Sport & Exercise Sciences, Leisure & Tourism		
Title of case study: Social Prescribing in Primary Care		
Period when the underpinning research was undertaken: 2009 to date		
Details of staff conducting the underpinning research from the submitting unit:		
Name(s):	Role(s) (e.g. job title):	Period(s) employed by submitting HEI:
Dr Rachel Sumner Prof David James	Senior Lecturer Professor of Exercise Science	2016 onwards 1997 onwards
Period when the claimed impact occurred: 2014 to date		
Is this case study continued from a case study submitted in 2014? Yes		
<p>1. Summary of the impact (indicative maximum 100 words)</p> <p>Leisure-based prescriptions in primary care ('social prescribing') for improving health & wellbeing are better understood, better implemented, and more widely commissioned as a result of our research. Critically, objective and subjective patient benefits are repeatedly demonstrated from social prescribing care pathways fundamentally informed by our research. An iterative action research and impact model is adopted, where the researchers are funded to be involved in the prescription care pathway design from the outset, with the evaluation informing future commissioning and evaluation approaches. The case study demonstrates impact from the end-user up to the policy level. Programmes have adopted our evidence to enhance delivery and outcomes, and more national-level implementation of social prescribing modalities in primary care have been supported by the evidence generated from the unit. Beyond, it has been included in international discussions regarding the use of social prescribing. The research has been funded by commissioners and a range of health trusts, public and third sector organisations. Ranging from the inclusion of social prescribing as part of the NHS Long Term Plan, to more local commissioning and practice advances, the impact now has national reach, with Gloucestershire internationally renowned as leading in this field of public health.</p>		
<p>2. Underpinning research (indicative maximum 500 words)</p> <p>This social prescribing research builds on the international reputation and impact of the Unit's research on exercise on prescription in the late 1990s and 2000s (e.g., 8), and the subsequent research on health care pathways involving physical activity from 2010, to some of the earliest large-scale observational studies of arts on prescription in the 21st century (e.g., 6, 7). More latterly, our reputation has drawn in other significant commissioners, including the Wildlife Trust health partnering for nature prescriptions, and Macmillan for cancer patient arts therapy.</p> <p>Poor mental health is the second largest source of disease burden in England (Public Health England, 2019), and is associated with a variety of physical health indicators. Poor mental health intersecting with physical health issues can also drive up the cost of healthcare spending per patient by as much as 50% (NHS England Mental Health Taskforce, 2016). Over many years, our Unit's expertise and track-record in the application and impact of leisure-based prescriptions in health has now placed us at the forefront of advancements in the growing social prescribing movement in primary care, with notable contribution to the July 2017 All-Party Parliamentary Group Arts, Health & Wellbeing Inquiry Report.</p>		

A selection of research outputs are provided in section 3. To quote from one of our testimonials, the convenor of the Arts, Health & Wellbeing special interest group of the Royal Society for Public Health, “*I would say that nationally and probably internationally, the Artilift evaluation is regarded as a beacon in relation to the whole concept of social prescribing. Certainly, I know that in the context of the recent training provision for link workers within the social prescribing initiative for England, the work of University of Gloucestershire has been flagged up as a very important source of evidence on the value of this kind of activity. In a recent review of social prescribing, the authors reached the conclusion that, as yet, there is not very much published evidence on social prescribing aside from that produced by University of Gloucestershire.*” Over five commissioned UK-based funded research projects have led to these outputs, and outcomes have been presented both nationally and throughout the European Union. The presented body of research dates back to 2009, showing the evolution of social prescribing research, and the growing interest in arts, wider wellbeing, and nature.

Adopting an iterative action learning and impact research model (a genuinely non-linear co-production approach), researchers were always funded to design the intervention as well as the evaluation, and then evaluation learning was fed into future commissions. Learning was informed by objective and subjective patient outcomes and benefits, as well as pathway design factors. Critical to commissioners was the overall efficacy and cost-benefit implications. Examples of learning included the potential to shorten the duration of these expensive interventions whilst maintaining the efficacy. Similarly, better targeting of the interventions based on patient sociodemographic and medical history resulted from the research. This combination of both process and outcome evaluation within a co-production environment, resulted in rapid advances in funding, practice and patient benefit.

The body of research provides an authoritative evidence base that is routinely cited in national policy for social prescribing in primary care, including for the first time in the field prospective observational studies with large participant cohorts (n=245 to 1297) and drawing on epidemiologic quantitative analysis techniques (e.g., **1, 3, 5**). This is novel in this field of research, with no other studies of this size or complexity. To explore further the patients’ and other actors’ experiences and perspectives, a range of qualitative approaches have been adopted, drawing data from this large body of participants (e.g., **2, 4**). The combination of findings from all research approaches can sometimes reveal novel insight (e.g., **2**) that is not possible from the approaches in isolation. In particular, some of these findings have moved our work into the further contemporary areas of wider wellbeing (given the social isolation dynamics, for example) and nature (given the uptake rates and overall efficacy for arts).

3. References to the research (indicative maximum of six references)

1. **Sumner, R.C.**, Crone, D.M., Hughes, S. & **James, D.V.B.** (In Press – accepted 17/12/2020 repository link [here](#)). Arts on prescription and their impact on anxiety and depression. *Public Health* (IF: 1.774)
2. Hughes, S., Crone, D.M., **Sumner, R.C.**, & Redmond, M. (2019). Understanding wellbeing outcomes in primary care arts on referral interventions: A mixed method study. *European Journal for Person Centred Healthcare*, 7, (3), p.530-539
3. **Sumner, R. C.**, Crone, D.M., Baker, C., Hughes, S., Loughren, E.A. & **James, D.V.B.** (2019). Factors associated with attendance, engagement and wellbeing change in an arts on prescription intervention. *Journal of Public Health*, Apr 8. (IF: 2.296)

4. Redmond, M., **Sumner, R.C.**, Crone, D.M. & Hughes, S. (2018). "Light in dark places": Exploring qualitative data from a longitudinal study using creative arts as a form of social prescribing. *Arts & Health*, 1-14. (IF: 1.179)
5. Crone, D.M., **Sumner, R.C.**, Baker, C.M., Loughren, E.A., Hughes, S. & **James, D.V.B.** (2018). 'Artlift' arts-on-referral intervention in UK primary care: Updated findings from an ongoing observational study. *European Journal of Public Health*, 28, (3), p.404-409. (IF: 2.234)
6. Crone, D. M., O'Connell, E. E., Tyson, P. J., Clark-Stone, F., Opher, S., & **James, D. V.** (2013). 'Art Lift' intervention to improve mental well-being: An observational study from UK general practice. *International Journal of Mental Health Nursing*, 22(3), 279-286 (IF:2.383).
7. Crone, D., O'Connell, E., Tyson, P., Clark-Stone, F., Opher, S. and **James, D.V.** (2012) 'It helps me make sense of the world': the role of an art intervention for promoting health and wellbeing in primary care—perspectives of patients, health professionals and artists. *Journal of Public Health*, 20 (5). pp. 519-524.
8. **James, D.V.**, Mills, H., Crone, D., Johnston, L.H., Morris, C. and Gidlow, C.J. (2009) Factors associated with physical activity referral completion and health outcomes. *Journal of Sports Sciences*, 27 (10). pp. 1007-1017.

4. Details of the impact (indicative maximum 750 words)

The recognition of the impact of the Unit's research at a national level is exemplified by this quotation from the Chair of the Royal College of General Practitioners, Prof Helen Stokes-Lampard in 2019: *"for me to be able to wholeheartedly encourage NHS England and Government to support initiatives – as time has gone on, the evidence base has widened considerably and you are an important part of that. As a result of our combined efforts, this means that we now have Social Prescribing specifically mentioned within the NHS Long Term Plan for England and Social Prescribers are being funded as part of the 2019 GP Contract, a 5-year settlement for the profession. Thank you for your ongoing research and interest in this area and I look forward to reading more of your inputs in the coming years."*

Furthermore, the All Party Parliamentary Group on Arts for Health inquiry report (2017) had a special whole page 'exemplar of innovation in health' based on the Gloucestershire model of arts commissioning for health, and the integration of research evaluation by the Unit from the outset **(A)**. The significant impact of the research is also evident from the WHO Report **(B)**, What is the evidence on the role of the arts in improving health and well-being? A scoping review (Fancourt, D., & Finn, S., 2020). This report shows the importance of the unit's research in the emerging international focus of social prescribing, and its gaining momentum as a key source of support for patient health and wellbeing beyond the UK.

The research-impact relationship is iterative, based on a co-production model. The commissioning of evaluation at the same time as care pathway design, leads to rapid implementation of evaluation findings, and subsequent benefits for future commissioning, and the patients and other actors. On behalf of the Royal Society for Public Health, Arts, Health & Wellbeing Special Interest Group **(C)**, the convenor, Prof Stephen Clift outlines the impact of the research. *"I have been impressed with the data collection for many reasons. The first is that the numbers of patients they have been able to follow has increased, and so it is in the order of several thousand now across the county. Secondly, they have been able to gather information on different models of delivery to provide important evidence for practice. They have also been able to look at different art forms, because Artlift offer different kinds of arts activity and some*

might suit some people better than others. They have been very good making use of widely used validated standardised instruments for assessing wellbeing. One of these is the Warwick Edinburgh Mental Wellbeing Scale. They have recently been able to supplement that with more clinically oriented measures of anxiety and depression, again, showing positive results. All of these studies have produced a solid evidence base that people clearly benefit from participation. They have also been able to look at repeated cycles of referral. This kind of re-referral is a very important aspect of these kinds of projects and UoG's work has been able to capture that. The other thing I would say is very strong, is that UoG has also gathered a lot of qualitative feedback. They have collated and analysed a lot of narrative accounts from people accessing these programmes, and it is very clear from what people have to say, that they have benefited. This type of evidence gives greater insight into how these interventions work, what the kind of processes are that lead to benefits for people in terms of their wellbeing."

Clinical Lead for Social Prescribing at NHS Gloucestershire Clinical Commissioning Group (D), Dr Simon Opher MBE, further exemplifies the co-production model. *"The evaluation was done as a co-production as we developed the arts on prescription service."* In his testimonial, he also goes on to explain the national impact of the research conducted within Gloucestershire. *"On a national level, I think the research influenced people who were looking at new ways of working. The new reformed GP contract from the NHS, providing primary care networks with the ability to set up their own social prescribing schemes, partly came from the work in Arts and Health, and that work has been very much contributed to by work in Gloucestershire, so it definitely had a big impact nationally."*

The significant impact of the research for Clinical Commissioning has been outlined by the Senior Programme Manager, Social Prescribing & Cultural Commissioning, Gloucestershire Clinical Commissioning Group (E), Ms Jules Ford. The Head of Public Health and Wellbeing, West Berkshire (formerly Gloucestershire) Clinical Commissioning Group (F), Mr Matthew Pearce, explains how integrated the research evaluation model has become, and how influential it is now beyond Gloucestershire. The Executive Director, Artilift (G), Ms Cath Wilkins, also supports that national reach of the impact of the research, illustrating how Gloucestershire is now a leader in the field, and novel in the underpinning evidence to inform practice.

The impact to the end-user is emphasised and made possible by the iterative action research and impact model adopted by the research team. Here, social prescribing programmes have been refined and improved through these iterative processes to provide meaningful and profound impact to the end users. This is outlined by Macmillan's Professional Development and Knowledge Manager, Ms Libby Potter (I): *"The work UoG undertook helped me hugely to understand the role of social prescribing and the potential for something like Flourish to be something that could be prescribed. Because we were able to identify the particular features and benefits via the research, we could then apply that to the person and what matters to them particularly."* The impact on both patient-participants and the NHS is also echoed by Dr Simon Opher MBE (D), who alongside being the clinical lead for social prescribing in Gloucestershire, is also a local GP: *"the effects on patients have been varied but quite profound, so that people have actually felt better in themselves having completed the Art Intervention, they have got lower rates of consulting their GP (which I have personally seen, as a GP). They often do not need other agencies once they have engaged in the arts project, and they also quite often have carried on doing art outside of their prescribed course. That is really a fantastic outcome for the NHS because it means that we do not have to fund continuing therapy that is working for*

patients, and it has allowed a degree of patient autonomy as well.”. Ultimately, without the research from the unit many of these services would not be commissioned, nor continued, nor extended to use as models for UK social prescribing provision to make these profound impacts on the lives of UK primary care patients.

The impact of the research is also now well beyond arts, with the Head of Community Programmes, Gloucestershire Wildlife Trust (**H**), Ms Lorna Fox, illustrating how the research has informed nature prescriptions in Gloucestershire, and also now influence national nature and health policy. Similarly, the Macmillan Senior Learning and Development Manager for South West & Midlands (**I**), Ms Libby Potter, illustrates how cancer patient therapy is now embracing Arts, and the profound impacts on the patients’ wellbeing and identity, and sense of purpose. Photography is also now featuring as a growing intervention, particularly involving nature, with the Director, Look Again (**J**), Ms Ruth Davey, showing how enterprises are already building in the prior evidence and evaluation models developed through the Unit’s research to enhance practice and optimise benefits for the end users.

5. Sources to corroborate the impact (indicative maximum of 10 references)

- A. **All Party Parliamentary Group on Arts for Health inquiry report (2017):** Creative Health: The Arts for Health & Wellbeing (see: <http://www.artshealthandwellbeing.org.uk/appg-inquiry/>) - citing the Unit’s research on p.49
- B. **WHO Report**, What is the evidence on the role of the arts in improving health and well-being? A scoping review (Fancourt, D., & Finn, S., 2020)
- C. **Royal Society for Public Health**, Arts, Health & Wellbeing Special Interest Group, Prof Stephen Clift (convenor) - testimonial
- D. **Clinical Lead for Social Prescribing at NHS Gloucestershire Clinical Commissioning Group**, Dr Simon Opher MBE
- E. **Senior Programme Manager, Social Prescribing & Cultural Commissioning, Gloucestershire Clinical Commissioning Group**, Ms Jules Ford
- F. **Head of Public Health and Wellbeing, West Berkshire (formerly Gloucestershire) Clinical Commissioning Group**, Mr Matthew Pearce
- G. **Executive Director, Artlift**, Ms Cath Wilkins
- H. **Head of Community Programmes, Gloucestershire Wildlife Trust**, Ms Lorna Fox
- I. **Macmillan Senior Learning and Development Manager for South West & Midlands**, Ms Libby Potter
- J. **Director, Look Again**, Ms Ruth Davey