

National  
Academy  
for Social  
Prescribing

## Rethinking Medicine Through Personalised Care and Social Prescribing

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# The problem...

**1 in 5** doctor appointments =  
pure social reasons

**1 in 4** emergency admissions =  
medication side effects

**6/10** people have at least **one**  
chronic condition

**4/10** people have a **two or more**  
chronic conditions



## Chapter 1: A new service model for the 21st century

This chapter therefore sets out **five major, practical, changes** to the NHS service model to bring this about over the next five years:

1. We will **boost 'out-of-hospital' care**, and finally dissolve the historic divide between primary and community health services.
2. The NHS will **redesign and reduce pressure on emergency hospital services.**
3. People will get more control over their own health, and **more personalised care** when they need it.
4. **Digitally-enabled primary and outpatient care** will go mainstream across the NHS.
5. Local NHS organisations will increasingly **focus on population health** and local partnerships with local authority-funded services, through new Integrated Care Systems (ICSs) everywhere.

# What is Social Prescribing?



Source: Husk et al. (1)

# Social prescribing and community-based support: not just a 'nice to do'

March 2023: c3,700 link workers - at  
least one link worker per General Practice

**March 2023: c3,700 link workers** - at least one link worker per  
General Practice Surgery (Primary Care Clinic)

**July 2023:** Government commitment to **9,000 link workers**

**August 2023:** Major Conditions Strategy from Department of Health  
including strong supporting recommendations for **Social Prescribing**

**900,000 people** to benefit by 2023/24

# **THE** SOCIAL PRESCRIBING LINK WORKER PROGRAMME

*could lead to*

**4.5 MILLION**

**FEWER GP APPOINTMENTS *PER YEAR***

R.O.I of £300 million (estimations from the English National Healthcare System)

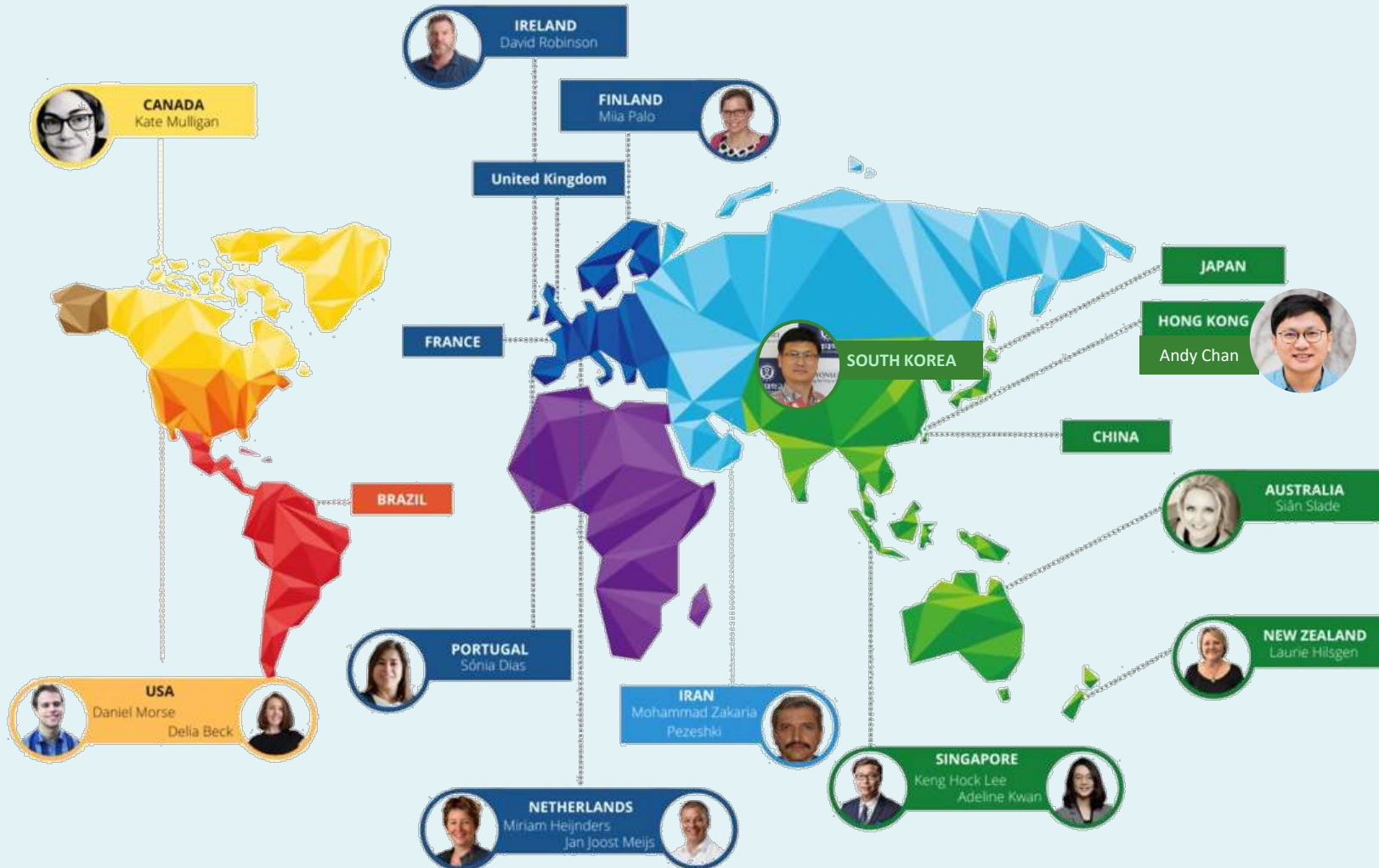
# Decreasing A&E attendance



Arts on Prescription  
Gloucestershire has shown a 37% drop in GP consultation rates and a 27% reduction in hospital admissions. A social return on investment of between £4 and £11 has been calculated for every £1 invested in arts on prescription.

On average across multiple studies, regardless of activity proposed – between **20% and 40% decrease** in A&E and Primary Care attendance

# Developing a truly global network



We are now **connected with** leaders and people delivering social prescribing on **every continent** and in over **32 countries**.

Our partnerships are built on collaboration and knowledge-sharing to adopt social prescribing policy and practice in different health system contexts



# Rapid Evidence Reviews to date

The economic impact of SP

Sustainable funding models for SP

Medium-long-term impact of SP on individual health outcomes

Measuring outcomes of individuals receiving support through SP

How ethnic minority groups are accessing/ making use of SP

Reaching Long-Term Goals: SP for older people living in poverty

SP: Arts, culture & heritage

SP: Social welfare, finance, and legal

SP: Physical Activity

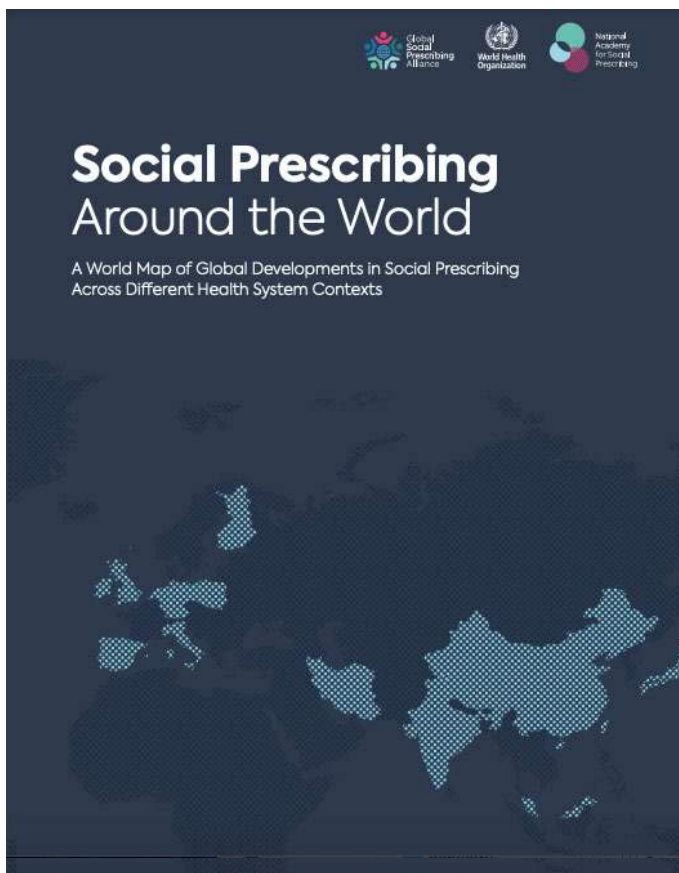
SP: Natural Environment

SP for Children and Young People

Who Is and Isn't being Referred to SP



## Outlining case studies & social prescribing models from 25 countries around the world



### What is Social Prescribing?

Social prescribing describes evidence-based interventions, which are designed to improve health and wellbeing outcomes, by referring individuals to non-clinical services and activities typically offered by the local voluntary and community sectors.

Historically, the lack of a universally accepted definition of social prescribing, and its necessary dependency on local contexts, has created heterogeneity in its implementation and practice<sup>1</sup>. However, a recent Delphi study was conducted to develop a global definition of social prescribing, gaining consensus from its international, multidisciplinary panel of experts. The shortened conceptual definition described social prescribing as:

*“a means for trusted individuals in clinical and community settings to identify that a person has non-medical, health-related social needs, and to subsequently connect them to non-clinical support and services within the community by co-producing a social prescription: a non-medical prescription to improve health and wellbeing, and to strengthen community connections.”<sup>2</sup>*

It is important to note however that this definition is not prescriptive. The differences in countries’ health systems, and wider design of sociopolitical infrastructure, can either facilitate or frustrate the practice and planning of social prescribing. Necessary adaptations to the link worker role, for example, include either upskilling the role of existing healthcare professionals — as seen in Portugal, Spain and Austria — or recruiting a new workforce that forms

the essential link between medical clinics and community-based support — as seen in the UK, Canada, Australia, Japan and many others.

Amongst the global community of social prescribing, there is diversity in terminology but commonality in practice and principle. Reportedly, the UK itself describes link workers in 75 different terms<sup>3</sup>. This report also recognises the ‘link worker’ role through different terms, including: wellbeing coaches, social workers, community coordinators, *seikatsu shien*, *behaviors* and more.

Latent in all case studies presented in this report are the underlying principles of social prescribing that are fundamental to effective implementation practice. This includes:

- A holistic and personalised approach focussing on individual needs,
- Health and wellbeing promotion in community settings,
- Referrals to health-promoting community-based support and services,
- Empowering individual control over health.

“Social prescribing represents an innovative tool to transform healthcare systems across the world to meet 21st century demands: A complete paradigm shift, focusing on what truly matters to individuals, enabling us to deliver a biopsychosocial model of care.”

 **Dr. Rogdán Chiva Glisco**  
Lead, Global Social Prescribing Alliance



### Case studies around the world

England	06	Germany	30
Scotland	08	Austria	32
Wales	10	Poland	34
Northern Ireland	12	India	36
Republic of Ireland	14	Iran	38
Canada	16	Japan	40
USA	18	Singapore	42
Portugal	20	Malaysia	44
Spain	22	China	45
Netherlands	24	Taiwan	46
Finland	26	South Korea	48
Italy	28	Australia	51

# Social Prescribing Roles Around the World






**'Health'**

A construction site under a clear blue sky. In the background, there are several tall, red lattice cranes and a large orange crane with a white section. To the left, a brick building is visible. To the right, a modern building with many windows is partially seen. A yellow rectangular box is superimposed over the middle of the image, containing the text 'Hospitals are for REPAIRS'.

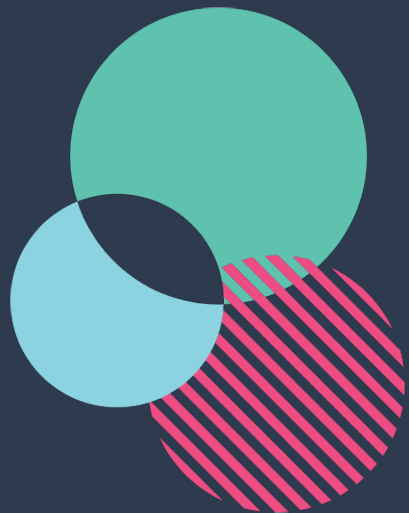
Hospitals are for REPAIRS

A close-up of a blue wall with a white rectangular sign. The sign features the NHS logo in blue, bold, sans-serif capital letters. To the right of the sign, a small, rectangular, grey light fixture is mounted on the wall.

**NHS**



Health is made at home  
& within our local  
communities



# National Academy for Social Prescribing

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