Evaluation Report:
Social Prescribing Pilot - Emergency Department, Royal Devon & Exeter Hospital (2024/2025)

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1. Executive Summary

Between February 2024 and February 2025, the Social Prescribing Pilot in the ED (Emergency Department) at the RD&E (Royal Devon & Exeter) Hospital received **266** referrals. Of these:

- **Gender distribution:** 151 (56.7%) female; 112 (42.1%) male.
- **Age profile:** Highest participation in the 78-88 (19.2%) age group; strong representation also in 58-68 (15%), 18-28 (13.1%) and 48-58 (13.1%) age groups.
- **Living status:** 56.49% lived alone; 12.21% identified as homeless.
- **Reasons for referral:** 109 (40.97%) of patients had mental health needs; 87 (32.7%) had a physical health condition, and 72 (27.06%) were experiencing isolation and/or loneliness.
- **Engagement:** 46.6% of referred patients attended three sessions within three months; 34.96% did not attend any sessions due to non-engagement or too unwell to engage at the time.
- **Outcomes:** 110 (41.4%) achieved a positive outcome following ongoing support; 18 (6.7%) required admission to hospital, residential care or prison; 7 (2.6%) deceased during follow-up period.

Key findings indicate that the pilot successfully engaged a diverse ED population, demonstrating early signals of improved wellbeing for nearly half of the patients. However, non-engagement was a challenge.

Recommendations (Overview)

- **Contract and Service Specification** to be issued to the commissioned provider, including clear key performance measures.
- **DPIA (Data Protection Impact Assessment)** to be agreed and implemented for the commissioned service.
- **Honorary Contracts** to be given to a minimum of 3 staff members of the commissioned provider, to ensure continuation of service delivery during staff absence.
- **Target patients with high levels of combined needs** through specific support in relation to mental health and isolation/loneliness, e.g. via Mental Health Alliances, Dementia Alliances, befriending services and transport.

2. Introduction

Social Prescribing connects patients to non-clinical resources, e.g. community groups, welfare advice and self-help tools, to address social determinants of health. This pilot in the ED aimed to:

- Reduce avoidable re-attendances and admissions.
- Improve patient wellbeing and independence.
- Demonstrate cost savings through reduced clinical interventions.

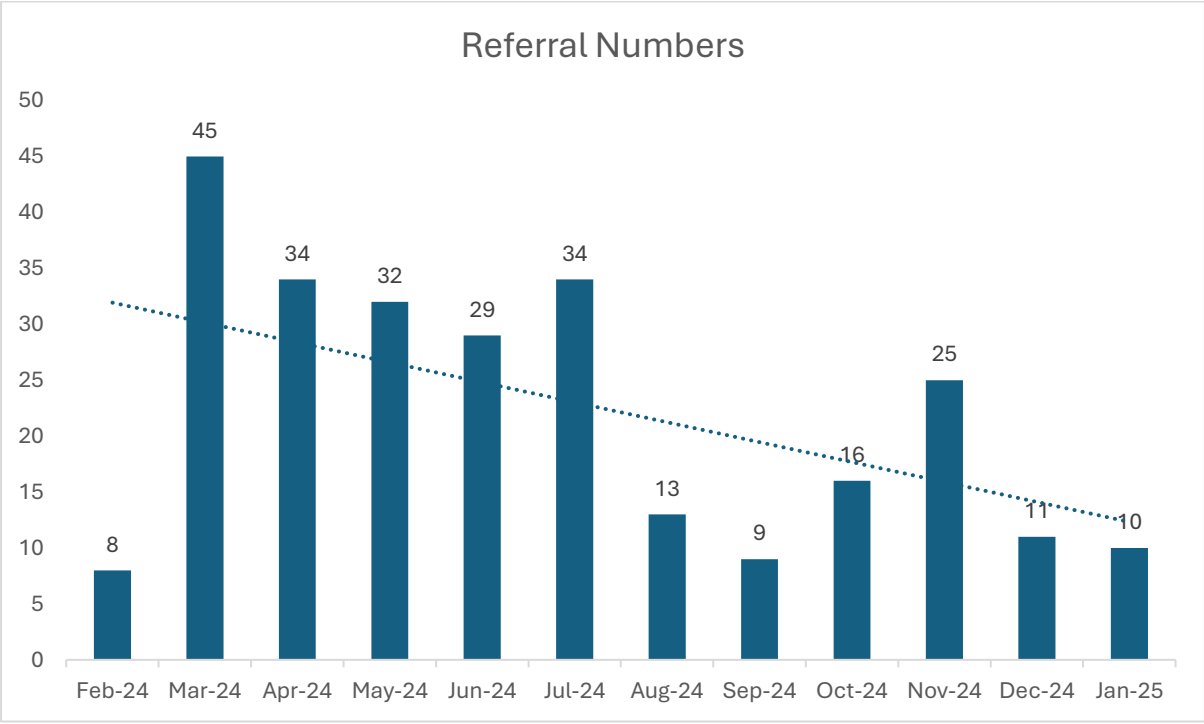
3. Methodology

- **Duration:** 12 months (Feb 2024 – Feb 2025) at 30 hours per week.
- **Data sources:** ED referral logs via EPIC, patient demographics, session attendance records, wellbeing scores (pre/post), onward referral tracking and outcome audits.
- **Analysis:** Descriptive statistics, engagement rates, outcome categorizations.

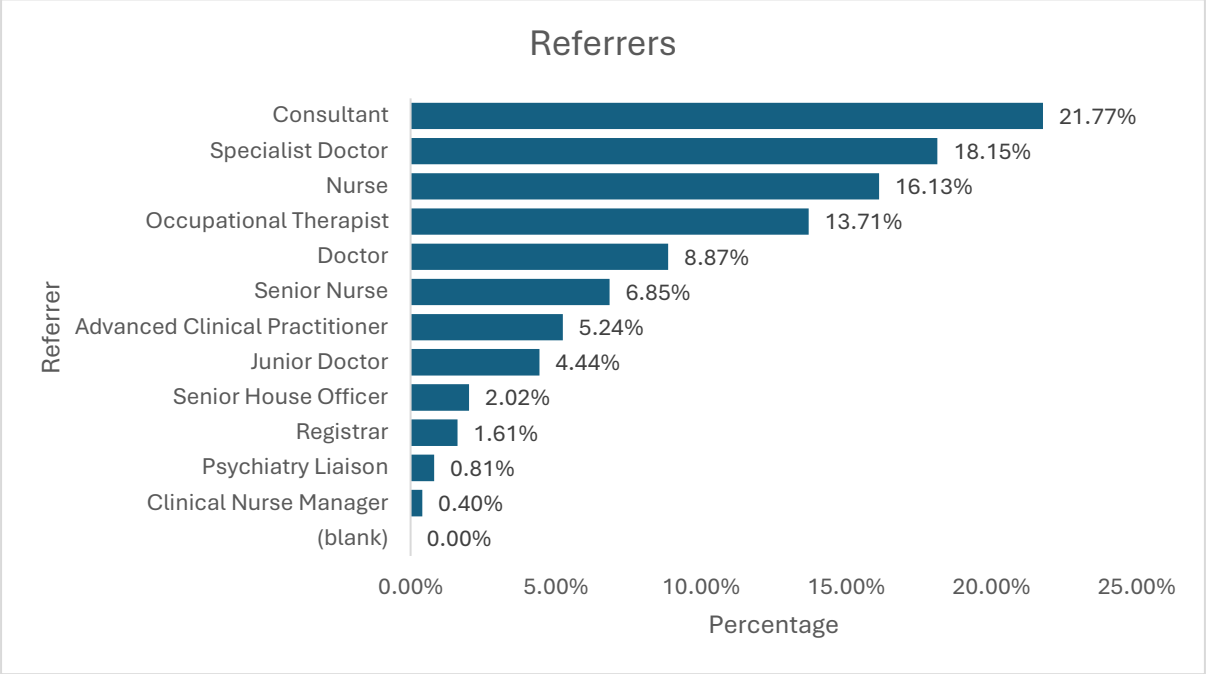
4. Results

4.1 Referral Volume & Sources

- Total referrals: **266.**

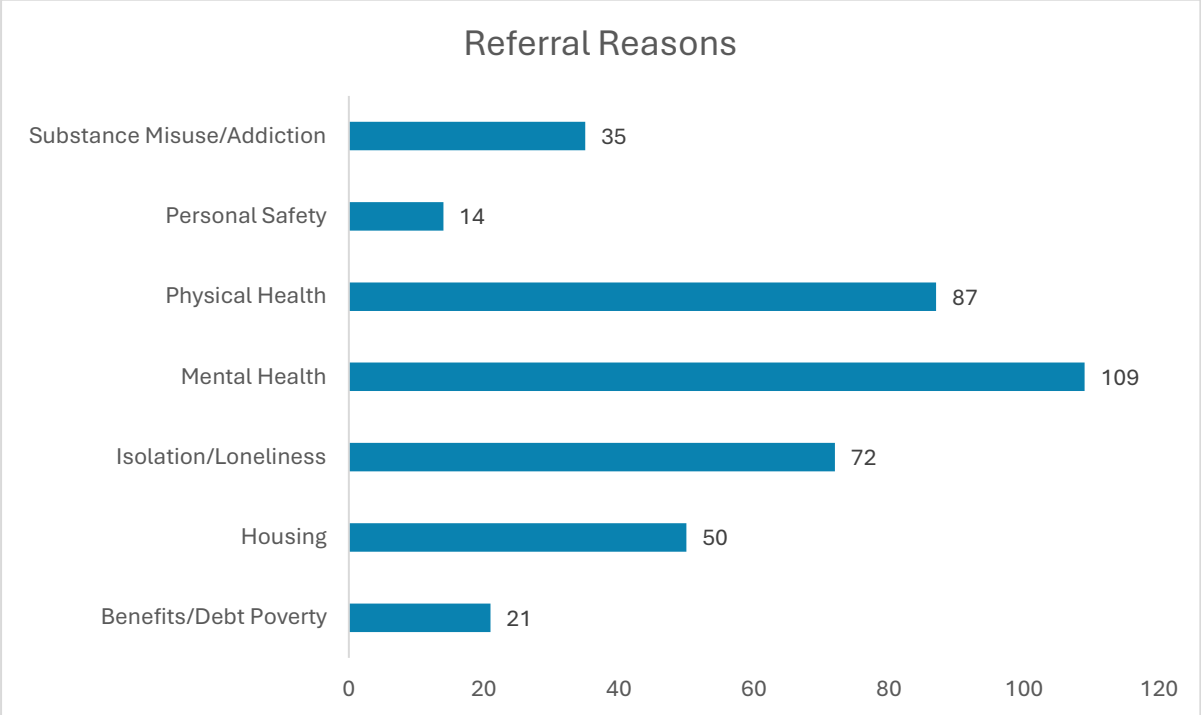


- Primary referral sources included ED Clinicians (70%), Nursing Staff (20%) and Allied Health Professionals (10%).

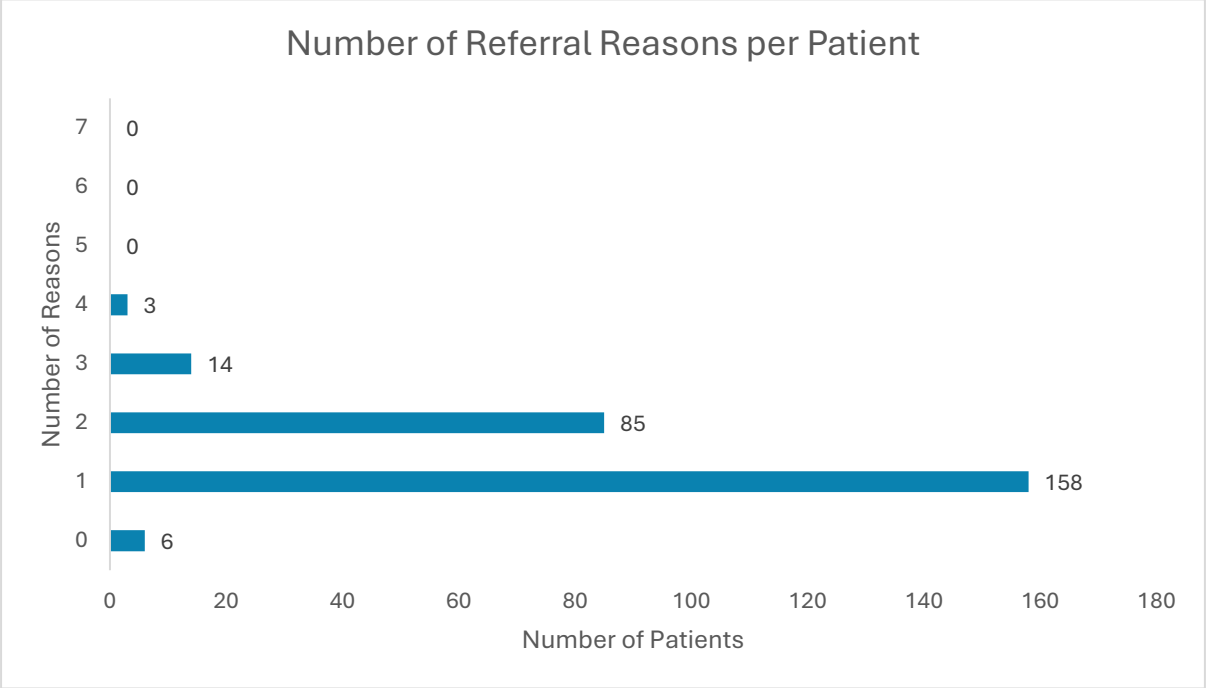


4.2 Reasons for Referral

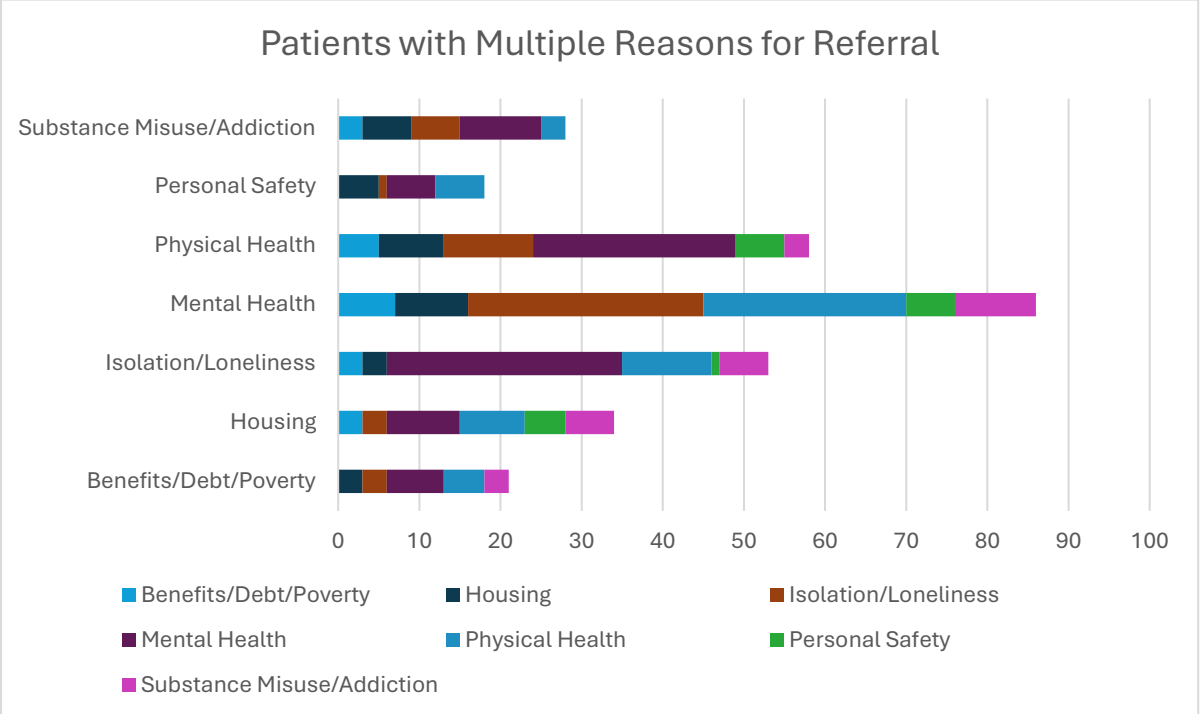
- Referral reasons were across 7 categories: Benefits/Debt/Poverty; Housing; Isolation/Loneliness; Mental Health; Physical Health; Personal Safety and; Substance Misuse/Addiction.



- 59.3% of patients were referred with 1 need for Social Prescribing; 40.6% were referred with between 2 and 4 needs.

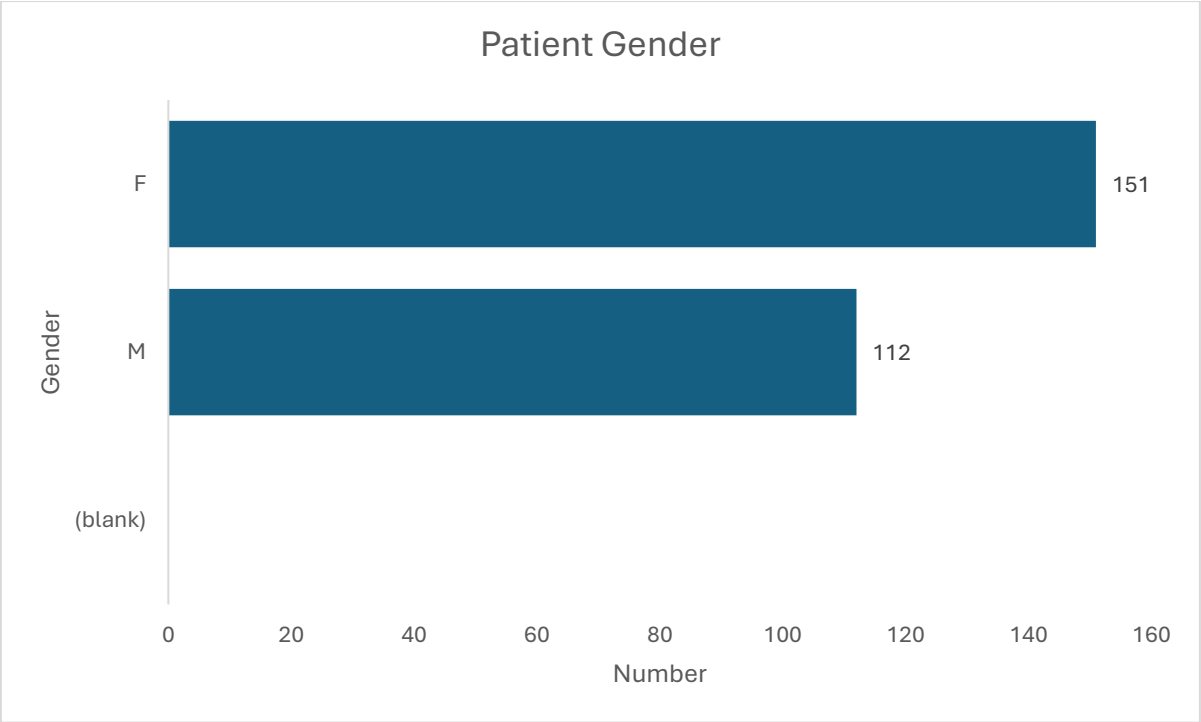


- Patients with combined needs were highly prevalent within the mental health, physical health and isolation/loneliness categories.

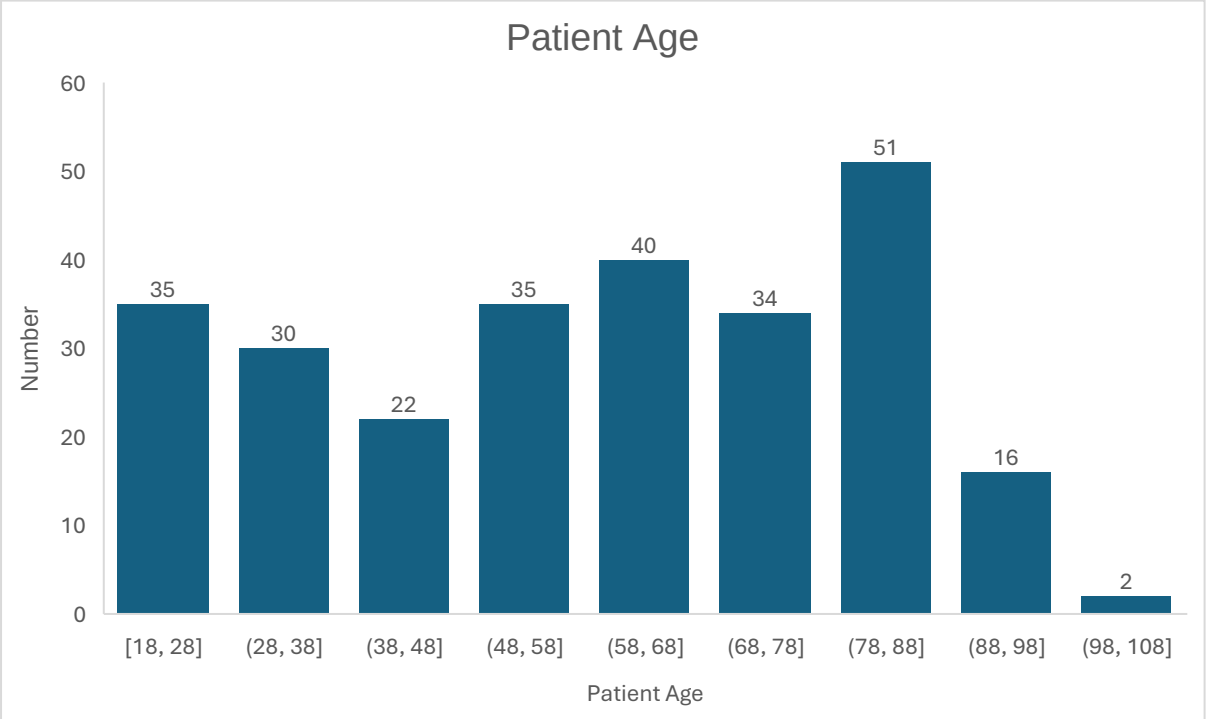


4.3 Demographic Profile

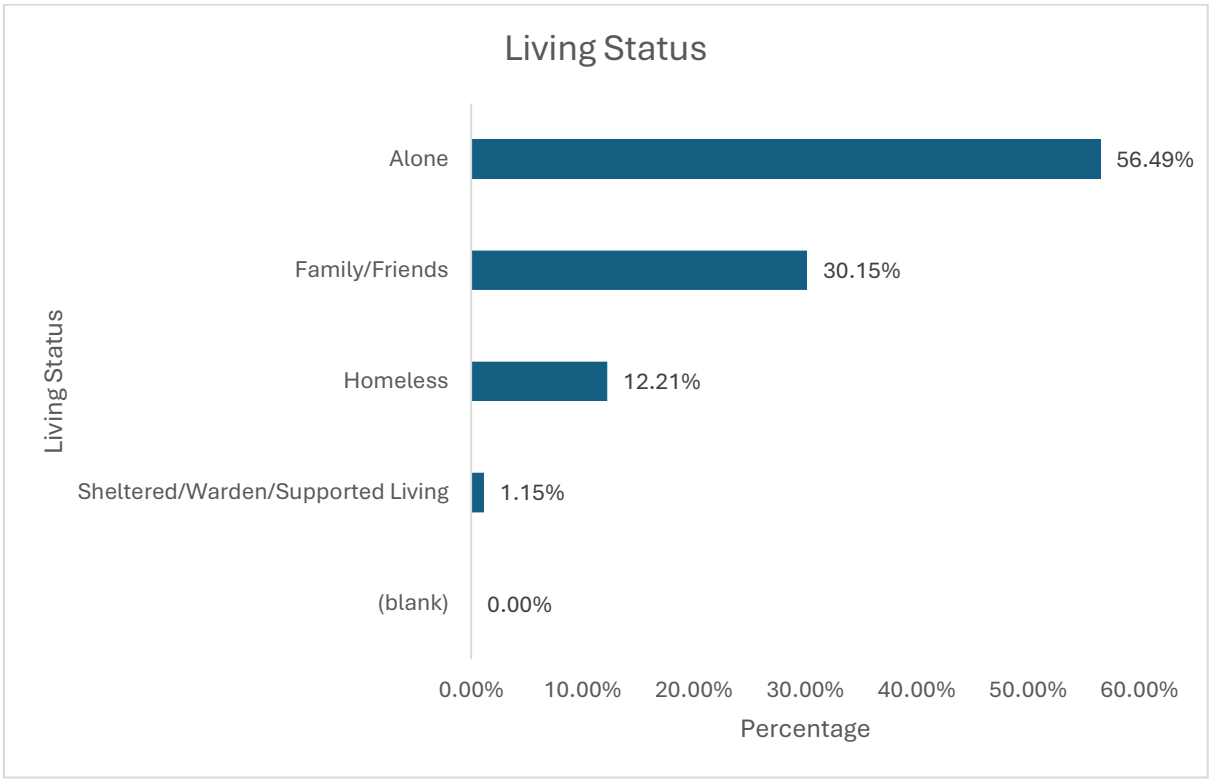
- **Gender:** 56.7% female; 42.1% male.



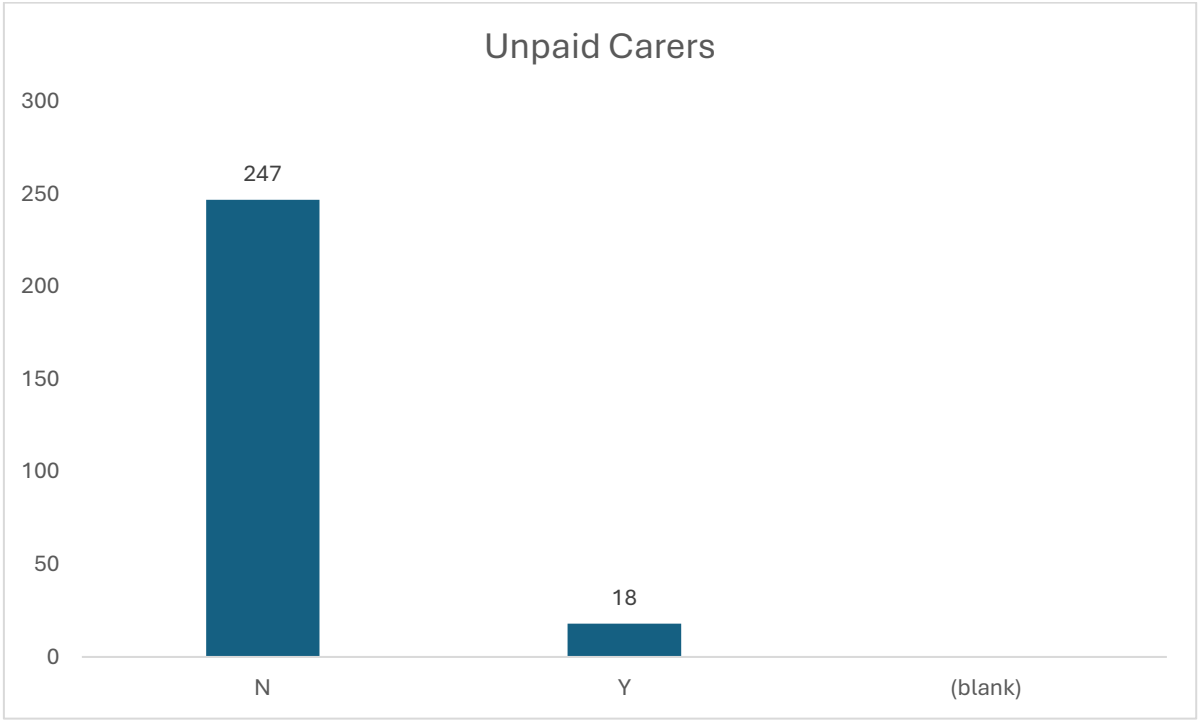
- **Age distribution:**



- **Living Status:**

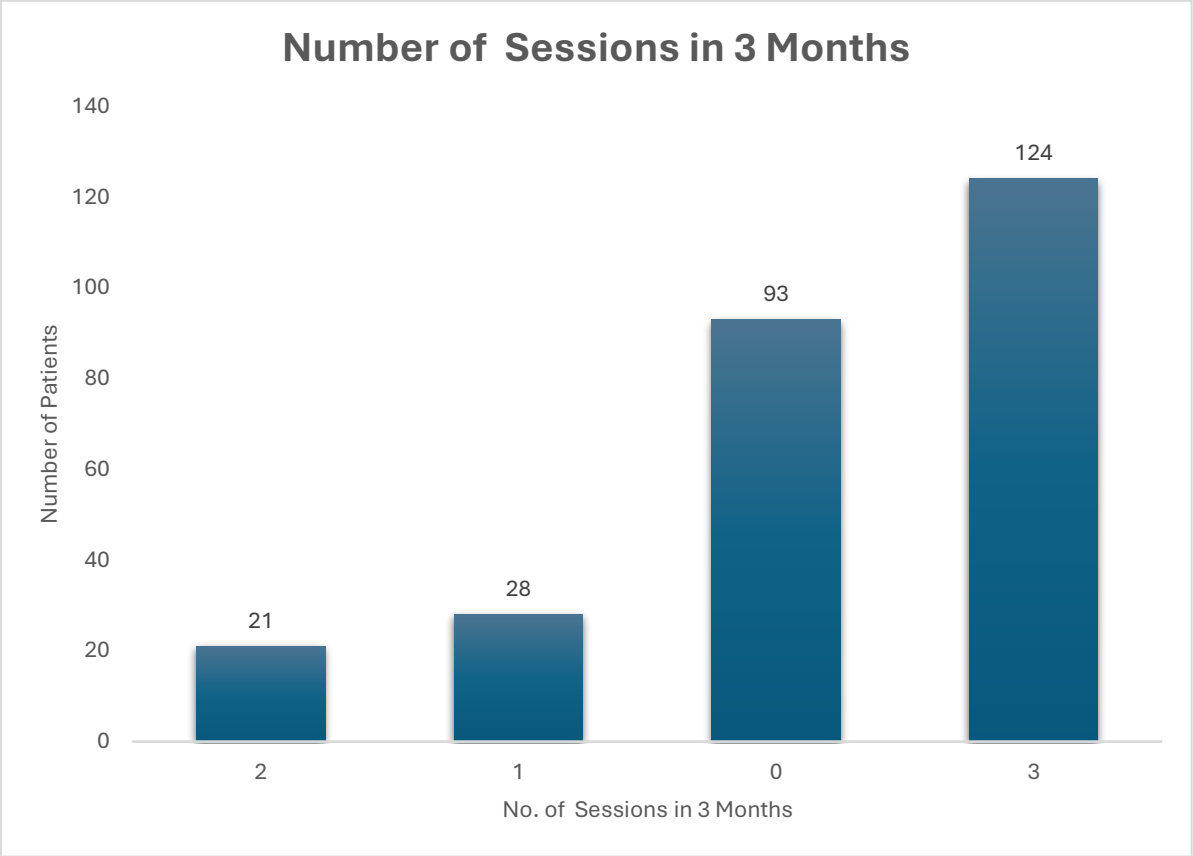


- **Unpaid Carers:** A surprisingly small number of carers were identified, 6.76%. This can be related to the ambiguity of the term ‘carer’ and also the understanding of both the referrer and the patient.



4.4 Engagement & Sessions

- 0 sessions: 34.96%
- 1 session: 10.52%
- 2 sessions: 7.89%
- 3 sessions: 46.61%

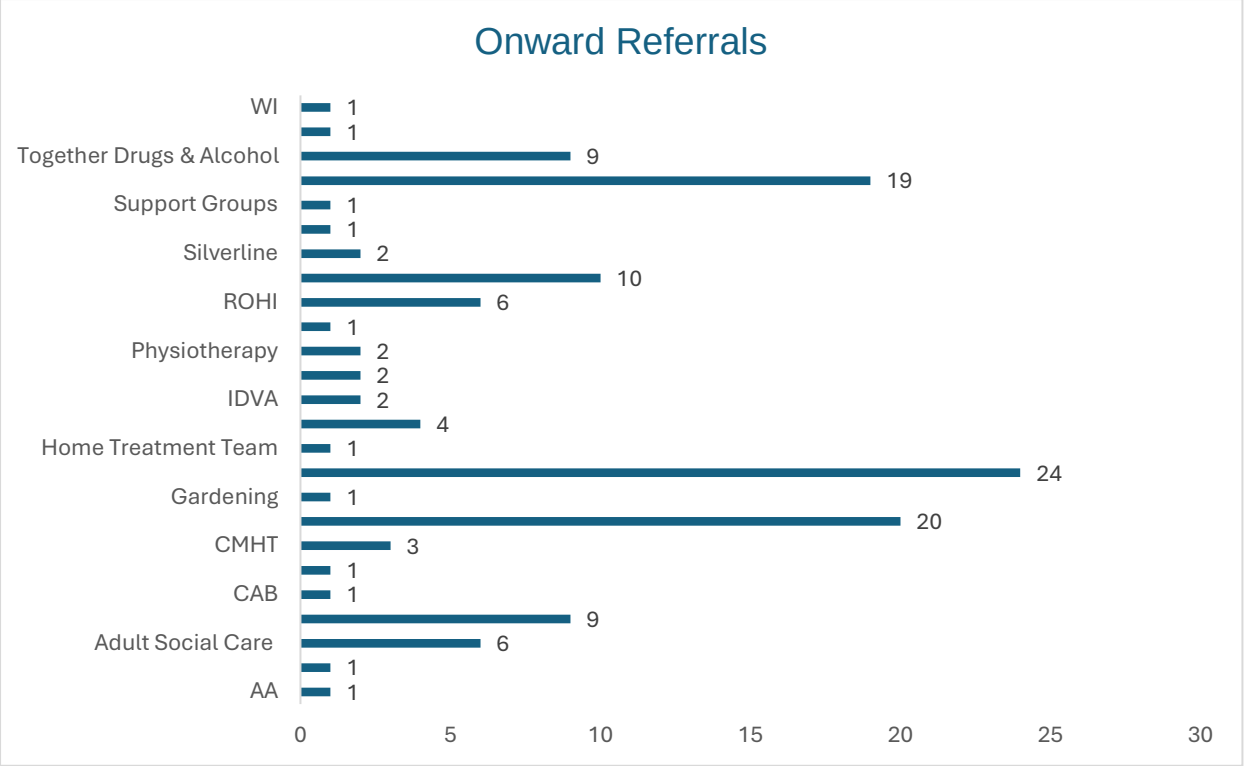


4.5 Onward Referrals

Patients received a total of **309** onward referrals, with the top destinations being:

- GP (24 referrals, 9.00%)
- Devon Carers at Westbank (20 referrals, 7.80%)
- Talkworks (19 referrals, 7.00%).

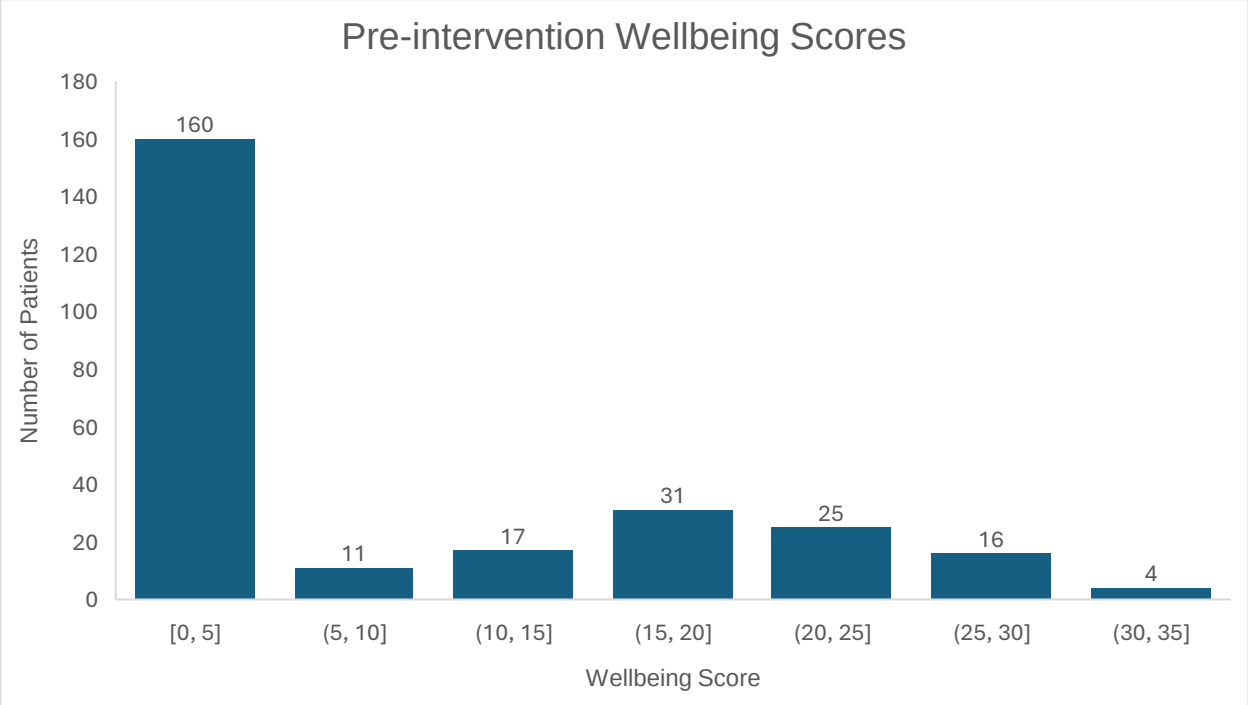
86 patients were referred to additional services, with an average number of 3.6 onward referrals per patient. 180 (68%) patients were not referred on to other services, this was either not needed or the patient declined.



4.6 Wellbeing

Patients' wellbeing was measured using Penny Brohn's (UK 2016) Health & Wellbeing Wheel. Wellbeing Scores were obtained both pre-intervention and post-intervention, measuring the 8 areas listed below, with the score in each category ranging from 0-6.

- Spirit
- Mind
- Emotions
- Relationships
- Community
- Practical Issues
- Environment
- Body.


Pre-intervention Wellbeing Scores
Number of Patients
180
160
140
120
100
80
60
40
20
0
160
11
17
31
25
16
4
[0, 5]
(5, 10]
(10, 15]
(15, 20]
(20, 25]
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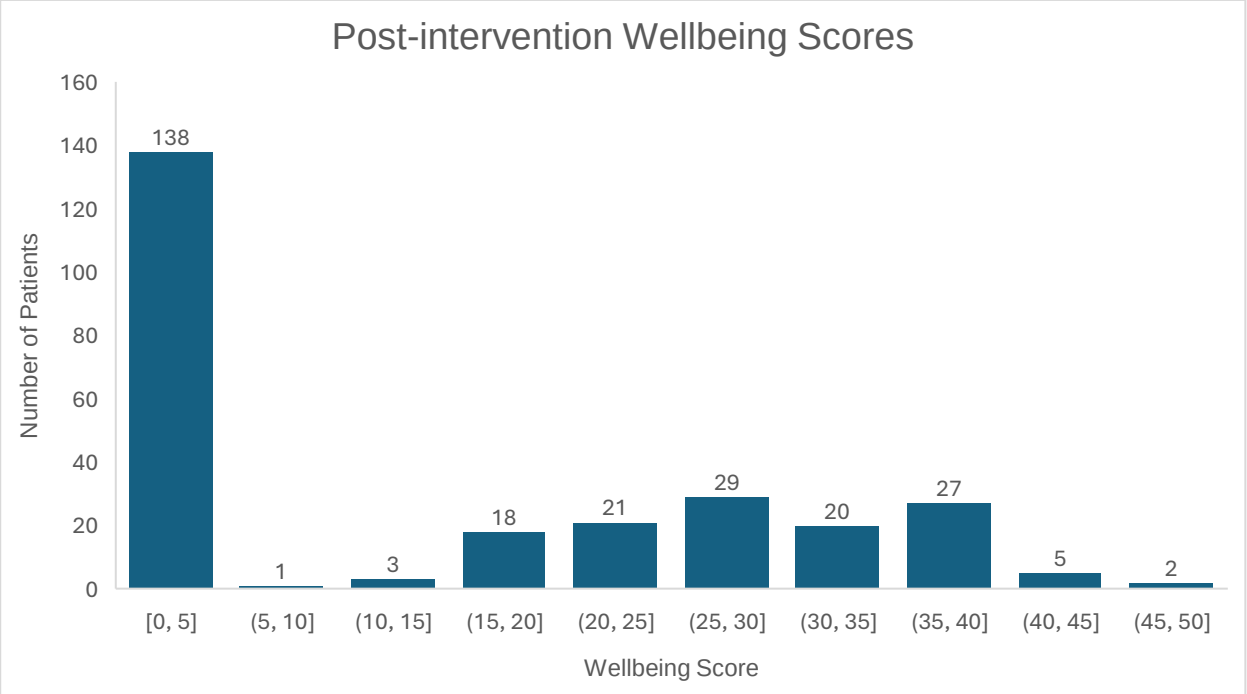
(30, 35]
Wellbeing Score


Post-intervention Wellbeing Scores
Number of Patients
160
140
120
100
80
60
40
20
0
138
1
3
18
21
29
20
27
5
2
[0, 5]
(5, 10]
(10, 15]
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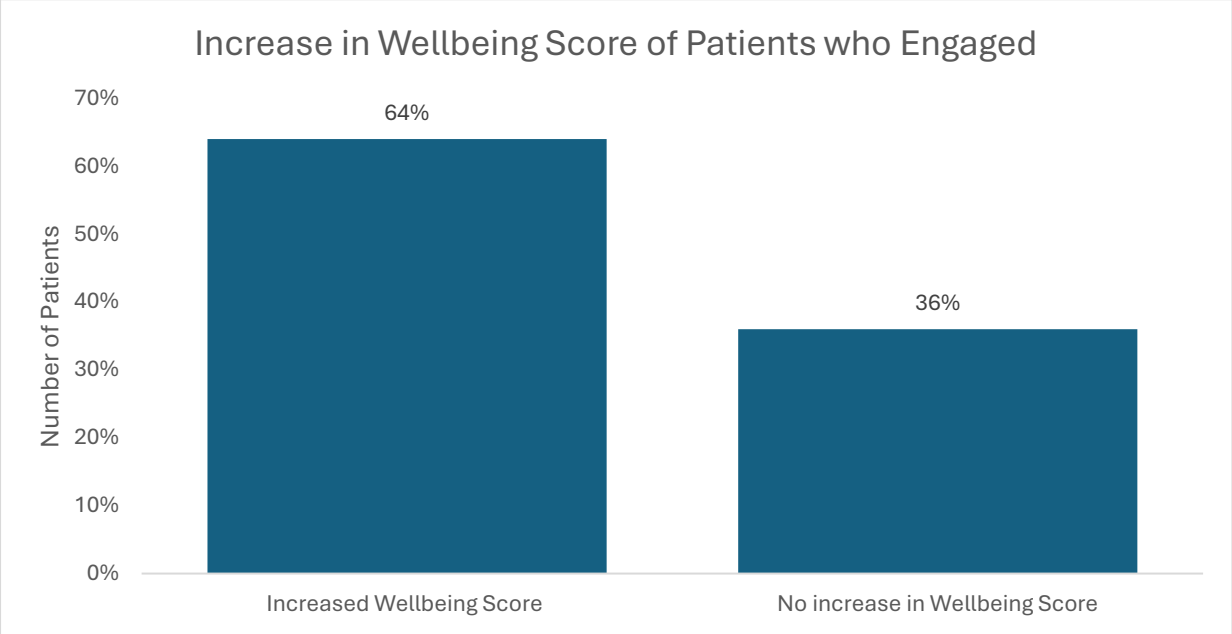
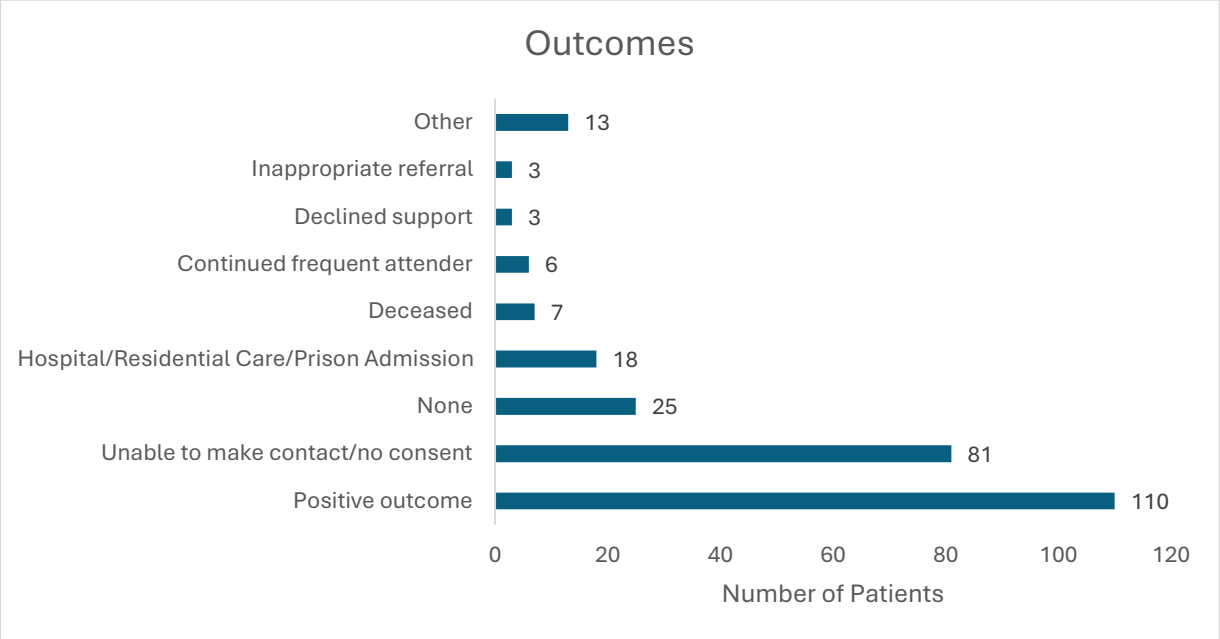
Wellbeing Score

64% of patients who engaged, identified an improvement in their wellbeing following support.



4.7 Outcomes

- **Positive outcome:** 110 (41.4%)
- **Hospital/residential care/prison admission:** 18 (6.76%)
- **Deceased:** 7 (2.63%
- **No contact or no consent:** 81 (30.45%)



5. Discussion

The pilot demonstrated the feasibility and early poistive impact, particularly among older adults. Engagement challenges were noted in a third of referrals, suggesting the need for enhanced follow-up. Positive outcomes for 41% of patients indicate clinical and social benefits, with potential to reduce ED re-attendances.

6. Recommendations

- **Post-discharge contact:** Increase engagement, deliver support and therefore strengthen independence and resilience, in addition to improving wellbeing.

- **Flexible session delivery:** Include evenings and weekends, both in-person and virtually, to enable engagement at times which work best for the patient.

- **Partnership development:** Strengthen relationships with existing agencies as well as develop relationships with wider agencies, to increase holistic support for patients within their communities.

- **Economic analysis:** Quantify cost-offset from reduced ED visits and admissions.

- **Contract and Service Specification** to be issued to the commissioned provider, including clear key performance measures.

- **DPIA (Data Protection Impact Assessment)** to be agreed and implemented for the commissioned service.

- **Honorary Contracts** to be given to a minimum of 3 staff members of the commissioned provider, to ensure continuation of service delivery during staff absence. The impact of this would also result in a greater number of referrals being received, an increase in the number of hours of service provision and potentially a reduction in pressures upon ED.

7. Conclusion

The ED Social Prescribing Pilot at RD&E has shown promising results, warranting continuation and expansion with targeted modifications to address engagement barriers and enhance value for patients, the hospital and the commissioned provider. Westbank are committed to increasing the intensity in management of the service and subsequently embedding a more robust reporting structure and mechanism.