



Do GP's practices which employ Social Prescribing exhibit similar patterns in the prescription of pain and antidepressant medication?

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ABSTRACT

One of the goals of the NHS 'Long Term Plan', is to greatly increase the access to social prescribing schemes through 'link workers' working within GP's practices. It is hoped that through the increased uptake of such programmes, problems such as over-medication can be addressed.

To date, the trends of prescription rates for pain and anti-depressant medications, within practices employing social prescribing, have not been compared. This study aims to inform further research into the role of social prescribing in the treatment of chronic musculoskeletal conditions.

In all but one medication type, in one location, the prescription rates of all medications decreased over the study period in comparison with NHS means. However, the actual prescription rates varied considerably between locations.

METHODS

This study took three NHS locations with award-winning social prescribing programmes. These were a single GP practice in Warwickshire, a multi-GP practice in Somerset and an inner-city Clinical Commissioning Group. Between them, these three locations represented over 300,000 patients.

This study compared their opioid, non-opioid, anti-inflammatory, and anti-depressant medication rates with each other, and the NHS means over five years, from June 2016 until June 2022. These medications were selected as they are relatively common, and they can possibly be seen as surrogate indicators for chronic musculoskeletal health conditions.

The prescription data was taken from the University of Oxford's DataLab and the practice patient numbers from NHS Digital.

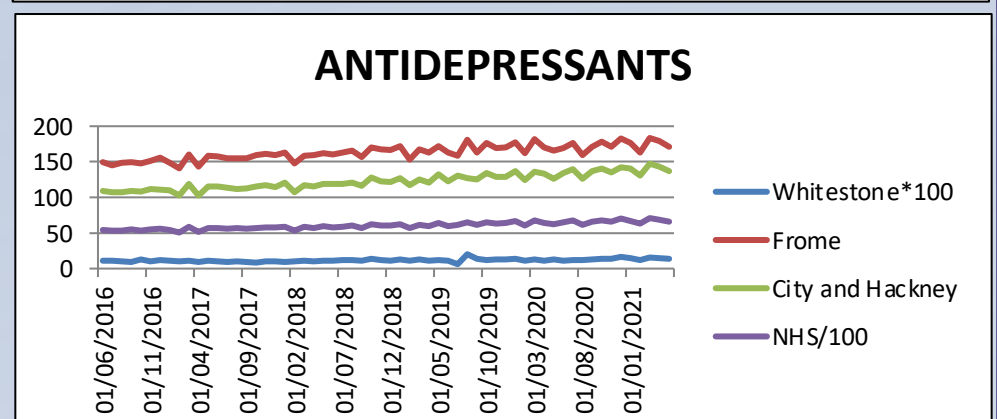
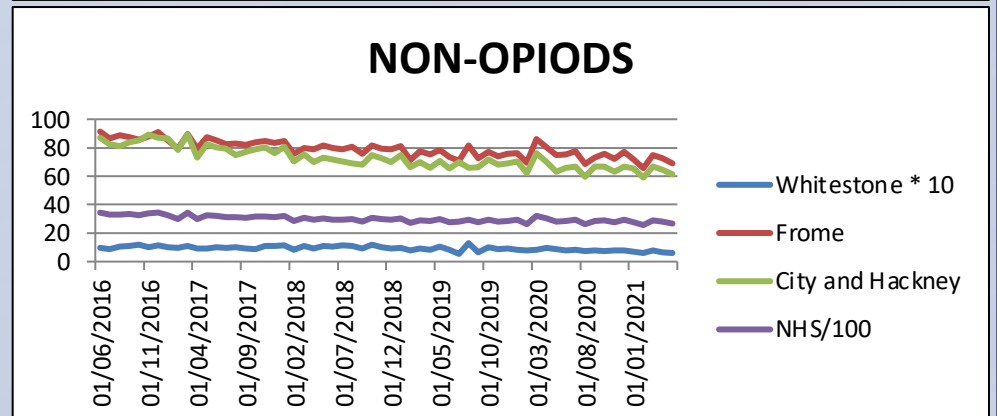
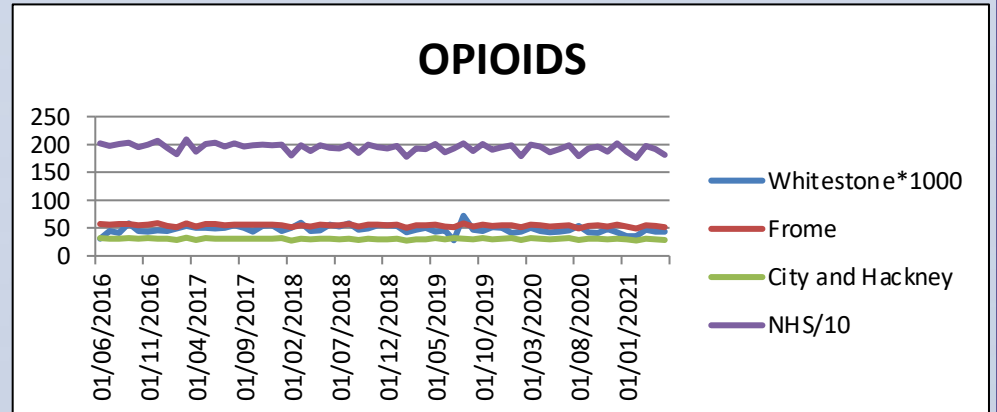
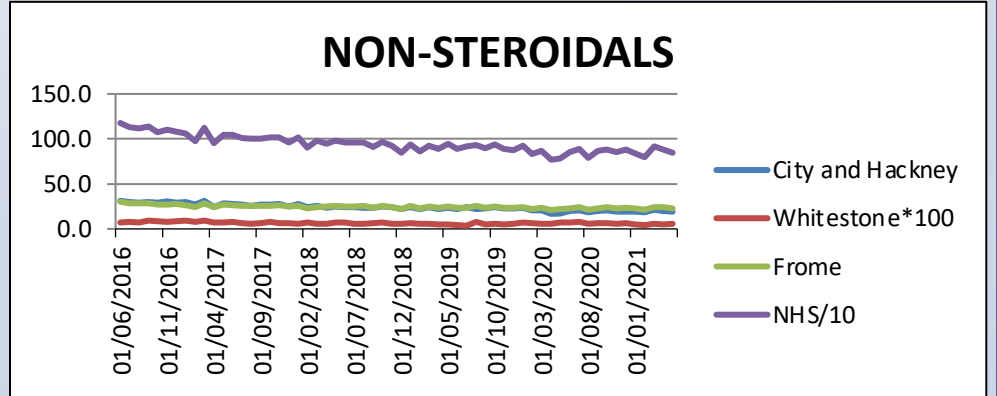
Linear regression analyses were performed for each medication type, at all three locations and the NHS England mean figures for the same period.

Social prescribing – addressing people's needs in a holistic way

GPs and other health care professionals can refer people to a range of local, non-clinical services, supported by a link worker or connector



RESULTS (Prescriptions per 1000 Patients)



CONCLUSIONS

Although the three study groups showed a greater decrease in prescription rates in almost every case, compared to NHS means, it cannot be ascertained whether the improvements are representative of improvements in musculoskeletal symptoms from patients involved in social prescribing schemes.

Other questions include:

- Why are the prescription trends better than that of the NHS average?
- Do social group or cultural influences play a part in the results?
- Why are the prescription rates of these three locations so different on occasions?
- Are the prescription rates reflective of prescription culture, or patient need, or both?

These results represent an interesting trend, and further research would be prudent given the potential health and financial benefits that could be achieved if the individual, health culture or community factors behind the disparity in prescription rates could be identified.

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