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Social Prescribing in der Primärversorgung: Eckpunkte eines Idealmodells für Österreich

Social prescribing describes an innovative approach that aims to improve the health and well-being of patients by referring them to services outside of the medical-therapeutic-nursing spectrum following counselling by a specialist with a link-working function. According to estimates from England, 20 per cent of consultations in primary care are for health-related, psychosocial and emotional, but not medical, concerns (Polley et al. 2017). The Austrian model of social prescribing is therefore also used in primary care as the first point of contact for health problems. As the approach becomes more widely known in Austria, the need for a common understanding of the objectives, target groups and central elements of social prescribing is increasing. Accordingly, key points for an ideal model for Austria were developed in 2022 and 2023. This article is an abridged version of the publication 'Social Prescribing Draft of an Ideal Model for Austria' (Rojatz et al. 2023a) and is intended to inform readers about the most important contents.

>> The development of the ideal model is based on :
- a literature review on social prescribing (implementation experience, models, evidence) ,
- impressions from international networking meetings within the framework of EuroHealthNet and the International Social Prescribing Collaborative ,
- implementation experience of social prescribing in 24 primary care facilities (primary care units, individual and group practices, paediatric facilities, facilities for uninsured persons), the external evaluation of the Social Prescribing in Primary Care funding call (Schachner et al. 2021) and the evaluation of the documentation of the link-working consultations (Antosik et al. 2021).

In addition, drafts of the ideal model were discussed and further refined with the project-related steering group (made up of representatives of the Federal Ministry of Social Affairs, Health, Care and Consumer Protection, the social insurance institutions, the state representatives and the Poverty Conference) and the sounding board (made up of professional associations of the healthcare professions, umbrella organisations of providers and (potential) users of social prescribing such as self-help organisations or the Poverty Conference) at quarterly meetings..

Summary

Social prescribing is considered an innovative approach to systematically address health-related psychosocial and emotional concerns. In order to support a common understanding of social prescribing in Austrian primary care, key points of an ideal model of social prescribing were developed.

In principle, social prescribing is open to all people and particularly addresses people in stressful life situations. The core elements are sensitisation of healthcare facility staff and patients to health-related psychosocial and emotional needs, link-working consultations, network management and facility-related and supra-regional quality assurance.

Social prescribing embodies all elements of a comprehensive primary health care approach. In order to realise the full potential of social prescribing, good coordination with related population-oriented programmes such as early help and community nursing is required.

Keywords

primary care, health determinants, social prescribing, equity

Crossref/doi

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Contents of the ideal model

The ideal model is intended as a first harmonised basis on the way to a common understanding of the central functions and cornerstones of social prescribing. Regional adaptations to the respective circumstances are possible.

Definition

Derived from the internationally agreed definition (Muhl et al. 2022), social prescribing is defined as follows: 'Social prescribing is an intervention approach in which primary care professionals are sensitised to identifying people's health-related psychosocial and emotional needs (e.g. problems with housing, employment, income, social and emotional support, loneliness). People who are recognised as having corresponding needs that go beyond medical, therapeutic and nursing services are 'referred' to a specialist with a link-working function. This specialised professional has a mediation function and subsequently identifies health-related psychosocial and emotional needs in consultation with the person in question and, as a result, measures and activities to improve their well-being and refers them there. [...]' (Rojatz et al. 2023a; based on Haas et al. 2019; Muhl et al. 2022; Polley et al. 2017).

Goals of social prescribing

The goals of social prescribing address the micro, meso and macro levels:

Socially, the implementation of social prescribing should strengthen a holistic understanding of health and an orientation towards existing resources (social networks, hobbies, ...) of people and the interaction between the health, social and civil society sectors, support the navigation of the population in the health, social and community systems and contribute to strengthening health equity and promoting social participation of patients. In the medium term, social prescribing should help to relieve the burden on care structures and healthcare professionals in primary care.

Social prescribing also aims to strengthen people's subjective well-being and health literacy as well as patients' ability to take responsibility for their health and actively participate in their healthcare.

Targetgroups

All people can experience stressful life situations in the course of their lives, so a holistic approach is taken: Social prescribing is open to all people/target groups. However, there are groups of people with prioritised needs. In particular, these are people with support needs with regard to

- non-specific needs outside the medical-therapeutic-care spectrum, such as health-related psychosocial and emotional needs ,
- social contacts, such as social isolation, loneliness, and
- stressful life situations, e.g. multiple illnesses, caring relatives.

People in need of social prescribing often have multiple problems with several different unaddressed needs.

Core elements

Four core elements of social prescribing were identified:

1 Awareness-raising: in particular of the employees of the health facility staff in primary care for health-related psychosocial and emotional concerns, but also patients and cooperation partners in the region about the social prescribing service.

2 Link-working consultations: serve to identify needs together with the patient.

The aim is to work with the patient to identify their needs and resources and - where appropriate - to refer them to suitable services outside the range of medical, nursing and therapeutic services to strengthen the patient's resources. Implementation can take different forms:

1) link-working counselling takes place within the healthcare facility
2) link-working counselling takes place within the healthcare facility, supplemented by a dislocated structure (e.g. healthcare office) where link-working counselling also takes place
3) The need for link-working counselling is recognised in the healthcare facility and the person is referred to an external facility for link-working counselling. This is particularly suitable for individual surgeries where no specialist with a link-working function is available in the facility

Link working counselling with an understanding of link working as a method that can be used by different professional groups can be provided by members of the various health/social professions, e.g. social workers, qualified health and nursing staff, dieticians, occupational therapists/physiotherapists). Link-working activities go beyond passing on 'business cards' or information about the identified services.

3 Network management: includes research and knowledge of available regional services outside the medical/nursing/therapeutic range of services to which patients can be referred if necessary, as well as the necessary maintenance of the resultingnetwork through regular contact with the respective cooperation partners of the services and networking with each other.

4 Quality assurance: with a focus on organisational/staff development at healthcare facility level and supra-regional support. In the healthcare facility, it is important to establish a social prescribing process that is suitable for the organisation, including documentation requirements, and to define a clear requirements profile for the specialist with a link-working function. Supervision should be provided for the specialist with a link-working function. In addition, the quality of cooperation programmes (unless they are already certified or publicly funded) must be assessed. Networking opportunities for implementing organisations and professionals with a link-working function as well as training opportunities and public relations work should be provided at supra-regional level.

Social prescribing process flow in a healthcare facility

To illustrate the implementation, the social prescribing process within a healthcare facility is outlined (see Fig. 1).

A patient comes to the healthcare facility (under certain circumstances, the need can also be identified during home visits) and a healthcare facility employee recognisesthe potential need

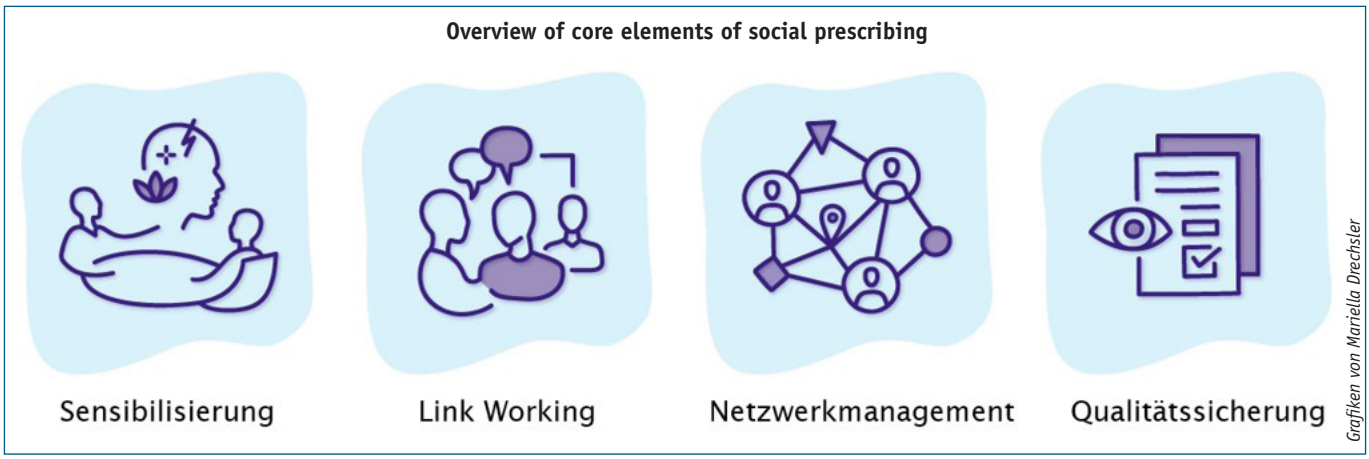


Fig 1: *Overview of core elements of social prescribing. Source: Rojatz et al. (2023a). Graphics by Mariella Drechsler*

for social prescribing. Depending on the relationship of trust with the person and the possibility, the employee approaches the person about the offer or informs the doctor or another healthcare professional so that they can approach the person about the offer. The appointment with the specialist with the link-working function can be made by

- being referred directly to the specialist with the link-working function or attending a follow-up appointment ,
- an appointment is made or
- the specialist with the link-working function contacts the person to arrange an appointment .

Following the appointment/contact with the specialist with the link-working function, up to six counselling appointments are made (in exceptional cases even more). During these appointments, mutual trust is built up, the person's needs and resources are identified and, where appropriate, referrals are made to regional services. Experience from previous implementation shows that the discharge meeting and counselling can be sufficient to activate a person's resources so that no further referral to regional services is necessary.

After referral to a service outside the medical/nursing/therapeutic spectrum, there is (ideally) a brief discussion about the extent to which the service has been accepted and, if necessary, tooffer further support (selection of a new service, overcoming barriers to accessing services).The information about the acceptance of the regional offer is also passed on to the support team so that it can be taken into account in the further treatment/support process and to demonstrate the added value of the referral to the specialist with the link-working function.

Outlook

Social prescribing operates at the interface between healthcare and health promotion/prevention. It embodies all aspects of primary health care and has also been defined as a central cornerstone of health-oriented primary care (Rojatz et al. 2021b).

Social prescribing does not stand alone, but is part of a variety of approaches and programmes to improve navigation, health literacy, health equity and social participation. In addition to the ideal model of social prescribing (Rojatz et al. 2023a), a factsheet was published that explores the synergy potential of early help, community nursing and social prescribing (Rojatz et al. 2023b). <<

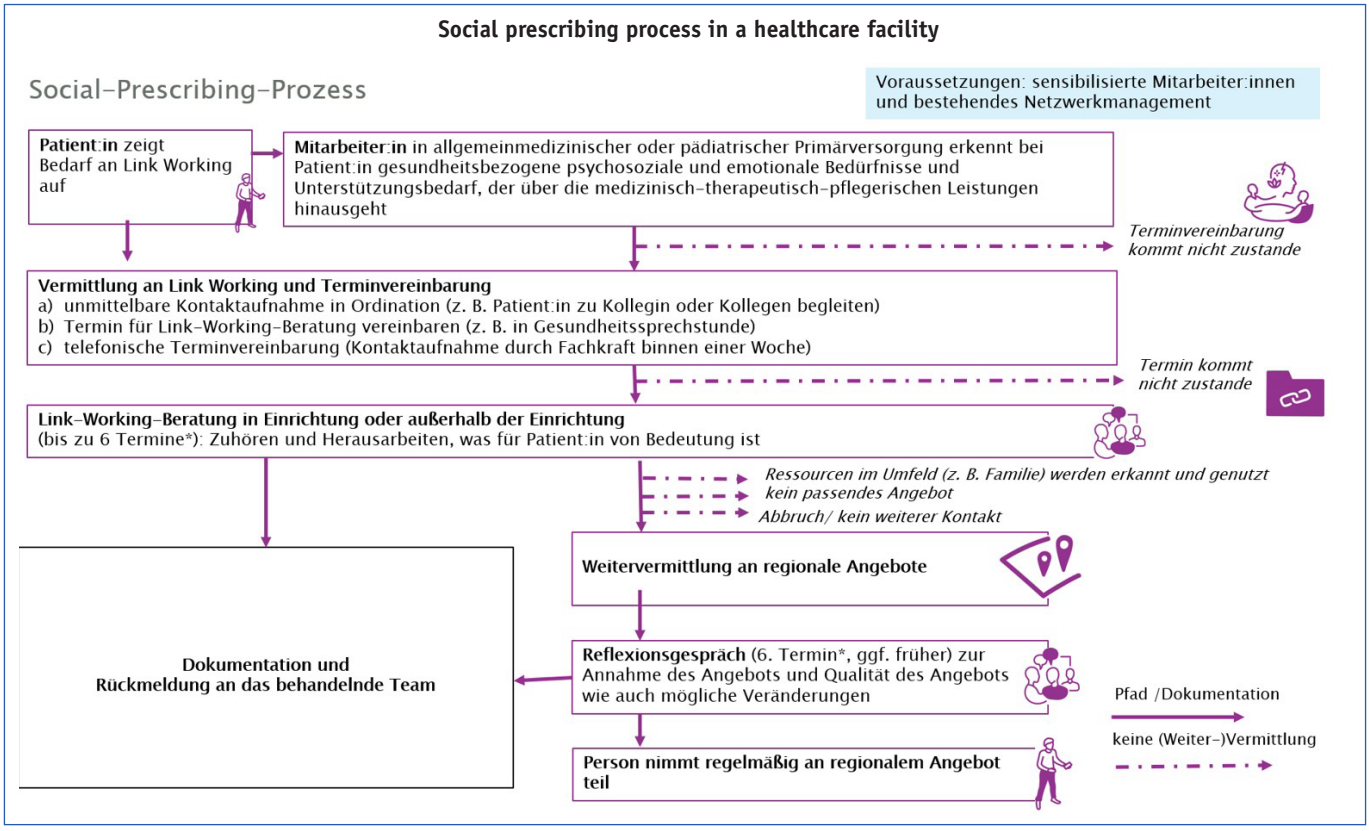


Fig. 2: *Social prescribing process in a healthcare facility. Source:: Rojatz et al. (2023a).*

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Social prescribing in primary care: Key points of an ideal model for Austria

Social prescribing is considered an innovative approach to systematically address health-related, psychosocial, and emotional concerns. To support a common understanding of social prescribing in Austrian primary care, key points of an ideal model of social prescribing were developed.

In principle, social prescribing is open to all people and particularly addresses people in burdening and stressful life situations. Core elements include raising awareness among primary care staff and patients of health-related, psychosocial, and emotional needs, link working consultations, network management and facility-based and supra-regional quality assurance.

Social prescribing embodies all elements of a comprehensive primary health care approach. Social prescribing needs to be well coordinated with related population-oriented programmes such as Early Childhood Intervention and community nursing to realise its full potential.

Keywords

primary health care, health determinants, social prescribing, health equity

Comment

Concrete support for the implementation process can be found in the handbook Social Prescribing (Rojatz et al. 2021a).

Author's statement

Daniela Rojatz, Lydia Fenz and Sandra Ecker are employees of Gesundheit Österreich GmbH in Vienna. As part of a project commissioned by the Federal Ministry of Social Affairs, Health, Care and Consumer Protection, they developed key points for the development of an ideal model of social prescribing for Austria.

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