Table 4 - ‘Making sure social prescribing is here today – and still here tomorrow’

A future of Social Prescribing in Scotland

Based on discussions which took place at the North East Place and Wellbeing Event

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Introduction

What is social prescribing?

Social prescribing is ‘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 supports and services within the community by co-producing a social prescription—a non-medical prescription, to improve health and well-being and to strengthen community connections.’ Caitlin Muhl et al. BMJ Open 2023;13:e070184

The definition and associated data-flow diagram describe four neutrally-termed characters in the Social Prescribing landscape: The Identifier, The Connector, The Service User and The Service Provider.

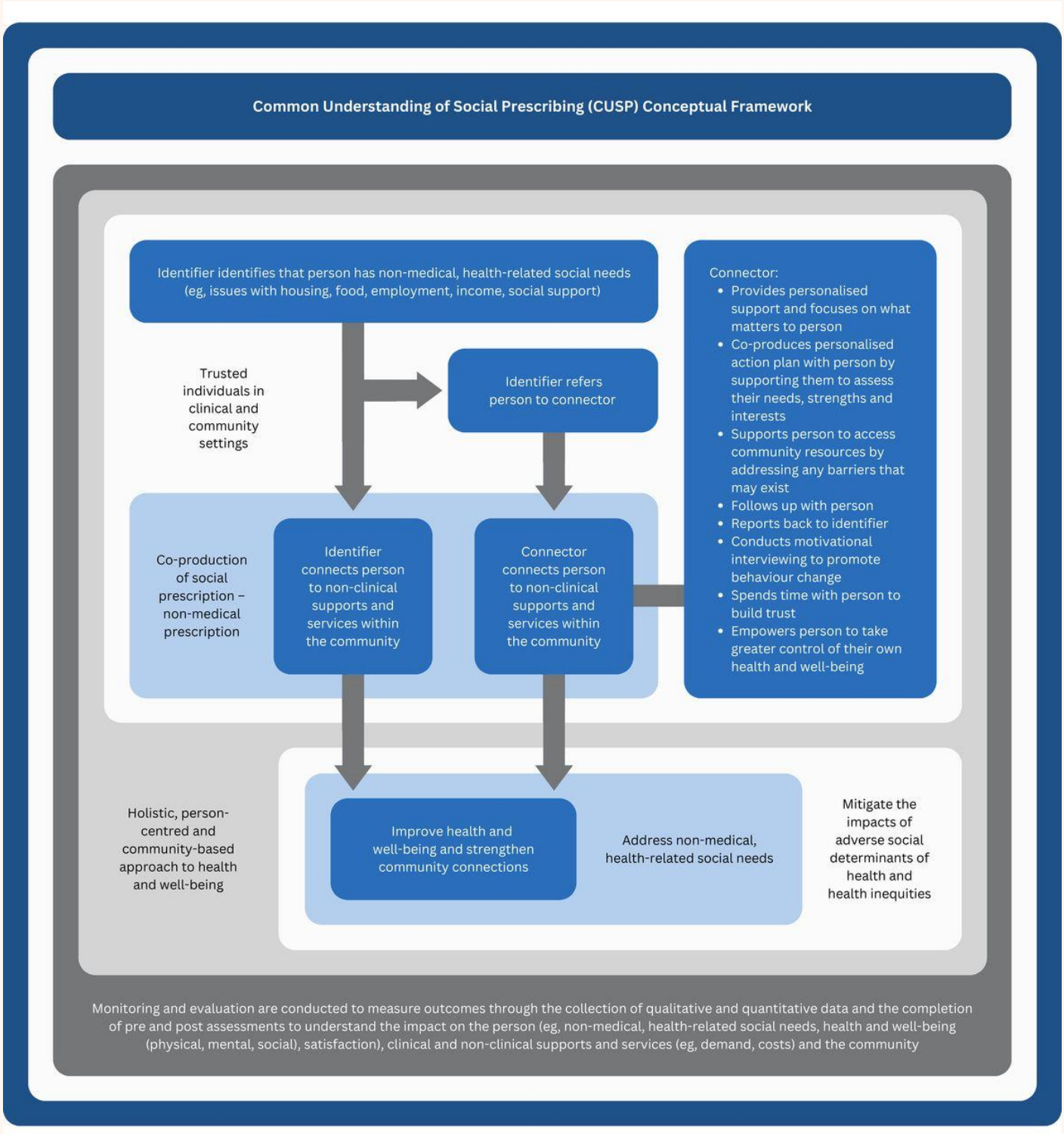
The only essential characters are the Service User and Service Provider. The same person could take on the role of Identifier or Connector. For many of the services on offer, the would-be service user can connect with the Service Provider directly, although in this scenario the term Social Prescribing wouldn’t be used.

The main goal of our table was to build on the output of the North East Place & Wellbeing Network Social Prescribing Workshop held online earlier this year, and sketch out what good would look like to each of these four characters. We provided images of the characters and asked attendees to imagine it was 2026 and that social prescribing was a well-embedded and smooth running capability/function.

One limitation of the set-up was that there were no people on the table who were solely Service Providers or solely Service Users, although people brought experience of these roles to the discussion. A further limitation was that only a small number of people on the table had attended the previous online Social Prescribing Workshop so were not familiar with the discussions or outputs from that session.

Another issue was that there were misunderstandings about what social prescribing actually is, with some people equating sign-posting with the activities of a Link Worker. This highlights the importance of emphasising the conversational and co-creative aspects as being essential elements of the social-prescribing process.

As the service directory had been previously raised as an essential component from the previous workshop, and an area where there were known challenges, we also asked people to spend some time focussing on what a good directory would be like for the four characters.



Caitlin Muhl et al. BMJ Open 2023;13:e070184

What world do we want to see in 2026? How does this good situation look to each of the four personae described in the framework above?

The service user

Gordon – a 70yr old man who lives alone

Gordon can access information about local services – including ones that could be "prescribed" to him by an Identifier or Connector. He can reach this information through various access points including:

- NHS websites – Inform, GP, health board
- The My Health & Wellbeing app (a concept based on the Digital Front Door proposal)
- Local Authority websites
- Third sector websites

As he looks at the services he can filter in various ways – location and category for example. He can also see which ones are available via direct access and which ones require a referral.

When he visited the town library last week he noticed that there were some posters about a few groups and an offer to Ask a Librarian to help find out more.

People also tell him about services. Earlier this year he was introduced (he didn't see it as a prescription) to the local Men's Shed group by a community nurse. The nurse was seeing him for a post-op wound check and recognised that Gordon might benefit from some more community connections since his wife died.

Since joining the shed group he's become interested in what other groups are out there.

The identifier

Kingsley – a GP

Kingsley has long been aware of social prescribing as a concept but it's now much easier to actually do than it used to be. And as it's easier to get people connected to local groups and services he's now more likely to raise this during consultations with his patients – whether in-person, on the phone or via asynchronous messaging.
Today he's seeing Gordon's friend Anne for a consultation about her ongoing fatigue, depression and anxiety. Kingsley picks up that Anne is socially anxious and becoming increasingly inactive.

Since 2025 the Vision GP software has had a "patient-context" connection to the service directory. This means that from a tab on his screen he can see information about groups and services that might be most relevant based on the patient's biographic details and health status. He can always manually search to look for other ones if he wants.
Kingsley shows Anne the screen and she expresses interest in the befriending service. There's also a Connect with Link Worker button which he can click on. This sends a message to the Link Workers so they can get in touch with Anne and discuss how the befriending scheme works.

The connector

Sonia – a link worker based at a Food Bank

Sonia sees herself as an Identifier and a Connector. She has a pretty good idea of the local groups and services that might be of interest to the people who come to the food bank. There are posters on the walls advertising the most popular ones and there's a computer that she and the visitors can use to look at the service directory.

She sits down with Brian, one of the visitors, and they go directly to the service directory. There's a What's New in your Area banner and Sonia sees some groups that she hasn't come across before. Brian's interested in the new offer about free curling sessions for people on a low income so Sonia sends a referral confirming Brian's eligibility.

For other people Sonia sees her role as signposting – enabling people to make the connection themselves, rather than referring or prescribing in any sense. It all depends on the person and the service.

The service provider

Karen and Bob – Strathdon Knitters

Strathdon Knitters don't see themselves as "Service Providers" - they're just a group of people that like to get together to knit and chat at various sites in the area. Karen and Bob help to coordinate the group and welcome new members.

This morning they've had an email through from Agnieska who's wondering if she can come along. Agnieska has a job at the local hotel and is keen to meet some more of the locals and improve her knitting skills. Karen knows that some of the older members will love to have Agnieska along and sends her the details.

Bob is updating the knitting group's details on the service directory - he finds it a great way to get new members. Although many people find them on Facebook and come along just for the knitting chat he knows that for some people the companionship and shared purpose has given them a new lease of life. He loves the way that a GP, charity worker or social care practitioner might discover them via the service directory and send someone interesting their way.

A few barriers to achieving this future

Service user
There are issues for people who are unable to use technology because have limited skills, limited budget for phone credit or access to Wi-Fi.

Identifier
For busy clinicians such as GPs, time pressure is a significant consideration as many struggle to have meaningful conversations about social prescribing in 10 minutes. It may not be practical to expect a GP to do this and the ability to make a rapid handover to a Connector would be equally important.

Service provider
Community groups and Third Sector organisations offering services and activities may not be able to meet the demand created by an expansion of social prescribing. If the state expects them to take on this work as an adjunct to health and social care then many would need additional resources to cope.

The concept of a single service directory

The great future described above, where a directory of services is connected to clinicians' electronic patient record systems and where it's trusted and relied upon by Connectors and Service Users, is contingent on that directory being comprehensive and accurate.
ALISS – A Local Information System for Scotland, is funded by the Scottish Government as a single source of truth for local groups and services. Information in ALISS is crowdsourced and is displayed through the www.aliss.org website as well as being integrated into other platforms and directories used in different areas of the country, including NHS Inform / Scotland's Service Directory and social prescribing / care pathway systems such as Access Elemental and Strata Health. The ALISS system was co-produced with people who are disabled, living with long-term conditions and/or providing unpaid care. Some Connectors do regularly use ALISS and/or Scotland's Service Directory (eg: NHS Grampian Healthpoint service) and there are already plans to further increase the use of ALISS within the North East. Examples of this include the ALISS website being used as a signposting tool within Family Wellbeing Hubs that are being established by Aberdeenshire Council, and the ALISS database being used as a data source for community assets and services within the Connecting Moray project being led by the Digital Health and Care Institute (DHI) and local partners.

Despite this investment of money and effort, some Connectors, such as Link Practitioners – maintain separate databases of hundreds of services – some of those services are the same as those on ALISS and some are different.

Why is this?

Various points were made about people not being aware of ALISS and around, ALISS and/or Scotland's Service Directory being difficult to use, (eg: filtering options not being adequate, information being out of date and it being burdensome to keep up to date).

We also heard that some would-be service users are unable to access ALISS due to lack of skills or lack of money for data.

There was also concern expressed about how reliable the information is – for example whether a group is still running or whether it's just an advert for a private service.

Many of these issues would be true for any directory of services and aren't unique to ALISS. There were various comments to the effect that it makes sense to develop and optimise what already exists (ALISS and Scotland's Service Directory) rather than wasting time and money creating new directories.

What would have to be in place for ALISS to be the sole directory used by Identifiers and Connectors?

This is such a fundamental question that it would be worth investing some research design resource in attempting to answer it in detail. However, we have given some thought to this.

One of the issues could be the different perspectives that Identifiers and Connectors are coming from. For example some services might not be seen as relevant by ALISS curators with a long-term conditions perspective whereas a Link Worker coming at it from a poverty perspective might see the same service as highly relevant. If they don't find financial services listed in the directory then they

may not realise that those types of services can be included and start to compile their own separate list or database rather than adding that information to ALISS.

Another consideration is around the incentives for Connectors and Services to use ALISS. For example, if beneficiaries of various funding sources had to use ALISS (eg: recipients of the Scottish Government Communities Health & Wellbeing Fund are already required to list their funded services on ALISS), and if Link Workers with NHS contracts had to use ALISS then it would help drive development so that the platform meets everyone's needs.

A further consideration is the surfacing of the ALISS data. There are numerous routes to this at present but greater diversity could promote greater adoption, and thus consolidation. For example, an ALISS Alexa skill was released earlier this year and this could be promoted more widely.
If ALISS had a text chatbot front end – rules based or AI based (like Chat GPT), then it would give further options for surfacing the data. This chatbot option is being explored.
If ALISS was better integrated with Facebook then it might also help drive adoption of the directory by the numerous community groups that exist on that platform.

Greater awareness of ALISS and marketing of its purpose could also help. One person said the name was meaningless and forgettable. Presumably the "Go ask Alice" track by Jefferson Airplane isn't a sufficiently obvious connection for everyone.
A connection with the Know Who to Turn To messaging could be useful.

Recommendations

1. Explore the adoption question above in more detail with the goal of developing existing systems to provide a quality-assured directory that meets the needs of all users.
2. Feed the results into the planning for a new Scottish referrals system.
3. Test the design of this speculative future with more representatives of the characters – especially the Service User and Service Provider who were under-represented in this workshop.

Main points	Gaps	Suggested actions
• Definition of social prescribing • What world do we want to see in 2026? How does this good situation look to each of the four personae described in the framework (identifier, connector, service user and service provider)? • Single service directory/ALISS	• Access to digital services for potential service users (skill, budget, wi-fi) • Time constraints for busy clinicians – may need to act as 'identifiers' with rapid handover to 'connectors' • No agreed single directory of services • Will service providers be able to meet the demand created by an expansion of social prescribing? - may need additional resource	• Explore the adoption question above in more detail with the goal of developing existing systems to provide a quality-assured directory that meets the needs of all users. • Feed the results into the planning for a new Scottish referrals system. • Test the design of this speculative future with more representatives of the characters – especially the Service User and Service Provider who were under-represented in this workshop.