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**CONFERENCE ABSTRACT****Social Prescribing: Primary care patient and service user engagement**18<sup>th</sup> International Conference on Integrated Care, Utrecht, 23-25 May 2018

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**Introduction:** Social Prescribing provides healthcare professionals with a non-medical referral option, in order to address the non-medical factors that determine patients' health, wellbeing, and often lead to frequent primary and secondary care visits. To meet the non-medical needs of people, social prescribing links primary care patients with sources of support usually provided within the third sector. Research on social prescription indicates that there is a potential for psychosocial benefits, health, and wellbeing improvements for patients who engaged with the service. However, there is no research on factors affecting primary care patients' decision to take part, or not to take part, in social prescribing. In addition, it is unclear why service users engage, and disengage, with the prescribed services. This study aimed to explore factors affecting the participation of primary care patients (uptake) and engagement of service users (adherence) with a social prescription intervention in the East of England (Luton).

**Methods:** A qualitative study was conducted including 17 semi-structured interviews with GPs (3), navigators (4), and service users (10), analysed using thematic analysis.

**Results:** Factors relating to perceived needs and benefits, the role of GPs, stigmatisation, the entrenchment in the medical model, and the nature of the social prescribing programme affected the participation of primary care patients. Changes in health and wellbeing, rewards, motivation, trust, perceived benefits, service provider-, family-, and navigator support, and the accessibility and availability of services were factors related to the engagement and disengagement of service users.

**Discussions:** Findings of this study fill the existing knowledge gap on factors affecting primary care patients' participation and engagement in social prescribing interventions. Identified factors can inform policy and practice and, if considered in the social prescribing pathway, potentially improve patient uptake and service user adherence in existing and future programmes. A limitation of this study is that primary care patients who refused to be referred into the social prescribing programme were not interviewed. Due to a lack of recording primary care patients who refused to be referred into the social prescribing programme, this patient group could not be identified. To gain an understanding of potential reasons for refusal, in this study GPs were asked about reasons for refusal in this patient group. However, to gain a deeper understanding of barriers to initial participation, more

robust and transparent research in this field, including primary care patients who refused to get involved with social prescribing, is needed.

**Conclusions:** This study produced evidence on factors affecting the participation of primary care patients and service user engagement in a social prescribing intervention in the UK. Findings can contribute to the development of an evidence base for social prescription programmes in the UK, and inform practice, policy, and future research in the field.

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**Keywords:** social prescribing; patient participation; service user engagement

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