



Macmillan Social Prescribing Service

Summary Evaluation Report
July 2017 – April 2019



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Executive Summary

This report is an evaluation of the Macmillan Social Prescribing (MSP) service between the period of July 2017 – April 2019 (Phase 2 of the service), following a pilot phase from 2015-2017 (Phase 1). The service was delivered by the Bromley by Bow Centre (BBBC) across East London and funded by Macmillan Cancer Support.

More and more people are living with and beyond cancer, resulting in a need to address the lasting impact of the condition. The NHS (2019) recognises the importance of personalised care along the cancer pathway. Meanwhile, Social Prescribing is increasingly popular as an effective intervention to improve wellbeing and reduce demand on the health system with commitment from NHS England to roll out Social Prescribing across the nation. Within this context, this evaluation aims to consider three areas: opportunities for the service to develop, the outcomes and impact of MSP and the economic impact of the service.

Macmillan Social Prescribing

MSP provides telephone and face-to-face coaching sessions and connects people living with and beyond cancer to non-clinical community-based activities. The service aims to strengthen clients' capacity to understand and manage their own health and wellbeing for the longer term. **70% of referrals came from outreach or secondary care referrals.**

The mechanism for achieving impact for clients involves four stages:

- **Connection** to oneself and one's needs: through expressing emotion and identifying needs.
- **Awareness** of the support that exists to address these needs.
- **Appreciation** that the support will be of value: through reassessing the future and seeing the relevance of services.
- **Action** through taking steps alongside and with the support of the Social Prescriber.

MSP alleviates clients' concerns and supports wellbeing:

- **There was a clinically and statistically significant improvement¹ in clients' concerns** before and after the intervention (n=237). The largest average improvements came in concerns about emotional wellbeing; whilst the proportion of people rating their advice concern as 'serious' dropped from 80% to 33%.

- **There was a clinically and statistically significant improvement in clients' wellbeing** as measured through MyCAW (n=101) and a statistically significant improvement in anxiety, as measured through ONS4 questions (n=40). 35% of clients rated themselves with 'very good' anxiety levels after the MSP sessions, compared to 13% beforehand.

A Social Return on Investment (SROI) measured the social impact of MSP:

- The SROI considered the impact of direct work during the session (valued at £440,658), the linking role played through referrals and signposting (£80,194) and relief from depression and anxiety as an overall impact of the service (£170,702), totalling £691,555.
- When accounting for a direct service cost of £304,751 over 22 months the service provided a **£2.27 return for every pound spent**, based on outcomes that had suitable financial proxies. A conservative estimate of the economic value to the NHS was **£347,094**.

MSP played a bridging role within the healthcare and voluntary sectors:

- A cancer-specific Social Prescribing service has deliberately **specialised referral pathways**;

¹ In MyCAW, a change in concern score between 1.5 and 2.0 and a change in wellbeing score between 0.5 and 1.0 are thought to be "clinically significant" (Polley et al, 2007). To determine statistical significance, a Paired Two-tailed Student T-test was performed.

relationships with primary and secondary care; and **knowledge of cancer**, with the effect that clients feel understood.

- Support differs from that offered by the NHS system by being: **in-depth** and **time-rich, outside a hospital setting**, and a **broader non-medical conversation**.
 - MSP supports the healthcare and voluntary sectors through **channelling need appropriately** – 76% of referrals are to outside the NHS and statutory sector, whilst there is evidence of timely interventions to ensure clients get help before crisis point. Where there have been gaps in the voluntary sector, it has **micro-commissioned services**, which has involved supporting with funding, referrals, communication, safeguarding and access to space.
 - MSP has specifically supported aspects of Barts Health’s Recovery Package implementation, and generally provided **trusting and knowledgeable relationships** with stakeholders across sectors.
 - Without MSP, there is a **potential for unmet need** and for system learning to be missed due to the unique network across sectors the service has developed.
- **For MSP:** broaden options for appointments to ensure sustainability (e.g. out of hours); focus on building key relationships with signposted organisations; consider systematising referrals from the health system; consider integrating with NHS data systems for more effective feedback and learning mechanisms.
 - **For a similar service:** invest in specialist training and continual development for the team; prioritise stakeholder relationships and proactive outreach to build referrals; consider the setting of your work; value the role of micro-commissioning to meet client needs; ensure sustainability for the service.
 - **For the wider sectors:** ensure more resource for the emotional needs of people living with and beyond cancer; consider the mechanisms that make MSP successful when designing holistic support; champion the role of specialist Social Prescribers, potentially through Primary Care Networks; develop opportunities to share MSP learning across the system.



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1.0

Introduction

This report is an evaluation of the Macmillan Social Prescribing (MSP) service running across East London between the period of July 2017 – April 2019 (Phase 2 of the service). The service was funded by Macmillan Cancer Support and delivered by the Bromley by Bow Centre (BBBC).

1.1

Broader context and landscape

Every year more than 360,000 new cancer cases are diagnosed in the UK with the total number of people living with cancer in the UK expected to rise to four million by 2030 (Macmillan, 2012). Cancer survival is on the rise and has doubled in the last 40 years in the UK, with more than half of people diagnosed in England and Wales surviving for ten years or more (Cancer Research UK, 2019a). 78% of cancer survivors report long-lasting adverse effects of their disease and treatments within 12 months of treatment, with 71% reporting at least one adverse effect more than ten years after treatment (Macmillan, 2009). Almost nine in 10 cancer patients (86%) lack support from family and friends during their treatment and recovery and do not ask anyone else for support (Macmillan, 2013). Moreover, 70% of people with cancer live with one or more other long term condition (Macmillan, 2015). Use of NHS and social care services is also higher than average for cancer survivors (Chitnis et al, 2014).

Social Prescribing is a personalised and community-based approach to health and wellbeing which has seen strong commitment from central government and NHS England over the past few years. Social Prescribing initiatives are growing exponentially around the country and have been included in key policy documents such as the NHS (2019) Long Term Plan's Personalised Care model, which includes a commitment to 4,300 link workers by 2023-4, and the government's Strategy for Ending Loneliness (DCMS, 2018). Social Prescribing schemes can play a vital role in enabling people to rebuild the meaningful relationships they need to sustain their health and wellbeing (British Red Cross, 2019).

Two initiatives in the healthcare sector have been particularly relevant to MSP's development. Firstly, the NHS Long Term Plan refers to a commitment specifically for patients with cancer to get a full and earlier assessment of their needs, an individual care plan and information and support for their wider health and wellbeing and access to personalised care. This builds on the commitments for Stratified Follow Up and Recovery Package interventions within the Living With and Beyond Cancer commitments in the National Cancer Strategy (NHS 2016).

Secondly, Macmillan Social Prescribing has delivered the service alongside the roll out of the Recovery Package across Barts Health NHS Trust. This roll out has included the delivery of health and wellbeing seminars aimed at cancer patients pre- and post-treatment. The Trust also aims to undertake a meaningful conversation about practical, emotional and social challenges being faced by the person with cancer, through Holistic Needs Assessments at the hospital at a point during or after treatment. Cancer Care Reviews are also recommended to be completed by primary care within 6 months of a cancer diagnosis.

1.2

Evaluation objectives and methodology

This evaluation was commissioned to consider three questions:

- How the MSP service can learn, adapt and improve – explored in Section 3 of this evaluation and in the Recommendations in Section 7
- The outcomes and impact of the service for clients and for the wider system – explored in Section 4 and 6 of this evaluation
- An economic assessment of the service – explored in Section 5 of this evaluation, and in further detail in Appendix 4: Macmillan Social Prescribing – A Social Return on Investment

To address these questions, this report presents a summary of the evidence collected over a 22 month period (July 2017 – April 2019) using a mixed method approach. The data used includes:

- Statistical summary and analysis of a database of 1,327 clients, including demographic data, session content

(including MyCAW goal setting data), referrals and signposting information

- Statistical summary and analysis of 40 samples of ONS wellbeing data collected pre- and post- support (at Level 2 and 3), plus 128 client satisfaction surveys for Level 1 clients
- Close analysis of 147 client case notes sampled from open cases over a 12 month period (at Level 2 and 3)
- Thematic analysis of two client focus groups, totalling 17 participants, plus two in-depth client interviews
- Thematic analysis of 7 stakeholder interviews

The evaluation seeks to build on learning from the pilot phase (Phase 1) of the service (Frontline, 2017). Findings from the statistical and thematic analysis were triangulated and then further tested against the evaluation findings from Phase 1. A fuller explanation of the evaluation questions and methodology can be found in Appendix 1.



2.0

The Macmillan Social Prescribing Service

The Macmillan Social Prescribing service (MSP) was initially run as a two year pilot led by BBBC in partnership with Macmillan Cancer Support. The success of the pilot meant a further two years funding of the service which serves people living with and beyond cancer across four boroughs of East London: Tower Hamlets, City & Hackney, Newham and Waltham Forest. These two stages are referred to as Phase 1 and Phase 2 of the service throughout this report.

MSP provides telephone and face-to-face ‘coaching’ sessions and connects people living with and beyond cancer to non-clinical community-based activities. It improves quality of life and experience for patients, moving support from acute to community settings. The service aims to strengthen clients’ capacity to understand and manage their own health and wellbeing for the longer term, to increase their degree of agency and improve their social determinants of health.

2.1

How is the service resourced?

In total, the service has 4 FTE positions, one of which is a management role and another an administrative and data focused role, and a total funding for Phase 2 of £344,667 over 22 months. MSP uses an asset-based approach, employing specialist skilled Social Prescribers at its heart, who work with people’s individual circumstances and link them with community activities through providing telephone support and up to six 1:1 sessions in community locations. Training and development for the team includes shadowing and regular clinical supervision, training in

Motivational Interviewing and Cognitive Behavioural Approaches to Coaching, in addition to Mental Health First Aid and Applied Suicide Intervention training.

The previous evaluation showed that as the service developed, a regular pattern of time spent began to emerge (Frontline, 2017). In Phase 2, staffing structure has increased capacity and shifted towards a greater focus on service promotion, outreach and coordination of referrals.

2.2

How is it accessed?

Total referrals to the service have almost doubled between Phase 1 and 2 of the service (743 in 24 months to 1,328 in 22 months); and a 6-month moving average has increased by over a third (61 in April 2019 compared to 45 in June 2017, as displayed in Figure 2.1).

Clients access the service through a variety of routes:

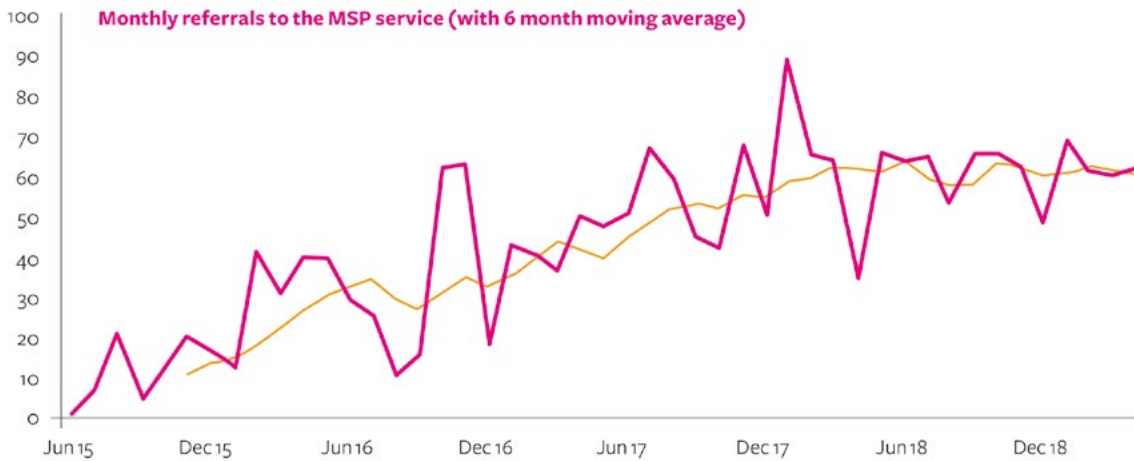
- **50% through outreach** – MSP team attending events, outreaching in hospital clinic waiting rooms and chemotherapy day units
- **15% from self-referral** – the client is told about the service, mainly by a healthcare professional or the Macmillan Helpline, or picks up a leaflet and makes contact themselves
- **35% through referral by a professional** – using a referral form or over the phone.
 - 21% by a secondary care health professional
 - 10% from a primary care health professional

- 4% from community partners – this could be a voluntary or social sector professional, including 36 referrals from generalist Social Prescribing services

The proportion of referral sources has remained largely consistent between Phase 1 and Phase 2, although primary

care referrals rose (Table 2.1 in Appendix 3). In comparison to other Social Prescribing services, the concentration of referrals from outreach and secondary care sources (over 70% in total) is unusual: in the same period, 98% of the generalist Tower Hamlets Social Prescribing referrals were from GP practice staff (BBBC, 2019).

Figure 2.1: Monthly referrals to the MSP service across Phase 1 and 2 (Incorporating 6 month moving average)

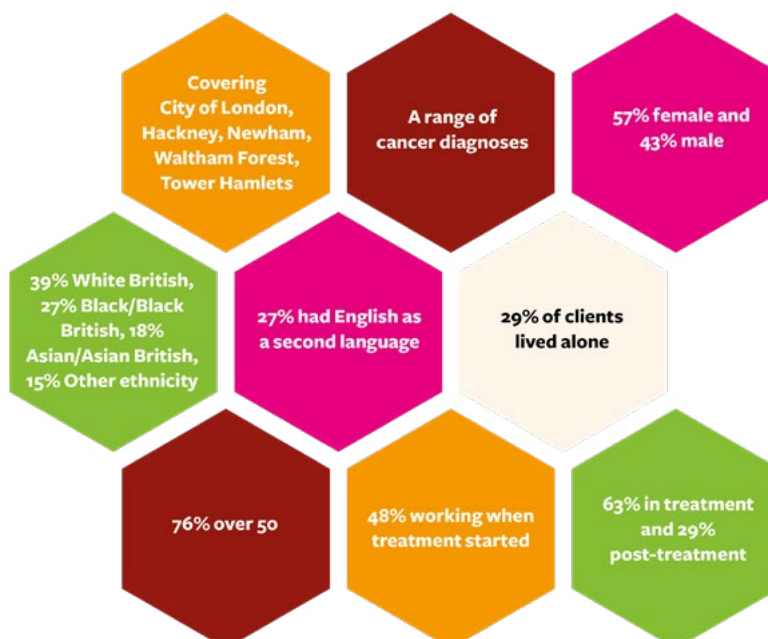


2.3 Who does it reach?

The reach of the MSP service is largely representative of the borough populations which it serves: Table 2.2 (Appendix 3) displays further figures for each borough,

and Figure 2.2 shows a summary of what we know about the clients whom MSP reaches.

Figure 2.2: What we know about the clients whom MSP reaches (n ranges from 975-1328)



The wider life experience of the clients reached by MSP shape their assets and their needs. Cancer treatment can disrupt work patterns and clients may require support to return to work. Research shows that people with English as a second language often face barriers (i.e. language and social and cultural) in engaging with services aimed at supporting long-term health conditions (Lord et al, 2013;

Macmillan, 2014). Most significantly, clients moving into post-treatment face a time where “all of a sudden you’re in a position where your life is radically changed” (Focus group participant), as seen in a sample of 147 case notes: 64 cases (44%) explicitly mention change or loss. This has an effect both on the concerns which the service supports and the type of support MSP provides.

2.4

What is delivered?

MSP is designed to address the social, practical and emotional concerns identified at key points within the cancer pathway. It also provides a space for clients to speak about the impact that cancer has on their lives with a non-medical professional, unconnected to their daily life, using a person-centred and asset-based approach, through the tools of motivational interviewing and coaching.

All clients received initial phone contact to introduce them to the service and assess their needs. From 1,328 referrals to the service in Phase 2, 1,104 clients were supported, whilst 224 did not engage or were not contactable with the service, a 17% non-engagement rate (see Appendix 3: Table 2.3). MSP engaged with:

- **727 Level 1 clients**, a 78% increase in volume from

Phase 1 – this involves a telephone call, where support, signposting and referral is offered as needed, and/or the client is booked for a face-to-face Level 2 session. (See Appendix 3 for considerations of why Level 1 clients choose to remain at this level).

- **377 Level 2 and 3 clients**, a 46% increase from Phase 1 – after an initial telephone call, Level 2 offers a face-to-face hour long assessment in a community setting where client wellbeing is explored and goals are identified. Actions are then agreed and referral or signposting is offered. Progressing to Level 3, clients may have further (up to three, or five for complex cases) face-to-face sessions of an hour each, providing any additional support required. In total an estimated 692 hours of face-to-face support were delivered in Phase 2.



3.0

How does the service create impact?

From the Theory of Change developed for the service (Appendix 1), clients experience four stages of support within MSP, which will each be discussed in turn:

- **Connection** to oneself and one’s needs: through expressing emotion and identifying needs.
- **Awareness** of the support that exists to address these needs.
- **Appreciation** that the support will be of value: through reassessing the future and seeing the relevance of services.
- **Action:** through taking steps with the support of the Social Prescriber.

3.1

Connection - to oneself and one’s needs

Connection to self was experienced through two pathways: expressing and working through emotions and identifying needs.

Expressing emotion

There was high emotional content within the sessions. This is reflected in an analysis of 147 level 2/3 case notes (39% of total cases), intended to represent a snapshot in time of the client work. 86% of all cases analysed had some reference to emotion within the case notes, with the most common being anxiety (65% of all cases, and a total of 297 references) and sadness (62%, 234 references). A third discussed death and 9% (13 of 147) of cases discussed suicide (see Table 3.1 in Appendix 3).

The different sources of worry that a cancer diagnosis could provide ranged from practical and financial concerns to existential questions. The emotional support from the Social Prescribers was important to clients, particularly when adjusting to a cancer diagnosis:

“For me it was the emotional support. Because right at the beginning I couldn’t even bring myself to say the word cancer in relation to me... But within a couple of sessions I was able to... rationalise it in my head and I could actually use and accept the word cancer from a personal point of view.”

Focus group participant

“I needed someone else to talk to that wasn’t friends or family. Cancer is different at every stage. When I talk about death it doesn’t mean I’m going to die but I can’t talk about that with my family or friends. There is still taboo about it.”

Focus group participant

Identifying needs

Whilst processing clients’ emotions in a safe space, the MSP service also enabled clients to articulate their needs and concerns. 81% (n=116) of Level 1 clients agreed that it was useful to discuss their concerns. Clients appreciated this opportunity to “think loudly”, a space which also prompted further questions and began to lead people to the next steps of the conversation:

“It’s not just a service where you come and you can sort of unload all your worries. But I found that [the Social Prescriber] actually was asking questions. And those questions were making you actually go away and think

about... what I can do about this? So it was sort of leading you into areas where you normally wouldn't go.”

Focus group participant

In phase 2, 87% of people at level 2/3 (n=327) completed a MYCAW assessment, a person-centred goal-setting tool (see Appendix 1 for the questions). In total, 778 concerns were identified across the 327 clients (see Table 3.2 in Appendix 3 for more detailed analysis of these concerns). Two-thirds of problems were rated as “serious” – a 5 or a 6 on the scale (531 out of 771). The three most common

categories of concern were also the concerns clients rated as most severe:

- Access to advice, the largest sub-category of this being applications for benefits and other financial support
- Emotional wellbeing, including adjustment to the cancer diagnosis and dealing with the future
- Physical concerns, side-effects and treatment options, particularly understanding symptoms the client is experiencing.

3.2

Awareness - of the support that exists

Within the focus group, it was clear that the signposting and referral element was seen as a core part of the service:

“There might be other organisations or charities that are doing things that might be able to help you in specific ways that is right for you. [It's] a space where you can actually talk about how you're feeling. The important part of it is signposting because not everyone is going to know all of the right places to go to.”

Focus group participant

On average, clients were referred just under once to another service and signposted to around two further activities, in total 2.6 referrals and signposts per client². This rose to 5.9 for Level 3 clients (see Table 3.3 in Appendix 3).

A wide range of services

Clients were referred to 406 unique services, with the majority of referrals/signposts within:

- Financial support and other advice services; 13% of the 2,772 total referrals/signposts were for the Macmillan welfare and benefits advice service
- Physical activity, with 5% of referrals/signposts being made for yoga/pilates classes
- Treatment and health options – largely for support with side-effects i.e. complementary therapies, including 6% of people signposted/referred to managing cancer and psychology workshops at Barts Health NHS Trust

Services to support emotional wellbeing (encompassing counselling services, Macmillan HOPE course and mindfulness and meditation courses), support groups and social groups were the next largest sources of referrals and signposting (see Appendix 3: Tables 3.2 and 3.4). This proportion aligns with the needs and concerns identified during the sessions (Section 3.1), although there was often more than one referral/signpost per problem identified, particularly for advice, physical activity and support groups.

You don't know what you don't know

The general consensus in the focus group was:

“You don't know what you don't know and you don't know what level of support that you're entitled to... And you need someone who has actually got all of that. You don't want that responsibility taken away from you, you've still got to go out and do it yourself but you need someone who will guide you and push you gently in the right direction.”

Focus group participant

This knowledge was not just of services in the local area – often people felt ‘at sea’ about the consequences of the cancer and treatment pathways:

“She had a lot of anxiety about radiotherapy... we had a look at the Macmillan website about radiotherapy and went through [side effects] to prepare her. Feeling tired was the worst side effect she experienced during her chemo. I advised her to speak to the nurses/radiographer about this when she started.”

Case notes

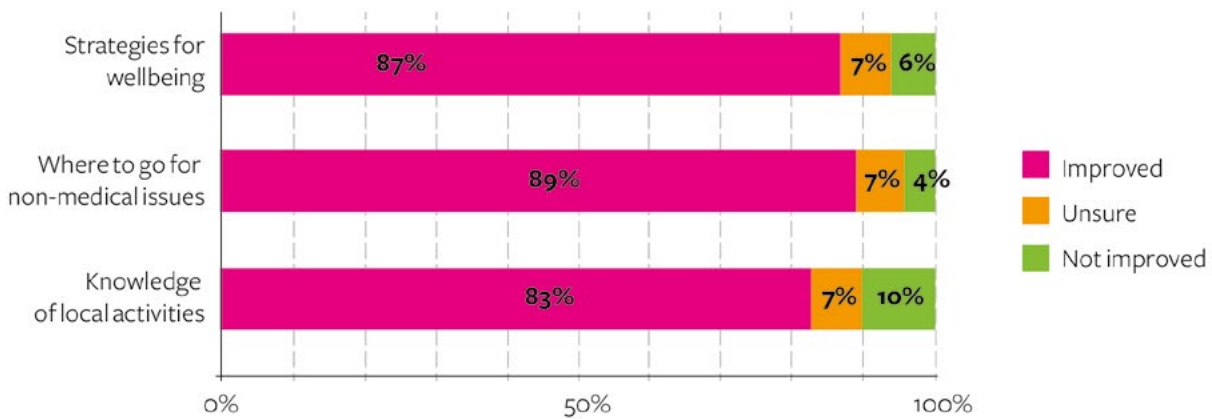
² In this context, referrals are active contact made by a Social Prescriber to the organisation on behalf of the client. Signposting is presenting the client with all the appropriate information needed for them to make direct contact with the organisation themselves.

Improved knowledge

As a result of the service, 83% (n=178) of clients across all three levels improved their knowledge of local activities available to them. 89% of clients at Level 2 and 3 felt more

knowledgeable about where to go for non-medical issues (n=73) and 87% felt that they were more aware of how to change aspects of their wellbeing (n=70) (Figure 3.1). This is almost identical to Phase 1 (82%, 88% and 87% respectively).

Figure 3.1: Changes to knowledge after MSP work (n=70,73, 178 respectively)



There is good evidence that this link is important. 81% of clients (n=67) believed they would not have accessed the services without MSP and most (76%) explained that this was because they would not have known they existed. This wider knowledge can also mean that clients are

connected to activities that surprise them: for focus group participants, this included the range of support groups available, the high take-up of yoga classes, and a filmmaking course.

3.3

Appreciation – that the support will be of value

Reassessing the future

MSP supports clients to reassess and reframe the clients’ ideas of and for the future. The experience of cancer can challenge identity and future plans. This can happen in very practical ways:

“The first meeting I had with [the Social Prescriber], I think one of the good things she said to me was ‘Don’t look at it as fighting a war. Break it down so that you’re fighting lots of little battles. Because you can lose a battle but [doesn’t mean] you lose the war.’ And then I’d think really trivial things like my first target was walking 50 metres down the road to the Co-op and getting back in one piece. That to me was a battle that I’d won. So it just builds your confidence.”

Focus group participant

“I saw my life as going in a one way direction. Because I didn’t know who to talk to. I would have felt hopeless... I would say the Social Prescriber brought up my confidence to be able to fight for my cancer. If they are not there my life would have been shattered. I was lost, I was depressed. Where should I go?”

Focus group participant

As a result, this can have a startling impact on clients’ outlook in life:

“I’ve started changing my views and look at my life differently.” “They helped me to get up again.”

Focus group participants

Services feeling relevant

A second effect is the work Social Prescribers do to make services relevant to their clients' concerns. One more common example was clients recognising and accepting the financial support to which they are entitled. This example from a follow-up session demonstrates some of this work:

“Olivia³ has not spoken to [advice centre] about benefits [as discussed previously], unsure if she is eligible for PIP so didn't think it was worth talking to them. Husband not claiming benefit and currently unable to work. Strongly encouraged them to apply for benefits for him to help ease financial situation. Recommended speak to [advice centre] ASAP to make a claim.”

Case notes

3.4

Action – clients and MSP take action together

Accessing services

The final step in the Theory of Change is taking action. 58% (n=156) of people surveyed had accessed a service which they had been signposted or referred to at follow-up. For Level 2 and 3 clients only, this rises to 66% - exactly equivalent to Phase 1. In total, as most clients were referred to more than one service, 35% of the referrals/signposts were acted upon. Moreover, 64% (n=104) of Level 1 clients surveyed were likely to 'do something differently' as a result of the MSP service.

In the focus group, participants talked about trying a range of different activities and services, for different purposes and with different effects, sometimes surprising the participants:

“[I accessed] Psychologist. Financial support. You know the disability people where you can apply for [welfare benefits]. Apart from the finances and everything, the greatest one I think is the documentary making. The filmmaking. Because that one, I learned how to express myself and also learn from other people. And the same

time also to advise a lot of people about cancer. Because that is one area I have learned that people doesn't want to talk about it. We have to educate a lot of people about cancer. Let them know that it is not the end of your life. That there is life after cancer.”[sic]

Focus group participant

The first thing I did was go to the dance class and it was amazing, it was like using the joy of my body, I felt so alive. It changed my life, the start of feeling better.”

Focus group participant

Direct financial support

MSP also supports clients in claiming grant support for items from orthopaedic mattresses and hospital transport, to new clothes for clients who have lost weight. In Phase 2, 177 grants were applied for to seven grant-making organisations, the majority to Macmillan. 80% of these were awarded, with an average value of £357, and a further 15% are in progress. Across Phase 1 and Phase 2, the grants awarded total **£78,635**.

3.5

Enablers and barriers to a journey with impact

93% of Level 1 clients (n=58) and 96% of Level 2/3 clients (n=72) were satisfied with the service.

Across the focus groups and follow-up surveys, clients were asked for their enablers and barriers to their experience, which were then mapped to the stages

identified in Section 3.0 (Figure 3.2). Within the survey, 94% of the comments (n=278) focused on enablers to the service, reflecting clients' largely very positive experience of the service, hence the sample size for identified barriers is a lot smaller.

³ Some names have been changed.

Figure 3.2: Enablers and barriers for each mechanism



Enabler: A space to think - stability, focus

“It was nice to have a designated support worker and to meet with them on a number of occasions, the consistency and familiarity of them meant I had some stability and even friendliness through the process where I felt on the medical side was non-existent”.

Barrier: Access to and communication of service

Early and careful messaging and methods of communication to cancer patients. More flexibility with appointment system, and some provision for people who may be isolated. Signposted services at evenings and weekends. A good venue for sessions.

Enabler: Knowledgeable, solution focused

The most common adjective in the feedback was ‘helpful’, and the Social Prescribers’ knowledge was the highest rated enabler (n=278): “she explained things I didn’t understand”.

Dealing in both questions and solutions seemed significant to many participants - interestingly, several compare the MSP service to counselling, recognising the similarity of listening to problems, whilst noting its difference in providing solutions and signposting.

Barrier: Sustainability of MSP service and referral services

“More funding” was seen as a solution to this.

Enabler: Led by my needs, in control and understood

“I wanted to come back because you’re easy to talk to and you understand. I lose my temper with other people.” “My helper was very kind, that thing we need more when we are not well. She treated me kindly and patiently”.

“Most reassuring. The feeling that there is someone there that cares, and is ready to listen to your problems and concerns, provides me with relief, on the one hand, and a kind of insurance on the other.”
 “I felt like I was in control of how I wanted the service to help me. I could say how I felt without feeling silly”.

Barrier: Structure of session

Some participants wanted more sessions. Several participants requested that when moving on from the service, “don’t rush” to close their case. This seemed most important for people out of the area who were not eligible for face-to-face contact.

Enabler: Efficient and reliable

“[They were] extremely helpful and informative and sent me all the literature very quickly”.

Barrier: Following up with services

Several clients mentioned difficulty with accessing and following up with signposted services, in one case even after requesting the MSP service to chase the referral. Some specific requests, such as support with gym membership and access to counselling, had not been successful. For clients out of the East London catchment area, MSP workers were understandably less likely to know area-specific activities to signpost them to. (Focus group and survey participants)

4.0

What was the impact for clients?

The data showed two main impacts for Social Prescribing clients as a result of the service: the areas of concern they had identified had improved; and clients had improved their wellbeing, most noticeably through reducing their anxiety. The data considered in this section was collected for Level 2 and 3 clients only (34% of the client population).

4.1

Problem alleviation – improving the social determinants of health

Clients rated their concern about their problems through the MyCAW scale on their first and last MSP session. 68% of problems (n=237) had improved, 51% by 2 or more points. Even more importantly, before the sessions, 60% of concerns were rated ‘serious’ (5 or 6 on the scale); afterwards, only 24% were in this category (n=237).

Overall, change in MyCAW concern was clinically and statistically significant⁴. Clients at Level 3 saw a larger reduction in concerns than Level 2 clients (1.63 to 1.39, n=166 Level 3, n=71 Level 2); meanwhile, concerns rated as the first or second priority were most likely to fall the largest amount.

Figure 4.1: Change in average level of concern for each problem area (n ranges from 18 to 47)



⁴ In MyCAW, a change in concern score between 1.5 and 2.0 and a change in wellbeing score between 0.5 and 1.0 are thought to be “clinically significant” (Polley et al, 2007). To determine statistical significance, a Paired Two-tailed Student T-test was performed.

Statistically significant changes were seen in all of the problem areas (Figure 4.1, Table 4.1 in Appendix 3), many of which map to the social determinants of health (c.f. The Health Foundation, 2018). In Section 3.1, the three highest priority concerns for clients, both in volume and in severity, were: access to advice, particularly financial support; emotional wellbeing; and physical concerns. After Social Prescribing, these concerns had dropped on average between 1.58 and 1.81 points (out of 6). Emotional wellbeing showed the largest average change, whilst the percentage of people who rated their advice concern as ‘serious’ (scoring a 5 or 6 out of 6) had dropped from 80% to 33%. These ‘top three’ problems, plus concerns around physical

activity and work and learning, all showed clinically significant change. In contrast, the categories of ‘socialising’, ‘support groups and relationships’ and ‘practical support’ were just below the threshold for clinical significance.

This improvement has further implications on MSP clients’ health and potentially on their cancer recovery. Stress management and appropriate physical activity are particularly associated with increased likelihood of cancer survivorship and positive clinical outcomes (Davies et al, 2011; Vijayvergia and Denlinger, 2015; Kline et al, 2018; NCI, 2019).

4.2 Wellbeing

The second impact was an improvement in clients’ wellbeing. Wellbeing was measured in two ways: through the MyCAW assessment and using the ONS wellbeing scale.

101 clients rated themselves on the MyCAW wellbeing scale and on average improved their wellbeing by over 1 point (from 3.83 to 2.82). This is clinically and statistically significant.

40 clients also completed ONS Wellbeing questions measuring their life satisfaction, whether their life was worthwhile, how happy they felt yesterday and how anxious they felt yesterday. It is notable, although unsurprising due to the circumstance, that their initial

scores were substantially lower than a comparable East London average⁵: more than half rated themselves as ‘poor’ or ‘fair’ (Table 4.2 in Appendix 3).

Across all four ONS measures, wellbeing improved, although remaining lower than the East London average. Moreover, compared to this standard, there was a substantially larger cohort who remained at ‘poor’ and ‘fair’ levels of wellbeing. ‘Feeling anxious’ showed a statistically significant improvement, the biggest average improvement and the largest shift in people reporting ‘very good’ levels (a score of 0 or 1 out of 10 for anxiety) (Figure 4.2). 60% of clients surveyed (n=40) felt less anxious after the MSP sessions.

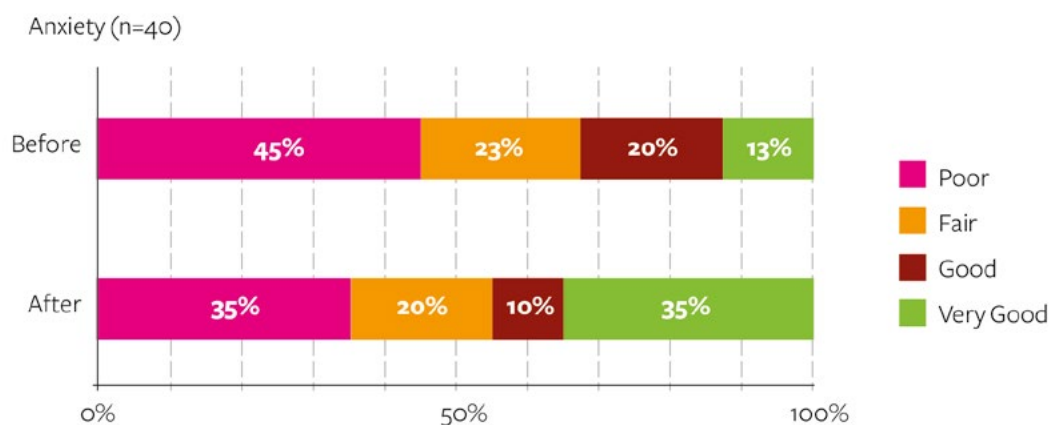


Figure 4.2: ONS “Feeling anxious” before and after the intervention

4.3

A journey of impact

The following case studies illustrate the impact of a service tailored to MSP clients' needs and the journey of a client through these four stages of impact.



Sandra was diagnosed with cancer at a busy time in her life when she was working and a carer for her mum. She met with MSP shortly after this.

“There is a ‘new normal’ [after cancer]. My Social Prescriber was great: really helpful and sympathetic. They helped me to think through what I needed to do to look after myself.

I was connected to a women’s cancer support group, a dance class and a yoga class for people living with cancer. Thinking about your own problems can be quite isolating so things like the support group were really useful.

What is great about MSP is that it’s about the whole person. When you’re going through treatment, it’s all about the medical side. The most valuable thing was being given the space to reflect by someone who wasn’t part of my life. The service adapted to my needs.

Your body lets you down when you have cancer and dancing gave me confidence in my body and the opportunity to have a laugh. Through the [referred activities] I met people, developed friendships, felt encouraged.

MSP gives you what you need after treatment to put a life back together again.”

Client interview



When Hoffman met with MSP he had some financial worries and was feeling isolated. Through MSP, Hoffman took part in a film-making course for people with cancer and the group produced a collaborative film about their experiences.

“When I met MSP, I told them I wanted to know more about the implications of my cancer. They gave me some leaflets and I started reading a bit more. They encouraged me to ask my consultant when I didn’t understand.

I secured an unfurnished flat and they told me about Freecycle: I got a sofa for the flat and a grant to buy a mattress. One of the side effects of prostate cancer is I need to go to the loo more regularly. That can be difficult when you’re out. My Social Prescriber got me a disabled toilet key so I can use locked public toilets and a Macmillan toilet card which saves explain when I need the toilet urgently.

The more you talk about cancer, the more you have some peace. It’s not the end and there are lots of things you can do, there is someone you can talk to. That feels good.”

Client interview

5.0

Social Return on Investment

To attempt to value the impact MSP has to clients and the broader economic consequences for key stakeholders, a Social Return on Investment (SROI) analysis was performed. More details of the methodology and assumptions, including a sensitivity analysis, are found in Appendix 1, with the full report in Appendix 4.

This SROI considered three groups of impact:

- **Impact map 1:** Direct benefits attained through the nature of the sessions (c.f. the ‘connection to yourself’ and ‘appreciation’ mechanisms in Section 3)
- **Impact map 2:** The benefit of MSP’s connecting role in linking clients to other services, which would not otherwise have happened (c.f. the ‘awareness’ and ‘action’ mechanisms in Section 3)
- **Impact map 3:** The overall impact of the service in supporting clients to alleviate their concerns, leading to relief from depression and anxiety (c.f. overall impact of the service, Section 4)

Direct impact within the session

There was good evidence from a detailed analysis of 147 case notes (39% of Level 2/3 population) for impacts including: connecting with family, strategies to avoid mental health escalation, suicide prevention, building confidence, treatment compliance, built knowledge and skills, as well as financial resources attained for clients through grants or applications. For those impacts for which there were sufficiently robust and suitable financial proxies, the total value benefitting MSP clients overall was **£440,658**.

TOTAL attributed to MSP

£440,658

Impact of linking with onward activities

A variety of onward activities had defined social value, including: access to advice, volunteering opportunities and joining social groups, physical activity classes and support groups. In total, the sum of **£801,945** of value was generated. This is an impressive set of outcomes

conferred to MSP clients: however, it is clear that this value is shared with the referred or signposted organisations, which each have their own running costs. In this SROI, in consultation with stakeholders, 10% of this value has been attributed to the Macmillan Social Prescribing service, to value its connecting role. As well as the support and knowledge provided in order for the connection to happen, this attribution recognises its role in avoiding escalation of problems (Friedli, et al 2007:45), its intervention at a transition point in people’s lives and the value in changing habits, and the influence that the MSP service has in shaping its largest referral partners.

TOTAL attributed to MSP

£80,195

Impact of relief from depression and anxiety

There were multiple sources of evidence supporting relief from depression and anxiety. The average change in wellbeing for the whole population as measured by MyCAW was both clinically and statistically significant; a drop of 3 or more points on the wellbeing score was used to decide the threshold for ‘relief from depression and anxiety’ (indicating clients moving out of a ‘serious’ concern about their wellbeing into a more stable situation). Many more clients also improved their wellbeing in a less dramatic way, which is not included in this measure. This social value is estimated to be **£1,707,024**. Again, based on stakeholder feedback, the total value attributable to MSP has been set at 10%.

TOTAL attributed to MSP

£170,702

Total impact attributable to MSP

The MSP service has a clear impact for clients in-session, through its linkage to onward activities, and in the support it gives to alleviate concerns and improve mental wellbeing. The total social impact attributable to MSP is **£691,555**.

	Total impact	Attribution of impact map	Total impact attributable to MSP
Impact within session	£440,658	100%	£440,658
Impact of linking with onward activities	£801,945	10%	£80,194
Impact of relief from depression and anxiety	£1,707,024	10%	£170,702
Total	£2,949,627		£691,555

Furthermore, from within this figure, the value MSP gives to the NHS is estimated at **£347,094**. This is a conservative estimate. 11 outcomes were considered as relevant for the NHS: clients receiving timely mental health support and treatment advice at an appropriate level and building protective factors for disease recurrence. Of the 11 outcomes, three had suitable values calculated in other SROI analyses, namely the value to the NHS of suicide prevention, support groups and increased knowledge of local services available.

The running costs of the service for a year are £188,000 per annum. Excluding evaluation cost and expense of micro-commissioned projects (not measured here), in the 22-month period of July 2017 – April 2019 this equates to £304,751. **This gives a Social Return on Investment of £2.27, suggesting that for every pound invested, the service returns £2.27 of social impact.**



6.0

How does MSP add value to the healthcare and voluntary sectors?

This section considers MSP’s wider role in the healthcare and voluntary sectors, including:

- the distinction between MSP and generalist Social Prescribing services;
- the ways MSP supports cancer provision within healthcare;
- MSP’s influence and relationship with both the voluntary and healthcare sectors;
- and the potential implications of the end of the MSP service.

6.1

What specialist support does a cancer-specific Social Prescribing scheme provide?

MSP has two clear distinctions to the general Social Prescribing scheme: their specialist knowledge and the referral relationships. This may explain the 36 referrals from general schemes to MSP.

Specialist knowledge - to break taboos and understand

Several characteristics of cancer stood out for multiple clients. Firstly, a diagnosis of cancer is often life-threatening and sudden, and can feel like a taboo subject that is difficult to discuss with family and friends:

“I’ve got a young family and for me, I couldn’t really talk about how I was feeling to them... So I kind of held it a lot.”

Focus group participant

As a result, it was important that clients knew that Social Prescribers would have a general understanding of their situation and how it might affect them:

“What you need is empathy and to be working with someone that gets the complexity of the disease.”

Steering group member

This ‘broke the barrier’ of clients needing to explain their experience:

“There’s a feeling that one is talking to somebody who is already equipped with the information. And that person... knows what [you’re] going through... One does not have the energy to explain, to go over.”

Focus group participant

This knowledge also meant that clients could go into a session being their honest selves, confident of an empathic reaction – particularly important in order to connect with their own emotions and needs:

“It was great because they would understand, I knew they’d know what to expect and I could go in being down, depressed or tired.”

Focus group participant

Knowledge of likely symptoms, experiences and warning signs was also useful. In the focus group, there were several examples of clients better understanding their treatment journey as a result of this:

“After having one and a half years of chemotherapy it affected my mood a bit and I thought, it’s dementia but she said ‘It’s the chemotherapy’ yeah and that was good to know that. Because I had been on chemotherapy it does affect your memory which was going.”

Focus group participant

The stakeholders interviewed also universally stressed the importance of specialised knowledge, but were more likely to emphasise MSP’s “knowledge of cancer-specific needs” and “milestones” in a client’s journey.

Referral pathways

57% of MSP clients (n=1,328) also had general Social Prescribing schemes in their boroughs, suggesting that MSP is reaching a different group of people to the generalist model. A unique aspect of the MSP model is outreach into cancer-specific wards and secondary care relationships, evidenced through referrals from over 280 different professionals into the service during the existence of the service. There was some recognition by stakeholders that this was the result of a lot of time and dedicated effort to develop “strong rapport” (Steering Group Member). These rich relationships with healthcare professionals in primary and secondary care enabled MSP staff to act as part of a multidisciplinary cancer team.

MSP staff send feedback letters concerning the progress of the referral and other key information three months after the client has been referred. Stakeholders saw this as

important both to keep the service “present and visible” and to track progress of individual clients. Altering these feedback mechanisms was the only suggestion for future development from stakeholders, and could for instance involve integrating with NHS data systems to provide feedback in real time.

Trust in and recognition of the Macmillan brand was another significant factor, confirmed by stakeholders and clients:

“Knowledge, support, confidence, trust. That’s what it equals.”

Focus group participant

Furthermore, the network of organisations Social Prescribers actively used looked substantially different to other Social Prescribing teams: 52% of referrals or signposts (983 of 1905) were for cancer-specific organisations, services or support groups. This suggests that MSP captures a good balance of relevant local services as well as specialist cancer support.

6.2

What enhancement does Social Prescribing bring to NHS-based support?

Clients were largely positive about their experience of cancer treatment as a whole. Both clients and stakeholders identified several clear distinctions between MSP and NHS-based support: in the setting, the in-depth nature of the session and its focus on the whole person.

The setting

It was important for clients that the point of engagement was outside of a hospital environment. This was at least partly connected to the stage of treatment that clients were facing:

“[In the hospital] you’re not actually in a state of mind to actually absorb [other information]. All you want to know is ‘Have you taken the damn thing out? And where are we going from here?’ ... you’re not mentally in a position to take it all in. It’s not that you don’t want to know it, it’s that you can only absorb so much information”

Focus group participant

However even after treatment, a local setting was preferred: hospital had strong associations with their previous treatment experience and had potential transport implications. This also gave clients the opportunity to choose when to engage with the MSP service, whether this was during or post-treatment.

There was some suggestion that the setting also influenced the type of conversation:

“Outside of clinical area means they can talk about day-to-day stuff not just treatment or hospital stuff.”

The environment encourages that - if you are in a GP’s office a patient might feel like they can only talk about medical stuff.”

Referrer

In-depth support

The time MSP provides was important, both for stakeholders and clients. Giving time for “in-depth” understanding seemed tightly related both to legitimising clients’ needs and “articulating their concerns”. In the focus group, a vivid comparison was made to a GP session where “as soon as you walk into the room the clock is running”:

[At the GP session] “I was just so aware of how busy she is, even when I had questions. I could see she was rushed so she didn’t really have time either to sit down and I almost feel like I’m bothering her because I’m thinking there were other people who were maybe just starting on their journey with cancer.”

Focus group participant

Clients reported a similar experience in appointments with nurses. In comparison, MSP was seen as able to give clients time with a purpose ‘to talk about how things are going for me’. The need to process and adjust to the diagnosis was particularly seen as a potential service vacuum, to give “time for emotions”.

Whole-person support

Clients identified the importance of acknowledging the broad, changing needs and priorities of a cancer patient through their treatment journey, reflective of the fact that dealing with cancer impacts one’s life widely.

“I think the first question she asked me when I came to see her was ‘What do you need?’ And you think, well I want to know that it’s gone’ ‘No what do you need?’ and then you actually start thinking about... all the other things. And it’s a different sort of checklist, it’s a checklist for you.”

Focus group participant

Both nurses and doctors were seen as there for medical needs:

“The nurse doesn’t say go off and do dancing.”

Focus group participant

It was important to have a session that proactively had a wider focus than the medical:

“MSP service was always about living, you’re still able to live your life, when you speak to doctors and nurses it’s all very medical and matter of fact.”

Focus group participant

6.3

How does MSP influence the wider healthcare and voluntary sector?

This section considers how the MSP service has supported an improved use of healthcare and voluntary sector services and how it has aligned with and added value to work on the Recovery Package, Macmillan strategy and the NHS Long Term Plan (as outlined in Section 1.1).

Access to voluntary sector

46% of all referrals or signposts were to a charity or community centre; 76% to outside the statutory and NHS sector (see Table 6.1). There is existing evidence that this kind of pathway reduces demand on the NHS (MacDaid et al, 2017), particularly when 19% of GP time is spent on non-health-related issues (Citizen’s Advice, 2016).

Micro-commissioning – changing the services available

MSP ‘micro-commissioned’ three projects – chair-based yoga, dance classes and a filmmaking project – all tailored to the needs and experiences of people living with and beyond cancer.

“All participants can do as much or a little as they feel able to, and [it’s] appreciated that what is fine one week may not be the next.”

Yoga impact survey

MSP provided more than funding and referrals, but also held knowledge, resources available and the structure and networks for the services to be successful:

“[MSP provide the] physical space... it’s a safe and democratic space - unlike a studio where people often feel out of place...They spend time engaging participants... Also safeguarding support...it gives me confidence knowing that I can pass things that concern me over to them.”

Service Provider

The existence of these projects had direct benefits for both the service providers and clients and is a good example of the role Social Prescribing can have in informing and shaping local provision to best suit the needs and interests of its clients.

Use of primary and secondary care

When necessary, the MSP service encourages routes back in to NHS, to appropriate support. In 11% of face-to-face cases (n=147), MSP employed strategies to support treatment compliance and there were 34 referrals or signposts back to the medical pathway (across all levels).

Evaluations of other Social Prescribing services have suggested that Social Prescribing variously reduces primary and secondary care demand (Palmer et al, 2017; Kimberlee, 2016; Dayson and Bashir, 2014; Farenden et al, 2015; Brandling et al, 2011). There was no clear consensus from the 17 focus group participants about whether use of MSP had influenced the pattern of their GP appointments or A&E attendance although 100% of clients in the first focus group reported contacting their Clinical Nurse Specialist less:

“in the past I underrated many things that was happening to me”, “I think I contacted my cancer nurse less because the information that I will request from my cancer nurse has been passed to Macmillan.”

Focus group participants

The Recovery Package

There are specific examples of where the MSP service has supported elements of the rollout of the Recovery Package in Barts Health and in primary care. Newham CCG financially incentivised GP referrals to the service when delivering Cancer Care Reviews, meaning identified social and practical concerns could be addressed; the MSP team have also supported the roll out of Holistic Needs Assessments in some tumour sites through participation in training and providing an option to refer when a need is identified. The majority of the 17% NHS referrals made from the MSP service are for talking therapies or workshops delivered under the ‘health and wellbeing seminar’ strand of the recovery package (304 referrals/signposts in total). The MSP service has also taken part in these health and wellbeing seminars.

A learning and support network

The stakeholders interviewed expressed trust and confidence in the team and saw their collaboration with the team as a route to developing shared knowledge and learning, whether about cancer or service design:

“I think that it gives me access to a bunch of experts in [Social Prescribing], so I can refer to them when I need. I have access to great knowledge. If the service wasn’t there I would have to find that information so yes, it does save me time.”

Steering Group Member

For some, this has influenced their practice, ideas and conversations with clients:

“[MSP has] increased my confidence in speaking holistically with clients. Given me the ability to talk to clients and support them fully because I know what is available to them.”

Service Provider



Supporting the Macmillan strategy 2019–2021

The Macmillan strategy (2019) names six objectives. Particularly pertinent is its second objective – that ‘everyone with cancer will have a conversation about needs and concerns and get the support that’s right for them’: the evidence from Sections 6.1 and 6.2 suggests that the setting (out of the hospital) and expertise of the Social Prescriber allows for broader and more nuanced conversations than delivered by a CNS or generalist Social Prescriber. There is also clear evidence that the MSP service successfully identifies and tackles ‘vital’ and urgent needs, on a wide range of bases, the focus of its third objective.

The NHS Long Term Plan

The MSP service is a mature example of a successful Social Prescribing model, adapted for its context – and so is most relevant to the NHS (2019) Long Term Plan as a good practice example of Social Prescribing. Moreover, to meet the commitment of 4,300 new Social Prescribing link workers by 2023 would mean that Primary Care Networks will have multiple posts. MSP shows the benefit of specialism by Social Prescribers, which could be integrated into this model. MSP currently works effectively with the Tower Hamlets general Social Prescribing scheme, sharing referral pathways and participating in joint learning. It is also clear from the MSP experience that any specialism requires not only detailed knowledge, but a different set of referral relationships for the service as a whole, may demand different patterns of work for the Social Prescriber and could uncover different barriers and enablers for clients to access services that would meet their needs.

6.4

Without the Macmillan Social Prescribing Service, what would happen?

A potential for unmet need

Without altering other service provision, it was apparent that there could be significant ‘unmet need’ in the absence of MSP. In the two focus groups participants largely could not identify alternatives for sharing their concerns:

“I think that just would put a tremendous amount of strain on my family.”

“When I searched in the past I couldn’t find anything and I gave up.”

Focus group participants

Several focus group participants shared that their situations before MSP had felt “hopeless”, “stuck” and like being “a zombie”. There was also a general consensus that clients ‘didn’t know who to turn to’ at this stage. These experiences are supported by the fact that almost nine in 10 cancer patients (86%) lack support from family and friends during their treatment and recovery and do not ask anyone else for

support (Macmillan, 2013). The visibility of the MSP service within secondary care, its focus on clients’ wider wellbeing and its provision of local and connected solutions can overcome this experience.

System learning

All stakeholders interviewed wanted the support MSP provided to continue, and recognised that there needed to be provision for this support with or without the continuation of the service. There was not a consensus around where demand would be met, although general Social Prescribing teams, Maggie’s and Macmillan were suggested. It also meant the end of funding for the micro-commissioned services.

Without the MSP service, stakeholders identified a need to “share the learning” it had collated for the system, whether that was through an “evolution” of the service or creating different interventions.

7.0

Conclusion and Recommendations

This evaluation has discussed the range of impacts MSP has delivered for clients, the healthcare and voluntary sectors and the ways that the service achieves this: through connection, awareness, appreciation and positive action. It has outlined its unique role both in the Social Prescribing and voluntary setting and within NHS-based support.

The following recommendations for MSP, for similar services and for the wider sectors have been developed from the key mechanisms underlying the service, the enablers and barriers identified by clients and the evidence concerning MSP's position within the healthcare and voluntary sectors.

For Macmillan Social Prescribing – a mature and in-demand service, minimising barriers and enhancing enablers to the service:

- Build on the success of the outreach and secondary care relationships: there is a potential for this to become an even more systematised part of MSP's function.
- It is notable that the three most popular signposted/referred voluntary sector services (yoga, dance and welfare benefits) were all services modified for the needs of people living with and beyond cancer (and comprised 21% of all signposts/referrals). Focus on further strategic links with the most regularly

signposted/referred voluntary sector services – this could be useful for clients struggling to make first contact and lead to opportunities for the organisations to consider how they might shape their services so they are most accessible for MSP clients.

- Explore integrating data systems or other feedback mechanisms for healthcare professionals – this would enable the service to track change in appointment use as well as give more 'real time' feedback to referrers

For a similar specialist service at the beginning of its journey – implementing the mechanisms and core approach of MSP:

- Ensure a continual commitment to training and development, including a supervision system and broad range of specialist training, to build the crucial background knowledge for specialist Social Prescribers



- Invest in promotion and building relationships with stakeholders in both primary and secondary care – following routes to integrate care – and be proactive in outreach onto specific wards
- Consider the setting of face-to-face work carefully
- Consider the value of a micro-commissioning role, providing opportunity to shape desired services to best meet clients' needs and to be a supportive structure for these specialised services
- Ensure sustainability and time for the service to mature – as evidenced in the increase in referrals by a third at the end of Phase 2 compared to the end of Phase 1, building relationships with stakeholders and establishing referral pathways takes time but is valuable in the long-term, and a longer-running service is more likely to achieve more effective results.
- Consider the ingredients for success when designing service provision which aims to be holistic: time for a proactive, asset-based conversation, preferably outside a hospital setting, with trained professionals who know where to refer and signpost for a wide range of needs.
- Champion specialist Social Prescribing work, whether within the NHS's provision for Social Prescribing for Primary Care Networks or elsewhere. For cancer, this includes incorporating both a bank of knowledge and a structure of activity:
 - Social prescribers' knowledge of the likely experience and impacts of people with cancer and knowledge of both cancer-specific and geographically-specific organisations
 - Active specialist referral pathways, developed from shared goals (such as implementing Barts Health Recovery Package), and specific outreach venues

For a healthcare and voluntary sector without Macmillan Social Prescribing – meeting the needs of people living with and beyond cancer:

- Ensure people living with and beyond cancer have adequate and consistent resource to support their emotional wellbeing, on a journey which involves multiple stages of adjustment before, during and post-treatment.
- Develop opportunities for the healthcare system to integrate learning, such as that of MSP's experience and to maintain the links and relationships between the healthcare and voluntary sectors engaged with MSP. This would benefit both clients and professionals.

To download separate Appendices and a detailed SROI report please go to:

<https://www.bbbc.org.uk/services/social-prescribing-for-health-and-wellbeing/social-prescribing-reports>

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