WONCA APRC 2025

WONCA Asia Pacific Regional Conference 2025

April 24(Thu) ~ 27(Sun), 2025

Busan, Korea

The Korean Academy of Family Medicine

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BUILDING A COMMUNITY OF PRACTICE TO SUPPORT SOCIAL PRESCRIBING

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Spanish Society for Family and Community Medicine, SEMFYC

Competing interests

The author declare no competing interests.

Funding

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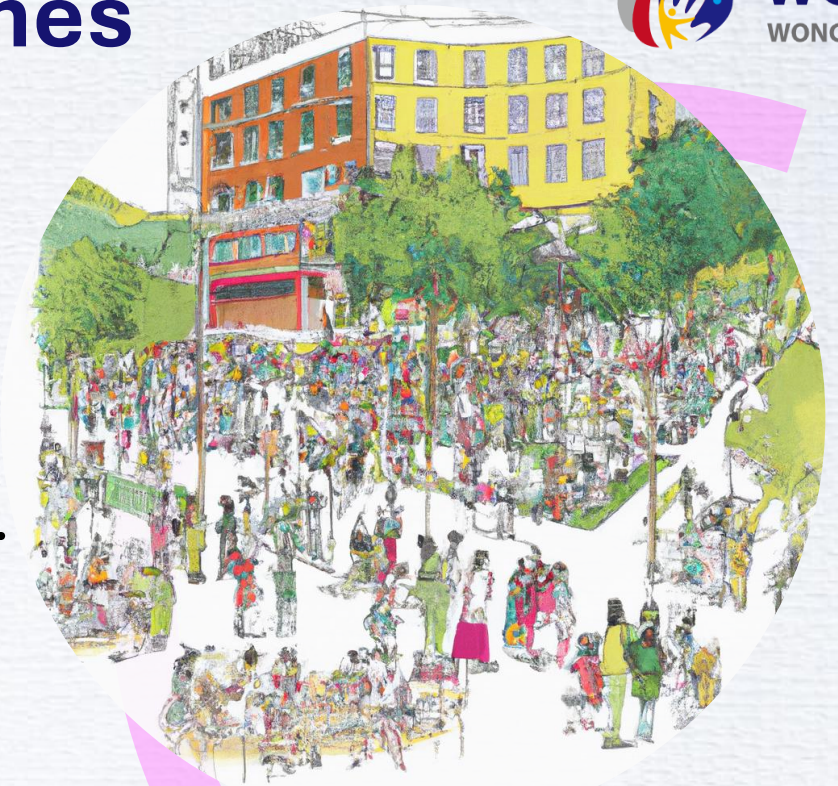
Ethics approval and consent to participate

This study was conducted in accordance with the ethical principles of the Spanish Biomedical Research Law 14/2007 and approved by the Ethics Committee of Clinical Research of Aragón (CEICA) in its meeting on January 13, 2021 (Act No. 01/2021) C.I. PI20/606.

Study protocol published

Pola-Garcia M, Carrera Noguero AM, Astier-Peña MP, Mira JJ, Guilabert-Mora M, Cassetti V, Melús-Palazón E, Gasch-Gallén A; Consortium EvaLRA; Benedé Azagra CB. Social Prescribing Schemes in Primary Care in Spain (EvalRA Project): a mixed-method study protocol to build an evaluation model. BMC Prim Care. 2023 Oct 25;24(1):220. doi: 10.1186/s12875-023-02164-9.

Social Prescribing Schemes



The process to prescribe services that enable Family Doctors (FD), nurses, and other primary healthcare (PHC) professionals **to refer individuals to local, non-clinical services** addressing **social determinants of health and related issues to improve patients' well-being.**

Exemples of Community Health Assets are:

- Centres for **older adults**
- Resources and activities supporting caregivers
- Sport centres (multicomponent physical activity, ...)
- Resources related to mental health and emotional well-being
- Resources and activities related to culture, leisure, and socialization
- Resources and activities to support life transitions (parenting, migration, separation, bereavement...)
- Resources related to chronic diseases (patient associations, foundations)

Population health management in primary health care: a proactive approach to improve health and well-being.

Document number: WHO/EURO:2023-7497-47264-69316

Box 4. Social prescribing: enhancing coordination between PHC and community resources for improving health and well-being

PHC teams

PHC professionals often initiate the referral when they identify well-being needs that can potentially be addressed or supported by wider community-based services. Exploring and obtaining understanding of patients' wider concerns (beyond the specific reason for consultation) are critical to initiating referral. Mapping local community health assets is central to social prescribing initiatives. For example, the initiative promoted by the community health strategy in Aragón, Spain *(88)* included the inventory (or map) of community assets (whose willingness to participate in the programme was previously validated by public health services) in the electronic health record. This contributes to facilitating the referral process during routine consultations and enables social prescribing activities to be registered and analysed.

Health System of Aragón

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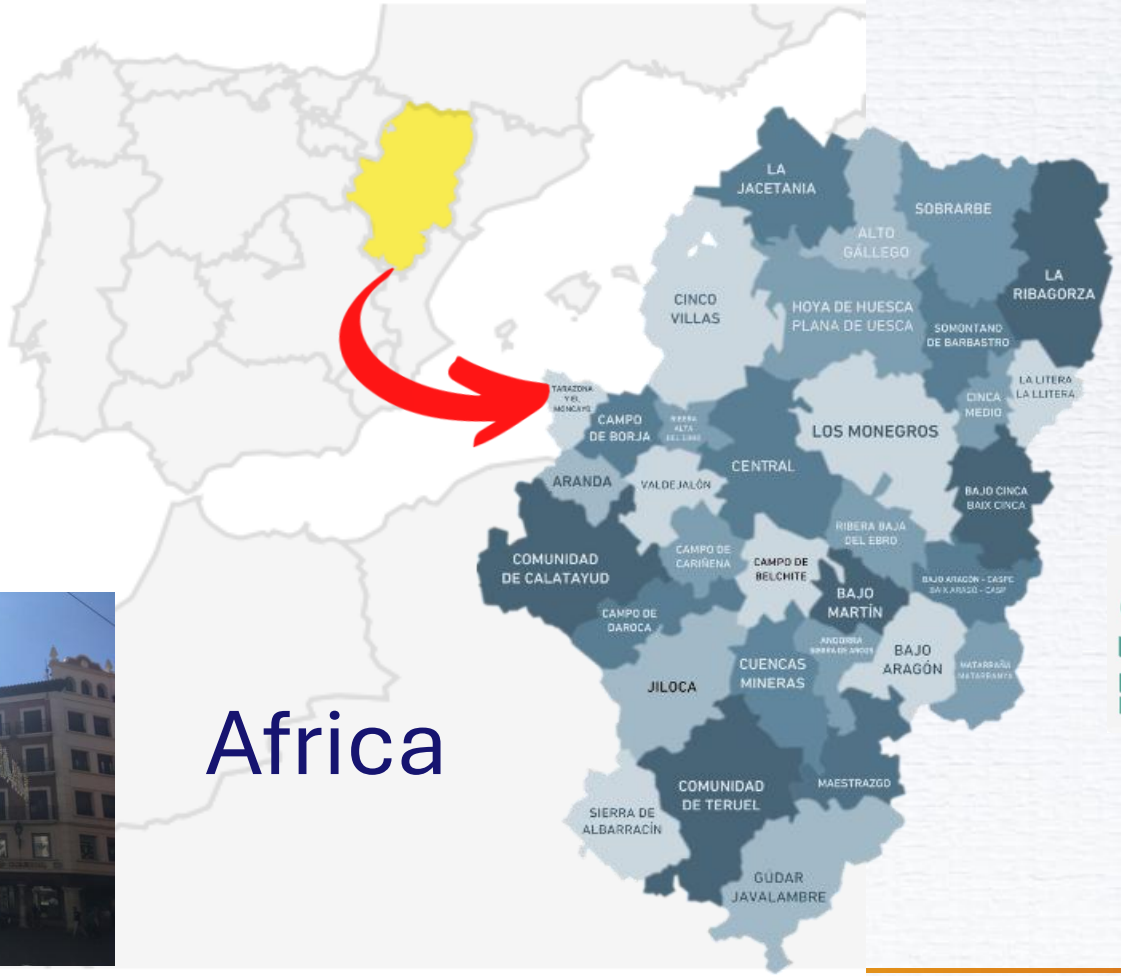
Europe

Spain



Africa

ARAGON region:

- 47.720 km2
- 1.353.884 inhabitants
- 28 habitants per km2
- PHC organize in **124** Health Basic Zones

Basic Health Zone:

- A health centre for 5000 to 25000 inhabitants
- A health team: family doctors, nurses, admin staff, social worker, midwife and physiotherapist and dentist.
- Public Provision. Health worforce are civil servants salaried by the Health authority

salud
servicio aragonés de salud

BUILDING A COMMUNITY OF PRACTICE TO SUPPORT SOCIAL PRESCRIBING

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POLICY COMMITMENT

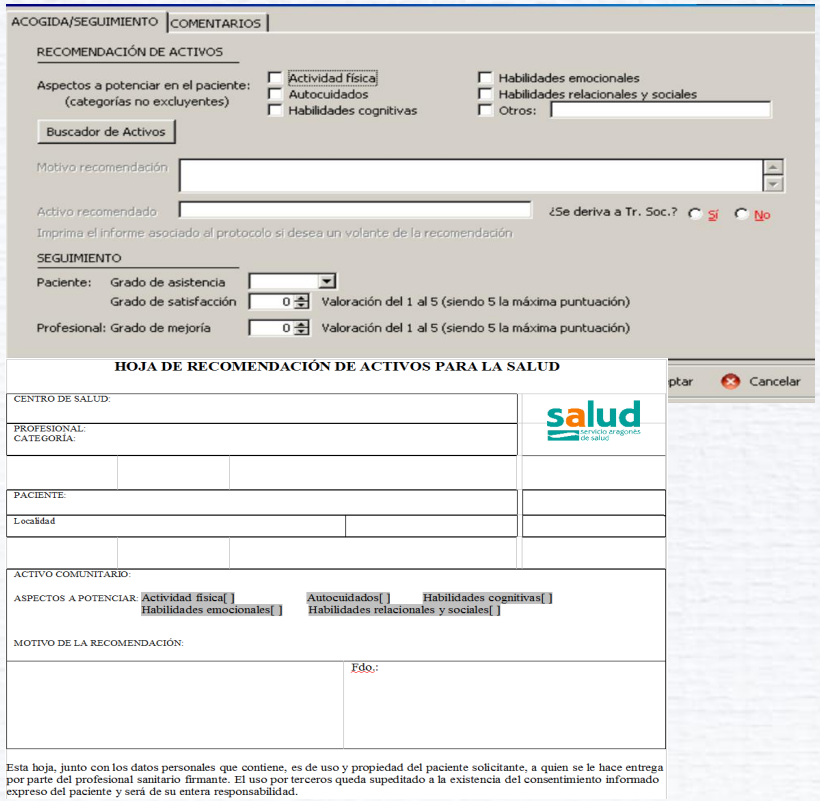
COMMUNITY CARE STRATEGY for the HEALTH CARE SYSTEM of ARAGON

GOBIERNO DE ARAGON
Departamento de Sanidad

PRIMARY HEALTH CARE STRATEGY for the HEALTH CARE SYSTEM of ARAGON

PHC HEALTH INFORMATION SYSTEMS

PATIENT ELECTRONIC MEDICAL RECORD


ACOGIDA/SEGUIMIENTO | COMENTARIOS

RECOMENDACIÓN DE ACTIVOS

Aspectos a potenciar en el paciente: (categorías no excluyentes)
Actividad física · Autocuidados · Habilidades cognitivas · Habilidades emocionales · Habilidades relacionales y sociales · Otros:

Buscador de Activos

Motivo recomendación:

Activo recomendado: ¿Se deriva a Tr. Soc.? Sí No

Imprima el informe asociado al protocolo si desea un volante de la recomendación

SEGUIMIENTO

Paciente: Grado de asistencia
Grado de satisfacción 0 Valoración del 1 al 5 (siendo 5 la máxima puntuación)
Profesional: Grado de mejoría 0 Valoración del 1 al 5 (siendo 5 la máxima puntuación)

Cancelar

HOJA DE RECOMENDACIÓN DE ACTIVOS PARA LA SALUD

CENTRO DE SALUD:
PROFESIONAL:
CATEGORÍA:
salud servicio aragonés de salud
PACIENTE:
Localidad

ACTIVO COMUNITARIO:

ASPECTOS A POTENCIAR: Actividad física[ ] Autocuidados[ ] Habilidades cognitivas[ ] Habilidades emocionales[ ] Habilidades relacionales y sociales[ ]

MOTIVO DE LA RECOMENDACIÓN:

Fdo.:

Esta hoja, junto con los datos personales que contiene, es de uso y propiedad del paciente solicitante, a quien se le hace entrega por parte del profesional sanitario firmante. El uso por terceros queda supeditado a la existencia del consentimiento informado expreso del paciente y será de su entera responsabilidad.

PRINTED SOCIAL PRESCRIBING SCHEME FOR PATIENTS

ASSESSMENT MODEL FOR SOCIAL PRESCRIBING

SCIENTIFIC RESEARCH TO DEVELOP AN ASSESSMENT MODEL FOR SPS

EvaLRA
Evaluación Recomendación de Activos para la Salud en Atención Primaria

HEALTH POLICY COMMITMENT: REGIONAL STRATEGIES FOR COMMUNITY AND PRIMARY HEALTH CARE.

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Estrategia de Atención Comunitaria en el Sistema de Salud de Aragón
Atención Primaria

PRIMARY HEALTH CARE STRATEGY OF ARAGON HEALTH CARE SYSTEM

GOBIERNO DE ARAGON
Departamento de Sanidad

SALUD 2030 ARAGON

Primary health care transformation in Spain: current challenges and opportunities

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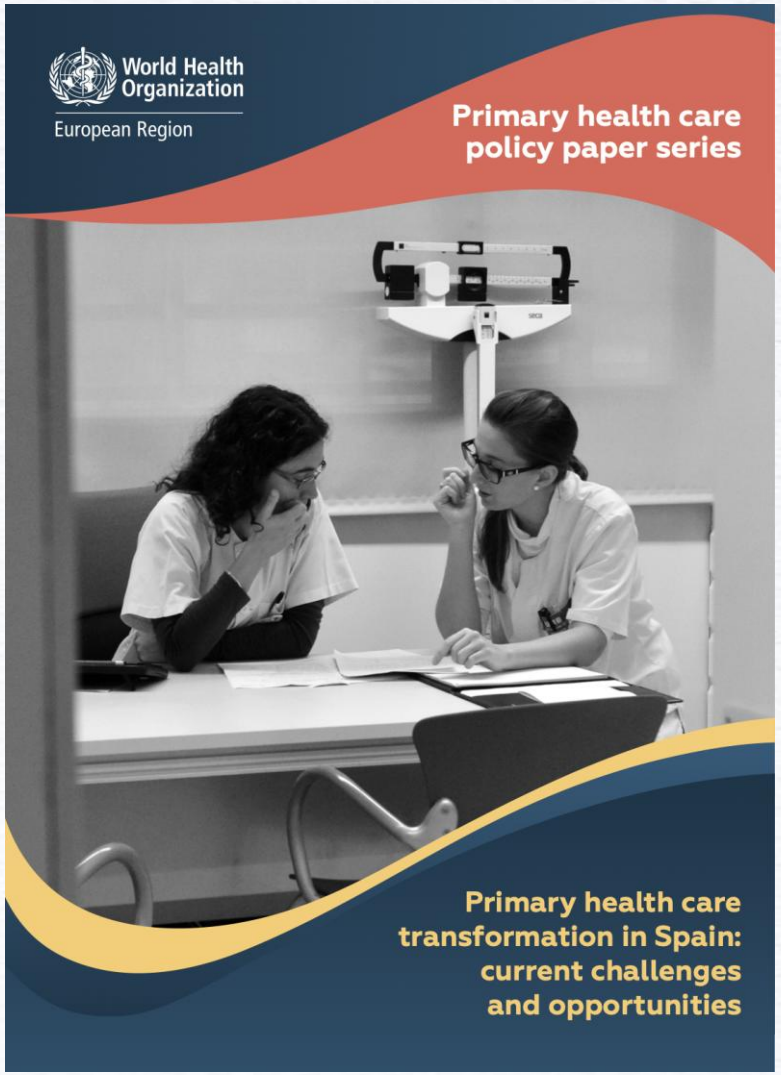

Building the trust of citizens and communities in the PHC system by nurturing their engagement and strengthening the accountability of actors is key

Citizens, in their various roles and capacities, are at the centre of PHC systems, and thus ensuring their trust in the health system is crucial. One approach to building the trust of citizens and communities is by nurturing a culture of co-creation and engagement at all levels of the health-care system, in which citizens and communities have the mechanisms, tools and agency to use their voice to shape health policy-making, including the performance of the system (Box 8).

Box 8. Strengthening the community orientation of PHC can contribute to building citizens' and communities' trust in the PHC system

There are many examples of how autonomous communities and cities are further institutionalizing citizen engagement in health policy-making. A few examples are briefly described below.

Aragon: The Aragon Community Care Strategy aims to improve the well-being of the Aragonese people and the community orientation of PHC in the region. Launched in 2016, the Strategy emphasizes participatory training, intersectoral collaboration, flexibility and networking. Currently, 70% of PHC teams have a community agenda, and 80% have a community care project linked to their management agreement.

Document number: WHO/EURO:2023-8071-47839-70649

HEALTH INFORMATION SYSTEM IN PRIMARY HEALTH CARE.
SOCIAL PRESCRIPTION SCHEME IN PATIENT ELECTRONIC MEDICAL RECORD

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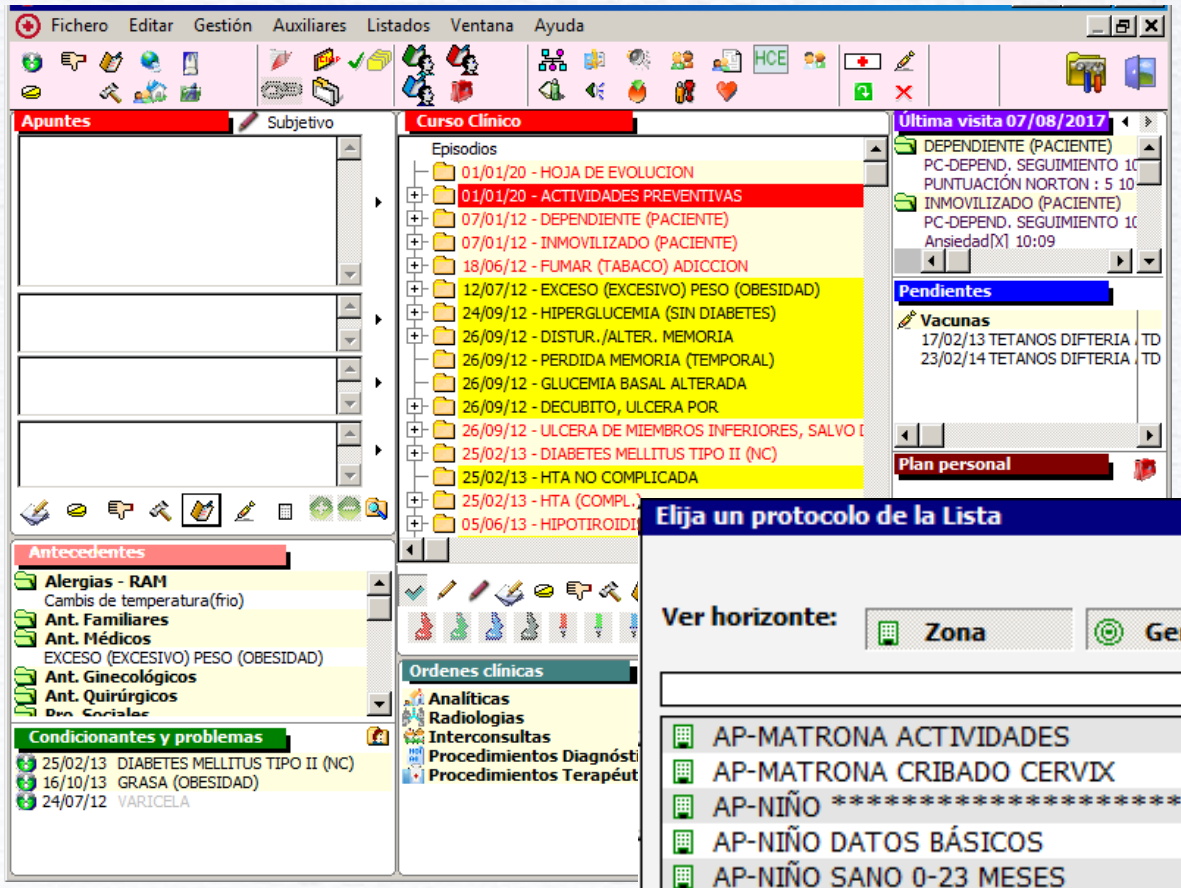
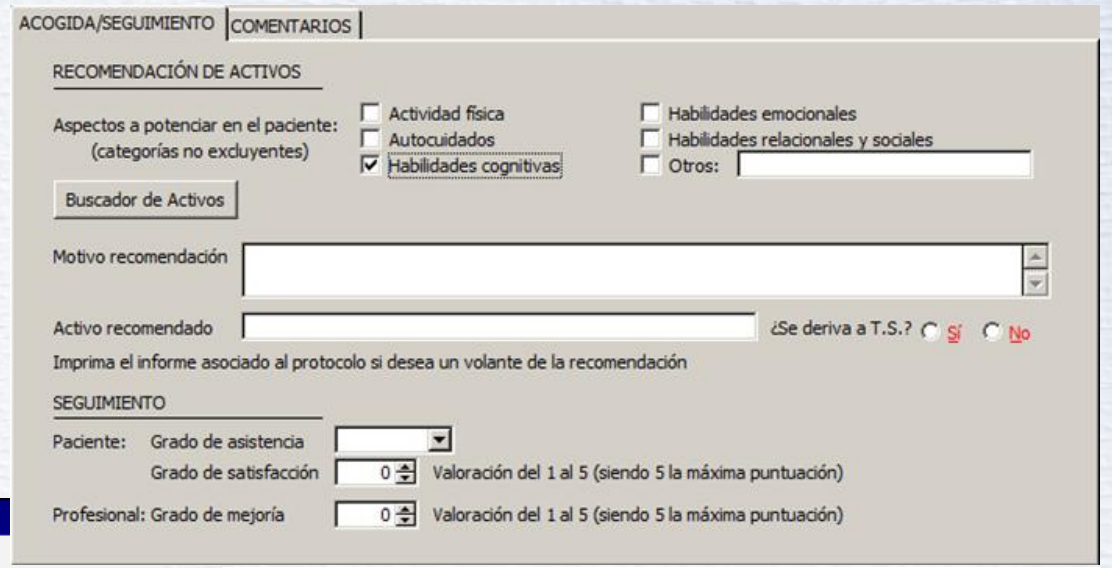


Enter in patient's EHR. Select a diagnosis to be linked to the social prescribing scheme.



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EvaLRA

OBJECTIVE

To offer an evaluation framework for Social Prescribing Schemes (SPS) in Spanish Primary Healthcare Public Providers Services:

- considering the different stakeholders' perspectives
- outlining criteria for discussion to establish a strategic evaluation model
- solidifying SPS as a structured service within the PHC portfolio.

Model Definition (April to October 2021)

Literature review

Social Prescribing, health assests, primary care, health systems, assessment, indicators, structure, process, outcomes

Online Nominal Groups

Participants = 48

Nominal groups (5): patients (1), public health managers and health activity promoters (1), healthcare professionals prescribing and providing activities (3).

Thematic analysis: identification of criteria to evaluate a Social Prescribing Schemes model in Primary Care Teams within Public Health Systems in Spain.

Criteria Model Building

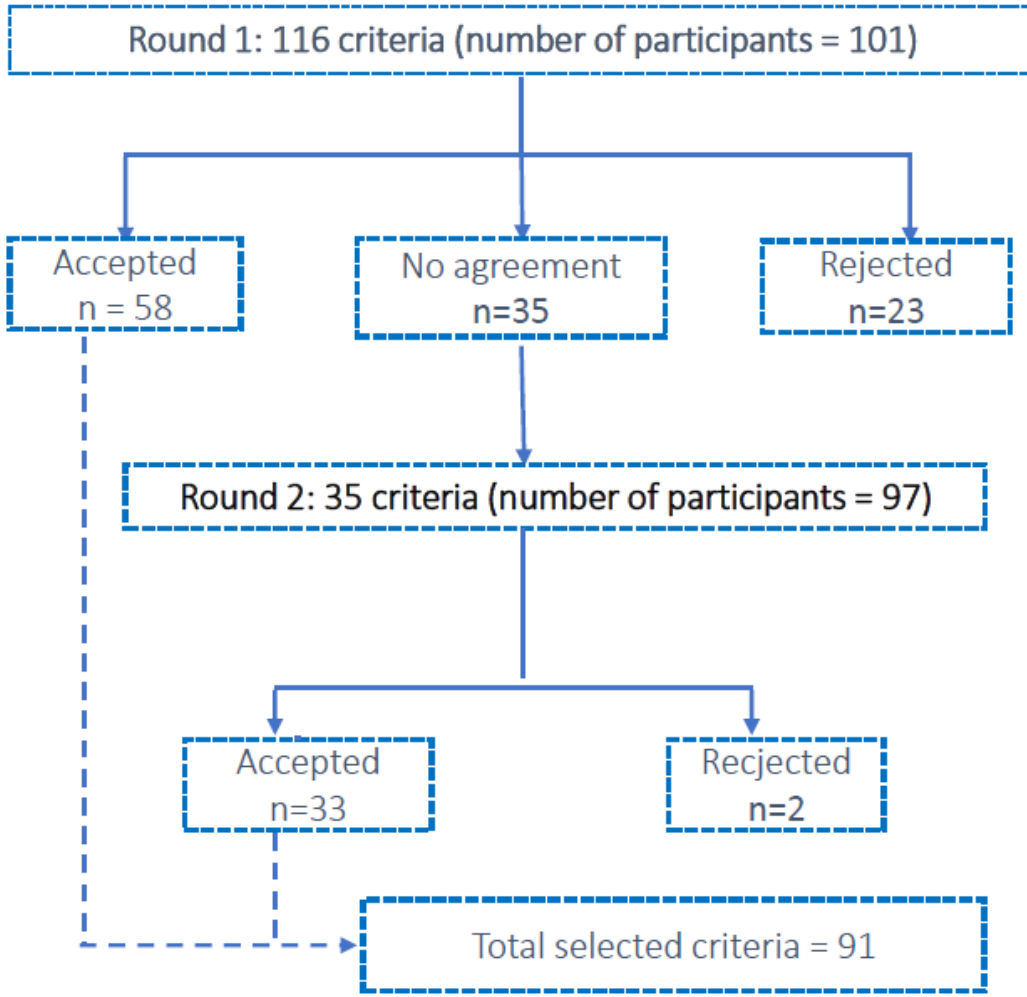
Definition of Questionnaire 0 of the study "Criteria for evaluating a Social Prescribing Scheme model in Spain"

116 criteria: structural (n=51), process (n=44), outcome (n=21)

Delphi Study and agreement process (November – April 2022)

2 rounds of participation.

The panel explores the level of agreement or disagreement for 116 criteria to evaluate a Social Prescribing Schemes model on a scale from 0 to 10 points.



Acceptance criteria for Round 1:
Items with an M ≥ 8.5 will be included
Coefficient of variation (CV) < 20%50% of the scores are 9 points or higher

Rejection criteria for Round 1:
Items with an M ≤ 6 will be discarded
CV < 20%50% of the scores are below 6 points

Acceptance criteria for Round 2:
Items with an M > 7.5 will be accepted.
Both the coefficient of variation (CV) and the percentage of scores greater than 9 will be evaluated, comparing them with Round 1 to determine a higher level of consensus.

Rejection criteria for Round 2:
Items whose scores have not improved or have worsened compared to Round 1 will be discarded.

RESULTS:
Quality criteria prioritized using the Delphi technique

Participation Overview

- Frist round: 101 participants completed responses (participation rate: 77.7%).
- Second round: 97 out of 101 participants, (participation rate: 96%).

Accepted Criteria

- High mean scores (≥8.5), low variability among raters (coefficient of variation, C.V. ≤20%)
- A significant proportion of scores in the ≥9 category (≥50%).
- These results indicate broad agreement among experts regarding their significance for the successful implementation and evaluation of SPSs.

RESULTS:

Quality criteria prioritized using the Delphi technique

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STRUCTURE

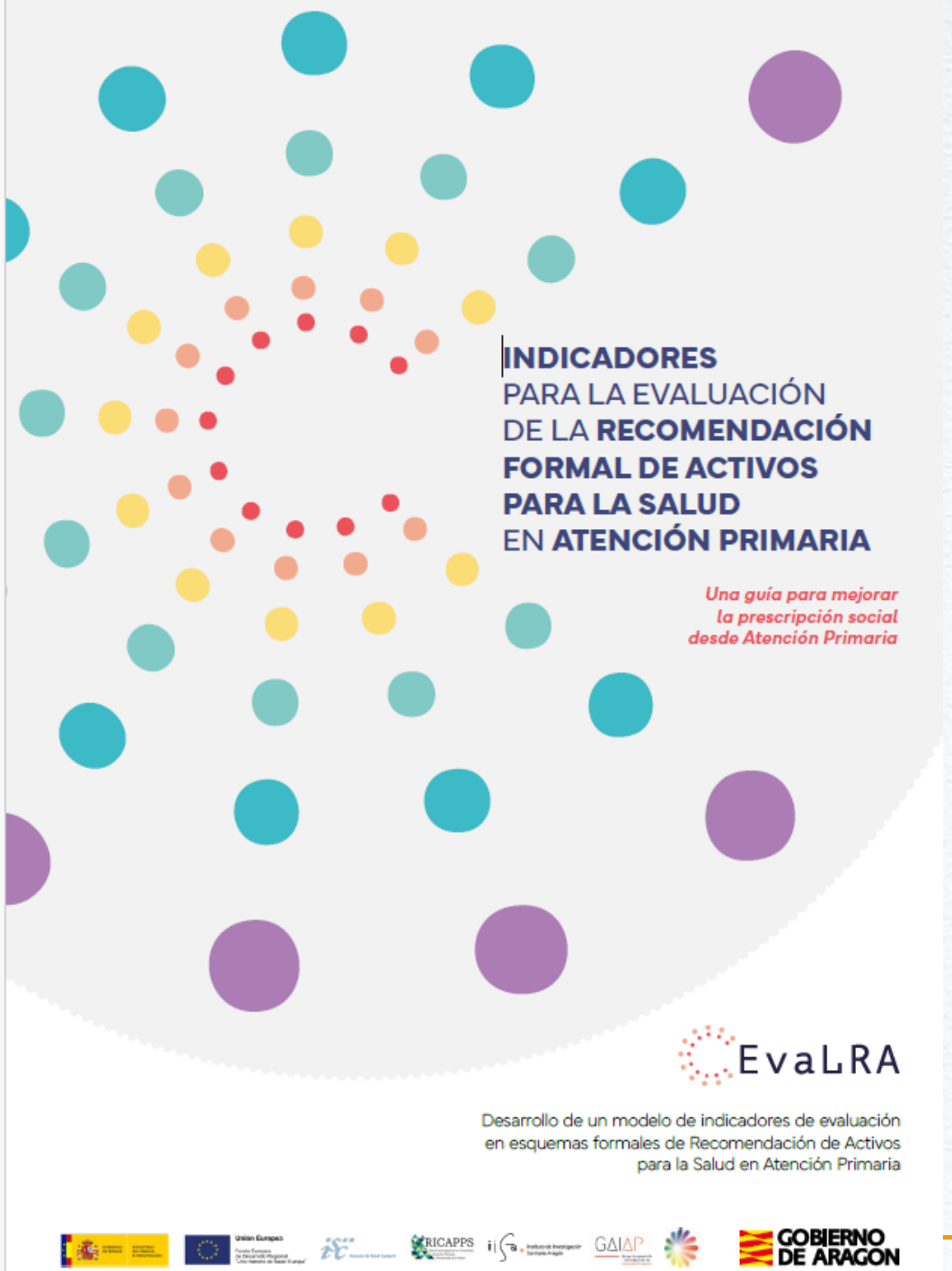
- Focused on **equity, accessibility, and professional involvement**.
- **to have a validation process by health authorities to ensure these Health Assets are safe for patients, similar to how medications are validated.**
- **Free of cost or low cost**

PROCESS

- **Addressing social and mental health needs.**
- **Undesired loneliness**
- items related to **adherence and satisfaction**
- **complementing medical treatments.**

OUTCOME

- **alliances to enhance social health**
- **quality of life, personal significance (motivation), and emotional well-being**
- **patient-centred outcomes**, such as improved quality of life, autonomy, and emotional skills.



Report

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- The EvaLRA framework demonstrates significant potential to enhance health outcomes and optimize resource use through social prescribing schemes (SPS).
- Its emphasis on equity, patient-centred care, and community integration reinforces its public health value.
- Future validation studies should focus on supporting its implementation with interoperable health information systems.

Scan me!

What about elderly people and SPS in Aragon?

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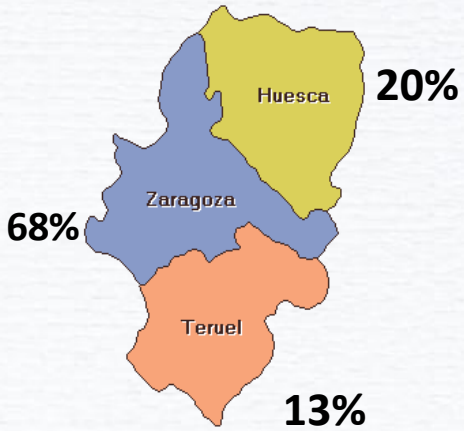
ARAGON

1,308,000

21%

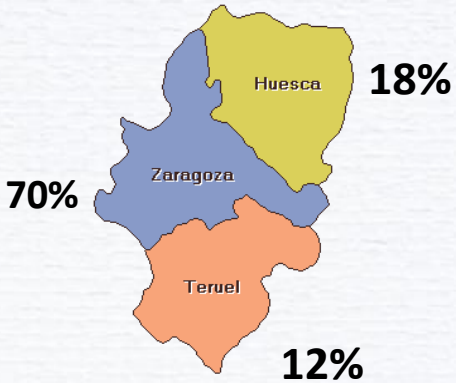


49% 51%

PERSONS + 65 YEARS

275,000

4%

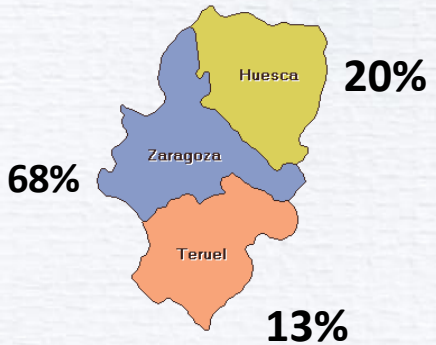


44% 56%

DEPENDENT

GRADE 1

10,900



36% 64%

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Departamento de Sanidad

REGIONAL GOVERNMENT

salud
servicio aragonés de salud

REGIONAL HEALTHCARE SERVICE

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REGIONAL SOCIAL SERVICES

Process of SPS for elderly people

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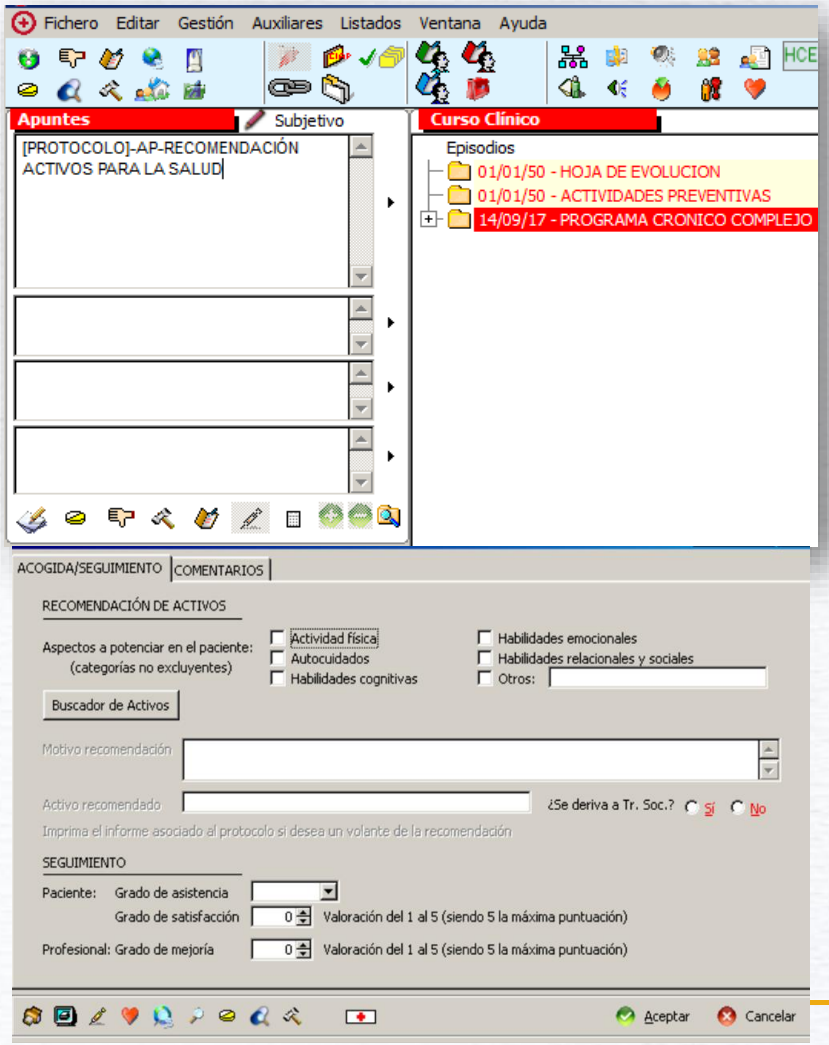

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CuidArte

HEALTH ASSETS FOR ELDERLY PEOPLE

Main conclusions

Streamline Data Collection: Simplify the data collection process

Prioritize User Feedback: Implement methods to directly collect feedback from referred users through standardized scales or open-ended questions.

Explore the feasibility of Health Assets collecting data, while carefully considering potential biases.

Enhance System Integration and Data Consistency for case monitoring and impact evaluation across different professional profiles (healthcare and providers).

Integrate the evaluation tools within existing healthcare platforms like PHC EMR and improve the HA search function.

Improve Referral Information and Processes to patients, providers and healthcare professionals

Foster Collaboration and Training through regular meetings and participation in community health initiatives.

Implement training programs and increase motivation by emphasizing the goals and importance of HAs monitoring.

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THANK YOU FOR YOUR ATTENTION

귀하의 관심에 감사드립니다

Email for suggestions and queries: mpastier@gmail.com