When you hear social prescribing or healthcare mediation, what is the first word that comes to mind?

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Social prescribing and healthcare mediation: Bridging the medico-social gap across healthcare systems

Dr Karolina Griffiths, Université de Montpellier France

Karolina.griffiths@umontpellier.fr

Pr MP Astier-Peña.

Family Physician. Universitas Health Center. Health Service of Aragon (Spain).

CONFICT OF INTEREST (COI)

In accordance with criterion 13 of document UEMS 2023/07 “EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)”, all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application.

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- K Griffiths : I have the following potential conflict(s) of interest to report
  - Editorial board French academic journal exercer
- Astier Pena: I have the following potential conflict(s) of interest to report
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  - Receipt of grants/research supports:
  - The study is funded by the Health Institute Carlos III (ISCIII) through the Project grant number PI20/00264 and the Feder Funds “Another way to make Europe” (FEDER).

This is not a lecture — it's a conversation.

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Demographics

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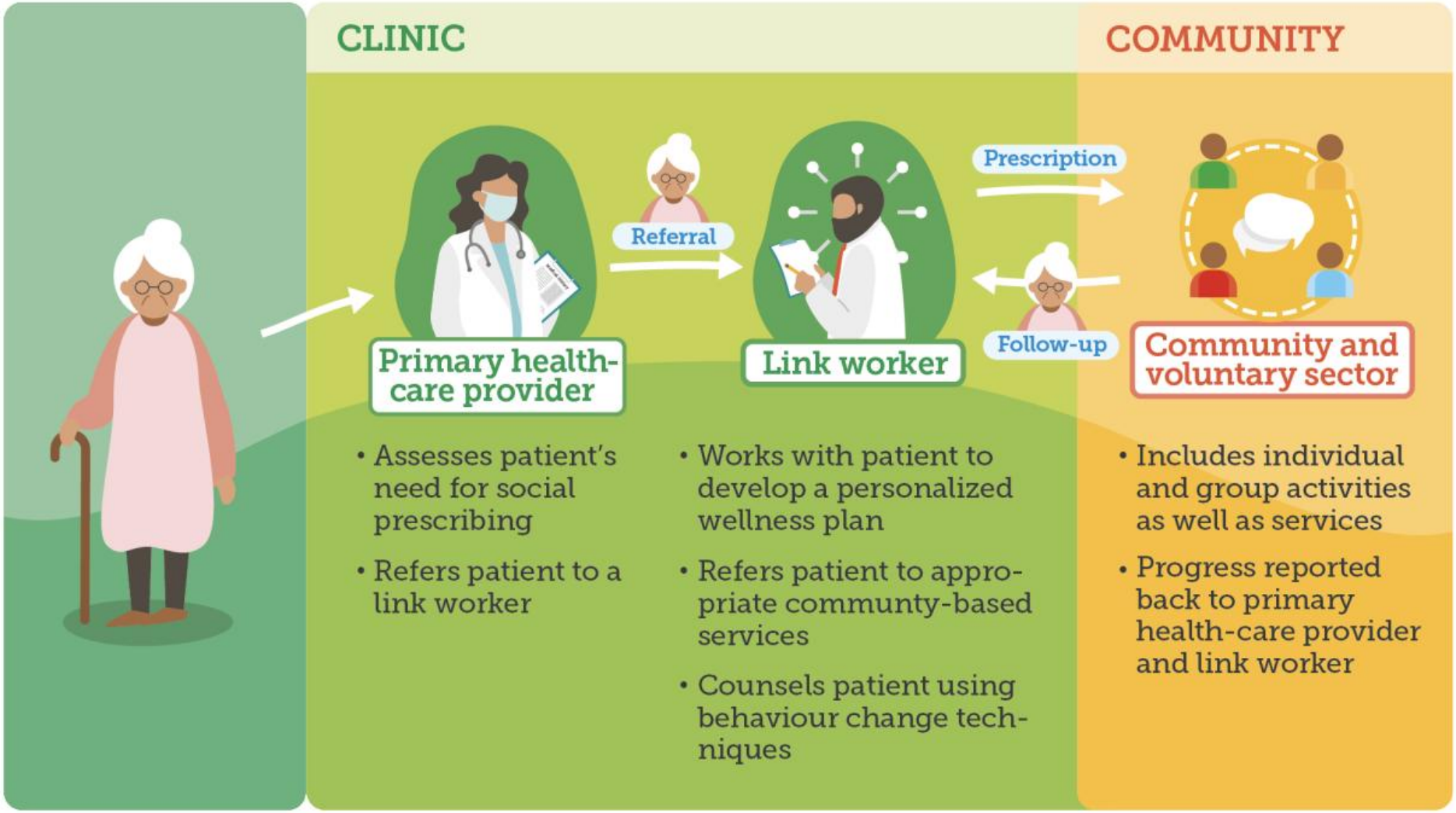
Learning Objectives

- Compare international approaches to social prescribing and healthcare mediation
- Identify common barriers, including funding and team integration
- Share strategies to strengthen collaboration between health and social care
- Reflect on lessons applicable across different healthcare contexts

Speaking the same language?

Newstead S, Jesurasa A, Jenkins B, Lavans A, Woodall A, Wallace C. Speaking the Same Language - The Development of a Glossary of Terms for Social Prescribing in Wales. Int J Integr Care. 2024;24(3):3.



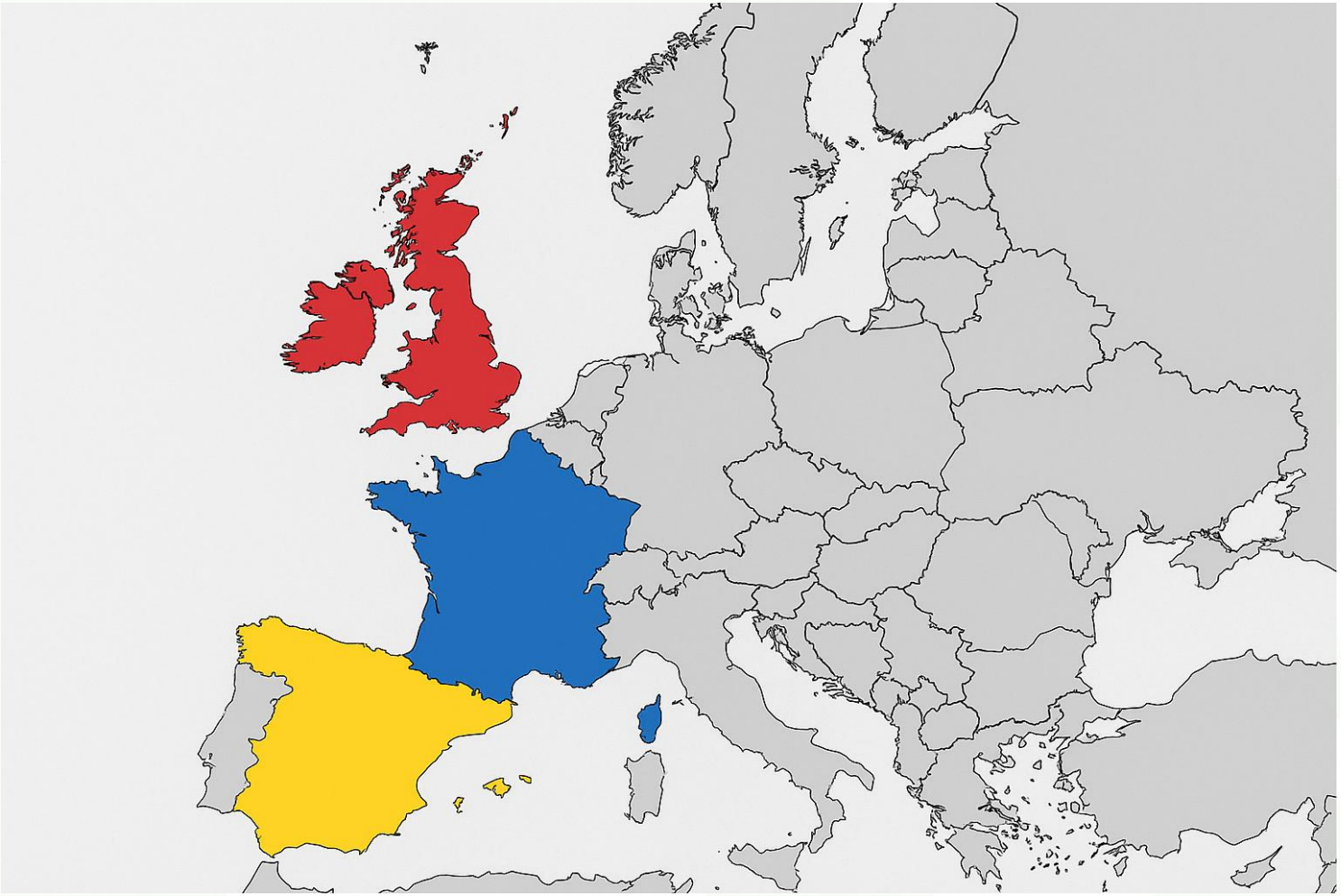
Source: Husk et al. *(1)*


BRIDGING
THE GAP
MEDICAL
CARE
SOCIAL
CARE

International Perspectives

- Definitions of Social Prescribing
- Integrated Care

Three examples



Spain

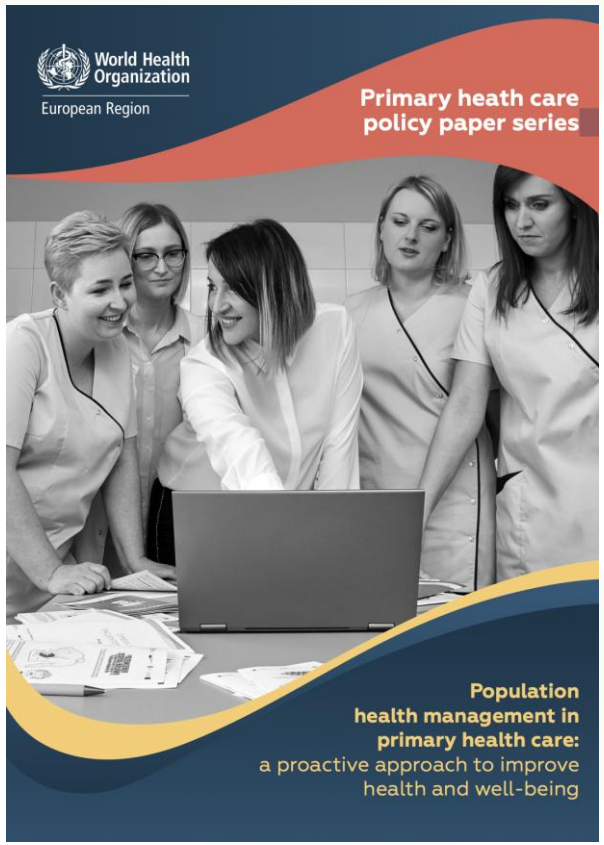
Social Prescribing Schemes

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:

- Resources and activities:
- For elderly people
- Supporting caregivers
- Sport centres (multicomponent physical activity, ...)
- Mental health and emotional well-being
- Culture, leisure, and socialization
- Life transitions (parenting, migration, separation, bereavement...)
- Chronic diseases (patient associations, foundations)

Population health management in PHC: proactive approach to improve health and well-being.

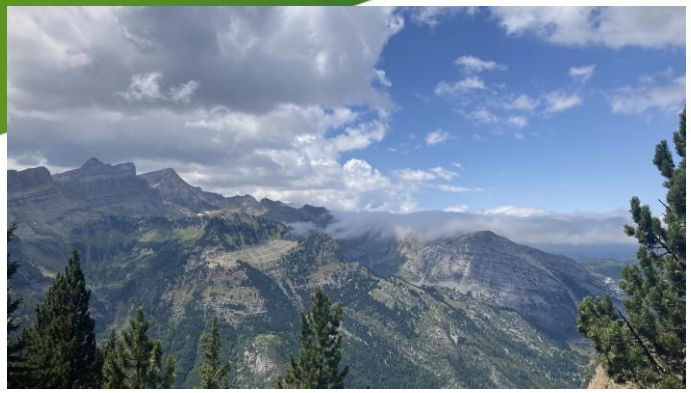


Document number: WHO/EURO:2023-7497-47264-69316

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

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

POLICY COMMITMENT

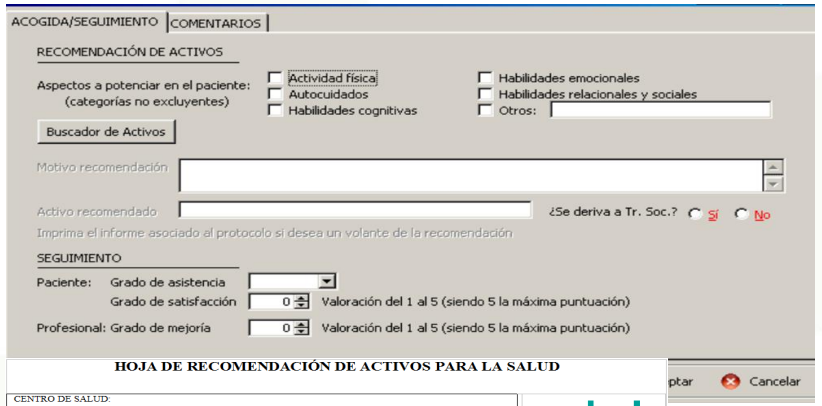
COMMUNITY CARE STRATEGY for the HEALTH CARE SYSTEM of ARAGON

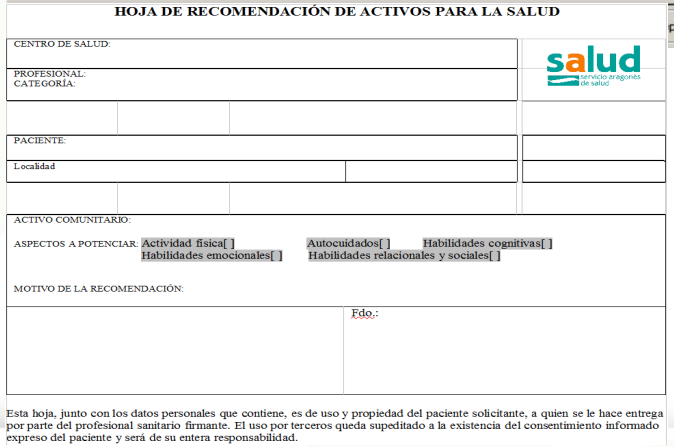
GOBIERNO DE ARAGON
Departamento de Sanidad

PRIMARY HEALTH CARE STRATEGY for the HEALTH CARE SYSTEM of ARAGON

PHC HEALTH INFORMATION SYSTEMS

PATIENT ELECTRONIC MEDICAL RECORD





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CENTRO DE SALUD:

PROFESIONAL:
CATEGORÍA:

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PACIENTE:

Localidad

ACTIVO COMUNITARIO:

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

MOTIVO DE LA RECOMENDACIÓN:

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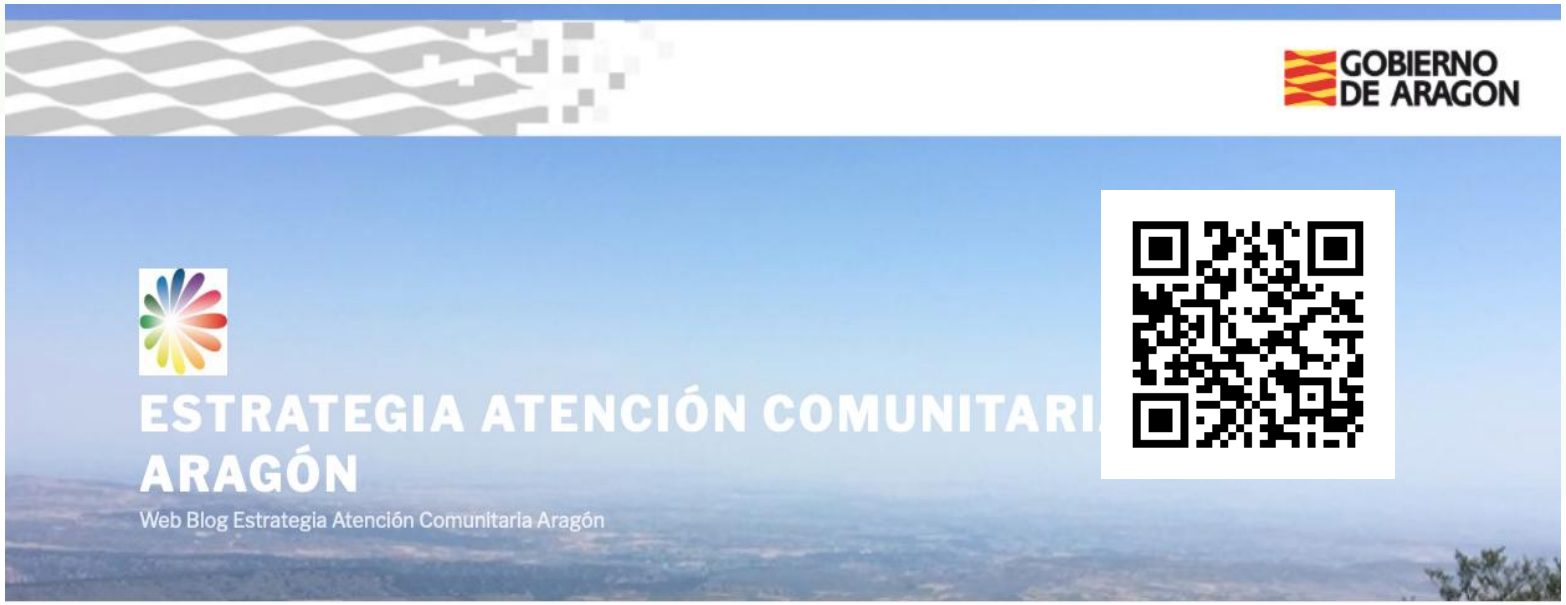
PRINTED SOCIAL PRESCRIBING SCHEME FOR PATIENTS

ASSESSMENT MODEL FOR SOCIAL PRESCRIBING

SCIENTIFIC RESEARCH TO DEVELOP AN ASSESSMENT MODEL FOR SPS

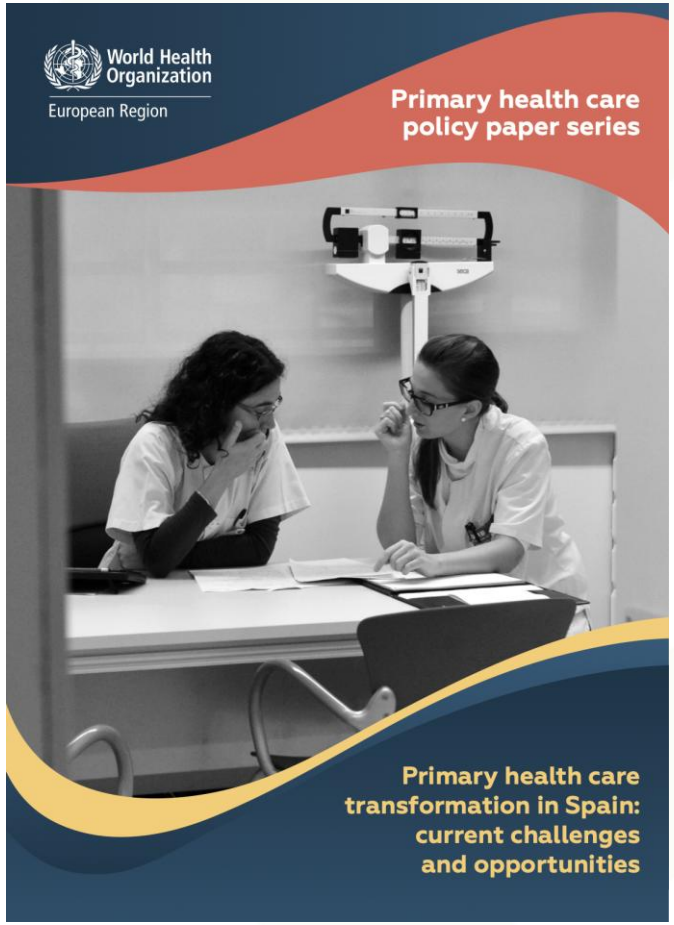
EvaLRA
Evaluación Recomendación de Activos para la Salud en Atención Primaria

Health policy commitment: regional strategies for community and PHC



COMMUNITY CARE STRATEGY OF ARAGON HEALTH CARE SYSTEM

Primary health care transformation: current challenges and opportunities



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

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

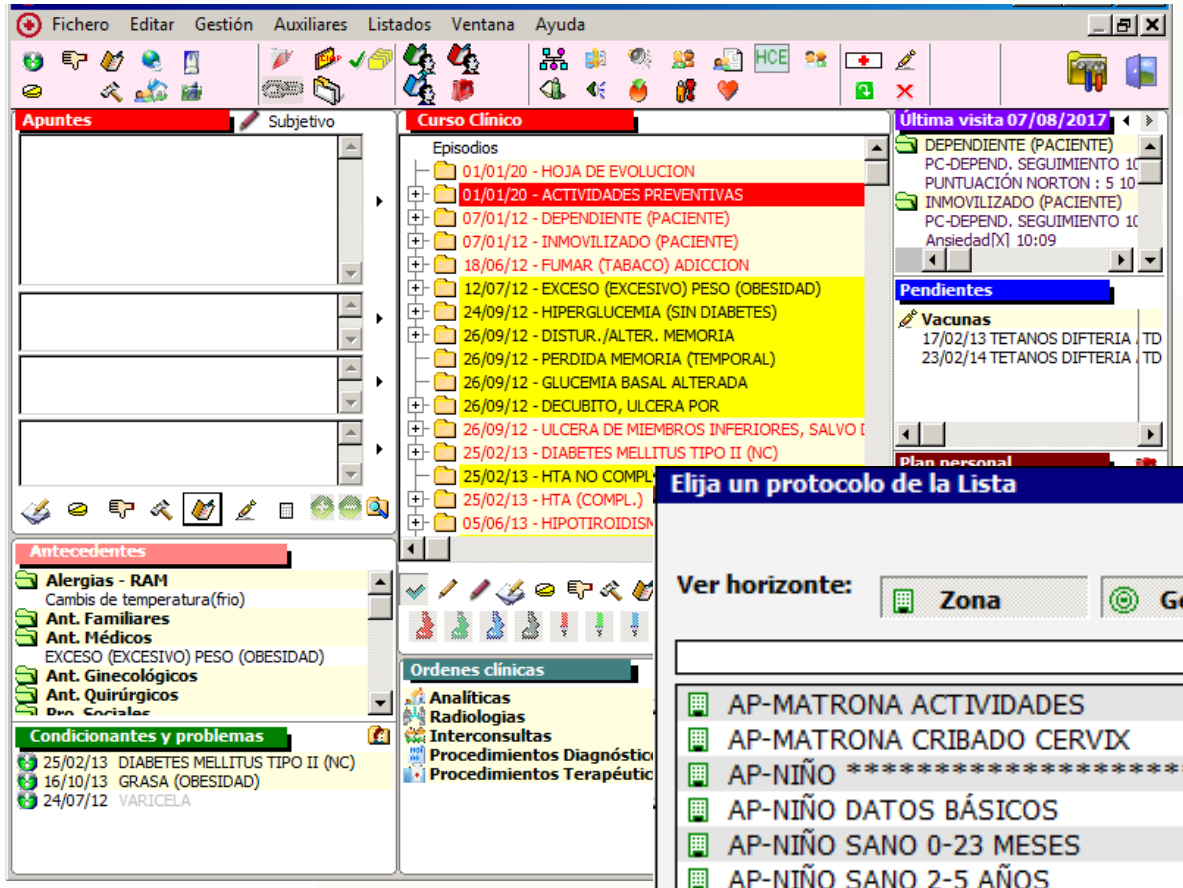
Citizens, in their various roles and capacities, are at the centre of PHC systems, and thus ensuring their trust in the health system is crucial. One approach to building the trust of citizens and communities is by nurturing a culture of co-creation and engagement at all levels of the health-care system, 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).

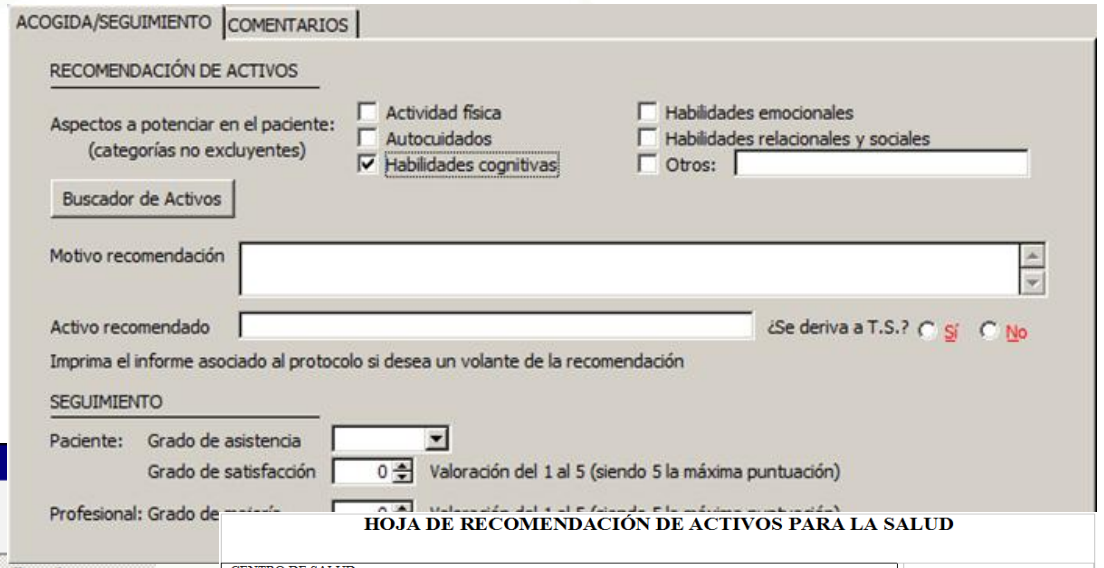
Box 8. Strengthening the community orientation of PHC can contribute to building citizens' and communities' trust in the PHC system

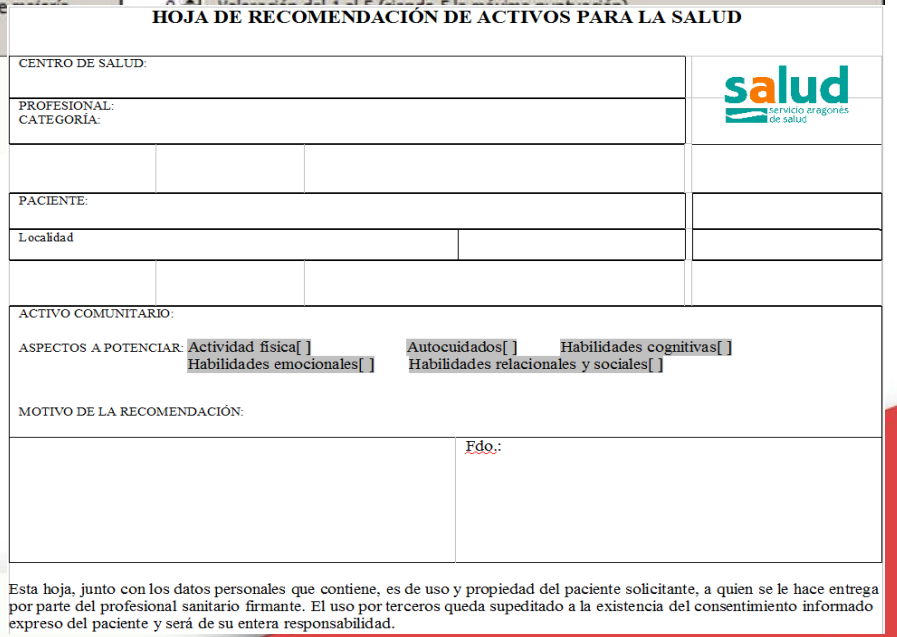
There are many examples of how autonomous communities and cities are further institutionalizing citizen engagement in health policy-making. A few examples are briefly described below.

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.

Health information system in PHC. Social prescribing schemes in patient EMR







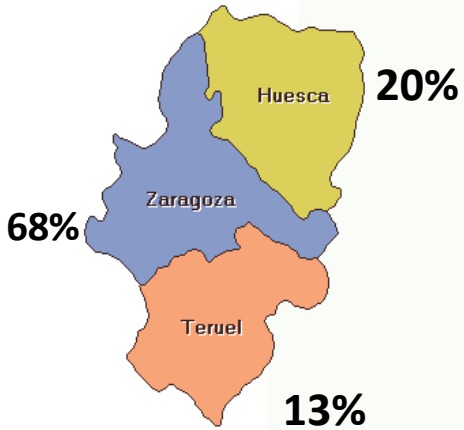
Enter in patient's EHR. Select a diagnosis to be linked to the social prescribing scheme.

What about elderly people and SPS in Aragon?

ARAGON

1,308,000

21%

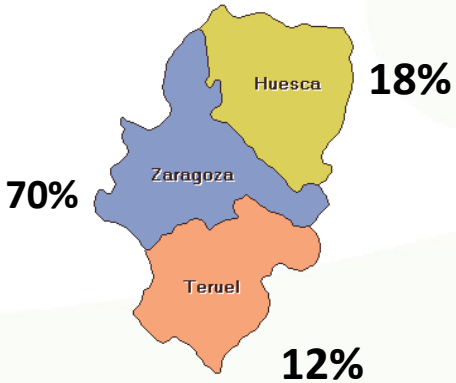


49% 51%

PERSONS + 65 YEARS

275,000

4%

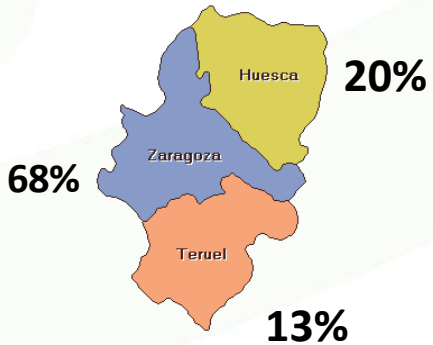


44% 56%

DEPENDENT

GRADE 1

10,900



36% 64%

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Departamento de Sanidad

REGIONAL GOVERNMENT

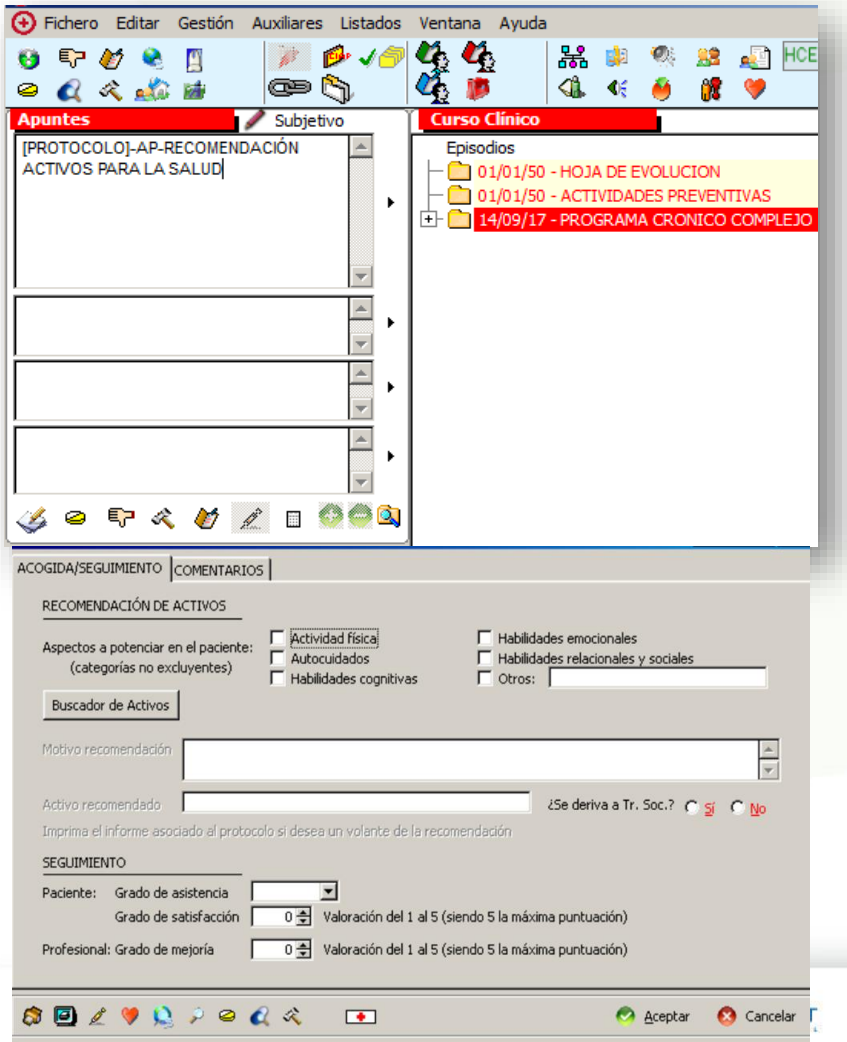
salud
servicio aragonés de salud

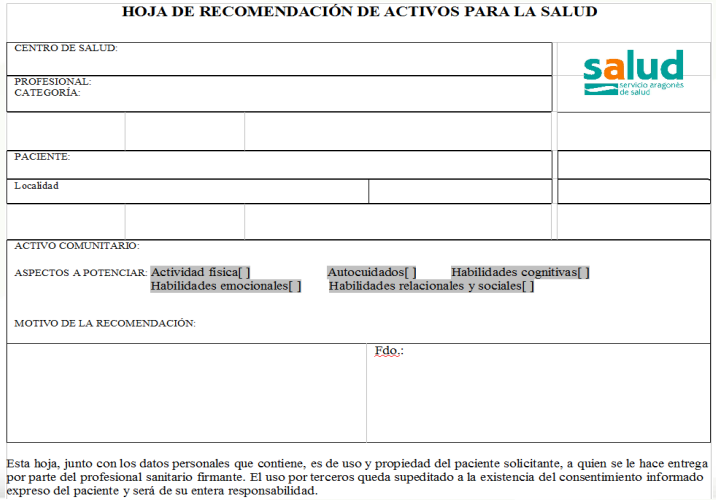
REGIONAL HEALTHCARE SERVICE

iass
Instituto Aragonés de Servicios Sociales

REGIONAL SOCIAL SERVICES

Process of SPS for elderly people





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CuidArte

HEALTH ASSETS FOR ELDERLY PEOPLE

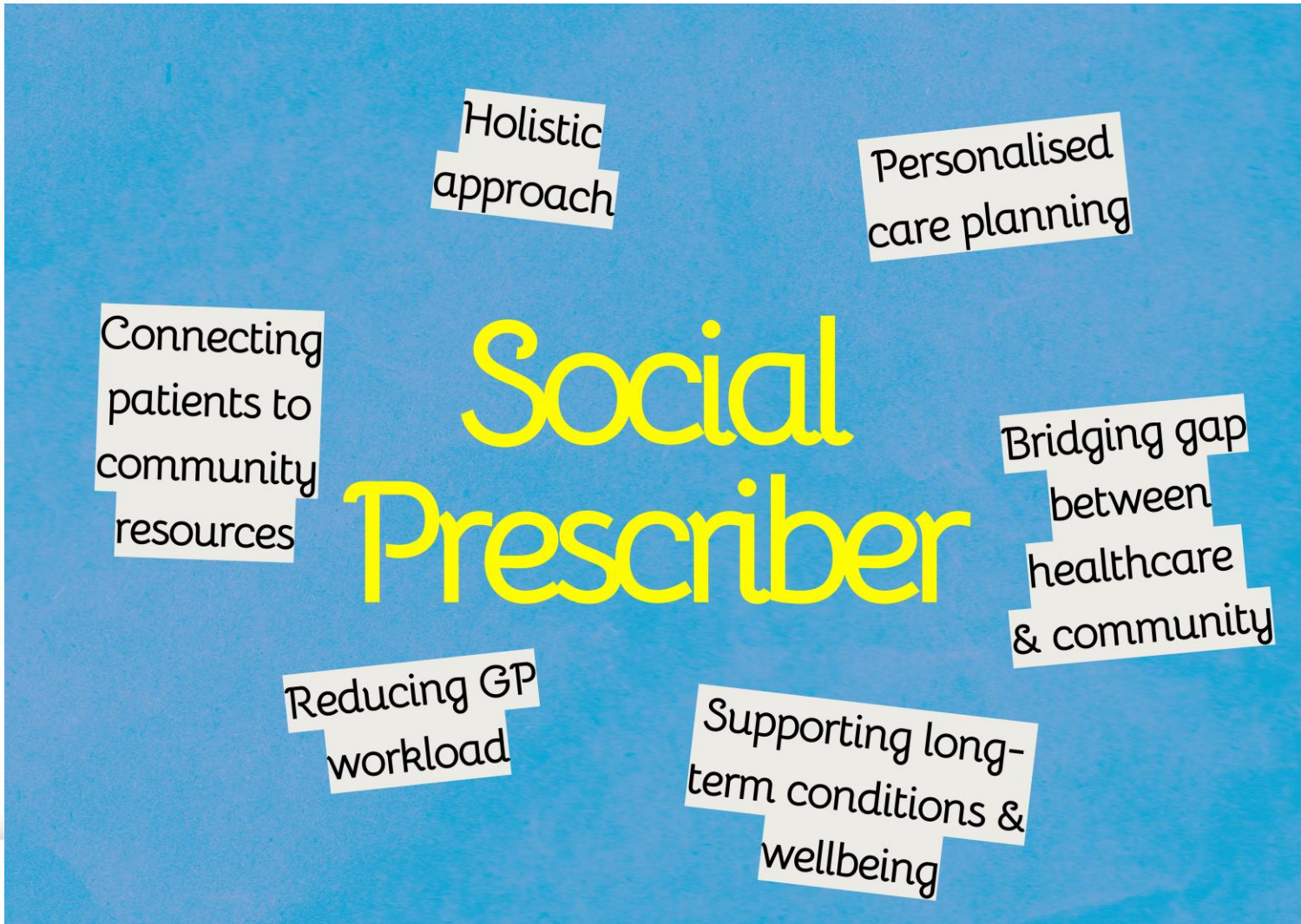
Additional roles within the UK

Additional Roles reimbursement Scheme (ARRS)

- ARRS funding is used to hire roles (both clinical and non-clinical) that previously did not typically work within General Practice.
- Example of some non-clinical roles: Social prescribers, Care coordinators, Health and wellbeing coaches.

Social Prescribing in the UK

- Improves patient outcomes
- Reduces health inequalities
- Cost-effective
- Empowers communities
- Person-centred care



Care coordinator

Examples of good care

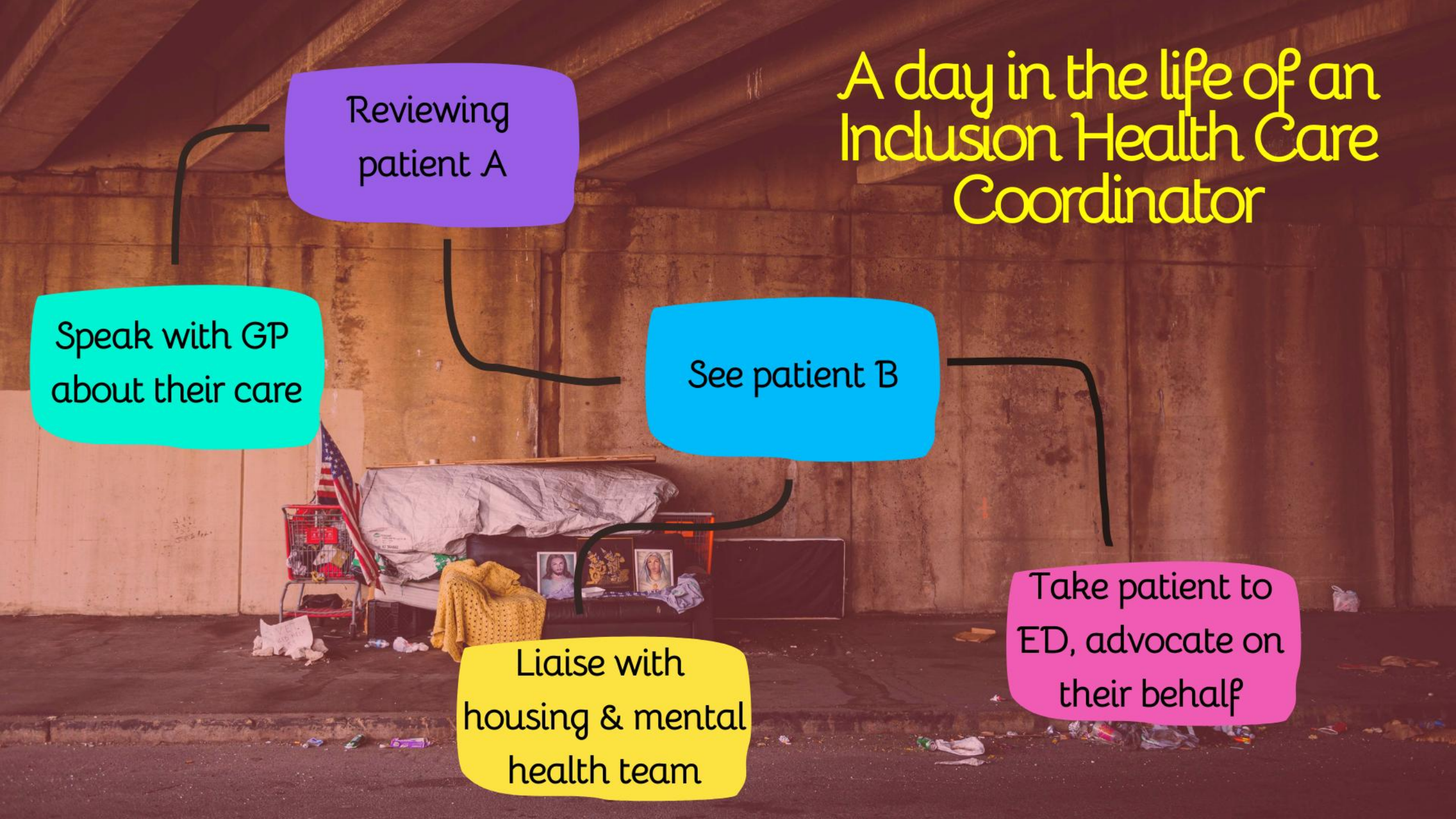
- Digital inclusion via digital hub
- Preventative care with equitable health checks
- Vaccination support for our housebound patients
- Care navigation and advocacy with patient care reviews

Inclusion Health Care coordinator

Recruited person with lived experience.

Examples of responsibilities:

- Case management
- Attending appointments
- Liaising with multiple teams for joined up care
- Navigating and advocating for patient need.


A day in the life of an Inclusion Health Care Coordinator
Reviewing patient A
Speak with GP about their care
See patient B
Liaise with housing & mental health team
Take patient to ED, advocate on their behalf

Health Mediation in Primary Care in France

Example of Montpellier

Dr Karolina Griffiths

VOUS AVEZ BESOIN D'AIDE POUR ACCÈDER À VOS DROITS ET AUX SOINS ?

Contactez la médiatrice en santé

Ecouter Accompagner Informer

Gratuit

J'ai besoin d'un accompagnement pour me rendre à un rendez-vous

Je ne connais pas mes droits en santé et je suis perdue dans mes démarches.

Je souhaite contacter un professionnel de santé et je cherche de l'aide.

Delphine Vissac
06 70 64 30 52

Sur rendez-vous au centre médical Ravas :

Lundi et mardi : 9h à 12h et 13h30 à 16h30 1

jeudi sur 2 : 9h à 12h et 13h30 à 16h30

Needs of our local community

Empowerment

- Health Empowerment Scale (HES)

Pekonen et al.2020
Park & Park 2013

Now let's explore your own contexts

In your country, what is the job title or role of the person who connects patients to community or social resources?

Can someone give a one-minute example of how this role works in practice in your country?

What is the main enabler to collaboration between health and social care in your system?

What is the main challenge to collaboration between health and social care in your system?

What is the main challenge to collaboration between health and social care in your system?

Which is the biggest barrier?

How are these roles integrated into the primary care team?

How is it funded?

Stand – Health or Community Service

Sit = NGO funded

Wave= hybrid

How do you evaluate social prescribing?

Scientific research to develop an assessment model for SPS

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.

RESULTS:

Quality criteria prioritized using the Delphi technique

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

- 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!

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.

Conclusion

- Social prescribing schemes are heteregenous
  - Different terminology , different methods
- Enablers including different funding roles, role of GP
- Challenges includie mapping different methods, funding and evaluation

Social Prescribing Pathway in WONCA Lisbon!

ID 2006- A Decentralized Hub-and-Spoke Model for randomized controlled trials in primary care

18.09.2025 16:30

Hall 5.B

W Herrmann

ID 2158 - Lead the change: DIY social prescribing implementation for community-minded doctors

19.09.2025 17:43

Hall 5.B

ID 5022 - WONCA Europe – Involvement and Contributing to Interdisciplinary Research Projects in Europe

20.09.2025 13:45

AUDITORIUM IV

ID 3946 - Social prescribing in rural Portugal: mental health gains from the Baião pilot

21.09.2025 09:15

Hall 3.A

Miguel Ferreira

D 2228 - Psychosocial problems reported by general practicioners a reasons for referral in Social Prescribing: Results from a multi-center feasibility RCT in Germany

21.09.2025 09:42

Hall 1.05

Niklas Jeske

References

- 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.

- Carrera-Noguero AM, Guilabert Mora M, Pérez-Jover V, Pola-Garcia M, Mira Solves JJ, Astier-Peña MP; Consortium EvaLRA. Consensus-based framework for assessing social prescribing schemes in primary healthcare. BMC Prim Care. 2025 Aug 23;26(1):262. doi: 10.1186/s12875-025-02954-3. PMID: 40849661; PMCID: PMC12374348.

- Pola-Garcia M, Benede Azagra CB, Enriquez Martin N, Lou Alcaine ML, Melus-Palazon E, Mendez-Lopez F, Gasch-Gallen A. Sex differences in formal recommendation of assets for health (social prescribing) in Aragon. BMC Public Health. 2024 Jul 25;24(1):1992. doi: 10.1186/s12889-024-19497-4. PMID: 39054492; PMCID: PMC11270816.

- Pola-Garcia M, Enríquez Martín N, Turón Lanuza A, Méndez-López F, Gasch-Gallén Á, Lou Alcaine ML, Benedé Azagra CB. Assessing the implementation and impact of a social prescribing protocol in primary care. BMC Prim Care. 2025 May 16;26(1):169. doi: 10.1186/s12875-025-02862-6. PMID: 40380126; PMCID: PMC12083031.

- Richard, Elodie, Stephanie Vandentorren, and Linda Cambon. 2022. 'Conditions for the Success and the Feasibility of Health Mediation for Healthcare Use by Underserved Populations: A Scoping Review'. *BMJ Open* 12 (9): e062051. https://doi.org/10.1136/bmjopen-2022-062051.
- HAS. La médiation en santé pour les personnes éloignées des systèmes de prévention et de soins. 2017;
- Kiely, Bridget, Aisling Croke, Muireann O'Shea, Fiona Boland, Eamon O'Shea, Deirdre Connolly, and Susan M. Smith. 2022. 'Effect of Social Prescribing Link Workers on Health Outcomes and Costs for Adults in Primary Care and Community Settings: A Systematic Review'. *BMJ Open* 12 (10): e062951. https://doi.org/10.1136/bmjopen-2022-062951.
- Muhl, Caitlin, Kate Mulligan, Imaan Bayoumi, Rachelle Ashcroft, and Christina Godfrey. 2023. 'Establishing Internationally Accepted Conceptual and Operational Definitions of Social Prescribing through Expert Consensus: A Delphi Study'. *BMJ Open* 13 (7): e070184. https://doi.org/10.1136/bmjopen-2022-070184.