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Green social prescribing: challenges and opportunities to implementation in deprived areas.

Helen Frost PhD, MCSP[1], Research Fellow, Tricia Tooman PhD[1] Research Fellow, Katie Hawkins[2], MRCGP, General Practitioner, Navneet Aujla[1,3] PhD, Senior Research Associate, Stewart W Mercer[1] MBChB, BSc (Hons), PhD, MRCGP, Professor of Primary Care and Multimorbidity

1. Advanced Care Research Centre, Usher Institute, University of Edinburgh, UK.
2. The Access Place, 6 South Gray's Close, Edinburgh, EH1 1NA
3. Population Health Sciences Institute, Newcastle University, UK

Corresponding author:

Professor Stewart W Mercer, Advanced Care Research Centre, Usher Institute, University of Edinburgh, UK. Email. stewart.mercer@ed.ac.uk

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21 The health and social benefits of exposure to green spaces, such as forests, parks, and community
22 gardens, are increasingly apparent and can improve aspects of both physical and mental health[1 2]
23 However, research has shown that people of lower socioeconomic position (SEP) are the least
24 likely to spend time on such activities, which is a concern given the wide health inequalities that
25 exist between affluent and deprived areas in the United Kingdom (UK), and elsewhere in the
26 world.[2 3]

27 Social prescribing is a policy response to health inequalities in the UK and is being rolled out
28 through community health practitioners or 'link workers' in general practice. Green social
29 prescribing (GSP) is a type of prescribing that links patients to nature-based activities.[4] All
30 countries of the UK provide some form of service for GSP, but the funding, referral process, and
31 nature-based activities available vary nationally and regionally. [5-8]

32 The UK government invested over £4 million in a 'test and change' GSP initiative across the seven
33 regions of England in 2020 as a response to the rise in mental health problems during the Covid-
34 19 pandemic. An assessment of the delivery capacity[9] and of the perception of GSP amongst the
35 public and clinicians followed.[10] This included a survey of 4,000 members of the general public and
36 501 clinicians (including 370 GPs). Both link workers and GPs felt that GSP could be beneficial as
37 an addition to a holistic approach, particularly for mental health problems, but they didn't know
38 enough about GSP and what was available in their locality. Critically, the survey found that only 7%
39 of patients who were suitable for referral to GSP had attended a nature-based activity. Further
40 evaluation demonstrated that when link workers did engage in GSP they mainly referred patients to
41 outdoor sports and exercise activities, rather than the full diversity of nature-based activities.[10]
42 Many of the green activity providers reported being referred patients with very complex health
43 conditions (such as severe mental illness or severe physical disability) that they were not trained
44 nor equipped to deal with, putting them in an unfair position and potentially putting such patients at
45 risk of harm.[10] There was a perception that GSP was at times being used as a 'holding system' for
46 such patients, who were often on a waiting list for specialist NHS care, rather than GSP being
47 integrated into the NHS in a way that enhanced the overall care of the patient. Concerns were also
48 raised about the long-term sustainability of local green activity organisations, which are largely third

49 sector-based, and as such their capacity is often undermined by 'short-term, competitive and
50 precarious funding models.[9]

51 In Scotland, 'Our Natural Health Service', a cross sectional initiative between NHS Scotland and
52 'NatureScot' along with other local organisations, supports GSP across several sites.[6] From this
53 initiative, prescription referral pathways for GSP have developed and are currently being
54 evaluated.[4] In Wales, an integrated and person-focused, holistic approach to social prescribing
55 and GSP is embedded within the NHS public health policy and the Welsh government has
56 committed to making social prescribing, including GSP, a priority.[5] Pilot studies suggest
57 enthusiasm for GSP amongst clinicians and patients across the UK[11] [10] and crucially, GSP holds
58 potential to reduce, or mitigate the effects, of health inequalities in patients of lower socioeconomic
59 position.[2] Funding and strong leadership will be essential for the sustainability of these projects
60 along with a whole system-wide approach, including training for providers, generation of a
61 knowledge-base to build awareness of GSP, and information on how to refer and retain those who
62 participate.[12] Some tools have been developed that aim to support clinicians and patients to
63 engage with GSP and improve inclusivity, but there is little data on how and where they are being
64 implemented.[13] [14]

65 Although GPs and link workers may generally support the concept of GSP it is not clear if those
66 working in very deprived areas (i.e. Deep End practices) will have the time and energy to devote to
67 it, given the existence of the inverse care law.[15] The key barriers and facilitators to enabling the
68 workforce and target groups to make use of GSP need to be addressed with consideration for the
69 current working environment, and practical and affordable solutions suggested at individual,
70 practice, and community level. This should also include the availability of green spaces - many
71 urban deprived areas do not have easy access to such spaces,[2] and trespass laws mean that
72 there is no 'right to roam' for 92% of the land in England. A 'right to roam' was introduced in
73 Scotland in the Land Reform (Scotland) Act 2003, which gives everyone rights of access over land
74 and inland water throughout Scotland, subject to specific exclusions set out in the Act. The UK
75 Labour party has pledged to adopt a Scottish style right to roam law if they win the next general
76 election.

77 Overall, the evidence for GSP is expanding [1 12 16] but the link between exposure to the natural
78 environment and improved health and wellbeing is mainly based on association rather than
79 evidence of causation. The majority of trials are small and have been conducted outside of the UK.
80 [17 1 12] To date, we know very little about what works for whom and in which circumstance, or what
81 the ''active ingredients' of GSP are. Evidence from a report of GSP for people with diagnosed
82 mental health problems suggests several plausible factors that may interact to bring about change
83 but these factors need to be explored further for different populations.[12] More robust evidence to
84 demonstrate clinical and cost effectiveness is also needed, following recommendations on how
85 best to optimise and tailor intervention for GSP in deprived populations in the UK, either from RCTs
86 or well-conducted natural evaluations with a matched control group.

87 In summary, GSP as a form of social prescribing has the potential to improve the health and
88 wellbeing of patients who find it appealing and can engage with it. People living in deprived areas
89 who experience the most significant health inequalities may have, in theory, the most to gain from
90 such activities.[2] However, further research is required to understand and overcome the multiple
91 barriers that may exist to enabling people living in deprived areas make the best use of GSP, in a
92 way that is both integrated into routine care and sustainable.

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References

1. Harrison H, Burns M, Darko N, et al. Exploring the benefits of nature-based interventions in socio-economically deprived communities: a narrative review of the evidence to date. *Perspect Public Health* 2023:17579139231170768. doi: 10.1177/17579139231170768

2. Rigolon A, Browning M, McAnirlin O, et al. Green Space and Health Equity: A Systematic Review on the Potential of Green Space to Reduce Health Disparities. *Int J Environ Res Public Health* 2021;18(5) doi: 10.3390/ijerph18052563

3. Michael Marmot JA, Tammy Boyce, Peter Goldblatt, Joana Morrison,. Health equity in England: The Marmot Review 10 years on. London London: Institute of Health Equity; 2020 [Available from: https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on accessed 3/5/23.

4. Marx V, More KR. Developing Scotland's First Green Health Prescription Pathway: A One-Stop Shop for Nature-Based Intervention Referrals. *Front Psychol* 2022;13:817803. doi: 10.3389/fpsyg.2022.817803

5. Green and social prescribing: Green Nature and Wellbeing; 2023 [Available from: https://gnaw.wales/green-and-social-prescribing/ accessed 27-6-23.

6. NatureScot & NHS Scotland. Scotland's outdoors. Our Natural Health Service 2023 [Available from: https://www.nature.scot/sites/default/files/2020-04/Our%20Natural%20Health%20Service%20leaflet%20-%20April%202020.pdf accessed 1/6/23.

7. NHS England. Green social prescribing 2023 [Available from: https://www.england.nhs.uk/personalisedcare/social-prescribing/green-social-prescribing/ accessed 23/5/23.

8. Northern Ireland environment link. Social Prescribing Toolkit 2023 [Available from: https://www.nienvironmentlink.org/projects/social-prescribing-toolkit/ accessed 27/6/23.

9. Grantham R, Whaley, L,. National green social prescribing delivery capacity assessment: final report London: Department of Health and Social Care; 2023 [Available from: https://www.gov.uk/government/publications/national-green-social-prescribing-delivery-capacity-

121 assessment/national-green-social-prescribing-delivery-capacity-assessment-final-report accessed
122 1/6/23.
123 10. Department of Health and Social Care. Exploring perceptions of green social prescribing among
124 clinicians and the public London2023 [Available from:
125 https://www.gov.uk/government/publications/green-social-prescribing-perceptions-among-
126 clinicians-and-the-public/exploring-perceptions-of-green-social-prescribing-among-clinicians-and-
127 the-public#perceptions-of-green-social-prescribing.
128 11. Robertson G, Cook, A. Midlothian Green Health Prescribing Project 2022 [Available from:
129 https://greenhealth.nhslothiancharity.org/wp-content/uploads/sites/2/2023/03/Midlothian-
130 Green-Prescribing-Evaluation-Report-final-compressed.pdf accessed 12/6/23.
131 12. Garside R, Orr, N., Short, R., Lovell, R., Husk, K., McEachan, R., ... & Dickie, I Therapeutic Nature: nature-
132 based social prescribing for diagnosed mental health conditions in the UK. Final Report for DEFRA.
133 2020 [Available from:
134 https://beyondgreenspace.files.wordpress.com/2021/06/15138_therapeuticnature-finalreport-
135 1.pdf.
136 13. Fullama J, Hunta H, et al A Handbook for Nature on Prescription to Promote Mental Health 2023
137 [Available from: https://www.ecehh.org/wp/wp-content/uploads/2021/05/A-Handbook-for-
138 Nature-on-Prescription-to-Promote-Mental-Health_FINAL.pdf.
139 14. Our Place. Place Standard Tool Inclusive Communication Toolkit 2023 [Available from:
140 https://www.ourplace.scot/place-standard-tool-inclusive-communication-toolkit.
141 15. McLean G, Guthrie B, Mercer SW, et al. General practice funding underpins the persistence of the
142 inverse care law: cross-sectional study in Scotland. *Br J Gen Pract* 2015;65(641):e799-805. doi:
143 10.3399/bjgp15X687829
144 16. Masterton W, Carver H, Parkes T, et al. Greenspace interventions for mental health in clinical and non-
145 clinical populations: What works, for whom, and in what circumstances? *Health Place*
146 2020;64:102338. doi: 10.1016/j.healthplace.2020.102338

147 17. Mughal R. SH, Polley M., Sabey A. & Chatterjee H.J. How the natural environment can support health
148 and wellbeing through social prescribing: National Academy for Social Prescribing; 2022 [Available
149 from: https://socialprescribingacademy.org.uk/media/zakn0rng/how-the-natural-environment-
150 can-support-health-and-wellbeing-through-social-prescribing_.pdf accessed 27-6-23.
151
152