



# **The Irish Sea Platform:**

## **The Identification of Social Prescribing Related Research Priorities for Collaborative Research Across the Celtic Sea - A Group Concept Mapping Report**

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# Abstract

Throughout the UK and ROI there are pioneer social prescribing services and developments. However, post-Brexit there are limited opportunities for cross-disciplinary/sector research and innovation despite UK and EU countries wishing to continue to collaborate. The Wales School for Social Prescribing Research (WSSPR) ran a series of three virtual events for academics and social prescribing professionals from Wales, Scotland, the Republic of Ireland and Northern Ireland. The aim of these events to provide a forum in which to facilitate the identification of potential social prescribing-related research priorities for future collaboration.

A total of 75 academics, practitioners and professionals who share a common interest in social prescribing attended across the three events. Group concept mapping was used across sessions one and two, to facilitate the identification of potential social prescribing-related research priorities for future cross-sea collaboration. This involved three stages: A brainstorming task to produce a list of research priorities; Sorting the priority statements into clusters; Rating the priority statements for importance and feasibility.

A list of 40 research priority statements was produced. Multidimensional scaling and hierarchical cluster analyses was employed using GroupWisdom™ software. Priority statements were most effectively sorted into six clusters, and pattern matching and go-zone analysis identified the most important and most feasible research priorities by cluster and statement. There was considerable overlap between the clusters identified and the top-rated priority statements. The theme of 'improving community connection and engagement' was the highest-rated cluster by importance and feasibility, as well as the highest-rated priority statement by importance.

Discussion culminated in academics agreeing to meet in September to discuss and plan a grant application with the intention of collaboratively working to address the identified research priority of 'identifying how to improve community connection and engagement'. Potential limitations of future research were also discussed, with the ability to obtain funding for cross-sea collaboration following the UK exiting the European Union acknowledged as presenting the largest barrier.

**Key words:** Social Prescribing, Engagement, Barriers, Health, Group Concept Mapping, Celtic Sea, Collaboration, Research Priorities

European health & social care systems are under pressure to meet healthcare challenges <sup>1</sup>. Approximately 20% of patients consult with GPs for social & economic issues that impact on their health <sup>2,3</sup>. Policy & literature from the United Kingdom (UK) and Republic of Ireland (RoI) highlights how social prescribing may potentially positively impact on health care resources, individual well-being and general practice sustainability <sup>4-11</sup>.

Throughout the UK and RoI there are pioneer social prescribing services and developments. For example, Welsh Government are currently in the process of developing a National Framework for Social Prescribing <sup>12</sup>, which has received direct contribution from WSSPR. However, while Wales & RoI have a 25-year history of co-operation via EU Interreg Programmes, post-Brexit there are limited facilities to promote cross disciplinary/sector research and innovation <sup>13,14</sup> despite both countries wishing to continue to collaborate.

There is a need to promote and foster collaborative working and research practises across the countries of the UK and RoI. Social prescribing has seen rapid development over the last decade or so <sup>15,16</sup>. This speed of development has outstripped the establishment of suitable measures of efficacy and the evaluation, identification and implementation of multiple factors such as appropriate training, barriers to engagement, and the unification of language across sectors and regions <sup>5,15</sup>. Collaboration on the identification and addressal of social prescribing-related research priorities, not only serves to collate the social prescribing-related talent pool and share good practices, but also facilitates the development of collaborative research projects and proposals, preventing countries from separately submitting competing bids for similar projects.

With the overall aim of increasing Irish Sea cooperation amongst social prescribing stakeholders in research and practice, the Wales School for Social Prescribing Research (WSSPR) held a series of interactive online events. This aim was to be achieved via:

1. Hosting three formal online events to provide an accessible online space where ideas can be developed, shared & discussed to promote and develop a critical dialogue about social prescribing research priorities.
2. The use of consensus methods in one of the events will aid the identification of the most important and feasible social prescribing-related research priorities. We will develop, and agree through consensus, the research priorities for social prescribing that can be carried forward into co-produced research and evaluation grant submissions.
3. Using the online events to promote and build strong, sustainable connections and relationships between academics and practitioners who share a common interest in social prescribing.

# Method

Between May and June 2022 we held three interactive, online events open to anyone from across Wales, the RoI, Northern Ireland, and Scotland with an interest in social prescribing. Participants were recruited from social prescribing communities of practice, Connect Wales, social prescribing research networks, and universities in the targeted countries. Both purposeful and snowballing <sup>17</sup> methods of recruitment were employed (participants recommending potential participants to us and/or sharing our recruitment invitation). The event was predominantly attended by social prescribing academics and professionals. A total of 75 individuals attended across the three events.

## Group Concept Mapping

The events utilised the mixed-methods consensus-generating approach Group Concept Mapping (GCM) <sup>18,19</sup>, described below, to explore participants' perspectives on research priorities for social prescribing that need to be addressed. GCM provided a means to combine qualitative data collection approaches with quantitative analysis processes and tools that enable the researcher to capture and organise the ideas of a group on any topic of interest and then represent those ideas visually in a series of interrelated maps <sup>18,19</sup>. The results reflect the perceptions and values of the participants and provide results that are immediately usable. The results do not necessarily provide a definitive answer but instead, provide an evidence-based means of facilitating discussion around a topic of interest, in this instance the research priorities for social prescribing. Using GCM allowed us to collate perspectives from geographically dispersed participants across Wales, Scotland, NI and the RoI. For the GCM elements of the events, attendees were asked to answer demographic questions and complete three tasks using GroupWisdom™ software <sup>20</sup>; brainstorming, sorting and rating. The study was led by trained GCM facilitators (SN & CW).

### Demographic questions

Upon entry to the online research space, participants were asked to answer three demographic questions:

Q1. In which country do you currently work?(NI/RoI/Scotland/Wales)

Q2: Under which category does your current professional role fall?(Academic/ Social prescribing professional/ Health care professional (not SP)/ Social care professional (not SP)/ CVS professional (not SP)/Manager, commissioner or policy maker.

Q3: How long have you been working in/with social prescribing? (No experience/Less than 12 months/ 13-36 months/37-72 months/73 months +).

## **Task 1: Brainstorming**

Attendees to Event 1 were provided with a link to the online GCM brainstorming task. The task was kept open until the day before Event 2 (16.05.2022 – 26.05.2022) giving them time to complete the task as their schedules allowed. Participants were asked to generate statements in response to the focus prompt:

*"A research priority for social prescribing is ..."*

These research priority statements were then used to guide discussion and the generation of a list of potential research priorities to be pursued collaboratively.

## **Task 2: Sorting**

In Event 2 attendees were provided with a link to the online GCM sorting and rating tasks and a time of approximately 40 minutes to complete them. In the sorting task, participants were instructed to sort the priority statements "into piles in a way that makes sense to you...Group the statements on how similar in meaning they are to one another...Sort each card into a pile as you create your own version of how these ideas are related". They were then asked to "give each pile a name that describes its theme or content".

## **Task 3: Rating**

In the final task, attendees were asked to rate each of the statements on two 4-point Likert scales 1 (not at all) to 4 (Extremely):

- Importance: How important is it to address the statement?
- Feasibility: How feasible is it to address the statement?

## **Analysis**

The data was reviewed, cleaned, and online software acceptance processes were carried out, prior to the completion of three data analysis steps using the GroupWisdom™ online software <sup>20</sup>:

- Step 1: A similarity matrix was created from the participant sorted. This demonstrates the number of participants who sorted the statements together.
- Step 2: Multidimensional-scaling analysis of the similarity matrix produced a statement point map. Each participant statement is allocated a point on a two-dimension (XY) axis
- Step 3: Ward's algorithm was used in a hierarchical cluster analysis of statement clusters to produce a cluster map with cluster labels, pattern match reports and go-zone analysis.

## The Events

**Event 1** was a showcase event. This event provided a platform for attendees to highlight some of the social prescribing work and research that was occurring in their respective countries. The showcase took the form of a mixture of six presentations and a series of short social prescribing films. The presentations from academics and social prescribing professionals from the RoI, Northern Ireland, Scotland, and Wales, included a diversity of social prescribing-related topics. The short films showcased a mixture of social prescribing interventions from all countries and included interviews with individuals that had engaged with social prescribing and who described how it had transformed their lives. At the conclusion of the event, we described what would happen in the upcoming events, highlighting the need for participation in the GCM task that would be used to help identify social prescribing-related research priorities. We provided a link to the online GCM brainstorming task, to be completed before event two, that would be used to generate the initial list of potential research priorities.

**Event 2** focused on identifying a list of feasible and important socially prescribing-related research priorities. We began by reviewing these research priorities to see if any other priority statements needed to be added before explaining how to conduct the sorting and rating tasks. Attendees were given a link to the online tasks which they completed live, during the event and a period of approximately 40 minutes to complete them. The sorting and rating tasks were completed sequentially. SN and CW were on hand to assist with any issues. Following the completion of these tasks, two presentations were given by researchers from Wales and Scotland. It was highlighted that analysis would take place prior to event three and the presentation of the results would be used to facilitate discussion on the various priorities and the identification of one or more that could be carried forward collaboratively.

**Event 3** centred around the GCM analysis of the research priorities submitted, sorted and rated by attendees of events one and two. It provided a forum to discuss and identify research priorities that could be carried forward collaboratively.

# Results

## Task 1: Brainstorming

Fifty (n = 50) people registered an interest in participating in the brainstorming task and nineteen (n = 19) completed the task, collectively generating 28 priority statements in response to the prompt. Compound statements were split, resulting in 40 individual statements. The full list of the final 40 statements can be found at [OSF | Irish Sea Platform](#).

Demographic question responses indicated that respondents:

1. Were from the following countries: Wales (6), Scotland (2), NI (2), and RoI (9)
2. Employed within the following sectors: Academic (3), SP professional (8), Non-SP health care professional (1), Non-SP CVS professional (2), Manager/commissioner/policy maker (5)
3. Had the following experience of working in/with social prescribing: None (2), less than 12 months (1), 13-36 months (10), 37-72 months (2), 73 months + (4).

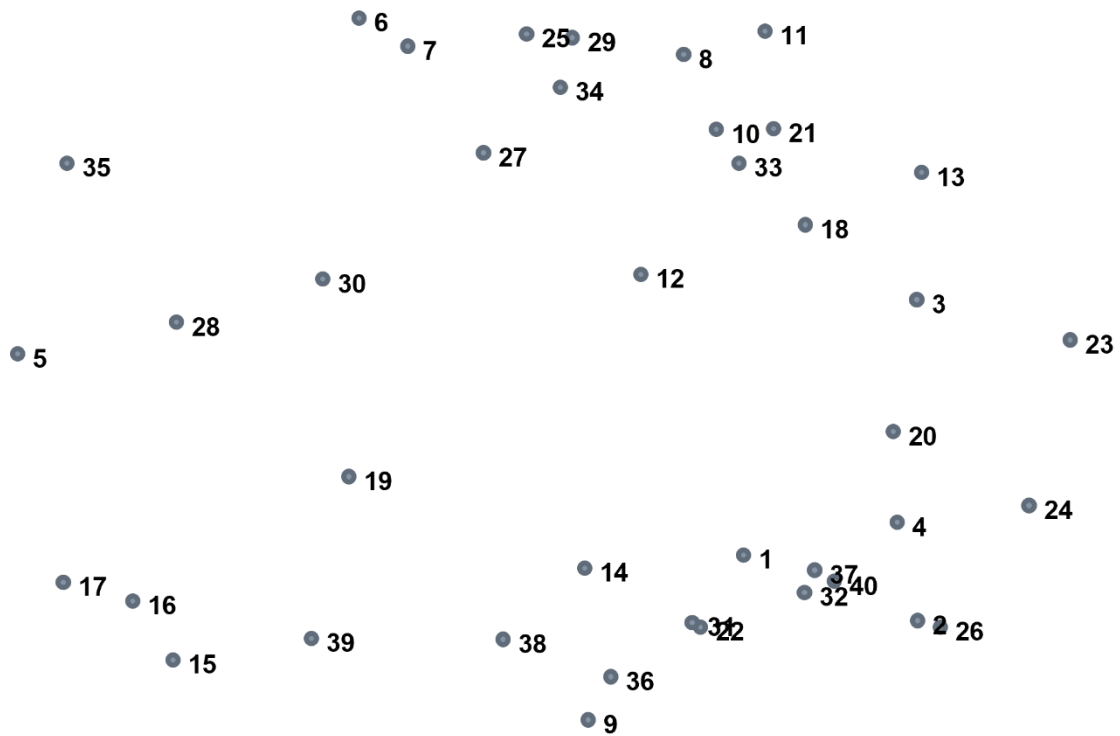
## Task 2: Sorting

Twenty-four (n = 24) people registered an interest in participating in the sorting and rating tasks, with fourteen (n = 14) completing the tasks and having their data carried forward for analysis.

Responses to demographic indicated that respondents who completed the tasks:

1. Were from the following countries: Wales (7), Scotland (1), NI (1), and RoI (5)
2. Employed within the following sectors: Academic (7), SP professional (1), Non-SP health care professional (1), Non-SP social care professional (1), Non-SP CVS professional (1), Manager/commissioner/policy maker (3)
3. Had the following experience of working in/with social prescribing: None (1), less than 12 months (2), 13-36 months (7), 37-72 months (2), 73 months + (2).

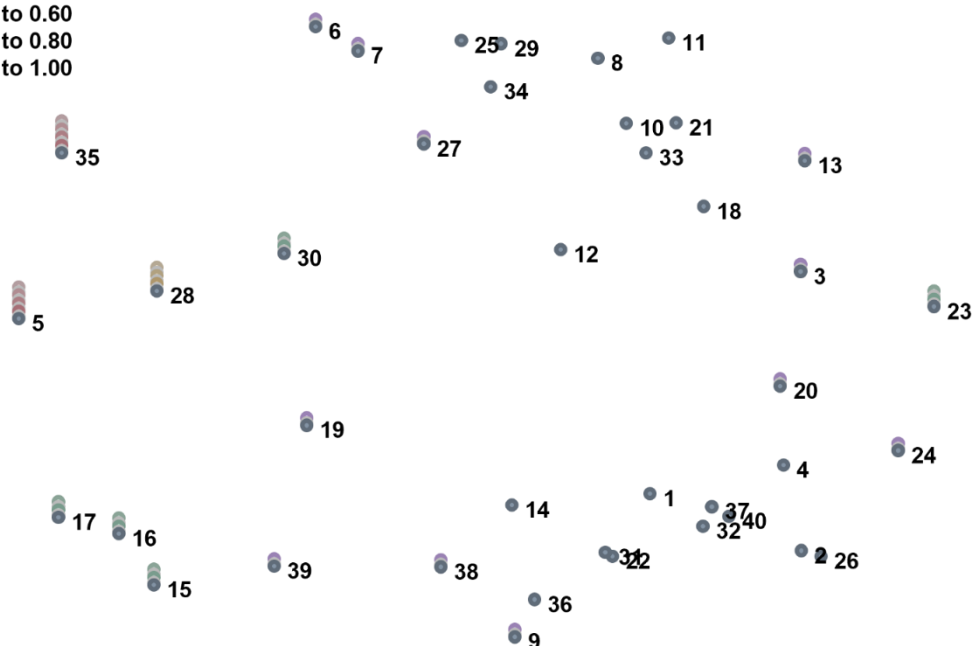
Participants were asked to sort and group all the statements into piles and provide each pile with an individual label. From this, the software generated a point map (Figure 1) with each point on the map representing a statement. The point map shows the distribution of all 40 statements in relation to each other based on how they were grouped together; Proximity of statements to other statements indicates how frequently the statements were sorted together by participants. The dataset had a final stress value of 0.2482. The stress value is considered to be similar to reliability, with an acceptable range of 0.205 – 0.365<sup>18</sup>, so the map generated is considered to be a good fit.



**Figure 1. Point map from the participant sorting exercise.**

Bridging values range from 0 – 1, and are indicated on the point-rating map (Figure 2) by the number of layers at each point. Lower values (i.e., points with one or two layers) are anchors and are typically located within, and bridged with, a cluster of statements. Higher values have more disperse bridging, suggestive of a broader relationship across the map.

Layer	Bridging Value
1	0.00 to 0.20
2	0.20 to 0.40
3	0.40 to 0.60
4	0.60 to 0.80
5	0.80 to 1.00



**Figure 2. Point-rating map from the participant sorting exercise.**



Using the point map, the software then generated a number of cluster maps, that gathered statements sorted together into similar clusters. The software gave options of 4 – 15 cluster solutions. SN and CW considered the selection and agreed that the priority statements were most effectively grouped into six clusters (Figure 3). The conceptual relationship between clusters is shown by the distance between them. The closer the clusters, the stronger relationship they have. Automatic cluster labels were generated by the software based on cluster labels given by participants. However, it was not felt that these provided accurate descriptions of the cluster content.

Based on the content of priority statements within each cluster, the final cluster labels produced and presented at the next meeting were:

- 1) Improving Community Connection and Engagement
- 2) Measuring the Efficacy of Social Prescribing
- 3) Demonstrating the Value of Social Prescribing via Case Studies
- 4) Social Prescribing for Children, Young People, & Chronic Health Conditions
- 5) Clarifying the Roles & Responsibilities of Link Workers
- 6) Improving Peer Support & Link Worker Training

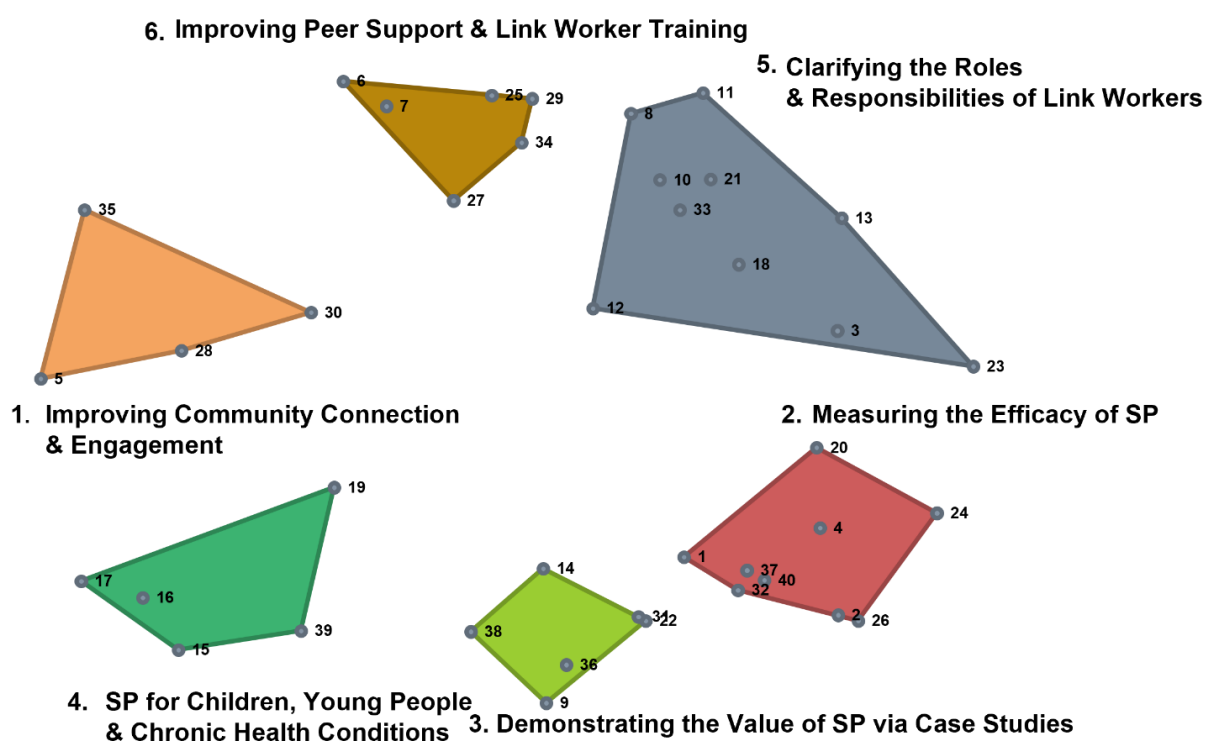


Figure 3. Cluster map with labels from the participant sorting exercise.

### Task 3: Rating for 'importance' and 'feasibility'

In the final activity, participants were asked to rate all 40 statements on two Likert scales ranging from 1 – 4 for *importance* and *feasibility*. Pattern matching of the research priority statement clusters allowed us to view these clusters in order of importance and feasibility. A relative pattern match (Figure 4) presents the average scores for the clusters within the range of ratings for each scale, whereas the absolute pattern match (Figure 5) presents average scores for the clusters on a fixed scale.

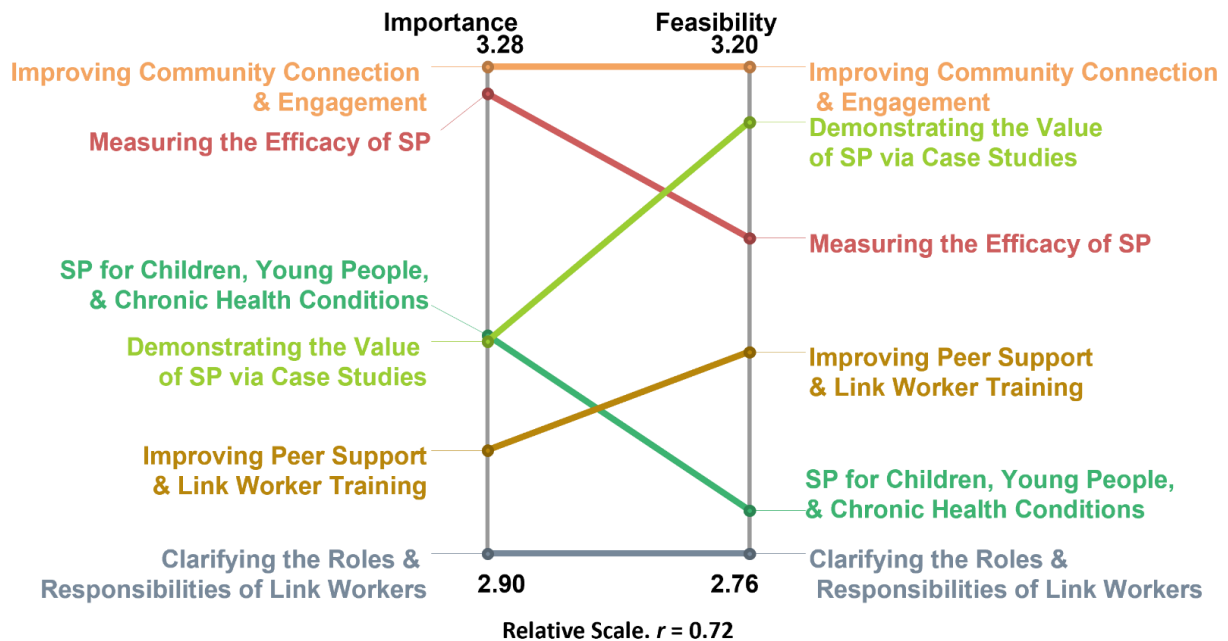


Figure 4. Relative pattern match report comparing cluster ratings for importance and feasibility.

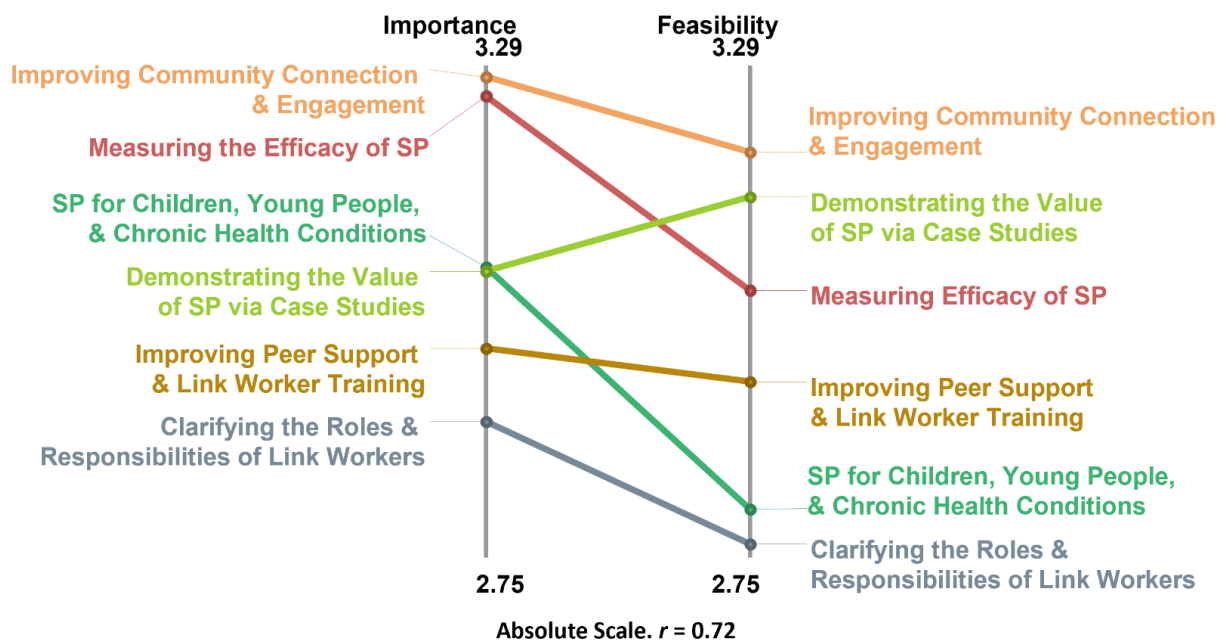
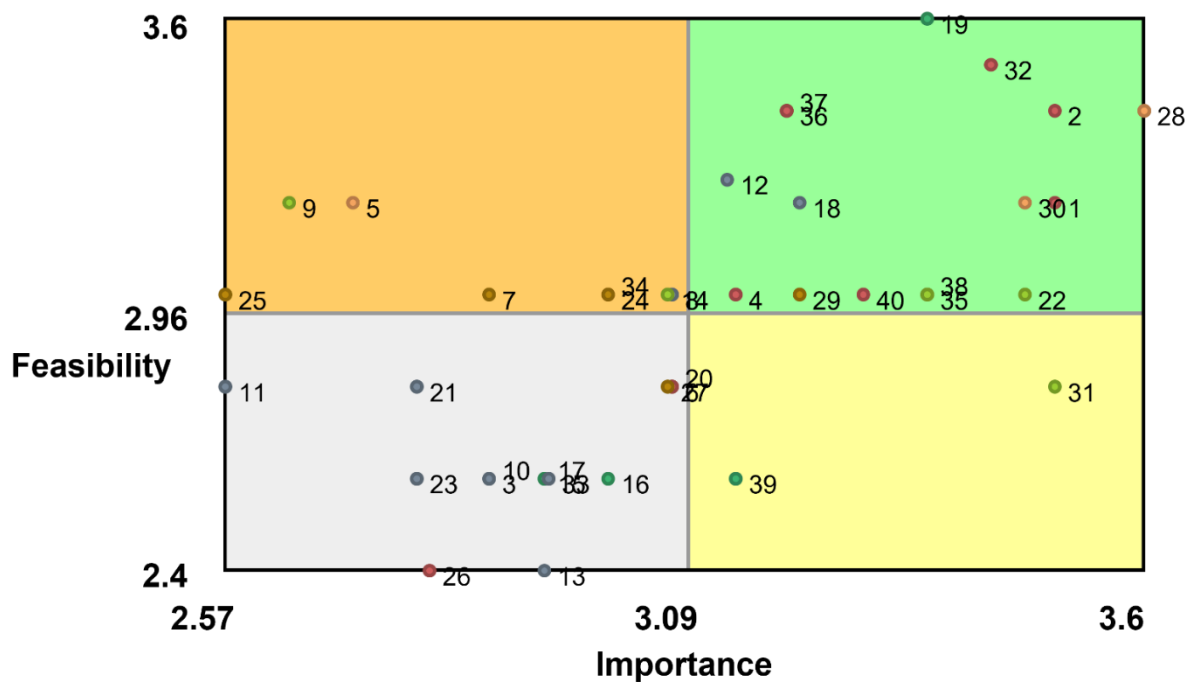


Figure 5. Absolute pattern match report comparing cluster ratings for importance and feasibility.

The relative pattern match enables the researcher to compare multiple measurements to establish a trend <sup>21</sup>. As the rating scales measure different concepts (i.e. importance and feasibility), it can sometimes be more useful to compare the ranking of clusters on the different scales, as opposed to the absolute numbers, which may not be directly comparable.

Go-zone analysis (Figure 6) allowed us to identify individual statements by their average ratings of importance and feasibility. The top five rated statements for importance and feasibility are displayed in Tables 1 and 2 respectively. The Go-Zone is split into four quadrants based on the average rating for all statements for each of the two scales. The green and grey quadrants represent agreement on the two scales (i.e. a statement rated as high in importance and high in ease of feasibility will be in the green quadrant). Whereas the orange and yellow quadrants represent a divergence between the two scales (i.e. orange represents high feasibility but low importance).



**Figure 6.** Go-Zone report displaying the average rating for each statement in relation to importance and feasibility. There was a strong correlation between importance and feasibility for the individual research priorities ( $r = .52$ ). Note, statement point colours relate to which cluster the statement sits within.

**Table 1:** Top five statements as determined by rating scores for importance.

Statement No.	Statement	Score	Cluster
28	Why do some people fail to engage in the activities to which they have been referred?	3.6	6
2	How is change measured?	3.5	2
1	Does social prescribing have a long-term benefit for health and socioeconomic opportunities?	3.5	2
31	To track the improvement of 'health' and the reduction in primary care input required before and after social prescribing input.	3.5	2
30	The additional support needed by people who experience mental health problems that might pose a barrier to their engagement	3.47	6

**Table 2:** Top five statements as determined by rating scores for feasibility.

Statement No.	Statement	Score	Cluster
19	How can SP support people with different chronic health diseases e.g. diabetes; cancer etc?	3.6	4
32	Long-term impact on outcomes.	3.5	2
2	How is change measured?	3.5	2
28	Why do some people fail to engage in the activities to which they have been referred?	3.4	6
37	Measuring impact and outcomes, especially focusing on the timeframe of return to GP/ main healthcare services.	3.4	2

## Discussion

Funding was secured from SCoRE to enable a team from the WSSPR to develop and hold a series of three interactive online events. The aim was to develop sustainable connections and relationships between academics and practitioners across the Celtic Sea and identify social prescribing-related research priorities that could be carried forward into co-produced research grant submissions. GCM was incorporated into the events to facilitate the identification of and discussion around research priorities for social prescribing.

In total 75 individuals attended from Wales, Scotland, NI and the RoI. Analysis of the GCM data indicated that the priority statements produced by attendees were most effectively grouped into six clusters. Pair matching of the research priority statements allowed us to view these clusters in order of importance and feasibility. Scoring of the individual statements and go-zone analysis also allowed us to identify the top five individual statements by importance and feasibility. As might be expected, there was an overlap between the cluster topics and the top-rated priority statements. The most important and the most feasible research priority by cluster was “Improving community connection and engagement”. The most important research priority by statement was “Why do some people fail to engage in the activities to which they have been referred?”. This statement was also ranked as the 4<sup>th</sup> most feasible to pursue. There was considerable discussion around this top research priority and academics from Ireland and Scotland agreed that this particular research priority was not only worth collectively pursuing but was also one of the most feasible to collectively pursue. While there does already exist some literature on barriers and facilitators to social prescribing [e.g., 22–29](#), it was felt that this provided a good base from which to develop further research, rather than a comprehensive overview. For example, qualitative research indicates that the fear of stigma of psychosocial problems, and the short-term nature of the programme may present barriers to service user uptake and adherence [24,30](#). Individuals may be more likely to engage in activities if the activity is both accessible and transport to the first session is supported, and are more likely to continue to engage if they have external support, for example, from family members [22,29](#). Barriers to attendance can be broad, encompassing aspects such as logistical considerations, the skills and knowledge of the activity leader, personal preference, confidence, or changes in their health and well-being [22,29](#). Subsequently, there may be a collaborative project that is able to pull together and synthesise the wide-ranging evidence on why some people fail to engage in the activities to which they have been referred.

While the role of the link worker is undeniably central to the success of a social prescribing pathway [31](#). However, clarifying the roles and responsibilities of link workers scored the lowest for both feasibility and importance. Discussion revealed that as a topic for collaborative research, it was felt that the research was already being conducted and that there was already a strong research base highlighting the need for clarification of link worker roles and responsibilities. For example, Rhodes and Bell [32](#) conducted a qualitative

study to understand the challenging aspects of the link worker role and the types of training and support needed. Their research indicated that most link workers felt that the training they received did not prepare them for the breadth of responsibilities included within their role. However, it also indicated that link workers are required to have in-depth knowledge of local services and that steps have been taken to develop online resources to support them in this aspect. Research by Roberts et al <sup>33</sup> highlights that while there is variation in the roles performed by link workers within Wales, it appears that the roles need the flexibility to allow for accommodation of certain geographical preferences. Additionally, it is traits such as empathy and 'being a listener' that were shown to be favoured over specialised methods such as cognitive behavioural therapy and behaviour change taxonomy, a sentiment echoed in other research <sup>31</sup>.

Absolute pattern matching indicated that, with the exception of 'Demonstrating the Value of SP via Case Studies', the importance of addressing the research priorities was rated higher than the feasibility of addressing them. While 'Demonstrating the Value of SP via Case Studies' scored highly for feasibility it fell in the middle of the range for importance and was considered something that might be best pursued locally.

The discussions also highlighted that one of the main challenges will be to identify funding opportunities that all countries can collaboratively apply for. While the funding obtained to support these events was given with the intention of supporting collaboration through Horizon, additional problems raised by Brexit have essentially drawn a line under UK countries accessing Horizon funding. However, at a time when collaborative funding sources are becoming increasingly difficult to access, the identification of a research priority that countries across the Celtic Sea can collectively work to address is to be welcomed.

The events were regarded as successful in that they not only provided academics and social prescribing professionals an insight into social prescribing-related service and research with their counterparts in other countries across the Celtic Sea, but also laid a strong foundation for future collaboration with academics from Ireland and Scotland. These academics will in turn facilitate collaboration with the social prescribing networks of their respective countries. The general feeling was that the potential for collaboration was not restricted to the research priorities identified but could/would also be embraced more generally. The aim of facilitating the identification of a number of social prescribing-related research priorities was achieved. Academics from Wales, Ireland and Scotland agreed to meet in September to discuss and plan a grant application with the intention of collaboratively working to address the identified research priority of 'identifying how to improve community connection and engagement'. The priorities identified during the events were disseminated via:

1. Recordings of the events, made available on the WSSPR YouTube channel.
2. A podcast of the study called 'The Welsh Whisper: Social Prescribing Priorities Across the Celtic Sea'.
3. An infographic distributed through the social prescribing networks and via social media.

## **Conclusion**

The aim of the three workshops was to not only identify social prescribing-related research priorities that could be carried forward into co-produced research grant submissions, but to also develop sustainable connections and relationships between academics and practitioners across the Celtic Sea. In these respects, the workshops were successful, in that they not only provided attendees with an insight into the social prescribing-related services and research of their counterparts in other countries but also laid a strong foundation for future collaboration. The most important and feasible research priority by cluster, and the most important and one of the most feasible individual priority statements centred around improving engagement and community connection and it was this that was chosen to be carried forward. Although it was noted that, moving forward, one of the main challenges will be to identify funding opportunities that all countries can collaboratively apply for.

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# References

1. European Commission. Draft proposal for a European Partnership under Horizon Europe - Transforming health and care systems. (2020).
2. Husk, K., Elston, J., Gradinger, F., Callaghan, L. & Asthana, S. Social prescribing: where is the evidence? *British Journal of General Practice* **69**, 6–7 (2019).
3. Social Prescribing Network. *Report of the annual social prescribing network conference*. <http://www.artshealthresources.org.uk/docs/report-of-the-inaugural-social-prescribing-network-conference/> (2016).
4. Bickerdike, L., Booth, A., Wilson, P. M., Farley, K. & Wright, K. Social prescribing: Less rhetoric and more reality. A systematic review of the evidence. *BMJ Open* **7**, (2017).
5. Halder, M. M. *et al.* Evaluation and exploration of a social prescribing initiative: Study protocol. *J Health Psychol* **26**, 345–356 (2021).
6. Keenaghan, C., Sweeney, J. & McGowan, B. *Care Options for Primary Care: The development of best practice information and guidance on Social Prescribing for Primary Care Teams HSE W Care Options for Primary Care Report*. (2012).
7. NHS. *The NHS Long Term Plan*. [www.longtermplan.nhs.uk](http://www.longtermplan.nhs.uk) (2019).
8. Reinhardt, G. Y., Vidovic, D. & Hammerton, C. Understanding loneliness: a systematic review of the impact of social prescribing initiatives on loneliness. *Perspect Public Health* **141**, 204–213 (2021).
9. Tierney, S. *et al.* Supporting social prescribing in primary care by linking people to local assets: a realist review. *BMC Med* **18**, 1–15 (2020).
10. Welsh Government. *Prosperity for All. The national strategy*. (2018).
11. Welsh Government. *A Healthier Wales: our Plan for Health and Social Care*. (2021).
12. Welsh Government. *National framework for Social Prescribing - Consultation Document*. <https://www.gov.wales/sites/default/files/consultations/2022-07/consultation-document-national-framework-for-social-prescribing.pdf> (2022).
13. McKenna, P. G. *et al.* *Higher Education and Research in Northern Ireland Post-Brexit*. (2018).
14. Else, H. Brexit one year on: patience ‘wearing thin’ among UK scientists. *Nature* **602**, 374–375 (2022).
15. Morse, D. F. *et al.* Global developments in social prescribing. *BMJ Glob Health* **7**, e008524 (2022).
16. The King’s Fund. What is social prescribing? <https://www.kingsfund.org.uk/publications/social-prescribing> (2020).
17. Patton, M. Q. *Qualitative research & evaluation methods : integrating theory and practice*. (Sage, 2014).
18. Kane, M. & Trochim, W. M. K. Concept mapping for planning and evaluation. 200 (2007).
19. Kane, M. & Rosas, S. R. Conversations About Group Concept Mapping: Applications, Examples, and Enhancements. 226 (2017).
20. Group Wisdom. The Concept System® GroupWisdom™ (Build 2021.24.01) [Web-based Platform]. . Preprint at Available from <https://www.groupwisdom.tech>. (2022).
21. Kamat, P. v. Absolute, Arbitrary, Relative, or Normalized Scale? How to Get the Scale Right. *ACS Energy Lett* **4**, 2005–2006 (2019).



22. Morgan, F. *et al.* Adherence to exercise referral schemes by participants - what do providers and commissioners need to know? A systematic review of barriers and facilitators. *BMC Public Health* **16**, 227 (2016).
23. Pescheny, J., Randhawa, G. & Pappas, Y. Patient uptake and adherence to social prescribing: A qualitative study. *BJGP Open* **2**, (2018).
24. Pescheny, J. V., Pappas, Y. & Randhawa, G. Facilitators and barriers of implementing and delivering social prescribing services: a systematic review. *BMC Health Serv Res* **18**, 1 (2018).
25. Wildman, J. M. *et al.* Service-users' perspectives of link worker social prescribing: a qualitative follow-up study. *BMC Public Health* **19**, N.PAG-N.PAG (2019).
26. Wildman, J. M. *et al.* Link workers' perspectives on factors enabling and preventing client engagement with social prescribing. *Health Soc Care Community* **27**, 991–998 (2019).
27. Aughterson, H., Fancourt, D. & Baxter, L. Social prescribing for individuals with mental health problems: A qualitative study of barriers and enablers experienced by general practitioners. *BMJ Open* **11**, A1–A2 (2021).
28. Woodall, J. *et al.* Understanding the effectiveness and mechanisms of a social prescribing service: a mixed method analysis. *BMC Health Serv Res* **18**, N.PAG-N.PAG (2018).
29. Husk, K. *et al.* What approaches to social prescribing work, for whom, and in what circumstances? A realist review. *Health Soc Care Community* **28**, 309–324 (2020).
30. Pescheny, J. v, Pappas, Y. & Randhawa, G. Evaluating the implementation and delivery of a social prescribing intervention: A research protocol. *Int J Integr Care* **18**, (2018).
31. Frostick, C. & Bertotti, M. The frontline of social prescribing – How do we ensure Link Workers can work safely and effectively within primary care? *Chronic Illn* (2019) doi:10.1177/1742395319882068.
32. Rhodes, J. & Bell, S. “It sounded a lot simpler on the job description”: A qualitative study exploring the role of social prescribing link workers and their training and support needs (2020). *Health Soc Care Community* (2021) doi:10.1111/hsc.13358.
33. Roberts, T., Lloydwin, C., Pontin, D., Williams, M. & Wallace, C. The role of social prescribers in Wales: a consensus methods study: <https://doi.org/10.1177/1757913921990072> (2021) doi:10.1177/1757913921990072.