#

Patient Voices for Social Prescribing

# 2025 Report

## Purpose of the report

The purpose of this report is to document and share how we developed, delivered and evaluated a programme to empower and amplify patient voices of social prescribing in London.

Coproduction has been embedded throughout development and delivery.

The pilot programme was coproduced with various groups including NHS and Mental Health Peer Leaders, Lived Experience Practitioners, Hospital Trust Patient Voices groups, Social Prescribing Managers and Link Workers across London.

The Patient Voices Participants were involved in shaping delivery, content and design of the programme from the outset, as well as feeding into next steps and recommendations for future programmes.

We hope this programme will demonstrate the impact of effective coproduction using lived experience to promote, support and influence services.

## Summary

The Patient Voices for Social Prescribing Programme was a new, pilot programme to support social prescribing services embed lived experience into service design and improvement by supporting people with lived experience of social prescribing to learn how to share their story in a compelling way.

The programme supported participants to gain skills in storytelling, communication, presentation and advocacy, whilst building their confidence to share their experiences to help improve services.

Sessions included reflective practice, group work and opportunities to put what participants learnt into practice in a safe way, enabling them to demonstrate the value of social prescribing to all parts of healthcare system, with powerful, personal, first-hand stories of why this work matters.

Key people involved:

* Debs Teale, Storytelling Trainer
* Mollie McCormick, Project Manager, TPHC
* Beth Medforth, Project Support, TPHC
* Jenny Brooks and Bylan Shah, Oversight of the programme, TPHC
* Garry Brough, Advocacy & Activism Trainer (Additional session), TPHC
* Katie Coleman, Speaker on GP perspective (Additional session), TPHC & NCL ICB
* Zlatina Nikolova, Speaker on Social Prescribing Link Worker’s perspective (Additional session), Age UK Islington
* Coproduced with input from the NHSE Regional Strategic Coproduction Group (RSCG), Health Education England, Royal Free London Patient Voices Group, Social Prescribing Managers in London, Healthwatch, ICS Personalised Care Leads, National NHSE, SCIE, UCL and National Association of Social Prescribing (NASP).

## Background

Patients and service users of social prescribing are rarely given the opportunity to tell their story around the support they received, their unique experience and the impact.

Social prescribing can have huge impacts on people’s lives, through providing access to support for wider issues or concerns impacting their health and wellbeing, that isn’t available through traditional healthcare.

There is a great deal to learn from lived experiences of those who have accessed social prescribing services. This includes positive experiences, showcasing how personalised, holistic approaches can impact someone’s life, outcomes and thus demand for healthcare services. But it also includes negative experiences, which shine a light on where services can improve or be better tailored to individual, cultural and social needs.

Social prescribing was introduced into primary care in the NHS in 2019 but has been delivered in different forms in Local Authority and voluntary and community sector organisations prior to this. There is discrepancy across services in London in terms of effective coproduction and patient engagement in services. As such, we know there is a gap for more social prescribing lived experience, advocation roles or involvement across the system to share experiences and insights. Not only at local neighbourhood level to shape and improve social prescribing services, but also at system level, with lived experience roles shaping policy and decision-making.

Evaluating and demonstrating impact is a key priority for social prescribing services, across all health and public sector services, to influence commissioning and secure further funding. We are missing powerful, important and influential patient voices which can help to advocate for the impact and change hearts and minds.

We have heard from stakeholders across the social prescribing system in London, including NHS England, ICSs, NASP, Social Prescribing Managers, Link Workers and services, around the importance of leading systems and services with people and communities at the heart. The Patient Voices for Social Prescribing programme was a unique opportunity bridge the gap between healthcare services and communities, through creating opportunities for services users to develop skills and confidence in sharing their stories.

## Target impact

The core aims of the programme were to:

* Empower and amplify patient voices in social prescribing, providing a platform to have their voices heard
* Support people with lived experience of social prescribing and increase visibility of patients through identifying opportunities to share experiences and advocate for the impact
* Demonstrate the extensive impacts of social prescribing across a range of health and social care settings
* Enable patients to be involved in service design, to help improve services, leading to better outcomes, access and experience.

The programme was delivered with the ambition that it will lead to the following impacts:

* Social prescribing becomes more widely understood and valued
* Patients and those with lived experience become more visible in championing social prescribing and in service design
* London has greater insights into patient experiences of social prescribing to inform future direction
* Increased advocacy of the benefits and value of social prescribing in marginalised communities across London, improving uptake and access to services, reducing health inequalities.

## Evaluation

We evaluated the programme to understand what the impact has been for participants, social prescribing services and the wider system. We also sought feedback throughout the training programme to continually adapt and improve.

The aims of the evaluation are to:

* Demonstrate the impact on social prescribing patients of providing a platform to share their voice
* Demonstrate the importance of lived experience and coproduction in shaping social prescribing services
* Demonstrate the impact on the system of upskilling patients and connecting to further roles or opportunities

**Theory of change:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Inputs**  | **Activities** | **Outputs** | **Outcomes** | **Impact** |
| 10k funding for training, scoping support, coproduction & outputs | Series of online and in person sessions over 5 weeks with cohort of 5-10 patients | Outcomes of evaluation shared with system demonstrating impact | Community of people with lived experience empowered & better able to share experiences in an impactful way​ | Social prescribing more widely understood and valued​ across the system  |
| TPHC time to project manage, develop and deliver the programme  | Community of practice and peer support for those participating​ | Case studies such as a written case study/ video/podcast series to share – raising profile, understanding and value of SP  | Better insights into patient experiences of SP to inform future direction​ of local, regional and national SP transformation and co-production efforts | Greater availability and visibility of lived experience roles in transformation work across the SP system  |
| Time from wider stakeholders supporting coproduction from the outset | Additional sessions inviting experts focused on key themes​ | Bank of lived experience representatives upskilled in storytelling who can support transformation work | Social prescribing link workers, clinicians and services more connected to patients and better able to tailor services  | Reduced health inequalities through services being more coproduced with people with lived experience, therefore more appropriate and tailored to communities  |
|  |  | Open-source training/toolkit for others keen to share their story or support patient voices​ | More SP services involving patients representatives in co-production activities |  |

We plan to measure:

* The confidence of participants in sharing their story before and after the programme to understand the direct, immediate impact for participants
* Feedback from both participants and trainers involved in the programme to understand what worked well and what could have been improved
* The number of further opportunities or roles explored by the participants which use their lived experience or skills developed on the programme, to understand the impact of the programme in opening doors to these opportunities
* The number of social prescribing services embedding more lived experience and coproduction as part of decision making and delivery, to understand the impact of the programme in encouraging social prescribing services to embed patient and community engagement
* The number of new conversations, collaboration opportunities or pieces of work in development with key stakeholders following the programme to understand what the impact has been more widely around embedding coproduction and lived experience across the social prescribing system
* Engagement in the case studies developed by the participant cohort

For more information about each of the outcome measures, see table A in appendix.

## Timeline



The project can be broken down into seven phases:

1. **Scoping:** researching existing work, mapping and meeting with key stakeholders ​across social prescribing and patient engagement
2. **Coproduction & planning**: coproduction sessions and meetings, involving lived experience insights (those who have been through similar programmes or involved in patient voice groups)​
3. **Launch & engagement:** sharing programme with networks and promoting the opportunity with service users to sign up
4. **Onboarding:** reviewing and selecting the cohort of participants, and communicating next steps and outcomes ​
5. **Delivery:** four core storytelling sessions (Hear My Story led by Debs Teale) and two additional sessions based on participants’ interests
6. **Outputs & learnings:** evaluating the programme, developing outputs including case studies, and recording learnings
7. **Sharing outcomes:** sharing learnings and recommendations with the system

## What we did

### Scoping

*Researching existing work, mapping and meeting with key stakeholders ​across social prescribing and patient engagement.*

Key success factors:

1. We drafted a project proposal document outlining the need and suggested activity/approach. Including target impact, theory of change, benefits vs risks, possible governance, funders and costs.
2. We researched existing similar training programmes, areas of work or key organisations invested in this agenda.
3. We led a stakeholder mapping exercise to understand the key individuals, groups and organisations who might be interested, and who are important to influence or engage. It was useful to list all stakeholders, why they’re important, at what stage of the project or whether they need to be kept informed throughout.
4. Meetings with key stakeholders in and out of London who have been involved in similar work, to help us to understand more about patient engagement.
5. We brainstormed ideas with the team and Debs Teale before finalising a project proposal slide-deck and outline of anticipated training.

Learnings:

* Allow more time for the scoping phase to ensure the project is informed by thorough research and there’s buy in across the system
* Involve key stakeholders from the outset of the project, as well as people with lived experience of social prescribing to ensure true coproduction. If running another programme, there is an opportunity to coproduce it with the seven 2023/24 participants from the start.

Resource required: project manager and oversight.

Time required: 2 or 3 months.

### Coproduction & planning

*Coproduction sessions and meetings, involving lived experience insights (those who have been through similar programmes or involved in patient voice groups)​.*

Key success factors:

1. Using the stakeholder mapping exercise, we researched and identified key groups to share and help shape the project proposal.
2. Key stakeholders gave input and feedback on the proposal, including NHS England National team involved in the Peer Leadership Development Programme, NHS England Regional Personalised Care Team, The Regional Strategic Coproduction Group (RSCG), London Mental Health Trusts’ Peer Workers and Lived Experienced Leads, Healthwatch London Network, Barnet Patient Voices Group, The National Association of Social Prescribing (NASP) and the TPHC Mental Health Team.
3. We led a separate coproduction session with social prescribing link workers and managers, peer leaders, Training Hub Leads, ICS Personalised Care Leads and Engagement Leads, and colleagues from NHS England National and NASP. We shared the refined proposal and allowed time for discussion on three focused questions/themes:
* How can we engage the people who will benefit most from the programme? What are the key channels and how can we ensure inclusivity and accessibility in the approach?
* Is the programme structure and the suggested outputs most useful and engaging for potential participants? Are there other outputs this programme could deliver?
* Following the programme, what opportunities are there across the system for people to share their story of social prescribing?
1. Following the coproduction session, we reached out to individual social prescribing link workers and managers who engaged in the session. We had one to one catch ups to further explore their ideas and suggestions. In particular, it was useful to discuss:
* How best to engage people with lived experience of social prescribing who will benefit most from the programme in their local area? (Those who may have not had an opportunity to share their voice previously, are from hard-to-reach communities or are less likely to engage with these kinds of programmes)
* What potential opportunities there might be for people with lived experience of social prescribing to help improve services or access to support in their local community?

All feedback was recorded and used to shape the programme, for example in developing:

* Communications for link workers and applicants
* Structure, format and times of sessions
* List of opportunities for participants to explore following the programme

Learnings:

* Social Prescribing Link Workers and Managers were key stakeholders to engage throughout the programme. Their insights and ideas were hugely valuable in shaping the proposal and they were key for promoting the opportunity with their clients/patients and among the local community.
* It was important to simplify language and messaging when sharing the proposal with patient voice groups or with people external to social prescribing. Feedback received highlighted that the presentation was difficult to digest, especially for those who had no/little knowledge of social prescribing.
* Due to time constraints, we were not able to explore a coproduction session with people who have lived experience of social prescribing in London (potential participants). This would have taken time to develop the communications and work with social prescribers to engage current or previous clients. It took over a month to engage patients in applying for the programme, so we would have needed a month more time to engage a similar target audience in the coproduction session. For future cohorts, we recommend involving the 2023 Patient Voices cohort in shaping the programme from the outset and explore if there’s time and budget to host a coproduction session with potential applicants.

Resource required: project manager and oversight.

Time required: 1 or 2 months.

### Launch & engagement

*Sharing programme with networks and promoting the opportunity with service users to sign up.*

Key success factors:

1. We continued engagement with social prescribing link workers and managers to support and encourage them to promote the opportunity with clients.
2. A phased launch of the programme was used to raise awareness and increase engagement. We shared the programme with all relevant stakeholders a month before opening applications to give the background and what to expect, prepare link workers and managers to start talking about the opportunity with clients, and engage social prescribing services in sharing an expression of interest around how they’d like to use patient voices following the programme.
3. We sought feedback on the communications for the patient launch by sharing a feedback form with the RFL Patient Voices group, which helped us to simplify the language and promote the opportunity.
4. We continued communications to key stakeholders about the programme throughout the stakeholder and patient launch – two months between September 5th 2023 and November 8th 2023.

Learnings:

* Applications were not open for enough time to allow for social prescribing services to engage patients, share the opportunity and for patients to sign up. We had to extend the deadline for signing up by a week to allow interested candidates to sign up. We recommend allowing more time for patients to sign up via the form.
* It's important to ensure interested candidates have clarity around what’s involved in the programme, as well as expectations and criteria to be involved. We recommend having a face-to-face call with those who sign up to explain the programme and understand any accessibility or wider support needs.
* Offering vouchers as a thank you for participation was important even when providing training for participants.

Resource required: project manager and oversight.

Time required: 2 or 3 months.

### Onboarding

*Reviewing and selecting the cohort of participants and communicating next steps and outcomes.*

Key success factors:

1. Where applicants were not suitable for the programme, we called them to provide more clarity about the goal of the programme and what was involved. Some applicants were encouraged to sign up again for a second cohort, once they felt more ready to share their story.
2. Applicants who met the criteria and could attend all sessions, in person where specified, were sent a participant agreement form to sign, confirming their acceptance and to find out access requirements, allergies or food intolerances.
3. A kick off session was held online in mid-November to welcome and introduce the group to one another. Debs Teale joined the session to introduce herself and briefly share her journey and achievements. We asked participants what social prescribing meant to them, why they signed up and shared next steps and what to expect from the programme. See table C in the appendix for the full agenda.

Learnings:

* We asked about consent for taking pictures and sharing online in the first in person session but to save time and prepare in advance, we recommend adding a question about this in the participant agreement form.
* Some people didn’t have Microsoft Teams downloaded, were unsure using it and delayed joining. To support people, we could have offered tech support via optional 15-minute check-ins to test IT before the kick off session.
* It was important to ensure participants felt most comfortable joining when they may have been unsure what to expect. Introducing colleagues and participants in a mixed order might help to strike a balance of bringing in participant voice early on but also not throw people in the deep end.
* A fun icebreaker activity is a great way to ease people in at the start.
* Participants were keen to continue the discussion around social prescribing in London, but we ran out of time. This session benefited from being flexible with the agenda and allowing participants to lead the direction.

Resource required: trainer, project manager, project support and oversight.

Time required: 2 or 3 weeks.

### Delivery

*Four core storytelling sessions (Hear My Story led by Debs Teale) and two additional sessions based on participants’ interests.*

Key success factors:

1. We recorded notes from sessions in one place and captured both positive and negative reflections for quotes and evaluation. See a screenshot of the Miro board in the appendix.
2. After each session, we would debrief as a team and record reflections to support improvement in future sessions or programmes.
3. It was clear from the kick off session that participants were keen to hear more about social prescribing across London, so we ran an optional additional session in January to explore challenges and reflections on social prescribing services.
4. For in person sessions, we offered support for those with accessibility issues to meet them at the entrance.
5. We sought feedback from participants throughout as part of the evaluation and at the end of each session, to continually adapt and improve the sessions each time.
6. It was important to check-in with participants throughout around use of language to ensure everyone felt comfortable. For example, we sought feedback on the title of the programme and use of the word ‘Patient’. Most felt comfortable with the word and supported the use of it in the title.

Learnings:

* To support quieter voices to be more heard, it is important to include some activities where we ask to hear from everyone and adjust the order each time.
* In online sessions, it is important to consider tech and acoustic issues.
* Many participants reflected that the programme would be improved if all sessions were held in person as they gained more from the training than when online. Hybrid sessions also proved challenging to ensure all participants were equally involved and supported. We recommend condensing the storytelling training into three sessions in person across three weeks.
* It is worth encouraging participants to aim to arrive early to have time to meet and greet, have refreshments and ensure the session starts on time. Although important to keep it flexible, sessions should follow a broad structure and timings to avoid running overtime.
* The programme might have benefited from including an initial session on EDI at the start (before the storytelling training) to share the background to social prescribing and why it is so important.
* Running sessions in person required more support to ensure they went smoothly. It is also important to agree clear roles beforehand.

Resource required: trainer, project manager, project support and oversight.

Time required: 2 or 3 months – 4 weekly core sessions, a break followed by 2 weekly additional sessions.

### Outputs and learnings

*Evaluating the programme, developing outputs including case studies, and recording learnings.*

Key success factors:

1. Participants welcomed the opportunity to remain in contact in a peer support group. This was suggested by a couple participants in the final session, and we scoped all interest in this as part of the final questionnaire. 5/5 people who completed the questionnaire were interested in joining a regular peer support network for this participant cohort.
2. Questionnaires were developed in Microsoft forms and most participants were able to complete the forms without needing any support.
3. Recording notes in Miro on participant reflections and feedback in all sessions enabled us to draw out quotes for sharing via our website and social media. Participants were asked to confirm in each questionnaire if they’re happy for their responses to be shared anonymously as part of the evaluation.
4. We developed and shared a document of opportunities and resources to share their story or develop their skills, including opportunities to be connected to their local social prescribing service. This is a live document which we will continually update, providing support going forward through seeking out and linking participants to further opportunities that might be of interest.
5. We shared certificates of achievements with all participants in recognition of their participation and contribution to the programme.
6. Participants were asked in the mid-way questionnaire about their interest in being supported to develop a case study either in the form of a written case study, video or podcast. Through working with FlexibleFilms and the participants together, we enabled participants to shape what the case studies should look like depending on what worked best for them.
7. Participants interested in taking part in the video case study completed a consent form to be filmed and were sent some prompts that would be asked on the day of filming, to aid them with telling their story.
8. The footage of the participants sharing their stories and experience on the Patient Voices programme was used to develop two videos, one focused on their social prescribing story and the other focused on the patient voices programme. As well as receiving the links to the two videos, participants also received the full, non-edited footage of their interview.
9. The video case studies were shared on social media and on the TPHC website as part of a communication campaign on patient voices. We also shared the links to the videos with our key stakeholders and those who may be interested in developing a similar programme.

**Video case studies:**
[About the Patient voices for social prescribing programme](https://youtu.be/aCKcahMbTf4)
[Social Prescribing Stories](https://youtu.be/YYBnV9hfvSA)

Learnings:

* Participants were given Love 2 Shop gift cards after attending all storytelling sessions and the kick off. Where participants attended all sessions, they received a gift card worth £100 (£20 for each session). Some people experienced issues using the gift card in store and online.
* It was important to make it clear from the start that participants would only receive vouchers for the mandatory sessions and not for the additional optional sessions. As additional sessions were developed based on what we heard from participants in terms of what additional support would be most useful.
* When organising the video case studies, it was useful for the participants to meet with the filming company before taking part in filming. Participants met with FlexibleFilms either online via Microsoft Teams, or via telephone call. This provided both parties with an opportunity to get to know each other informally, share their stories and any other useful information before the day of filming. Participants reported that this enabled them to feel more comfortable on the day of filming as it wasn’t their first time meeting/speaking to the crew.
* It was important that participants had the choice of where they wanted to be filmed so that any accessibility requirements could be addressed and to enable them to also feel comfortable in the space that they were being filmed. We organised a central filming location, at The Bridge, where participants had previously visited for in-person sessions. We also offered participants the opportunity to be filmed in a space of their choice. Some participants were filmed in their homes and their local areas, others preferred to attend The Bridge for filming. Filming at The Bridge provided consistent backgrounds and lighting, however filming in the participants home environments enabled a variety of shots to be taken of the participants doing activities that had helped them on their journey, such as playing outside with their dogs and showing their garden.
* Some participants found that telling their stories made them quite emotional, therefore it was important that participants felt supported during their time being filmed. FlexibleFilms were our filming company of choice due to them being a small team of 2 and their caring nature. We also made sure that post filming, we followed up with the participants to make sure that they were ok.

Resource required: Videographer, project manager, project support and oversight.

Time required: 2 or 3 weeks.

### Sharing outcomes

*Sharing learnings and recommendations with the system.*

Key success factors:

1. The outcomes of the programme were shared on social media, our website and directly to our stakeholders through a communications campaign, were we shared the videos and key outcomes of the programme.
2. Following the communications campaign, we followed up with ICBs to establish whether they would be interested to hear about the programme in more detail and understand whether there was interest in setting up their own programme. We had interest from three ICBs to hear more about the programme, resulting in one ICB looking into how they could set up their own ICB led programme.
3. Participants involved in the programme have also been involved in other opportunities to share their stories and experience of the patient voices programme, such as; London's Health Equity Group Meeting, Community Pharmacy Event at the Bromley by Bow Centre and the Royal Free London Women's Health Network event for International Women's Day. This enabled the participants to put into practice the skills that they had learnt during their time on the programme, share the importance and value of social prescribing along with the benefits of taking part in the patient voices programme.
4. One participant was also asked to be part of a project involving the review and development of their local social prescribing service. This enabled the service to hear directly from lived experience and inform decision making.

Learnings:

* Post programme, we kept in touch with participants by providing them with opportunities to speak/attend events. However, due to capacity constraints, it was not always possible to proactively seek out opportunities for speaking. We recommend that post programme work around seeking out opportunities is built into capacity planning to ensure that participants are offered as many opportunities as possible.
* We found that once the filming of the case studies finished, engagement some of participants and ourselves dropped. It may be beneficial to link participants to a key contact locally that they can engage with and be offered opportunities at local level to maintain engagement and involvement.
* To ensure ICBs embed lived experience within their work and continue the work of this programme, it would have been beneficial to engage with ICBs frequently throughout the programme, informing them of the participant involved in the programme from their area and linking them to ICB led opportunities. This would have enabled a smoother transition from finishing the programme, to being engaged with a lead for their ICB, without the drop in engagement.

## What we found?

“Thank you for giving me the opportunity to participate in such a rewarding pilot project. I'd also like to thank Debs for giving us the tools and confidence to tell our stories. I'm shocked that I learnt so much. It was such a positive experience to meet so many wonderful people & hear their stories. I've come away inspired."

**Spencer Cole, Patient Voices participant**

Throughout and immediately following the programme

We had excellent feedback from participants throughout the programme:

* “The programme has been eye-opening; I’ve learnt so much from everyone’s stories and met great people”
* “Excellent programme, inspiring and supportive group”
* “It’s been interesting sharing my voice and learning my story is a small part of a bigger story”

Participants reported gaining confidence, inspiration, knowledge and skills:

* “I've gained an incredible amount of confidence. I feel enthused to tell my story. I was also inspired by everyone on the programme, so many inspiring stories.”
* “The sessions have been informative and have given me the confidence to start telling my story.”

Participants built a strong peer support network:

* “I had a positive experience on the patient voices programme. Being around people, sharing their different life experience, made me feel less isolated with my own.”
* “I felt comfortable and not so odd & isolated on my experience as a patient having a traumatic experience with hospital services and an amazing experience with my GP Social Prescriber.”

Participants felt motivated to explore opportunities to share their experiences and help shape services:

* “Social Prescribing saved my life. I feel telling my story would help health and care services gain an understanding of the problems I have.”
* “I want to tell my story and encourage others to understand the benefits of social prescribing”
* “I would like to be part of promoting an awareness to people in our UK society, of how social prescribing can help support the well-being in their day to day lives alongside health care services.”
* “I would like to help other people to enrich their own wellbeing and engage positively with community services.”
* “This programme gave me incentive to further my own story.”

The programme has had wider impacts on participants wellbeing and interests:

* “I'd like to learn how my story and how my newfound or honed skills can be utilised in a working role. The programme has inspired some hobbies for me to improve my English writing skills, read books again, explore podcasts & new connections with people.”
* “I found the process of writing & talking about my story to people who are listening to be cathartic & inspiring. A lovely by product has been self-discovery, being able to think clearly, look at who I am right now in my life.”

Participants would recommend the programme to others if we were to do another:

* “I would recommend it to other people and would love to do another one.”

When asked how we could have improved the programme:

* 3/5 participants felt the programme was too short and two people would have liked more sessions around sharing stories and developing case studies.
* 2/5 participants would have valued more structure, including a layout or framework to work from.
* Most participants would have preferred to have more or all sessions in person. It was suggested that 3.5/4-hour in person sessions over 6 weeks would’ve been more beneficial, with a clear goal of writing & presenting a story by the end.
* 1/5 participants suggested they would have liked to have a bigger group of people on the programme.

When asked how we could make the programme more accessible and a safe space:

* 2 participants felt strongly that all sessions should be in person.
* Assisting with travel and reimbursing travel expenses weekly was suggested.
* Most participants reflected that they felt safe and comfortable during the sessions, but it was suggested that ensuring calls with each person who signed up before confirming participation would be a good idea.

When asked what support would be most useful going forward:

* Most participants wanted to be kept up to date with more information and opportunities to share their story, as well as further training and support.

## Recommendations:

* A programme may be more impactful at the ICB level, as ICBs can embed patient voice across their workstreams. Each ICB could have a designated patient voice champion locally, ensuring that individuals from the community who wish to share their experiences can easily connect with their ICB. This will create more opportunities for patients to share their stories, influence decisions, and ensure their voices are an integral part of shaping healthcare services.
* Use patient voices to influence commissioning and funding decisions – patient voices are a compelling way to demonstrate the value of social prescribing services. Through the delivery of the programme, we have heard the impact that social prescribing has had on the individuals who shared their stories and experience. This should be leveraged to advocate for more funding and recognition for social prescribing and community led prevention approaches.
* Hearing from those with lived experience can enable ICBs to hear from underserved/marginalised communities, enabling ICBs to better understand specific barriers and needs of these groups, supporting the mission of tackling health inequalities.
* VCSFE partnerships – we have heard from participants around the impact of VCSFE organisations alongside social prescribing services. ICBs should advocate for partnerships and investment to create more community led prevention models.

## Appendix

* Links to anonymised resources we used
* Links to further information about the programme e.g. overview slides / webpages
* Contact information for the team to hear more

### Evaluation

**Table A: Evaluation – outcomes measures**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of measure?**  | **Measure Name**  | **Operational Definition**  | **Data Collection Plan**  |
| **Outcome, Process, Balancing**  | **Indicate if it is a count, percent, rate, days between, etc.**  | **Define the measure in very specific terms.**  | **How will the data be collected? Who will do it? Frequency? Duration? What is to be excluded?**  |
|  |  | **Provide the numerator and the denominator if a percentage or rate**  |  |
| Outcome | Confidence levels of participants in sharing their story  | To understand the direct impact for participants  | Questionnaires at baseline, mid-way and end of programme  |
| Process  | Participant and trainer feedback on the programme  | To understand what went well and what didn't | Questionnaires at baseline, mid-way and end of programme  |
| Outcome  | Number of further opportunities using lived experience explored by participants following the programme  | To understand impact of the programme in opening doors to lived experience opportunities  | Questionnaire / short interview 6 months following programme  |
| Balancing  | Number of SP services embedding more lived experience & coproduction | To understand what's changed as a result of the programme in terms of lived experience & coproduction of services | Questionnaire to SP services / managers across Ldn  |
| Balancing  | Number of collaboration opportunities or pieces of work in development following the programme  | To understand what the impact has been more widely around embedding coproduction and lived experience across the SP system  | Engagement with wider stakeholders  |
| Outcome  | Number of views/listens on case studies developed |  | Data analytics from comms on the case studies developed |

### Coproduction session 9th August

**Aims of the session:**

* To seek feedback & input in shaping a Patient Voices for Social Prescribing programme
* To ensure engagement & coproduction across a range of key groups including patient representatives and peer leaders, Social Prescribing Link Workers and Managers, ICS personalised care colleagues, NASP, NHSE, community services and coproduction organisations
* To explore opportunities for experienced patient advocates of Social Prescribing following the programme

### Impact

Screenshot from the notes taken on Miro in the first storytelling session:

