

A new type of prescribing for Australian patients

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The Consumers Health Forum of Australia (CHF) has partnered with the Royal Australian College of General Practitioners (RACGP) and the NHMRC Partnership Centre for Health System Sustainability to host a roundtable on social prescribing in Australia.

Social prescribing centres around health professionals including GPs linking their patients with social services – or even social groups – in a bid to address the social determinants contributing to poor health and stave off the epidemic of loneliness and social isolation. A GP may, for example, suggest a patient join a local running group to enjoy the benefits of exercise and interaction.

Research has found that it holds great promise as a valuable addition to existing healthcare options but adoption in Australia has been limited.

RACGP President Dr Harry Nespolon said that this needs to change.

“The United Kingdom has been at the forefront of social prescribing and with good reason. Estimates suggest that around 20% of patients consult their GP for what are essentially social problems.

“We live in a time where many people are increasingly feeling isolated and this is a recipe for poor health outcomes.

“In fact, research tells us that social isolation is associated with a 29% rise in mortality so it simply makes sense to help our patients fight loneliness and the myriad of physical and psychological problems that result from a lack of positive, social interaction.

“If your only tool is a hammer, every solution is a nail. But not every patient’s health issues can be addressed through medication, sometimes the key is prescribing non-clinical solutions to help people improve their health and wellbeing.”

CHF’s CEO Leanne Wells said that social prescribing encourages people to take an active role in managing their own health, creating a space for greater collaboration between the health system and the community.

“Recent research by CHF shows that patients with higher levels of activation have improved health outcomes and experiences of care. This supports CHF’s long-held view that more consumer engagement in healthcare, both at an individual level and in the design and management of health systems, will yield significant advances for healthcare overall.

“Measures to support personalised care, such as social prescribing, are the kinds of things that matter to consumers. CHF would like to see social prescribing incorporated into future health system planning, including in the development of the 10-Year Primary Healthcare Plan and the National Preventive Health Strategy

“Yesterday’s roundtable provided a strong platform to develop a model of social prescribing that will deliver consumer-centred, integrated health and social care.”

Chair of the RACGP Expert Committee on Quality Care Associate Professor Mark Morgon said that the roundtable was a good opportunity to explore how social prescribing could help patients in Australia.

“We discussed how social prescribing has worked overseas in countries including the United Kingdom and Canada and examined the different models.

“There are many different ways to develop connections between the health system and community services and programs to help our patients.

“A key aspect of the roundtable was identifying a network of interested stakeholders and partners to continue this work and develop a shared understanding of a proposed model.

“We will be developing recommendations that we will put to government and stakeholders to give social prescribing a real kick start in Australia.”

The roundtable was sponsored by the Commonwealth Department of Health, the National Mental Health Commission and Capital Health Network.

~ENDS

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About the RACGP

The Royal Australian College of General Practitioners (RACGP) was established in 1958 and is Australia's peak general practice representative organisation.

The RACGP has more than 40,000 members working in or towards a career in general practice across metropolitan, regional and rural areas of the country. Nine in every 10 GPs are with the RACGP.

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