Development of a primary care-based toolkit to improve engagement with green social prescribing of older patients living in deprived areas ("Deep Green")

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BACKGROUND

- Health inequalities are widening in the UK.
- In Scotland there is a 25-year gap in healthy life expectancy between the most and least deprived deciles of the population.
- Green Social Prescribing (GSP) is a key policy response but its provision in Scotland is inconsistent. An information resource ("digital toolkit") could facilitate engagement with GSP in primary care.
- Targeting people aged 50+ living in deprived areas for referral to GSP holds potential to mitigate health inequalities by improving the health and wellbeing of this group.

AIM

To develop a 'digital toolkit' to support referral to GSP in primary care for people aged 50+living in deprived areas.

METHODS

- We used a mixed methods approach, based on MRC guidelines for developing and evaluating complex interventions, and drew on the Six steps in quality intervention development (6SQuID) tool.
- A co-design workshop and stakeholder interviews were used to inform development of the digital toolkit.
- A state-of-the-art scoping review was used to identify key barriers, facilitators and pathways in recent GSP implementations.
- Thematic analysis of the review and interview data drew upon a socio-ecological framework model of processes at micro-, meso-, and macro-levels.



RESULTS

Workshops and Interviews

Workshop (n=20)

Interviews (n=20)

- GPs: 6 (5 GPs, 1 practice manager) GPs: 6
- Link workers: 6
- Providers: 4
- Commissioners/managers: 4
- Link workers: 5
- Providers: 4
- Commissioners/managers: 4
- Patients: 1

Barriers

Lack of local, appropriate green spaces Lack of access to more distant spaces

Costs to participate Worries over risk & safety

Cultural stereotypes

GSP doesn't fit easily into a medicalised model of healthcare

Lack of awareness about GSP options

Negative perceptions about GSP

Facilitators

Options for solo or group activities Positive attitude towards nature Reconnection with childhood memories

Empowerment through receiving a

prescription

Limited time in consultations Link worker to handle complex cases

Patient-oriented material to share

Evidence of positive outcomes and policy

"Green ethos" at a practice

Inconsistent funding

Perception that GSP is not taken seriously by prescribers

support

Local information resources

Lack of relationships with local prescribers

Positive relationships with local prescribers Community integration

> I think not having the right clothing to wear is a big barrier, especially in the colder weather and when we're looking at this cost-of-living

> > Deep Green

A Nature Prescription is a free, non-medical approach based on

making connections to nature that you can do on your own or with others. The suggestions will help you to improve your wellbeing

by engaging with nature. This is not a challenge but an invitation to

Find your nature "sit spot" - a favourite place in nature to rest and just be. Visit often and get to know the local wildlife. This can be inside by a window if that is best for you.

Find a small, smooth stone in a place that makes you feel

Be still and listen for two minutes. Count the number of

natural sounds you hear and notice which direction they

Notice the seeds dropped by trees - pine cones, acorns, and

Your Nature Health Plan is part of the Deep Green Project at the University of Edinburgh. It is

If you want to find out more, please check us out on the web at www.deepgreen.scot or get in

contact with the research team by email (Bruce.Mason@ed.ac.uk) or by post. Deep Green, ACRC, Usher Building, The University of Edinburgh, 5-7 Little France Road

Look for the first star appearing in the night sky.

Some ideas that you can do by yourself.

calm. Keep it in your pocket for a day

DISCUSSION

Findings show enthusiasm for GSP as a holistic approach but there are concerns about its implementation within a medical model and highly-pressurised primary care environment.

We have developed an online toolkit (deepgreen.scot) to address these concerns through provision of:

- Evidence about GSP's effectiveness & policy support
- Guidelines for how to prescribe and document GSP
- Information about GSP that can be shared with patients
- Self-directed patient activities online and paper copies
- Microsites for each participating GP surgery
- Accessible formatting and low-data requirements.

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Studies from databases/registers (n = 4303) References removed (n = 1017) PubMed (n = 2089) Duplicates identified manually (n = 27) Web of Science (n = 693) Duplicates identified by Covidence (n = 990) Embase (n = 643) Marked as ineligible by automation tools (n=0) Scopus (n = 441) Other reasons (n=0) CINAHL (n = 329) Citation searching (n = 108) Studies screened (n = 3286) Studies excluded (n = 3193) Studies sought for retrieval (n = 94) Studies not retrieved (n = 0) Studies excluded (n = 60) Other (n = 2)Wrong Design (n = 3) Wrong Sample (n = 2) Studies assessed for eligibility (n = 94) Wrong Evaluation (n = 50) Wrong comparator (n = 1)Wrong Research Type (n = 1) Wrong Phenomenon of Interest (n=1) Studies included in review (n = 34)

State of the Art Scoping review results



crisis that's going on

GP, female, 20-25 years experience

I think some people also feel there's a certain

The first one is, that bigger picture access to quality green space. So, if you're in a deprived area and you then need to go get a bus to travel to go on to some activity, that's a barrier in the first place.

Manager, male, 5-10 years experience

people, even if they don't take you up on your suggestions about connecting with nature. GP, female, 25+ years experience I think for it to work well, it has to be...there

If you talk to people and ask them about

of them seem to, sort of, go back to their

their interest in the outdoors, they all, well, many

childhood, and they seem to go to a nicer place.

And it's quite a nice thing to talk about with

Link worker, 1-5 years experience

has to be a proper interface between the prescribers and people who can deliver high quality work in the outdoors, folk like us who do that kind of stuff.

Provider, male, 10-15 years experience

aspect of this that's a bit, that's hippy, maybe not their kind of thing or it's too alternative I hear a lot of people telling me that when they go out and spend time in the hills, they feel a lot calmer

Link worker, female, 5-10 years experience

t's great to get out, because I also suffer from...obviously the COVID situation, peoples' mental health went through the floor, and I certainly suffered with that as well. But I do find that getting out into the garden, you forget everything and the time

patient, male, age 60-65

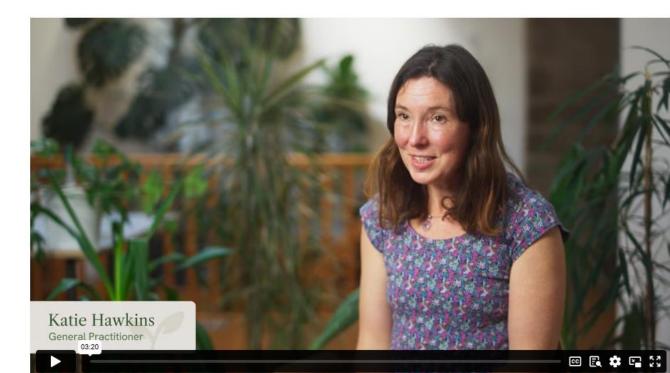
TOOLKIT ASSETS



Green Social Prescribing

Welcome to Deep Green - a toolkit for Green Social Prescribing. It is designed to help GPs and other health and social-care practitioners working in primary care to prescribe outdoor, nature-

This toolkit provides support, information and evidence about Green Social Prescribing. It can be used by practitioners looking for help to add or expand Green Social Prescribing in their practice. It can also be used for people interested in the subject more generally.







Deep Green