

Social needs observatory: Findings from Dec 2019-Jan 2021

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1. Social Needs Observatory

It is well established that 80-90% of health outcomes are linked to social determinants of health.¹ These include health-related behaviours (e.g. tobacco use, alcohol use, diet & exercise, etc.), socioeconomic factors (e.g. education, job status, family/social support, income, etc.) and environmental factors (e.g. air quality, water quality, etc.). It is also well established that ~20% of patients go to their general practitioner for primarily social problems.²

To begin to understand how social problems present in primary care in England, we built a Social Needs Observatory to track the recording of social needs by GP practices within the Royal College of GPs Research Surveillance Centre (RCGP-RSC), a nationally representative sentinel network of GP practices spread across England. In 2020, the RCGP-RSC had a substantial increase in the number of contributing GP practices (currently at over 1800 GP practices covering over 8 million population) to track COVID-19 infections. The increased number of contributing practices increased data available for other initiatives to better track the sequelae from the pandemic including its health and social consequences.

2. Defining Social Need

To define social need, we used several key concepts derived from the “Five Ways to Wellbeing” model proposed by the New Economics Foundation as well as Wilkinson and Marmot’s work on social determinants of health.^{3,4} Our long list included several indicators which we then checked within SNOMED to determine if concepts with appropriate semantic tags were available. This yielded indicators with categories as indicated in Table 1.

Table 1. Social Need indicators, categories and themes

Social need indicator	Category
1 . Issues related to mental health	Depression
	Neurotic disorders
2. Issues relating to substance misuse	
3. Issues w/ Employment	
4. Issues relating to money	
5. Issues relating to managing a long-term condition	Diet
	Sedentary lifestyle
6. Issues relating to abuse	
7. Issues relating to homelessness	

The Social Need Observatory provides accurate and up to date information about social need across England and is updated monthly. Below we share findings on the recording of social needs across the RCGP-RSC GP practices.

3. Social need from Dec 2019-Jan 2021

We analysed the average rates/10,000 of different social need indicators recorded by GP practices within the RCGP-RSC for two, two-month periods – Dec 2019-Jan 2020 and Dec 2020-Jan 2021. The figures in Table 2 indicate the average rates/10,000 for these periods for different social need indicators.

Table 2. Average Rates/10k for different social need indicators between Dec 2019-Jan 2020 and Dec 2020-Jan 2021

	Average Rates/10k	
	Dec 2019-Jan 2020	Dec 2020-Jan 2021
Mental Health	5.88	9.655
Substance misuse	0.985	1.45
Employment	2.695	6.095
Money	0.065	0.125
Long-term conditions	42.175	47.28
Abuse	0.27	0.58
Homelessness	0.13	0.145

We also determined the percent change in these different social need indicators being recorded by GP practices between these two periods (Fig 1).

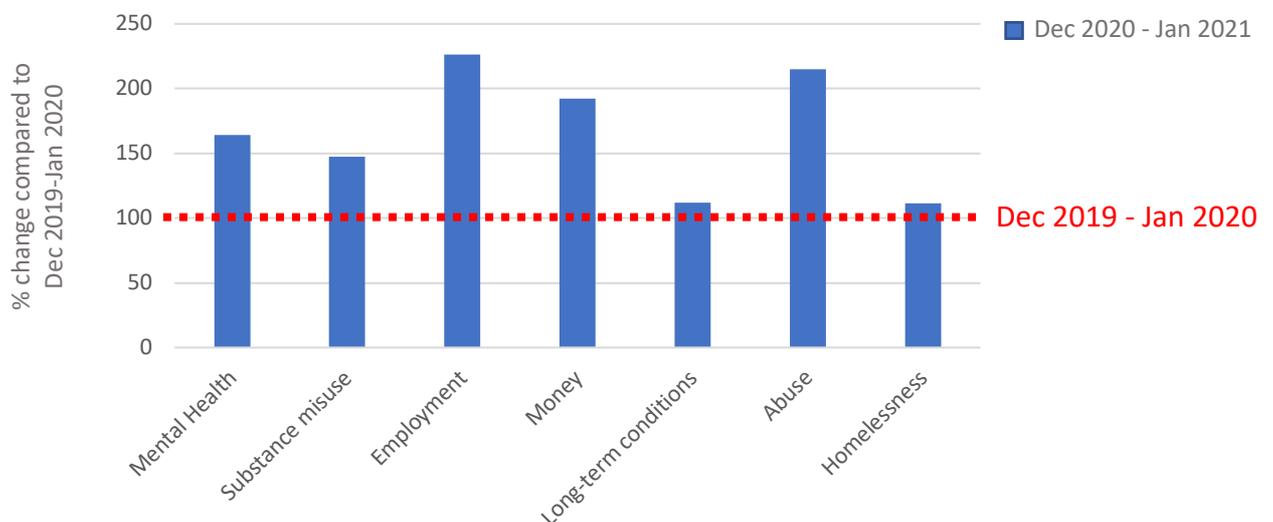


Figure 1. Percent change in different social need indicators being recorded in Dec 2020-Jan 2021 vs. Dec 2019-Jan 2020

4. Implications of our findings: Social need in the context of COVID-19

We observed increases in the recording of all social need indicators we measured when comparing the Dec 2020-Jan 2021 period versus the Dec 2019-Jan 2020 period (Table 1 and Fig 1). The choice of these time periods gives us an obvious change in circumstances because of the COVID-19 pandemic which did not cause severe disruptions in England until Mar 2020, thus giving us a time period not affected by COVID-19 in Dec 2019 - Jan 2020. Our findings are also consistent with the reported increases in these social need categories across the UK by other sources:

- Mental Health: Adults experiencing some form of depression doubled during the first lockdown period⁵
- Addictions/Substance Abuse: In Sept 2020, over 8.4 million people were drinking at high risk compared to 4.8 million in Feb 2020⁶
- Employment: The UK's jobless rate rose to 5.1% in Feb 2021, the highest rate in nearly five years⁷
- Domestic Abuse: There was an increase in offences flagged as domestic abuse as well as an increase in demand for domestic abuse victim services⁸

In addition to the pressures already being felt by primary care because of the pandemic and the vaccination drive, this large increase in social need presents an important challenge that needs to be addressed. Indeed, even before the pandemic, 84% of GPs said they had an unmanageable workload.⁹

5. A critical role for social prescribing in COVID-19's aftermath

Social prescribing aims to address social determinants of health through activities focused on health, education, skills development, sports, leisure and arts activities. There is a growing body of evidence that social prescribing can lead to a range of positive health and wellbeing outcomes and the NHS Long Term Plan includes a commitment to make personalised care business as usual across the health and care system.¹⁰ In January 2019, NHS England announced a major expansion of social prescribing, as one of six components of the comprehensive model of personalised care.¹¹

Social prescriptions are well accepted by English GPs with 80% saying that they should be available from GP practices and 59% acknowledging that social prescriptions could reduce workload.¹⁰ In the face of the rise in social need we are seeing currently and will likely see in the future, as evidenced by trends from other systemic crises like the 2008 global financial collapse, social prescribing could play a pivotal role in helping individuals facing different social needs as well as helping primary care in England cope with an increase in demand.¹²

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