

Find the recording of the webinar [here](#)

Key learning from the webinar

- STP level filter useful to identify local trends
- The observatory should be useful for all primary care professionals, including link workers
- The data is reliant on the quality of clinical coding
- It could identify gaps in who is not receiving social prescription referrals
- Important to add narrative to the figures to improve understanding and application

Detailed learning from the webinar

The attendees of the webinar included GPs, link workers, researchers and managers.

The **main reflections** on the Observatory were that it is an **excellent resource**, providing a clear overview of social prescribing trends throughout England. Specifically, the STP level filter was useful to identify local trends. It was mentioned that it was not completely clear what potential applications of the observatory for the different professionals involved in Social Prescribing, such as link workers, would be. It was also flagged that this data relies heavily on the **quality of coding**. Attendees advised that it would be helpful to have data of specific interventions.

Attendees mentioned the observatory showed a **different view** from what is experienced in practice, however the reasons for this discrepancy are unclear but quality of coding could be an issue. It would be useful to **understand which people or groups of people are missed** as part of these figures including **highlighting which groups** within a specific demographic are not reached. Participants mentioned it was helpful to have a regional breakdown to establish trends in different areas (with the STP level observatory), including where there is more or less social prescribing.

Future developments for the Observatory can include more ‘**narrative**’ to the figures; signposting trends for the specific groups of professionals that might act on the data; further identification of those that are not receiving social prescribing and understanding fluctuations in the trends. It would be useful to ensure coding quality improves, e.g. through development of an **EHR template**.

General consensus was that this is a **useful tool** and has the potential to become more useful for specific groups with some additional functionality and narrative.

Any further feedback can be provided [here](#)

If your practice would like to join the RCGP RSC, [please visit our website for further information](#)

Useful links

- Social Prescribing [Observatory](#) (external link)
- Social Prescribing [Dashboard](#) (external link)
- RCGP’s TeamGPLive: [Social Prescribing in the Wake of a Pandemic](#) (YouTube link)