

How engagement in pulmonary rehabilitation is affected by the addition of a social prescribing link worker to the multi-disciplinary team.

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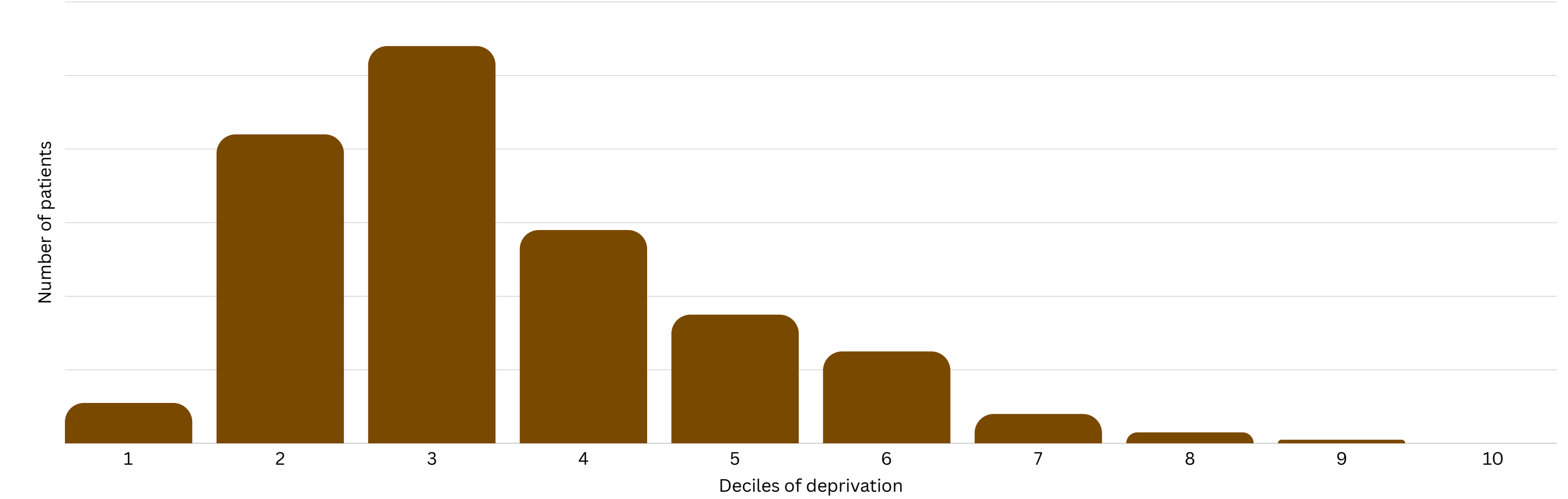
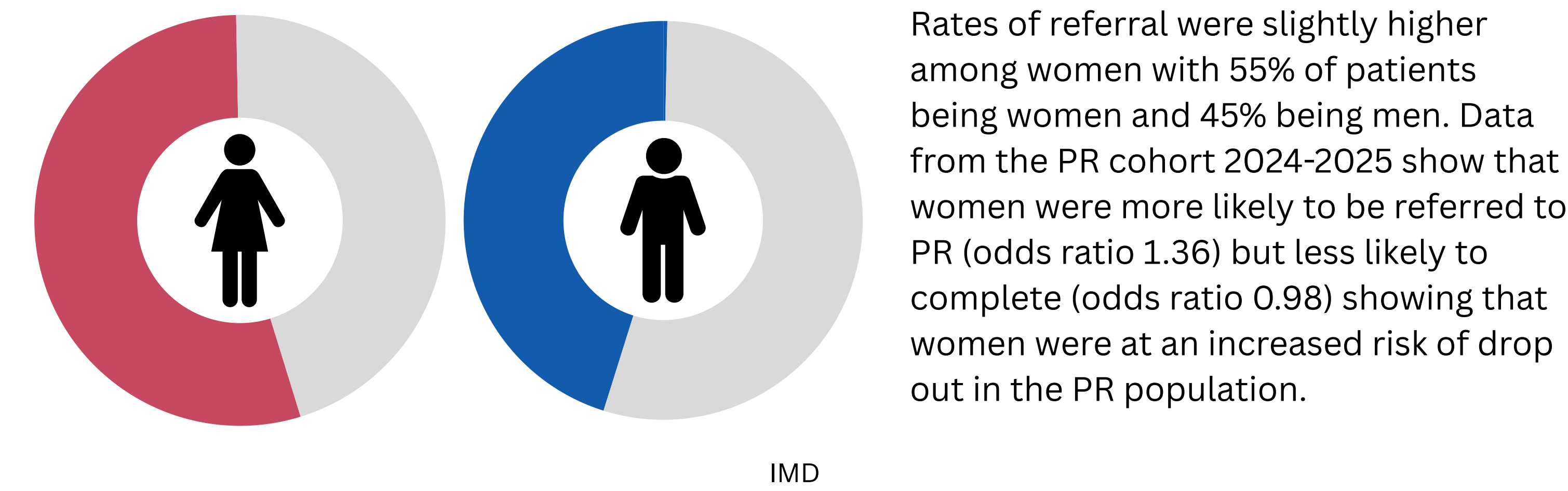
INTRODUCTION

Despite pulmonary rehabilitation's (PR) strong evidence base, uptake and completion is sub-optimal and is disproportionately poor in populations with higher rates of social deprivation. This quality improvement project aimed to increase completion rates of PR by embedding a social prescribing link worker (SPLW) into the integrated respiratory team at a hospital in South-East London. While social prescribing is now well-established within primary care, it is still in its infancy in secondary care settings and so this project took an exploratory approach as to how the role of the SPLW can be adapted to meet the secondary care context.

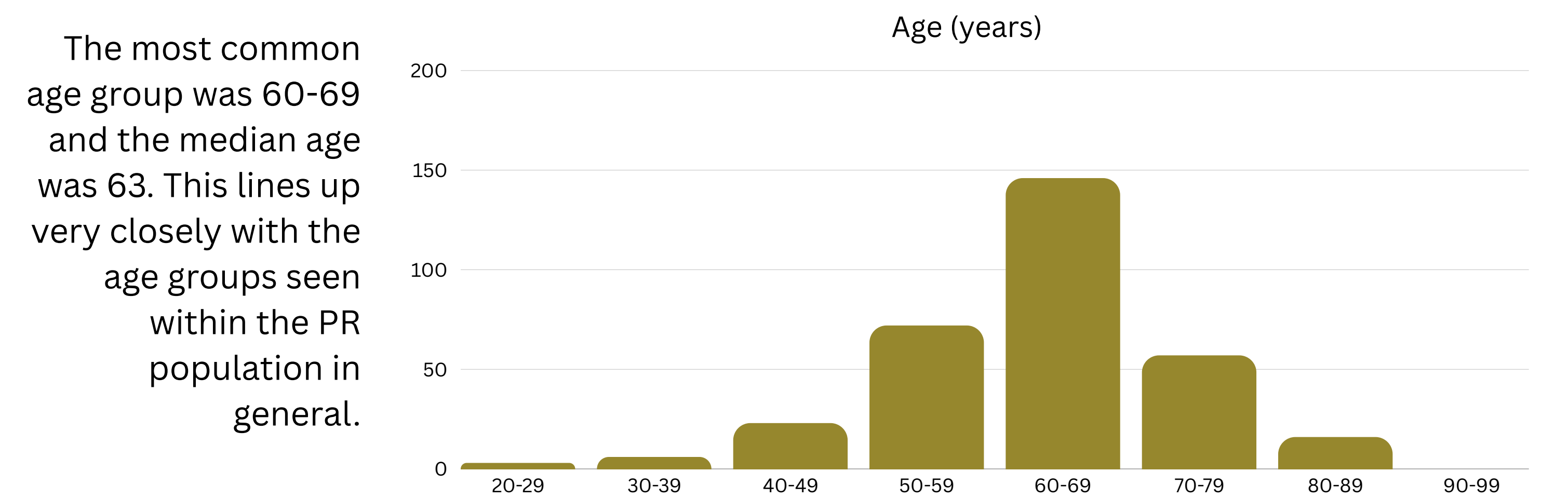
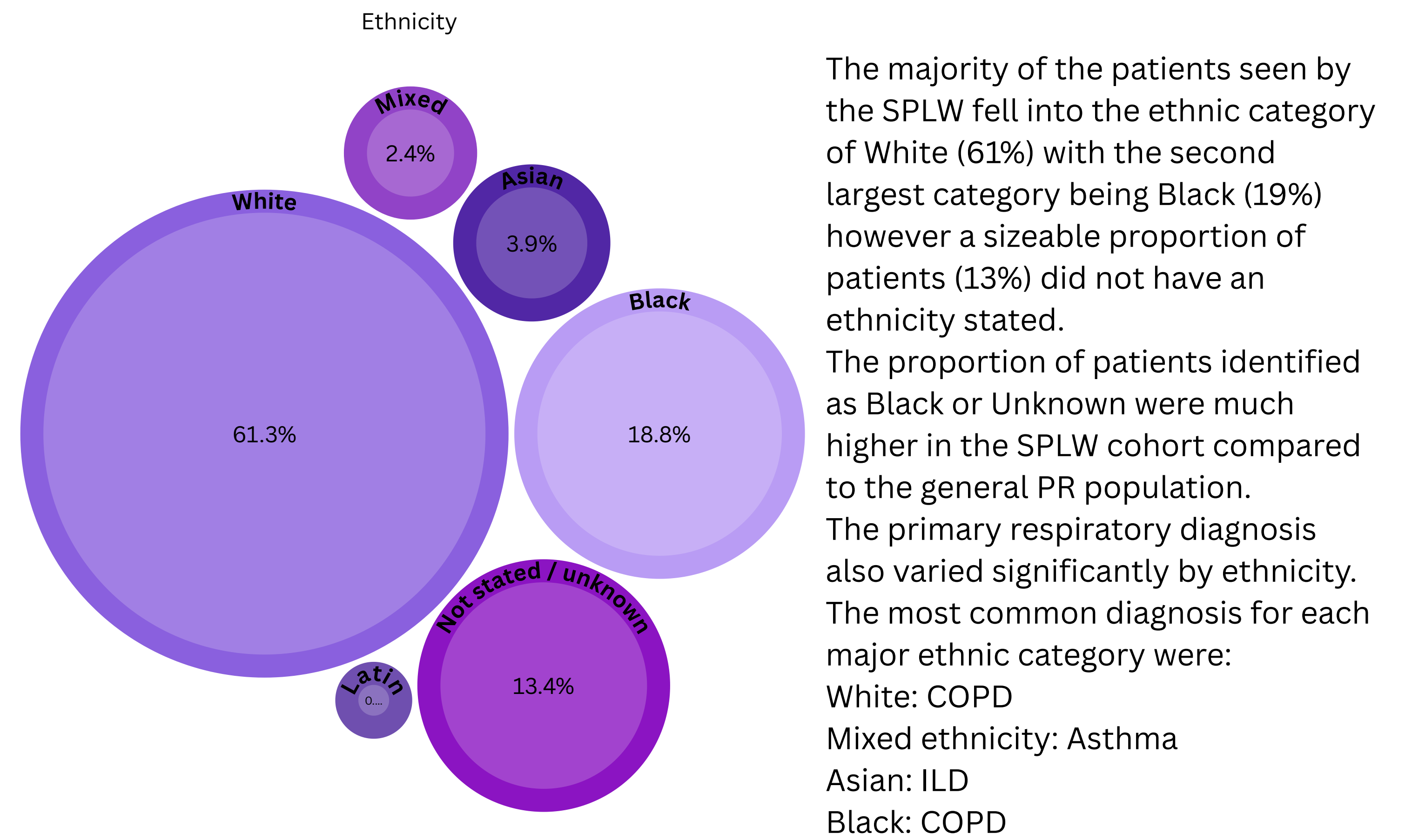
METHODS

Referrals were received from respiratory clinicians from a range of inpatient and outpatient services within the hospital. Patients were referred who were recognised as having unmet social needs. Additionally, all patients triaged for PR were asked screening questions for social deprivation and were given a description of the SPLW role, allowing the patient to opt-in to a referral. Patients were seen face-to-face, via telephone or at home and the number of sessions offered was tailored to the needs of the patient. The SPLW offered support through advocacy, advice work and onward referrals, as well as through motivational interviewing and behavioural activation techniques. The most common areas of support were housing, finance and managing mental health.

DEMOGRAPHICS



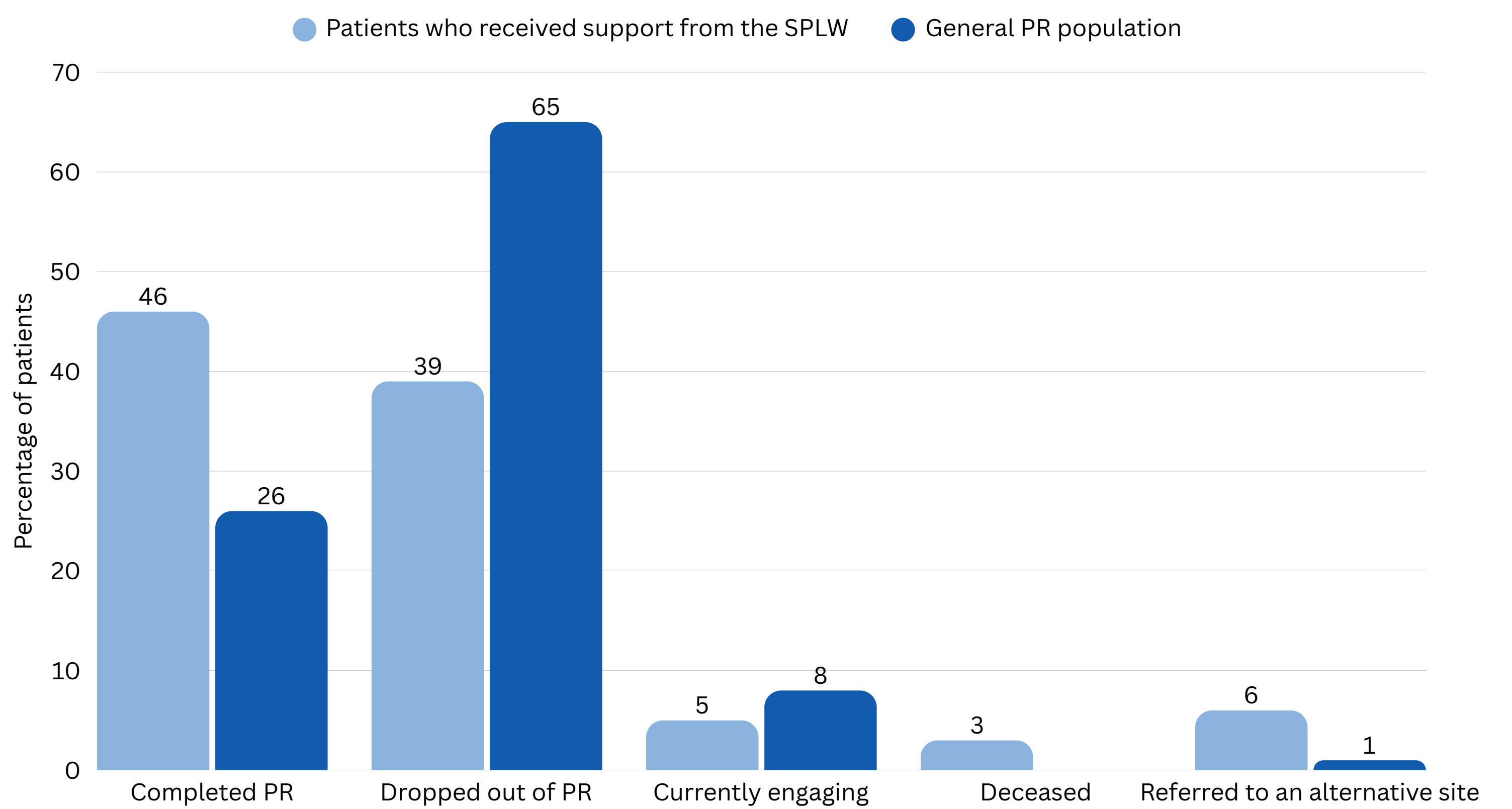
Levels of deprivation were estimated using the the index of multiple deprivations (IMD). As seen in the graph, the cohort seen by the SPLW had much higher rates of social deprivation than the general UK population with 89% of patients seen by the SPLW being in the bottom five deciles. We know that in 2024-2025 (prior to the commencement of the SPLW service) within this PR service, the bottom two deciles had an odds ratio of completion of 0.44 compared to the top two deciles showing the significant discrepancy in completion and the importance for the SPLW to target patients with a lower IMD.



RESULTS

250 patients were supported by the SPLW between March 2025 and August 2026. Referred patients had high rates of deprivation and social complexity. The median index of multiple deprivation (IMD) decile was three, with 89% of patients in the bottom five deciles and thus with higher than average rates of deprivation. 61% of patient were in the bottom three deciles of deprivation. Other issues associated with deprivation such as homelessness, substance misuse and poverty were highly prevalent within the cohort. Of the 184 patients that have already been treated and discharged by the SPLW, 140 (76%) have been referred to PR with 20 (11%) having declined a referral and 24 (13%) not being referred due to meeting PR exclusion criteria. The completion rates of patients supported by the SPLW are shown in the table below alongside the completion rates of the general PR population for the same time period.

	No. of patients in SPLW cohort (%)	No. of patient in PR general population (%)
Completed PR	65 (46%)	352 (26%)
Dropped out of PR	55 (39%)	889 (65%)
Currently engaging	7 (5%)	103 (8%)
Deceased	4 (3%)	0 (0%)
Referred to non-GSTT site	9 (6%)	14 (1%)
TOTAL	140	1358



Of the 65 patients that completed PR with the support of the SPLW, 24 (37%) had previously dropped out of PR and 8 (12%) had previously declined to attend, implying their completion may be linked to SPLW intervention.

82 patients remain active on the SPLW caseload. Of these patients 12 (15%) have already completed PR but are still receiving SLPW support; 23 (28%) have dropped out of PR; 19 (23%) have been assessed as inappropriate for PR; 14 (17%) have declined a referral; and 10 (12%) are currently engaging. By continuing SPLW support, hopefully more of these patients can go on to engage in and complete PR in the future.

CONCLUSIONS

The high levels of social complexity and significant barriers of social deprivation identified in this group are slow to overcome. However, this pilot scheme shows support for an embedded SPLW in assisting patients to complete PR who have previously dropped out or declined. Furthermore, the work of the SPLW may impact on future completion rates as the impact of the support may continue to evolve after discharge, potentially allowing more patients to engage. With many non-completer patients remaining on the SPLW caseload, and interventions such as benefits and housing applications being slow to come to fruition, longer term assessment of the impact of the SPLW on supporting PR completion is indicated.

