

Reducing health inequalities for patients eligible for pulmonary rehabilitation using social prescribing.

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INTRODUCTION

Pulmonary rehabilitation (PR) is the cornerstone of chronic respiratory disease management. Social deprivation is the biggest risk factor for developing respiratory disease and is highly associated with reduced PR enrolment and completion. This quality improvement project aimed to address health inequalities and social deprivation in cohorts eligible for PR by implementing a social prescribing link worker (SPLW) within an integrated respiratory team in a South London hospital.

METHODS

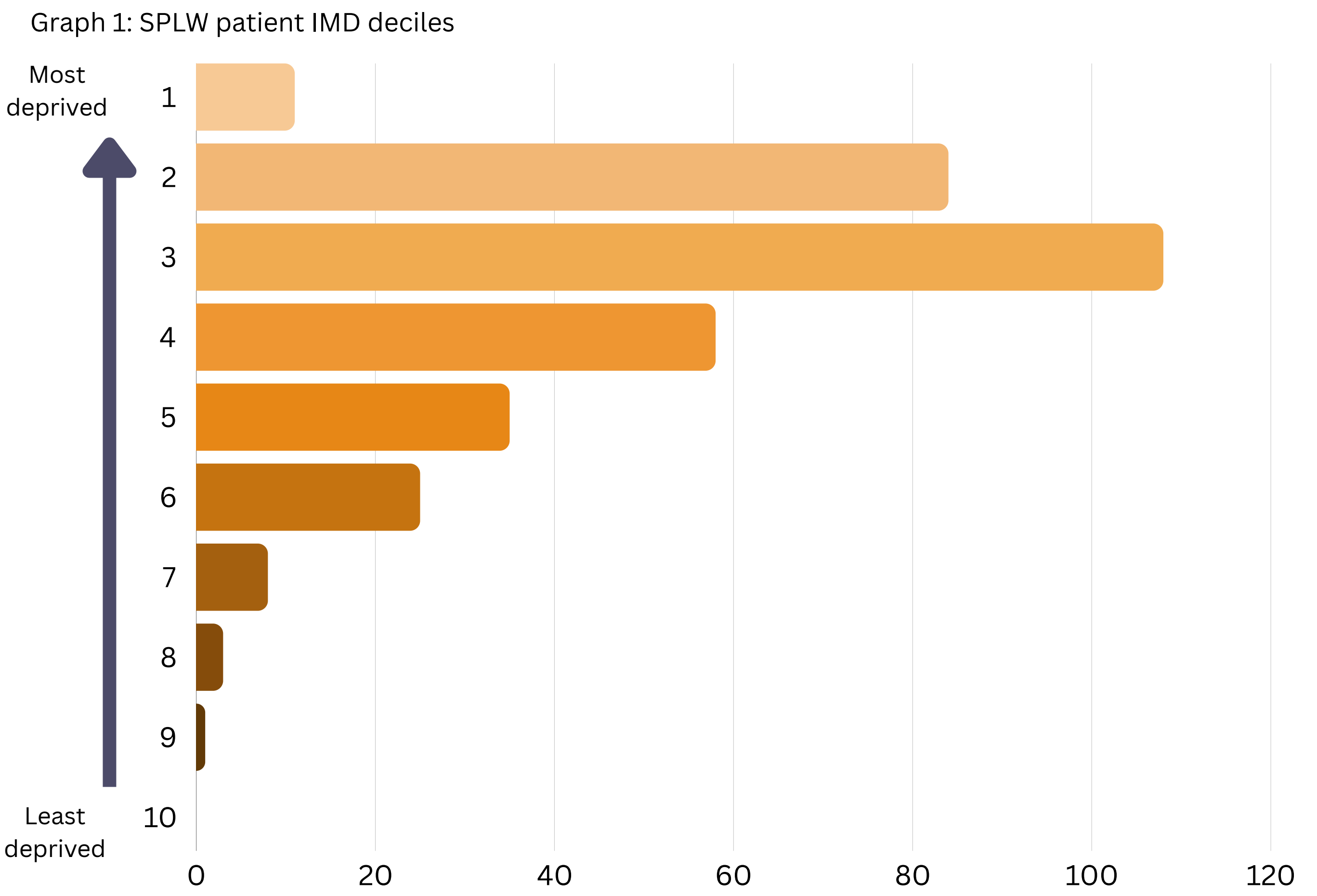
Referrals were received from respiratory clinicians working with patients eligible for PR in inpatient, outpatient and community settings. All patients triaged for PR were offered support from the SPLW. Appointments were face-to-face, via telephone or in the patient’s home. The SPLW offered tailored input addressing social determinants of health. A patient led approach was taken and the patients were encouraged to set practical goals in their work with the SPLW that aimed to improve quality of life and to directly address areas of social deprivation. The SPLW offered a flexible schedule with a high Did-Not-Attend (DNA) threshold and last minute appointments available when needed to facilitate maximum engagement.

RESULTS

Between March 2025 and August 2026 the SPLW provided support for 251 patients (median age 63; 55% female; 61% White ethnicities; 73% COPD diagnosis). Patients referred to this service had high rates of social deprivation as estimated using the index of multiple deprivation (IMD). The median IMD decile for the patients referred to the SPLW was 3, with 89% (n=300) of patients being in the bottom five deciles and thus had higher than the national average rate of deprivation. 62% (n=207) of patients were in the bottom three deciles and therefore facing significant levels of social deprivation. The IMD also estimates level of deprivation within specific categories and this breakdown is shown in the infographic table below. Most notable of these categories is Income for Older Adults, where the median decile is 1 meaning the older adults (defined as 60+) seen by the SPLW, a group that makes up the 69% (n=230) of the cohort, had a median income in the bottom 10% of income in the UK.

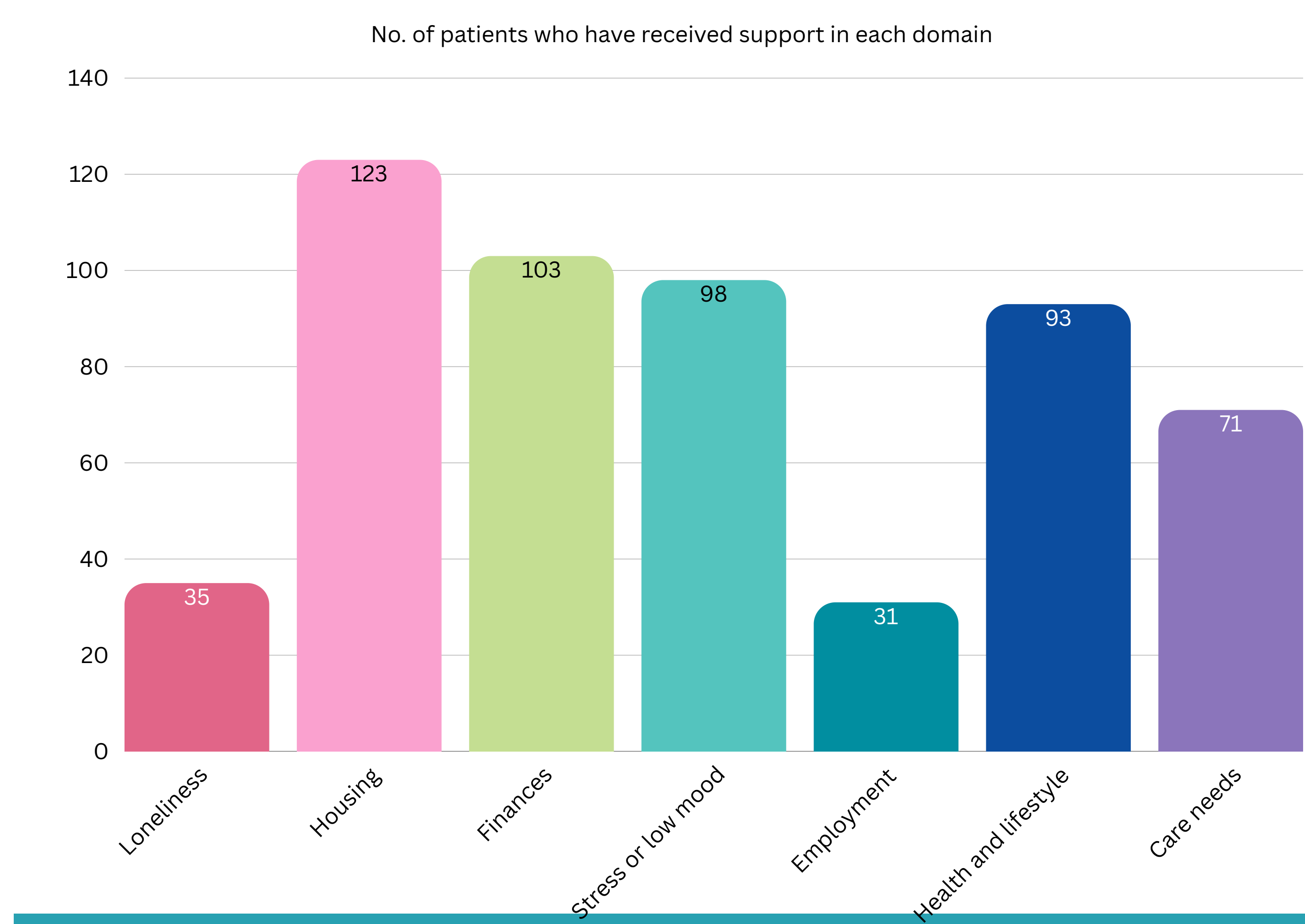
Table 1: Categories of IMD deciles for SPLW patients

	Median decile	
Income	3	
Health	4	
Housing	3	
Living environment	2	
Income for older adults	1	



The areas of support offered by the SPLW were categorised into seven domains: Loneliness; Housing; Finances; Stress or low mood; Employment; Health and lifestyle; and Care needs. 67% (n=169) of patients were supported in more than one domain, and 30% (n=75) were supported in three or more domains. Patients requiring support in three or more areas utilised a disproportionate number of appointments, with 30% of patients representing 45% (n=330) of total SPLW appointments. The frequency of support provided for each category is shown in the graph below. Housing was the most common area of support followed by finance, with 74% (n=186) of patients being supported with one or both of these areas. Employment was the least common area of support with only 13% (n=33) of patients receiving advice in this domain. This is likely due to the higher median age of patients, the majority of whom were over retirement age or are unable to work due to their health.

Graph 2: Frequency of domains of SPLW support



The majority of patients seen by the SPLW were in social housing and common complaints were around problems with damp and mould, housing that was inappropriate for their needs, and a number of patients were also homeless or imminently facing homelessness. The SPLW was able to support 37 patients to receive repairs to their housing; supported 8 patients to be rehoused into more appropriate accommodation; and supported 4 patients to be housed who had been homeless at the point of referral to the SPLW. There are also an additional 30 patients the SPLW is in the process of supporting to be housed or re-housed currently. In terms of finance, the SPLW has had 31 patients confirm they are financially better off than before referral to the SPLW, with many more not followed up but who received financial advice or support with welfare benefit applications. The SPLW also worked closely with other statutory agencies, with 59 patients receiving an onward referral to a mental health service and 29 being referred on to adult social care for support with care needs or safeguarding. Although the majority of support offered by the SPLW centred around health and social care services, a significant minority of 35 patient were referred to voluntary and community sector services like exercise or social groups.

CONCLUSION

This project highlights a large social need in patients referred to PR. By embedding a SPLW into the PR pathway, multiple areas of social deprivation were able to be directly addressed, including, but not limited to, housing and financial difficulties and improving overall holistic care of the patient. Future work should focus on the long-term benefits of this project with more increased follow up on the indicators of social deprivation following SPLW input over a larger period of time.