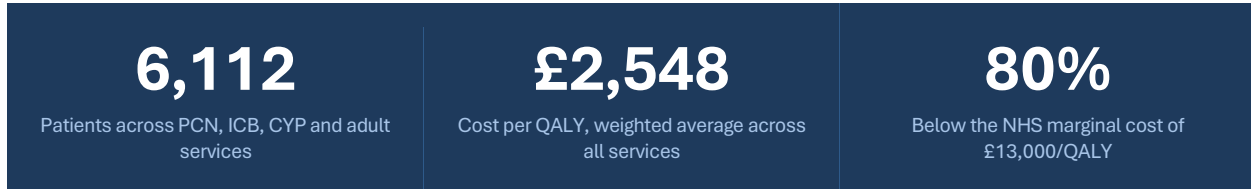


Cost-Effectiveness of Social Prescribing - A case Study



Introduction

This briefing provides an overview of the cost effectiveness of a range of social prescribing services provided by a charity, Involve Kent, in England, using recognised outcome measures to demonstrate impact and value, an approach which can be replicated by others. All services follow the NHSE guidance for social prescribing and involve employment of a link worker, to provide personalised support to people referred by partners in the health and care system, with coaching and motivational interviewing to help them connect to a wide range of community and statutory services. The main services are the Primary Care Network (PCN) social prescribing link workers funded by the Additional Roles Reimbursement Scheme, and schemes to support people in the community with complex health and social needs funded by the NHS Integrated Care Board. A range of outcome measures are collected, including ONS 4 and measures on loneliness and physical activity. This paper analyses data on the ‘health’ question which can be translated to a value for money metric to enable comparison with other NHS commissioned services.

How the Data Was Collected

Involve Kent link workers asked every patient one question at referral and again roughly 4-5 months later, as the support was ending: *“How good or bad is your health today? (0 = worst health you can imagine, 100 = best).”* This is the EQ Visual Analogue Scale (EQ-VAS). The change in score was converted into a QALY estimate and combined with actual service delivery costs to produce the figures in this briefing. Full methodology is in the Appendix.

What Is a QALY and Why Does It Matter?

A QALY (Quality-Adjusted Life Year) is the standard unit the NHS uses to measure the value of health interventions¹. **One QALY = one year lived in perfect health.** Cost per QALY asks: how much does it cost to generate that year of healthy life? The lower the number, the more efficiently a service creates health for the money spent.

How the NHS uses this measure

- **NHS marginal cost:** £13,000 per QALY, which is what the NHS typically spends to generate one QALY through routine clinical activity².
- **Willingness-to-pay threshold:** £20,000 per QALY, the lower limit NICE sets when approving new treatments².
- **Excellent value:** below £5,000 per QALY, the band in which the most cost-effective interventions sit.

The Headline Finding

Involve Kent collected social prescribing outcome measures for **6,112 patients in 2023-24** across PCN-employed and ICB-employed link workers, Children and Young People services, and other adult services. Across this cohort, the service generated health gains at a cost per QALY of **£2,548**, well below NHS marginal cost (£13,000) and the lower limit NICE willingness-to-pay threshold (£20,000).

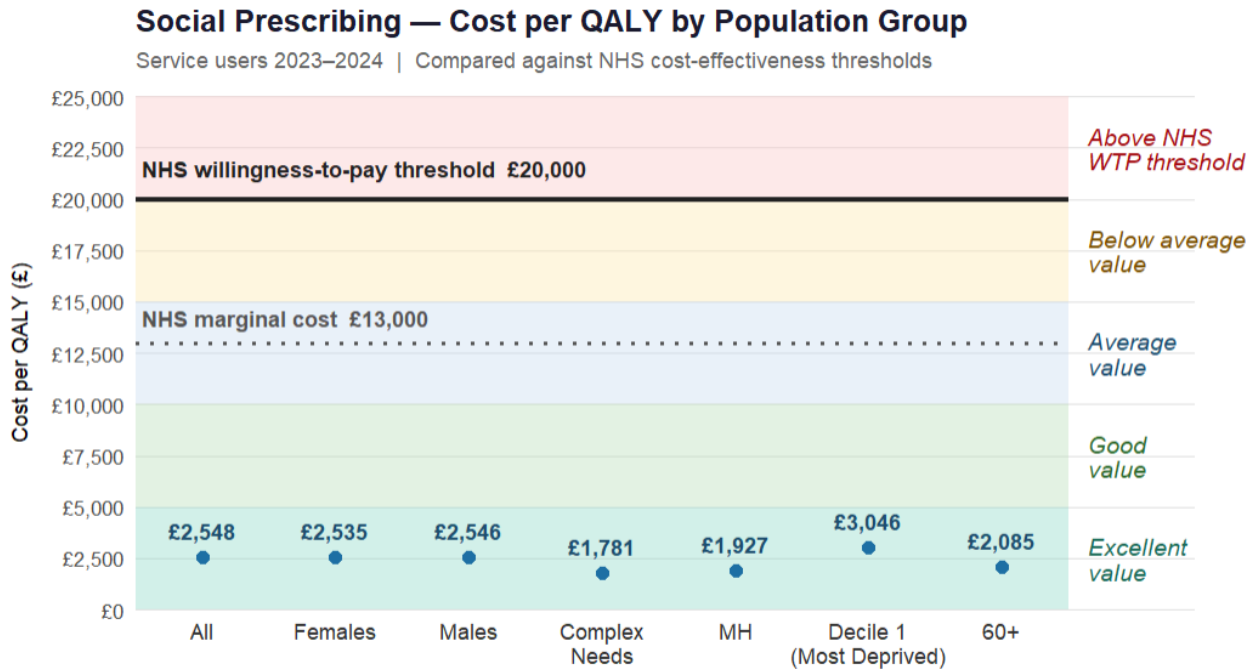


Figure 1: Cost per QALY by population group vs NHS cost-effectiveness thresholds. All values fall in the Excellent value band.

How Does This Compare?

To put £2,548 per QALY in context, the table below compares Involve Kent's result against two similar community-based primary care interventions that have published cost-per-QALY figures in peer-reviewed research, and against the two NHS thresholds.

Intervention	Cost per QALY	Notes
Involve Kent Social Prescribing	£2,548	This analysis · all services, weighted average · 2023-24
NHS health coaching (multimorbidity)	£8,049	NIHR HTA 2015 · 1,306 patients
Exercise referral (primary care)	£8,414-£20,876	Murphy et al. 2012 · BMC Public Health
NHS marginal cost	£13,000	NIHR HTA 2015 · Dakin et al.
NHS willingness-to-pay threshold	£20,000-£30,000	NICE reference case (the lower and upper limits for approval)

Social prescribing at £2,548 per QALY is approximately **3× more cost-effective** than the closest comparator (health coaching) and **8× more cost-effective** than the NHS willingness-to-pay threshold. It is one of the most cost-effective community-based primary care interventions for which published comparable data exists.

What This Means for Demand Reduction

This cost-per-QALY result sits alongside a separate strand of published NHS evidence on the **financial return on investment (ROI)** of social prescribing.

A NASP model drawing on 19 UK studies (covering over 42,000 patients) estimates an average NHS benefit of **£418 per patient per year** through reduced hospital activity, representing approximately **£4 of NHS savings for every £1 spent on link worker salaries**³.

Why the two findings reinforce each other

The cost-per-QALY analysis and the ROI evidence are different lenses on the same underlying finding: social prescribing creates genuine health improvement efficiently, and healthier people use less NHS resource. A service that produces excellent value health gains is the most plausible explanation for why it also reduces downstream demand. These two findings are logically consistent and mutually supporting.

What This Means for Neighbourhood Health

The **Neighbourhood Health** agenda places primary care, community services and VCSE organisations within integrated neighbourhood teams working to shift NHS resource from reactive treatment to proactive prevention. This analysis demonstrates that social prescribing and non-clinical, community-based interventions are not peripheral to that ambition, they are central to it. Link workers operating at this cost per QALY generate more health per pound than most clinical comparators and Neighbourhood Health teams cannot achieve value-for-money at scale without them.

The EQ-VAS question used here is being adopted within the **Neighbourhood Health Index (NHI)**, the patient-level data framework being developed across the neighbourhood health programme. This means the methodology in this briefing is aligned with how the NHS will measure health outcomes system-wide. VCSE organisations and link workers that collect it routinely, in every referral and not just in formal evaluations, will be able to demonstrate comparative value using the same currency as every other part of the system.

5 Key Insights for Decision Makers

- **Excellent value against NHS cost-effectiveness standards.** At £2,548 per QALY across 6,112 patients, the service sits well below the NHS marginal cost (£13,000) and is 8x lower than the NICE willingness-to-pay threshold (£20,000).
- **Consistent value across all groups and greatest where need is highest.** Every subgroup analysed falls in the Excellent value band. The strongest results are in the highest-need groups: those with mental health conditions (£1,927 per QALY) and complex needs (£1,781), consistent with social prescribing's whole-person approach to tackling root causes.
- **Two independent evidence streams support each other.** This cost-per-QALY finding and published NHS ROI data (£4 return per £1 on link worker salaries)³ are different lenses on the same result: the service generates genuine health improvement efficiently and healthier patients draw less on NHS resource.
- **These figures could be conservative.** Only direct delivery costs are included. Downstream NHS savings (reduced GP contacts, A&E attendances, hospital admissions) are excluded. The true cost-effectiveness could be higher.
- **The EQ-VAS question helps show true value.** Asking everyone, all the time, is how VCSE organisations and link workers can build comparable value-for-money cases that the system can't ignore.

Important Caveats

These findings should be read as strong indicative evidence, not definitive causal proof. Caveats apply:

- **Health gain measure:** Outcomes were measured using the EQ Visual Analogue Scale (EQ-VAS), a single question asking patients to rate their overall health from 0 (worst imaginable) to 100 (best imaginable). Research has established a consistent relationship between EQ-VAS scores and formal QALY utility values,⁴ supporting its use as an approximate measure in routine service settings. It is less precise than the full EQ-5D-5L instrument and results should be treated as indicative.
- **No control group:** This is a before-and-after analysis. Some health improvement may reflect natural recovery or other factors in service users' lives unrelated to this service.
- **Attribution:** Social prescribing patients often receive concurrent support: onward referrals to community activities, other statutory services, or specialist provision alongside their work with a link worker. It is not possible from the data available to isolate the effect of the link worker relationship from the broader network of support mobilised. These results reflect the effect of the social prescribing pathway as a whole, without accounting for attribution.

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Appendix: Calculation Methodology

How the cost-per-QALY figure is calculated from a single patient question.

1. **Ask one question (EQ-VAS):** “How good or bad is your health today? (0 = worst, 100 = best).” Ask at referral and again at the end of the intervention.
2. **Convert to utility score:** divide score by 100 (e.g. 60 → 0.60, 80 → 0.80).
3. **Find the improvement:** subtract the before score from the after score (e.g. 0.80 – 0.60 = 0.20).
4. **Convert to QALYs:** multiply the improvement by your estimate of how long the benefit lasts, in years. If you expect benefit to last one year, multiply by 1. Six months, multiply by 0.5 (e.g. 0.20 × 1 year = 0.20 QALYs).
5. **Calculate cost per QALY:** divide your total service delivery cost by total QALYs gained across all patients. You will need to estimate your total delivery cost yourself, using staff time, overheads, and any other direct costs. Do not include downstream NHS savings. (e.g. £100 total cost ÷ 0.10 QALYs = £1,000 per QALY).

Social Prescribing Value-for- Money

£2,273 per QALY - 8x lower than the NHS Willingness to Pay threshold. - NHS Marginal cost: £13,000/QALY & WTP threshold: £20,000/QALY

Social prescribing Return on investment

-£418 NHS benefit per patient per year - £4 return for every £1 on link worker salaries (NASP model, 19 UK studies, n > 42,000)

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