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What methods for evaluating social prescribing work, for which intervention types, for whom, and in what circumstances?
A protocol for a realist review

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On behalf of the Wales School for Social Prescribing Research

Part of the ACCORD study

A social prescribing evaluation framework & reporting standard study

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Contents

1.0. Introduction

1.1. Background

Social prescribing is a multi-dimensional concept of prevention and intervention with the potential to support population health and well-being within the health and social care sector (Moffatt et al., 2017). At present, there is no agreed definition of social prescribing in the UK (Carnes et al., 2017). Whilst in England, social prescribing is defined as *"a means of enabling GPs and other frontline healthcare professionals to refer to 'services' in their community instead of offering medicalised solutions"* (NHS England, 2018), models of social prescribing in the other three devolved nations (Wales, Scotland & Northern Ireland) are broader. In Wales, there are multiple models of social prescribing based in either primary care or the community facilitated by County Voluntary Councils and other voluntary sector organisations (Rees et al., 2019). Roberts et al. (under review) define social prescribing as *"individuals being referred/self-referring to non-medical interventions run by a third-party organisation in order to contribute to their general health and well-being"*, but note the wide variety and complexity in the nature of social prescribing interventions. Most involve a referral to a link worker (also referred to as community connector, social prescriber, well-being co-ordinator), who has a 'what matters' conversation with the person, co-produces goals/plans, and refers them to third sector/community group interventions and professionals for support and activities. Recent peer-reviewed SP literature addresses social isolation/loneliness, cancer, social capital, music, farming, web-based interventions, exercise and the Arts (Carnes et al, 2017; Pilkington et al, 2017; Price et al, 2017). This extends beyond common/traditional reasons for SP referrals, i.e. physical and mental health, well-being, social isolation, lifestyle change, self-care, long-term conditions self-management, social welfare advice, financial advice, work, training and learning (Steadman et al, 2017).

Social prescribing interventions are complex (Tierney et al., 2020; Roberts et al., under review). These interventions involve multiple stakeholders, multiple referral pathways, large variability between programme structure, intervention type, staff responsibilities, a broad target patient group and a range of outcome variables. As such, evaluating social prescribing interventions is challenging and to date the literature supporting the efficacy of social prescribing is weak (Bickerdike et al., 2017; Roberts et al., under review). In addition, there are a number of gaps in the social prescribing evaluation literature which include the need to understand and develop;

- Comparisons between referral pathways, utility of models, 'transferring patients' (Husk et al, 2016), the process of SP,
- Data describing community intervention referral, contact and uptake (Carnes et al, 2017),
- Management information, baseline measures for evaluation, characteristics of people receiving SP versus non-engagers,
- The resources required within primary care to deliver SP (e.g. advocacy, employability),
- Funding mechanisms and impact of austerity measures and the Covid-19 pandemic on community assets (Dayson, 2017),
- Cross-sector communication within the SP process, translating research findings into implementation processes, combining individual satisfaction with both generic and specific context outcomes, reporting guidelines, standardisation of reporting evaluation (Cawston, 2011; Pilkington et al, 2017; Bickerdike et al, 2017).

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Success and appropriateness of methodologies, methods and designs to evaluate social prescribing and address these gaps in the evidence likely depend on the context and circumstances within which they are employed. The Magenta Book (HM Treasury, 2020) highlights the importance of evaluation for commissioning, design, development and delivery of policies and interventions. According to the Magenta book, "*a good evaluation is useful, credible, robust, proportionate and tailored around the needs of various stakeholders*". Systematic reviews of the social prescribing literature have highlighted the lack of rigour and high risk of bias in social prescribing evaluations to date (Bickerdike et al., 2017; Roberts et al., under review). These reviews call for a coordinated framework for evaluating social prescribing interventions, in order to strengthen the evidence base and determine how social prescribing may have an impact upon people's health and well-being.

In response, researchers at the Wales School for Social Prescribing Research (WSSPR) have been commissioned by Health and Care Research Wales (HCRW) to develop a social prescribing evaluation methodology. More information about WSSPR can be found at www.wsspr.wales. WSSPR employs a translational research model (Cooksey et al., 2006; Weeks et al., 2013) to describe, order and organise the programme of research, by promoting equal and mutually supporting relationships between theory-building, knowledge acquisition and practice, without privileging any one activity. This is done through co-production between researchers, citizens and communities of practice and this co-productive approach will be taken throughout the development of the social prescribing evaluation methodology.

The first stage in this programme of research involves a review of the existing published and unpublished literature around social prescribing evaluation. Conclusions from the realist review will inform future stages of the programme of research, which will include using consensus methods to develop a social prescribing evaluation framework and virtual commissioning to test the framework in simulation and in practice.

A realist review approach was chosen as the most appropriate for a number of reasons;

1. *The complex nature of social prescribing:* The realist approach accepts complexity and seeks to explain the underlying mechanisms as to how a complex programme will work. In this context, the varied and complex nature of social prescribing means that different evaluation methodologies may be more appropriate and useful in certain circumstances and contexts, whilst other methodologies will be more appropriate in other circumstances and contexts. Understanding the mechanisms underpinning these relationships will support development of a framework that can be applied and adapted to a diverse range of social prescribing interventions and models.

2. *The scope of resources:* Realist reviews tend to be more inclusive than traditional systematic reviews and enable gathering and inclusion of a broader range of information sources (Husk et al., 2016). Realist reviews employ purposive search strategies, which seek to access information which will be relevant to the research questions but may not be identified through traditional search strategies of the published literature (Pawson et al., 2005). Due to the community-based nature of social prescribing, there will be a wealth of evaluation documentation and reports in the unpublished grey literature, which will be able to offer insight into good practice evaluation methodology and the considerations required when developing an evaluation methodology for use in social prescribing. Therefore, this review will gather data from searching the published

literature, the grey literature, and sharing a request for public documents and reports received from members of the Wales Social Prescribing Research Network.

3. *The realist approach to quality appraisal:* In contrast to systematic reviews which scrutinise methodological quality and risk of bias, realist reviews take a difference stance on judgment of research quality. (Pawson et al., 2005). The realist review rejects the hierarchical approach to assessing research quality, and instead believes that inclusion of a variety of methods is key to understanding the full picture. Therefore, the realist approach judges studies based on; (a) relevance to the research question and theory in question and (b) rigour of methodology to draw inferences from the data.

This realist review will explore evaluation methodology, methods and design that have been employed in the social prescribing published and unpublished literature to date. A realist review seeks to explore the mechanisms through which certain outcomes may occur as a result of particular contexts and circumstances (Pawson et al., 2005). The realist approach is underpinned by a generative model of causality, it proposes that in order to understand an outcome, the underlying mechanism and the context within which the outcome has occurred must be understood. This is defined in the form of a context (C), mechanism (M) and outcome (O) relationship; a CMO configuration.

In the context of the present review, the realist approach will enable researchers to explore why different methods of evaluating social prescribing interventions do (or do not) work, in certain circumstances (i.e. intervention types) for certain populations (e.g. people taking part in intervention (age, condition, etc.) or people conducting the evaluation (academics, management, prescribers)).

1.2. Review Objectives

Objective 1: To understand the different contexts within which social prescribing evaluations occur, including the settings in which social prescribing occurs (e.g. primary care, third sector, local authority), the elements of social prescribing (e.g. referral, link worker, community assets) and participant demographics (e.g. health status, age).

Objective 2: To explain the mechanisms underpinning why certain designs, methodologies & methods work or do not work for certain circumstances.

Objective 3: To explain which stakeholders are affected by different designs, methods and methodologies.

Objective 4: To explain the impact of these different designs, methods and methodologies on social prescribing evaluation.

Objective 5: To understand the programme theory by which these designs, methods & methodologies work or do not work for social prescribing evaluation.

Objective 6: To identify principles for good practice in social prescribing evaluation design, method & methodology.

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1.3. Research Questions

1. When do the differing social prescribing evaluations occur? [different stages, different types, demographics, nature of the context]
2. Why do certain evaluation designs, methods & methodologies work or not work for different social prescribing evaluation?
3. For whom (evaluators, commissioners, recipients) do the different designs, methods and methodologies used for social prescribing work?
4. To what extent do the designs, methods and methodologies used for social prescribing evaluation work?
5. How do these designs, methods & methodologies work or not work for social prescribing evaluation?

1.4. Purpose of the review

The purpose of this realist synthesis is to identify principles of good practice in social prescribing review and evaluation. Future research will then consider the extent to which these principles have been followed and published and consider how rigour and existing methods could be improved. Using consensus methods, researchers will work with stakeholders (third sector, primary care, local authority, policy makers, statutory organisations, academics) to develop a framework for social prescribing evaluation. This will be disseminated in research and practice for use in social prescribing evaluation to improve evaluation rigour, thus strengthening the evidence base around social prescribing.

2.0. Methods & Analysis

2.1. Chosen methodology

A realist review takes an iterative and multi-stage approach to searching the literature. Pawson (2006) specified five steps to a realist review, which should be undertaken in an iterative, non-linear manner. This approach will be supplemented with additional approaches to provide more detail and depth around the search strategy, data extraction, analysis and synthesis (Pawson et al., 2005; Ford et al., 2016; Husk et al., 2016; Davies et al., 2017; North et al., 2018; Tierney et al., 2020).

These steps will be followed in the present review:

1. *Identify the review questions (Section 1.3):* Five research questions framed in realist terms to identify when, why, for whom, to what extent and how designs, methods and methodologies work for social prescribing evaluation.
2. *Searching for primary studies (Section 2.2):* Employing a four-phase iterative approach *(Pawson et al., 2005):*
   a. *Background search:* An initial scoping search to identify sources of evaluation and resources, identify key search terms and search strategies employed in published systematic and realist reviews of the same topic area.
   b. *Progressive focusing to identify programme theories:* Explore the background literature to identify initial programme theories and determine the scope of the review.
   c. *A search for empirical evidence to test a subset of these theories:* Engaging a variety of search strategies, including database searching, searching grey literature, backward and forward citation searching, requesting materials from the Wales Social Prescribing Research Network, to gather the database of resources to be included in the review.
   d. *A final search once the synthesis is almost complete:* Identify additional studies based on CMO configurations and programme theories developed from original analysis.
3. *Study selection (Section 2.3)*: Using an abstract screening tool a multi-stage, multi-reviewer (Husk et al., 2016; Tierney et al., 2020) study selection phase will take place to determine the final selection of documents to be included in the review.
4. *Quality appraisal (Section 2.5)*: Establish the relevance to the research question and theory and the rigour of the methodology to draw inferences from the data.
5. *Extracting the data (Section 2.6):* Extract data using NVivo to code data according to four questions set out by Ford et al. (2016).
6. *Synthesis (Section 2.7):* Search for causal inferences and programme theories from CMO configurations and themes, guided by an approach used by North et al. (2018).

2.2. Search strategy

2.2.1. Databases

A range of sources will be searched to access a breadth of evaluation reports and materials:

Literature type	Search method
Published literature (international)	ASSIA, CINAHL, Embase, Medline, PsycInfo, PubMed, Scopus Online, Social Care Online, Web of Science
Grey literature (Wales only)	Local authority websites, third sector websites, NHS websites, Primary Care One, CVCs, WCVA, university websites, 'OpenGrey'

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Call for materials (Wales only)	Request materials (See Appendix A) from the Wales Social Prescribing Research Networks to include; materials they are using, reports, etc. Requests to contacts in the Wales School for Social Prescribing Research for contacts/resources. Request to WSSPR steering group to identify key evaluations to be included.

2.2.2. Search terms

Search term	Alternatives
Social prescribing	• Social prescriber, social prescription, social capital, social referral • Link worker, link navigator, link coordinator, link co-ordinator • Community connect*, community refer*, community coordinator, community co-ordinator, community navigator, community champion* • First contact practitioner • Parish organiser • Local area co-ordinator, local area coordinator
Community	Community asset, primary care, third sector, charity, public health, community group, social enterprise, local asset, housing, housing association, housing sector, social business*, social value organisation, voluntary sector, projects, arts, outdoor, dance, green, woodland, welfare, activ*, social capital, community benefit, social benefit, community resilience
Evaluation	Monitor*, review*, evaluat*, outcome*, impact, implication, evidence, cost, analysis, process, cost-effective, cost consequence, social value, investment, cost-benefit analysis, indicator, return on investment, tool, scale, quality indicator, effect*

2.2.3. Study inclusion criteria

The review will include evaluation of any component of the social prescribing pathway, i.e. the referral, the link worker process, engagement with the community assets or third sector. The evaluation does not need to describe the entire social prescription process in order to be included, however it must be clear that the intervention is linked to a social prescribing pathway (e.g. referrals must be received from a social prescriber).

Component	Inclusion	Exclusion
Intervention	Clear link to the social prescribing pathway. A community asset must have received referrals from a link worker*. Intervention includes primary care, third sector and private sector organisations.	Evaluations which do not mention the "link worker*" process Community asset independent of social prescribing.

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Referrer	Primary care setting Community healthcare provider Third sector Self-referral	Self-referral direct to a community asset without link worker.
Participant group	Participants age 18 years. Any physical or mental health condition.	People under age 18 years.
Design	All evaluation & monitoring designs. Process, implementation & outcome evaluations.	Studies where evaluation/monitoring design is not described or defined in sufficient detail. Studies which do not involve an evaluation of a social prescribing intervention.
Document	Peer-reviewed articles Grey literature PhD, MPhil & MRes reports Unpublished evaluation reports Organisational reports Posters Case studies Indicators Terms of Reference Operating procedures Guidelines Systematic reviews Realist reviews	Editorials, opinion articles, communications, protocols Scoping review, literature review
Outcomes	Individual level Organisation level System level	
Location & language	Published literature – international Grey literature - Wales only English & Welsh language only.	
Date	Papers published 1 January 1998 (start of devolution) to 31 May 2020	

2.3. Study selection

In the first instance, titles will be screened by reviewer 1 (ME) for basic relevance and any titles deemed irrelevant will be excluded at this stage. An abstract screening tool developed by the researchers will be used to screen all remaining abstracts to determine whether they meet the inclusion criteria (see Appendix B). The abstract screening tool will be pilot tested by two reviewers prior to use. Where it is unclear (abstract classified as 'amber') whether the document meets the inclusion criteria from the abstract, the full text will be screened.

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Characteristics of documents which were reviewed will be recorded in an Excel file. A random sample of 10% of the citations will also be reviewed by a second reviewer to establish consistency in application of the inclusion and exclusion criteria (Tierney et al., 2020).

Two reviewers will review all remaining full text documents to establish the final dataset of documents (Husk et al., 2016). Full-text documents will be stored and coded using NVivo 11. Any disagreements will be resolved through discussion with the review expert advisory group.

2.4. Data management

Exported files from database searching will be imported to EndNote reference manager and combined with search results from the grey literature and data collected from the request to the network. Files will be reviewed and duplicates will be removed. Quality appraisal forms (section 2.5) will be attached to the references on EndNote. Articles will be numbered and article numbers will be used to identify CMO origins.

PRISMA guidelines will be used to record searches.

A reflective diary will be kept by both reviewers to note reasons for inclusions/exclusions and queries to discuss with other reviewers.

Following study selection, the final set of materials will be uploaded to NVivo 11 software for analysis. The review team will use NVivo 11 to note take and annotate the documents.

Data will be labelled according to the source, for transparency for the review team and later publication (Davies et al., 2017):

- First order – data extracted directly from participant statements
- Second order – data extracted from the study authors' interpretation
- Third order – the reviewers interpretations of participant and author statements

2.5. Quality assessment

As per realist review guidelines, documents will be appraised based on relevance to the research questions and programme theories, and an assessment of rigour and the potential of bias. In this review, a realist synthesis appraisal form (Appendix C) will be used to appraise each full text paper. The appraisal tool will be pilot tested by two reviewers prior to use. This tool will also be used to initially extract key elements from the document which can specifically address research questions.

Appraisal of studies will be undertaken independently by two reviewers, with disagreements resolved through consultation with the advisory group.

2.6. Data Extraction

Data will be coded both inductively, in which codes originate from the review documents, and deductively, in which codes originate from theories, based on emerging concepts. This coding will be done iteratively. Ford et al (2016) recommend coding based on a series of questions:

1. Is the extracted data referring to a context, mechanism or outcome?
2. What is the partial or complete CMO configuration (CMOC) from this data?

3. How does this CMOC relate to social prescribing evaluation?
   a. Are there data in the document which support how the CMOC relates to social prescribing evaluation?
   b. In light of the CMOC and supporting data, does the programme theory for social prescribing evaluation need to be changed/amended?
4. Is the evidence sufficiently trustworthy and rigorous to change the CMOC or programme theory?

Extracted data will likely relate to details of intervention, details of evaluation methods, methodology and design employed, details of participants, setting/provider, outcomes, evaluator.

2.7. Data synthesis

Synthesis refers to the process of seeking explanation (Pawson et al., 2005). The data synthesis process aims to refine the programme theory by determining what works, for whom, in what circumstances, to what extent and why (Rycroft-Malone et al., 2012). The data synthesis approach for this review will follow the process set out by North et al. (2018) which was guided by the Wong & Papoutsi (2016) and Miles and Huberman (2014) approach. Following data extraction and quality appraisal, three reviewers (R1, R2 and R3) will be involved in a data synthesis process:

Based on the documents that are identified, documents will be divided into sub-groups for the first stage of the synthesis. The nature of these sub-groups will be determined by the content of the documents, e.g. sub-groups may refer to different stages of the social prescribing pathway, different evaluation processes or different social prescribing themes. All reviewers will be involved in agreeing the nature of document sub-groups.

Data synthesis will continue within each of these sub-groups. This will involve R1 identifying common themes throughout the documents in the sub-group and building CMOCs within these themes. R2 will double code 20% of the data to identify possible CMOCs. R1 and R2 will discuss and agree codes, with the support of R3 where there are disagreements in coding. From the constructed CMOCs, if-then statements will be created by R1 and R2 together, in relation to the research questions specified for the review. Inferences will then be drawn about the programme theory.

Data and inferences drawn within each of the sub-groups will then be integrated and triangulated. A final set of CMOCs and 'if-then' statements will be collated and meta-inferences will be drawn out by the three reviewers. Origin of CMOC will be identified, and the quality of the sources to support the CMOCs will be examined (i.e. did they originate in peer-reviewed documentation, was the design deemed rigorous?). The conclusions at this stage will be presented to the Expert Advisory Group (Section 3.0) for their comment.

At the end of this synthesis process, principles of good practice in evaluating social prescribing will be identified for academics and practitioners, within the context of the five research questions. Recommendations for social prescribing evaluation and implementation will be shared and recommendations for future research will then be highlighted.

The process of this synthesis may be modified and amended throughout the review process, any modifications will be discussed in the final report and publication.

The findings and draft conclusions from the realist review will be shared with the Wales School for Social Prescribing Research, including the steering group, international advisory board, network and

Communities of Practice for consultation. This will help determine the next steps for developing the evaluation methodology framework for social prescribing.

3.0. Protocol development

The protocol for this realist review was shared with members of the Wales School for Social Prescribing Research (WSSPR) steering group and the Expert Advisory group convened for this group (see below). Comments were received via e-mail and during the WSSPR May 2020 steering group. Amendments to the protocol were made accordingly. The WSSPR steering group will continue to receive updates and be involved with the review process across the course of the review.

3.1 Public engagement

The protocol will be presented to the PRIME Centre Wales SUPER public & patient involvement group on 03.06.2020. The aim of this will be to engage with members of the public and understand their views and thoughts around the search, the protocol and the next steps going forward.

The PPI representative for WSSPR also reviewed the protocol in full and shared comments which were integrated into the protocol. He will also be part of the Expert Advisory Group and will guide theory building and interpretation of findings.

3.2 Expert Advisory Group

An expert advisory group will be convened to check approaches to the realist review, aid programme theory development, validate findings and suggest alternative sources of information. The group will meet virtually two times over the six-month duration of the realist review. The group may also be consulted via e-mail at additional points during the review. Experts in both the methodology (realist synthesis), the study area (social prescribing evaluation) and local Welsh social prescribing knowledge will be invited to participate.

Name	Organisation	Relevant expertise
Lyndsey Campbell-Williams	Medrwn Mon (CoP representative)	Social prescribing & evaluation in practice.
Julie Davies	Bridgend County Borough Council	Social prescribing & community interventions
Mair Edwards	Grwp Cynefin (CoP representative)	Social prescribing & evaluation in practice.
Megan Elliott	University of South Wales/ PRIME Centre Wales	Senior research assistant for the WSSPR; trained in Realist Synthesis methods.
David Humphreys	Birmingham University / Stort Valley & Villages Primary Care Network	Social prescribing; realist synthesis methods.
Prof Mark Llewellyn	University of South Wales/ WIHSC/PRIME Centre Wales	Evaluation methodology for social prescribing
Dr Mary Lynch	Bangor University/CHEME	Evaluation methodology for social prescribing; social return on investment
Dr Sally Rees	Wales Council for Voluntary Action	Third sector & social prescribing; realist review & evaluation methods

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Dr Glynne Roberts	Betsi Cadwaladr University Health Board	Social prescribing engagement with practitioners through Community of Practice
Andrew Rogers	Bangor University	Community development, realist review & evaluation methods
Roger Seddon	PPI representative	Social prescribing from public perspective, third sector, community resilience
Sara Thomas	Public Health Wales	Social prescribing from public health perspective
Josep Vidal-Alaball	Gerència Territorial Catalunya Central	Institut Català de la Salut	International perspective on social prescribing, evaluation & reporting.
Prof Carolyn Wallace	University of South Wales/ PRIME Centre Wales	Director of WSSPR; trained in Realist Synthesis methods.

A terms of reference has been drafted for the advisory group (Appendix D). These will be agreed in the first meeting of the expert advisory group.

The focus of meeting 1 will be to develop the Initial programme theory. The focus of meeting 2 will be to review and comment on the findings.

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4.0. Dissemination

The realist review protocol has been uploaded to PROSPERO, registration CRD42020183065.

A full report of the findings will be written up, to be shared with the expert advisory group, the Wales School for Social Prescribing Research Steering Group, the Wales School for Social Prescribing Research International Advisory Board and the Wales Social Prescribing Research Network & Communities of Practice.

Following consultation with these advisory groups, a final report will be produced. Findings will also be submitted for publication in an open access, peer-reviewed journal. Publication write up will follow the RAMESES publication guidelines (Wong et al., 2013).

Findings will also be presented at a research conference. A user-friendly summary of the findings will be prepared and disseminated through the Wales Social Prescribing Research Network. Findings will also be shared with the PRIME Centre Wales and Health and Care Research Wales networks.

The findings from this realist review will feed into the next steps of the project, which will involve using consensus methods to develop a social prescribing evaluation framework with stakeholders and develop reporting standards for social prescribing evaluations.

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6.0. Appendices

A: Request to members of the Wales Social Prescribing Research Network for public facing evaluation documents (to be shared in English & Welsh)

Dear all,

As you know, the Wales School for Social Prescribing Research (WSSPR) was launched on 1st April 2020. One of the aims of WSSPR is to develop an evaluation framework for social prescribing. Our first step to achieving this involves a literature review, to find out what social prescribing evaluations have been completed, how they were done, what is reported and how these findings are shared.

So, we need your help!

Please could you send any **public facing evaluation documents** from your social prescribing service or organisation to wsspr@southwales.ac.uk. These could include reports, leaflets, posters, presentations, publications, terms of reference, operating procedures or anything else that you think would be relevant.

We are going to combine the reports that you share with us with international literature, to review what is currently being done, and draw out best practice for social prescribing evaluation.

Please send these documents to wsspr@southwales.ac.uk by Friday 29th May 2020.

Many thanks in advance,

Megan Elliott

Senior Research Assistant for WSSPR

Annwyl bawb,

Fel y gwyddoch, lansiwyd Ysgol Ymchwil Rhagnodi Cymdeithasol Cymru (WSSPR) ar 1 Ebrill 2020. Un o nodau WSSPR yw datblygu fframwaith gwerthuso ar gyfer rhagnodi cymdeithasol. Mae ein cam cyntaf tuag at gyflawni hyn yn cynnwys adolygiad llenyddiaeth, i ddarganfod pa werthusiadau rhagnodi cymdeithasol syd d wedi'u cwblhau, sut y cawsant eu gwneud, yr hyn a adroddir a sut mae'r canfyddiadau hyn yn cael eu rhannu.

Felly, mae angen eich help arnom ni!

A allech chi anfon unrhyw ddogfennau gwerthuso sy'n wynebu'r cyhoedd o'ch gwasanaeth neu sefydliad rhagnodi cymdeithasol i wsspr@southwales.ac.uk. Gallai'r rhain gynnwys adroddiadau, taflenni, posteri, cyflwyniadau, cyhoeddiadau, cylch gorchwyl, gweithdrefnau gweithredu neu unrhyw beth arall a fyddai'n berthnasol yn eich barn chi.

Rydyn ni'n mynd i gyfuno'r adroddiadau rydych chi'n eu rhannu â ni gyda llenyddiaeth ryngwladol, i adolygu'r hyn sy'n cael ei wneud ar hyn o bryd, a llunio arfer gorau ar gyfer gwerthuso rhagnodi cymdeithasol.

Anfonwch y dogfennau hyn at wsspr@southwales.ac.uk erbyn dydd Gwener 29ain Mai 2020.

Diolch yn fawr ymlaen llaw,

Megan Elliott

Uwch Gynorthwyydd Ymchwil ar gyfer WSSPR

B: Abstract screening tool

Record number: _____

Reviewer: _____

Abstract Screening Tool

Title	
First author	
Year	
Source	

	Yes	No
English/Welsh Language?	Yes	No
Does the document specifically refer to a social prescribing pathway?	Yes	No
Are participants over age 18 years?	Yes	No
Are evaluation or monitoring design & methods described?	Yes	No
Does the document report data (i.e. not opinion/protocols)?	Yes	No
Can the document contribute to answering one of the research questions?	Yes	No

Research design (circle):	Systematic Review	RCT	Cohort	Case-control
	Cross-sectional	Case study	Other:	
Research methodology:	Quantitative	Qualitative	Mixed-method	
Research methods:				
Further comments:				

Rating		
Green: *Include*	**Amber:** *Read full text*	**Red:** *Exclude*

C: Quality appraisal tool

Record number: _____

Reviewer: _____

Realist Review Appraisal Form

Title:

First Author:	Year:	Project name (if any):

Companion Papers/Documents:

Summary of paper (~3 bullet points):
What is this about? What kind of data source? Quant, Qual, Report, Blog, etc.

Peer-reviewed literature	Grey literature – Government commissioned report	Grey literature – Local authority/ funder commissioned report	Grey literature – Public facing, not reviewed external to organisation	Unknown

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Appraisal assessment: Usefulness and relevance of this study is:			
High	Moderate	Low	None
Papers that have high relevance – framing of research and research questions are highly matched to review questions, empirical findings are clearly described, rich description of process & context.	*Papers that have a moderately relevant framing to theories – report on different but related interventions, similar outcomes, describe middle-range theories, areas of interest, potential to populate CMOs.*	*Papers that met the inclusion criteria but little description of context and mechanism. Contains at least one idea or statement about the context, mechanisms or outcomes that can be used for refining theory & building CMOs.*	*Upon reading this paper the full-text paper does not correspond to the review questions, does not have any context that corresponds to programme theories or does not describe at all the context or mechanisms.*

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Supplemental material

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What is interesting about this paper?			
Relevance: *How relevant is this paper?*			
High	Moderate	Low	None
In what way is this document relevant to the candidate programme theories, if at all (include page, paragraph, line numbers)			
Rigour: *How rigorous is this paper?*			
High	Moderate	Low	None
What are the strengths and weaknesses of the article?			
Are there any connections between outcomes and processes (C + M = O)? Are there any if-then statements? What are they? Please state 'NONE' if no evidence is identified.			
Describe any unintended positive or negative outcomes and their potential mechanisms. Please state 'NONE' if no evidence is identified.			
Describe the impact of these contexts, mechanisms and/or outcomes. Please state 'NONE' if no evidence is identified.			
Type of social prescribing/social prescribing methods used (e.g. MI, coaching, what matters conversation).			

Questions for the first author and research partners:
Citations identified as potentially appropriate for inclusion in the review:

D: Expert Advisory Group Terms of Reference

Name of group	Expert Advisory Group Realist review of social prescribing evaluation methodology
Summary of Role	Members of the Expert Advisory Group will bring their expertise in either social prescribing or realist reviews to guide and advise on the realist review entitled "What methods for evaluating social prescribing work, for which intervention types, for whom, and in what circumstances?"
Responsibilities	1. *To review, feedback and contribute to the development of the Realist Review, including commenting on CMO configurations, findings, conclusions and recommendations.* 2. *To act as a critical friend to the review team.*
Membership	Members to be confirmed
Meetings	The Expert Advisory Group will meet two times over the 6-month duration of the realist review. Further support may be requested via e-mail. Meeting duration will be 2 hours. Notice of the meeting will be circulated at least 2 weeks before. A draft agenda and corresponding documents will be circulated 1 week prior to the planned meeting.
Confidentiality	All documents are confidential and must not be shared or discussed with third parties unless specified.