

Medicines Matters

Issue 45 – 5th February 2026



The role of Social Prescribers in managing patients with chronic non-cancer pain

An evidence summary¹ published by the University of Westminster suggests that where a person has support through social prescribing, their GP consultations reduce by an average of 28% and A&E attendances by 24%, and whilst further research is needed, there is tentative evidence² that social prescribing improves health and wellbeing outcomes in adults with chronic pain

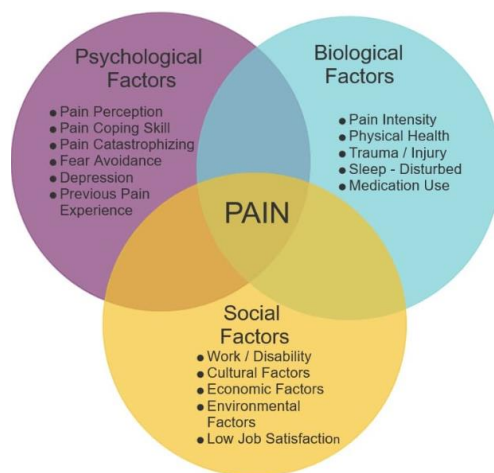
Social factors may have profound effects on the experience of pain. Suffering chronic pain can also have profound social effects. Inability to complete certain tasks or, for example, to socialise, can cause loss of social status or loss of work, which impact both self-esteem and financial security. Isolation and loneliness can soon follow. People with chronic pain may need to change job, work less or give up work altogether. Financial insecurity and the prospect of loss of income can add to psychological stress. **Poverty, stress and pain are closely interlinked.** These factors all contribute to the experience of pain, and the way healthcare systems need to manage it.

Being able to manage these factors successfully can transform people's lives. While people may still be in pain, they may be better prepared to deal with it.

There are many initiatives to enhance the wellbeing of people with health conditions through engagement in meaningful social activities. Local charities and voluntary sector organisations harness the power of group activities in non-medical settings to empower individuals with chronic pain to manage their conditions more effectively. Linking patients into these organisations is just part of the support that social prescribers can offer.

Social prescribers tend to get referrals for patients with chronic pain who require social care and/or social inclusion - armed with an overview of local services available, they use a patient-centred approach to provide signposting, advice, and support that is tailored to the individuals' needs and preferences. Through this work, they are a key component of the biopsychosocial approach to pain management.

The availability of charities and voluntary sector organisations will vary depending on place, however, to give an idea of the range of support that can be offered to patients with chronic pain via social prescribing, the following are examples from the Central Lancashire area:



- **Local peer-led chronic pain support groups** – e.g. [S.M.I.L.E](#) (a self-help support group for chronic pain sufferers)* Blackpool branch also available
- **Community Roots** - focus on living well with a diagnosis, and connecting people to a wide variety of health and wellbeing opportunities and support in the local community* Burnley branch also available
- **Activity and movement** – e.g. [Active Lancashire](#) supporting patients to lead an active, healthy life, and [Couch to Fitness](#)
- **Financial and Employment support** – from negotiating the complexity of benefits and financial support, to new learning opportunities around retraining, and employment
- **Mental Health** – support around access to services and support for mental health and wellbeing
- **Specific support charities** – e.g. [The Limbless Association](#)

Advice for healthcare professionals:

- Enquire about the availability of social prescribing within your practice/PCN
- Familiarise yourself with the range of support that social prescriber(s) in your locality can offer to patients with chronic non-cancer pain

Ref 1 Microsoft Word - Polley et al Evidence summary of SP FINAL V3.docx 2 Social prescribing for adults with chronic pain in the U.K.: a rapid review - PMC