

Table 2 Public Patient Involvement reported according to Guidance for Reporting Involvement of Patients and the Public (GRIPP) 2 Short Form

1: Aim
<p>The aim of the PPI was to provide the perspective of people living with multimorbidity on the implications of the results of a systematic review on the effectiveness of social prescribing link workers.</p>
2: Methods
<p>An advisory panel of six people living with multimorbidity was recruited via existing networks of students on a PhD program in multimorbidity. The panel meets quarterly to provide input on issues brought to them by the PhD students. The members are voluntary but receive a voucher to acknowledge their time and associated costs attending. The panel had been meeting for three years prior to providing input on this study. The meeting at which this study was discussed took place online, lasted two hours in total including a break and was facilitated by BK and 2 other PhD students on the multimorbidity PhD program. There was one hour dedicated to discuss the systematic review with them.</p> <p>The group received a 500 word plain language summary of the findings of the systematic review one week in advance of the meeting. BK also summarised the methods and findings in a powerpoint presentation during the meeting. The group divided into small groups and discussed the implications for practice, policy and future research and fed back to a plenary discussion afterwards.</p>
3: Study results
<p>The group were surprised about the limited evidence and wondered if the outcomes had been appropriate or asked in the right way. They agreed that quality of life was a good overall outcome and felt hospitalisations would matter from the taxpayer perspective. Determining a set of outcomes was felt to be beyond the time available and we agreed it would involve a separate piece of research work. As individuals they did not feel that social prescribing needed to be presented as an experimental intervention, as many interventions or medications may not work for an individual and they felt their healthcare provider would recommend what they thought might work for them, but acknowledged this wasn't guaranteed in the case of social prescribing. They felt policy makers should roll social prescribing out on a pilot basis over a number of years and evaluate it along the way. In terms of targeting specific groups the PPI group felt that social prescribing should be available to whoever might need it, but that it would have to be flexible to allow longer support for those with more complex needs.</p>

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4: Discussion and conclusions

The group clearly came to the meeting with a positive perception of social prescribing and felt it was a great idea that should be tested. Despite this possible lack of objectivity, the group broadly agreed with the conclusions that the research team had made. Their input highlighted the need for a set of core outcomes for social prescribing with input from potential beneficiaries. They took a more flexible approach on recommendations around specific target groups and intervention intensity, preferring an individually tailored intervention rather than limit access to those with the highest need.

5: Reflections/critical perspective

While the lack of cost effectiveness evidence was highlighted the idea of opportunity cost was not discussed. Presenting an intervention with no cost evidence base against one with cost evidence base however would be an impossible comparison. It is hard in a group format to check understanding of what has been presented, but given that conclusions were aligned with those of the research team it is reasonable to assume the group understood what was presented and asked of them.