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POSTER ABSTRACT

Social prescribing at the Hospital General de Granollers: strengthening community ties to improve the well-being of chronic patients.

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Background: Social prescribing is an innovative community health strategy that enables healthcare professionals to refer patients to social, cultural, educational, or peer-support resources, addressing the social determinants of health. Evidence shows that this practice reduces loneliness and isolation (Moffatt et al., 2017), improves mental health and quality of life (Chatterjee et al., 2018), and decreases the use of non-urgent health services (Polley et al., 2017).

At the Hospital General de Granollers (HGG), many chronic patients experience social vulnerability, lack of support networks, and a high risk of unwanted loneliness. To address this situation, the hospital implements a social prescribing programme that establishes a stable referral pathway between the healthcare and community sectors, in collaboration with various local organisations. This initiative forms part of a broader integrated care strategy, aiming to deliver a coordinated and holistic response to the complex health and social needs of chronic patients.

Methodology: The project is embedded within the 2024–2028 Strategic Plan “Salut Plus” of the HGG, which promotes comprehensive, preventive, and humanised care, reinforcing care continuity and community connection as transformative elements of the health and social model.
• Study design: Service-based project with a quasi-experimental pre-post evaluation.
• Target population: Chronic patients aged 65 or older, cared for in Intermediate Care and Social Work units.
• Sample size: 40 participants.
• Procedure:
1. Initial screening through social assessment and standardised measurement scales.
2. Referral of patients to community resources (cultural, social, sports, or peer-support activities) via social prescribing.
3. Individual follow-up at 3 and 6 months to reassess indicators and collect participant feedback.
4. Evaluation of patient satisfaction through telephone interviews and qualitative questionnaires.
• Measurement tools:
1. OSLO-3 Social Support Scale

2. ESTE II Loneliness Scale
3. EQ-5D Quality of Life Scale
4. Number of emergency visits and hospital readmissions
5. Qualitative satisfaction questionnaire

Expected results: The programme evaluation anticipates:
• a 20% reduction in perceived loneliness;
• a 15% improvement in quality of life (EQ-5D);
• a 10% reduction in unplanned hospital use;
• and a ≥80% satisfaction rate among participants.
These expected results confirm the potential of social prescribing as a preventive and health-promoting tool within an integrated care framework, where medical, social, and community dimensions are coordinated effectively to improve population well-being.

Implications; This project strengthens a person-centred and integrated care approach, embedding community support as a key element of the care process. It represents a strong commitment to prevention within the hospital setting, acknowledging social connections as essential determinants of health.
Furthermore, the initiative aligns with the Sustainable Development Goals (SDGs 3 and 11) and with European frameworks on community health and social inclusion, such as those promoted by Social Prescribing EU.

The HGG model offers a replicable experience for other hospitals and health systems across Europe seeking to reinforce care continuity and promote well-being through community engagement.
In summary, social prescribing consolidates itself as a strategy that transforms care practice and adds value through prevention, humanisation, and sustainability within an integrated health system.