

Wollondilly Health Alliance (WHA) Social Prescribing Pilot

A volunteer led model in a General Practice (GP) Setting



CONTEXT

The Pilot was implemented at **Tahmoor Medical Centre (TMC), Wollondilly**, to test the feasibility of embedding social prescribing within routine GP care using a low-cost volunteer led model.

Target population: Patients presenting with social, emotional or non-medical needs impacting their health and wellbeing, who were patients within the TMC.

Duration: August 2025 – February 2026

Resourcing: AUD \$15,000 plus in-kind contributions

AIM

Assess the feasibility, reach, and acceptability of embedding social prescribing within routine general practice care, using a low-cost volunteer led approach.

HEALTH NAVIGATORS

Four Social Prescribing Volunteers (SPVs) were recruited through the Wollondilly Health Alliance (WHA) and their partners, the Big Yellow Umbrella (BYU) and Community Links Wellbeing (CLW).

They were selected based on their community knowledge, communication skills and commitment to supporting local residents.

Volunteers received orientation and training in:

- Social prescribing principles
- Referral pathways
- Community service mapping
- Privacy and confidentiality
- Participant engagement and follow-up

Role

- Receive GP referrals
- Conduct participant conversations
- Identify social and wellbeing needs
- Connect participants to community services and activities
- Follow up participant progress
- Facilitate community connections

KEY MESSAGE

“A low-cost, volunteer led approach to social prescribing is feasible in general practice , provided GP trust, community partnerships, and self-referral pathways are actively built.”



RESULTS

Successes

- Positive feedback from GPs regarding the value of Social Prescribing (SP)
- Demonstrated feasibility of embedding SP within a GPs setting
- Strengthened collaboration between healthcare and community services

Challenges

- Limited awareness of SP among patients and providers
- Limited community services locally and knowledge of availability
- Integration into existing SP workflows
- Reliance on volunteer navigator capacity
- Need for a dedicated clinical champion
- Ongoing sustainability and funding considerations

WHAT HAS BEEN LEARNT

- This is the first evaluation of a general practice-based SP program in Australia applying the low-cost volunteer led approach
- Findings suggest the pilot model is feasible and acceptable in a general practice setting
- Success requires building trust with GPs, establishing community partnerships, and increasing self-referrals

RECOMMENDATIONS

- Invest in building trust and rapport with GPs to support referral into the program
- Establish formal partnerships with local community services
- Encourage patient self-referral pathways alongside GP referral
- Develop digital health strategies to expand the program's coverage among patients with a broad range of health and social needs

WHAT IS NEXT?

- Expanding referral pathways, including self-referral options
- Increasing awareness among GPs, patients and community services
- Formalising partnerships across health and social care sectors
- Exploring digital referral pathways and follow-up solutions
- Scaling the model across additional general practices
- Identifying sustainable funding and workforce models to support long-term delivery of SP program