Summary of Literature reviews results

Engine: PubMed
Key word search: Delphi on social prescribing
Results: 50
PubMed Filters applied: Free full text, in the last 1 year
Results: 6
Coherence with the topic
Results: 3

Reference	Goal	Use of Delphi	Results	Key concepts/info	RECOMMENDED PANEL SIZE
Esfandiari E, Chudyk AM, Grover S, Lau EY, Hoppmann C, Mortenson WB, Mulligan K, Newton C, Pauly T, Pitman B, Rush KL, Sakakibara BM, Symes B, Tsuei S, Petrella RJ, Ashe MC. Social Prescribing Outcomes for Trials (SPOT): Protocol for a modified Delphi study on core outcomes. PLoS One. 2023 May 16;18(5):e0285182. doi: 10.1371/journal.pone.0285182. PMID: 37192189; PMCID: PMC10187912.	To co-create with knowledge users a core outcome set focused on middle-aged and older adults (40 years+) for use in social prescribing research. The three-part process includes: (1) identifying published systematic reviews on social prescribing for adults to extract reported outcomes; and (2) up to three rounds of online surveys to rate the importance of outcomes for social prescribing. For this part, we will invite people (n = 240) who represent the population experienced in social prescribing, including researchers, members of social prescribing organizations, and people who receive social prescribing and their caregivers. Finally, we will (3) convene a virtual team meeting to discuss and rank the findings and finalize the core outcome set and our knowledge mobilization plan. **Focus: to identify important and relevant outcome measures for social prescribing**	To use a modified Delphi method to co-create core outcomes for social prescribing. Development of a core outcome set contributes to improved knowledge synthesis via consistency in measures and terminology. We aim to develop guidance for future research, and specifically on the use of core outcomes for social prescribing at the person/patient, provider, program, and societal-level. The Core Outcome Measures in Effectiveness Trials (COMET) is a research initiative to guide the identification and selection of measures defined as "an agreed standardized collection of outcomes … which should be measured and reported in all trials for a specific clinical area". Researchers will use a three-part modified Delphi method to identify social prescribing core outcomes for middle-aged and older adults (40 years and older) at the person, provider, program, and societal-levels.	- Protocol provision - No datasets were generated or analyzed during the current study.	- Check Conducting and REporting DElphi Studies (CREDES) guideline to design this study. - The research team includes people who receive social prescribing (or their caregivers), trainees, health and social providers, community-based organizations, and researchers.	Group size theory varies, but some general rules-of-thumb indicate 15-30 people for a homogeneous population—that is, experts coming from the same discipline (e.g. nuclear physicists)—and 5-10 people for a heterogeneous population, people with expertise on a particular topic but coming from different social/professional stratifications such as teachers, university academics and school principals (Delbecq et al., 1975; Uhl, 1983; Moore, 1987).
Muhl C, Mulligan K, Bayoumi I, Ashcroft R, Godfrey C. Establishing internationally accepted conceptual and operational definitions of social prescribing through expert consensus: a Delphi study. BMJ Open. 2023 Jul 14;13(7):e070184. doi: 10.1136/bmjopen-2022-070184. PMID: 37451718; PMCID: PMC10351285. (study)	The aim of this study was to establish internationally accepted conceptual and operational definitions of social prescribing.	This study involved an international, multidisciplinary panel of experts. The expert panel (n=48) represented 26 countries across five continents, numerous expert groups and a variety of years of experience with social prescribing, with the average being 5 years (range=1–20 years). Experts were defined according to the following criteria: (1) person involved with the Social Prescribing Network; or (2) person involved with the Social Prescribing Youth Network; or (3) person involved with the Global Social Prescribing Alliance; or (4) person involved with the National Academy for Social Prescribing; or (5) person involved with the Canadian Institute for Social Prescribing; or (6) student involved with any national social prescribing student group; or (7) author of academic or grey literature on social prescribing, even if not labelled as 'social prescribing'; or (8) researcher involved in social prescribing, even if not labelled as 'social prescribing'; or (9) healthcare provider involved in social prescribing, even if not labelled as 'social prescribing'; or (10) link worker involved in	After three rounds, internationally accepted conceptual and operational definitions of social prescribing were established. The definitions were transformed into the Common Understanding of Social Prescribing (CUSP) conceptual framework	- Check Welphi (www.welphi.com), which is an online survey platform that is specifically designed for Delphi studies. - Check https://www.qcamap.org/ui/en/projects	

		social prescribing, even if not labelled as 'link worker' or 'social prescribing'; or (11) patient involved in social prescribing, even if not labelled as 'social prescribing'; or (12) healthcare administrator or manager tasked with overseeing the use of social prescribing, even if not labelled as 'social prescribing'.			
Muhl C, Mulligan K, Bayoumi I, Ashcroft R, Godfrey C. Establishing Internationally Accepted Conceptual and Operational Definitions of Social Prescribing Through Expert Consensus: A Delphi Study Protocol. Int J Integr Care. 2023 Jan 25;23(1):3. doi: 10.5334/ijic.6984. PMID: 36741971; PMCID: PMC9881447. (Protocol)	---	----	- Protocol provision for the above study	---	

Table S1. PubMed review

Engine: Health Evidence (McMasters)
Key word search: Delphi social prescribing
Results: 7
Filters applied: most recent year (2020)
Results: 2
Filter applied: free full access
Results: 1

Reference	Goal	Use of Delphi	Results	Key concepts/info	RECOMMENDED PANEL SIZE
Mutisya, M, Markey, O, Rousham, EK, et al. Improving nutritional status among urban poor children in sub-Saharan Africa: An evidence-informed Delphi-based consultation. Matern Child Nutr. 2021; 17:e13099. https://doi.org/10.1111/mcn.13099 *Quality rating: Moderate (7/10)*	First, a rapid systematic review was conducted. This focused on the literature published regarding nutrition-specific and nutrition-sensitive complementary feeding interventions in urban poor areas, specifically low-income informal settlements, in low- and middle-income countries (LMICs). Six intervention studies met the review inclusion criteria. Intervention adherence was generally high, and indicators of maternal knowledge and IYC nutritional intake typically increased because of the interventions, but the impact on anthropometric status was small. Second, stakeholders working across SSA were engaged via a Delphi-based approach to identify priority areas for future intervention. Stakeholders reported that a situational analysis was required to better understand IYCF in urban poor areas, particularly the causes of IYC undernutrition, and highlighted the need to involve local communities in defining how future work should proceed. Together, these findings indicate a need for more evidence regarding IYCF and the factors that drive it in urban poor areas across LMIC settings, but particularly in SSA.	Researchers adopted a consensus-gathering approach based on the Delphi method (Iqbal & Pipon-Young, 2009) and consulted a range of stakeholders ('panellists') who contributed to three phases of information generation and consensus gathering. Consultation methods included two face-to-face stakeholder workshops (in Nairobi, Kenya, and Lilongwe, Malawi) and a survey that was distributed either online, as a paper-based survey or via individual telephone interviews with stakeholders. Evidence gaps were shared with a range of stakeholders from Kenya and Malawi at a face-to-face meeting in Nairobi, Kenya, in June 2018 (n = 18). Stakeholders were identified by co-investigators in each country based on a list of target sectors (e.g., Ministry of Health, NGOs including practitioners and implementers, policymakers, academics, county government health officials, research institutions, professional networks [e.g., the African Nutrition Society and UNICEF]) to ensure a breadth of views would be represented.	Consensus was reached on 47 (82.4%) of the 57 Round 2 items. For the 10 questions where consensus was not achieved, these items were initially reviewed and discussed by the authors. Based on this review and following consultation with stakeholders as part of Round 3, it was agreed that these items might never achieve consensus given the divergence of views across the different sectors, disciplines, occupations and geographical locations of participants.		Group size theory varies, but some general rules-of-thumb indicate 15-30 people for a homogeneous population—that is, experts coming from the same discipline (e.g. nuclear physicists)—and 5-10 people for a heterogeneous population, people with expertise on a particular topic but coming from different social/professional stratifications such as teachers, university academics and school principals (Delbecq et al., 1975; Uhl, 1983; Moore, 1987).

Table s2. Health Evidence review