Professional Record Standards Body

PRSB

Better records for better care

DEVELOPING AN INFORMATION STANDARD FOR SOCIAL PRESCRIBING

FINAL REPORT V1.2

October 2022

Acknowledgements

The Professional Record Standards Body

The independent Professional Record Standards Body (PRSB) was registered as a community interest company in May 2013 to oversee the further development and sustainability of professional record standards. Its stated purpose in its Articles of Association is: "to ensure that the requirements of those who provide and receive care can be fully expressed in the structure and content of health and social care records". Establishment of the PRSB was recommended in a Department of Health Information Directorate working group report in 2012.

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Community Interest Company No 8540834

Document Management

Revision History

Version	Date	Summary of Changes
0.1	03.12.2021	Initial report
0.2	20.12.2021	Amends from MO
0.3	21.12.2021	Amends from MO and SH
0.4	23.12.2021	Further amends from review
0.5	18.01.2022	Amends following assurance committee review
1.0	31.01.2022	Updated to V1 following approval
1.1	10.08.2022	Updated glossary for "Link worker" in response to comments from endorsing organisations
1.2	26.10.2022	Added link to the NALW Education Standards (sec 2.1) and added NALW to the glossary

Reviewers

Reviewer name	Title / Responsibility	Date	Version
Sharon Hanley	Director Hanley Consulting		0.3
Jeremy Wilkinson	Senior Manager, Digital Architecture - NHSE		0.4
Rob Moriarty	Lead Patient with Lived Experience		0.3
John McGuiness	Lead GP		0.4
Sarah Moreton	Lead Link Worker		0.4

Approved by

Name	Title/Responsibility	Date	Version
PRSB Assurance Committee		12.01.2022	0.4
Project Board		21.01.2022	0.4

Glossary of Terms

Term / Abbreviation	What it stands for
Individual	The person experiencing social prescribing
GP	General Practitioner
Link Worker or Social Prescriber	The person trained to help individuals through their Social Prescribing experience (and providing onward referral or signposting where relevant). Although the role is called the 'Link Worker' in this report, it also covers the range of differently titled people who perform similar roles engaged through any services including community services local authorities and voluntary sector organisations.
LA	Local Authority
NALW	National Association of Link Workers
NHSE&I	National Health Service England - Improvement
NHS	National Health Service
VCSE	Voluntary, Community and Social Enterprise
PCN	Primary Care Network
NHSE	National Health Service England
MDS	Minimum Data Set – developed by NHSE for Social Prescribing

Planned Review Date and Route for User Feedback

The next maintenance review of this document is planned for 3 years hence, subject to agreement with NHS England as the commissioning body.

Please direct any comments or enquiries related to the project report and implementation of the standard to support@theprsb.org

Contents

1 Executive Summary

Social Prescribing supports people in the community to improve their health and wellbeing. It operates in all nations of the UK, in England it is part of the 'Personalised Care' pillars which NHSE/I plan to develop and build on in the coming years. Similarly, it is regarded as important in Scotland, Wales and Northern Ireland where it is seen as critical to support Covid-19 recovery in Scotland, is part of the NI *Health and Wellbeing 2026: Delivering together* and there is active work in Wales to support and promote social prescribing.

The process to support individuals experiencing Social Prescribing involves GPs, VCSE organisations, Link Workers, and other support services. The sharing of information about the individual between these stakeholders is often difficult to track and report on – and the individual often must repeat their story.

PRSB were tasked with standardising the information captured and shared during an individual's experience of Social Prescribing:

1. To support people providing Social Prescribing services (e.g. Link Workers)
2. To support individual's experiencing Social Prescribing
3. To support the information needed for secondary purposes (local and national) e.g. reporting.

A project team was assembled from across PRSB and NHSE as the commissioner and funder of the project (full details can be found in Appendix 1) and, starting with the minimum data set already developed by NHSE, PRSB developed the information standard via consultation with key stakeholders UK wide. This consultation included a focus group with individuals who use social prescribing and webinars with stakeholders within Social Prescribing, and a survey sent to Social Prescribing stakeholders.

Key findings from the consultation process included:

- Development of an initial draft standard – from the focus group and first webinar. This draft was based on the minimum data set and was validated during conversations with stakeholders in these events. Key inclusions/considerations:
    - Communication details and preferences
    - Health conditions – detail on cognition and mobility
    - Background, faith and cultural beliefs
    - Consider consent i.e. individual should understand and consent to the capture and storage of information
    - Ensure all stakeholders within Social Prescribing have access to, and understand, the standard
    - Ensure the standard is not based on a medical model
    - Consider allowing individuals to own their own story/their own information
- Validation of a more in-depth standard – at the second webinar and consequent survey. A more in-depth standard was presented to stakeholders to validate or express their concerns.
    - Majority of stakeholders validated that the information standard was relevant and useful (and little to no key information was missing)
    - There is a certain 'magic' to Social Prescribing that needs to be protected. Information should only be captured where it is relevant to the individual and it shouldn't stifle relationships or conversations
    - Consent was validated as an important consideration that should be referenced as part of the project

- Development of a model which illustrates the individual's journey through social prescribing. This helped the project team to better understand which information should/could be captured at which point in the individual's experience.

As a result of this consultation, a full information standard was developed by PRSB in Art Décor (software used to develop standards across PRSB).

CONTACT	CONVERSATION	INTERVENTIONS	FOLLOW-UP	OUTCOMES
Referral to link worker	Link Worker record	Link Worker record	Link Worker record	Message back to referrer & GP

• Person demographics	• Meetings details	• Referrals	• Meetings details	• Consent to share
• GP details	• Care & support plan incl:	• Signposting	• Progress notes	• Summary
• Referral details (to/from)	• Needs	• Attendance	• Outcome assessments	• Actual Needs
• Presenting needs	• Strengths			• Actions & activities
• Risks & Safeguarding	• Goals			• Assessments
Plus supporting information via referral or via shared care record	• Actions and activities			• Updated person details
• About me	• Updates to person details			
• Individual requirements	• Meetings summary			
• Care & support plan				
• Relevant problems				
• Social context				

Alongside this standard, implementation guidance was developed as well as a safety case and hazard log – this included reference to key themes of consent and relevance.

Recommendations to support implementation of this information standard include:

1. Technical (FHIR) messaging specifications should be commissioned from NHS Digital, with professional assurance from PRSB, to support the referral into social prescribing and the message back to GP. These will need first of type testing with early adopter suppliers and GP system suppliers.
2. The early adopters should be encouraged and supported to implement the standard, with learning from their feedback and experience used to develop implementation support tools and case studies to support others with implementation and adoption of the standard.
3. Simulation work with the standard should be considered to ensure the information model is ready for implementation by systems suppliers
4. Consideration should be given to providing middleware or other software modules to support local social prescribing systems interface GP and other healthcare systems

2 Introduction

2.1 Background and context

Social Prescribing supports people in the community to improve their health and wellbeing. It's a way for local agencies (including GPs, third sector charity organisation and people in the community) to refer individuals to Link Workers who work with the individual, focusing on 'what matters to me' and connecting them with local groups and services (see NALW education standards). Individuals can also self-refer in areas where a self-referral process has been set up.

Support like Social Prescribing has been part of health and social care for decades (in various guises) and now, this support is structured within the NHS. The NHS in England made a Long Term Plan commitment to add 1,000 additional Link Workers by March 2021 with this number rising further to support 900,000 individuals by 2023/4. In the GP 5 year contract, funding for additional Link Workers will be available through the Additional Roles and Reimbursement scheme. Similarly, it is regarded as important in Scotland, Wales and Northern Ireland where it is seen as critical to support Covid-19 recovery in Scotland, is part of the NI *Health and Wellbeing 2026: Delivering together* and there is active work in Wales to support and promote social prescribing.

NHSE/I guidance encourages healthcare professionals to develop shared implementation plans with partners (e.g. Local Authorities, VCSE and Public Health) as well as supporting PCNs to build on existing Social Prescribing provision. Personalised care is one of the five key practical changes for all health and care systems with over 2.5 million people benefitting from personalised care by 2023/4.

Link Workers support individuals who have been referred to the Social Prescribing service, but could be further supported by being able to access and record consistent information about an individual. Issues reported by individual's and Link Workers include:

- The individual not always knowing what they are consenting to
- Difficulty for the Link Worker to keep track of the individuals under their care
- Reporting can be inconsistent and patchy
- Individual's may have to repeat their story multiple times to different people within health and social care, which can be traumatic for them.
- GP's don't always benefit from the richer information which Link Workers capture about an individual

PRSB have been tasked with standardising the information captured and shared during an individual's experience of Social Prescribing.

SOURCE: https://www.england.nhs.uk/personalisedcare/social-prescribing/

2.2 Purpose of the Social Prescribing Information Standard

1. To support people providing Social Prescribing services (e.g. Link Workers) with:
   - The information they need about the individual and the reason for referral
   - Recording information to support their work and provide effective records
   - Sharing information back to the referrer (and GP) on the individual's experience of Social Prescribing

2. To support individual's experiencing Social Prescribing
   - So they feel understood and listened to
   - Allowing them to view or contribute to their information record
   - So they feel their healthcare is joined up (they're worked with, not on)

3. To support the information needed for secondary purposes (local and national)
   - To understand the scale and effectiveness of Social Prescribing overall
   - To inform population health etc
   - To support local activity information/dashboards via the NHSE Minimum Data Set (MDS)

2.3 Minimum Data Set

Prior to the start of the PRSB project, a piece of work was completed to understand the minimum data required from an NHSE perspective primarily for evaluation, planning and population health. There are four sections to the Minimum Dataset – 'demographic information', 'needs and concerns', 'support offered' and 'outcomes'.

The Minimum Data Set has been included/embedded in the PRSB information standard.

3 Methodology and Consultation Approach

3.1 Project aims and objectives

The aims of the standard and overall approach are:

- To support NHSE/I objectives with social prescribing.

- To support consistent recording and common standards in primary care electronic health records and local social prescribing information systems.

- To enable two-way data transfer between primary care records and other information systems.

- To ensure that social prescribing is offered to people who are most in need/likely to benefit.

- To enable reporting at national and local level, including the monitoring requirements for the GP contract direct enhanced service specification (PCN DES).

- To enable evaluation of the benefits of social prescribing by ensuring a uniform approach to recording activity.

The objectives for the PRSB project are:

- To build on the minimum data set developed by the Digital Co-design Group.

- To develop the information model and supporting materials needed to support social prescribing and to build consensus and buy-in to this model.

- To primarily support PCN-based models of social prescribing, and seek to support other models of social prescribing wherever possible.

- To ensure that the new standard aligns with existing national standards.

- To obtain buy-in and support for the new standard from professional bodies, suppliers and citizen groups at a national level leading to their formal endorsement

- To communicate and promote the adoption of the information standard through our networks.

3.2 Benefits

3.2.1 Benefits to patients/citizens

An information standard for social prescribing would help standardised recording and sharing of information, supporting:

- Social prescribing to reach a larger population, through the use of standards enabling social prescribing to be more easily rolled out and so be more widely available.

- Social prescribing to reach people with health inequalities, helping to ensure people who could benefit most are not left behind.

- A more seamless experience for people accessing these services, and avoiding having to tell their story multiple times.

- Link workers to have the information to understand a person's holistic needs, helping people to be better supported by social prescribing.

- Improved understanding of the range of social prescribing support and activities that may benefit people, supporting people to have more choice, flexibility and control over the care they access.

3.2.2 Benefits to clinicians/professionals

For link workers and other health and care professionals, an information standard would help ensure they can access all the information they need, supporting:

- Inclusion of structured and coded data, where available, to support a standard vocabulary for link workers to record and share social prescribing information.

- More effective conversations between the link worker and the person, enabling link workers to have a more holistic understanding of the individual and their needs.

- The health and care professional who made the referral to understand the support the person received, and better identify if further support is required.

- Wider health and care professionals to be aware of the social prescribing support the person is receiving, potentially reducing duplication.

- Identification of and targeting support to people with health inequalities, for local service improvement and national reporting.

- Better monitoring of social prescribing outcomes at a regional or national level, including an understanding of the gaps in provision of services, and helping to ensure social prescribing is widely available.

3.3 In scope

Included in scope:

- To develop an information standard for social prescribing, supporting the recording and sharing of information including:
  - The information required to support the conversations between the link worker and the person.

- o Consideration of information that may be created by the individual themselves, their family or carer, including outcomes.

- o Inclusion of information that may be shared with the person.

- o Consideration of information that may be shared with the referrer.

- Aligning with the NHS Long Term Plan, the main use case for the standard will be the information needs of PCN-based link workers, but the standard will also seek to support other models of social prescribing.

- Supporting models of social prescribing across the UK.

- To provide a draft information standard, implementation guidance and safety case for prototype implementation.

- Updating the draft standard following evaluation of the prototype implementation.

- Development of a supporting safety case and implementation guidance.

- Promotion of the standard through PRSB's networks.

3.4 Exclusions from scope

Out of scope:

- Models of social prescribing for children and young people.

- Information requirements of any intervention the person is referred or signposted to.

- Development of (or changes to) supporting technical messages (FHIR profiles or APIs) where they do not already exist – this will be commissioned separately by NHSE/I as required and should include assurance through PRSB by clinical and professional informaticians as identified above.

- Coordination and management of the prototype implementation beyond providing the draft standard and supporting materials, implementation support service, and tools for feedback and evaluation.

3.5 Project Governance and Resources

The project was overseen by a project board chaired by the project sponsor from NHSE, the full board is shown in Appendix 1, and the PRSB assurance committee.

The project team included a link worker, a GP and a person with lived experience as leads for the project. The full project team is shown in Appendix 1.

3.6 Development and Consultation Approach

The development was based on work already done by NHS England to research, develop and pilot test a minimum dataset (MDS) for social prescribing (a report of the work is available in Appendix 2). This work established the need for access to and the recording of consistent information to support social prescribing and understand the uses and benefits to inform public health and service planning and provision.

Starting from the MDS, PRSB's commission was to develop an information standard to support professionals and people through the social prescribing journey, incorporating the MDS, and endorsed by key professional bodies and stakeholders.

PRSB's approach included establishing a project team with link worker, GP and person with lived experience leads to guide the team. The work followed the PRSB established methodology of development through consultation with those who will use or be impacted by the standard including professionals, people and suppliers.

Our consultation approach was

- Focus Group – with individuals who use social prescribing (14 July 2021) – 20 attendees (details can be found in Appendix 3)
- Webinars – two webinars were hosted with stakeholders who work within social prescribing (22 July 2021 and 17 August 2021) – there were 69 and 44 attendees respectively (details can be found in Appendix 4 and 5)
- Survey – launched to all social prescribing stakeholders (29 October 2021) – a full survey report is published as Appendix 6 to this report.

In addition, NHSE/I used a draft of the standard in parallel with the survey to check the feasibility and identify issues and obstacles to its implementation with several early adopter sites engaging both the providers and their system suppliers, and used to inform the final standard.

4 Consultation Findings

4.1 Citizen Focus Group – 14 July 2021

In July 2021, PRSB hosted a citizen focus group where individuals who had experienced/were experiencing Social Prescribing could share their views.

Key learnings and themes included:

- Individuals can go into the Social Prescribing process feeling cynical, the information standard should build trust
- Individuals wanted to consent to any information shared back with GPs or healthcare professionals
- Individuals wanted to determine their communication preferences
- Individuals wanted their health conditions to be well understood by their Link Workers so they are treated with respect and understanding
- Individuals wanted their background and cultural beliefs to be respected
- Individuals wanted their personal circumstances to be understood and treated with respect e.g. pronouns
- Individuals may not want personal stories shared back with any other professional or captured on a system

4.2 Webinar 1 – 22 July 2021

In July 2021, PRSB conducted a webinar with stakeholders from within Social Prescribing to get their feedback on whether the proposed information standard met their expectations.

Key learnings and themes included:

- There was some frustration with the current process of information sharing within Social Prescribing

- Allowing everyone (within Social Prescribing) to have access to the information standard
- Concern that Social Prescribing was based on a medical model (would prefer for it not to be)
- Ensuring each piece of information collected had purpose
- Not pressuring Link Workers to capture every element within the information standard if it's inappropriate or not relevant
- Allowing individuals to own their own story/their own information
- Ensuring the standard was easy to use and wouldn't overburden Link Workers

4.3 Webinar 2 – 17 August 2021

In August 2021, PRSB conducted a second stakeholder webinar to verify some of the conclusions made at the previous webinar and review a draft standard.

Key learnings and themes included:

- In general, the information standard was well received and there was a consensus that nothing of note needed to be added. The webinar validated the work that had been done to date on the standard.
- The information individuals share is often dependent on who they are talking to (e.g. they may not give the GP the whole story)
- There is a certain 'magic' to Social Prescribing in that the interaction between and individual and a Link Worker can have moments where something 'clicks' for an individual – this shouldn't be lost as a result of implementing the standard
- The information standard should help us understand who is not benefitting from Social Prescribing
- Important that individuals don't feel overwhelmed by things like action plans

4.4 Survey – 29 October 2021

In October 2021, the project team launched a survey to a large stakeholder group which was closed on 29 November 2021. For the full survey report see Appendix 6.

Overall respondent information:

- 435 responses were collected
- 48% respondents were Link Workers (n=208)
- 5% respondents were GPs (n=23)
- 3% respondents were individuals (n=15)

Over 70% of respondents did not feel that anything additional needed to be added to the information standard. Of those that mentioned additional information, the majority of ideas had already been included in the standard (and not seen/understood by the respondent) or been left out for valid reason

Respondents thought the most important information in the standard was:

- Key demographic information about the individuals – NHS number, name, address, DOB
- Safeguarding and risks
- Information on the services that the individual was referred onto (by the Link Worker)
- Goals and progress (plus action plan and next steps)
- Completion details

Respondents thought the least important information in the standard was:

- Personal details like sexual orientation, marital status, gender reassignment
- Religion/faith and cultural beliefs
- Employment and accommodation status

Even these least important items were still scored between 2 & 3 on a scale of 1 (Not important to 5 Very Important). Based on these responses some sections and elements of the standard were made optional. These were:

- Pronouns, Marital status & Sexual orientation in Person demographics
- All the social context section including occupational status and accommodation status

ADDITIONAL INFORMATION TO INCLUDE IN THE STANDARD

Just under 30% respondents mentioned additional information to include (the majority were happy with the standard as is). Additional information which was suggested to add to the information standard:

- Information on any other support services the individual is involved with/has been involved with. – this was considered by the project team, and an existing section for "Services and Care" was added to the standard.
- Information on whether the individual is a veteran – a standard for this data is under consideration with NHSE and PRSB following some discovery work and can be added to the standard when its available
- Details on any support the individual has from friends and family – implementation guidance will reflect that Link Workers should reference this where relevant

CONCERNS ABOUT THE STANDARD

Key concerns about the standard included:

- Consent – critical to ensure that information capture and sharing is consented to at all times by the individual
- Relevance – information should only be captured and/or shared if it is relevant for the individual. The information standard shouldn't be treated as a list of information you must have about an individual.
- Length and complexity – concern that the information standard may take time to complete
- GPs were very clear in comments about the need for the message back to be a very succinct and clear summary of the social prescribing period.

These concerns were also referenced in the prior webinars and were discussed at length by the project team. They can be mitigated via:

1. Implementation guidance – which will reference that information captured is 'mandatory', 'required' or 'optional'. Very little information in the standard is 'mandatory', where it is 'required' or 'optional', it is captured where it is relevant to the individual.
2. Guidance will also reference the need to gain consent from the individual for capturing and sharing information.
3. Training – implementation of the standard via systems and technology will require some training. This training can reference how the information standard is used in practice i.e. not all information will be relevant and some information can be

automatically generated from GP and shared care records. Additionally, consent can be discussed as part of this training.

4. Keeping the message back to the GP to a minimum and providing examples of the summary text GPs would like to see in implementation guidance.

5   Social Prescribing Journey

For an individual to experience social prescribing, there are several steps in their journey – from initial contact through to completing social prescribing.

The project team visualised the individual's journey alongside how the Minimum Data Set (MDS) and information standard fit together:
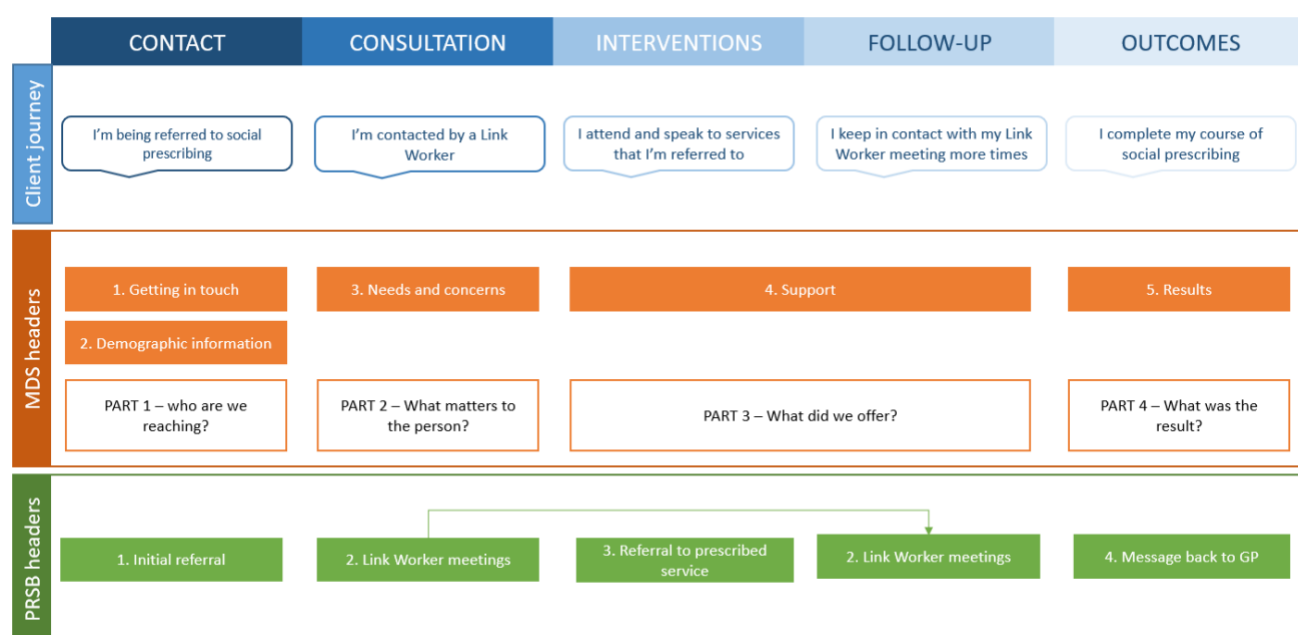
5.1   CONTACT – "I'm being referred to/I'm referring myself to social prescribing"

At this point, the individual is being referred for (or has self-referred to) social prescribing. They may be referred by a GP or an organisation/person that helps the individual with their health and wellbeing.

Key information to capture includes:

- Demographic information
- Details about the referrer and GP practice
- Presenting needs (reason for referral)
- Individual requirements
- Risks and safeguarding
- Supporting information (may be available through a shared care record)

5.2   CONSULTATION – "I'm contacted by a Link Worker"

At this point, the Link Worker has received the referral and is contacting the individual using the information included in the referral. The purpose of this contact may be to organise a meeting face to face, or just have a conversation about what the individual's expectations are.

Key information to capture includes:

- Meeting details
- Additional findings about the individual
- Goals, needs and actions/activities

The goals, needs and actions/activities use the same structure as the "care and support plan" section from the Personalised Care and Support Plan (PCSP) standard. In future, and in line with a person having a single PCSP, the Link Worker may be able to use a single shared PCSP to record this information. However, that is not the case currently and it is likely to be some time before that is widely possible, so this standard has incorporated the same structure as used in the PCSP for use in the local systems, ensuring commonality to the PCSP for easy migration in future.

5.3 INTERVENTIONS – "I attend and speak to services that I am referred to"

The individual may be attending services they have been referred to by their Link Worker.

Key information to capture includes:

- Signposts and referrals
- Acceptance and attendance
- Progress notes

5.4 FOLLOW UP – "I keep in contact with my Link Worker, meeting more times"

Whilst the individual attends and works with the services they have been referred to, they may continue to meet with their Link Worker to discuss their progress and any other services that may be helpful. In order to track the individual's progress they may use things like ONS4 or PAM if necessary.

Key information to capture includes:

- Meeting details
- Additional findings about the individual
- Goals needs and actions/activities
- Signposts and referrals
- Assessments

5.5 OUTCOMES – "I complete my course of social prescribing"

At this point, the individual is happy to complete their experience with social prescribing and agree with the Link Worker that they don't feel there is any need to meet moving forward. The Link Worker will send back a note to the individual's GP and/or initial referrer to update them on how the individual as progressed.

Key information to capture includes:

- Assessment and outcomes
- Social prescribing summary

6 The Social Prescribing information standard

Combining the Minimum Data Set, consultation, and journey work, PRSB have developed an information standard.

6.1 Information Standard structure

As there is information captured and shared across the individual's experience of Social Prescribing, the Information Standard has been broken down into 5 sections which follow said journey.

CONTACT	CONVERSATION	INTERVENTIONS	FOLLOW-UP	OUTCOMES
Referral to link worker	Link Worker record	Link Worker record	Link Worker record	Message back to referrer & GP

• Person demographics
• GP details
• Referral details (to/from)
• Presenting needs
• Risks & Safeguarding
Plus supporting information via referral or via shared care record
• About me
• Individual requirements
• Care & support plan
• Relevant problems
• Social context
	• Meetings details
	• Care & support plan incl:
	  • Needs
	  • Strengths
	  • Goals
	  • Actions and activities
	• Updates to person details
	• Meetings summary
		• Referrals
		• Signposting
		• Attendance
			• Meetings details
			• Progress notes
			• Outcome assessments
				• Consent to share
				• Summary
				• Actual Needs
				• Actions & activities
				• Assessments
				• Updated person details

The final information standard model will be published alongside final package of documents.

6.2 Information Standard

The information model was developed in PRSB's Art-Décor information modelling tool. Wherever possible it uses existing components from PRSB standards to ensure consistency between standards and facilitate reuse. The model will be published on the PRSB website and made available in machine readable form for use by system suppliers and technical message developers.

The information model includes implementation guidance at a section and element level, and a business rules document will be published alongside the standard.

6.3 Clinical Safety Case

The NHS Digital Clinical Safety Group (CSG) operates a full Clinical Safety Management System (CSMS) that encompasses integration with health organisations and professional bodies. The essential structures of a CSMS have been implemented in this project through the consultation with healthcare professionals, patients, informaticians and system suppliers, during the development of the standard.

For this standard PRSB has produced a Clinical Safety Case and hazard log. These will be approved through the NHS Digital CSG and published on the PRSB website with the standard. Updates to the clinical safety case are the responsibility of PRSB.

The consultation process for the clinical safety case is described in the Clinical Safety Case Report. During the consultations, hazards were identified, reviewed and mitigations / actions considered. Nevertheless, some risks are inherent in the standards, but most have been either:

- mitigated during the development of the standards (including the clinical safety case)

or

- the residual risk has been transferred (with guidance) to the implementers

7 Recommendations

7.1 Recommendations

The following recommendations are made to support implementation and adoption of the standard:

1. Technical (FHIR) messaging specifications should be commissioned from NHS Digital, with professional assurance from PRSB, to support the referral into social prescribing and the message back to GP. These will need first of type testing with early adopter suppliers and GP system suppliers.
2. The early adopters should be encouraged and supported to implement the standard, with learning from their feedback and experience used to develop implementation support tools and case studies to support others with implementation and adoption of the standard.
3. Simulation work with the standard should be considered to ensure the information model is ready for implementation by systems suppliers
4. Consideration should be given to providing middleware or other software modules to support local social prescribing systems interface GP and other healthcare systems

7.2 Future thinking

1. The supporting information for the referral should, in the future, be accessed via a shared care record. This means it will be available wherever the referral comes from and avoids it having to be sent in the referral and supports self-referrals.

8 Appendix

8.1 Appendix 1 - Project Board and Project Team

Project Board

Role	Name	Organisation
Project Sponsor & Chair	Jules Ford	NHSE
NHSE commissioners	Laura Bimpson	NHSE
	Jeremy Wilkinson	NHSE
MDS Lead	Martin Cattermole	NHSE
Early Adopter Lead	Denys Rayner	South West Academic Health Science Network
People representative	Marlene Winfield	PRSB Non-Exec
Link Worker Lead	Sarah Moreton	Sefton Council for Voluntary Service (CVS)
GP Lead	John McGuiness	NHS Southwark CCG
Person Lead	Rob Moriarty	
PRSB Exec	Helene Feger	PRSB

Project Team

Martin Orton (PRSB)	Project Manager
Sharon Hanley	Analyst
Sophie Fowls	Analyst
Jeremy Wilkinson	NHSE Commissioner
Sarah Moreton	Link Worker lead
John McGuiness	GP lead
Rob Moriarty	Person lead

8.2 Appendix 2 – Minimum Data Set

The Minimum Data Set developed and produced by NHSE can be found in the 'DPC Minimum Data Set Evaluation Final Document'. You can access this document by contacting NHSE or PRSB.

8.3 Appendix 3 – People Focus Group 14 July 2021 – Attendees

20 attendees including representatives from;

- National Voices
- Patient Information Forum
- North Bucks Patient Support Service
- Ashton GPs Neighbourhood Group

8.4 Appendix 4 - Multi-disciplinary webinar 22 July 2021 - Attendees

69 attendees;

Title/Role	Organisation
Patient/Person	Ashton GPs Neighbourhood Group
Patient/Person	
Patient/Person	
Non exec director (patient empowerment)	PRSB
Domiciliary Care Manager	Help and Care
Deputy Head, Medical Policy and Emergency Physician	Defence Medical Services
Lead Professional Officer	CPHVA
Research Nurse	University of Sunderland
Nurse and Lecturer	University of Salford
GP and COO in Lewisham, Clinical Champion - Social Prescribing	Royal College of General Practitioners
GP and Prof of primary care development	Northumbria University
GP and clinical lead dementia	Royal College of General Practitioners
CCIO	Royal College of Psychiatrists
Psychotherapist	Private practise
Senior Clinical Business and Informatics Lead. (Occupational Therapist) & Clinical Safety Officer	NHS England and Improvement
Link worker and Clinical lead for project	Sefton Council for Voluntary Service (CVS)
Peer support worker	Bipolar UK
Social Prescribing Link Worker Training Manager	Bromley by Bow
Link Worker	Morrab Surgery
Social Prescribing Link Worker	Pentreath Ltd
	Pentreath Ltd

Social Prescribing manager	Bromley by Bow centre
Social prescriber	Sefton Council Voluntary Service
Social Prescribing Link Worker	Brighter Living Partnership
Social Prescribing Link Worker	Brighter Living Partnership
Social Prescribing Link Worker, South Holland	Lincolnshire cvs
Social Prescribing Link Worker lead	NHS North West London CCG
Social Prescribing Link Worker	One health Lewisham
National Digital lead	Health and Social Care Alliance Scotland
ALISS Programme Manager	Health and Social Care Alliance Scotland
Social Prescribing Lead (Personalised Care Group)	National Academy for Social Prescribing
	National Academy for Social Prescribing
Co-Chair	The Social Prescribing Network
South West lead	The Social Prescribing Network
Programme Manager	MENCAP
	Housing Associations' Charitable Trust
Head of Health and Wellbeing	whg Housing Association
Service Manager	MIND bath
Chair of the board of trustees	Volunteer Cornwall
Chief Officer	Age UK
	Age UK Lambeth
	Help and Care
Product Manager	Person Centred Software
Business Development Lead	RIVIAM
CEO and founder	Elemental Software
Senior Consultant	SOCITM
Information Standards Management Lead	Digital Health and Care Wales
Lead specialist (data standards)	Digital Health and Care Wales
Head of Social Prescribing	NHS England and Improvement
National lead on evidence on personalised care	NHS England and Improvement
Social Prescribing Network Lead Facilitator	NHS England and Improvement
Social Prescribing Lead	NHS England and Improvement
Project Manager - City Digital Partnerships	Leeds City Council

Title/Role	Organisation
Senior Manager - Personalised Care Group - Social Prescribing	NHS England and Improvement
Senior Lead – Social Prescribing - Personalised Care Group	NHS England and Improvement
Researcher (Department of Primary Health Care Sciences, University of Oxford)	Faculty of Public Health
Director of Public Health (Sheffield)	Faculty of Public Health
Researcher and Consultant in Public Health	University of Plymouth
Change Manager	South West Academic Health Science Network (SW AHSN)
Director	Bearing Point
Head of population health management	Dorset CCG
Population health management programme lead	Dorset CCG
Senior research associate	Lancaster University
Senior programme manager	PRSB
Director of strategy, comms and engagement	PRSB
Membership Manager	PRSB
Project Support	PRSB
Analyst	Hanley Consulting
Analyst	Hanley Consulting

8.5 Appendix 5 - Multi-disciplinary webinar 17 August 2021 - Attendees

44 attendees

Title/Role	Organisation
Patient/Person	Ashton GPs Neighbourhood Group
Patient/Person	
Non exec director (patient empowerment)	PRSB
Domiciliary Care Manager	Help and Care
Lead Professional Officer	CPHVA
Research Nurse	University of Sunderland
GP and COO in Lewisham, Clinical Champion - Social Prescribing	Royal College of General Practitioners
GP and clinical lead dementia	Royal College of General Practitioners
GP Partner	Waterloo Health Centre

CCIO	Royal College of Psychiatrists
Psychotherapist	Private practise
Senior Clinical Business and Informatics Lead. (Occupational Therapist) & Clinical Safety Officer	NHS England and Improvement
Link worker and Clinical lead for project	Sefton Council for Voluntary Service (CVS)
Peer support worker	Bipolar UK
Social Prescribing Link Worker Training Manager	Bromley by Bow
Social prescribing link worker	Sefton Council Voluntary Service
Wellbeing Link Worker & Social Prescribing Team Leader	Central Liverpool Primary Care Network
Social prescribing link worker	LiveWire Warrington
Social prescribing link worker	LiveWire Warrington
Social prescribing link worker	LiveWire Warrington
Social prescribing link worker	NHS North West London CCG
National Digital lead	Health and Social Care Alliance Scotland
ALISS Programme Manager	Health and Social Care Alliance Scotland
Development and Engagement Officer	Health and Social Care Alliance Scotland
Chief Officer	Age UK
	Age UK Lambeth
Product Manager	Person Centred Software
	Cyber-media
Senior Consultant	SOCITM
Lead specialist (data standards)	Digital Health and Care Wales
Head of Social Prescribing	NHS England and Improvement
National lead on evidence on personalised care	NHS England and Improvement
Senior Lead – Social Prescribing - Personalised Care Group	NHS England and Improvement
Project Manager- Systems Transformation and Change at	NHS SEL CCG
Director of Public Health (Sheffield)	Faculty of Public Health
Researcher and Consultant in Public Health	University of Plymouth
Change Manager	South West Academic Health Science Network (SW AHSN)

Senior research associate	Lancaster University
Senior programme manager	PRSB
Director of strategy, comms and engagement	PRSB
Membership Manager	PRSB
Comms Officer	PRSB
Analyst	Hanley Consulting
Analyst	Hanley Consulting

8.6 Appendix 6 – Social Prescribing survey – November 2021

As of 29 November 2021 (final date to complete the survey was Sunday 28 November 2021), 435 actual responses were collected.

Survey results can be found in the report 'Developing an Information Standard for Social Prescribing – Survey Results and Analysis' published on the PRSB website with the standard.

8.7 Appendix 7 – Early adopter report

The early adopter report is published on the PRSB website with the standard.