

Social Prescribing Information Standard

Early Adopter Project Report

December 2021

DRAFT

Methodology

Sites chosen by availability and willingness to participate with links to software providers

Questionnaire to each site

Follow up with interviews with representatives of each site and management as appropriate

Case studies using screenshots to compare 'Must have' requirements with current actual process

Discussions with two software vendors – Joy and Elemental

Sites approach to collection of data

- The data currently collected reflects the requirements of the organisation providing the service or from those commissioning it
- The sites used for this trial are generally regarded as being at the more mature end of the spectrum and seek to use the data to provide reporting to their partners and stakeholders
- If a referral emanates from a GP IT system generally very basic information including NHS number and limited demographics will be coded and forwarded
- Other referral methods could be the use of a form completed by self referrer or collected by other individual
- Most of the demographic information will be collected at initial link worker discussion
- The challenge will be for both link workers and systems to collect coded headings rather than free text which is currently predominantly used
- Very little information passes between link worker to external support agency and even less returned
- The link back to GP IT systems currently is again limited and in many cases only is coded as Referred, Taken Up or Not Taken Up. There often is free text sent in emails, unless it is directly managed via GP IT systems
- The social based providers collect a higher proportion of the MDS data than health orientated operations
- GPs as a whole prefer minimal information to be placed on the patient record
- As can be seen by the next slide there is currently consistency in the collection of MDS demographic data but there are gaps

SP Minimum Data Set Demographic Collection Rates from Early Adopter Sites %

Terminology	% Collected
NHS Number	100%
Postcode	100%
Person DOB	100%
Gender	83%
Ethnicity	83%
Religion	67%
Reasonable Adjustment	67%
Marital Status/Civil Partnership	50%
Sexual Orientation	33%
Caring Status	17%
Pregnant	0%

MDS current compliance by specific stage

Demographic

Overall much of the demographic information is currently collected but not in code form

Needs & Concerns

Significant data is collected at this stage, often in free text but with a wide range of terminology

Support

Again much data is collected here, but will require changes to terminology and headings

Personalised Care

Only three of the nine proposed codes are routinely collected by GP linked systems at the moment

Measures

Every participant collects and records data, albeit through a range of measures although little currently gets back to the GP record

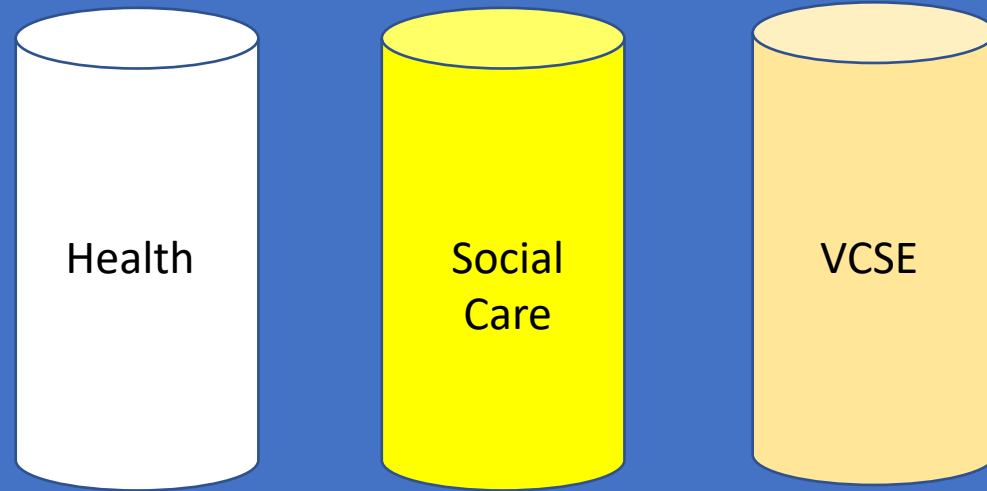
Case Management Systems Response

- Two case management systems suppliers took part in the pilot - Elemental and Joy
- We found that whilst information systems such as these can use structured data, there is currently much reliance on free text. It is therefore believed that suppliers will need to make changes to their systems to meet the information standard and in particular to make use of the standard terms linked to SNOMED
- The overall process of data collection is consistent with the Information Standard's design and therefore this should not cause issues
- Many of the software systems used outside of Health are developed internally or outside of the HSSF framework and therefore may struggle to meet the requirements of the standard
- There will be a risk to be mitigated to encourage these suppliers to make the necessary changes to collect the information according to the Standard's requirements

Gaps from Early Adopters in complying with the Standard

- Overall compliance with the referral and demographic elements will be relatively easy
- Outcomes data collection overall is excellent albeit there are many differing measures
- Feedback to GP systems will be problematical
- There is little data collection or forwarding at onward referral stage (to an external agency)
- The individual also receives little information currently
- Compliance with the 'must haves' (Minimum Data Standard key elements) will be realistic with appropriate system changes, good communications and training
- This will require significant communications support to enable this standard to be integrated within processes

Issues with Data



- Data tends to stay in each silo with link worker
- Information returning to GP systems outside of their domain is either very limited or in free text by email
- We need to find a simple way of interlinking data between systems and sectors

System Limitations

- The work completed to identify case management system suppliers for HSSF identified that the sectors tended to have software suppliers that knew and provided for their own market
- Social Prescribing providers especially in the VCSE sector have often developed their own systems (Ways to Wellness) or used sector based software (Lewisham Age Concern – Charity Log)
- Those using GP IT systems are able to collect and code significant information which is placed on the individual's record, and again users of SP case management software (e.g. Elemental & Joy) also have access to provide free text information but not write to GP patient records (other than 3 codes currently) . Whereas Social Care and VCSE systems provide little opportunity for this feedback
- Each system is designed around the social prescribing journey for the type of organisation and currently whilst similar information is obtained it is often under different headings and at different parts of the journey
- The HSSF platform provides a standard for all case management software suppliers to deliver software that complies with the Information Standard requirements however this does not cover the number of software providers currently used in the Social Prescribing environment

Social Prescribing Journey - Information Standard Data Collection

A review of the proposed Information Standard data collected currently by participants against requirements varies at each stage of the process. In each instance similar events are described in a wide range of terms and with capabilities of systems and people varying, change is likely to be slow.

Initial Referral

- In most cases basic information provided with contact details, reason for referral and any key information necessary

Contact with Link Worker

- Most of the data collection takes place at this stage
- Link Worker will identify individual's needs and aspirations and in most cases record initial assessment

Interventions

- Using either Directory of Services or personal knowledge, individual signposted externally
- Minimal information is usually forwarded

Follow Up

- Varying levels of information collected at this stage, and this is the least populated stage of data collection

Outcomes

- Outcomes information recorded in all instances, however varying measures used
- Minimal other information collected or forwarded at this stage

Summary of Findings

All link workers and organisations taking part in this exercise were keen to harmonise data collection and work to a consistent approach

Both software suppliers were willing and able to deliver the changes required to meet the standard given appropriate time

The sites used in this exercise are at the more mature and sophisticated end of the scale and should not be considered as representative of the sector as a whole

Without sufficient funding, effective communication and programme management, it will be difficult and take time to implement throughout the system despite the enthusiasm of the participants of the Early Adopter exercise

Recommendations

- The published information standard should explicitly link to the terminology framework to support adoption of this by suppliers and social prescribing schemes
- The adoption of the 'Must haves' of the Information Standard will require significant communication using established networks such as the Social Prescribing Collaboration Platform on Future NHS, however it is likely that this may only reach those currently working with the NHS and therefore alternative solutions should be considered that will reach the wider system
- There will also need to be active communication with software suppliers to encourage them to make the changes necessary and thought should be given as to how this might work and who is responsible
- The system is still very fragmented in general, however as Social Prescribing is commissioned at ICS/PCN level the biggest opportunity for change is to encourage commissioners to specify the implementation of the standard and only procure software suppliers who can support it
- Serious consideration should be given to making the collection of Social Prescribing data mandatory as part of the Primary Care DES
- The retention of the Co-design or user group is recommended to both inform the system and also support and guide changes to the Information Standard. An implementation team should be set up to manage the ongoing project
- Training should be provided for all link workers describing the 'why and how' to enable them to implement the Standard including the use of standard terminology in addition to free text
- Communication internally with the HSSF procurement platform should take place to ensure that suppliers are required to comply with the new information standard

Implementation Plan

- It is recommended that an Implementation plan is produced to ensure that the Standard is successfully launched with clear ownership and accountability
- There should be an adequate budget to support the communication to commissioners, practitioners and software suppliers
- A clear set of objectives agreed for roll out covering the next 3, 6 and 12 month period with appropriate success criteria identified

Appendices

- Pilot Sites
- Case Studies for Pilot Sites
 - Barnet & Lewisham (Elemental)
 - Joy Devon
 - Lewisham Age Concern
 - North East London
 - Ways to Wellness

Description of pilot sites

- North East London – GP based Social Prescribers using EMIS GP IT System
- Lewisham – Age Concern, VCSE contracted providers using CharityLog system
- Lewisham – One Health Lewisham GP based using EMIS and Elemental
- Ways to Wellness – Charitable Trust financed by social investment and commissioners using their own system
- Devon- GP based using EMIS and Joy
- Barnet – GP based using EMIS and Elemental