Measuring the impact of social prescribing during Covid-19 and sharing data (v4)

To respond to the Covid-19 pandemic, primary care will be operating a different model. Social prescribing link workers form part of the multidisciplinary teams in primary care networks (PCNs) and are uniquely placed to work closely with GPs, local authorities, health and care professionals and voluntary sector partners to co-ordinate support for these people whilst they are self-isolating.

Coding social prescribing activity

The Network Contract DES Specification 2020/21 (sections 5.4.6. and 10.4.) requires core network practices of a PCN to use the relevant SNOMED codes. Annex B3.6. of the DES Specification document provides that a PCN must ensure referrals to the social prescribing link worker(s) are recorded within GP clinical systems using the following codes, which are listed in section 10.4:

871731000000106 – Referral to social prescribing service (procedure)
871711000000103 – Social prescribing declined (situation)

To reflect the deployment of social prescribing link workers during the Covid-19 incident, we are asking that social prescribing activity supporting those identified as vulnerable through remote means (video consultations, telephone calls, etc.) is reflected in general practice coding. Please see below the following examples as to how each code should be used:

SP Referral (SNOMED code ending in 106) – use when the following support is provided for the person:
- Referral made into NHS Volunteer Responders GoodSAM app
- Delivering shopping
- Delivering medication
- Emotional support
- Personalised plan to provide practical, physical and/or emotional support

SP Decline (SNOMED code ending in 103) – use when the following occurs:
- The person explicitly declines any support
- The person does not need any support

Nil Return (no code used) – when the following occurs:
- The person doesn’t answer the phone
- The person hangs up the phone without giving a clear acceptance or decline of the offer – for example, they may think it is a cold caller, or a scam call, and may not want to hear what the social prescribing link worker has to say

All the additional roles employed by a PCN or engaged via a sub-contract (including social prescribing link workers) must have access to other healthcare professionals, electronic ‘live’ and paper-based record systems of the PCN’s Core Network Practices (DES Specification, section 6.4.1.) However, we understand this is not necessarily happening in the current circumstances, particularly where social prescribing link workers are now working remotely from home and may not have access to GP IT systems or an alternative IT which enables referrals to be coded correctly in the primary care record. We therefore request PCNs to enable remote access for social prescribing link workers. If this is not possible, a manual coding system should be set up locally to ensure that these codes are recorded by PCN staff in the primary care record within 1 week of the contact. See Annex for an example template.

Measuring wellbeing

During the Covid-19 incident, it is still important to show the impact and benefits of social prescribing. With the future in mind we encourage continued use of outcome measures, as this data can be useful to help you inform your local offer. However, we recognise that this may not be possible or appropriate. Use of the SNOMED codes takes priority over the use of outcome measures.

ONS4 Wellbeing Scale
We recognise that ONS is low burden and we encourage you to use it if it is appropriate. The use of the ONS tool should be prioritised over the Patient Activation Measure (PAM).

Guidance on using the tool is located here.

**Patient Activation Measure**

The link between PAM level and emergency admissions means it can still be a useful tool for supporting those who have a higher likelihood of being admitted to hospital. Additional support for those at lower levels may reduce pressure on the health system.

However, using PAM as an outcome measure is less suitable in the current Covid-19 situation. The additional anxiety due to Covid-19 is likely to result in lower PAM scores. Also, to provide accurate results, there should be enough time in between PAM assessments. The recommendation is 6 months, which is beyond the expected time for social distancing measures to be in place.

**Information Governance – sharing data**

We ask that PCNs work to ensure that link workers will be provided with remote access to GPIT systems through equipment supplied locally. This will enable secure data-sharing and ensure that link workers are working to the required standards.

If this is not possible in your local area, NHS X has published guidance on sharing personal data and using personal equipment and ‘off-the-shelf’ apps. The guidance asserts that:

‘It is essential that during the Covid-19 outbreak health and social care professionals are able to talk to each other. You will need to share appropriate information about the people in your care including with social care, where possible using secure mail, NHSmail and MS Teams. Where these tools aren’t available you should use this guidance to suggest ways that you can speak to your colleagues.’

You will need to work in different ways from usual and the focus should be what information you share and who you share it with, rather than how to share it.

This includes social prescribing link workers working with those identified as vulnerable within PCNs.

In addition to this, the Information Commissioner’s Office (ICO) has issued guidance on how information sharing guidelines have adapted during the Covid-19 response and a blog focusing on the impact on community groups.
Annex A

Manual coding and data entry system for link workers and primary care networks.

<table>
<thead>
<tr>
<th>Name*</th>
<th>Postcode*</th>
<th>Source</th>
<th>NHS number</th>
<th>GP practice</th>
<th>Referral code*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Eg. 1.5 million list</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(*denotes mandatory field)