

Measuring the impact of social prescribing through coding and outcome measures (COVID-19)

Coding activity and outcomes relating to social prescribing is an essential component of Primary Care Network (PCN) and Social Prescribing Link Worker (SPLW) activity. Coding activity and outcomes are essential so that we can better understand variation across regions and the impact and benefits of social prescribing.

This guidance only applies to activity undertaken by SPLWs and does not apply to other personalised care roles that may work in or with the social prescribing service – health and wellbeing coaches and care coordinators. **People in these roles should follow guidance specific to their role, including using role-specific SNOMED codes, even if their activity could be considered as social prescribing.**

If you have questions about this guidance and who it applies to, please email england.socialprescribing@nhs.net.

Coding 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 SPLW are recorded within GP clinical systems using the following codes, which are listed in section 10.4:

871731000000106 – Referral to social prescribing service (procedure)

To be used when an individual accepts a referral to the SPLW– for first interaction in an episode of care only, not to be used to code ongoing activity.

871711000000103 – Social prescribing declined (situation)

To be used when an individual declines a referral to the SPLW.

There are other codes available on some GP IT systems, including social prescribing offered. **These are legacy codes and should not be used.**

All activity deemed as social prescribing activity should be coded using the coding outlined in this guidance. This can be done at the point of referral; for example, by a GP or other practice staff, or by the link worker themselves when receiving the referral. It is within the remit of the PCN to determine who should code this activity and at what point in the social prescribing process.

Some activities undertaken by a SPLW are not specific to one individual, e.g. supporting a community service to be more accessible; **this activity should be recorded through other routes as directed by your employer.**

Activity and the IIF

The [investment and impact fund](#) is a financial incentive scheme in primary care. It focuses on resourcing high quality care in areas where PCNs can contribute to improving health and saving lives; improving the quality of care for people with multiple morbidities; and helping make the NHS more sustainable. Social prescribing has a financial incentive attached to it as part of the IIF scheme.

Only activity coded using the above social prescribing (referred and declined) SNOMED codes counts towards the IIF indicator for social prescribing. Activity undertaken by the other personalised care roles, HWBCs and CCs, should **not** be coded as social prescribing activity, and should instead be coded using **their role-specific SNOMED codes, even if their activity could be considered as social prescribing.**

Coding Activity During COVID-19 - Shielding

Government advice for shielding individuals during the COVID-19 pandemic ended on the 1st April 2021. **Previous guidance regarding coding to support shielding individuals in this document no longer applies.**

SNOMED code 871731000000106 Referral to Social Prescribing (procedure) therefore should not be used to code activity previously provided to support this group of people, such as welfare calls.

This guidance will be updated if the COVID-19 situation changes and shielding and/or other guidance is introduced.

Coding Activity for the COVID-19 Vaccination Programme

During the COVID-19 incident we know that many SPLWs are supporting the COVID-19 vaccination delivery programme through undertaking a variety of roles. To reflect this deployment of SPLWs to support vaccine delivery, we are asking that SPLW activity supporting individuals in the vaccine programme is reflected in general practice coding.

Please see below the following **examples** as to which activities supporting individuals should be coded as social prescribing activity. Please note that undertaking administrative tasks such as booking appointments should not be coded on GP IT systems as social prescribing activity, unless they include the following examples.

871731000000106 Referral to social prescribing service – use when the following support is provided for an individual to achieve the following:

- Providing information to an individual to support their access to the vaccine programme; for example, a conversation about their concerns or providing information in accessible formats.
- Supporting people to access their vaccination clinic or appointment; for example, e.g. arranging transport or an interpreter; or accompanying a person through their vaccination journey
- Conversations with individuals about social prescribing during a vaccination clinic or appointment that lead to agreement to be referred to a link worker

Nil Return (no code used) – when the following occurs:

- A SPLW calls an individual to discuss their vaccine appointment or entitlement to a vaccine, but the person does not answer the phone or respond to communications
- A SPLW calls an individual to discuss their vaccine appointment or entitlement to a vaccine, but the person hangs up the phone without giving a clear acceptance of any support – for example, they may think it is a cold caller, or a scam call, and may not want to hear what the SPLW has to say.

We know that SPLWs are also supporting the vaccine programme through activities that are non-specific to individuals. This may include mass booking of appointments through brief calls that do not lead to a conversation about the vaccine or support needs to attend for an appointment, collating lists of vulnerable patients, supporting volunteers and marshalling vaccination centres. **This activity should be recorded using an alternative method as directed by your employer e.g. through collecting case studies of SPLW involvement as it cannot be recorded against individuals.**

Access to Coding Systems

All additional roles employed by a PCN or engaged via a sub-contract (including SPLWs) 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 SPLWs are 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 enable remote access for SPLWs. 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. In addition, some PCNs may choose to employ staff to code activity rather than SPLWs, and SPLWs working with these PCNs should follow processes set out.

Outcome Measures

NHS England & Improvement recommend the use of **one** outcome measure; the ONS4. Using the same measures allows social prescribing outcomes to be compared across the country. Other measures can be used alongside the ONS4.

ONS4

The ONS4 is a low-burden tool that uses four measures to assess personal wellbeing. The ONS4 is not a composite measure and scores should not be combined. Guidance on using the tool is located [here](#).

Patient Activation Measure (PAM)

The NHS England & Improvement for PAM ended in March 2021. Providers who wish to continue using PAM can contract Insignia to provide licenses.

Measuring Outcomes During COVID-19

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.**

Information Governance – Sharing Data During COVID-19

We ask that PCNs work to ensure that SPLWs be provided with remote access to GP IT 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.

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

Name*

Eg. 1.5 million list

Postcode*

Source

NHS number

GP practice

Referral code*