

Appendix A – Common Outcomes Framework

Background

There is a clear need for a common approach to document the impact of social prescribing schemes.

NHS England has therefore worked with commissioners, practitioners, providers, evaluators and other stakeholder groups to create a consensus on what outcomes and outputs should be measured to show the impacts of social prescribing.

To develop the common outcomes framework, an action research approach has been used. This approach provides a method that allows data gathering, analysis, reflection and action.

To date, three cycles of data gathering, analysis and reflection have been carried out between October 2017 and May 2018. We have heard feedback from a wide range of stakeholders, including social prescribing connector schemes, primary care staff, VCSE organisations, academics, researchers, public health leaders, local commissioners and other government agencies.

In June 2017 a steering committee representing key stakeholders for social prescribing was formed to guide the production of the framework.

All feedback from the steering group and the wider consultation has been analysed and incorporated into the framework.

This framework will therefore enable local social prescribing connector schemes across the country to capture core impact data, in order to create a consistent evidence base, support the business case and build a national picture on the impact of social prescribing.

Measuring the impact of social prescribing

NHS England has heard that there are different aims, target groups and funding sources for social prescribing schemes, which means that flexibility is essential in measuring the impacts of social prescribing.

We believe that the existing evidence, both academic and anecdotal, suggests that the outcomes of social prescribing cover the following three key areas:

1. Impact on the person
2. Impact on community groups
3. Impact on the health and care system

We will continue to work with stakeholders in a phased approach over the next two years to embed these impacts and the following outcomes in the evaluation of social prescribing schemes:

Impact on the Person

Choose an item.

Social prescribing schemes are already collecting data on the impact on the person using a variety of tools. In 2019/20, schemes should continue to use their existing wellbeing tools in order to show impact on the person.

Depending on the needs identified by the person, we anticipate one or more of the following aspects of wellbeing to be improved:

- Does the person feel more in control and able to manage their own health and wellbeing?
- Are they more physically active?
- Is the person better able to manage practical issues, such as debt, housing and mobility?
- Is the person more connected to others and less isolated or less lonely?

We will seek feedback on how useful and appropriate existing wellbeing outcome measurement tools are. During 2019/20, this feedback will be used to explore whether it is possible to co-produce a new free wellbeing measure for the system that everyone can use to inform social prescribing, including small community groups.

Throughout 2019-22, we will also work with partners to look at good practice on reporting on employability, including staying in work, finding new employment, volunteering, accessing training, gaining qualifications and setting up new businesses and community groups. NHS England will work co-productively with system partners and welcome offers of help, with a view to enabling social prescribing connector schemes to report on employment outcomes.

Impact on Community groups

We will co-produce and test a freely available short 'confidence' survey for local community groups and the VCSE sector about the impact of taking social prescribing referrals. This will be available from April 2019.

This survey will test whether community groups and VCSE organisations are more resilient as a result of their involvement in social prescribing at a local level. This will include changes in the number of volunteers, capacity of the voluntary sector to manage referrals and what support is needed to make social prescribing sustainable.

Impact on the Health and Care system

We advise that all social prescribing connector schemes (and their commissioners) collect data on the following outcomes:

- Is there a change in the number of GP consultations as a result of referral to social prescribing?
- Is there a change in A&E attendance as a result of referral to social prescribing?
- Is there a change in the number of hospital bed days as a result of referral to social prescribing?
- Is there a change in the volume of medication prescribed as a result of referral to social prescribing?

Choose an item.

- Is there a change in the morale of staff in General Practice and other referral agencies? We will provide a mixed methods survey to help with this task.

In order to systematically collect the above data and track patients through the system robust data-sharing agreements and local partnership working is essential. We will provide development support, case studies and examples to promote robust data-sharing.

Consistent national SNOMED CT coding for social prescribing has been established in GP IT systems to support a national data collection on social prescribing referrals from primary care. The codes to be used to record this activity are as follows:

871691000000100 | Social prescribing offered (finding)

871711000000103 | Social prescribing declined (situation)

871731000000106 | Referral to social prescribing service (procedure)

In 2019/20, we will find good practice and explore whether it is possible to show the impact on social care packages for people receiving social prescribing support. We are aware that some local areas are already working on this and we welcome their involvement to co-produce a measure which we will aim to introduce from 2020 onwards.

Output measures

To complement the outcomes outlined in the framework and encourage a consistent approach, we suggest all social prescribing connector schemes need to measure the following outputs:

- Number of people referred into social prescribing connector schemes, number of people taking up referrals and number of people rejecting a referral
- Age range of people referred
- Referral criteria such as Long Term Conditions or in receipt of social care packages.
- Referral process and pathway – who refers into the scheme
- Number of community groups referred to
- Nature of community groups referred to – what kind of support they provide
- Number of personalised support plans co-produced with people receiving support
- Number of link workers
- Number of volunteers
- Average amount of time spent with each person
- Total investment in the social prescribing connector scheme (input measure)

This information will help to build a national picture about the size and nature of social prescribing.

Continuing development of the framework

Choose an item.

To complement and utilise the gathering of information and data against the outcomes defined in this framework, we will look to develop and test the framework as part of the work towards an overall Personalised Care Dashboard.