Discussion: How we can support SPLWs in evaluating services.

What is getting in the way?

PCN managers, leads not valuing SP - don't designate leads

Restricted by system in terms of data we can extract

capacity outside of SPLW case work time - getting the designated time to do it

High case load, and reporting takes time

We are only part of the system - so we are only as good as the services we can refer on to - there are long waiting lists for some of the community services that have been commissioned

training on reporting

Available tools and techniques to gather qualitative data

Not much Social Prescribing data flows to Local Authorities, which means that is isn't currently informing the Local Authority commissioning of VCSE services

access to systems to gather data

Knowing what it is you are evaluating? What metrics are you using?

Training to apply available evidence to quality improvement initiatives

A lot of Social Prescribing referrals currently aren't being SNOMED coded by the clinicians making the referrals, and so a lot of 'volume' of Social Prescribing that isn't visible to the system

Equity of access to available tools

Not having a lead, someone collating it

Trying to report at practice level - takes longer and more people need to do it.

Outcomes from the interaction with the link worker (e.g. increased confidence & self efficacy) and from the onward referral (e.g. debt written off) are rarely captured or reported

lack of snomed coding

training on evaluation

Funding to support the time needed to do proper evaluation

What is working?

Having a designated person ie Manager to specifically do reporting and evaluation

NEL - engagement across all place based partnerships.

[illegible]here's a [illegible]on working [illegible]hat in addition [illegible]ing together stakeholders (inc clinicians), is serviced by NEL ICS level staff which ensures action is taken forward

Using systems such as AccuRX to send short evaluation texts

Sharing good practice and models of reporting and funding

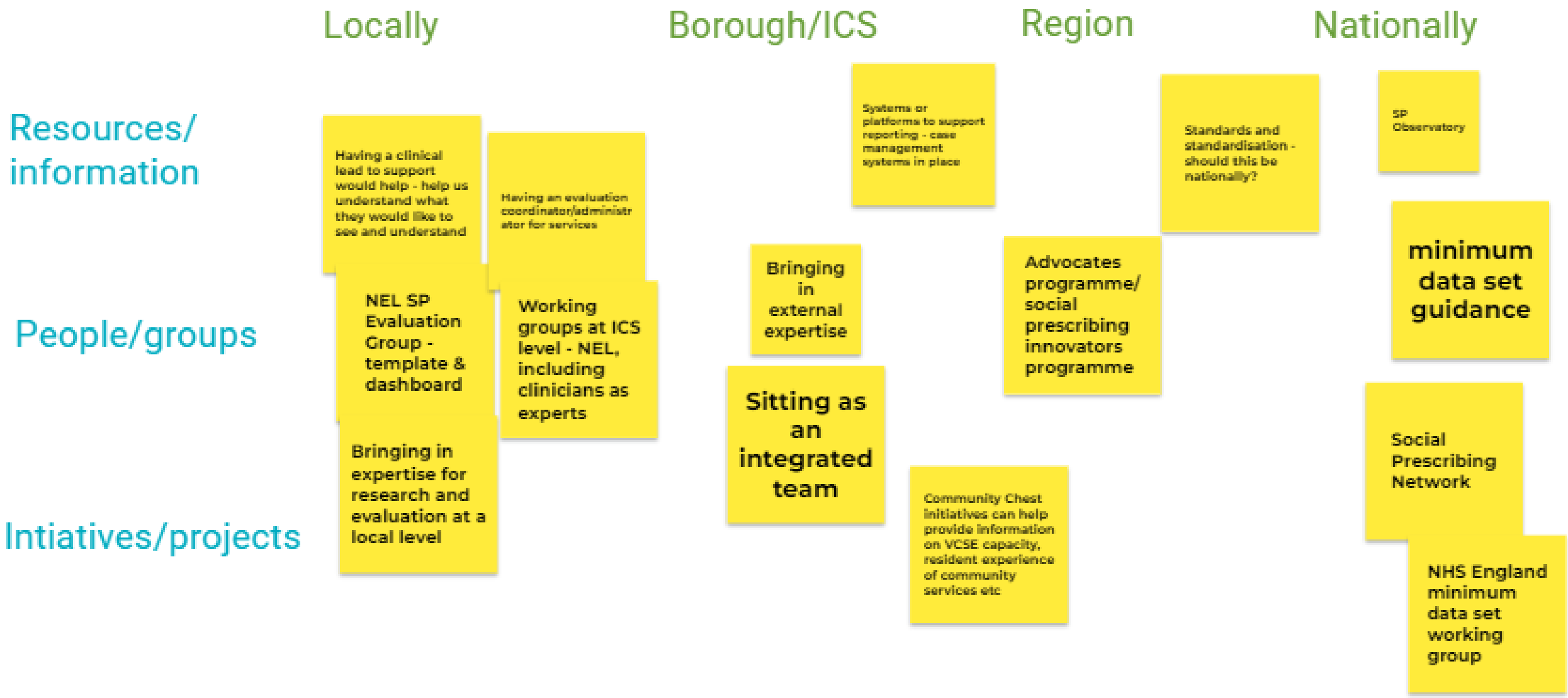
NEL - development of digital tools to capture activity and outcome data

At NEL ICS there is an evaluation working group which brings together stakeholders (inc clinicians), and is serviced by NEL staff which ensures actions are taken forward

Investment and funding towards evaluation of SP

Discussion: How we can support SPLWs in evaluating services.

What is existing that can help?



Discussion: How we can support SPLWs in evaluating services.

What else can be done?

	Locally	Borough/ICS	Region	Nationally
Resources/ information	SP leadership!	Understand the levers at an ICB level to get outcome measures collected	Setting out benefits of evaluation activity e.g. supporting funding requests, resident wellbeing, reducing health inequalities etc	minimum data set requirement
People/groups	Understand the maturity of SP and Evaluation across different areas	Funding/resource invested after ARRs ends Access to tools to enable data capture e.g. Joy, EMIS templates	To demonstrate and share existing impact to get investment in evaluation to SP from a national level	Influence to get investment in SP at local levels - where is the funding?
Intiatives/projects	Support tailored locally for MDS Training Link workers on evaluation tools and data analysis	Understand what the commissioners role is? What should be routine?	Having an evaluation tool kit that would set out clearly what can be used depending what system you have,	

Priority area 1:
Sharing tools for dating capture and developing a single source of guidance

What is already out there to support this?

Priority area 1:
Sharing tools for dating capture and developing a single source of guidance

What else could be done to support this?

National Regional ICS Place/borough PCN

Co-production group for SP & Evaluation Toolkit

What is the group:

Group of people involved in delivery of SP services, meeting fortnightly June-Aug for half an hour to shape an evaluation toolkit.

Who:

Helen Price (SP manager in Enfield - VCSE employer)
Caitlin Bays (SP Manager Barnet - VCSE employer)
Ross Lambdon (PCN HI lead and AD for transformation - S Fulham PCN)
Sophie (Transformation and Operations Manager - South Fulham PCN)
Anne Clarke (SP Lead for Bromley, Penge PCN)
Sen Siva (SPLW at QHS Social Prescribing Service - North Southwark)
Gaynor Stephensen (SPLW at IHL - South Southwark)
Vinaya Kulkarni (SP manager - Hillingdon, Harrow and Brent - Age UK)
Fatema Al-Ansare (SPLW - South Fulham PCN)

Time requirements:
A 30 min meeting every fortnight (From June-Aug, starting Mon 12th June) .
Around an hour a month to review materials.

What we'll be doing:
Sharing ideas in the meeting, providing feedback, connecting us with other people within your patch outside the meeting

The overall purpose of the Evaluation toolkit is to support PCNs and Social Prescribing services to evaluate and demonstrate the impact of social prescribing.

Plan for session 1) June 12th

- Intros - who are you, what would you like to gain from being involved (5 min)
- Summary of discussions to date from SP & Eval COP; What is needed now - aims the group (5 min) - what is the potential purpose of a toolkit for evaluating social prescribing
- Brainstorming & discussion - purpose & scope
  - Who do we think this is useful for
  - How do we think people will/should use it?
  - What should be the main goal

Plan for session 2) June 26th

- Recap from last time (5 min)
- Goal, principles and things to clarify
- Voting on purposes
- What are your questions, where would you find them?

Session 3)

- Brainstorming & discussion - Content
  - What does the toolkit need to contain (prompt if needed- different types of conter based on previous session)
- Grouping content and ranking from most - least important
- (if time) - mapping who can help us develop each of the most important elements

A toolkit for Social Prescribing Evaluation

Who do we think this is useful for?

SP Leads/managers

Public health teams/LA, anyone that commissions social prescribing

SPLWs

Business directors and business managers

PCN managers

Clinical directors

NHSE - if wanting to compare services?

How do we think peop
will/should use it?

Share outcome measures that aren't just wellbeing or measuring referrals

Show where funding has gone and make the case for more

Help understanding of the roles by showing the impact

Has to speak to local context/platforms & be relevant

Show the impact to patients

Know what to include in a contract around evaluation

Design regular reporting

Understanding what referrals have had what impacts

How to use measures that are tailored to the support given/ captures benefit to social determinants of health

Guide for what to collect and showcase

Identify areas for development - service and individually

Identify gaps in service provision (referral activities)

Buy in from GPs - get them to engage more with SP

Create the argument for accepting referrals

Educate what is the minimum data to be collected

day to day patient management - guiding people what to ask in addition to templates

VCS /public health - commissioning projects/activities

Creating buy in across different stakeholders

Share the options around what could be captured

Annual pay review - staff performance

Give feedback for SPLWs, support with retention & improvement

Engaging all people regardless of system employed/stage or £ you have

Have examples of what different areas are doing - how they are showing impact

Showcase options

Measure performance

What should the main goal be?

Informed decision about to measure

Demonstrating what measures are actually appropriate and impactful for SP - what measures are best for who and why

Easy to use for any SPLWs without training

Buy in for utilising the service and evaluating it across all the different stakeholders

Mechanism for measuring the impact of social prescribing - link to MDS

Empower services to report and showcase data/ improve this data capture

Agreement of what do mean by an effective and impactful SP service

Enabling people to secure funding/ increase team capacity

Shows what the elements of effectiveness/impact of SP are and how you can measure these

A toolkit for Social Prescribing Evaluation

Main goal(s) of the toolkit

Mechanism for measuring the impact of SP

Having an understanding of the various ways to measure impact of SP locally

Exposing different ways to capture impact of SP services

Core principles

Engaging all people regardless of local context

Share examples, different systems being used

Make it not complicated, simple

Align closely to the original point of SP

Ideas

Different sections depending on who you are/what your goal is

Sections split by stakeholder/role in process

Sharing the outcome measures for different purposes/needs/audiences

Summary from session 1)

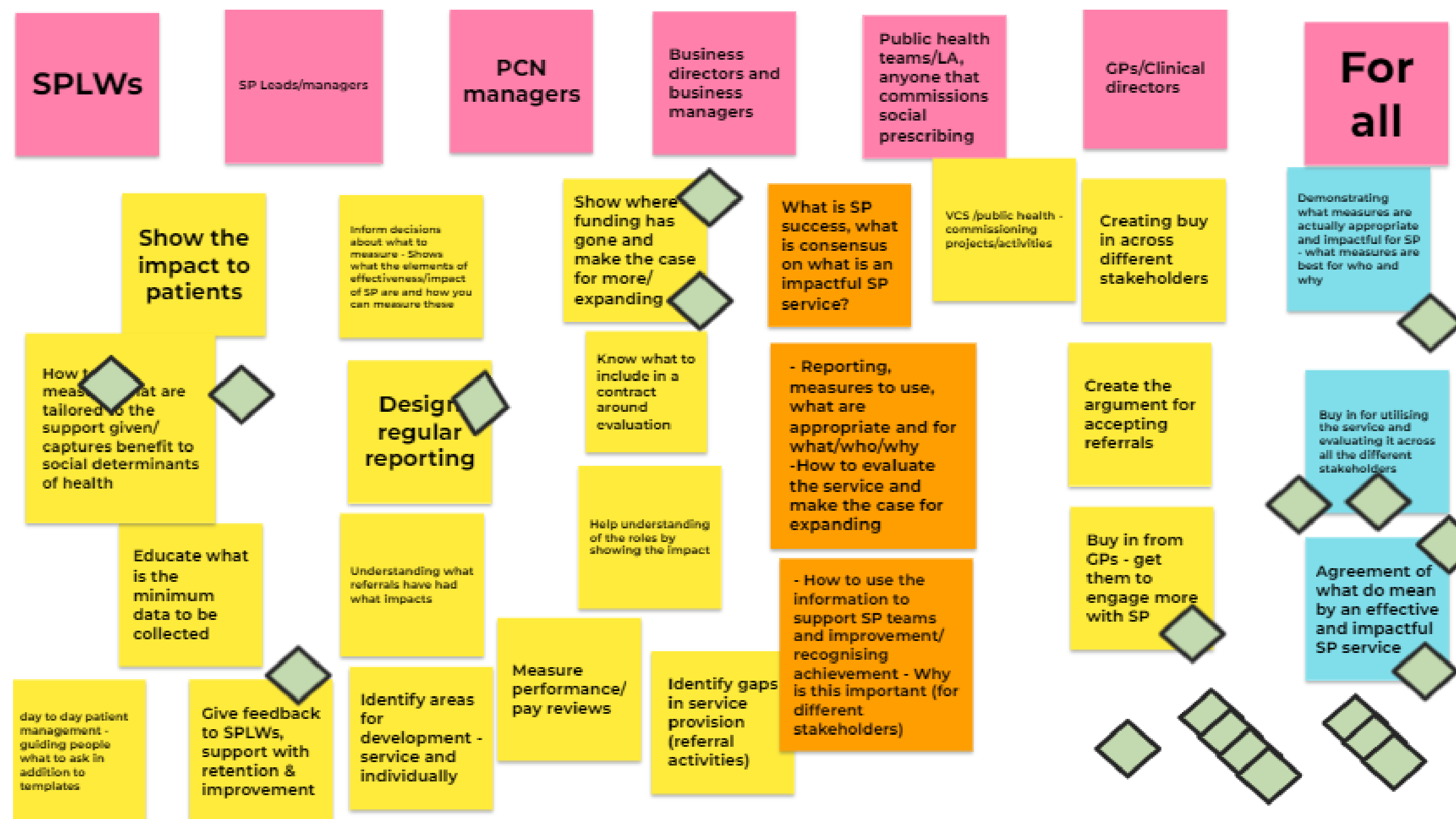
Goal: Share ways to measure impact locally in social prescribing services

It must:

- Be useful across any context (funding, employer, IT system etc)
- Share actual examples, not just best practice
- Be simple and not complicated, easy to understand for not social prescribers
- Reflect the true purpose of social prescribing
- Link to the national Minimum dataset work
- Considers wider primary care, emphasises that SP isn't an add on

Things to clarify:

- Which stakeholders and purposes it will speak to, how many is too many?

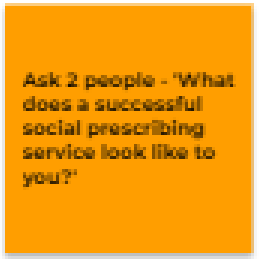

SPLWs
SP Leads/managers
PCN managers
Business directors and business managers
Public health teams/LA, anyone that commissions social prescribing
GPs/Clinical directors
For all
Show the impact to patients
Inform decisions about what to measure - Shows what the elements of effectiveness/impact of SP are and how you can measure these
Show where funding has gone and make the case for more/ expanding
What is SP success, what is consensus on what is an impactful SP service?
VCS /public health - commissioning projects/activities
Creating buy in across different stakeholders
Demonstrating what measures are actually appropriate and impactful for SP - what measures are best for who and why
How t meas at are tailored to the support given/ captures benefit to social determinants of health
Design regular reporting
Know what to include in a contract around evaluation
- Reporting, measures to use, what are appropriate and for what/who/why
-How to evaluate the service and make the case for expanding
Create the argument for accepting referrals
Buy in for utilising the service and evaluating it across all the different stakeholders
Educate what is the minimum data to be collected
Understanding what referrals have had what impacts
Help understanding of the roles by showing the impact
Buy in from GPs - get them to engage more with SP
Agreement of what do mean by an effective and impactful SP service
day to day patient management - guiding people what to ask in addition to templates
Give feedback to SPLWs, support with retention & improvement
Identify areas for development - service and individually
Measure performance/ pay reviews
Identify gaps in service provision (referral activities)
- How to use the information to support SP teams and improvement/ recognising achievement - Why is this important (for different stakeholders)

Summary of session 2)

We agreed the toolkit should cover:

1. What is SP success, what is consensus on what is an impactful SP service?
2. Why is this important (for different stakeholders)
3. Reporting, measures to use, what are appropriate and for what/who/why
4. How to evaluate the service and make the case for expanding
5. How to use the information to support SP teams and improvement/ recognising achievemer

We were all going to:



From Katie Coleman (Primary care clinical lead, NCL ICB & GP

- People are supported to address the issues that are important to them.
- People are supported by the SPLW to access services if they feel insecure doing this independently.
- People are provided with information on how to access the SPLW service after their initial contact is complete.
- Information about the intervention is fed back to the referrer.
- The SPLW is seen as a trusted member of the practice team
- Patients can self refer to the SPLW service
- The service accepts referrals from other providers linked/aligned to the PCN or integrated neighbourhood team
- The service undertakes evaluation of its services on an annual basis so it can identify approaches that are successful or could be strengthen
- The service identifies gaps in community based activities and feeds this information back to the PCN CD and local funders.
- The SPLW updates the patient record to ensure the GP record represents a longitudinal record of care.
- The SPLW identifies concerns around safeguarding
- The service ensures the frontline SPLWers are provided with appropriate supervision
- The service provides opportunities to allow for career progression
- The SPLWs are remunerated appropriately.

Kalwant, Personalised care lead – NWL ICB

- A service which meets the needs of the local community that are at most risk of suffering health inequalities
- A service with SPLWs that reflect the local community
- A service with varies access points including the ability to self- refer and referrals from other agencies wider than just health
- A service which is well connected to their local community assets
- A service and staff know by the GP practices within their PCN
- A service with happy, staff that have excellent job satisfaction and their wellbeing needs are met
- A service with the right IT equipment, including access to clinical and non-clinical systems, mobile phones and appropriate desk spa
- A service trusted by local residents
- A service with career progression and development
- Where SPLWs are seen as a key part of the PCN development and supporting local people's needs
- A service that can clearly show their value and outcomes

PCN management team, including clincial director:

- High % of appropriateness of referrals
- Self-referral service
- Referrals made by other clinical staff in PCN
- Proactive social prescribing projects
- Quantitative wellbeing scores measured (before and after)
- High % of patients undertaking wellbeing scores
- Positive qualitative feedback from patients

Success is defined differently
- Different levels
-

PublicHealth Consultation - SP Comissioner – Seher Kayikci

A service that is:
- well-embedded into PCNs and BAU for GPs and extended practice teams
- able to join as a partner into MDTs and placed-based interventions
- well-connected into the community and good links with local services and organisations
- improving outcomes for individuals and helping people to become independent through connecting to local activities
- contributing to reducing pressures on the system e.g. reducing GP appointments for those who have used the service

Dr Rasha Galderab -PCN2 – GP and Innovation lead:

A solid team who are consistent, no rapid turnover in staff teams, and well embedded within the PCN and can directly communicate with PCN staff and PCN integrated.
Having SPs for 2-4 years at a time –
To ensure they are clinically supported.
Regular touch points of reporting as well.
One of the Clinical Leads from ICB level – has asked us to blue print their PCNs.
Outcomes point of view – how many GP apps are reduced – SP lifting the load of PCN.
Frequent Attenders – data – how much does the SP intervention does take away from workload.
Data for Utilisation, patient satisfaction data, friends and family testing for SP could be useful.
Rates of referrals, self referral rates, reasons for Referral, GP attendance reduction. – most key for reports.

Strategic run way for SPs, tiered progression, performance reviews – incremental pay change, leadership and career progression – sustainability of the roles. Training and progression opportu

Mapping what we need to create each section of the toolkit

1. What is SP success, what is consensus on what is an impactful SP service?

Ask 2 people - 'What does a successful social prescribing service look like to you?'

Asking higher up - higher NHS, NASP ...

Ask some patients or community groups what they think successful social prescribing is - network breakfast meetings - Ross

Asking our Link Workers (those with experience not new to the role)

Models of success - how different modes have integrated into systems

References about what is SP impact

Example/case study of a successful service?

Table of organised impacts

A 1 or 2 sentence definition

2.Why is this important (for different stakeholders)

To improve services where needed - accountability

To increase Engagement and buy in, funding, resource

Demonstrate it can increase accountability

Show you are meeting the specifications, communicate to others what we are doing

Ask people who have done evaluations what it has led to

Compile all the policy/specifications to show levers/reasons why it is important

Mapping what we need to create each section of the toolkit

3. Reporting, measures to use, what are appropriate and for what/who/why

Gather examples of feedback forms/templates

example case study format

Table of options? Quantative and Qualitative

Compile existing measures for reviewing patient experience with SPLW service

Goals, and tracking whether they've achieved it

Different types of outcomes e.g. how they found the service rather than impact

When to follow up with patients - what period of time and how often? (quite soon after for getting feedback on service)

What SP referral platforms allow you to do

Collect examples of reports/case studies

costs and benefits of different measures e.g. ONS-4

Different ways to gather patient feedback - text/online/paper -survey

Information about referred onwards services

Minimum data set - what is included

Templates as appendices - which are linked in tables

Summarise what the popular measures are

Guide to what to collect, when, the process

What is 'good'? A definition to break down what the measures mean... Agree what is the minimum info needed to understand each measure

Qualitative - examples of open ended questions (value of this) and quantitative measures

Roles in evaluation/how to get support

Core examples - where evaluation has done in different ways - 3?

4. How to evaluate the service and make the case for expanding

How to visualise data

What to show to decision makers

How to check if they've been referred again

What to do with feedback - inform practice

How to combine the social prescribing data with GP data

Gather example reports

Dischrge summaries

Excel/analysis skills; qualitative skills - how to summarise this

What level to evaluate the service - neighbourhood/PCN etc

Prompts to suggest what information to include in an evaluation

what questions to be asking

How to show whether SP has achieved its goals - e.g. better mental wellbeing

How to make a good case study

Mapping what we need to create each section of the toolkit

5. How to use the information to support SP teams and improvement/ recognising achievement

Share the information and case studies, outcomes - who with, how to share

Highlight best practice

Using the information to develop suggested routes of support/flowchart based on evidence of what works for different people

List of stakeholders to share reports with - what information is useful for who. E.g. what is the age of referrals to specific GP practices

Use as a tool to improve working relationships - by identifying problems e.g. issue with referral pathway

Identify cases where the issue was simple/inappropriate referrals and feed this back to referrers

Where would you usually go to find out about data/ evaluation around SP?

Futures Platform - SPLW

EMIS population reporting tool - to identify population groups

Youtube - find out about how to process the data

Key people - SP leads, PCN manager, clinical directors

Joy reporting tool - wellbeing score after the sessions

Ask the organisations you have referred patients to, how many patients were engaged in their service from the total referrals

Local dashboards e.g. WSIC in NWL

Elemental - to look at the data

Who would you ask?

Social prescribing managers and leads

Clinical and non-clinical directors reporting in PCN meetings

Organisations we work with for feedback e.g. VCSE

Borough teams and ICB - personalisation group

National academy of social prescribing

Communities southwark - VCSE

How do you access information that supports you in your role?

Online directories e.g. by VCSEs

Sharepoint - signposting/referrals - for SPLWs and HWBCs. DOS - PCN level

EMIS - patient info/data

Social services - patient support and needs assessment

PCI, Bluestream (training)

Future NHS platform

SP Manager

Joy - online directory

Social media - twitter

Training hub - share information/courses/opportunities

NASP - opportunities e.g. training

Eventbrite

Peer to peer networks e.g. whatsapp group for all SPLWs in borough/video calls

What makes this information most useful?

Specific to social prescribing/ an area of interest

Templates with different questions (open and closed)

Case studies - have been good to show the impact of a service and educate what are good referrals - what is innapropriate

Clear, concise

Emphasising all types of data

Emphasise value of qualitative data in terms of understanding tackling inequality

Processes of collecting data

Toolkit plan
https://docs.google.com/document/d/1OpxJBFmxyXceX6vKrEm2k_ibLMTiy2Cj4evfvg1EJFs/edit

Draft toolkit
https://docs.google.com/document/d/1bnDKMbJDzuI-QoNnV2hHs2nGx0GxXHm8H8G6VHyG9PY/edit