Professional Record Standards Body

DAPB4066 Social Prescribing Information Standard (DAPB4066 Amd 108/2021)

High Level Implementation Guidance v1.0

Data Alliance Partnership Board

The Data Alliance Partnership Board (DAPB), which holds delegated authority from the Secretary of State for Health and Social Care, has approved a new information standard for publication under section 250 of the Health and Social Care Act 2012.

Assurance that this information standard meets the requirements of the Act and is appropriate for the use specified in the specification document has been provided by the Data Standards Assurance Service (DSAS) and endorsed by the Data Alliance Partnership Sub Board (DAPSB). This information standard comprises the following documents:

- Requirements Specification
- High Level Implementation Guidance

An Information Standards Notice (DAPB4066 Amd 108/2021) has been issued as a notification of use and implementation timescales. Please read this alongside the documents for the information standard.

The controlled versions of these documents can be found on the NHS Digital website. Anycopies held outside of that area, in whatever format (e.g. paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.

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Glossary of terms

Term / Abbreviation	What it stands for
CIS	Core Information Standard
DAPB	Data Alliance Partnership Board
DAPB4066	The Social Prescribing Information Standard
FHIR	Fast Healthcare Interoperability Resource. A method for exchanging healthcare information electronically
ISN	Information Standards Notice
PRSB	Professional Record Standards Body
Refset	In the context of this Standard, a Refset is a group of SNOMED clinical terms that is represented by a singlereference, rather than a list of all the terms contained therein
SLA	Service Level Agreement
SNOMED CT	Structured clinical vocabulary for use in an electronic healthrecord. SNOMED CT has been adopted as the standard clinical terminology for the NHS in England

Contents

1. Purpose

The purpose of this document is to provide guidance on the implementation of the Social Prescribing Information Standard. The standard was developed by the Professional Record Standards Body (PRSB) 2021/22 under a commission from NHS England Personalised Care Team. The purpose of the standard is:

- To support social prescribing link workers and other practitioners performing the function of social prescribing with:
    - the information they need about the person, the presenting need / reason for referral
    - recording information to support their work and provide effective records
    - information to go back to the referrer and the person's GP to inform them of what happened and the outcome
- To support people experiencing social prescribing:
    - So, they feel understood and listened to
    - Allowing them to view or contribute to the record
- So, they feel their healthcare is joined up and avoid them having to retell their story multiple times
- Also, to support information needed for secondary purposes (local & national):
    - To understand the scale and effectiveness of service
    - Informing population health etc.
    - Data can be extracted from records to supply local activity information / dashboards via the NHSE Minimum Data Set (incorporated in the information standard).

Through implementation of the structured information model content and use of associated implementation guidance and other supporting materials, the standard will enable the consistent recording and sharing of information for the whole patient journey, from initial referral, throughout the period of social prescribing, and the message back to the referrer and GP at its conclusion.

This stage covers the information to be recorded in all systems (social prescribing and GP systems). Technical specifications are in progress with NHS Digital which through a further release of DAPB4066 will allow providers and their systems to be able to share information in the future.

This High Level Implementation Guidance is to be read alongside documents outlined in section 1.3 of the DAPB4066 Social Prescribing Information Standard Requirements Specification.

2. Implementation checklist

The following is a sequence of steps, set out to help organisations understand the implementation process, enabling them to ask the right questions and engage with the right people within their respective organisation.

Step 1: Read the Information Standards Notice (ISN)

This is the official notification of the Information Standard, published by the Data Alliance Partnership Board (DAPB). It provides an outline of the approved standard and timeframe for compliance.

NB: Compliance with Information Standards will normally be included in contracts between NHS Providers and their system suppliers; review your existing contracts with system suppliers to confirm this is the case.

Step 2: Read the Social Prescribing Standard documentation

Documents (high level implementation guidance and the requirements specification) will be hosted on the DAPB web page and will be linked to from the PRSB webpage here.

The social prescribing information model (version 1.0) provides a detailed description of the PRSB standard including explanations about the data items, definitions, formats and values which can be recorded. It also includes implementation guidance at section and element level primarily for system suppliers and providers implementing the standard. There are further supporting materials on the PRSB website including the clinical safety case and examples, and in future there will release notes for updates to the standard. These should be read alongside the social prescribing information model.

Step 3: Read the Personalised Care Support Plan (PCSP) Standard documentation

It is highly recommended that providers are aware and familiar with the PRSB Personalised Care and Support Plan (PCSP) Standard. In future when an individual's PCSP is available to all who need to access it (both read and create/update), social prescribers may be able to use that to record their interactions with the person. However, until then the care and support plan section from the standard is used in the social prescribing standard for recording the person's strengths, needs, goals, actions and activities etc meaning these are done in the same person-centred way as they are for personalised care and support planning.

Detailed descriptions and specifications supporting implementation of the PRSB Personalised Care and Support Plan are hosted on the PRSB webpage.

Step 4: Familiarity with the Core Information Standard (CIS)

It is highly recommended that providers are aware and familiar with the PRSB Core Information Standard (CIS) which underpins shared care records. Once effective

shared care records are available to social prescribing services, some of the information to support referred people, including those self-referring, will be available in the shared care record rather than provided through the referral to social prescribing.

The sections of CIS most relevant for social prescribing are listed below, although other sections may also have useful information for the social prescriber:

- About me
- Individual requirements
- Care and support plan (also part of the PCSP)
- Contingency plans (also part of the PCSP)
- Additional supporting plans (also part of the PCSP)
- Problems List (other relevant conditions or diagnoses)
- Social Context

Detailed descriptions and specifications supporting implementation of the PRSB Core Information Standard are hosted on the PRSB webpage.

Step 5: Discuss with current IT systems supplier

If a commercial system is in use, discuss with the supplier to confirm the timescale for any necessary changes to the system. In most cases these changes will be part your Service Level Agreement (SLA). Ensure any future SLAs, via re-procurement or contract refreshes etc, cover adherence to ISNs impacting your service.

Discussions with systems suppliers should help inform subsequent steps.

Where an in-house solution is in place, discussions need to start early to ensure all changes can be incorporated within the implementation timetable.

Step 6: Stakeholder engagement

It is essential to engage with those who are involved in collecting, recording and subsequently using the data items detailed within DAPB4066.

For example, you may find it useful to share the contents of this High Level Implementation guidance document, and other documents relating to DAPB4066 including (but not limited to) the information model and section-level implementation guidance, with all staff groups and organisations directly impacted, such as frontline staff, commissioners and representative groups for people with lived experience.

Step 7: Check current state of readiness

Providers should check the current state of readiness for implementation of the information standard. This includes (but is not limited to):

IT Systems (Software)

- Many of the Elements in the Social Prescribing Standard may already be recorded electronically

- Check what changes are required to meet the new standard. For example, does the IT system require any additional fields?

It is recommended that providers identify whether:

- There are any changes required to clinical/business processes in order to implement DAPB4066.

- There are any additional training needs for professionals to be able to implement and use DAPB4066.

Step 8: Plan implementation

Each provider's approach to implementation may vary to suit their individual circumstances. At a high level, the following factors should be considered when assessing and enacting any business change:

- Scope of change
- Finance
- Change governance
- Change manager requirements
- Change resource requirements
- Timescales
- Key milestones
- Benefits
- Training requirements/resource
- Key stakeholder engagement
- Key risks/barriers to change
- Success measures.

3. Implementation plan

Compliance with Version 1.0 of DAPB4066 will follow a phased approach from March 2023 and must be achieved no later than March 2025.

PRSB standard and DAPB information standard

As outlined in section 1.3 of the requirements specification, the DAPB4066 information standard comprises the high-level implementation guidance (this document) and the requirements specification. They are published on the DAPB website.

The PRSB standard comprises the Social Prescribing information model (version 1.0) and the associated detailed implementation guidance. The information model has 3 parts:

- Social Prescribing Record Standard
- Referral to social prescribing services
- Message back to GP & referrer

They are published on the PRSB website.

Implementation of the information standard will follow a phased approach to take account of the wide range of social prescribing providers and their wide-ranging record systems, digital maturity and funding. Work with early adopters will be used to gather learning which will be shared to support others with implementation.

The implementation will also be phased to incorporate the flows of information to and from ("Referral" and "Message back to GP and referrer") social prescribing services with standardised messages using FHIR messaging (the NHS interoperability standard).

Phase 1 only includes the Social Prescribing Record Standard part of the overall standard. This will support those performing social prescribing with systems to create, edit and view records to support their work. Where there are existing flows of information for social prescribing to or from GP systems, then these are expected to continue, but those information flows are not expected to implement the "referral" and "message back to GP and referrer" parts of the standard in this phase.

Phase 2 (to be defined in a revised ISN) is expected to include the "Referral to social prescribing services" and "Message back to the GP or referrer" using FHIR messaging. Details and dates for phase 2 will be provided when they are available in the revised ISN.

The implementation timetable is:

Action	Date
Communicate the DAPB4066 standard (this standard) to providers (including Health System Support Framework (HSSF)-accredited suppliers)	September 2022

Action	Date
Work with early adopters	Q3 & Q4 2023/24
Share learning & findings	Q4 2023/24
Phased compliance schedule	March 2023 to March 2025
Phase 1a compliance – Social Prescribing providers using GP/Primary care electronic patient record systems	31 March 2023
Phase 1b compliance – Specialist social prescribing supplier systems on the HSSF framework	30 September 2023
Other phases of compliance will be defined in a follow up ISN	TBD, but no later than March 2025

It is envisioned that the work with early adopters (above) may result in additional guidance that will be incorporated within the PRSB implementation guidance or other supporting materials from quarter 3 (2023/24) onwards.

The DAPB information standard is a DAPB approved standard under the Health and Social Care Act. The PRSB standard that this standard refers to provides the structure and detailed guidance for those implementing this standard. It is approved under its own governance and future releases of the PRSB information model for use in this standard will require DAPB approval.

NB – The timescales for the next release of DAPB4066, in terms of detailing the mechanism of interoperability; ISN publication; and provider implementation, are currently to be defined. It is possible that data flows may be required in later releases of DAPB4066.

Support and Maintenance

Where additional advice in implementing the standard is required, the PRSB support service can be contacted at support@theprsb.org. The PRSB is responsible for managing any updates to the information model and implementation guidance document through established assurance processes and release cycles (see section 7 below) at the PRSB and DAPB. If possible, please include “Social Prescribing ISN” in the subject header of your message so that it can be identified appropriately.

Maintenance releases for PRSB standards are currently planned for 3-year cycles, however these may be updated on a regular basis based on need and clinical and professional review. Issues raised may also affect the date for future releases.

The above email address can also be used should you have any suggested enhancements or amendments to any aspect of this standard. The management of such items is summarised in section 7.1, below.

4. General guidance for PRSB standards

4.1. The structure of PRSB standards

PRSB information standards are organised into sections made up of several data (information) elements, with record entries and clusters (subsections) to support repeated sets of information and grouping of related items.

The set of rules and instructions governing the type of information expected within a section, cluster, record entry and element and how it is communicated is defined in the information model under the titles of Description, Cardinality, Conformance and Valuesets.

The PRSB information model structure and rules are explained in Table 1 and the annotated example below.

Information Components	Model Description
Section	A section groups together all the information related to a specific topic e.g. 'Medications and medical devices' and 'Person demographics'. It is the highest level to logically group data elements that may be independent or related. For example: - 'Legal information' includes a set of independent elements or information items, grouped in a logical section. - 'Medications and medical devices' includes sets of related elements with dependencies between the elements.
Record entry	A record entry within a section is typically used where a set of information is repeated for a particular item, and there can be multiple items. For example, for each medication there is a set of information associated with that medication. Other examples are allergies or adverse reactions and procedures. A record entry has contextual information associated with it. The data model for the context information is determined by the information type of the record entry. There are two information types used: "Record" and "Event.Record". For "Record" entries, the provenance data includes the person recording the data, and the time it was recorded. For "Event.Record" entries, details of the performer of the event, the location, and the time the event happened are also included in the provenance data.
Cluster	This is a set of elements put together as a group and which relate to each other; e.g. medication course details cluster which is the set of elements describing the course of the medication.
Element	The data item. An element can appear in one or more sections e.g. name, date.

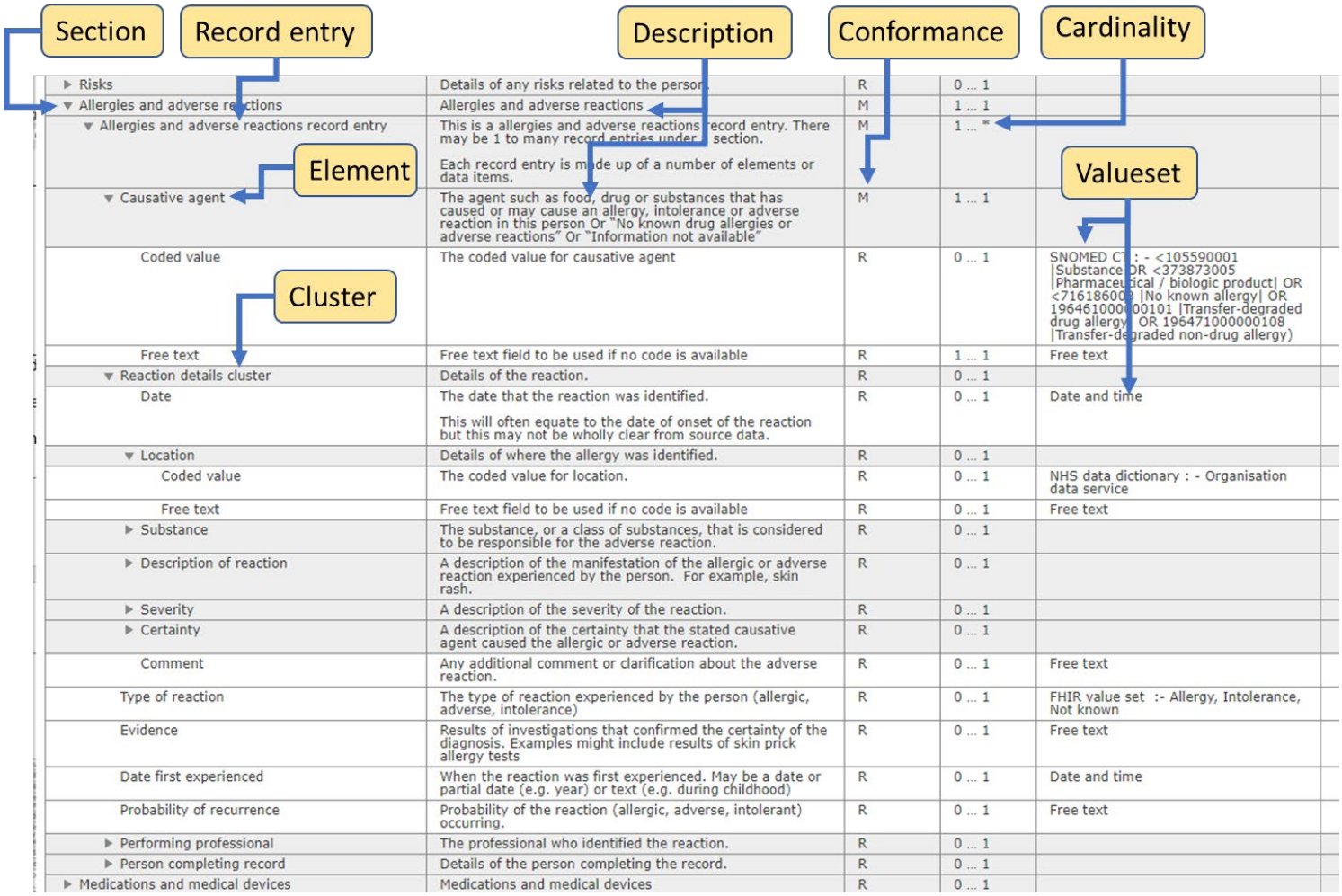
Information model rules and instructions	Explanations
Description	This is the description of the section, record entry, cluster or element. For an element, it describes the information that the element should contain in as plain English as possible.
Cardinality	Each section, record entry, cluster and element will have a statement of cardinality. This clarifies how many entries can be made i.e. zero, one or many entries. The number of records expected and allowed are displayed as: 0…* = zero to many entries are allowed 0…1 = zero to one entry is allowed 1…1 = one record is expected 1…* = one to many records are expected For example, the 'Medications and medical devices' section may have zero to many medication item records in it and is displayed as 0…… *.
Conformance	Conformance defines what information is 'mandatory', 'required' or 'optional' and applies to sections, record entries, clusters and elements. The IT system must be developed to be handle all the information elements that are defined in the standard but not all the information is required for every individual record or information transfer. The following set of rules apply to enable implementers to cater for the end users (senders and receivers) requirements: ❖ **Mandatory** – the information must be included ❖ **Required** – if it exists, the information must be included ❖ **Optional** – a local decision is made as to whether the information is included These rules apply at all levels and give the flexibility to allow local clinical or professional decisions on some information that is included, while being clear on what is important information to include. For example, a person subject to a referral may have many assessments, but not all of these will be relevant to the referral. The conformance can be used to allow just relevant assessments to be included. Assessment Section – Required – i.e. its important information you must include if you have it. Record entry level – Optional – allows a local decision on what assessments are included, so only relevant ones are included based on clinical or professional needs. Assessment elements – Conformance set on the normal basis of which elements for an assessment are mandatory, required or optional. **NB:** It is permitted to upgrade a conformance rule but not to down grade one. For instance, a section that is classed as optional in the standard can be upgraded to required or mandatory in local implementations.

Information model rules and instructions	Explanations
	However, one that is classed mandatory or required cannot be downgraded to required or optional.
Valuesets	Valuesets describe precisely how the information is recorded in the system and communicated between systems. This is required for interoperability (for information to flow between one IT system and another). The information can be text, multi-media or in a coded format. If coded it can be constrained to SNOMED CT and specific SNOMED CT reference sets, NHS Data Dictionary values or other code sets.

Table 1: PRSB information standard data structure

In the annotated example shown below for Allergies:

- The standard has a section for 'Allergies and adverse reactions', its conformance is 'mandatory' and the cardinality is '1 only' (or 1...1) i.e. there must be just one allergies section
- It has a record entry to allow for multiple allergies, which is also 'mandatory' so with a cardinality of 1 to many (or 1...*). The record entry contains a set of elements, i.e. the set of information for each allergy and there must be at least 1 record entry.
- The record entry also includes a cluster (reaction details cluster), which groups the reaction details together.
- Each element has a description, conformance, cardinality and valueset. e.g. Causative agent, which is mandatory with a cardinality of 1 only (or 1…1) and a valueset with two options, coded value with a constrained set of SNOMED codes (including an option for "No known allergy") or free text if coded values are not available. Other elements are required in this example. i.e. the set of information for each allergy or adverse reaction must have a causative agent, and where available should have the other information such as reaction details, substance, severity etc.



▶ Risks	Details of any risks related to the person	R	0 … 1	
▼ Allergies and adverse reactions	Allergies and adverse reactions	M	1 … 1	
▼ Allergies and adverse reactions record entry	This is a allergies and adverse reactions record entry. There may be 1 to many record entries under section. Each record entry is made up of a number of elements or data items.	M	1 … *	
▼ Causative agent	The agent such as food, drug or substances that has caused or may cause an allergy, intolerance or adverse reaction in this person Or "No known drug allergies or adverse reactions" Or "Information not available"	M	1 … 1	
Coded value	The coded value for causative agent	R	0 … 1	SNOMED CT : - <105590001 |Substance OR <373873005 |Pharmaceutical / biologic product| OR <716186003 |No known allergy| OR 196461000000101 |Transfer-degraded drug allergy| OR 196471000000108 |Transfer-degraded non-drug allergy\)
Free text	Free text field to be used if no code is available	R	1 … 1	Free text
▼ Reaction details cluster	Details of the reaction.	R	0 … 1	
Date	The date that the reaction was identified. This will often equate to the date of onset of the reaction but this may not be wholly clear from source data.	R	0 … 1	Date and time
▼ Location	Details of where the allergy was identified.	R	0 … 1	
Coded value	The coded value for location.	R	0 … 1	NHS data dictionary : - Organisation data service
Free text	Free text field to be used if no code is available	R	0 … 1	Free text
▶ Substance	The substance, or a class of substances, that is considered to be responsible for the adverse reaction.	R	0 … 1	
▶ Description of reaction	A description of the manifestation of the allergic or adverse reaction experienced by the person. For example, skin rash.	R	0 … 1	
▶ Severity	A description of the severity of the reaction.	R	0 … 1	
▶ Certainty	A description of the certainty that the stated causative agent caused the allergic or adverse reaction.	R	0 … 1	
Comment	Any additional comment or clarification about the adverse reaction.	R	0 … 1	Free text
Type of reaction	The type of reaction experienced by the person (allergic, adverse, intolerance)	R	0 … 1	FHIR value set :- Allergy, Intolerance, Not known
Evidence	Results of investigations that confirmed the certainty of the diagnosis. Examples might include results of skin prick allergy tests	R	0 … 1	Free text
Date first experienced	When the reaction was first experienced. May be a date or partial date (e.g. year) or text (e.g. during childhood)	R	0 … 1	Date and time
Probability of recurrence	Probability of the reaction (allergic, adverse, intolerant) occurring.	R	0 … 1	Free text
▶ Performing professional	The professional who identified the reaction.	R	0 … 1	
▶ Person completing record	Details of the person completing the record.	R	0 … 1	
▶ Medications and medical devices	Medications and medical devices	R	0 … 1	

Figure 1: Diagram detailing key terms used in the DAPB4066 standard with the example for allergies and adverse reactions (taken from the PRSB Core Information Standard)

4.2. Context of the information

It is vital for use of the data that all contextual information is maintained and should not be lost on exchange or import of information. For example, if a frailty assessment was undertaken at the care home 2 days before the individual was admitted to hospital it is important that the full context of the information is known (where and when the assessment was done and by whom).

The principle, for PRSB standards, is that for clinical safety and efficacy of communications, the following key contextual data should be shared where specified by the "information type" of the data item in any PRSB standard:

- **Performing Professional** – is the person who performed the activity for example conducted the procedure, assessment etc. It has various attributes that are expected to be completed, name, role, specialty, organisation of the professional. If the professional is not known but the organisation and specialty are known they should be included as contextual information. In some situations, the action or event may be performed by the patient or a device. In these situations, a Performing Person or Performing Device may

be recorded. Alternatively a more generic “Performer” may be specified with the same content model as “Performing Professional”.

- **Location** – the place in which the activity took place e.g. observations were made.

- **Date** - the date on which the activity took place e.g. the assessment was performed. In some instances, this would be start and end dates.

- **Author** - is the person, device or application that recorded the information and has various attributes; name, role, speciality and organisation and the date the record was completed. This is expected to be automated and linked to audit trail (see section 4.3).

Note that although both ‘Performing professional’ and ‘Author' contain the element ‘speciality’ it is recognised that this only applies to some professionals so only needs to be included where relevant.

The principle applied in the information model is that where it is important (from a professional perspective) to know who undertook the activity and who recorded the activity, an information type of “Event.Record” or “Record” will be included in the model. For every item of information shared it is important that an audit trail is recorded (even if not explicitly stated in the information model). This is set out below.

The provenance information models will be available on the PRSB website in due course, in the meantime please contact the PRSB support desk at support@theprsb.org.

4.3. Time stamp and audit trail

It is important that an audit trail is recorded for every item of information recorded or shared (even if not explicitly stated in the information model).

Each record entry will need to be time stamped from the source system with date and time recorded and the identity of the person making the record. This needs to be viewable in the records themselves where appropriate and via a full audit trail which may be viewable by the end user to enhance transparency.

4.4. PRSB reference library

The content of DAPB4066 is based on a reference library of components used for all PRSB standards, maximising reuse of existing components and ensuring consistency across standards to support interoperability between records, systems, professionals and people.

4.5. SNOMED CT

This standard uses SNOMED CT coding where appropriate. Where this is not appropriate, national coding from the NHS Data Model and Dictionary has been used. The supplier systems must be compliant with the SNOMED CT codes set out

within the Social Prescribing information model.

Compliance is based on the scope of the standard SNOMED CT SCCI0034.

Further information on SNOMED CT, including mapping to and from other clinical terminologies, can be found in the SNOMED CT Editorial Guide.

4.6. Format

If national codes have been defined, then the format will match that of the NHS Data Model and Dictionary; this will be shown in the “Valuesets” column. The field describes the valid formats that will be accepted for this data item. For dates and times, it specifically refers to the exact formatting. For other data items it describes the data type required and the max/min field lengths.

For the majority of data items, SNOMED CT is permitted as well as a free text option for those who are not yet SNOMED CT compliant.

4.7. National codes

If no SNOMED CT has been identified, then certain Elements provide a list of the valid formats that will be accepted for this data item (if there are any). For example, a field may only allow values of "Y", "N" and "X", which equate to "Yes", "No", "Don't Know".

For ease, the information model contains hyperlinks to referenced Data Dictionary formats in columns: “National Codes (if applicable)” and “National Description (if applicable)”.

4.8. Free text fields

Free text will be available where there is a clear clinical requirement. It is also appreciated that many systems are not yet compliant with SNOMED CT and so the ability to use free text where SNOMED CT is not available has often been allowed.

Free text field size will be appropriate to support the clinical requirement. All free text documentation should be completed in accordance with professional record keeping standards, being clear and accurate.

4.9. Use of terms

The term ‘role’ has been consistently used rather than ‘designation’ throughout PRSB standards to apply to the role the professional had in an activity. It is the term used in the NHS data dictionary.

The term ‘organisational role’ means the role the professional has in their employer organisation.

Some clusters such as referrer details have elements for one or more of specialty, team, service and department. This is to allow for all situations across health and

care where different terms are required. Where possible specialty and service should be used and coded as detailed in the value set for the element.

4.10. Dependencies

The implementation of PRSB information standards is often dependent on the following:

- The national and local Information Governance frameworks which will determine information access and sharing controls and legitimate relationships between health and care provider organisations.
- Technical messaging standards e.g. FHIR profiles (to support the transfer of information between systems).

4.11. Data quality

Data quality and accuracy of coded data entry should be managed in local 'source' systems to ensure that information shared with people and professionals through other systems is dependent on the source data quality.

5. Clinical safety

We recommend system suppliers and local implementers apply further risk mitigations when implementing PRSB standards by addressing the risks that have been flagged in the clinical safety case report and hazard log for each standard. Suppliers and implementors should aim to reduce the risk scores to 2, or better, when carrying out clinical risk assessments and developing safety cases for their implementations with respect to DCB0129: Clinical Risk Management: its Application in the Manufacture of Health IT Systems and DCB0160: Clinical Risk Management: its Application in the Deployment and Use of Health IT Systems.

As more practical implementation issues may vary from provider to provider, it is recommended that all providers implementing the PRSB information standards must still follow their local clinical safety processes to assess the local impact.

6. Information governance

Sound principles of information governance and respecting the privacy of people and their information is paramount. NHS England has published a national Information Governance Framework which needs to be considered when planning implementation.

Local agreements should be drawn up between organisations to define information requirements for communication.

As more practical implementation issues may vary from provider to provider, it is recommended that all providers implementing the PRSB information standards must

still follow their local information governance and security review processes to assess the local impact.

7. Future changes

7.1. Release cycles and governance

DAPB4066 will be enhanced as necessary based on need. Enhancements could be based on further clinical requirements, clinical safety feedback, technical SME feedback or supplier implementation findings (for example).

The DAPB4066 information standard (including guidance) provides the structure and content for a social prescribing record; the sections and elements of the social prescribing information model define what information should be recorded. The need for data flows will be considered for later versions of DAPB4066.

Throughout the implementation process, any lessons learned and feedback from implementers will be documented and used to influence future releases.

A formal log will be maintained and managed by the PRSB to analyse, assure and prioritise any enhancements or amendments elicited from the feedback channels detailed above. The information standard will follow a three-yearly release cycle by default. Ongoing feedback and review will take place throughout the implementation period through the PRSB support service. All feedback is reviewed on a quarterly cycle, and it is possible that enhancements are made to DAPB4066 as a result of the assessment of the feedback on a regular basis.