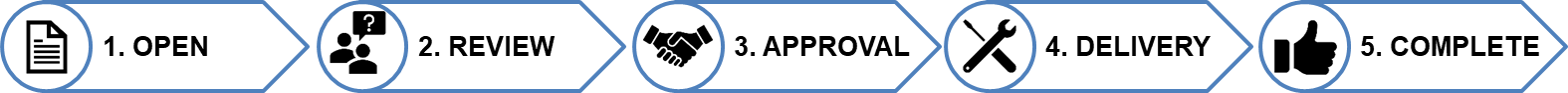
This form is for development and platform requests. If you are unclear whether your request meets this criteria, please contact the mailbox: [NWR@nhs.net](mailto:NWR@nhs.net).

On receipt of a completed form the Platforms NWR process will be initiated:



* You will be kept informed of progress and will have to provide input at key-points.
* Link to NWR process guide can be found [here](https://hscic365.sharepoint.com/:p:/r/Platforms_Infrastructure_Live_Services/_layouts/15/Doc.aspx?sourcedoc=%7B2B05761D-65DC-4289-ABE9-5B982FD70BB6%7D&file=NWR%20Process%20Guide.WiP.SP.v03.pptx&action=edit&mobileredirect=true)
* Link to Portfolio Coding guidance can be found [here](https://hscic365.sharepoint.com/:x:/r/sites/services2/FinancePortal/_layouts/15/Doc.aspx?sourcedoc=%7BC7776F3F-F11B-4990-A9E2-5A4177EBCDC3%7D&file=21-22%20Requisition%20Coding%20Guidance.xlsx&action=default&mobileredirect=true&cid=78689b0c-9603-4fc7-a798-47d2369125a3)
* You will need to consult other areas (e.g. Solutions Assurance, Safety Engineering, Live Services, Clinical Safety, Information Governance, etc) to get a full picture of required activities and associated costs.

**Please ensure that all fields in Section 1 are completed to avoid the form being returned**.

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| **(to be completed by the Requestor)** | |
| **1.1. Request Title** | |
| Social Prescribing FHIR profile (FY22-23) – Part 1 DISCOVERY | |
| **1.2. Financial Year (for office use only)** | |
| FY22/23 | |
| **1.3. Requesting Area (where has the request been generated)** | |
| Personalised Care Group – digital | |
| **1.4. Requestor Name (main contact / person requesting work)** | |
| Jeremy Wilkinson | |
| **1.5. Requestor Telephone** | 07702422459 |
| **1.6. Requestor Email** | Jeremywilkinson@nhs.net |
| **1.7. NHS Digital Portfolio Name** | NHS@Home |
| **1.8. NHS Digital Portfolio Code (eg P0123/45) (have you got PIM confirmation?)** |  |
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| **1.9. Request Outline** |
| 1.9.1. What is the Business Problem that needs to be addressed?  (To include purpose eg business case input or for delivery) |
| **NWR-1794: INITIAL DISCOVERY ONLY**  Social prescribing and community-based support is part of the NHS Long Term Plan’s commitment to embed [universal personalised care](https://www.england.nhs.uk/personalisedcare/upc/comprehensive-model/) across the health and care system. Personalised care means people are given choice and control over how their care is planned and delivered, determined by ‘what matters’ to them based on their individual strengths and needs. Social prescribing connects people to community based support and activities to improve health and wellbeing, and is accessed through self-referral and referrals from GPs, clinicians and other health professionals in primary and secondary care. Social prescribing enables people of all ages to access non- medical solutions that support them to improve their health and wellbeing, and is a route for self-management of a range of long term physical and mental health conditions, usually provided by VCSE organisations through onward referral by social prescribing link workers  In excess of 75% of social prescribing link workers are hosted by VCSE organisations using a range of digital case management reporting systems. This means that patient progress and feedback to GPs and health records is not digitally enabled, and without a data flow outside the GP IT systems it is difficult to track the impact of social prescribing for both patients and health services. Some PCNs have also reported issues with GP IT suppliers charging them to flow data from social prescribing IT systems on an ad hoc basis. |
| 1.9.2. Provide a summary of the Use-case(s) for the solution. |
| Professionals involved in capturing and using social prescribing information will include those in primary care, community services and secondary care, and from local authority and voluntary sector organisations. Access to social prescribing information held on an individual record can be created, updated or seen by any authorised person supporting the individual (where there is a legal basis for doing so) for example the individual’s GP, Allied Health Professional, specialist nurse or social prescribing link worker. Sharing information about the patient is important to ensure that relevant information is known by professionals including ensuring appropriate treatment at point of care and enabling risk stratification to identify proactive support. Capability is also required to flow pseudonymised data as this enables NHS commissioners and providers to plan and commission appropriate services for their local population, in line with Health & Care Act 2022 guidance for Integrated Care Systems |
| 1.9.3. What is the value / benefit of doing this work? |
| The aim of the social prescribing DAPB4066 social information standard is to support professionals and people through the social prescribing journey with the information they need and to promote consistency in data capture regarding social prescribing provision. Better consistency in the way data is captured facilitates the ability for the resulting information to be accessed and shared, across organisations, with all health and care professionals that maybe involved with the individual’s care.  This provision of easily accessible information is expected to promote a more connected mode of working, that would reduce the need for individuals to repeat their information if seen by different professionals, so improving the service given/received. The availability of such information, in a consistent manner, will allow for example healthcare professionals have the relevant information to hand prior to undertaking care planning conversations, which should lead to a more efficient and effective service.  By supporting individuals to use alternative support methods social prescribing can reduce the impact on the health and social care system. An individual needs met in this way may well reduce overall cost of care within the system  Being able to share the data that has been captured and recorded between social prescribing case management reporting systems and GP IT systems is critical to patient quality and safety, and flowing data so that it can be included in NHS data sets is central to enabling local population based planning and commissioning |
| 1.9.4. How many people will this change impact within the first 6 months of its release? |
| Implementation of the SP DAPB4022 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. Social prescribing suppliers on-boarded onto the HSSF framework ‘where existing information flows exist’ are expected to do so by 31st of March 2023. Phase 2 will include the “Referral to social prescribing services” and “Message back to the GP or referrer” will use FHIR messaging. Over 2000 link workers funded direct through the GP contract are currently recording patient information in social prescribing IT systems which have routine no inter-operability with GP IT systems, with expected numbers increasing to 4,500 by 2024. There are an additional 2000 link workers who are locally commissioned and using external supplier case management reporting systems. Over 1.2m social prescribing referrals have been made to date to the PCN link workers, with an unknown number of onward referrals to non-traditional VCSE providers which are currently not captured in health records |
| 1.9.5. How will this change impact those users? |
| We would expect the SP DAPB4022 information standard to be recorded by users and healthcare professionals within primary and secondary care to transition from HL7v2 to FHIR. This will enable interoperation with other NHSE/I work programmes i.e. shared care records which will improve patient experience and treatment, and enable local commissioners to plan according to the needs of their local population |
| 1.9.6. What are your plans for implementing or transitioning this change into LIVE usage once it is developed (details / plans for pilot or details of first adopters)? |
| A reference group has been established comprising of clinicians, social prescribing link workers, people with lived experience, ICS early adopters and system suppliers required for the SP DAPB standard to test the FHIR profiles. There are meetings planned for the remainder of 22/23.  The timeframes for SP DAPB roll out are detailed below.   |  |  | | --- | --- | | **Action** | **Date** | | Communicate the DAPB4066 standard (this standard) to providers (including Health System Support Framework (HSSF)-accredited suppliers) | December 2021 | | Work with early adopters | Q3 & Q4 2022/23 | | Share learning & findings | Q4 2022/23 | | 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 | |
| **1.10. What are the funding arrangements?** |
| The digital programmes of work across the 6-component areas of personalised care are funded by NHSE/I and allocated to Personalised Care Group Programme. |
| **1.11. Who is your Programme Finance Partner contact?** |
|  |
| **1.12. Is this request covered by an existing business case / new work commission?** |
| As part of the ongoing Personalised Care Group’s ongoing PCSP digital activities, the FHIR development work is seen as integral requirement for the interoperation of social prescribing between primary and secondary health and social care systems moving forward. |
| **1.13. What is the planned governance structure (eg is there a NHS Digital Programme?)** |
| Currently the SP DAPB work was commissioned by NHSE in 2021. It has a Sponsor Tim Straughan and SRO David Bramley in place and has an agreement from the Professional Records Standards Body to maintain and uplift the standard as and when required, over the lifetime of the standard. |
| **1.14. Is the request time dependent? (eg What is the deadline? Does it still have value if delivered after that date?)** |
| We would like the work to begin in Q3 2022. |
| **1.15. Who is the actual customer? (eg Who is the Senior Responsible Officer (SRO) / sponsor?)** |
| Tim Straughan Sponsor and David Bramley SRO |
| **1.16. It is the responsibility of the Requestor to engage with the following areas to establish the approvals / sign offs required to transition the change into live service.** |
| |  |  |  | | --- | --- | --- | | **Area** | **Impact assessment required? Yes/No** | **Justification** | | Information Governance | No | Although it expected that SP providers have already carried out DPIA/DSA’s locally for current social prescribing data sharing using HL7 v2, the adoption of the DAPB PCSP and FHIR would require a local review of any changes to SP data exchange. | | Clinical Safety | No | A SP clinical safety case has already been completed for all the data elements within the DAPB standard. | | Solutions Assurance | No | As part of clinical safety process DCB 0129 has been completed for the PCSP DAPB national standard, however as the PCSP elements will change, local review will be required. DCB 0160 would also be required to be undertaken locally. | | Live Services | Yes | Although some SP supplier’s system are already deployed into live service and use NHS Spine infrastructure, successful transmission of FHIR messaging would need to be assured before use. | |

**Once Section 1 has been completed, please e-mail this form to**: [NWR@nhs.net](mailto:NWR@nhs.net)

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| **(to be completed by the Product Owner)** |
| **2.1. Scope and Approach** |
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| **2.2. Platforms only Estimates** |
| |  |  | | --- | --- | | **Estimated Platforms Total Effort (days)** | 10 Days | | **Development cost** | £6,000 | | **Annual support – subsequent years**  You will be expected to fund an amount of run and maintain for subsequent years   * *Assume 20% of development costs to live* * *Assume 6% of development costs for subsequent years* | | | **Revenue / Capital Split**  Requesting Area should consult with their Finance Business Partner as to the content of capitalisation of the request and advise the NWR Team | |  |  |  |  | | --- | --- | --- | | **Cloud Hosting** | **Estimate** | **Portfolio Code Ref** | | **eg any volume-increases that require additional Cloud spend** | £ |  |   **Platforms Delivery Support Function draft to be completed: *Record proposed days effort in relevant months (April – Month 1 etc)***     |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Portfolio  code | Type | Month  1 | Month  2 | Month  3 | Month  4 | Month  5 | Month  6 | Month  7 | Month  8 | Month  9 | Month  10 | Month  11 | Month  12 | |  | Days |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | | **Estimated delivery timeframe** |  | |
| **2.3. Further information (eg including any linked-NWRs)** |
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**Please note: this response is valid for a period of 60 days, after which, if you wish to proceed, the response will need to be re-evaluated.**

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| **(to be completed by NWR Team)** | | | |
| **3.1. Requestor / PIM approval** | | | |
| **Approval must be provided within 5 working days to avoid delays in delivery schedule.** | | | |
| **Approval that:** | 1. Scope of work is correct. 2. Cost of the work is accepted. 3. Timeframe of the work is agreed. | |  |
| **Confirmation that:** | 1. Solutions Assurance engaged. 2. Live Services engaged. 3. Clinical Safety engaged 4. Information Governance engaged. | |  |
| **Approval date:** |  | | |
| **Approved by:** |  | | |
| **Additional Information: (***Please include any approval/confirmation emails***)** | | | |
| **3.2) Finance Business Partner approval:** | | | |
| **Approval must be provided within 5 working days to avoid delays in delivery schedule.** | | | |
| **Approval that** | 1. Portfolio-code is correct. 2. Budget is available. 3. Capital / Revenue allocation correct. |  | |
| **Approval Date:** |  | | |
| **Approved By:** |  | | |
| **Additional Information: (***Please include any approval email***)** | | | |
| **3.3) Head of Product approval (via Jira).** | | | |