



Professional  
Record  
Standards  
Body

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

Requirements Specification 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](#). Any copies 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.

Date of publication: 16 January 2023

## Glossary of Terms

<b>Term / Abbreviation</b>	<b>What it stands for</b>
DAPB	Data Alliance Partnership Board.
DAPB4066	The Social Prescribing Information Standard.
FHIR	Fast Healthcare Interoperability Resource. A method for exchanging healthcare information electronically.
HL7	Health Level Seven® International (HL7®) is the global authority on standards for interoperability of health technology.
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 single reference, rather than a list of all the terms contained therein.
SNOMED CT	Structured clinical vocabulary for use in an electronic health record. SNOMED CT has been adopted as the standard clinical terminology for the NHS in England.
TRUD	Technology Reference Data Update Distribution. The standard references (e.g.) NHS Data Dictionary and SNOMED CT terminology. System suppliers are expected to update their products using the latest release via TRUD.
VCSE	Voluntary, Community and Social Enterprise

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# 1. Introduction

Social Prescribing supports people in the community to improve their health and wellbeing. It's a way for local agencies (including GPs, third sector charity organisations and people in the community) to refer individuals to Link Workers who work with the individual, focusing on 'what matters to me' and connecting them with local groups and services. Individuals can also self-refer in areas where a self-referral process has been set up.

Support like Social Prescribing has been part of health and social care for decades (in various guises) and now, this support is structured within the NHS. The NHS in England made a Long Term Plan commitment to recruit 4,500 additional Link Workers by March 2024 with this number rising further to support 900,000 individuals by 2023/4. In the GP 5 year contract, funding for additional Link Workers is available through the Additional Roles and Reimbursement scheme.

NHS England guidance encourages healthcare professionals to develop shared implementation plans with partners (e.g. Local Authorities, Voluntary, Community and Social Enterprise (VCSE) and Public Health) as well as supporting primary care networks (PCNs) to build on existing Social Prescribing provision. Personalised care is one of the five key practical changes for all health and care systems with over 2.5 million people expected to benefit from personalised care by 2023/4.

Link Workers support individuals who have been referred to the Social Prescribing service, but themselves could be further supported by being able to access and record consistent information about an individual. Issues reported by individual's and Link Workers include:

- The individual not always knowing what they are consenting to
- Difficulty for the Link Worker to keep track of the individuals under their care
- Reporting can be inconsistent and patchy
- Individual's may have to repeat their story multiple times to different people within health and social care, which can be traumatic for them.
- GP's don't always benefit from the richer information which Link Workers capture about an individual

NHS England tasked PRSB with standardising the information captured and shared during an individual's experience of Social Prescribing.

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

- o 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:
  - o So, they feel understood and listened to
  - o Allowing them to view or contribute to the record
  - o 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):
  - o To understand the scale and effectiveness of service
  - o Informing population health etc.
  - o Data can be extracted from records to supply local activity information / dashboards via the information standard).

The development involved consultation with clinicians, healthcare professionals, patients as well as system suppliers and commissioners. The Final Report of the development as well as other supporting documents to aid implementers are available on the [PRSB's webpage](#).

This first version (v1.0) of the Data Alliance Partnership Board (DAPB) approved Information Standard (DAPB4066 Amd 108/2021) which has been approved for publication by the Department of Health and Social Care under [section 250 of the Health and Social Care Act 2012](#) is to mandate the use of the [PRSB Social Prescribing standard \(version 1.0\)](#). This will prepare providers and their systems to be able to begin sharing information in the future, which will be facilitated through a further release of this standard.

## 1.1. Purpose

The purpose of this document is to detail the requirements for providers and their system suppliers to implement DAPB4066 (this standard). This will prepare providers and their systems to be able to begin sharing information in the future via mechanisms currently under development by NHS Digital, for example using HL7 FHIR profiles. The requirement for sharing will be associated with an update to this standard.

This document provides guidance on the implementation of the PRSB Social Prescribing Standard.

NHS England commissioned the PRSB to develop the standard into a DAPB approved information standard.

Through this application, the standard will be referred to hereafter as DAPB4066 (DAPB Social Prescribing information standard). Please see section 1.3 which describes the key documents required to implement DAPB4066.

## 1.2. Definitions

It is important to understand the key terms used to describe the data hierarchy of the information models for PRSB standards. Details are provided in the High Level Implementation Guidance document which is also part of DAPB4066.

## 1.3. Supporting documents

Supporting documents for DAPB4066 include:

- DAPB4066 Social Prescribing Information Standards Notice (ISN)
- DAPB4066 Social Prescribing Information Standard Requirements Specification (this document)
- DAPB4066 Social Prescribing Information Standard – High Level Implementation Guidance
- PRSB Social Prescribing information model (v1.0)

DAPB4066 makes reference to the PRSB Social Prescribing information model (version 1.0) which is hosted and maintained on the [PRSB's webpage](#).

### PRSB items

The following items comprise the PRSB standard and will be published on the PRSB website.

Document Name	Purpose
PRSB Social Prescribing standard information model v1.0	Provides the information model setting out the detailed content, format, and structure, needed for a provider to implement the standard. Provides the SNOMED CT codes and refsets for the information models. Includes detailed implementation guidance at section and element level. It is available <a href="#">here</a> (other formats also available by emailing <a href="mailto:support@theprsb.org">support@theprsb.org</a> ).
PRSB Social Prescribing Clinical Safety Case	Details the hazards identified for the standard along with mitigations for use by system suppliers and implementors in their implementations and their own safety cases.
PRSB Social Prescribing Final Report	Describes the development of the standard including the methodology, stakeholder consultation, findings, conclusions and recommendations.

Please note that additional supporting documents may be added to the PRSB [website](#) over time as a result of feedback from implementation.

## DAPB items

The following items comprise the DAPB information standard and will be published on the [DAPB website](#).

Document Name	Purpose
DAPB4066 Information Standards Notice Amd 108/2021	The Information Standards Notice provides confirmation of the standard details, implementation date, whether it is mandated or voluntary, the legal or contractual basis upon which the data are being requested and details of key contacts.
DAPB4066 Social Prescribing information standard high level implementation guidance v1.0	Provides high level guidance and context to providers involved in care planning on the implementation of DAPB4066 (this information standard).
DAPB4066 Social Prescribing information standard requirements specification v1.0 (This document)	Details the requirements for providers involved in care planning and their system suppliers to implement DAPB4066.

### 1.4. Scope

This information standard defines the fields (structure) needed for implementation of an effective Social Prescribing through:

- The PRSB Social Prescribing standard information model v1.0

The obligations to providers and their suppliers to comply with these requirements when implementing DAPB4066 are presented through:

- The DAPB4066 Information Standards Notice
- The DAPB4066 Social Prescribing information standard requirements specification v1.0
- The DAPB4066 Social Prescribing information standard high level implementation guidance v1.0.

This release of DAPB4066 (this information standard) applies to the implementation of the PRSB Social Prescribing information model (v1.0). 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](#).

The scope of DAPB4066 (this information standard), with regards to providers and their respective levels of compliance with the PRSB Social Prescribing information model (v1.0) is as follows:

- All in scope health and care settings and individuals are expected to implement the Social Prescribing Record Standard part of the overall standard, but not expected to implement the “Referral” and “Message back to GP and referrer” parts of the standard at this stage.
- Phase 2 (to be defined in a revised ISN) is expected to include the ability to send and receive both the “Referral to social prescribing” and the “Message to the GP and referrer” at the conclusion of the social prescribing period.
- Compliance with DAPB4066 (which references the PRSB Social Prescribing information model version 1.0) is defined by the ability to create, edit and view social prescribing records is as laid out below.
- The implementation and compliance for phase 1 will be further phased to take account of the wide range of social prescribing providers and their wide ranging record systems, digital maturity and funding. Details of the phasing are defined in the DAPB4066 Social Prescribing information standard high level implementation guidance v1.0.

*(NB – the terms “MUST”, “SHOULD” and “MAY” are defined in section 2.1, below).*

- All service providers in the following health and care settings **MUST** conform to this information standard:
  - Social prescribing services
  - General Practice
  - Acute health services
  - Mental health services
  - Community services
  - Social Care services
- All service providers in the following care settings **SHOULD** conform to the information standard:
  - n/a
- All other Service Providers including those who may make referrals to social prescribing services **MAY** conform to the information standard.

This information standard (DAPB4066 Amd 108/2021) will impact:

- All health and care IT systems suppliers providing systems to the providers detailed in the above scope.

The above scope is the result of guidance from clinical, technical and governance subject matter experts. The scope may widen to mandate other types of setting in future releases of this information standard.

Rules around information governance when using this standard will be determined locally (see Section 6 of the high level implementation guide).

## 1.5. Implementation plan

Compliance with Version 1.0 of DAPB4066 will be phased from March 2023 and must be achieved no later than March 2025. Details about the phasing are provided in the DAPB4066 Social Prescribing information standard high level implementation guidance v1.0.

### **PRSB Standard and DAPB information standard**

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

The PRSB standard (which is referenced by this information standard) comprises the Social Prescribing information model (version 1.0) including detailed implementation guidance. They are published on the [PRSB website](#).

The implementation plan is provided in the DAPB4066 Social Prescribing information standard high level implementation guidance.

## 1.6. Support and maintenance

Where additional advice in implementing DAPB4066 is required, the PRSB support service can be contacted at [support@theprsb.org](mailto:support@theprsb.org). The PRSB is responsible for managing any updates to the information model and implementation guidance through established assurance processes and release cycles 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 more 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 the DAPB4066 information standard.

## 1.7. Related standards

It is highly recommended that providers are aware of the [PRSB Core Information standard](#), which defines the minimum content for shared care records, and the [PRSB Personalised Care and Support Plan Standard](#) which may have important contextual information for a person and should be accessible to the social prescriber. Please note that this information standard does not mandate compliance with the Core Information Standard or Personalised Care and Support Plan Standard. More details about the relevance of these standards are provided in the DAPB4066 high level implementation guidance document.

## 2. DAPB4066 Social Prescribing Standard requirements

### 2.1. Requirements definition

This document defines the specification that health and care providers (termed the PROVIDER), need to work with their suppliers of IT systems (termed the SYSTEM) to implement the requirements of DAPB4066 Social Prescribing Information Standard Notice (STANDARD).

NB: the onus is on PROVIDERS to instruct their SYSTEM suppliers to comply with the STANDARD via their local contracts.

The requirements within this specification are assigned levels using the following terms:

**MUST** - This word, or the term "SHALL", mean that the definition is an absolute requirement of the specification.

**SHOULD** - This word, or the adjective "RECOMMENDED", mean that there may exist valid reasons in particular circumstances to ignore a particular item, but the full implications must be understood and carefully weighed before choosing a different course.

**MAY** - This word, or the adjective "OPTIONAL", mean that an item is optional. One provider may choose to include the item because their local processes require it or because they feel that it enhances the product, while another provider may omit the same item.

### 2.2. Provider requirements

Reference	Requirement
P01	Providers <b>MUST</b> read the Requirements Specification (this document) in conjunction with the DAPB Social Prescribing High Level Implementation Guidance, PRSB Social Prescribing information model (version 1.0) including detailed implementation guidance.
P02	Providers <b>MUST</b> review their system compatibility against this standard to identify any changes required to current practice and systems to ensure compliance with this standard.
P03	Providers <b>MUST</b> ensure that their current system is updated, as required, to be conformant with this standard.
P04	It <b>MUST</b> be possible to validate any mandatory items at the point of data entry to prevent a user from not completing an associated field.
P05	Providers <b>SHOULD</b> provide adequate training for all staff involved in collection and recording of this data.
P06	Where there are suggested changes to either the PRSB Social

Reference	Requirement
	Prescribing information model, or implementation guidance, the provider <b>SHOULD</b> contact the <a href="#">PRSB support and maintenance service</a> .
<b>P07</b>	Providers, when procuring new systems or modifying agreements with existing system suppliers, <b>MUST</b> have ensured that supplier organisations are compliant with the clinical safety standards DCB0129 Clinical Risk Management: its Application in the Manufacture of Health IT Systems ( <a href="http://www.digital.nhs.uk/isce/publication/dcb0129">http://www.digital.nhs.uk/isce/publication/dcb0129</a> ) and DCB0160 Clinical Risk Management: its Application in the Deployment and Use of Health IT Systems ( <a href="http://www.digital.nhs.uk/isce/publication/dcb0160">http://www.digital.nhs.uk/isce/publication/dcb0160</a> ).

## 2.3. IT system requirements

NB: the onus is on PROVIDERS to instruct their SYSTEM suppliers to comply with the STANDARD via their local contracts.

Reference	Requirement
<b>ITS01</b>	A system <b>MUST</b> be compliant with the DAPB4066 information model, version 1.0, which is available via this <a href="#">link</a> . Other formats are also available by emailing the <a href="#">PRSB support service</a> .
<b>ITS02</b>	For each Section of the standard information model that a system implements, a system <b>MUST</b> implement all Elements detailed therein.
<b>ITS03</b>	A system <b>MUST</b> structure the Elements within the record as per the information model, version 1.0.
<b>ITS04</b>	A system <b>MUST</b> allow a user to record any information in the correct format and under the correct Section.
<b>ITS05</b>	A system <b>MUST</b> implement DAPB4066 (this standard) as per the scope detailed within section 1.4 of this Social Prescribing Standard Requirements Specification.
<b>ITS06</b>	A system <b>MUST</b> offer configurable viewing of the record as per the provider's internal workflow requirements.
<b>ITS07</b>	A system <b>MUST</b> conform to regular updates of terminology releases via Technology Reference Data Update Distribution (TRUD).
<b>ITS08</b>	A system <b>MUST</b> ensure that for each record entry within a Section, the system allows the performing professional, person completing the record, date, and location details to be recorded and stored.
<b>ITS09</b>	The timestamps within the Social Prescribing <b>MUST</b> be recorded in local time.
<b>ITS10</b>	The interface <b>MUST</b> be compliant with NHSE <a href="#">Accessible Information (AIS)</a> standards.
<b>ITS11</b>	Where changes are made to how a user interacts with the system (for example the user interface) the IT system supplier <b>SHOULD</b> produce appropriate guidance to be made available to the health and/or care organisation.
<b>ITS12</b>	The system supplier <b>SHOULD</b> ensure Social Prescribing information is

Reference	Requirement
	accessible and updated either in real time, or as close to real time as possible.
<b>ITS13</b>	The system <b>SHOULD</b> automatically populate fields from referral messages and for the message to the GP/Referrer where that information exists in the link worker record. Details of the link worker including fields like their organisation and dates/times should be automatically filled in wherever possible.
<b>ITS14</b>	The system <b>MUST</b> support the implementation of an information governance/privacy model
<b>ITS15</b>	The system <b>SHOULD</b> be able to link to the Patient Demographic Service (PDS) for demographic information and information about the GP practice (Both stored in the PDS)
<b>ITS16</b>	The system <b>MUST</b> be able to protect the gender identity of transgender persons. The person's Sex (phenotypic) & Gender (self-reported) must be displayed in a way that does not inadvertently reveal protected information
<b>ITS17</b>	The system <b>MUST</b> be able to display Risks in an obvious and visible manner
<b>ITS18</b>	The system <b>MUST</b> be able to withhold safeguarding information from the person/ significant others to whom it relates, where appropriate.
<b>ITS19</b>	A view of the information recorded by the link worker <b>SHOULD</b> be made available to the person

## 2.4. Provider and IT system conformance criteria

This section describes the tests that can be measured to indicate that the information standard is being implemented correctly.

Reference	Criteria
PITSCC01	<p>Providers have read the following documents:</p> <ul style="list-style-type: none"> <li>- DAPB4066 Social Prescribing Information Standard Requirements Specification (this document)</li> <li>- DAPB4066 Social Prescribing Information Standard – High Level Implementation Guidance</li> <li>- PRSB Social Prescribing information model (v1.0)</li> </ul> <p>This relates to P01.</p>
PITSCC02	<p>The provider ensures that relevant staff can evidence that they have completed training around the recording of DAPB4066 Social Prescribing information. This relates to P05.</p>
PITSCC03	<p>The provider ensures that the system supports the recording of all mandatory, required, and optional elements. This relates to ITS01; ITS02; ITS03; ITS04; P02; P03; and P04.</p>
PITSCC04	<p>The provider ensures elements in the system are structured as per the Social Prescribing information model and in the format specified. This relates to ITS01; ITS02; ITS03; ITS04; ITS05; P03 and P04.</p>
PITSCC05	<p>The Social Prescribing information is accessible and updated in either real time, or as near to real time as possible. This relates to ITS13.</p>
PITSCC06	<p>The provider ensures that the PRSB is made aware of any suggested changes to either the PRSB social prescribing information model, including implementation guidance, through the <a href="#">PRSB support and maintenance service</a>. This relates to P06.</p>
PITSCC07	<p>The system supplier ensures that their provider is made aware of any functional changes that may impact the recording of the DAPB Social Prescribing information standard (for example user interface changes) and they provide appropriate support to users. This relates to ITS06 and ITS12.</p>
PITSCC08	<p>The system allows for a viewable audit trail of Social Prescribing versions, including time(s), date(s) and author(s). This relates to ITS9 and ITS13.</p>
PITSCC09	<p>The interface is compliant with NHSE <a href="#">Accessible Information (AIS)</a> standards. This relates to ITS10</p>

Reference	Criteria
<b>PITSCC10</b>	Providers described in Section 1.4 of the DAPB Requirements specification can evidence compliance with DAPB4066 (this standard). This relates to ITS06; ITS08; P02; P03; P04.
<b>PITSCC11</b>	Providers have ensured their system supplier can offer configurable viewing of the record as per the provider's internal workflow requirements. This relates to ITS07.
<b>PITSCC12</b>	Providers have ensured that their system suppliers are compliant with the clinical safety standards DCB0129 Clinical Risk Management: its Application in the Manufacture of Health IT Systems ( <a href="http://www.digital.nhs.uk/isce/publication/dcb0129">http://www.digital.nhs.uk/isce/publication/dcb0129</a> ) and that the providers are compliant with DCB0160 Clinical Risk Management: its Application in the Deployment and Use of Health IT Systems ( <a href="http://www.digital.nhs.uk/isce/publication/dcb0160">http://www.digital.nhs.uk/isce/publication/dcb0160</a> ). This relates to P07.
<b>PITSCC13</b>	Providers have ensured their system supplier conforms to regular updates of terminology releases via Technology Reference Data Update Distribution (TRUD). This relates to ITS07
<b>PITSCC14</b>	Providers have ensured that for each record entry within a section, their system supplier allows metadata (specifically the performing professional, person completing the record, date, time and location details) to be recorded and stored. This relates to ITS08 and ITS09
<b>PITSCC15</b>	Providers have ensured through their system supplier, that timestamps within the Social Prescribing are recorded in local time. This relates to ITS09.
<b>PITSCC16</b>	Providers have ensured that the system automatically populates fields from referral messages and for the message to the GP/Referrer where that information exists in the link worker record. Details of the link worker including fields like their organisation and dates/times should be automatically filled in wherever possible.
<b>PITSCC17</b>	Providers have ensured that the system supports the implementation of an information governance/privacy model
<b>PITSCC18</b>	Providers have ensured that the system can link to the Patient Demographic Service (PDS) for demographic information and information about the GP practice (Both stored in the PDS)
<b>PITSCC19</b>	Providers have ensured that the system protects the gender identity of transgender persons. The person's Sex (phenotypic) & Gender (self reported) must be displayed in a way that does not inadvertently reveal protected information

<b>Reference</b>	<b>Criteria</b>
<b>PITSCC20</b>	Providers have ensured that the system displays Risks in an obvious and visible manner
<b>PITSCC21</b>	Providers have ensured that the system is able to withhold safeguarding information from the person/ significant others to whom it relates, where appropriate.
<b>PITSCC22</b>	Providers have ensured that a view of the information recorded by the link worker can be made available to the person