

# Social Prescribing Platforms

Market exploration prepared for Healthy London Partnership, September 2019



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healthinnovationnetwork.com



Healthy London Partnership

# What we do at the HIN

- We connect academics, NHS commissioners and providers, local authorities, patients and patient groups, and industry.
- We work to accelerate the spread and adoption of evidence-based innovations and best practice across South London and beyond.
- Acting as catalysts of improvement across the local health and care system, our work supports better health outcomes & economic growth.



Population  
**3.5+**  
Million



Healthcare  
Workforce of  
**60,000+**



**55**  
Member  
Organisations



of **15**  
AHSN's in  
England



**12**  
South London  
Boroughs



**2**  
STP  
Areas

# Introduction

# Social prescribing as a national priority

## What is social prescribing?

*"Social prescribing is a way for local agencies (e.g. GPs, pharmacies, hospital discharge teams, social care, police, VCSEs...) to refer people to a link worker. Link workers give people time, focusing on 'what matters to me' and taking a holistic approach to people's health and wellbeing. They connect people to community groups and statutory services for practical and emotional support."*

4 Social prescribing works particularly well for people who have one or more long-term conditions, who need support with their mental health, who are lonely or isolated or who have complex social needs which affect their wellbeing.

## Social prescribing as an NHS priority

As part of the drive towards Universal Personalised Care (with 2.5 million people planned to receive personalised care by 2023/2024), the NHS Long Term Plan promotes the creation of a solid social prescribing infrastructure within primary care:

- 1,000 new social prescribing link workers will to be in post by 20/21 (bigger increases in link worker numbers are planned for subsequent years).
- These link workers will be part of multidisciplinary teams within primary care networks, with 100% of their salary costs being reimbursed under the new reformed GP contract (funding became available in 1 July 2019).
- These commitments will help achieve the goal of at least 900,000 people being referred to social prescribing by 2023/2024

# Evidence supporting social prescribing

- There is emerging evidence that social prescribing might lead to increases in general wellbeing, quality of life, confidence and even physical health as well as decreases in loneliness, isolation, anxiety and improvements in other mental health problems (The King's Fund, 2017; Bickerdike *et al.*, 2017).
- Some studies also suggest that social prescribing might reduce demand for a range of health services, including primary, secondary and emergency care (Polley *et al.*, 2017; Centre for Regional Economic and Social Research, 2014).

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## *However.....*

- In their systematic review, Bickerdike *et al.* (2017) suggest that more systematic evaluations are needed to determine the effectiveness and cost implications of social prescribing (although they do acknowledge that the majority of studies show promising results).
- Similarly, in their systematic evaluation of the cost implications and impact on demand of social prescribing, Polley *et al.* (2017), explain that evidence of reduction in demand for services is highly heterogeneous and that higher quality, more systematic research is needed.

# The role of technology in social prescribing

**Digital Social Prescribing** is a way of enhancing the key elements of the social prescribing process. These include:

- Making community-based and online support more accessible through digital pathways
- Developing an online triage function for social prescribing, so those with the most appropriate needs are directed to a link worker
- Developing community directories so that they are accurate, up-to-date, and provide a baseline source of knowledge of the local area
- **Case management software, which enables a social prescribing service to understand the impact of their referrals on their client and the local voluntary and community sector**

This report primarily focuses on the last of these functionalities, where a market for reporting software has grown since 2015

# The role of technology in social prescribing

- **Common core functionality of social prescribing platforms include:**

- Hosting (and or linking to) a directory of services
- Referral capabilities
- Monitoring capabilities
- Reporting and analytical dashboards

*These concepts are explained in more detail in this report*

- **The platforms are generally used by:**

- GPs and other primary care clinicians
- Link workers or social navigators
- Charities or other social providers
- Patients
- Commissioners

*"Recognising that people's health is determined primarily by a range of social, economic and environmental factors, social prescribing seeks to address people's needs in a holistic way. It also aims to support individuals to take greater control of their own health."*

**King's Fund**

# Approach to this rapid review

Workstream 1: We conducted a **series of qualitative interviews and observations with staff across the social prescribing pathway**. This allowed us to better understand the emerging models and understand the needs of various stakeholders:

- 9 x Link Workers (both with a clinical and a non-clinical background). We attended a monthly reflective practice meeting with 6 link workers and interviewed an additional 3.
- 1 x GP Practice Manager
- 3 x Age UK SAIL (Safe and Independent Living) Project Managers
- 2 x Social Prescribing Commissioners/Contract Managers
- 1 x Social Prescribing Regional Facilitators

Workstream 2: **We explored the functionality of various social prescribing technology platform providers.**

- We identified a 'long-list' of companies based on conversations with relevant stakeholders, desktop research and information gathered via the Futures NHS Social Prescribing Collaborative Platform.
- We refined this list by selecting 7 companies that appeared to have referral capabilities (details of this process can be found in appendix 2)
- We explored the functionality from these 7 companies through additional desktop research and telephone interviews/demos.



# Workstream 1 Findings

## Stakeholder interviews

# Glossary

- **Appointment tracking:** ability to track whether a referral has been accepted/declined
- **Outcome monitoring:** ability to record and track changes in Patient Activation Measures (PAMs), ONS<sub>4</sub> (mental health), and standardised wellbeing/mental health questionnaires.
- **Assessor:** professional who decides whether a person might benefit from social prescribing
- **Referrer:** professional who refers a person to a socially prescribed service provider. NB in some social Rx models, the assessor and the referrer can be the same person
- **Socially prescribed service provider:** delivers a service (e.g. dance classes, gardening, befriending service...)

# Stakeholders in social prescribing

*Broadly, four roles exist across the social prescribing pathway. However this encompasses a wide range of organisations, jobs, systems, and levels of expertise.*

## Role # 1: Assessor

*Could the patient benefit from social Rx?*

- GP
- Other healthcare professionals (e.g. nurse, pharmacist, paramedic...)
- Social worker

## Role# 2: Referrer

*Refers/signposts to appropriate services*

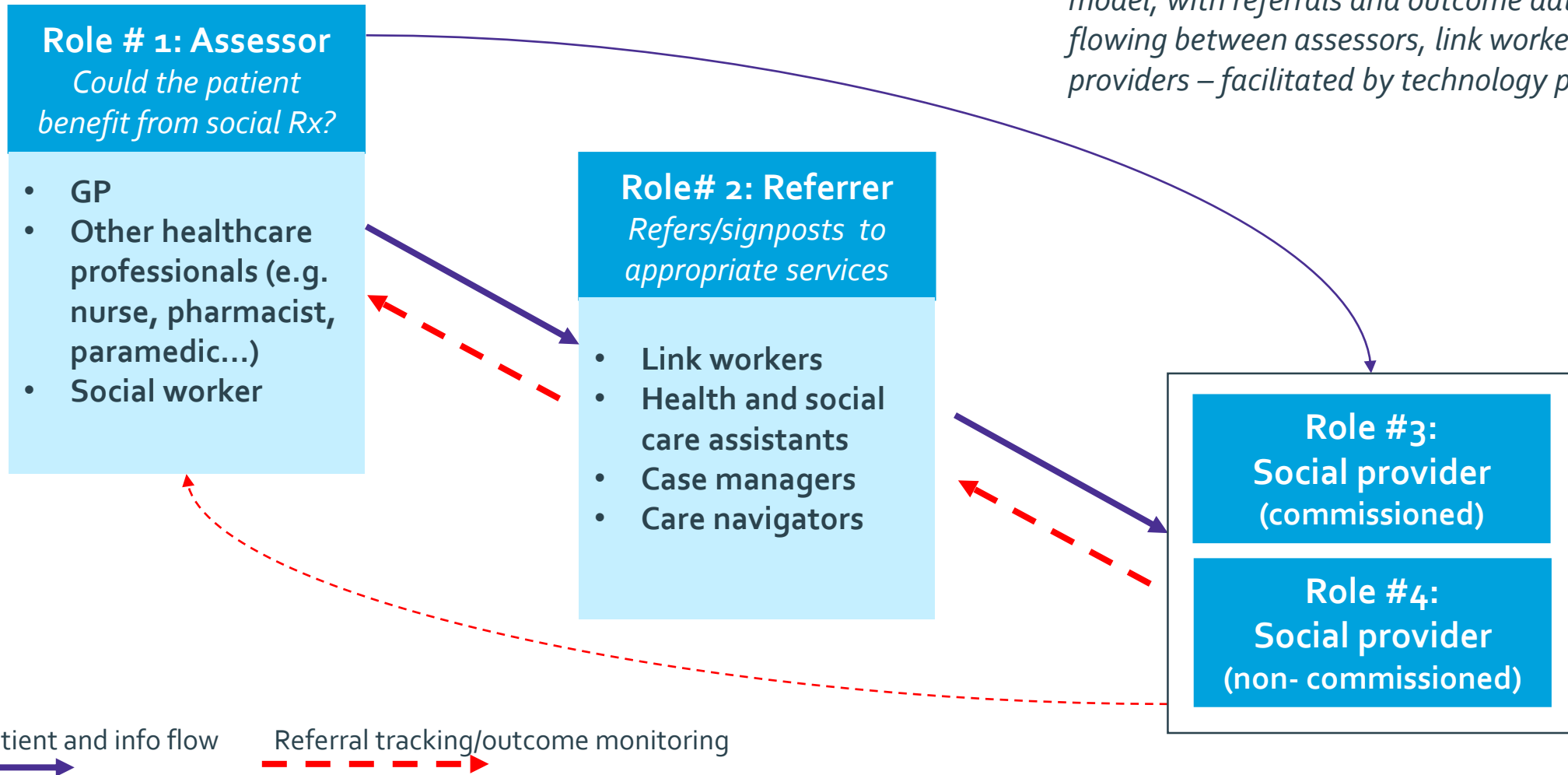
- Link workers
- Health and social care assistants
- Case managers
- Care navigators

**Role #3:**  
Social provider  
(commissioned)

**Role #4:**  
Social provider  
(non- commissioned)

# Social prescribing platforms aim to improve information flows between assessors, link workers and providers

*Link workers are core to the social prescribing model, with referrals and outcome data ideally flowing between assessors, link workers and providers – facilitated by technology platforms*



# Perspectives on social prescribing platforms - assessors

## Role # 1: Assessor

- The ability for GPs to refer to link workers or directly to service providers from their own IT system (without a separate log-in) was seen as a key enabler for GP engagement.
- However, there was a lack of consensus as to whether GPs need to be able to track referrals and/or monitor the outcomes recorded by link workers/services providers. This would depend on GPs views on social Rx (some might believe that simply referring patients to link workers for nonmedical needs is enough).
- Related to the above, there was a lack of consensus as to whether outcomes recorded by link workers/ service providers should be integrated into the GP record

# Perspectives on social prescribing platforms – referrers

## Role# 2: Referrer

- Recording and monitoring of outcomes (e.g. patient activation measures or standardised wellbeing/mental health questionnaires) by link workers or service provider was seen to be a useful feature.
- A 'real time' view of service provider capacity was perceived as a great facilitator to the work of link workers
- There were different views on the need for link workers to access clinical information; while link workers with clinical backgrounds found it useful, those without a clinical understanding did not see it as a priority and suggested they might find it overwhelming. There were also concerns about the information governance implications of sharing medical information with link workers. Nonetheless, having specific information about some "important" issues (e.g. speech impairments, severely limited mobility) was considered to be necessary by most stakeholders.
- The ability to track referrals i.e. check whether they have been accepted/rejected; keep a record of all the referrals for each patients was seen to be valuable.
- An ability to see whether the patient had contact with the service provider was seen as a priority for link workers and commissioners. In the absence of this, current social prescribing services find ways to map the patient journeys through services, but this results in a considerable administrative burden.

# Perspectives on social prescribing platforms - providers

## Role# 3,4 : Provider

- Service providers believed that the ability to record changes in outcomes and to show patient improvement would make it easier to secure/ maintain funding of their services.

## Commissioners, others

- A key piece of functionality for commissioners was the ability to collect and analyse information at the population level. This includes:
  - Overview of patients/service users' flow through different socially prescribed services (to understand aps/bottlenecks in the systems)
  - Impact of services on different population subgroups

# Workstream 2 Findings

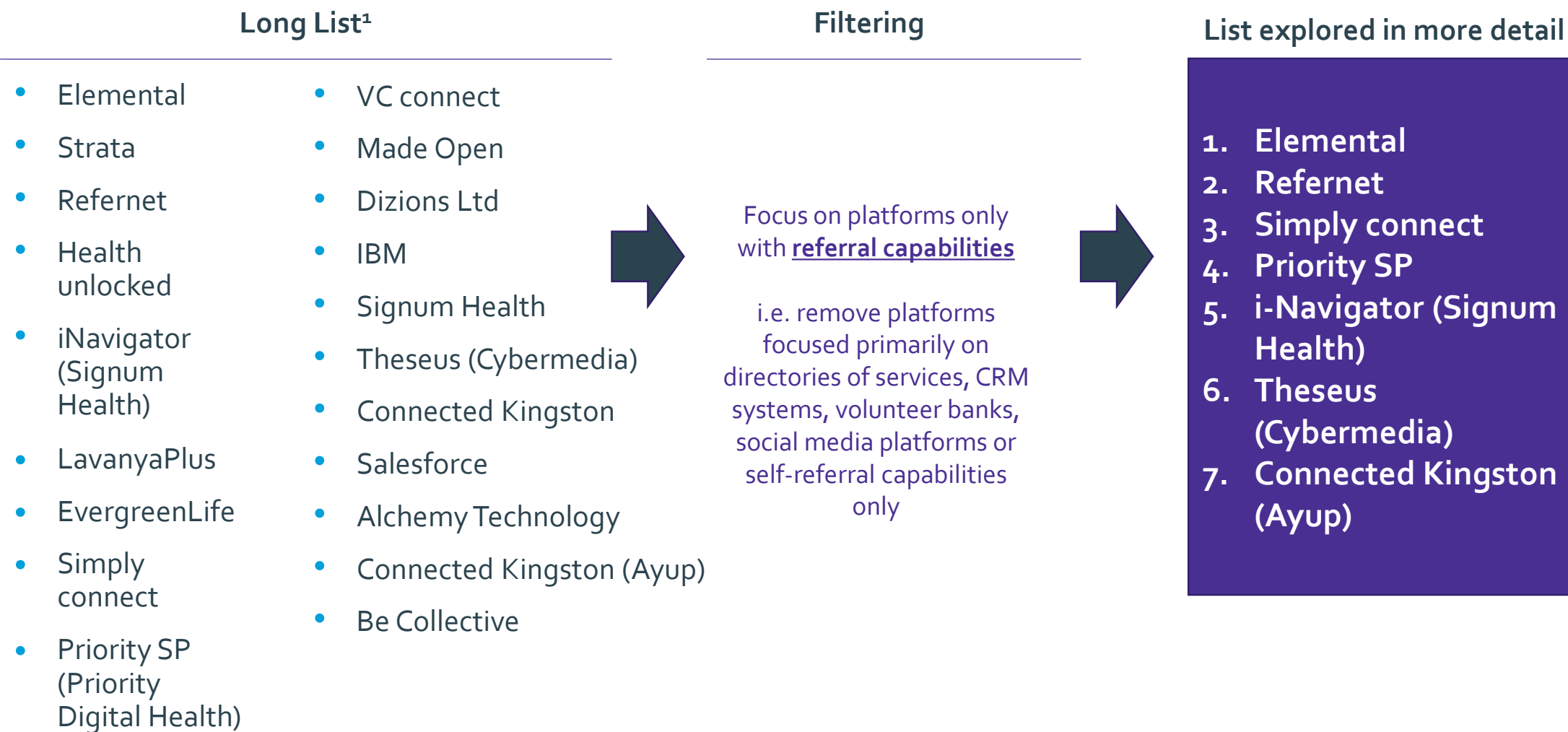
## Platform-specific research



# Disclaimer

All information regarding specific platforms presented in this report has been gathered from company websites and through conversations with company representatives. Due to the technology and market landscape developing at pace, the reader should confirm the accuracy of the information presented here before making any purchasing decisions

# Platforms: Long list and short listing



# Assessment: 4 themes

## 1 Functionality

**Users:** Which individuals can use the platform to make and receive referrals?

**Tracking/monitoring:** What information can the referrer and receiver see?

**Platform:** What types of devices support the digital platform (e.g. computer, tablet, phone)?

2

**Interoperability** Which GP and social care clinical systems can the platform connect to? What are the other interoperability considerations?

3

**Cost** What is the cost model to use the platform? (e.g. cost per referral, cost per population) (if available)

4

**Wider benefits** Are there other features of the software that could be used for other health/social care services? Are there already case studies of benefit?

Following discussions during the project, where possible we also explored the maturity of the platform/company, adherence to GDS/NHS design principles, and other security accreditations



# ELEMENTAL

The social prescribing people

A social prescribing platform with referral (and self-referral) capabilities that allows to track referrals and monitor outcomes. This can be built onto a pre-existing local directory of services or from scratch

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Who can use the system?				Directory of Services?	Referral Tracking / Outcome monitoring?		Integration with GP systems?			Meet standards?	Maturity	Supported Devices
GP	Other Clinical	Social care/ council	Self referral	Integration with local DoS	Referral tracking	Outcome monitoring	EMIS	TPP	Vision	GDS/NHSD, or other (security) accreditation	Earliest known launch	
Y	Y	Y	Y	Y	Y	Y	Y	In dev	In dev	Cyber Essentials accredited	2015	Mobile and computer

Website: <https://elementalsoftware.co/>



### Where is it in use?

+250 locations across the UK

### When was it first deployed

April 2015 - Creggan Community In Derry City / Londonderry City, Northern Ireland

### Case Studies / Evidence of benefit

Multiple case studies available [here](#).

Several examples of benefit:

- 43% reduction in GAD-7 anxiety scores among users in Care Merseyside . See more information [here](#).
- Case study about reduction of calls to Emergency Services by individual patients. See more information [here](#).
- Social Prescribing Blueprint in development. See more information [here](#).

### Cost model:

The cost model is based upon the number of referrals.

They offer different packages based on the number of referrals. Year 1 costs for these are presented below. There are many different levels of packages but below are 2 examples.

- Up to 250 referrals: £7,000 plus £1000 for hosting and £2000 for onboarding costs (including 3 days of training and basic technical work to set it up). TOTAL= £10,000 (ex. VAT)
- Up to 1,000 referrals: :£20,000 plus £1000 for hosting and £3000 for onboarding costs (including 3 days of training and basic technical work to set it up). TOTAL= £24,000 (ex. VAT)
- Unlimited number of referrals for 1 CCG. TOTAL= £34,000 (ex. VAT)

Note that these packages cover an unlimited number of referrers and service providers. Onboarding costs only apply to year 1 and discounts for multiple-year contracts can be negotiated on an individual deal basis

**Extra costs:** day of development work (£650), Additional training day (£500), mapping/community consultation day (£500). **More information available at GOV.UK "G Cloud" Digital Market Place (see [here](#)).**

## Summary of Features

<b>Referral agents</b>	<ul style="list-style-type: none"> <li>Any user can act as a referral agent, and refer people to Link workers</li> <li>Patients can self refer to services or link workers.</li> </ul>
<b>Directory of services</b>	<ul style="list-style-type: none"> <li>Directory of services can be pulled from local directory of services via their APIs, or created from scratch</li> </ul>
<b>Service capacity</b>	<ul style="list-style-type: none"> <li>GP/pharmacists/ social workers can see link worker calendar, and directly book a slot for a patient.</li> <li>Link workers can see number of places available for a specific service, if the providers share that information on the system (however no real time slot availability/booking)</li> </ul>
<b>Outcome tracking</b>	<ul style="list-style-type: none"> <li>Referrer can see whether referral has been accepted/declined, and whether patient has attended/missed appointment</li> <li>Service providers can feed outcomes back to Elemental. These can be viewed on the Elemental tab on EMIS but are not integrated into the patient record. Outcomes can include PAMs, already-available standardised questionnaires, or bespoke measures (development work for these must be paid separately)</li> </ul>
<b>Patient interaction</b>	<ul style="list-style-type: none"> <li>Option to send patients texts and reminders (may incur additional costs)</li> <li>Patients have access to a portal to view progress and a calendar with their prescriptions - they can indicate whether they will go to an appointment.</li> </ul>
<b>Integration</b>	<ul style="list-style-type: none"> <li>Integrated with EMIS</li> <li>Currently working on &amp; testing integration with System One and Vision (timetable not available)</li> <li>In planning phase with RiO and MOSAIC integration.</li> </ul>
<b>Standards</b>	<ul style="list-style-type: none"> <li>No information provided on meeting GDS/NHSD standards</li> <li>NHS IG Toolkit</li> <li>However, Elemental has Cyber Essentials accreditation and is an EMIS Health Accredited Partner</li> </ul>
<b>Devices</b>	<ul style="list-style-type: none"> <li>Available on mobile (iOS and Android) and desktop. Offline mobile version under development</li> </ul>



Local online referral system allowing users to make, accept, reject and track referrals within a network of connected organisations.

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Who can use the system?				Directory of Services?	Referral Tracking / Outcome monitoring?		Integration with GP systems?			Meet standards?	Maturity	Supported Devices
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Y	Y	Y	N	n/a	Y	N (1)	In dev	N	N	ISO27001 accredited	2005	Computer, mobile tablet (5)

Website: <https://www.refernet.co.uk/>



### Where is it in use?

Greater Manchester, Cumbria, Liverpool, Luton, Peterborough, Southampton, Brighton.

### When was it first deployed

2005 - referral system for Citizen's Advice (nationwide franchise offering help to citizens across all aspects of social need)

### Case Studies / Evidence of benefit

*Not available, however company representative suggested case studies are being created, and will be able to share in future*

### Cost model:

- Variable depending on the type of organisation, but normally based on:
  - number of agents in system,
  - referral activity,
  - population served,
  - and £Turnover (as published at Companies House).
- Additional features/services (e.g. bespoke support and reporting) might need to be paid for separately.
- *Additional detail not provided*



## Summary of Features

<b>Referrals</b>	<ul style="list-style-type: none"> <li>Administrators can assign referral agents within the network. These referral agents can view and make referrals</li> <li>Refernet are developing standardised referral templates</li> </ul>
<b>Directory of services</b>	<ul style="list-style-type: none"> <li>Directory of Services, with search functionality based on criteria such as service type, geography, accessibility</li> <li>DoS also available to public, though self-referrals not allowed</li> </ul>
<b>Capacity</b>	<ul style="list-style-type: none"> <li>Real-time view of service capacity via Google and Microsoft calendars</li> </ul>
<b>Tracking/Outcomes</b>	<ul style="list-style-type: none"> <li>Referral tracking available; there is also an option to receive notifications when a change in a referral form is made</li> <li>Service providers can log outcomes onto referent (these can be customised)</li> <li>Currently working on integration of SNOMED coded outcomes to EMIS; will look into other GP systems in the future.</li> </ul>
<b>Patient interaction</b>	<ul style="list-style-type: none"> <li>Sends text messages to clients (keeps the client up-to-date, with a referral ID number and which Agency is taking care of them).</li> </ul>
<b>Integration</b>	<ul style="list-style-type: none"> <li>Working towards integration with EMIS (timeline not available).</li> <li>No information regarding integration with other systems</li> </ul>
<b>Standards</b>	<ul style="list-style-type: none"> <li>No information provided on meeting GDS/NHSD standards</li> <li>Refernet server (where data is stored) is ISO27001 accredited</li> </ul>
<b>Devices</b>	<ul style="list-style-type: none"> <li>Supported by computer, tablet and mobile (only computer version has full functionality).</li> </ul>



Simply Connect have developed a social prescribing referral platform, public facing directory, with case management and wellbeing measurement tools. Simply Connect provide the option to include quality checked community services, in line with “Simply Connect Quality Assurance framework”

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Who can use the system?				Directory of Services?	Referral Tracking / Outcome monitoring?		Integration with GP systems?			Meet standards?	Maturity	Supported Devices
GP	Other Clinical	Social care/council	Self referral	Integration with local DoS	Referral tracking	Outcome monitoring	EMIS	TPP	Vision	GDS/NHSD, or other (security) accreditation	Earliest known launch	
Y	Y	Y	Y	Y	Y	Y	In dev	N	N	“GDSNHSD compliant”	2015	n/a

Website: <http://www.simplyconnectsolutions.co.uk/>





## Where is it in use?

More information available [here](#).

## When was it first deployed

2015

## Case Studies / Evidence of benefit

Available [here](#)

## Cost model:

- Set up costs: Upfront licence and implementation fee
- Annual costs: includes 40 authorised referrer accounts
- *Costs not publicly available on G-Cloud, however company willing and able to provide detailed quotes to interested parties*



Summary of Features	
<b>Referrals</b>	<ul style="list-style-type: none"> <li>• Authorised Referrers can be from local authority, VCSE partners, NHS staff.</li> <li>• Self-referral included</li> </ul>
<b>Directory of services</b>	<ul style="list-style-type: none"> <li>• Accredited community service data (Simply Connect Quality Assurance process, co-designed with infrastructure partners)</li> <li>• Tailored menu of community services based on client profile (including health condition)</li> <li>• Display patient/service user feedback on services attended.</li> <li>• Users can book directly on to activities</li> </ul>
<b>Capacity view</b>	<ul style="list-style-type: none"> <li>• Activity listings show eligibility criteria and waiting times</li> </ul>
<b>Tracking/Outcomes</b>	<ul style="list-style-type: none"> <li>• Referral tracking</li> <li>• Feedback from community service provider on client includes whether contacted, engaged in activity, waiting list or declined Outcome monitoring :ONS Tool built in. Customised wellbeing measurement tools can be added into to the tool.</li> <li>• Detailed analytics available, with customizable reports dashboard</li> </ul>
<b>Integration</b>	<ul style="list-style-type: none"> <li>• Does not currently integrate with GP systems. Working towards integration with EMIS (both in terms of a single log in and feeding referral outcomes back into the GP system), however timeline not provided</li> <li>• No information available on integration with other systems</li> </ul>
<b>GDS / NHSD</b>	<ul style="list-style-type: none"> <li>• Compliant with NHS Digital Standards</li> </ul>
<b>Devices</b>	<ul style="list-style-type: none"> <li>• PC, tablet, Mobile</li> </ul>

## Priority Digital Health offer three interlinked products related to social prescribing

- **priority.sp** An online, geolocation-powered directory of local health, social and wellbeing services (automatically updated)
- **priority.you** An online triage system for GP appointments that integrates with EMIS, Vision and System One and that can signpost people to priority.sp, “lets’ talk” IAPT service or to booking services if available
- **priority.me** A referral and case management platform that allows users to make referrals to a range of social and health services based on an initial online assessment and also allows to track referrals, record outcomes and feed them back to GP system

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Who can use the system?				Directory of Services?	Referral Tracking / Outcome monitoring?		Integration with GP systems?			Meet standards?	Maturity	Supported Devices
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Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Cyber Essentials accredited; Health & Social Care Network Compliant	n/a	Computer, mobile

Website: <https://www.prioritydigitalhealth.com/>

## Where is it in use?

Leicestershire (Everyone Health), Staffordshire, Southend, Devon and Redhill

## When was it first deployed

N/A

## Case Studies / Evidence of benefit

*Not provided*

**Cost model:** cost is based on population size.

- *Costs not publicly available on G-Cloud, however company willing and able to provide detailed quotes to interested parties*

## Summary of Features

<b>Referrals</b>	<ul style="list-style-type: none"> <li>The exact model is bespoke to local needs, but priority.me is the central referral platform from which social prescriptions are made. This can receive referrals from priority.you. This can be complemented with priority.sp to find relevant services and signpost people to relevant services (or to allow self-referral into certain services).</li> <li>A bespoke initial online triage service is available</li> </ul>
<b>Directory of services</b>	<ul style="list-style-type: none"> <li>Automated “real-time” update of directory of services, with discussion forums a user-rating</li> <li>Geolocation functionality</li> </ul>
<b>Capacity view</b>	<ul style="list-style-type: none"> <li>No information provided</li> </ul>
<b>Tracking/ Outcomes</b>	<ul style="list-style-type: none"> <li>Referral tracking (check whether referral has been accepted/declined and whether patient has attended/missed appointment)</li> <li>Bespoke outcomes measurement (e.g.PAMS, standardised wellbeing measures) and direct feedback into GP system (can be codified if code is available)</li> </ul>
<b>Integration</b>	<ul style="list-style-type: none"> <li>Open APIs; Integrates with System One, EMIS and Vision (GPs can access priority SP from their IT system and outcomes can be feed back directly into GP IT system). Looking at integration with other systems (Local Authority and Social Care)</li> </ul>
<b>Standards</b>	<ul style="list-style-type: none"> <li>No information provided on meeting GDS/NHSD standards</li> <li>Cyber Essential accredited, working towards ISO27001, EMIS partner, Vision partner, Health &amp; Social Care Network Compliant</li> </ul>
<b>Devices</b>	<ul style="list-style-type: none"> <li>Mobile and computer</li> </ul>



- **i-Navigator – by Signum Health** – is a cloud-based social prescribing platform that allows a range of health and social care professionals to make referrals, manage appointments and monitor patient progress. They also have a service directory helping service providers increase their visibility to social prescribers

Who can use the system?				Directory of Services?	Referral Tracking / Outcome monitoring?		Integration with GP systems?			Meet standards?	Maturity	Supported Devices
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Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Information not provided by company	n/a	Computer, mobile

⏟  
'Compatible'

Website: <https://www.signum-health.com/>





### Where is it in use?

Aspire Housing (Staffordshire & Cheshire)

### When was it first deployed

N/A

### Case Studies / Evidence of benefit

*Not available*

*Member of 2018/19 Digital Health Accelerator South West's cohort.*

### Cost model: not available

Company's list prices are not published on GOV.UK "G Cloud" Digital Market Place.

Company did not provide additional information about cost model

## Summary of Features

<b>Referrals</b>	<ul style="list-style-type: none"> <li>• Referral agents can include primary care, housing services, emergency services, local authorities and onward referral by providers of a socially prescribed service.</li> <li>• Self-referral – facilitated by a chatbot</li> <li>• Decision support (standardised templates) for referral decisions</li> </ul>
<b>Directory of services</b>	<ul style="list-style-type: none"> <li>• Can help integrate existing directories and maintain directories</li> </ul>
<b>Capacity view</b>	<ul style="list-style-type: none"> <li>• Real time capacity view available for referral agents</li> </ul>
<b>Tracking/ Outcomes</b>	<ul style="list-style-type: none"> <li>• Patient Reported Outcome Measures (PROMs ) and star rating of services</li> <li>• Appointment management and tracking</li> </ul>
<b>Integration</b>	<ul style="list-style-type: none"> <li>• Range of APIs facilitate interoperability</li> <li>• Compatible with EMIS, Vision, Microtest, INPS and System One</li> </ul>
<b>Standards</b>	<ul style="list-style-type: none"> <li>• Information not provided</li> </ul>
<b>Devices</b>	<ul style="list-style-type: none"> <li>• Information not provided</li> </ul>

# cybermedia

Theseus - by Cybermedia - is a caseload management system that allows referral tracking and outcome monitoring. Cybermedia also offer user experience design and digital marketing services and digital audience engagement platform.

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Y	Y	Y	Y	Y	Y	Y	N	N	N	ISO27001 accredited	2016	Computer, mobile

Website: <https://www.cyber-media.co.uk/>



## Where is it in use?

[Leicester County Council](#) and [Derbyshire County Council](#)).

## When was it first deployed

2016

## Case Studies / Evidence of benefit

Leicester County Council's case study is available [here](#).

Derbyshire County Council's case study available [here](#).

## Cost model:

- Based on number of core users. Initial deployment cost:
  - £7,500 plus annual fees of £6,000 for 20 core users.
  - Cost of additional core users ranges from £90 to £200 per user/per annum
  - Individual cost decreases for larger numbers

## Cost covers:

- Software License, Hosting
- Multi-Agency Functionality
- Administration Access, Customer support, Training

## Additional features:

- Diary, Booking and Flexible Form Builder (£4,000 for initial deployment and £1,200 per annum each),
- SMS text messaging (£500 for initial deployment an approx. 7p per message)

## Summary of Features

<b>Referrals</b>	<ul style="list-style-type: none"> <li>• Can be arranged as a central hub, or as a network in which organisations can make and receive 'point-to-point' referrals</li> <li>• Bespoke assessment tools to help referrers make appropriate referrals (based on local criteria) and SmartAssessment (automated and definable onward referral suggestions based on the needs of the citizen).</li> <li>• Self-referral possible. Also possible for patients to self-assess and then be assigned to a link worker to manage their case.</li> </ul>
<b>Directory of services</b>	<ul style="list-style-type: none"> <li>• Directory of services needs to be maintained by manually by uploading a CVS file.</li> </ul>
<b>Capacity</b>	<ul style="list-style-type: none"> <li>• Yes, Diary &amp; Booking functionalities</li> </ul>
<b>Tracking/Outcomes</b>	<ul style="list-style-type: none"> <li>• Referral tracking (to check whether a referral has been accepted/declined, and an option for provider organisations to report whether patient has attended/missed appointment).</li> <li>• Outcome monitoring: provider organisations can report outcomes back to referrers. These can be process outcomes (person on waiting list, patient seen, patient discharged) or standardised assessments.</li> </ul>
<b>Patient interaction</b>	<ul style="list-style-type: none"> <li>• We understand reminders and availability information are sent to patients by text</li> </ul>
<b>Integration</b>	<ul style="list-style-type: none"> <li>• Exploring integration into GP systems (both in terms of single log in and in terms of outcome feeding into GP system; at the moment GPs have to log into the system separately).</li> <li>• They are also exploring integration with IT systems of other relevant stakeholders (e.g social care)</li> </ul>
<b>Standards</b>	<ul style="list-style-type: none"> <li>• No information provided on meeting GDS/NHSD standards</li> <li>• Theseus is delivered from a Tier 3 datacentre with ISO 27001 accreditation.</li> </ul>
<b>Devices</b>	<ul style="list-style-type: none"> <li>• Mobile and computer</li> </ul>

Ayup is “tech-for-good” digital product studio that delivers solutions for a range of health, social and third sector organisations. They are building a bespoke social prescribing platform for Kingston Council.

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Who can use the system?				Directory of Services?	Referral Tracking / Outcome monitoring?		Integration with GP systems?			Meet standards?	Maturity	Supported Devices
GP	Other Clinical	Social care/ council	Self referral	Integration with local DoS	Referral tracking	Outcome monitoring	EMIS	TPP	Vision	GDS/NHSD, or other (security) accreditation	Earliest known launch	
Y	Y	Y	Y	Y	Y	Y	N	N	N	ISO27001 accredited	2016	Computer, mobile

Website: <https://ayup.agency/>; <https://kva.org.uk/kingston-s-vcs/connected-kingston/>

### Where is it in use?

Kingston London Borough Council ([connected Kingston](#)).

### When was it first deployed

September 2018

### Case Studies / Evidence of benefit

*Evidence of impact not available*

### Cost model:

- The work and code for the platform developed for Kingston is Open Source (and available on Github) and other organisations are able to re-use and re-purpose the product for their own localities.
- They are able to do that independently without Ayup or Kingston Council.
- Ayup can also be commissioned to deploy a localised version, and the cost is based on their time involved in the deployment and will vary depending on local specification.
- Any new development work by other organisations must be carried out under an Open Source license

Summary of Features	
Referrals	<ul style="list-style-type: none"> <li>• Anyone can be set up as a referrer</li> <li>• Self-referral possible</li> </ul>
Directory of services	<ul style="list-style-type: none"> <li>• Yes (not maintained by Ayup).</li> </ul>
Capacity view	<ul style="list-style-type: none"> <li>• No information provided</li> </ul>
Tracking/Outcomes	<ul style="list-style-type: none"> <li>• Referral tracking (ability to check which referrals have been accepted and checked and also whether the patient and the service provider have made contact; however, it is not possible to check whether the patient has actually attended/missed the appointment).</li> <li>• Allows analysis of service usage and local gaps in provision (i.e. what services providers are more popular). However, it does not allow recording of outcomes at the individual level.</li> </ul>
Integration	<ul style="list-style-type: none"> <li>• Open API</li> <li>• Open Source business model</li> <li>• In their current project, Connected Kingston does not integrate with GP systems/ other IT systems.</li> </ul>
GDS / NHSD	<ul style="list-style-type: none"> <li>• GDS compliant. Company representative stated that they are compliant with the majority of NHSD standards</li> </ul>
Devices	<ul style="list-style-type: none"> <li>• Web app –device agnostic</li> </ul>



# Summary table

All information provided by companies, Sep 19

Company	Referral agent				DoS	Referral Tracking / Outcome monitoring		Integration with GP systems			Standards	Maturity	Supported Devices
	GP	Other Clinical	Social care/ council	Self referral		Integration with local DoS	Referral tracking	Outcome monitoring	EMIS	TPP			
Elemental	Y	Y	Y	Y	Y	Y	Y	Y	In dev	In dev	Cyber Essentials accredited	2015	Mobile and computer
Refernet	Y	Y	Y	N	n/a	Y	N (1)	In dev	N	N	ISO27001 accredited	2005	Computer, mobile tablet (5)
Simply Connect	Y	Y	Y	Y	Y	Y	Y	In dev	N	N	"GDSNHSD compliant"	2015	n/a
Priority SP (Priority Digital Health)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Cyber Essentials accredited; Health & Social Care Network Compliant	n/a	Computer, mobile
iNavigator (Signum Health)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Information not provided by company	n/a	Computer, mobile
Theseus (Cyber-media)	Y	Y	Y	Y	Y	Y	Y	N	N	N	ISO27001 accredited	2016	Computer, mobile
Connected Kingston (Ayup)	Y	Y	Y	Y	Y	Y	N	N	N	N	"GDSNHSD compliant"	2018	n/a

1. Outcomes can be recorded in a note but not in a standardised format



# Cost comparison

## All information provided by companies, Sep 19

Company	Cost model	What the core cost model includes	Core cost estimation , ex VAT	Additional costs	Source of information
Elemental	Number of referrals	Software License, Hosting, Training and onboarding cost for year 1	Up to 250 referrals:= £10,000 . Up to 1,000 referrals: £24,000; Unlimited. £34,000 (year1) (3)	Day of development work (£650), Additional training day (£500), mapping/community consultation day (£500)	GOV.UK "G Cloud" Digital Market Place (see <a href="#">here</a> ) (2)
Refernet	Multiple parameters (1)	<i>Not provided</i>	<i>Not provided</i>	<i>Not provided</i>	Company did not share info/ Not on "G cloud"
Simply Connect	Standard setup cost + annual cost based on # referrals	Core CRM system Integrated referral tool ONS 4 Wellbeing Measurement Public facing directory Self-referral option	Not available publicly (quotes available directly from company)	<i>Customised wellbeing measurement tools</i> <i>Customised reporting dashboard</i> <i>Fully populated with verified community services</i>	Not on "G cloud. Quotes available directly from company
Priority SP (Priority DH)	Population size	Single point of access website with map-led visual approach Referral module CRM booking module Reporting/analytics module.	Not available publicly (quotes available directly from company)	<i>Not provided</i>	Not on "G cloud. Quotes available directly from company
iNavigator (Signum Health)	Unclear	<i>Not provided</i>	<i>Not provided</i>	<i>Not provided</i>	Company did not share info/ Not on "G cloud"
Theseus (Cyber-media)	Number of core users	Software License, Hosting, Multi, Agency Functionality, Administration Access, Customer support, Training	Initial deployment cost £7,500 plus annual fees of £6000 for 20 core users. Cost of additional core users ranges from £90 to £200 per user/per annum (individual cost decreases for larger numbers)	Diary and Booking and Flexible Form Builder (£4,000 for initial deployment and £1,200 per annum each), SMS text messaging (£500 for initial deployment an approx. 7p per message)	GOV.UK "G Cloud" Digital Market Place (see <a href="#">here</a> ) (2)
Connected Kingston (Ayup)	Open Source	Freely available on Github	Code free to use; however development and infrastructure costs in deploying to a locality, (through Ayup or the local teams)	Any new development work by other organisations must be Open Source	Direct communication with company

1. Based on number of agencies in system, Referral activity, Population served, and £Turnover (as published at Companies House); 2. costs on "G cloud" might be subject to change). 3. Discount for multiyear packages available

# Additional companies / platforms

Brief profile of some long-listed companies not shortlisted, and additional platforms identified during research process

- **Health Unlocked** was not included in our initial analysis as it was understood to not have referral functionality. However, in light of its recently announced partnership with Patient Knows Best (PKB; a personal health record provider), this company has been highlighted as a likely (<https://healthunlocked.com/>)
- **Care banking** currently specialises in the management of personal budgets. Its platforms allow patients to manage their budgets, providing them with a directory of services tailored to their needs (based on their sociomedical needs) and an integrated payment system. (<https://mycarebank.eu/>)
- **Made Open** also has plans to move into the social prescribing space within the next six months and are currently starting a pilot in Camborne (Cornwall). (<https://madeopen.co.uk/>)
- **Genie** CLAHRC Wessex Team have developed GENIE, a social network tool, that helps patients map their network and make best use of their existing contacts and add new ones where needed. It is currently being used on the Isle of Wight with pilots in UK, Canada, US, Spain, Netherlands, Bulgaria and Greece. GENIE has been taken up by care navigators and health trainers and integrated into their work so far it has been used with over 200 clients (<https://www.southampton.gov.uk/modernGov/documents/s31318/Using%20GENIE%20Presentation.pdf>)

## Further information

This report has been created by the Health Innovation Network on behalf of Healthy London Partnership

For any questions relating to social prescribing procurement, commissioning or guidance, please contact Healthy London Partnership: [josephfraser@nhs.net](mailto:josephfraser@nhs.net)

If you are interested in commissioning similar pieces of market research, please contact the Health Innovation Network Technology Team [hin.technology@nhs.net](mailto:hin.technology@nhs.net)

Company	Website
Elemental	<a href="https://elementalsoftware.co/">https://elementalsoftware.co/</a>
Refernet	<a href="https://www.refernet.co.uk/">https://www.refernet.co.uk/</a>
Simply Connect	<a href="http://www.simplyconnectsolutions.co.uk">http://www.simplyconnectsolutions.co.uk</a>
Priority SP (Priority Digital Health)	<a href="https://www.prioritydigitalhealth.com">https://www.prioritydigitalhealth.com</a>
iNavigator (Signum Health)	<a href="https://www.signum-health.com/">https://www.signum-health.com/</a>
Theseus (Cyber-media)	<a href="https://www.cyber-media.co.uk/">https://www.cyber-media.co.uk/</a>
Connected Kingston (Ayup)	<a href="https://ayup.agency/">https://ayup.agency/</a> ; <a href="https://kva.org.uk/kingston-s-vcs/connected-kingston/">https://kva.org.uk/kingston-s-vcs/connected-kingston/</a>

# Appendices

# References

- Bickerdike, L., Booth, A., Wilson, P.M., Farley, K. and Wright, K. (2017). Social prescribing: less rhetoric and more reality. A systematic review of the evidence, *BMJ open*, 7(4), p.e013384.
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- The King's Fund (2017). *What is social prescribing?* Available from: <https://www.kingsfund.org.uk/publications/social-prescribing> (accessed 19<sup>th</sup> Aug 2019)