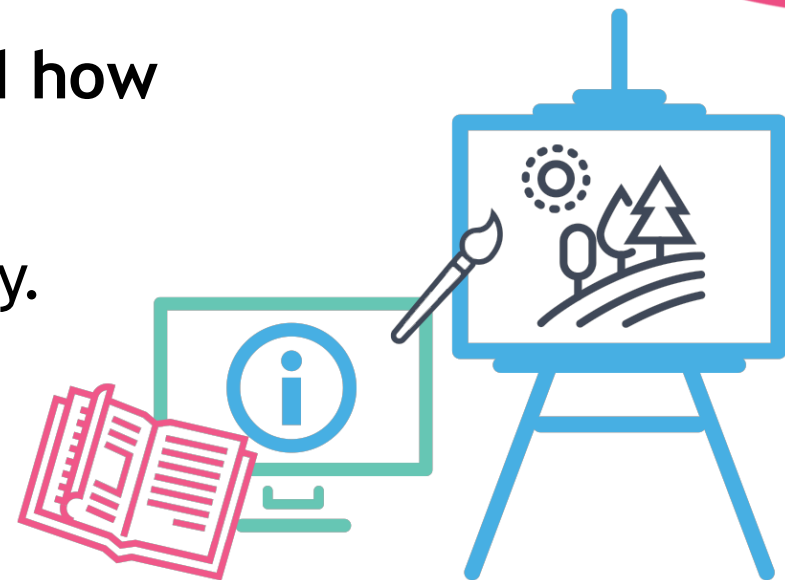




National  
Academy  
for Social  
Prescribing

**NASP Webinar: Making outcomes meaningful:  
Understanding the importance of data capture and how  
to collect it**

Thank you for joining us. The webinar will begin shortly.



# Housekeeping

- Please note we are **recording** this webinar - you will be sent the slides and the link to the recording, and they will be on NASP's website too.
- Please submit questions via the **Q&A function**. We will hold a Q&A session at the end of presentations.
- Please use the **chat function** for introducing yourself and networking. If you have any technical issues, please raise these in the chat, and a member of the NASP team will assist.
- **Closed Captions** are available (turn these on at the bottom of your screen.)
- Everyone comes with different experiences and viewpoints. Let's keep an open mind and learn from one another.



## Chair:

Monica Boulton, Strategic Lead for Neighbourhood Health at National Academy for Social Prescribing

## Speakers:

- **Sarah Penn**, Health Partnerships Support Officer at Cumbria Council for Voluntary Service
- **Jag Mundra**, Principal Data Specialist at the National Academy for Social Prescribing
- **Nikki Cardwell**, Social Prescribing Link Worker, Medway Peninsula PCN
- **Tara Mastracci**, Vascular Surgeon, St. Bartholomew's Hospital, London



# Sarah Penn, Health Partnerships Support Officer at Cumbria Council for Voluntary Service.



# Small cogs power mighty stories:

How disparate data can build a compelling narrative of social prescribing

Sarah Penn: Health Partnerships Support Officer at Cumbria Council for Voluntary Service



# A system approach to social prescribing

## Passion, connection and community:

Person-centred  
neighbourhood health  
in North Cumbria

A report into social  
prescribing approaches



Read the full report



# Stitching the patchwork together

- ▶ Referral numbers
- ▶ Rich narrative case studies
- ▶ Bespoke literature review
  
- ▶ A pragmatic, realist and imperfect approach



# An improvement journey



Data collation as data improvement



Iterative rather than complete



Numbers need humans to be meaningful - connections, collecting data, making the data matter

# Find out more

- ▶ [Social Prescribing Report 2026 | Cumbria CVS](#)
- ▶ Email: [sarah.penn@cumbriacvs.org.uk](mailto:sarah.penn@cumbriacvs.org.uk)



# Jag Mundra, Principal Data Specialist at the National Academy for Social Prescribing

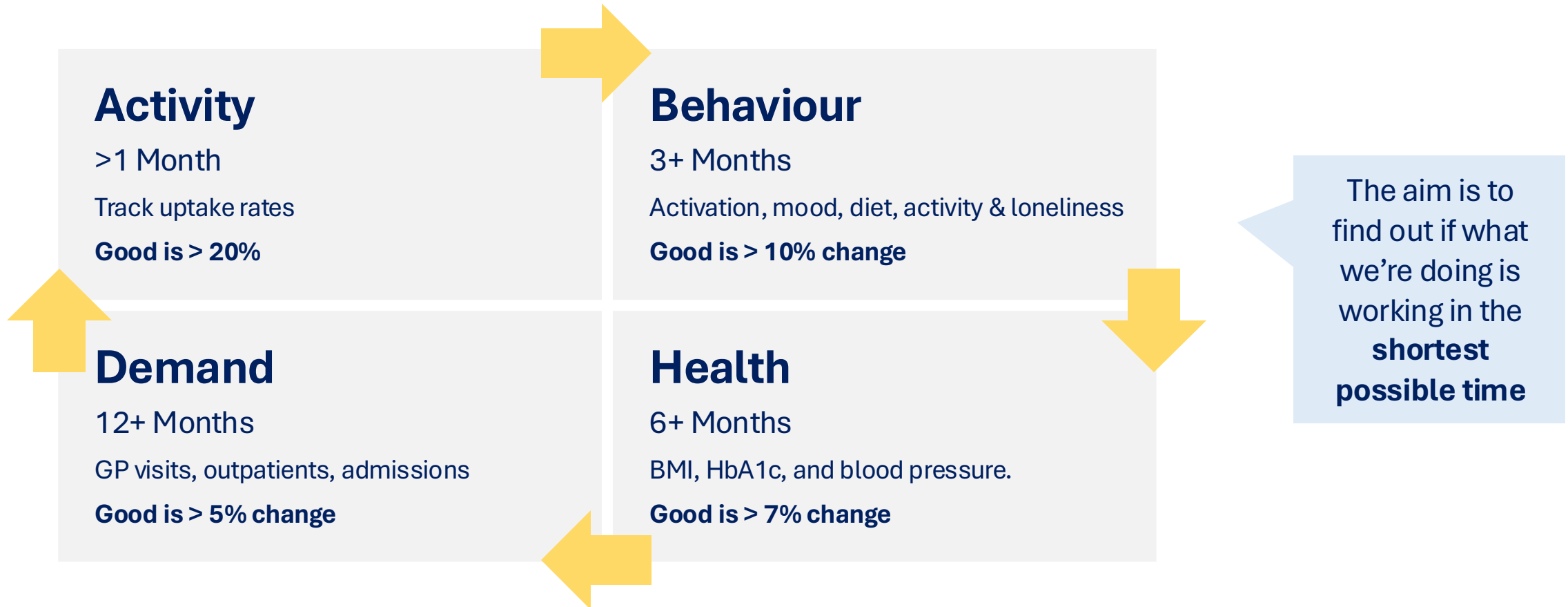


# **Simple Ways to Measure and Improve Population Health**

Jag Mundra

Feb 26

# Each Measure Drives the Next



# A Simple Behaviour Metric... Citizen Activation

**How confident are you  
managing your health?**



**4**

Very



**3**

Quite



**2**

Not  
Very



**1**

Not at  
all

- Activation is a person's confidence in managing their own health
- A **single question**<sup>1</sup> lets **any role** talk about activation and capture it **routinely**
- A one-point rise links to **4** fewer GP contacts and **£327** lower NHS demand per year<sup>2</sup>
- Demand reductions are **more credible** when activation improves

1. [Health Confidence Score, Benson et al.](#)  
2. [Barker et al., BMJQS \(2018\)](#) & NAPC, Mundra et al., Calderdale Evaluation (2023)

# A Simple Health Metric... EQ-VAS

## How good or bad is your health today?

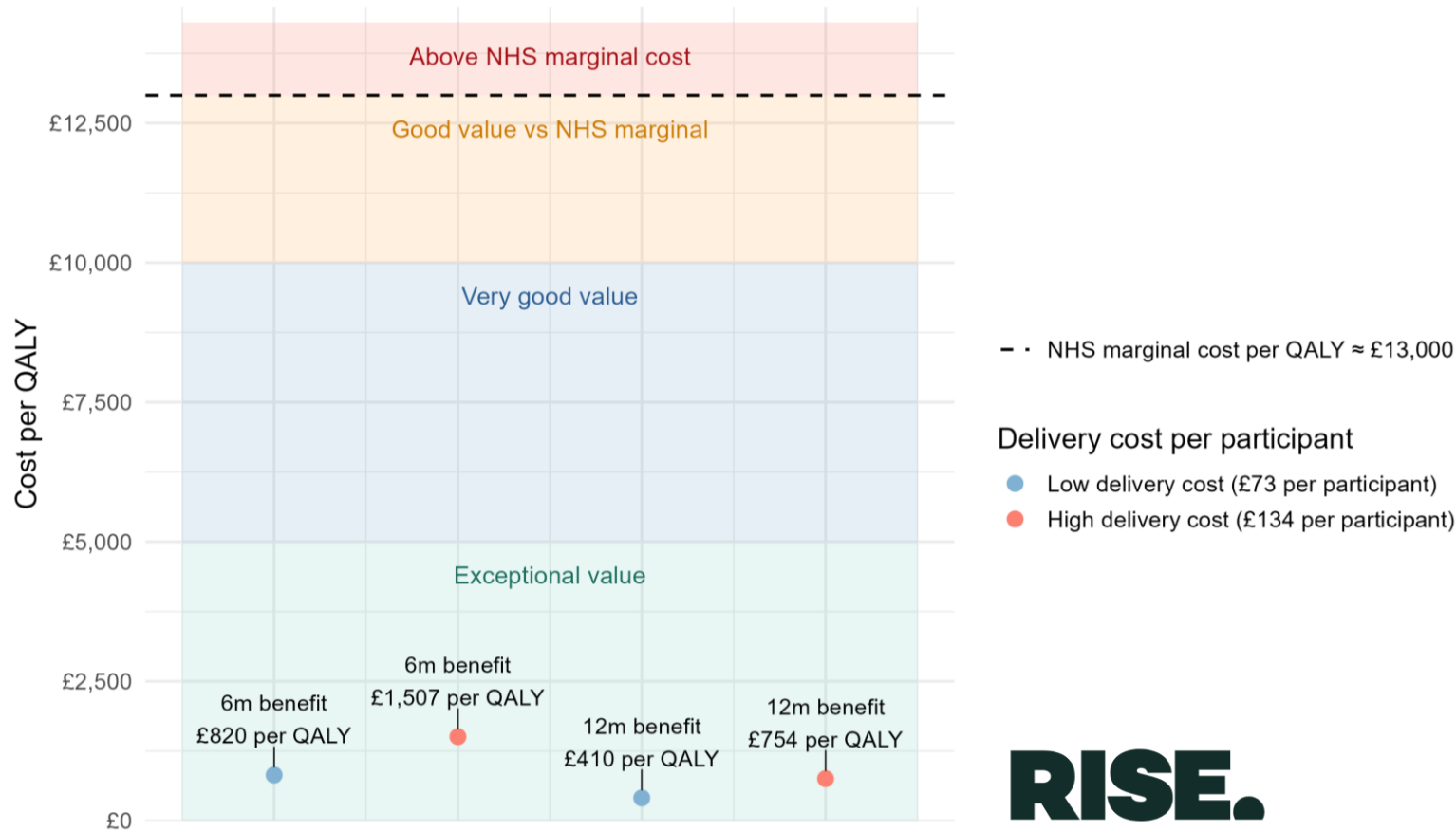
0 = the worst health you can imagine

100 = the best health you can imagine

1. [Mapping to Obtain EQ-5D Utility Values](#). Longworth and Rowen (2013)
2. [The Green Book: appraisal and evaluation in central government](#). HM Treasury (2024).
3. [Methods for the Estimation of the NICE Cost-Effectiveness Threshold](#). Claxton et al. (2015)

- Very **easy to ask** and answer routinely (EQ-VAS, part of EQ-5D)
- Can be used to estimate QALYs<sup>1</sup> (quality-adjusted life years) or how much money it costs to give someone **one extra year of life in good health**.
- Links outcomes to cost-effectiveness and value for money using the **gold-standard** approach<sup>2</sup>
- NICE's implied NHS opportunity cost is ~£13,000 per QALY<sup>3</sup> - If your intervention is below this, it is high-value

# Programme Cost per Quality Adjusted Life Year



A QALY is how much it costs to generate one year of good-quality life.

The NHS delivers about £13,000 per QALY, so lower costs indicate strong value.

If benefits last 12 months the cost per QALY is £410 - about **32 times lower than the NHS benchmark.**

**RISE.**

# NNHIP Neighbourhood Index – Patient Questionnaire

## You and your health

Q1: (BMJ Health Confidence Score)

How do you feel about caring for your health? To what extent do you agree with the following statements:

1. I know enough about my health
  2. I can look after my health
  3. I can get the right help if I need it
  4. I am involved in decisions about me
- (Strongly Agree / Agree / Neutral / Disagree)

Q2: (EQ5D)

Which statement best describes your own health state today? [For each element, confirm the level of problems you have]

- Mobility
- Self-Care
- Usual Activities
- Pain/Discomfort
- Anxiety/Depression

I have no problems/I have some problems/ I have extreme problems

Q3: (EQ-VAS) On a scale of 0 to 100, where 100 is the best health you can imagine and 0 is the worst, how would you rate your health today?  
(0 = worst health, 100 = best health)

Q4: (WAS) Assume that your work ability at its best has a value of 10 points. How many points would you give your current work ability?  
0 = Completely unable to work – 10 = Work ability at its best

Q5: (The WELLBY) How satisfied are you with your life, all things considered?  
(0 = completely dissatisfied, 10 = completely satisfied)

## Care co-ordination and continuity

Q6: When accessing services, to what extent did you feel informed about what would happen next?  
Completely/Mostly/Somewhat/Very Little/Not at all

Q7: In general, did all the different people caring for you work well together to meet your needs?

Yes, all worked well together / Most worked well together / Some worked well together / No, they did not work well together / I don't know or can't remember

Q8: Do you have an unpaid carer?

Yes/No/Don't know or can't remember

Q9: Do you have a named health or social care professional who co-ordinates your health and social care support?

Yes/No/Don't know or can't remember

Q10: Would you be happy for a health and care professional to follow-up with you to further discuss your needs and care co-ordination?

Yes/No

## The care you have received

Q11: Do you feel health and social care professionals treat you with dignity and respect?

Always/Usually/Sometimes/Never

Q12: Has a health or social care professional (for example, your GP or a Care Co-ordinator) helped you to understand ways in which you can support your own health and wellbeing (e.g. diet, physical activity, mental wellbeing)?

Yes, definitely/Yes, to some extent/No, not at all/I don't know or can't remember

Q13: Overall, how satisfied or dissatisfied are you with the health and social care services you receive?

Extremely or very satisfied / Quite satisfied / Neither satisfied or dissatisfied / Quite dissatisfied / Extremely or very dissatisfied

## Free Text Feedback

Q14: What one small thing could you do tomorrow to improve your health?

Open Text

# Post-Survey Questions to Evidence Impact and Value

## 1. Changes Since Taking Part

Please indicate how the following have changed for you since taking part:

Area	Much worse	Worse	No change	Better	Much better
a) Your overall health and wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Your work ability (your ability to carry out your usual work or daily roles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Time off due to illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Your use of GP services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Your use of medication (e.g. for depression, high blood pressure, pain)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Need for urgent care (e.g. A&E visits or out-of-hours services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

People reporting less healthcare use or time off sick shows **real impact** and can be used to **forecast likely savings**.

## 2. Future Participation

1. Do you plan to continue with this type of activity (e.g. walking group, nature-based sessions)?

- 4 – Yes, I already have something lined up
- 3 – Yes, if it's offered again or available locally
- 2 – Maybe – I'm still thinking about it
- 1 – No, I don't plan to continue

2. If this activity wasn't free, would you consider paying to take part in something similar in future?

- 3 – Yes – I'd be happy to pay
- 2 – Maybe – it would depend on the cost
- 1 – No – I couldn't afford it or wouldn't pay

## 3. Reflection

3. What would you like to share about your experience of the programme?

*[Open text box]*

4. What's the one thing you feel would help you most to keep improving your health and wellbeing right now?

*[Open text box]*

High intent to continue or pay shows **lasting behaviour change** and potential for greater, **self-sustaining ROI**.



# Embedding Outcomes in Link Worker Conversations

**Nikki Cardwell**

Social Prescribing Link Worker

Medway Peninsula PCN

# Acknowledging the awkwardness

ONS4 and Person-centred practice

Why do they sometimes feel at odds?



# Why do we struggle?

We don't struggle because we are bad at collecting data.

We struggle because we are good at being link workers!



# What changed my mind

How do you know that your intervention or involvement worked?



# “We know it works” isn’t enough

**We** know social prescribing works...

Can we prove it?



# My biggest mistake



"I treated the outcomes as separate from the appointment."



# What I do now

Remind them that:

- There are no right or wrong answers here
- I'll ask these again in a few months so we can see how we're doing
- Everyone gets asked these questions

"You mentioned that you feel lonely since your husband passed. Would you say you feel lonely all of the time, most of the time, sometimes?"

"You mentioned that you're struggling with the loss of mobility since your accident. How many hours of exercise do you think you manage to do a week now? An hour? Two?"

# What has worked for me

- Don't apologise
- Don't try to hide it
- Be open from the start of the appointment- don't leave it until the end to explain
- Bring it naturally into the conversation (you don't have to save it until the end)
- Accept that it won't always feel effortless- sometimes it may feel a bit awkward, and that's okay
- If someone feels uncomfortable or chooses not to take part, respect that choice



# Final thoughts

Collecting outcomes isn't separate from person-centred practice.

It's a key part of understanding whether we are making a real difference.

If we shift our mindset, from seeing these questions as something we have to do, to something we want to do to evidence the impact of our work, they become much more natural and meaningful within our conversations.



# Tara Mastracci, Vascular Surgeon, St. Bartholomew's Hospital



# NASP Webinar on SP Outcomes: How to evaluate Social Prescribing in Secondary Care

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Tara Mastracci, MD FRCSC

Vascular Surgeon, St. Bartholomew's Hospital

# Partners and Colleagues



## Funding by

- **Barts Charity**, NEL Personalised Care Intervention (NHS London)
- St Bartholomew Foundation

## Academic Partners

- Marcello Bertotti, Paul Watts, Esosa Edosomwan, University of East London
- Naomi Mead, Bromley by Bow Centre

## Industry partnership and support of

- **Bromley By Bow Centre** and Transformation Partners in Health and Care

## Our AMI Nurses and Pharmacists

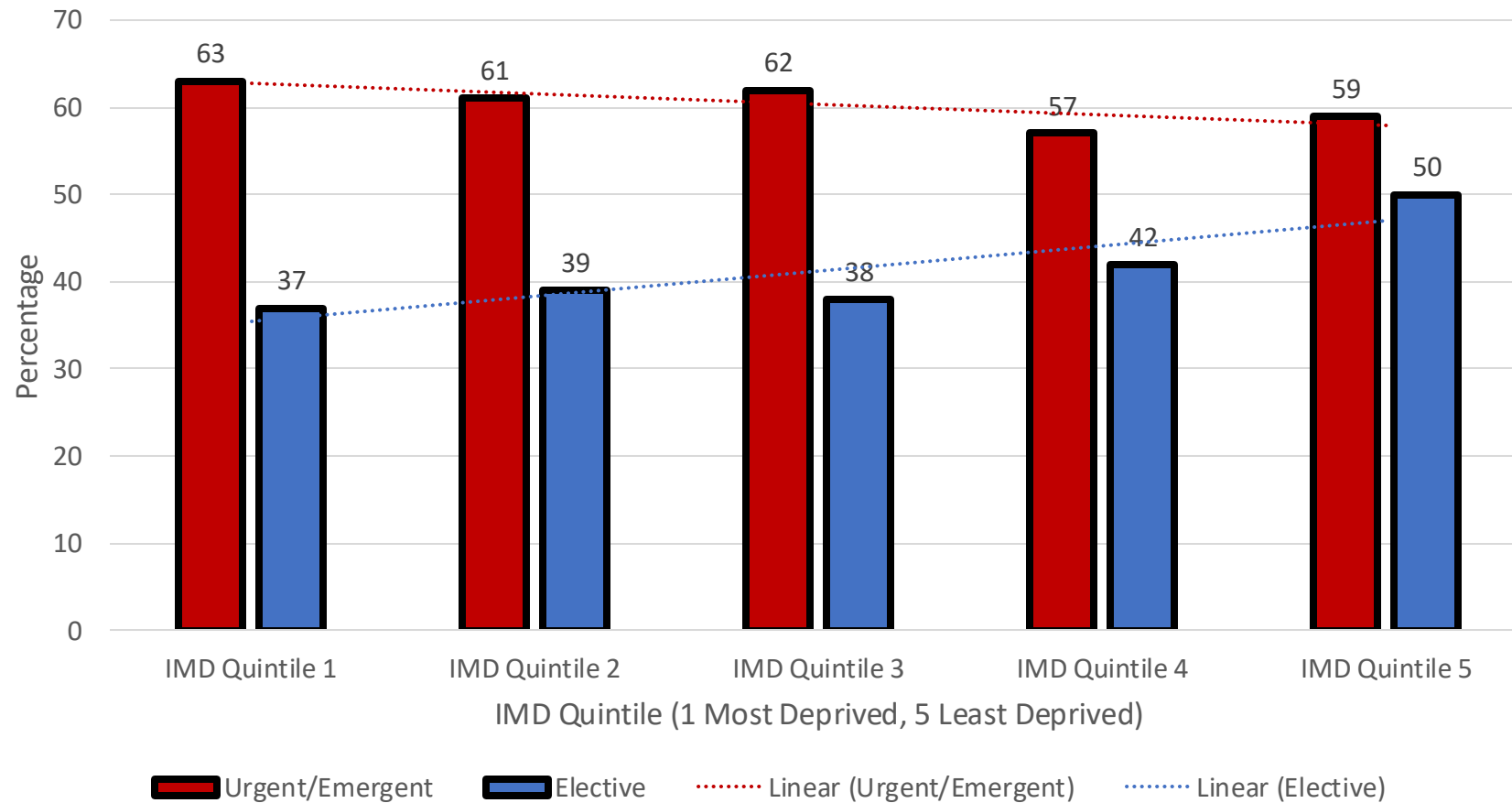
- Oliver Casey-Gillman, Rocel Santos, Simon Cook, Geena Paul, Lizzie Moore, Annabelle Clarke, Michelle Hayes

## Our Social Prescribers

- Remi Omisore-Adjei, Sian Barlow and Ina Wyatt Gosebruch



# Elective Versus Urgent/Emergent Presentation to Barts Heart Centre, by IMD Quintile (2022-2023)



# How To Evaluate Hospital-Initiated Social Prescribing



- Case “Finding”
  - Varied populations, organised in disease specific silos
  - So much need



- Case “Resolving”
  - Start with a baseline
  - Measure your (their!) progress
  - Think about metrics valuable to patients’ health



## Case Finding:

The simple question we ask:

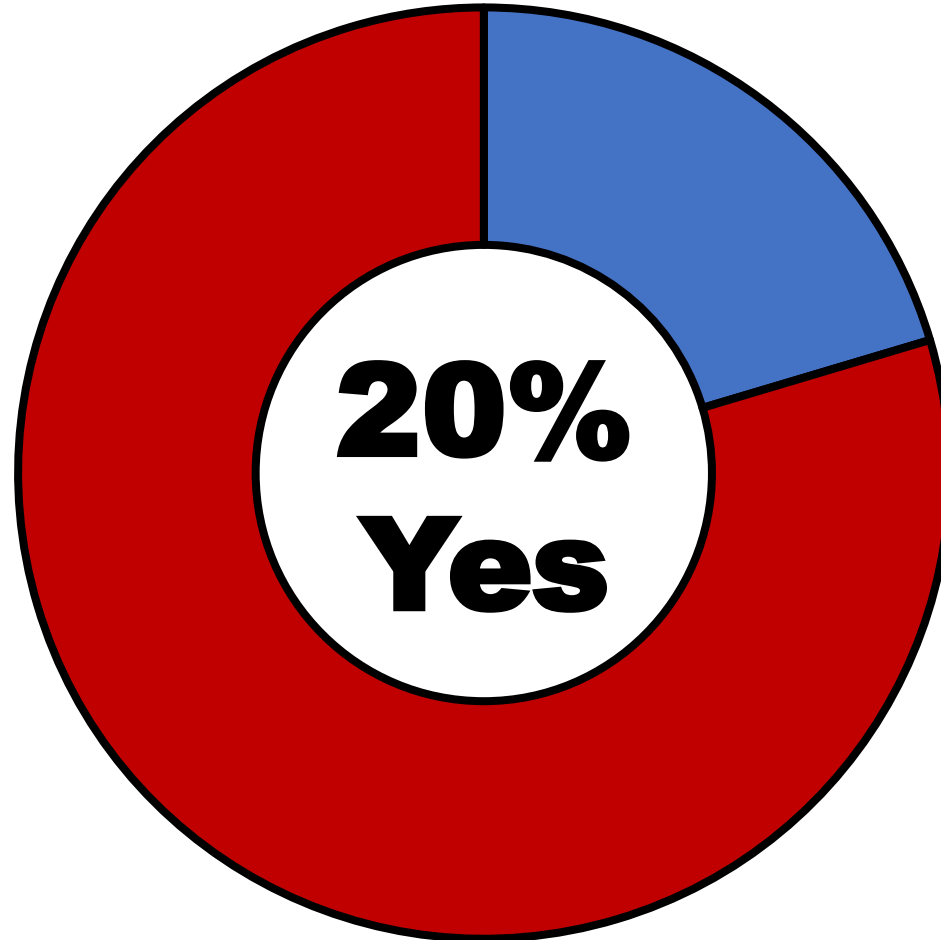
**Do you have difficulty making ends meet / meeting basic needs at the end of the month?**

- This may include difficulty putting food on the table, finding a place to sleep at night, feeling safe in your home, having a job, or fulfilling your role as carer?
- Yes/No/Prefer not to talk about it
- **Do you want help?**
  - Yes/No



# Case Finding: The simple question we ask:

Do you have  
difficulty  
making ends  
meet?





# Case Resolving: Measuring the change



## Social Prescribing Outcomes and Evaluation Framework

### About this framework

This framework has been developed to support the measurement and evaluation of social prescribing services. It categorises what information is required from each part of the system in terms of *structure* (what building blocks need to be in place), *process* (how things need to work in practice) and *outcome* (what we hope to achieve) for each part of the system. This makes it possible to identify what data and measurement will help evaluate the effectiveness of social prescribing interventions without being reliant on outcomes that are distant and difficult to capture.

### What is required of different stakeholders to deliver an effective social prescribing offer?

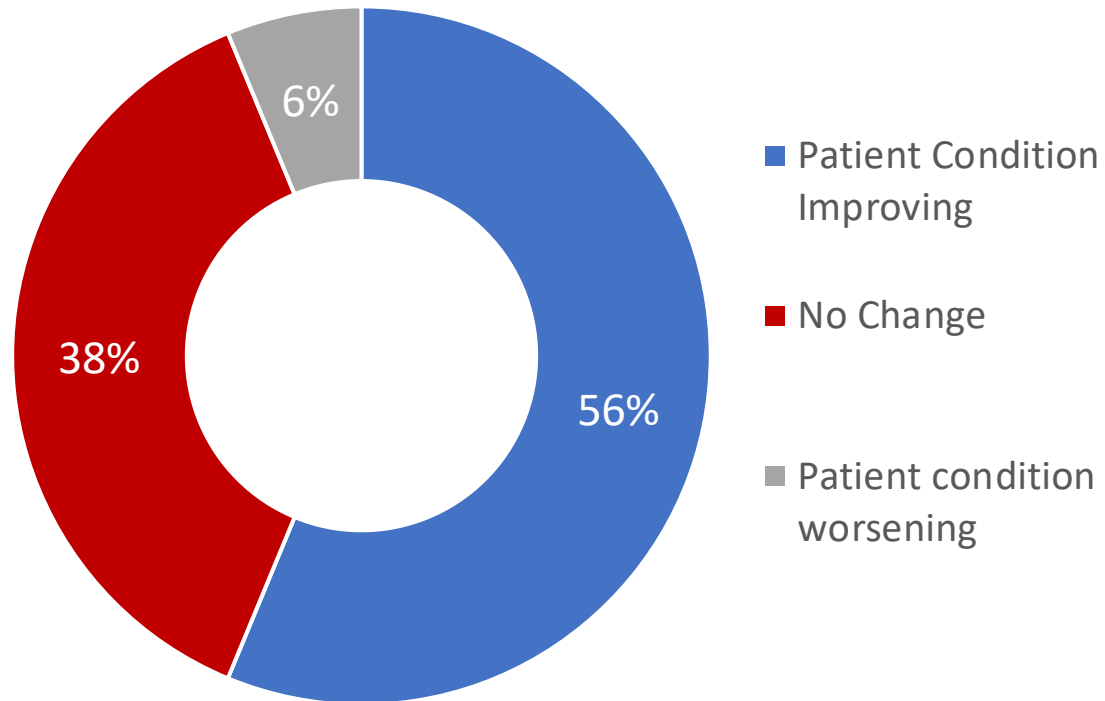
	Social Prescribing Link Workers	VCSE organisations	Primary Care Networks	Commissioners	People
Structure	<p>Understand the need for SPLW services, ensure people who need the service are proactively as well as opportunistically identified and ensure the offer is appropriate for all people (i.e. that provision is need and not demand led).</p> <p>Need to be able to identify and draw attention to any gaps in local services.</p>	<p>Have clarity about intended model of provision (is it time bound, ongoing).</p>	<p>Have a clear sense of the value they seek from social prescribing.</p> <p>Identify through proactive and opportunistic routes, particular target groups and so benefits are met.</p> <p>Consider how social prescribing is embedded into practice so it can be systematically to best effect.</p> <p>Need to consider what records are kept and for what purposes e.g. READ / SNOMED codes.</p>	<p>Have a clear vision for social prescribing.</p> <p>Ensure that enabling infrastructure is in place.</p> <p>Identify particular VCS relationships that require direct commissioning.</p>	<p>Be willing to engage with self-assessment and goal setting.</p> <p>Have easy access to service offer.</p>

1

- MYCAW
- EQ5D
- Tracking the services and activities
- Focus Groups
- Individual Feedback
- Health outcomes!



# Case Resolving: Are we making a difference



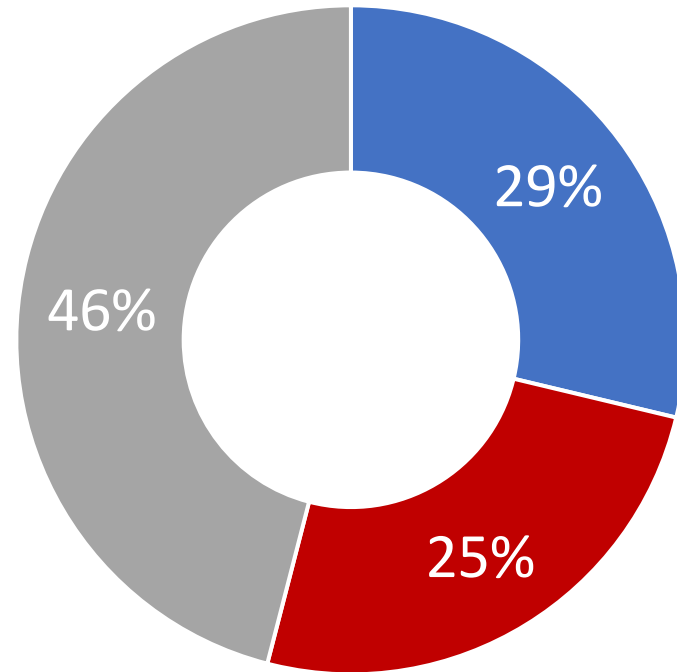
## MYCaW (Measure Yourself Concerns and Wellbeing)

MYCaW is a person-centred outcome measure, which enables a person to designate their concerns, rate the severity of them and their well-being. At follow-up the concerns and well-being are rated once more to enable statistical analysis of score changes to be carried out.

Jolliffe R, Collaco N, Seers H, et al. Support Care Cancer 2019; 27:1901–9  
Jolliffe R, Seers H, Jackson S, et al. Integr Cancer Ther 2015; 14:26–34  
Seers HE, Gale N, Paterson C, et al. Support Care Cancer 2009; 17:1159–67  
Polley MJ, Seers HE, Cooke HJ, et al. Support Care Cancer 2007; 15:963–71  
Data: Mastracci et al, Unpublished March 2025.



# Case Resolving: Are we making a difference



- Patient condition deteriorating
- No Change
- Patient condition improving

## EQ5D

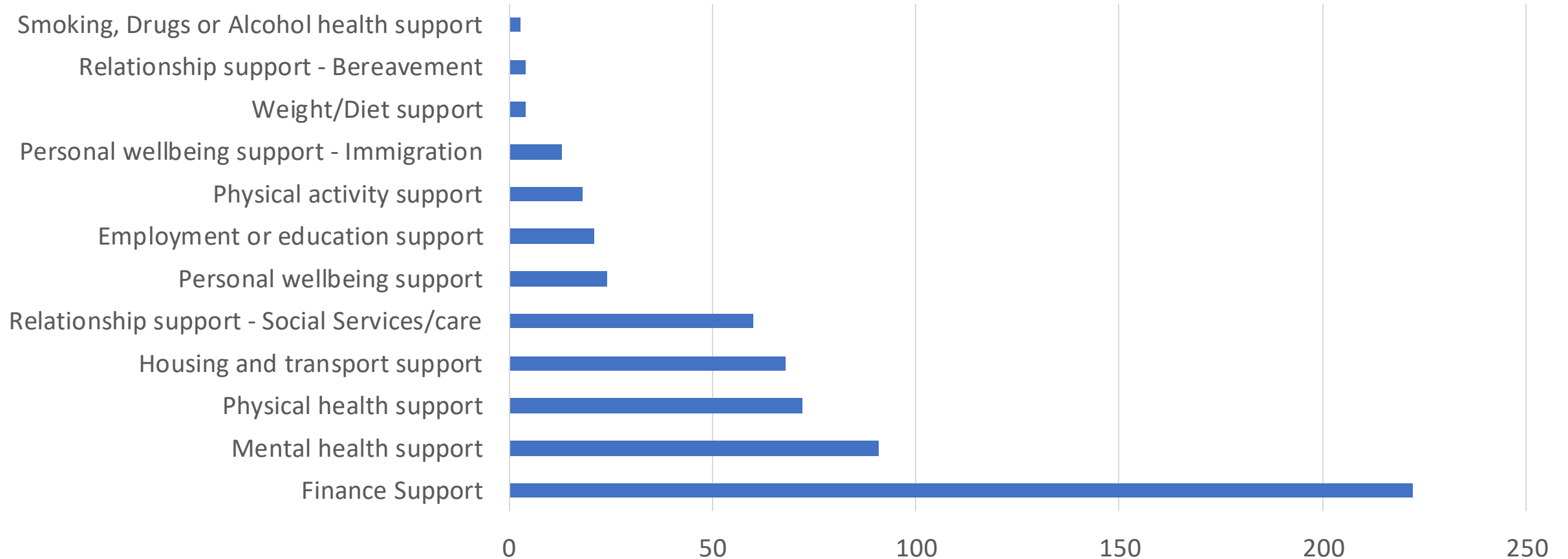
Mobility  
Self-Care  
Usual Activities  
Pain/Discomfort  
Anxiety/ Depression  
Overall wellbeing

[https://euroqol.org/wp-content/uploads/2016/10/Sample\\_UK\\_English\\_EQ-5D-5L\\_Paper\\_Self\\_complete\\_v1.0\\_ID\\_24700.pdf](https://euroqol.org/wp-content/uploads/2016/10/Sample_UK_English_EQ-5D-5L_Paper_Self_complete_v1.0_ID_24700.pdf)

Data: Mastracci et al, Unpublished March 2025.



# Case Resolving: Tracking the Services



# How To Evaluate Hospital-Initiated Social Prescribing

- Cases found thru 'disease specific' realm: demographics are key!



- Patients experience can be tracked
- The impact on the health system may be across acute and primary care





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Prescribing

**Get in touch**

[socialprescribingacademy.org.uk](https://socialprescribingacademy.org.uk)

Q&A



# Social prescribing link worker webinar series



24th June  
12-1pm

**Making Outcomes Meaningful: understanding the importance of data capture and how to collect**

22nd July  
12-1pm

**Housing support in social prescribing: information for link workers.**

26th August 12-1pm

**Embedding EDIB and cultural safety in everyday practice**

24th September  
12-1pm

**Thriving in a neighbourhood team: how link workers strengthen integrated care**

21st October 12-1pm

**Mental health Part Two: World Mental Health Day**

10th November  
12-1pm

**Building effective referral pathways: connecting people to the right support at the right time**



[Events | NASP](#)

# Become a Social Prescribing Champion!

[APPLY HERE](#)



NASP Social Prescribing Champions raise awareness of social prescribing within their workplace or profession. The scheme is open to a variety of clinical and non-clinical professionals working across the healthcare system to raise the profile of social prescribing.

When you become a Social Prescribing Champion, you will join a network of over 400 professionals, receive a digital badge & lanyard to recognize your contribution to social prescribing, and receive access to exclusive learning opportunities and resources to support your role.

[spchampions@nasp.info](mailto:spchampions@nasp.info)

Champion the role of social prescribing in supporting people's health & wellbeing



Raise awareness of social prescribing within your workforce, locality & region



Advocate, promote and share the work of NASP



Support a collaborative, whole system approach to social prescribing



Feedback any local initiatives, case studies & exemplars of social prescribing practice



Commit to a core set of values

