

3. PCN 2024/25 DES Assurance - Personalised Care & Social Prescribing

Overview

Please complete the following short survey as part of the 2024/25 PCN DES Assurance process.

This is one of six short surveys which are required to be completed by PCNs by 31st March 2025.

Please see below 'Related' section which provides:

- PCN DES - 2023-24 Good Practice and 2024-25 Assurance Approach
- 2024-25 PCN DES - Part A Clinical & Support Services - Section 8
- 2024-25 PCN DES - Contract Specification - PCN requirements and entitlements

Personalised Care & Social Prescribing (1/4)

1 What is your name?

2 What is your email address?

3 Which NCL borough is your PCN located?

Please select all that apply

- Barnet
- Camden
- Enfield
- Haringey
- Islington

4 What is your PCN name?

5 What is your PCN code?

Personalised Care & Social Prescribing (2/4)

6 To what extent do you think your PCN social prescribing and/or personalised care 'offer' is meeting its objectives (on a scale of 0 to 2)?

Please select only one item

- 0 - Is not meeting any objectives
- 1 - Is to a small degree meeting objectives
- 2 - Is meeting all objectives

7 To what extent is your offer proactive (on a scale of 1 to 3)?

Please select only one item

- 1 - Completely reactive
- 2 - Somewhat proactive
- 3 - Completely proactive

8 Does your PCN track or have plans to track outcomes for patients of your social prescribing and/or personalised care offer?

Please select only one item

- Yes - please proceed to Question 9
- No - please proceed to Question 10

9 Does your outcomes align with the LTC LCS?

Please select only one item

- Yes
- No

Personalised Care & Social Prescribing (3/4)

10 Does your offer include identifying and informing patients of any local cost-of-living support available?

Please select only one item

- Yes
- No

11 Does your offer support patients with high healthcare services DNA rates to engage more effectively?

Please select only one item

- Yes
- No

12 Are there any barriers you think system partners could help you address to improve your 'offer'?

Please select only one item

- Yes
- No

If yes, what are these barriers?

Personalised Care & Social Prescribing (4/4)

13 Is the 'offer' provided in partnership with others? (Please select all that apply)

Please select all that apply

- In partnership with VCSE
- In partnership with Community Service Provider(s)
- Other
- Is NOT in partnership with any other organisation

If Other, please specify

14 Describe your goals for next year for social prescribing and personalised care. For example, is there further progress that could be made, including staff training, within the current focus of the 'offer' or are you looking to expand the focus to other cohorts and opportunities?