

**SOCIAL PRESCRIBING TOOLKIT**

**2020**

**Working in collaboration with:**

Cambridgeshire & Peterborough CCG (C&PCCG)

NHS England/Improvement (NHSE/I)

Health & Wellbeing Network (HWBN)

Care Network

Cambs Federation

West Cambs Federation

Peterborough Local Authority

Peterborough Council for Voluntary Services (PCVS)

Cambridge City Council/Public Health

**Social Prescribing Link Worker**

**Guidelines/Toolkit Content**

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**2. Social Prescribing Advisory Check List**

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| --- | --- | --- |
| **Prior to Social Prescriber commencing in their role** | | |
| **Action** | **When** | **Who** |
| Advertise for Social Prescriber | 3 months prior to start date | PCN/ 3rd party/ CCG support |
| Shortlist/ Interview for Social Prescriber | 10 weeks prior to start date | PCN/ 3rd party/CCG support |
| Appoint Social Prescriber (minimum 1-year contract) | 9 weeks prior to start date | PCN/ 3rd party/CCG support |
| Run through pre - employment checks, once complete, issue contract | Prior to start date | PCN/ 3rd Party |
| Agree the focus area for the work e.g dementia, frequent flyers | Prior to start date | PCN |
| Agree SPs line manager and clinical supervision timeline | Prior to start date | PCN |
| Agree Induction Plan  NHSE/I training package  New to Practice Toolkit (Training Hub)  Bolt on SP Specific Training (via Training Hub) | Prior to start date | PCN – line manager |
| Agree base/ or agile working | Prior to start date | PCN |
| Laptop/ mobile phone | Prior to start date | Line manager |
| Issue photo ID | Prior to or on start date | Line manager |
| Set up NHS email account | Prior to start date | Line manager |
| **Day 1** | | |
| **Action** | **When** | **Who** |
| Welcome SPLW introduce to Practice members | Day 1 | Line manager |
| Go through timeline for induction | Day 1 | Line manager |
| Explain the focus for the SP eg, dementia, frequent flyers | Day 1 | Line manager |
| IT access – laptop or desktop | Day 1 | Line manager |
| Mobile phone and photographic ID issued (mandatory if SP is expected to do home visits) | Day 1 | Line manager |
| **In post months 1-3** | | |
| **Action** | **When** | **Who** |
| Complete new to practice toolkit + bolt on specific SP training (inclusive of lone working, and safeguarding procedures)  NHSE/I online modules  Orientation and introduction across the PCN member Practices (health and safety and emergency protocol) | Complete by month 3 | Social Prescriber /Line Manager |
| Clinical Supervision | Monthly | Social Prescriber and Clinician/ Line manager |
| Attend monthly peer support meetings | Monthly | Social Prescriber |

**3. Social Prescriber Recommended Training**

Social prescribing link worker welcome pack. The welcome pack includes useful information to help link workers in primary care networks find out more about their role and what support is available

<https://www.england.nhs.uk/publication/social-prescribing-link-worker-welcome-pack/>

To aid your development and introduction to Primary Care and Social Prescribing, please find details of the **‘new to primary care’** induction training, which we recommend is undertaken by all new Social Prescribers.

<https://cptraininghub.nhs.uk/events/?profession=social-prescribing-link-workers>

Cambridgeshire & Peterborough Training Hub also provides information on a variety of useful training courses.

<https://cptraininghub.nhs.uk/>

It is important that Social Prescribers register on the Training Hub website to enable you to be kept updated with all the training opportunities.

You will also be offered the opportunity to complete your own training needs analysis annually, which the Hub use to inform future training.

**In addition to the ‘new to primary care’ courses we are pleased to be able to offer a bolt on specifically for Social Prescribers that is being delivered through the Training Hub and will commence in May 2020 as a pilot with the aim to roll on pending its success.**

NHSE/I have been working in partnership with Health Education England (HEE) and developed some online training.

This e-learning resource has been developed for link workers and includes the core elements and skills required to do the job and deliver social prescribing as part of a PCN multi-disciplinary team.  There will be six sessions in total, which will take around three hours to complete:

Available now:

1. [Introduction to the social prescribing link worker role](https://portal.e-lfh.org.uk/Component/Details/594933)
2. [Developing personalised care and support plans with people](https://portal.e-lfh.org.uk/Component/Details/599835)
3. [Developing partnerships](https://portal.e-lfh.org.uk/Component/Details/603637)
4. [Introducing people to community groups and VCSE organisations](https://portal.e-lfh.org.uk/Component/Details/603640)
5. [Safeguarding vulnerable people](https://portal.e-lfh.org.uk/Component/Details/603643)

Available soon:

1. Keeping records and measuring impact

**4.** **Guidelines**

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| **Referral** |
| **Inclusion Criteria:**   1. People over 16 years old 2. People with one or more long-term conditions 3. People who need ‘low-level’ support with their mental health 4. People who are lonely or isolated 5. People who have complex social needs which affect their wellbeing.   (Ref: NHS England, Social prescribing and community-based support: Summary guide)  Referrals should be made for people where they would benefit from support around one or more of the following issues:  • Lifestyle  • Looking after yourself  • Managing symptoms  • Work, volunteering and other activities  • Money  • Where you live  • Family and friends  • Feeling positive  **Exclusion Criteria:**   1. People who do not fall into one of the above groups 2. People with severe and enduring mental health conditions unless it’s part of a package of care and has been discussed between the referrer and SPLW and agreed as a suitable referral 3. People in palliative care 4. People who do not want to engage with the SPLW 5. People who are being referred mainly for clinical reasons, eg. Addictions |
| **Referral Process**   * Practice Staff - via RELEVANT CLINICAL SYSTEM E.G. EMIS/SYSTM1 or paper form * Self Referral - via paper form |
| ***Input paper referrals onto RELEVANT CLINICAL SYSTEM E.G. EMIS/SYSTM1*** |
| **Rejected Referrals**   * If the person doesn’t fit the referral criteria they will be rejected. * Enter reason for rejection on RELEVANT CLINICAL SYSTEM E.G. EMIS/SYSTM1 * If referrer is not on RELEVANT CLINICAL SYSTEM E.G. EMIS/SYSTM1 let the referrer know (need paper form) |

**4.1 Summary of Service Delivery**

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| **Upon receipt of the referral, the Social Prescriber should follow the actions below:** |
| **Paper referrals – input to RELEVANT CLINICAL SYSTEM E.G. EMIS/SYSTM1/Systm1** |

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| Phone person within 10 working days |

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| Ascertain appropriate level of intervention  **Note:** You may not know at time of phone call if a person will be Level 2 or 3 until you have completed the first appt | | |
| **Level 1 - Brief support**  Signposting | **Level 2 - Medium support**  1 x F2F appt | **Level 3 - Intensive support**  Up to 6 F2F appts  **Note:**  In exceptional circumstances persons with very complex needs might be seen for up to 12 appts, but this must be discussed and agreed in Clinical Supervision at a team meeting. |
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| **Record interaction on RELEVANT CLINICAL SYSTEM E.G. EMIS/SYSTM1** | | |
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| Follow-up phone call to assess progress at approx. 6 weeks | Book appointment | Book appointment |
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| **Record interaction on RELEVANT CLINICAL SYSTEM E.G. EMIS/SYSTM1** | | |
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| Feedback to Referrer | **Appt 1** (30 mins -1 hour)   1. Assessment 2. Plan 3. Activation 4. Summary | **Appt 1** (30 mins - 1 hour)   1. Assessment 2. Plan 3. Activation 4. Summary 5. Arrange next appt |
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|  | **Record interaction on RELEVANT CLINICAL SYSTEM E.G. EMIS/SYSTM1** | |
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|  | Feedback to Referrer | Follow-up Appts  (Up to 6 appts, up to 12 appts in exceptional circumstances)  20 mins   1. Review progress 2. Discuss future plans 3. Provide additional support where appropriate 4. Arrange next appt if appropriate |
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|  | **Record interaction on RELEVANT CLINICAL SYSTEM E.G. EMIS/SYSTM1** | |
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|  | Follow-up phone call to assess progress at approx.:   1. 6 weeks 2. 12 weeks | Following final appt follow-up phone call to assess progress at approx.:   1. 6 weeks 2. 12 weeks 3. 26 weeks 4. 52 weeks |
|  | Feedback to Referrer if appropriate | Feedback to Referrer after final appt  Feedback to Referrer after follow-up calls if appropriate |
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|  | **Record interaction on RELEVANT CLINICAL SYSTEM E.G. EMIS/SYSTM1** | |

**4.2 Referral Form**

This form can be used to refer yourself or someone you know to the Social Prescribing Service

**Are you referring yourself? YES / NO**

**If you are referring someone else, please include the referrer’s name/address/contact details and individual’s consent for referral below.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Referrer’s name** | **Organisation** | **Address** | **Tel** | **Email** |
|  |  |  |  |  |
| **Individuals consent to referral obtained** | **Signature** | | **Date** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Customer Details** | | | | | | |  |
| Name |  | | | | | | | | | Date of Birth | |  |
| Address |  | | | | | | | | | | | |
| Postcode |  | | | | | | Telephone No. | | | |  | |
| Email Address |  | | | | | | | | | | | |
| NHS Number (if known) | | |  | | | | | | | | | |
| Preferred method of contact | | |  | | | | | | | | | |
| GP and Surgery name |  | | | | | | | | | | | |
| Communication Needs | *(Interpreter required e.g. sign or language/ details of person who is able to provide support to discuss referral)* | | | | | | | | | | | |
|  | |  | | | |  | | |  | | | |
| **Support Needs** | | | |
| Please indicate what you wish to gain from the service: | | | |  | | | | | | | | |
| Would you like to access activities in the community? | | | | Y/N |  | | | | | | | |
| Can you access the community independently? | | | | Y/N | *If* ***NO*** *please specify:* | | | | | | | |
| Do you have either a physical or learning disability? | | | | Y/N | *If* ***YES*** *please specify:* | | | | | | | |
| Do you have any memory difficulties? | | | | Y/N | *If* ***YES*** *please specify:* | | | | | | | |
| **Do you require support with any of the following?** | | | | | | | | | | | | |
| Money management | | | |  |  | | | | | | | |
| Mental Health | | | |  |  | | | | | | | |
| Physical Health | | | |  |  | | | | | | | |
| Employment | | | |  |  | | | | | | | |
| Social networks/loneliness | | | |  |  | | | | | | | |
| Ability to read, write and communicate | | | |  |  | | | | | | | |
| English as a second language | | | |  |  | | | | | | | |
| Lifestyle advice | | | |  |  | | | | | | | |
| Transport | | | |  |  | | | | | | | |
| Weight management | | | |  |  | | | | | | | |
| Looking after someone – are you a carer? | | | |  |  | | | | | | | |
| Home adaptations | | | |  |  | | | | | | | |
| Supporting independence | | | |  |  | | | | | | | |
| Healthy living | | | |  |  | | | | | | | |
| Learning or development needs | | | |  |  | | | | | | | |

**Risk Information**

This information should be filled in by the referrer.   
Please inform us if there are any past and/or present issues in the following areas that we may need to be aware of regarding the client’s welfare.

|  |  |  |
| --- | --- | --- |
| **Risk to Self** | **Current** | **Historic** |
| Neglect |  |  |
| Physical Illness/disability |  |  |
| Recent significant life event |  |  |
| Misuse of drugs |  |  |
| Misuse of alcohol |  |  |
| Suicidal ideas/intent |  |  |
| Self-harm/injury |  |  |
| Social Isolation |  |  |
| Exploitation/harassment/ abuse by others |  |  |

|  |  |  |
| --- | --- | --- |
| **Risk to Others** | **Current** | **Historic** |
| Incidents of physical aggression |  |  |
| Incidents of verbal aggression |  |  |
| Exploitation of others |  |  |
| Child Protection |  |  |

**Referrer details**

|  |  |
| --- | --- |
| Name of person requesting referral |  |
| Contact number |  |
| Date |  |

**Please return the referral form to the Social Prescribing Team at your GP Practice, or email ……………….**

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| **4.3 Contact Person** |
| * Review person’s notes for background information * Phone person within 10 working days of receipt of referral * Phone person: * Explain who you are and why you are phoning. **[name of referrer] has let me know that you might need some help with [reason for referral]**. Check they are aware of the referral and that the referral reason is still something they need help with. * Explain your role, eg: * **My role is to work with you to explore what is important for your life and wellbeing, identify local activities and services you can benefit from and support you to start using services that can help you with [insert reason for referral].** * **As the Social Prescriber I can:**   + **A. Provide information to point you in the right direction**   **OR**   * + **B. Arrange an appointment to see you to discuss how I can support you to improve your health and wellbeing.** * Discuss which option the person would like to take.  1. Provide relevant information. Ask if you can give them another call in [decide an appropriate period of time, say 6 weeks] to see how they are getting on. ***On RELEVANT CLINICAL SYSTEM E.G. EMIS/SYSTM1*** – make a record of the information provided and when you are going to call them again. 2. Arrange an appointment. Make sure the person is clear about where to go (particularly if they are going to a different surgery to their own) and when. Book the appointment in the relevant calendar.   ***Note:*** *Appointments should generally be booked at the person’s Practice or another Practice within the PCN. Home visits should be minimal and only for reasons such as limited mobility, panic attacks when leaving home, lack of transport, etc.*  Ask person to think about [*before you meet so you can discuss it]* what is affecting their health and wellbeing at the moment, including the following:  Lifestyle Money  Looking after yourself Feeling positive  Managing symptoms Family and friends  Work, volunteering and other activities Where you live |
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| **4.4 Person who has just had information - follow-up** |
| Phone the person at the agreed time point and discuss:   * **How did you get on with the information** (state what it was) **I provided?** * If actioned information, **how did you get on?** Discuss. **Do you need any further information or support?** * If didn’t action, **why not?** Discuss. If the issue is still relevant **do you need any further support to take this forward?** If appropriate book a F2F appointment. * **Are there any other issues that have come up that you need support with?** If appropriate book a F2F appointment. |
| ***Input data onto RELEVANT CLINICAL SYSTEM E.G. EMIS/SYSTM1*** |

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| **4.5 First F2F Appointment – (30 mins to 1 hour)** |
| ***Introduction:***   * Introduce yourself and your role * **My role is to work with you to explore what is important for your life and wellbeing, identify local activities and services you can benefit from and support you to start using services that can help you.** * Explain format of the session: * **The session will last [insert as appropriate]** * **We will explore what’s affecting your health and wellbeing** * **I’ll ask you some questions so I can find out about you and to check we’ve thought of everything** * **If you need any information, I will provide this or let you know where you can get it from** * **I will help you to identify local activities and services you can benefit from** * **I will support you to access any support you need** * **We will come up with an action plan for you to take away** * **We will arrange to catch up again to see how you are getting on** * Check the person is happy to proceed. If not, wish the person well and give them your details in case they change their mind. |

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| **4.6 Assessment** |
| **Name of Person:**  **Date:**  **We know that lots of things affect health and wellbeing so let’s start by finding out what’s going on in your life that affects your health and wellbeing. So I’m going to ask you some questions to begin with.**   1. **Lifestyle (see Appendix 1 for Lifestyle Health recommendations)**  * [If person has long-term condition] What kind of lifestyle changes are recommended for your condition? * Do you know who to contact if you were worried about your health? * How is your diet, in terms of eating enough healthy food and avoiding any foods and drinks that may be harmful with the condition you have? * What physical activity do you do? If person has LTC - what exercise is recommended for your condition? How often do you managed to do that and/or other ways to keep your body as strong and fit as possible? * Do you smoke? * Do you drink alcohol? If yes, how much? (See Appendix 2 -Alcohol Assessment for Alcohol Unit Information). If drinking more than 14 units of alcohol per week consider use of Alcohol Assessment – Appendix 2) * Tell me about your sleeping habits (recommendation is 7-9 hours per night * Do you feel that you would benefit from any lifestyle advice/support?   **Notes:**   1. **Looking After Yourself**  * To what extend can you get around, in and out of your home, get up and dressed, shop, cook and clean? What do you struggle with? * What is most important to you? Are there things you most want to do for yourself? What do you know about adaptations, equipment or support that are available to you? * What more would enable you to do as much as possible for yourself? **Consider:** physical health / motivation / skills. If the person appears at risk of personal decline in regards to their independence and/or mental wellbeing refer to social services/ medical or mental health support / GP / Age UK Care Navigators/Well-being Navigators/Dementia Navigators.   **Notes:**   1. **Managing Your Symptoms**  * What is most important to you and what information do you have about how to manage your symptoms? * To what extent do you put this into practice and try new ways to manage your symptoms? * How do you pace yourself during the day and rest when you need to? * Tell me about your medication and what you understand about how it helps you. Do you always take it as prescribed and recommended? * How do you recognise when you need to see a doctor or nurse? Do you always manage to?   **Notes:**   1. **Work and Other Activities**  * To what extend does the condition you have affect your ability to work, study, volunteer or engage in other activities you want to do? * What is important to you? Are there activities or different ways of spending your time that would make life more meaningful to you? * If you can no longer do the things you used to do and/or are struggling at work, what do you know about possible changes in your working conditions, aids or support?   **Notes:**   1. **Money**  * Do you have any financial difficulties? * To what extent has the condition affected things financially? * What do you know about – and do you already receive – the benefits you are entitled to? What changes have you made or planned to adjust our spending or other changes? * What are your priorities in relation to money? What more would enable you to feel more in control of money?   **Consider:** debt / memory issues power of attorney / mental capacity / referral to Citizens’ Advice / Solicitors / other suitable agencies  **Notes:**   1. **Where You Live**  * To what extent is your home suitable and healthy enough for you with the condition? * Tell me about any issues which may make things worse, for example, damp, living in a polluted area, shops being far away or inaccessible and/or stairs making it harder to live independently * What are your priorities in relation to where you live? Do you know about adaptations or options open to you, possibly even the option of moving house? * Do you have a smoke alarm installed and have you tested it recently?   **Consider:** (e.g. Stair lift / level access) If no, are there any issues / barriers?  **Notes:**   1. **Family and Friends**  * How is your relationship with your family and friends? If person has an LTC to what extent does having a long-term condition affect your relationship with your family and friends? * How do you find discussing the condition with them? Are there any areas where it is a struggle to adjust to new roles in the family or with friends? * What would you like to change and what is most important to you in this area? What help do you have to work through these issues? * Do you ever feel lonely or isolated? * Do you feel that you have a good support network?   **Notes:**   1. **Feeling Positive**  * To what extent does having a long-term condition affect how you feel about yourself or about life and the future? Does it lead to you feeling more anxious? * What is most important to you and give your life a sense of meaning? * What ways have you found to help you feel calmer or happier or to deal with difficult times? * Do you feel low at the moment?   Consider: eg. bereavement / family issues / domestic violence / recently separated or divorced. Consider using Mental Health tools in Appendices:   1. Warwick Edinburgh Mental Health Scale (WEMWBS) – Appendix 3 2. Generalised Anxiety Disorder Assessment GAD-7) – Appendix 4 3. Person Health Questionnaire (PHQ-9) (assesses depression) – Appendix 5 4. Dementia Screening Tool -Six-item Cognitive Impairment Test (6CIT) – Appendix 6   If the person appears at risk of personal decline in their independence or mental wellbeing – refer to social services / medical or mental health support / GP.   * Would you like to take part in more hobbies or activities?   **Notes:**  **Is there anything else that you feel affects your health and wellbeing?**  **4.6.1 Person Activation Measure® (PAM®)**  We would like to learn more about how you view your health so we can better tailor our support just for you. There are no right or wrong answers to the questions I am going to ask you. Please answer these statements with what’s most true for you.   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | 1 | I am the person who is responsible for taking care of my health | Disagree strongly | Disagree | Agree | Agree strongly | Not applicable | | 2 | Taking an active role in my own health care is the most important thing that affects my health | Disagree strongly | Disagree | Agree | Agree strongly | Not applicable | | 3 | I am confident I can help prevent or reduce problems associated with my health | Disagree strongly | Disagree | Agree | Agree strongly | Not applicable | | 4 | I know what each of my prescribed medications do | Disagree strongly | Disagree | Agree | Agree strongly | Not applicable | | 5 | I am confident that I can tell whether I need to go to the doctor or whether I can take care of a health problem myself | Disagree strongly | Disagree | Agree | Agree strongly | Not applicable | | 6 | I am confident that I can tell a doctor or nurse concerns I have even when he or she does not ask | Disagree strongly | Disagree | Agree | Agree strongly | Not applicable | | 7 | I am confident that I can follow through on medication treatments I may need to do at home | Disagree strongly | Disagree | Agree | Agree strongly | Not applicable | | 8 | I understand my health problems and what causes them | Disagree strongly | Disagree | Agree | Agree strongly | Not applicable | | 9 | I know what treatments are available for my health problems | Disagree strongly | Disagree | Agree | Agree strongly | Not applicable | | 10 | I have been able to maintain (keep up with) lifestyle changes, like eating right or exercising | Disagree strongly | Disagree | Agree | Agree strongly | Not applicable | | 11 | I know how to prevent problems with my health | Disagree strongly | Disagree | Agree | Agree strongly | Not applicable | | 12 | I am confident I can figure out solutions when new problems arise with my health | Disagree strongly | Disagree | Agree | Agree strongly | Not applicable | | 13 | I am confident that I can maintain lifestyle changes, like eating right and exercising, even during times of stress | Disagree strongly | Disagree | Agree | Agree strongly | Not applicable |   This tool is provided under license between Insignia Health and Link Worker Programme  If the pattern of responses generally moves to the left as you read down, locate the first statement where the individual’s response was “Agree”. Find out how the individual feels about the statement where they first responded with an “Agree” within the survey. The discussion might start with a statement and a question like this: **“I see by your response to this statement, you agree you can help prevent or reduce problems with your health. Tell me more about this/what this means to you.”** Discuss any issues arising.  Identify activation level (See PAM®) Manual Record PAM® Level \_\_\_\_\_\_\_\_\_\_\_\_\_  **4.6.2 Complete ONS4 - Four measures of personal well-being**   1. **On a scale of 0-10 overall, how satisfied are you with your life nowadays?**   Not at all 0 1 2 3 4 5 6 7 8 9 10 completely   1. **On a scale of 0-10 overall, to what extent do you feel that the things that you do in your life are worthwhile?**   Not at all 0 1 2 3 4 5 6 7 8 9 10 completely  **3. On a scale of 0-10 overall, how happy did you feel yesterday?**  Not at all 0 1 2 3 4 5 6 7 8 9 10 completely   1. **On a scale of 0-10 overall, how anxious did you feel yesterday?**   Not at all 0 1 2 3 4 5 6 7 8 9 10 completely |
| **4.7 Prioritising Issues for Support** |
| **MYWAC (Measuring Yourself Wellbeing and Concerns)**  **What are one or two concerns or problems which you would most like us to help you with.**    1.    2.  Get person to write these down in the person booklet.  **How severe is each concern or problem now? This should be YOUR opinion, no-one else's!**  ***Concern or problem 1:***  ☺ Not 0 1 2 3 4 5 6 ☹ Bothers  Bothering me at all me greatly    ***Concern or problem 2:***  ☺ Not 0 1 2 3 4 5 6 ☹ Bothers  Bothering me at all me greatly  How would you rate your general feeling of wellbeing now? (how do you feel in yourself?)  ☺ As **good** 0 1 2 3 4 5 6 ☹ As **bad**  As it could be as it could be  Get the person to write this in their Person Booklet   * **What goals do you want to set around this?** * **Why this is important to you - what will be the benefits?** * **What needs to happen for you to achieve your goals?** * **What support do you need?** * **What do you need to do?**   As part of this explore readiness to change and confidence, eg:  **On a scale of 0-10 how ready are you to change [insert agreed change]?**  0 1 2 3 4 5 6 7 8 9 10  **On a scale of 0-10 how confident are you to change [insert agreed change]?**  0 1 2 3 4 5 6 7 8 9 10 |
| **4.8 Identifying Support** |
| **Having identified what you want to work on to improve your health and wellbeing let’s discuss what support is available to help you achieve your goal(s).**  **What have you tried already or thought about trying?**  **Have you heard of any services, organisations, groups, etc which might be able to help with [insert issue]?**  **Can I tell you about what support might be able to help you?**  Provide appropriate information  ***For Social Activities***   * **Evidence shows that if you do things you enjoy you are more likely to improve your health and wellbeing.** * **What have you done in the past that you enjoy? Could/would you like to do this in the future? Are there any activities you would like to try in the future?** * **Can I tell you about some local activities that might interest you?**   Provide information on appropriate activities    **Notes:** |
| **4.9 Activation** |
| Use PAM® Activation Guidance to tailor intervention according to Level.  **Create Action Plan (as per Person Booklet)**   |  |  | | --- | --- | | **Action Plan** | | | My goal(s) |  | | When I will do this by |  | | Summary of support that I am being connected to, including what I can expect from support |  | | What I can do to support myself to meet my goals |  | | What will help me achieve my goal(s) |  |   Outline summary of support that the person is being connected to. Get them to (or you can do it) write it in their Person Booklet in the Action Plan section |
| **4.10 Next Steps** |
| Outline what will happen next:   * If the person is NOT having another appointment ask if you can phone them in around 6 weeks to see how they are getting on. Let them know how they can contact you if they need any further support (put phone number on Person Booklet) * If you think you want to see the person again, ask if you can book another appointment. If they want another appointment arrange this and record it on the Person Booklet.   Considering asking: **Do you have any family or friends that may need support from us?** |
| ***Input data onto RELEVANT CLINICAL SYSTEM E.G. EMIS/SYSTM1*** |
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| **4.11 Follow-up appointments** (approx. 20 mins) - F2F or by phone  First follow-up to be scheduled around 2 weeks after the first appointment but dependent on availability, person issues, etc. Then aim to space appointments out at increasing lengths of time |
| Review:   * **How are things going?** * **What has gone well?** * **What has not gone so well?** * **What else you need to ensure you meet your goal(s)?** * **Provide further information and support as appropriate** * Refer to PAM® for guidance on activation * **Are there any changes to your action plan now?** Get person to write in Person Booklet any changes / additional plans   **Date:**  **Notes:** |
| ***Input data onto RELEVANT CLINICAL SYSTEM E.G. EMIS/SYSTM1*** |

|  |
| --- |
| **4.12 Final F2F appointment** |
| * Discuss progress. * Review MYWAC. Update person booklet. * Discuss future plans and any additional support that might be required. * Provide information on what to do if they need further help in the future * Let them know you will be phoning in around x weeks’ time to check on their progress and see if they need any further support. * Wish the person well and let them know how to contact you if they need further support   **Date:**  **Notes:** |
| ***Input data onto RELEVANT CLINICAL SYSTEM E.G. EMIS/SYSTM1*** |

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| --- |
| **4.13 Follow-up Phone Call at 26 and 52 weeks** |
| Review:   * **How are things going?** * **What has gone well?** * **What has not gone so well?**   **Complete Person Activation Measure® (PAM®)**  We would like to learn more about how you view your health now [you answered the same questions when we first me] so we can see if things have improved for you. There are no right or wrong answers to the questions I am going to ask you. Please answer these statements with what’s most true for you.   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | 1 | I am the person who is responsible for taking care of my health | Disagree strongly | Disagree | Agree | Agree strongly | Not applicable | | 2 | Taking an active role in my own health care is the most important thing that affects my health | Disagree strongly | Disagree | Agree | Agree strongly | Not applicable | | 3 | I am confident I can help prevent or reduce problems associated with my health | Disagree strongly | Disagree | Agree | Agree strongly | Not applicable | | 4 | I know what each of my prescribed medications do | Disagree strongly | Disagree | Agree | Agree strongly | Not applicable | | 5 | I am confident that I can tell whether I need to go to the doctor or whether I can take care of a health problem myself | Disagree strongly | Disagree | Agree | Agree strongly | Not applicable | | 6 | I am confident that I can tell a doctor or nurse concerns I have even when he or she does not ask | Disagree strongly | Disagree | Agree | Agree strongly | Not applicable | | 7 | I am confident that I can follow through on medication treatments I may need to do at home | Disagree strongly | Disagree | Agree | Agree strongly | Not applicable | | 8 | I understand my health problems and what causes them | Disagree strongly | Disagree | Agree | Agree strongly | Not applicable | | 9 | I know what treatments are available for my health problems | Disagree strongly | Disagree | Agree | Agree strongly | Not applicable | | 10 | I have been able to maintain (keep up with) lifestyle changes, like eating right or exercising | Disagree strongly | Disagree | Agree | Agree strongly | Not applicable | | 11 | I know how to prevent problems with my health | Disagree strongly | Disagree | Agree | Agree strongly | Not applicable | | 12 | I am confident I can figure out solutions when new problems arise with my health | Disagree strongly | Disagree | Agree | Agree strongly | Not applicable | | 13 | I am confident that I can maintain lifestyle changes, like eating right and exercising, even during times of stress | Disagree strongly | Disagree | Agree | Agree strongly | Not applicable |   This tool is provided under license between Insignia Health and Link Worker Programme  Discuss changes between first appointment and now. Discuss any difficulties that come up.  **Complete ONS4 - Four measures of personal well-being**   * **On a scale of 0-10 overall, how satisfied are you with your life nowadays?**   Not at all 0 1 2 3 4 5 6 7 8 9 10 completely   * **On a scale of 0-10 overall, to what extent do you feel that the things that you do in your life are worthwhile?**   Not at all 0 1 2 3 4 5 6 7 8 9 10 completely   * **On a scale of 0-10 overall, how happy did you feel yesterday?**   Not at all 0 1 2 3 4 5 6 7 8 9 10 completely   * **On a scale of 0-10 overall, how anxious did you feel yesterday?**   Not at all 0 1 2 3 4 5 6 7 8 9 10 completely   * Discuss changes between first appointment and now. * **What else you need to ensure you meet your goal(s)?** * **Provide further information and support as appropriate** * Refer to PAM® for guidance on activation * **Are there any changes to your action plan now?** Get person to write in Person Booklet any changes / additional plans * Discuss any problems, barriers, etc * Provide any additional information/support as required * If 26 week follow-up let the person know when you will contact them again. Provide information on what to do if they need further help before then. * If 52 week follow-up let the person know what to do if they need further help in the future. |
| ***Input data onto RELEVANT CLINICAL SYSTEM E.G. EMIS/SYSTM1*** |

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| --- |
| 1. **Re-activation** |
| Persons can re-access the service where appropriate. Appropriate reasons include:   * Where the person has struggled to make the planned changes * Where circumstances have changed for the person and they would benefit from additional support   Re-activation can come from the Referrer re-referring or the person requesting further support.   * Before re-activation ascertain from the Referrer or person that they fit into the above criteria. * Ask for example   + w**hat’s changed since the you last used the service?**   + **why you feel you need additional support?** * Where the potential re-activation is not appropriate discuss this with the Referrer or person and direct to any other sources of support where appropriate. |

**Appendix 1 -** **Healthy Lifestyle Recommendations**

**Physical Activity**

**Adults aged 19 to 64 should try to be active daily and should do:**

At least 150 minutes of moderate aerobic activity such as cycling or brisk walking every week and

strength exercises on 2 or more days a week that work all the major muscles (legs, hips, back, abdomen, chest, shoulders and arms)

Or: 75 minutes of vigorous aerobic activity such as running or a game of singles tennis every week and

strength exercises on 2 or more days a week that work all the major muscles (legs, hips, back, abdomen, chest, shoulders and arms)

Or: a mix of moderate and vigorous aerobic activity every week – for example, 2 x 30-minute runs plus 30 minutes of brisk walking equates to 150 minutes of moderate aerobic activity and

strength exercises on 2 or more days a week that work all the major muscles (legs, hips, back, abdomen, chest, shoulders and arms)

A good rule is that 1 minute of vigorous activity provides the same health benefits as 2 minutes of moderate activity.

One way to do your recommended 150 minutes of weekly physical activity is to do 30 minutes on 5 days every week.

All adults should also break up long periods of sitting with light activity.

**Adults aged 65 or older who are generally fit and have no health conditions that limit their mobility should try to be active daily.**

You should do: at least 150 minutes of moderate aerobic activity such as cycling or walking every week and

strength exercises on 2 or more days a week that work all the major muscles (legs, hips, back, abdomen, chest, shoulders and arms)

Or75 minutes of vigorous aerobic activity such as running or a game of singles tennis every week and

strength exercises on 2 or more days a week that work all the major muscles (legs, hips, back, abdomen, chest, shoulders and arms)

Or a mix of moderate and vigorous aerobic activity every week (for example, two 30-minute runs plus 30 minutes of brisk walking equates to 150 minutes of moderate aerobic activity) and

strength exercises on 2 or more days a week that work all the major muscles (legs, hips, back, abdomen, chest, shoulders and arms)

A general rule of thumb is that 1 minute of vigorous activity provides the same health benefits as 2 minutes of moderate activity.

Try to break up long periods of sitting with light activity, as sedentary behaviour is now considered an independent risk factor for ill health, no matter how much exercise is done.

Older adults at risk of falls, such as people with weak legs, poor balance and some medical conditions, should do exercises to improve balance and co-ordination on at least 2 days a week. Examples include yoga, tai chi and dancing.

**Healthy Eating - general recommendation for adults**

Eat at least 5 portions of fruit and vegetables each day and cut down on fat, salt and added sugar.

**Weight Loss - general recommendation for adult healthy weight loss** -

A small amount of weight can greatly improve your health. 5% to 10% will make a big difference. Losing weight takes time and should include healthy eating, reducing portion sizes and increasing activity levels.

**Smoking -** Stopping smoking is the single most important thing you can do to improve your health. You are up to 4 times more likely to quit with help from an NHS Stop Smoking Service.

**Alcohol -** For Men and Women – You are safest not to drink regularly more than 14 units per week. It is best to spread this regularly evenly over 3 days or more.

**Appendix 2 – Alcohol Screening Assessment**

|  |
| --- |
| **Alcohol Screening Assessment** |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | How often do you have a drink containing alcohol? | | | | Never | | Monthly or less | | | 2-4 times per month | | 2-3 times per week | | 4+ times per week | | |  | | 0 | | 1 | | | 2 | | 3 | | 4 | | | | How many units do you drink on a typical day when you are drinking? | | | | 1-2 | | 3-4 | | | 5-6 | | 7-9 | | 10+ | | | | 0 | | 1 | | | 2 | | 3 | | 4 | | | | How often have you had 6 or more units if female, or 8 or more if female, on a single occasion in the last year? | | | | Never | | Less than monthly | | | Monthly | | Weekly | | Daily or almost daily | | | | 0 | | 1 | | | 2 | | 3 | | 4 | | | | TOTAL SCORE | | | |  | |  | | |  | |  | |  | | | | **Score** | | | | | | | | | | | | | | | | | | 1 | 2 | 3 | 4 | | 5 | | 6 | 7 | | 8 | 9 | 10 | | 11 | 12 | | | **Score 0-4**  Congratulations! You are a safe and sensible drinker. Keep it up but remember it does not take much for drink to sneak up on you! | | | | | **Score 5-10**  You may be drinking at a level that could put your health at risk. A few small changes could make all the difference. | | | | | | **Score 11 or 12**  You may be dependent on alcohol. We will refer to you to the local alcohol service to discuss this further. | | | | | | |  | | | | | 🡻  Highlight the risks of drinking alcohol at higher risk levels and the benefits of cutting down. | | | | | | **🡻**  If the person consents refer them the local alcohol support service | | | | | | |  | | | | | | | | | | | | | | | | | |

**Appendix 3 – Warwick Edinburgh Mental Health Scale (WEMWBS)**

**Warwick Edinburgh Mental Health Scale**

**(WEMEBS)**

Below are some statements about feelings and thoughts

Please circle the number that best describes your experience of each over the last 2 weeks.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | None of the time | Rarely | Some of the time | Often | All of the time |
| I’ve been feeling optimistic about the future | 1 | 2 | 3 | 4 | 5 |
| I’ve been feeling useful | 1 | 2 | 3 | 4 | 5 |
| I’ve been feeling relaxed | 1 | 2 | 3 | 4 | 5 |
| I’ve been feeling interested in other people | 1 | 2 | 3 | 4 | 5 |
| I’ve had energy to spare | 1 | 2 | 3 | 4 | 5 |
| I’ve been dealing with problems well | 1 | 2 | 3 | 4 | 5 |
| I’ve been thinking clearly | 1 | 2 | 3 | 4 | 5 |
| I’ve been feeling good about myself | 1 | 2 | 3 | 4 | 5 |
| I’ve been feeling close to people | 1 | 2 | 3 | 4 | 5 |
| I’ve been feeling confident | 1 | 2 | 3 | 4 | 5 |
| I’ve been able to make up my own mind about things | 1 | 2 | 3 | 4 | 5 |
| I’ve been feeling loved | 1 | 2 | 3 | 4 | 5 |
| I’ve been interested in new things | 1 | 2 | 3 | 4 | 5 |
| I’ve been feeling cheerful | 1 | 2 | 3 | 4 | 5 |

The total score is obtained by summing the score for each of the 14 items. The scoring range for each item is from 1 – 5 and the total score is from 14-70.

Total Score \_\_\_\_\_\_\_\_\_\_ A score of 59 and above is an indicator or high mental wellbeing.

Warwick-Edinburgh Mental Well-being Scale (WEMWBS) © NHS Health Scotland, University of Warwick and University of Edinburgh, 2006, all rights reserved.

**Appendix 4 – Generalised Anxiety Disorder Assessment (GAD-7)**

**Generalised Anxiety Disorder Assessment (GAD-7)**

Over the last 2 weeks, how often have you been bothered by any of the following problems?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not at all | Several days | More than half the days | Nearly every day |
| Feeling nervous, anxious or on edge | 0 | 1 | 2 | 3 |
| Not being able to stop or control worrying? | 0 | 1 | 2 | 3 |
| Worrying too much about different things | 0 | 1 | 2 | 3 |
| Trouble relaxing | 0 | 1 | 2 | 3 |
| Being so restless that it is hard to sit still | 0 | 1 | 2 | 3 |
| Being easily annoyed or irritable | 0 | 1 | 2 | 3 |
| Feeling afraid as if something awful might happen | 0 | 1 | 2 | 3 |

**Total Score =**

**Scores:**

|  |  |
| --- | --- |
| Less than 5 | Mild anxiety |
| 5-9 | Moderate anxiety |
| 10-15 | Severe anxiety |

**Appendix 5 – Person Health Questionnaire (PHQ-9)**

**Person Health Questionnaire (PHQ-9)**

**Over the last two weeks, how often have you been bothered by any of the following problems?**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Little interest or pleasure in doing things? | Not at all | 0 |
| Several days | 1 |
| More than half the days | 2 |
| Nearly every day | 3 |
| 2 | Feeling down, depressed or hopeless? | Not at all | 0 |
| Several days | 1 |
| More than half the days | 2 |
| Nearly every day | 3 |
| 3 | Trouble falling or staying asleep, or sleeping too much? | Not at all | 0 |
| Several days | 1 |
| More than half the days | 2 |
| Nearly every day | 3 |
| 4 | Feeling tired or having little energy? | Not at all | 0 |
| Several days | 1 |
| More than half the days | 2 |
| Nearly every day | 3 |
| 5 | Poor appetite or overeating? | Not at all | 0 |
| Several days | 1 |
| More than half the days | 2 |
| Nearly every day | 3 |
| 6 | Feeling bad about yourself – or that you are a failure of have yourself or your family down? | Not at all | 0 |
| Several days | 1 |
| More than half the days | 2 |
| Nearly every day | 3 |
| 7 | Trouble concentrating on things, such as reading the newspaper or watching television? | Not at all | 0 |
| Several days | 1 |
| More than half the days | 2 |
| Nearly every day | 3 |
| 8 | Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual? | Not at all | 0 |
| Several days | 1 |
| More than half the days | 2 |
| Nearly every day | 3 |
| 9 | Thoughts that you would be better off dead, or of hurting yourself in some way? | Not at all | 0 |
| Several days | 1 |
| More than half the days | 2 |
| Nearly every day | 3 |
|  | **TOTAL** | |  |
|  | **Depression severity:** 0-4 none, 5-9 mild, 10-14 moderate, 15-19 moderately severe, 20-27 severe | | |

**Appendix 6 - Dementia Screening**

**Six-item Cognitive Impairment Test (6CIT)- Kingshill Version 2000**

|  |  |
| --- | --- |
| 1. What year is it? | Correct - 0 points  Incorrect - 4 points |
| 1. What month is it? | Correct – 0 points  Incorrect - 3 points |
| 1. Give the person an address phrase to remember with 5 components, eg. John, Smith, 42, High Street, Bedford | |
| 1. About what time is it (within one hour) | Correct - 0 points  Incorrect - 3 points |
| 1. Count backwards from 20 to 1 | 1 error – 2 points  More than one error – 4 points |
| 1. Say the months in the year in reverse | 1 error – 2 points  More than one error – 4 points |
| 1. Repeat address phrase | 1 error – 2 points  2 errors – 4 points  3 errors – 6 points  4 errors – 8 points  All wrong – 10 points |
| **6CIT score** | **/28** |

Score 0-7 considered normal

Score 8 or more considered significant – refer to GP for further investigation

**Appendix 7 – Person Activation Measure**

**Person Activation Measure® (PAM®)**

We would like to learn more about how you view your health so we can better tailor our support just for you. There are no right or wrong answers to the questions I am going to ask you. Please answer these statements with what’s most true for you.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | I am the person who is responsible for taking care of my health | Disagree strongly | Disagree | Agree | Agree strongly | Not applicable |
| 2 | Taking an active role in my own health care is the most important thing that affects my health | Disagree strongly | Disagree | Agree | Agree strongly | Not applicable |
| 3 | I am confident I can help prevent or reduce problems associated with my health | Disagree strongly | Disagree | Agree | Agree strongly | Not applicable |
| 4 | I know what each of my prescribed medications do | Disagree strongly | Disagree | Agree | Agree strongly | Not applicable |
| 5 | I am confident that I can tell whether I need to go to the doctor or whether I can take care of a health problem myself | Disagree strongly | Disagree | Agree | Agree strongly | Not applicable |
| 6 | I am confident that I can tell a doctor or nurse concerns I have even when he or she does not ask | Disagree strongly | Disagree | Agree | Agree strongly | Not applicable |
| 7 | I am confident that I can follow through on medication treatments I may need to do at home | Disagree strongly | Disagree | Agree | Agree strongly | Not applicable |
| 8 | I understand my health problems and what causes them | Disagree strongly | Disagree | Agree | Agree strongly | Not applicable |
| 9 | I know what treatments are available for my health problems | Disagree strongly | Disagree | Agree | Agree strongly | Not applicable |
| 10 | I have been able to maintain (keep up with) lifestyle changes, like eating right or exercising | Disagree strongly | Disagree | Agree | Agree strongly | Not applicable |
| 11 | I know how to prevent problems with my health | Disagree strongly | Disagree | Agree | Agree strongly | Not applicable |
| 12 | I am confident I can figure out solutions when new problems arise with my health | Disagree strongly | Disagree | Agree | Agree strongly | Not applicable |
| 13 | I am confident that I can maintain lifestyle changes, like eating right and exercising, even during times of stress | Disagree strongly | Disagree | Agree | Agree strongly | Not applicable |

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**Appendix 8 – ONS-4**

**Office of National Statistics (ONS) - Four measures of personal well-being**

On a scale of 0-10 overall, how satisfied are you with your life nowadays?

Not at all 0 1 2 3 4 5 6 7 8 9 10 completely

On a scale of 0-10 overall, to what extent do you feel that the things that you do in your life are worthwhile?

Not at all 0 1 2 3 4 5 6 7 8 9 10 completely

On a scale of 0-10 overall, how happy did you feel yesterday?

Not at all 0 1 2 3 4 5 6 7 8 9 10 completely

On a scale of 0-10 overall, how anxious did you feel yesterday?

Not at all 0 1 2 3 4 5 6 7 8 9 10 completely

**Appendix 9– Useful Information**

**GP PRACTICES / PRIMARY CARE NETWORKS (March 2020)**

**CAMBRIDGESHIRE & PETERBOROUGH CLINICAL COMMISSIONING GROUP**

|  |  |
| --- | --- |
| **Primary Care Network (PCN)** | **Member Practices**  **(Practice Codes)** |
| A1 Network PCN | D81004 ALCONBURY SURGERY |
| D81027 WELLSIDE SURGERY |
| D81038 KIMBOLTON MEDICAL CENTRE |
| D81045 BUCKDEN SURGERY |
| BMC Paston PNC | D81023 PASTON HEALTH CENTRE |
| D81026 BOROUGHBURY MEDICAL CENTRE |
| CAM Medical PCN | D81001 LENSFIELD MEDICAL PRACTICE |
| D81005 NEWNHAM WALK SURGERY |
| D81013 TRUMPINGTON STREET MEDICAL PRACTICE |
| Cambridge City 4 PCN | D81012 CORNFORD HOUSE SURGERY |
| D81017 MILL ROAD SURGERY |
| D81025 CHERRY HINTON MEDICAL CENTRE |
| D81056 PETERSFIELD MEDICAL PRACTICE |
| D81066 QUEEN EDITH MEDICAL PRACTICE |
| D81070 WOODLANDS SURGERY |
| Cambridge City PCN | D81003 YORK STREET MEDICAL PRACTICE |
| D81016 ARBURY ROAD SURGERY |
| D81044 NUFFIELD ROAD MEDICAL CENTRE |
| D81055 BOTTISHAM MEDICAL PRACTICE |
| D81086 EAST BARNWELL HEALTH CENTRE |
| Y00056 CAMBRIDGE ACCESS SURGERY |
| Cambridge Northern Villages PCN | D81028 FIRS HOUSE SURGERY |
| D81033 OVER SURGERY |
| D81042 WATERBEACH SURGERY |
| D81078 MAPLE SURGERY BAR HILL HEALTH CENTRE |
| D81084 WILLINGHAM MEDICAL PRACTICE |
| D81602 COTTENHAM SURGERY |
| D81607 SWAVESEY SURGERY |
| D81612 MILTON SURGERY |
| Cantab PCN | D81002 HUNTINGDON ROAD SURGERY |
| D81037 BRIDGE STREET MEDICAL CENTRE |
| D81054 RED HOUSE SURGERY |
| Central and Thistlemoor PCN | D81625 THISTLEMOOR MEDICAL CENTRE |
| D81631 CENTRAL MEDICAL CENTRE |
| Ely North PCN | D81021 ST. GEORGE'S MEDICAL CENTRE |
| D81034 ST MARY'S SURGERY |
| Y00185 CATHEDRAL MEDICAL CENTRE |
| Ely South PCN | D81014 STAPLOE MEDICAL CENTRE |
| D81051 BURWELL SURGERY |
| D81062 HADDENHAM SURGERY |
| Granta PCN | D81043 GRANTA MEDICAL PRACTICES |
| Meridian PCN | D81018 ORCHARD SURGERY,MELBOURN |
| D81035 COMBERTON SURGERY |
| D81041 BOURN SURGERY |
| D81058 HARSTON SURGERY |
| E82072 THE HEALTH CENTRE PRACTICE |
| E82132 ROYSIA SURGERY |
| Octagon North PCN | D81022 OCTAGON MEDICAL PRACTICE |
| D81024 THOMAS WALKER |
| D81053 BRETTON MEDICAL PRACTICE |
| D81630 HAMPTON HEALTH |
| Huntingdon PCN | D81010 PRIORY FIELDS SURGERY |
| D81050 THE HICKS GROUP PRACTICE |
| D81085 PAPWORTH SURGERY |
| D81633 ACORN SURGERY |
| Octagon Wisbech PCN | D81008 NORTH BRINK PRACTICE |
| D81011 CLARKSON SURGERY |
| D81015 PARSON DROVE SURGERY |
| D81622 TRINITY SURGERY |
| Peterborough Partnerships PCN1 | D81065 WELLAND MEDICAL |
| D81073 WESTWOOD CLINIC |
| D81615 THORPE ROAD |
| D81618 AILSWORTH AND PARNWEL MEDICAL CENTRE |
| D81624 DOGSTHORPE MEDICAL CENTRE |
| D81629 BUSHFIELD |
| D81645 THE GRANGE MEDICAL CENTRE |
| Y00486 BOTOLPH BRIDGE COMMUNITY HEALTH CENTRE |
| Fenland PCN | D81052 CORNERSTONE PRACTICE |
| D81059 RAMSEY HEALTH CENTRE |
| D81064 MERCHEFORD HOUSE |
| D81603 RIVERSIDE PRACTICE |
| South Fenland PCN | D81036 PRIORS FIELD SURGERY |
| D81061 GEORGE CLARE SURGERY |
| D81611 FENLAND GROUP PRACTICE |
| South Peterborough PCN | D81029 OLD FLETTON SURGERY |
| D81031 YAXLEY GROUP PRACTICE |
| D81046 NEW QUEEN STREET SURGERY |
| K83017 WANSFORD |
| K83023 OUNDLE |
| St Ives PCN | D81030 CROMWELL PLACE SURGERY |
| D81040 CHURCH STREET HEALTH CENTRE |
| D81049 SPINNEY SURGERY |
| D81060 MOAT HOUSE SURGERY |
| D81606 RIVERPORT MEDICAL PRACTICE, ST IVES |
| D81623 OLD EXCHANGE SURGERY |
| St Neots PCN | D81082 ALMOND ROAD SURGERY |
| D81032 EATON SOCON HEALTH CENTRE |
| D81057 CEDAR HOUSE SURGERY |
| D81081 GREAT STAUGHTON SURGERY |
| D81637 MONKFIELD MEDICAL PRACTICE |
| Y02769 ST NEOTS HEALTH CENTRE |