



Information Prescriptions

Action learning workshop for pilot sites

Report

05 December 2007

working with you

to improve social results

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1. Introduction

This was the fourth and final action learning workshop run for pilot sites over a period of six months during 2007. The workshops were devised to help those from the pilot sites to share experiences and learning from the development and launch of information prescriptions (IP). By December 2007 most pilot sites had been prescribing and dispensing for a few months and were able to share insights around implementation and the perceived impact of these new arrangements for patients and professionals alike. An interim report on the evaluation of the pilots experience with information prescriptions was produced by the evaluation consortium and made available to pilot sites ahead of the conference. In the opening session of the workshop participants were given a short overview report-back on the main headline messages from the interim evaluation report. This was presented by Ewan King from OPM.

The objectives identified for the workshop were to:

- Review pilot site experience with prescribing and dispensing and highlight the key lessons;
- Identify where most progress and achievement has been made;
- Highlight what it was more difficult to achieve and why;
- Explore where and how national implementation can be guided by these experiences.

The workshop programme was divided into two main parts. In the morning sessions pilot sites shared implementation experiences around a number of broad aspects of the work. These included:

- Development and use of effective systems for information prescriptions (*Sue Hyde and Jonathan Daniels, Heart of England Trust*)
- Involving users and carers (*Rosalyn Pitt, South Staffordshire Healthcare Foundation Trust*)
- Engaging and involving professionals (*Fiona McQuiston, County Durham PCT*)
- Working with voluntary sector bodies (*Rebecca Sheehy, RNIB and Yorkshire and Humberside SHA*)

Short presentations were provided by four pilot sites each focusing on one of the four implementation themes. This was followed by facilitated reflective discussion involving the whole audience. The presentation slides are available on the Information Prescriptions website at www.informationprescription.info/events.html

In the afternoon attention was focused firstly on exploring the key requirements for national implementation. John Cain from the Department of Health gave an outline of current DH thinking on national implementation and what help will be available across the health and social care system to support implementation. The final session of the workshop allowed pilot sites to examine how they would continue to support information prescriptions in areas they had piloted their introduction, as well as whether (and in what way) they might extend coverage to other service areas after January 2008. In roundtable discussions participants reviewed how they might leave a lasting legacy after the pilot work came to a conclusion.

2. Main messages from discussions on implementation themes

Each of the two exploratory open forum sessions looking at pilot sites experience with implementation of information prescriptions began with two short presentations from selected pilot sites about particular aspects of the experience. The first session focused on the development and use of effective systems for information prescriptions and involving users and carers in the development and successful dispensing of information prescriptions. The second session looked at engaging and involving professionals and working with voluntary sector bodies.

The main issues raised in the discussions were:

Role of the Voluntary Community Sector

There was broad agreement that the VSC has a critical roll in supporting both national and local implementation of information prescriptions. The main roles that they can play are:

- To inform the development of local information
- To identify creative ways of developing IP systems – “Often local VSC is best placed to find solutions
- To train and develop volunteers
- To involve and engage hard to reach groups
- To resolve problems when they arise between different powerful statutory bodies – almost the “fixer role”

The sector also has the benefit of being independent, giving a strong potential role in scrutinising the work of local IP systems.

Additional information from those dispensing

If, as will often be the case, the dispenser of information identifies further information needs not identified by the prescriber, they should not be inhibited from providing this signposting or additional information. However, they will often have to ensure that consent is given. Therefore, there is need to have robust processes for ensuring consent is recorded and that the primary professional responsible for that user – whether the care manager or GP – is made aware that additional information was given.

Signposting

A strong message from some of the participants is that it is essential that site leads do not try to become catch-all repositories for all information. There will be times when sites need to signpost to those better placed to deal with users’ information needs. All sites will need to adopt a degree of signposting in order to avoid waste and duplication.

3. Supporting national implementation and local roll out of information prescriptions

John Cain, Department of Health

John Cain provided a brief overview of the current thinking about national roll out being developed in the Department of Health. The main points he covered were:

- There is not likely to be a 'one size fits all' approach to national implementation. It is clear from the pilot sites experiences that there is a wide range of effective ways for developing information prescriptions systems locally, and this diversity of practice needs to be built into any national roll-out.
- There is a need to 'ramp-up' commitment amongst NHS and Local Authority professionals, through engagement and training to encourage a receptive and productive response to dispensing
- In creating the right climate for implementing information prescriptions there was a need to look at how both the demand and supply side are stimulated. The supply side is concerned with support of the professional organisations, the demand side, being patients themselves. It will be advantageous to do the both simultaneously. In other words gaining involvement amongst professionals while stimulating awareness and demand amongst users and carers for information prescriptions.
- The roll-out will be informed by a number of major ongoing policy developments across a number of related areas. These include:
 1. **National Information Accreditation Scheme** – this will be employed to ensure that information is of a high quality and trustworthy
 2. **Development of integrated care records** – will be reviewed to assess their potential for incorporating information prescriptions
 3. **NHS Choices** – Need to assess the potential of the NHS Choices platform to promote self prescribing and support to professionals in prescribing.
- It was vital to build on the best of existing local pilots and practice – avoiding 're-inventing the wheel' in different parts of the health and social care system. There will be less focus on mandatory implementation of national commitments for information prescriptions, and more focus on engaging and involving professionals who should see this programme as good for services and users.
- The Department of Health wants to support roll-out through a national resource pack, which can be picked up and used by professionals and agencies in helping them meet national roll out.

NHS Choices

Bob Gann, from NHS Choices was invited to address the workshop and share some perspectives on how NHS Choices could support national roll-out of information prescriptions. He made the following main points:

- NHS Choices offers a potential solution to some core elements of national roll-out
- NHS Choices builds on the original NHS.co.uk, but is significantly improved, providing information rating health providers, local HealthSpace sections, opportunities for user feedback, an A-Z of conditions, and better information about local services
- The site is much more influenced than previous approaches to the needs of professionals and users
- The site can link up searches to internally held information and external links
- A new version will be launched in the early year, when the site will go through a further step-change. This step-change coincides with the potential launch of the IP national resource pack.

The NHS Choices site could assist with two specific elements of IP issuing:

1. Self prescribing, allowing users to access information relating to specific conditions at different points in the care pathway
2. Support to professionals so that they can access a repository of national information and populate IPs with this information.

The site can also ensure that information is quality assured, as all information will be subject to the new National Accreditation Scheme

The discussion on an implementation Resource Pack

Delegates were then asked to consider the following question in small group work:

“If a resource pack was to be developed for local organisations to use that helps and supports them introduce information prescriptions, what should it contain?”

To support national roll out, the participants were asked to consider what elements should go into a national resource pack in order to support implementation across England. It was suggested that the pack should comprise:

Definitions

- Vision and intended outcomes

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- Definition for information prescriptions systems, defined in terms of outcomes for users and carers

Getting started

- Understanding the local context, how information prescriptions can work in different settings - for example; social care, health, local government settings
- Providing a simple self-assessment tool to help local professionals plot their starting points and to identify the order to which different components of the system are pulled together
- Providing a flow-chart showing how to implement over time

Managing People and Change

- Provide a change management tool - for example; like the one provided by the NHS Institute
- Partnership working involved in developing and using information prescriptions

Trouble shooting

- Focusing on the key challenges, and how to resolve them

IT solutions

- Local IT solutions (can any of these be provided free of charge – for example good local data bases)

Budgeting

- Building information prescriptions into future budget cycles
- Pooling budgets to support information prescriptions
- The role of commissioning and its impact on information prescriptions and their development and use
- Potential 'funding sources such as through local area agreements (LAAs)

Mapping supply and demand locally

- Providing tools for mapping patient needs and demand for information prescriptions
- 'Base-lining' need
- Mapping supply, including available services, agencies, VCS and finding 'champions' for information prescriptions
- Spotting any gaps in potential provision

Quality criteria

- The role of a National Accreditation Scheme
- How can quality be ensured locally?

Using levers and incentives

- Linking information prescriptions to the local use of the quality outcomes framework (QOF) points in primary care and GP contracts
- Linking information prescriptions and Comprehensive Assessment Framework and Single Assessment Processes
- Care Planning
- Needs assessment
- Setting indicators and benefits

Pilot site case studies

- Exemplars of good practice from the pilot sites (in different settings, for different conditions, for different users)

Local Branding

- How to develop logos, local brands, and signatures

Intellectual property

- Guidance on intellectual property

Templates

- Examples of templates for information prescriptions

Top tips

- Ten top tips for being successful at developing information prescriptions

Training and skills

- Training packages from Pilot sites
- Core skills

Engaging the workforce

- How to create champions
- Engaging with different strands of the workforce

Real life case studies

- DVDs of users accessing IPs

Mechanisms for delivery

- The pack should be available in both paper and web-based formats

4. Local plans for the future after January 2008 – sustaining momentum in pilot site areas

In the last session of the day participants were asked to explore how best to consolidate and sustain what has been achieved and integrate their current work on information prescriptions where they were piloted within on-going health care delivery.

The participants were asked to consider in groups:

- Exploring what will happen in service areas where information prescriptions have been piloted
- Reviewing what can be sustained and whether and how information prescriptions could be extended to other services
- The key elements needed for successful sustainability

Participants were asked to give their views on the critical steps which were needed to sustain wider roll out locally.

Gaining joint 'buy-in' - There is need for senior officers in both the local authority and Primary Care Trusts and other NHS Trusts to sign up to the concept of information prescriptions and a local roll out across the services they are responsible for. They also need to be able to communicate this action across the health and social care system through the LSP (Local Strategic Partnership) and other strategic partnerships.

Leadership - It is essential that there is a clear steer from senior managers, and members of strategic partnerships, about the local vision and commitment to information prescriptions.

Lead co-ordination - There was broad agreement that there needs to be an individual with lead responsibility for managing the implementation of information prescriptions locally. This role can be seen in terms of a championing role involving the following roles:

- Consulting and engaging users and professionals
- Updating information
- Managing training and skills development
- Liaising with wider networks

Handing over the pilot work – If pilots are to continue their work after the piloting phase has formally stopped, they need to build a network of 'champions' for information prescriptions. Sites need to work with professional networks, such as networks of local district nurses, community nurses, and libraries, to build support over the long term.

Building IP processes into the day job - Local managers should identify ways to embed information prescriptions prescribing into professionals 'day job'. In one site, they have ensured that all line managers raise the issue of information prescriptions at supervision and appraisal meetings, which has been successful in raising awareness and embedding the practice.

Mapping local pathways - If the aim is to widen out the information prescriptions process to include more conditions, then it is essential that those responsible for co-ordinating local roll out understand existing care pathways. This might include mapping local care pathways, key professionals responsible, possible 'champions' for information prescriptions and lead professionals as well as local information sources.

Stimulating the market - Top down implementation of information prescriptions through expanding the role of providers in issuing them will be limited on its own, particularly without the availability of additional resources. There is need to push the system towards adopting information prescriptions by increasing the levels of demand amongst users for them. This can be done through active engagement and marketing of information prescriptions amongst local people. If people come to their local services saying "I am entitled to an information prescription", it will pressurise services into responding to the need.

Building in flexibility – Information prescriptions systems will be designed in different ways in order to meet different local contexts and needs. Whilst tight co-ordination is essential across a patch, the management needs to be flexible in fitting national approaches to meet the needs of local circumstances.

5. Evaluation of the workshop

As with all action learning workshops and conferences run as part of information prescriptions learning and support, feedback on the experience of the workshop was gathered using a self completion questionnaire. The aggregated results of these assessments from workshop participants who completed an evaluation questionnaire are presented in Appendix Two.

The response rate of completed evaluation questionnaires was a good deal lower than at other workshops (38% compared with around 80%) due to the numbers of people who left before the very end of the programme when the workshop evaluation was completed.

Nevertheless, the vast majority of people attending the workshop rated the experience very positively – ie; *'Excellent'* or *'Good'* ratings. All sessions in the programme were rated well though the sessions that were focused on sharing of the pilot site experiences were rated best.

Appendix 1 – programme

Action learning workshop for pilot sites

5 December 2007 - London

Workshop objectives:

- Review pilot site experience with prescribing and dispensing and highlight the key lessons
- Identify where most progress and achievement has been made
- Highlight what it was more difficult to achieve and why
- Explore where and how national implementation can be guided by these experiences

10.00 Coffee and networking

10.30 Introduction:

- Overview of the session
- Interim Report – initial findings

10.45 Pilot site case studies on key development activities – I

- Development and use of information prescription templates
- Involving users and carers

Two short case studies demonstrating how outcomes have been affected followed by a wider discussion on the lessons and implications – what has and has not worked

11.45 Coffee

12.00 Pilot site case studies on key development activities - II

- Engaging and involving professionals – new concepts of information giving
- Working with voluntary sector bodies – clearer signposting & more integration

Two short case studies demonstrating how outcomes have been affected followed by a wider discussion on the lessons and implications – what has and has not worked

13.00 Lunch and networking

14.00 Supporting national implementation and local roll out

There will be a short introduction from DH highlighting the developing national thinking followed by an opportunity for delegates to ask questions.

Delegates will then be asked to consider the following two questions in small group work:

- What elements of national roll out should continue to be shaped by pilots, non-statutory organisations and professional bodies?
- If a resource pack was to be developed for local organisations to use that helps and supports them introduce information prescriptions, what should it contain?

14.45 Local plans for the future – post January 2008 – sustaining momentum

This session will help pilots explore how best to protect and integrate their current work within on-going health care delivery. Round table discussions will cover:

- Exploring what will happen in service areas where information prescriptions have been piloted
- Reviewing what can be sustained and whether and how information prescriptions could be extended to other services
- The key elements needed for successful sustainability

15.45 Next steps in evaluation work

16.00 Close and tea

Appendix 2 – workshop evaluation results

Patient Information Prescriptions – Action Learning Workshop

5 December 2007

(Total responses 20 – 38% of all attendees)

Q1: How would you rate the learning sets on the following?

	Excellent	Good	Satisfactory	Poor
A. Introduction (responses: 19)	31%	58%	11%	
B. Pilot site case studies on key development activities – I (responses: 19)	42%	53%	5%	
C. Pilot site case studies on key development activities – II (responses: 20)	50%	50%		
D. Exploring the key requirements for national implementation (responses: 19)	37%	47%	16%	
E. Local plans for the future (responses: 19)	37%	42%	16%	5%
F. Next steps in evaluation work (responses: 16)	38%	38%	19%	5%

Q2: Venue, facilities and organisation?

	Excellent	Good	Satisfactory	Poor
A. Administration (including booking/pre programme information) (responses: 19)	53%	32%	11%	4%
B. Venue (responses: 20)	40%	40%	20%	
C. Catering/quality of food (responses: 20)	40%	30%	25%	5%

Q3: Do you have any other comments or suggestions?

- Location excellent, very central
- Venue not very good
- Very useful

Appendix 3 – attendance list

Action learning workshop – 5 December 2007

Delegate list

Cancer	Mid-Trent	Elaine Wilson
Cancer	Mid-Trent	Sheila Williamson
Cancer	Royal Marsden	Beverley van der Molen
Cancer	QE Birmingham	Paul Litchfield
Cancer	Durham	Fiona McQuiston
Cancer	Durham	Pam Ramaswamy
Cancer	Durham	Helen Johns
EMH - general	Suffolk and Ipswich	Sue Nicholson
EMH - general	Suffolk and Ipswich	Barbara MacDonald
EMH - general	Suffolk and Ipswich	Maggie Woodhouse
EMH - dementia & depression	Camb & Pet'borough	Jill Hudson
EMH - dementia & depression	Camb & Pet'borough	Edith Nash
EMH - dementia & depression	Camb & Pet'borough	Colleen Rea
EMH - dementia & depression	Isle of Wight	Peter Smith
EMH - memory loss	Leeds	Jenny Thornton
MH - general	Doncaster	Terry Cawley
MH - general	Doncaster	Perdy Bhogal
MH - general	Doncaster	Della Bailey
MH - general	South Essex	Mike Waddington
MH - general	South Essex	Kevin Snowball
MH - general	South Essex	Debra Powiesnik
MH - young people	Staffordshire	Karen Harris
MH - young people	Staffordshire	Rosalyn Pitt
NH – complex needs	Oxleas, Bromley	Dr Geraldine Strathdee
LTC - general	Darlington PCT	Clare Hinton
LTC - general	Darlington PCT	Jane Hesford
LTC - general	Darlington PCT	Lynda Ramsey

LTC - general	Darlington PCT	Lesley Compson
LTC - general	Manchester	Andrew Lomax
LTC - general	Manchester	Frances Wallbank
LTC - children	Evelina, Guys	Steve Tomlin
LTC - children	Evelina, Guys	Alice Osborne
LTC - children	Evelina, Guys	Anne Joshua
LTC - Cystic Fibrosis	Heart of England Trust	Susan Hyde
LTC - Cystic Fibrosis	Heart of England Trust	Jonathan Daniels
LTC - Parkinson's Disease	North Tyneside DGH	Kate Greenwell
LTC - Diabetes, Asthma, Arthritis	Hamm & F'ham PCT	Nicola Kingston
LTC - Diabetes, Asthma, Arthritis	Hamm & F'ham PCT	Olivera Markovic
SE - Sight	Yorks & Humber SHA	Mick Ward
SE - Sight	Yorks & Humber SHA	Rebecca Sheehy
SE - Hearing	Oxfordshire	Michelle Jones
SE - Hearing	Oxfordshire	John Fearn-Webster
	Macmillan	Ruth Carlyle
	Cancerbackup	Elizabeth Lodge
	Cancerbackup	Margot Buchanan
	Cancer Research UK	Sonia Peart
	NHS Choices	Helen Rowntree
	NHS Choices	Bob Gann

John Cain, Department of Health

Sarah McHugh, GfK/NOP

Paul Lloyd, OPM

Ewan King, OPM

Anne Haver, OPM

Julie Chapman, Department of Health

Ralph Mold, Department of Health

Clare Wener, Department of Health

Millie Noble