



Information Prescriptions

Action learning workshop for pilot sites

Report for Department of Health

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working with you

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Overview of the main messages from the workshop

This was the first of three workshops to help the Information Prescription pilot sites to share experiences and learning from the development work they have been doing in preparation for launching information prescriptions (IP). The workshop objectives were to: encourage the sharing of learning across sites and provide networking opportunities; update on progress made and explore future challenges; facilitate action learning sessions on key development themes; and identify future themes, issues and areas of work where further learning and support across sites would be beneficial.

It is clear from the experiences shared in this workshop – involving most of the pilot sites – that continued progress is being made towards being ready to launch IPs successfully. Most people acknowledged, however, that there are still a number of significant challenges ahead that will need to be overcome before the launch.

The broad aim is to be ready to start issuing prescriptions in the summer. Some sites are still confident of meeting this deadline. But other sites are not. Some still need to make significant progress on substantive tasks such as developing their **information directories** and assembling and quality-assuring the database that will form the basis of their IPs. This information gathering exercise has been a major undertaking but, even where it has not been completed, it has helped sites to overhaul their current information provision to patients and the wider public, and everyone agreed that this has been a beneficial outcome.

Ease of access to pre-existing good information sources varies widely. Where it exists, it is often located in the websites of voluntary bodies or in other recognised sources that clinicians and other professionals have already been using. On occasions, however, the development of information directories involves primary research and drafting relevant information 'from scratch' rather than just assembling materials that already exist.

Many workshop participants commented that it is important that IPs do not become too 'medicalised', focusing primarily on information about the patient's condition. Rather, the prescriptions need to demonstrate real sensitivity to the wider support needs and requirements of the end user.

Sites have taken a wide variety of approaches to developing the **information prescription template**. In some cases, the approach relies heavily on information technology to deliver the prescription; in others, the systems are essentially paper based with some signposting to electronic sources of information. Ease of access to information sources for prescribers and users is regarded as essential so people need to have confidence in whatever systems are being used, and know how to use them to ensure good IPs. A great deal of interest was expressed in national databases and information sources through NHS Direct and the Map of Medicine, especially if this allows real pooling and sharing of information nationally, and provided it is possible and straightforward to combine national and locally specific information easily and flexibly. The real challenges will be in ensuring consistency of information quality, and the flexibility and compatibility of systems.

Most pilot sites are still devising how **prescribing and dispensing** will work – who will do it and what help and support they will need. Some sites want to make a clear separation between prescribing – often by clinicians or professionals – and dispensing, where others also help patients or carers to make sense of the prescription and get access to what they need. How to overcome the potential workload concerns of busy clinicians who are asked to prescribe is seen as major challenge. Some sites are exploring the use of libraries, pharmacists and expert patients or volunteers as possible solutions to make dispensing easier and more responsive to the needs and expectations of patients and carers. There was a perceived need to avoid real information provision becoming ‘down-graded’ to mere signposting to information sources on grounds of pragmatism. There was also an issue about language and the connotations associated with phrase ‘information prescription’. Feedback from some sites suggests that the term is too closely associated with medication and not enough about help and wider support for managing conditions. This has led some sites to drop the term prescriptions altogether.

Most sites have been **engaging staff** in the development and preparation for IPs. In most cases the response appears to have been an enthusiastic and encouraging one. There are examples of staff willingly committing their time and energies to preparing for information prescribing and ensuring good quality properly assured information as the basis what will be made available. In some cases though there are still concerns expressed about how much enthusiastic support might be expected from GPs and other senior clinicians. The most advanced sites have been undertaking awareness raising training about IPs as well as training on the systems they will be expected to use. They also recognise that others in the voluntary sector or in partner agencies might need training and support to ensure a successful launch of the scheme.

Recording the offer and tracking information contained in the IP is an issue. Many sites are still grappling with trying to find a viable way of doing this. The difficulties are often focused around how this will link into the systems used for IPs, whether web or paper-based, but also how it connects into other data systems such as those for patient records. Other perceived challenges included deciding how much information about the patients and the prescription would be recorded, ensuring confidentiality of patient personal details and ensuring the uniqueness of each prescription for ease of tracking and access. There was also a need to monitor take-up rates for prescriptions and where the offer was declined and by whom. There was much sites felt where they needed to learn form one another in respect of solutions found to the above problems and challenges.

Most of the discussion on improving the effectiveness of prescribing was focused on sites striving to achieve the **personalisation of prescriptions**. This it was felt very much needed to reflect the breadth of the potential needs of the patient/user and respond to the full range of circumstances for individuals. There needs to be sufficient training for all those prescribing to ensure they make sound judgements about personalisation of prescriptions. It was also felt that having a wide range of dispensing models that take account of access to on-line access and support in different locations in the community would ensure ease of access to information made available in prescriptions.

Introduction

This was the first of three workshops to help the Information Prescription pilot sites to share experiences and learning from the development work they have been doing, in preparation for launching information prescriptions (IPs). The workshops take their place beside support from the OPM team and the information prescription website as a means of encouraging pilot sites to work with one another and to share information, experiences and ideas.

The workshop objectives were to:

- encourage the sharing of learning across sites and provide networking opportunities;
- update on progress made and explore future challenges;
- facilitate action learning sessions on key development themes; and
- identify future themes, issues and areas of work where further learning and support across sites would be beneficial.

In short, the purpose of these workshops is to help to create a community of learning across the twenty pilot sites so that they are not working in isolation but feel connected to each other and aware of what each other is doing and learning.

The programme was structured around a number of round-table and plenary discussion sessions. There were also three short case study presentations from three pilot sites – Oxleas Foundation NHS Trust; Evelina Children's Hospital/Guy's and St Thomas' Foundation Trust and Hammersmith and Fulham PCT. Another short session was provided by the Map of Medicine team who also ran consultation sessions for individual delegates who wanted to hear more about the system. A copy of the workshop programme is provided in Appendix One of this report. The presentations from the three case studies are available on the information prescription website at www.informationprescription.info/AL_event1.html

This report provides a summary of the discussions during the two roundtable action learning sessions. The morning session focused on developing the information directories and the IP templates. In this session the groups were broadly divided into common patient condition areas. The second action learning session was focused around four main themes: the prescribing and dispensing process; recording the offer and tracking information contained in the IP; engaging, developing and supporting health and social care professionals and assessing and improving the effectiveness of information prescribing. An OPM facilitator supported each of the sessions. The notes taken of those discussions provide the basis for the rest of this report.

Action learning session (a.m.)

All groups focused on the same development themes on developing the information directories and IP templates. There were four condition specific discussion groupings: cancer sites; sites focused on elderly mental health care; sites focused on other mental health care; sites focused on other long term conditions. An overview report on each discussion is presented below.

Cancer sites

The discussion forum was made up of two of the pilot sites, Royal Marsden and the Mid-Trent Cancer Network, and Cancerbackup and Macmillan Cancer Support. Progress in the two sites was reasonable, with Royal Marsden having completed its first prescribing pilot. Key concerns raised were IP support and the recording of prescriptions. Wider professional buy-in also was seen as a challenge. The Mid-Trent pilot site felt that early user involvement was valuable in the shaping of IPs, and in generating wider professional support.

Specific issues raised were:

a. Information directories

The key issues raised were:

- the **national cancer charities** provided excellent information sources and they form a major part of the cancer IPs
- work on **identifying additional information** is progressing well; Royal Marsden has a series of internal information documents, and there is a good knowledge of useful and accredited information providers
- there were questions about the **breadth of information sources**: whilst it was important to cover a good range of issues (incl. welfare advice), if the directories become too large, professionals would not be able to negotiate them
- a related point is the **time taken by professionals** for prescribing IPs – professional involvement could only be guaranteed if they could see that the prescribing process did not add significantly to the length of consultation
- there were difficulties in developing **electronic directories** since IT support units wanted to have the prescribing process fully established and documented before they would invest in creating systems
- the **Map of Medicine** option was seen as promising: a potential IT solution, but the perception was that it would be most useful for national information sources; it was also seen as too medically focused
- the group felt that the **Map of Medicine** should talk to the national cancer charities about accessing their information sources

There was a wider discussion about directories dealing with other conditions – how could other sites' directories be used to include information prescribing for other long-term

conditions (e.g. asthma, diabetes, etc.)? The group felt that the learning event was a good way of catching up with developments in other sites. The website was reasonably useful, but group members felt that pilot sites were using it too intermittently. Some sites also have started to contact each other directly, and some visits were being organised.

b. IP templates

The cancer sites felt that the existence of cancer pathways gave them a good framework for process development. The Royal Marsden site also participated in developing an impact model with OPM.

The key concerns raised were:

- sites want to experiment with a **variety of templates and formats** (e.g. paper; drawings; web-links; etc.)
- the overriding principles should be **user need** and **professional acceptability**
- **paper-based templates** would be needed for some time, since IT access in many clinics was limited; for example, often there is no easy access to printers
- templates needed to have a **simple design** to ensure that professionals could use them quickly, but avoid producing standardised prescriptions

Discussions revealed that the most likely scenario for many sites is that they will collate paper duplicates of dispensed IPs. Some sites do not appear to have planned a process of recording and analysing dispensed IPs. A further challenge is how such information can be shared across the cancer network.

Elderly mental health

a. Information directories

The sites contributing to this discussion were Isle of Wight Council, Cambridgeshire and Peterborough Mental Health Trust, Evelina Children's Hospital and Mid Trent Cancer Network.

There were varying degrees of progress being made by sites in establishing directories. At one end of the spectrum, some sites were close to finalising the data-bases and inputting data sources while some sites had yet to start compiling directories.

There were concerns about the following issues:

- What **accreditation processes** should be used to inform both individual information sources and whole web pages and sites.
- How can local sites, without **good IT support**, access the expertise to set up databases, websites and appropriate systems
- How organisations find the space and facilities to store **paper-based** information
- How directories can be developed to ensure **information is available for people with different ethnic backgrounds** when the NHS is looking to cut back in this area

- There is need to ensure that **information in directories is sensitive to the needs of people facing up to difficult conditions**. In the Isle of Wight, the web-based directory in progress has been developed to provide both an easy-to-read lay section and a section for professionals, with the lay section providing very sensitive information about peoples initial concerns about conditions like dementia.

One key concern raised was that the issue of developing directories **does not become 'IT driven.'** At the core of this is the need for a good process, but sites should not become obsessed with the IT solution. Where possible, they should draw upon the national models being developed by **NHS Direct** or **Map of Medicine**.

Another key concern is that some of the sites do not know when to limit the scope of information collection, especially when developing directories for highly complex conditions, such as depression. There are simply a vast range of information sources that could be useful to sites. There is a danger of the development of directories becoming an unsustainable process

NHS Direct has a good of local organisations which sites should be able to access. NHS Direct is also creating an IP web page and hopes to add all of the main shared content, e.g., on benefits, and the main conditions covered by many sites, such as diabetes, to this site. Sites should try to link in with this rather than develop their own national content.

b. IP templates

There is a growing interest in the **Map of Medicine** as a tool to help people map out their templates and directories. Concern was raised by some sites about the ability of this tool both to respond to locally developed care pathways and to be developed for lay use.

There is still too much duplication of effort in creating information sources. There needs to be clearer information about who has developed information resources and how other sites can access this.

Immediate areas people would like help with work on directories and IP templates were:

- The idea of getting a group of **IT experts from across the sites for half a day** was suggested.
- There is now a need to share site's **national content** and more information about accreditation systems.
- There needs to be a clear message on how far the government has got with its development of **accreditation processes** for all information and how different systems of accreditation can be used by sites.
- There needs to be more sharing on how different sites are developing information sources for different BME groups, client groups, and those with various impairments.

Other mental health conditions

The sites contributing to this session were Oxleas Foundation NHS Trust, South Essex Partnership Trust and South Staffordshire Healthcare. These sites were working on IPs for different client or patient groups including those with complex mental health needs, services for young people and adolescents.

a. Information directories

All sites contributing to this discussion said that they had made significant progress developing the information directories from which IPs would be drawn. Most were well into the process of quality assuring this through different routes and in some cases making selections about which sources would be the core sources (or web sites) those prescribing would utilise in their prescriptions.

All acknowledged the enormity of **assembling information sources** from a variety of different sources. Often clinicians were asked to make recommendations of what they were already using and found useful and valued by patients and carers. In some cases this needed slightly revising or updating, but usually this was minor revision. There were some instances where very much outdated sources were revealed and sifted out. The quality assurance was therefore providing an important function. Various quality assurance tools including the Discern questionnaire were being used.

There were acknowledged differences about how easy or difficult it was to find good quality information about various conditions. For example, the information available on manic depression/bi-polar was seen as very much better than that on schizophrenia and psychoses. It was felt that some of these differences were explained by the social stigma associated with different conditions and the confidence and visibility of the user movement for certain conditions compared with others.

Staff were usually enthusiastic about helping with sourcing and quality assuring information. The enthusiasm was explained by the fact that engaging users and carers as part of service provision including providing information was a widely held service philosophy for many in mental health care.

The **key challenges** facing sites were making the assembly and quality assurance of the material for the directories manageable. In addition, a key challenge was ensuring that the information provided would be properly usable by those prescribing, so that they knew what was there and how to use it effectively. It would therefore be important for staff prescribing to fully understand the structure of the directory and how to find their way around it, including the various categories and sub-categories of information headings. There was a need to avoid information becoming too 'medicalised' or containing too much jargon that was not easily understood by users/patients and carers.

There also needed to be **real choice** where users/patients and carers had some influence over shaping what was of most relevance and interest to them. In this respect those explaining the IP would need to use it in such a way that it became an opener to a

conversation or dialogue about what their needs were. There was a real expectation that people would need to be able to come back to ask questions or request more follow-up information.

Various **modes of IP delivery** were mentioned. One site (Oxleas) was planning to use memory sticks and 'iPod' downloads for prescription issuing. Another (South Staffordshire) would offer emailing of the prescriptions to clients.

b. IP templates

Several sites mentioned exploring the possibility of making use of the **Map of Medicine** information directories and inputting their information into those systems. There was a real perceived potential benefit of pooling and sharing directory information by having a single national directory. However, it was considered vital that interface between national information and local information should work well, otherwise the viability of the prescription would be undermined.

The **key challenges** for developing and using templates were to keep these as simple as possible to support ease of use by prescribers and patients/carers. This might mean leaving all the detail off the prescription template other than the sources of the suggested information.

It will be important to review the experience with using the template as well as the value and quality of information provided at an early stage into the launch.

Long-term conditions

This discussion included people from the following pilot sites: Northumbria Healthcare, Oxfordshire County Council, Evena Children's Hospital, RNIB Yorkshire, Birmingham Heartlands Trust and Manchester City Council.

a. Information directories

As in the other groups, progress was patchy across the sites. Some pilots were well advanced but others continued to experience difficulties in conceptualising, designing and populating the directories. Many of the comments made by members of this group reflect those of the other sessions.

A number of sites were finding it difficult to determine what material is in and out of scope. Some felt that there was too much information to manage; others were finding it difficult to access information or to identify multiple **sources of information** in order to provide a range of perspectives on the same issue. The discussion proved useful in that sites were able to share ideas about additional resources, such as CAB, EQUIP and condition-specific sites. As noted earlier, NHS Direct also has some useful resources which it is happy to share. Some pilots were concerned that they might be 're-inventing the wheel' and wanted

to have access to material which would be needed by all of them (for example around benefits).

Sites are keen to ensure that the directory and recording processes are **compatible with NHS systems** – but this is proving a challenge within an NHS setting, and even more so with external partners.

It is essential that the directory is **quick and easy to search** and convert into content for the IP – translating directory content into an accessible packet of information for an individual user is a key challenge.

Some sites were involved in the **Map of Medicine** work but a few concerns were raised. The directory was thought to be cumbersome and time-consuming. Some prescribers/dispensers do not have easy access to the internet (although this is a wider issue, with relevance beyond map of medicine). Moreover, the model was thought to be highly ‘medicalised’ and targeted exclusively at health professionals – it needs adapting to work for other professionals. It is hard to see how it could facilitate self prescription/dispensing in its current form. ‘HealthSpace’ was thought to be a much more patient-focused tool, which could become a personalised hub for storing IPs and other health records and information.

b. IP templates

Sites were planning to deliver the IP in a **variety of formats**, including: personalised print-outs from electronic IPs; a postcard with information needs written by hand; and a combination of leaflets and web links with an explanatory cover. Some were still determining what their template would look like and needed to test their ideas with users. One of the key decisions was how much information users wanted and what was the best way to present it to them. Some are parcelling up information into pre-determined bundles which correspond to key moments on the care pathway.

Sites were also engaged in determining how a single template can be both **tailored** to the individual user and be compatible with the systems and preferences of different professionals. Sites with partners external to the health service sometimes found this particularly challenging.

A potential risk of some of the approaches adopted was that **information provision is substituted by sign-posting** to other resources. Further guidance was needed about what an IP should contain and to what extent the user is involved in the prescribing process. In other words, does a user specify his or her needs and receive an IP to log that request and sign-post information sources, or is a ‘diagnosis’ or assessment made of their known and potential information needs. It might be useful to have more clarity on this.

The word ‘**prescription**’ was unhelpful – some pilots had had feedback from users who found the term off-putting and confusing. Some users, for example, had thought that they needed to pay for the IP. Some pilots are therefore using different terminology, such as ‘information options’.

The immediate needs of the group mirror those of other groups, namely: sharing content; information and support around accreditation and tailored IPs to support inclusion; and development of IT solutions.

Action learning session (p.m)

The second action learning session was focused around four main development themes:

- the prescribing and dispensing process;
- recording the offer and tracking information contained in the IP;
- engaging, developing and supporting health and social care professionals; and
- assessing and improving the effectiveness of information prescribing.

The prescribing and dispensing process

The sites contributing to this session were Hammersmith and Fulham PCT, Evelina Children's Hospital, Oxleas Foundation Trust, Heart of England Trust, North Tyneside DGH and Cambridgeshire and Peterborough Mental Health Trust.

There are a number of key issues which the sites are still grappling with in respect of prescribing and dispensing:

a. Language

The language of 'prescriptions' and 'dispensing' is still problematic in some sites, with some regarding this as far too narrow a definition.

'The notion of prescriptions conjures up something that will cost money and refers to drugs rather than broader information sources.'

b. Involving senior clinical staff

Most sites are still encountering difficulties in involving clinical staff, including GPs. The biggest concern raised by clinicians is that this new process will place additional strain on their work loads and time with clients.

In **Oxleas Trust** pilot site, the main issuer will be **care co-ordinators**, who strongly support using IPs. They were identified both by carers and clients as the best person to prescribe the IPs and the most trusted to work with the clients to explain how the information can best support their ongoing care requirements. However, Oxleas Trust does see the need for other specialists, and GPs, to eventually become more involved, and is coming across some resistance from these groups in taking the IP process forward.

In **Heart of England Trust** pilot site, they have had a strong response from specialist staff in favour of using IPs. This is because they have already got a stronger tradition of providing information to clients and using their in-house information provision database and resource centre. However, steps were also taken to give a clear message to staff – and to

drive this message home on several occasions – about how IPs will create a ‘happier client group, and reduce your work burdens’

In some cases, there are simple reasons provided by clinicians for not wanting to take up IPs. In one site, there was a problem highlighted that GPs did not have printers in order to help them print out the IPs. This problem was overcome in one site by purchasing printers for each GP office.

In **Northumbria Healthcare Trust** pilot site, the main issuer will be specialist Parkinson’s nurses – but this is only really a ‘stop-gap’ until the end of the Pilot. After that point, another process would have to be found, involving perhaps other professionals, such as general administrative people in hospital settings.

There was some agreement in many of the sites that the best person to issue prescriptions is someone who works in a more supportive role, rather than at a senior clinician level, such as Lead Professionals, specialist nurses, nursing staff, health visitors. However, there is realisation that this has huge cost implications for roll out

c. Recording

There are varying degrees of progress being made in ensuring that the issuing of IPs is recorded and tracked. In the Heart of England Trust pilot site they have now managed to link issuing to individual patient records, but in most sites they are still encountering difficulties in linking up the IP process to existing NHS IT systems.

There is need for national advice on the links between IPs and existing NHS information systems. Ideally, every site should be able to link the map of medicine, local directories, templates and NHS information systems – but how?

d. The involvement of wider organisations in dispensing

There is seen to be a great potential for other organisations, particularly pharmacies, libraries and expert patients in dispensing IPs. This would serve both to reduce the burden on mainstream health and social care organisations, while there is some evidence that these organisations are better equipped to provide information at a place, format and time that suits patients.

There is a range of opportunities for sites to consider:

- Increasing the role of library services in providing information, such as responding to emailed request for information, gearing up their existing information systems and websites to provide IP information. **Oxfordshire and Cambridgeshire and Peterborough** pilot sites have created a central role for libraries in dispensing and can offer information to other sites on how this is going.
- Involving **expert patients** as dispensers. Expert patients are already involved in information helplines to be used as part of **Hammersmith and Fulham’s** IP site.

However, there is probably need to **train up and accredit expert patients** to be involved in dispensing.

- Involving **chemists/pharmacies**. Lots of chemists are now developing consultation rooms, building up their role as the first point of call for patients, and increasingly working with GP practices in standard contracts to provide services. **Evelina Children's Hospital** site is a pharmacy-led site and has developed good relationships with three community chemists (Boots, Tesco and the Coop) and is happy to provide information about how they have done this.
- Involving more **volunteers** in delivery and **Third Sector** organisations. The voluntary sector is involved in numerous sites, and there will be a need in the interim for reporting to draw out the main lessons, and how to involve it in dispensing.

Recording the offer and tracking information contained in the information prescription

This discussion included people from the following pilot sites: Isle of Wight Council, , Oxfordshire County Council, Evelina Children's Hospital, South Essex Partnership Trust, The Royal Marsden Hospital Trust, South Staffordshire, Leeds Mental Health Trust and Cambridgeshire and Peterborough Mental Health Trust.

The group which came together to discuss this issue generally saw it as a real challenge for pilot sites. Most members of the group had yet to resolve how to record IPs, or at least had some outstanding issues which needed further consideration before being clear about how they would do it. The primary distinction was between web-based/electronic IPs and paper based processes. Each of these presented different sorts of challenges.

Some sites were able to record what was issued, but no details about the recipient. Some sites were trying to get IPs **included on patient records**, but there was resistance from different parts of the system, including GPs and hospitals. The issue also exposed wider challenges around incompatible data systems within the NHS, even within a single hospital network, something which was touched upon in earlier sessions.

There was also a discussion about **how to record multiple IPs** against an individual patient. Without a link to some form of patient or user record system or case file, this could prove difficult. Some sites are working with users without case management processes, for example. However, others had been able to develop systems to make this work. For example, one pilot was using a system which allocated a unique user number with IP numbers (1, 2, 3, etc.) as needed.

Sites discussed **the level of recording** which could be achieved – whether this was about key characteristics of the user (such as age, location of home etc) or the user themselves. Some wanted the identification to reflect the status of the IP user – for example, to differentiate between user/patient, carer, other family member and other professional.

Sites had differing views about whether or not all practitioners should be able to see what IPs had been given to their users and patients. Some thought it was very important that

they had this data, whether or not they had prescribed it, others thought that there were **confidentiality** issues, and that users might prefer to keep this data private.

Thinking more broadly about information provision, sites reflected on the importance of recording (or the implications of not recording) **other information dissemination**. For example, some sites had leaflets, help lines and websites which users might be accessing in any case – does this need to be tied in to the IP programme in some way? And if not, then there are issues around mediated and unmediated information provision which may be worth reflecting on.

Another aspect of recording was monitoring **take up rates of IPs**. For example, if the IP is emailed to a user who then must open it and go to other websites etc, how can the site track whether the user has actually viewed the prescribed information?

Sites were keen to learn more about IT solutions and models of good practice from each other and further afield. They also wanted some guidance on how to navigate the complex data sharing issues raised by this project.

Engaging, developing and supporting health and social care professionals

Those taking part in this discussion included people from two pilot sites Oxleas Foundation Trust and South Essex Partnership together with people from the DH, Macmillan Cancer and Map of Medicine.

Both sites had engaged staff in various stages of the development work on IP development and in the preparation for the launch of prescribing. In both cases the **numbers of staff involved** in the initial services affected in launching the first stage of IPs is relatively small-scale to make the process of roll-out more manageable for staff and patients. In the case of the Oxleas Trust pilot this is focused on a discrete service area in South Essex Trust pilot in a defined geographic patch: Thurrock.

Staff generally have been seen in both sites as enthusiastic and supportive of the IP initiative. Involving them in various aspects of the development work has been seen as instrumental in securing their **cooperation and ownership of the scheme**. But support of the trust board and having senior level people acting as champions and taking a key leadership role is also seen as giving the work a high profile and encouraging support and giving it credibility. There has also been significant support and collaboration from external partners such as the local council and local voluntary groups such as MIND. In many ways they are seen as driving this initiative as much as the NHS bodies. This has been important in securing help gathering relevant information and exploring support for information dispensing in the case of library services. Links into local advocacy projects are also seen as useful in helping to promote engagement and gain support.

One of the sites (**South Essex Partnership**) had already begun to undertake training for affected staff in the launch area, not just in awareness-raising about IPs, but also in using the information systems that will be part of prescribing and dispensing. There is an expectation that when the scheme has been operating for a while, the learning from these experiences will be important in helping to identify where there are information gaps as well as those aspects of the process that need to be modified.

One consistent message back from staff in the South Essex Partnership has been negative feedback about **the term 'information prescriptions'** which is seen as too clinical. There is a desire to move things away from too close an association with medication for mental health users. As a result they have dropped the term information prescriptions and use a more generic name 'Information 4U'.

The **Oxleas Trust pilot** expects to develop an e-learning package to support the roll-out of IPs to a wider group of staff in the trust. They also expect to be able to cascade training and learning about the scheme down the organisation perhaps by starting with those who are most IT literate and then using these staff to act as mentors for others.

When the group was asked what kinds of actions nationally would support progress in the pilot sites and **preparation for mainstream roll-out of IPs**, a number of suggestions were made. These included putting in place systems and processes that would help the sharing of good practice on IP implementation; providing adequate publicity in preparation for a national roll-out; issuing guidance that is not directive but enabling; possibly starting national implementation with a discrete service area such as mental health and learning disabilities services where there is a more well-established and receptive culture to engaging and involving users and carers.

Assessing and improving the effectiveness of information prescribing

The discussion forum was relatively small, with participants from Manchester City Council, the Mid-Trent Cancer Network, and the RNIB Yorkshire pilot.

Although the group's remit was the exploration of how to improve the effectiveness of IPs, most of the discussion focused on personalisation and dispensing. The key questions raised by the discussion were:

- how personalised or standardised should IPs be?
- what is the overlap between prescribing and dispensing?
- what are the most effective dispensing processes?

Personalisation of IPs

There was strong support for offering IPs which dealt with the full range of user needs, covering medical issues, treatment options, advice on medication and side effects, lifestyle advice, social care support, counselling support, and any necessary welfare or housing advice. The breadth of potential need places some challenge on identifying efficient personalisation processes. Some sites felt that this could be achieved best by signposting users to information sources (preferably at staffed information centres); others felt that the IP needed to include a clear 'prescription' of the information most suitable for the user's needs. A linked question is who will be prescribing IPs – if the prescribing is undertaken by clinicians, it needs to be time-efficient; if it is undertaken by other staff or by volunteers, there needs to be enough training to ensure personalisation is based on sound judgement.

Prescribing to dispensing

In some sites, there is a clear separation between prescribing and dispensing. In Manchester, for example, plans are for health and social care professionals to issue prescriptions, and for users to collect them at information points in the community (e.g. libraries; information points in supermarkets etc.). Some sites in the pilot programme have access to their own information centres (typically hospital based pilots) which are staffed by information professionals who often also have clinical skills. This set-up allows for a two-stage prescribing process, where the clinician indicates the information themes on the prescription, and the information professional undertakes the personalisation. A third model is for users to self-select the information they want when accessing an information point, following a 'sign-posting' prescription.

Dispensing

The dispensing 'infrastructure' was a major discussion point. Three broad models appear to be developed by the various sites (incl. other mentioned by participants but not present in this particular discussion). The first model is of a **centralised dispensing unit** – typically this would be an existing information centre based in an acute or tertiary trust; it could also include one or several pharmacy dispensing points. The second model consists of several **community based dispensing hubs** – here dispensing points could be located in a number of community based health and social care settings, or in 'third-party' organisations like libraries, community and voluntary sector organisations, or other places such as shopping centres. The third option is through **provider networks** – any health and social care provider, including voluntary sector organisations, on a particular care pathway can act as prescriber/dispenser.

The group felt that it was useful that the pilot programme allowed for such a diverse range of approaches, but also expressed a concern that some approaches might be too ambitious to be realised within the pilot programme. Examples are the development of community based dispensing hubs (which can take a long time to negotiate), or genuine provider networks (again, time and barriers like lack of IT and IT integration were identified as concerns).

The closing point of the discussion was to what extent IP resources will be made available as open source materials – could users access all the information and self-prescribe?

Evaluation of the workshop

The experience of the first action learning workshop was evaluated using a single sheet questionnaire handed out to participants at the end of the workshop. The results of these assessments have been aggregated and are attached to this report at Appendix 3.

The action learning workshop was well received by participants from pilot sites who attended. All sessions in the day were rated well with the pilot site case study presentations rated most positively. Round table and plenary discussion was lively with lots of active sharing of experiences and learning across the sites.

Suggestions were made about holding another session before the next planned action learning in September and perhaps at a venue outside London. This would it was felt help sites continue this close contact with one another over the critical period up to the launch of prescribing. Another workshop has now been agreed by DH and organised for 27 July in York.

A further request was for sites to be able to set the agenda of what was discussed in future action learning sessions. This has been built in to the design of the York workshop and will be a consideration for the design of further sessions later in the year.

Appendix 1



Information Prescriptions

Action learning workshop for pilot sites – 19 June 2007

Programme

Workshop objectives:

- Encourage sharing of learning and networking
- Update on progress made by sites and explore challenges ahead
- Facilitate action learning sessions on key development themes
- Identify future areas where shared learning and support would be beneficial

10.00 Coffee and networking

10.30 Introduction

- Overview of the session
- Learning expectations and process

10.45 Working towards information prescriptions

- Presentations from three pilot sites
- Wider discussion on site progress on different aspects of IP work
- Contact with different members of the Consortium

11.30 Action learning session 1

As at the Launch Conference, delegates will be able to share tables with other pilot sites that are working with similar health conditions – for example elderly mental health, cancer, and long-term conditions. Topics for discussion will be:

- Progress with developing directories of information linked to specific health conditions
- Developing and introducing information prescription templates for health and social care professionals to use
- Developing person-centred information prescriptions

12.30 Map of Medicine – update

- Designing an online information directory that pilots can populate
- Developing a search facility using key words and other fields
- Providing a button that allows information records to be printed off or saved
- Offering a training and support package to health professionals
- Describing future developments

13.00 Lunch and networking session

14.00 Action learning session 2

This session will focus on action learning around key aspects of IP development and implementation work:

- The prescribing and dispensing process
- Utilising information systems to provide person-centred information prescriptions
- Recording the offer and tracking information contained in an information prescription
- Engaging, developing and supporting health and social care professionals
- Assessing and improving the effectiveness of information prescribing
- Working with members of the Consortium

15.00 Review action planning and next steps

This session provides delegates with an opportunity to feedback comments from the action learning sessions:

- Sharing good practice and lessons learned
- Identifying common areas where support materials can be made available to all pilots
- Working with members of the Consortium
- Reflections on the work ahead

Following this session, we will highlight the actions to be taken forward by:

- Pilot sites
- Support organisations
- For next action learning event

15.45 Close, tea and further networking

Appendix 2

Information Prescriptions Action Learning Event – 19 June 2007

Participants

Mid-Trent	Cancer	Sheila Williamson
Royal Marsden	Cancer	Beverly Van Der Molen
Camb & Pet'borough	EMH - dementia & depression	Jill Hudson Edith Nash
Isle of Wight	EMH - dementia & depression	Gavin Muncaster Peter Smith
Leeds	EMH - memory loss	Lynne Stobbart
South Essex	MH - general	Debra Powiesnik Stephen Rabbitts
Staffordshire	MH - young people	Rosalyn Pitt
Oxleas, Bromley	MH - complex needs	Mr David Shaer Sean Cross
Manchester	LTC - general	Frances Wallbank Mike Petrou
Evelina, Guys	LTC - children	Wayne Middleton Alice Osborne Anne Joshua
Heart of England Trust	LTC - Cystic Fibrosis	Susan Hyde Joanne Osmond
North Tyneside DGH	LTC - Parkinson's Disease	Helen Kirrane
Hamm & F'ham PCT	LTC - Diabetes, Asthma, Arthritis	Nicola Kingston
Yorks & Humber SHA	SE - Sight	Richard Tolson Rebecca Leech

Oxfordshire	SE - Hearing	Phillipa Briggs
Cancerbackup	Project Board	Elizabeth Lodge
Macmillan	Project Board	Ruth Carlyle
DH	Project Board	John Cain
DH	Project Board	Ian R Maidment
Polly Hollings	Project Board	GfK/NOP
Sarah McHugh	Project Board	GfK/NOP
Map of Medicine		Chris Anderson
Map of Medicine		James Walker

Appendix 3



Patient Information Prescriptions Action Learning Event 19 June 2007

Q1: How would you rate the following? (Total responses 18 – 75% of all attendees)

	Excellent	Good	Satisfactory	Poor
A. Pilot Case Studies (responses: 18)	50%	45%	5%	0
B. Action Learning Session 1 (responses: 18)	28%	72%	0	0
C. Map of Medicine (responses 18)	17%	44%	39%	0
D. Action Learning Session 2 (responses 18)	11%	72%	17%	0
E. Next steps (responses 18)	6%	44%	50%	0

Q2: Venue, facilities and organisation? (Total responses 18 – 75% of all attendees)

	Excellent	Good	Satisfactory	Poor
A. Administration (including booking/pre programme information) (responses 18)	39%	56%	5%	0
B. Venue (responses 18)	10	8	0	0
D. Catering/quality of food (responses 18)	72%	22%	6%	0

Q5: Do you have any other comments or suggestions?

- None, very useful day, particularly networking
- Would be useful to know who will be attending the event in advance
- More detailed info on specifics

- Venue good – nice to be able to meet and talk to other site reps – very good!
- Very good idea to hold another pilot session before Sep 07
- I would support the idea of project leads having the opportunity to meet informally, more often, to discuss areas of concern
- Could second session topics be suggested on a flip by participants during the morning?
- Could we have feedback from DH on steps towards national rollout?
- Other networking opportunities – teleconference?
- Map of Medicines session not useful for sites who have not been able to make it to workshops – need more of an introduction
- Thank you – very useful workshop
- More info about other pilots
- Very useful to meet and discuss with others who are involved in different areas and using different methods of preparation and delivery
- Just problem with trains detracted from usefulness of the day