



Information Prescriptions Launch Conference

Report

22nd March 2007

working with you

to improve social results

252B Gray's Inn Road, London WC1X 8XG

tel: **020 7239 7800** fax: **020 7837 5800** email: office@opm.co.uk web:

<http://www.opm.co.uk/default.htm>

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Introduction

The conference was designed to bring together representatives from all twenty information pilot sites, the Department of Health information prescriptions team, the consortium evaluation team and people from relevant support organisations. The conference objectives were to:



- Provide an overview of information prescriptions
- Help create a network of pilot sites to encourage sharing of experiences and learning
- Explain the evaluation process and clarify expectations
- Identify resource requirements and sources of support
- Explore the scope of learning and support needs and the focus for future events.

The programme of the event, delegates who attended and the presentations of key speakers is available at www.informationprescription.info

This short report is designed to provide an overview of the main points that were covered, especially in the facilitated sharing learning sessions. A synopsis of these two sessions is presented below.

Getting started – The experiences of the pilot sites

This session was designed to provide an initial opportunity to explore in smaller groups the experiences of the pilot sites' launch, examining what had been achieved so far and what challenges lie ahead. The Minister for Health Services Rosie Winterton, who provided the keynote address at the conference, joined discussions at various tables during the working sessions to listen to points raised by the pilot sites.



Progress made so far:

There was a broad measure of agreement between the different pilot sites in identifying their achievements in piloting information prescriptions so far. Typical experiences included:

- Generating enthusiasm and commitment to using information prescriptions for patients, carers and the public
- Setting up governance arrangements for their projects with a broad mix of representation of different interests
- Engaging the users and carers themselves in helping to shape the content of prescriptions and how they might be used
- Using stakeholder events to promote the work and to create involvement;
- Enthusiasm and support from other partner organisations
- Accessing other support networks
- Getting a project manager appointed
- Linking together with other pilot schemes or related initiatives
- Making use of existing IT systems or library information resources and support.

Challenges to address:

Pilot sites identified a number of concerns and potential barriers to overcome including:

- The timescales set for pilot sites launching information prescriptions;
- Not having a project manager appointed yet
- The challenge of getting all the relevant stakeholders involved
- Developing the information resource base and quality assuring information
- Keeping information up to date
- The process for making information prescriptions part of practice
- Responding to the differing needs of patients, carers and the public
- Implementing information prescriptions for several condition groups
- The level of resources to do this fully and effectively
- The need to successfully network across several partner organisations
- Successfully engaging staff in primary care.

John Cain from the Department of Health said that the deadlines set by department for project implementation were 'not set in stone'. The department would consider issues referred to them regarding realistic and achievable deadlines. He encouraged those pilot sites that were unable to meet defined project deadlines to call the IP team at the Department of Health to discuss this.

The pilot sites made a number of suggestions about what would help them progress the work and address challenges, including:

- Keeping a close focus on the needs of individuals- being clear what people want and being able to meet varying levels of information needs
- Engaging widely and gaining support and endorsement from other organisations
- A more flexible attitude on timescales
- Closely integrating work locally and nationally
- Sharing information and experiences widely between pilot sites.

Action learning network groups

This was the first in a series of planned action learning sessions that will be held every two to three months during the piloting of information prescriptions. The purpose of these sessions is to:

- Support and encourage learning from experience in the pilot sites
- Encourage people to explore common issues and problems faced in implementing information prescriptions
- Encourage participants to help and support one another
- Improve relationships and stronger networks between pilot sites and national support organisations.



A number of action learning groups were created. Some focused around common condition areas while others focused around development themes. Each group was encouraged to continue the morning's discussion on key challenges as well as identify possible areas of interest where collaboration between sites might be usefully developed.

The notes from the various network discussions are presented below.

Group A: Elderly mental health

- Jill Hudson (Cambridgeshire and Peterborough MH)
- Edith Nash (Cambridgeshire and Peterborough MH)
- Dr Nick Brindle (Leeds MH Trust)
- Dr Tim Branton (Leeds MH Trust)
- Melanie Teo (South Essex Partnership Trust)
- Kevin Snowball (South Essex Partnership Trust)
- Dr Richard Walker (North Tyneside DGH)
- Jackie Raven (Isle of Wight)

Facilitator: Paul Lloyd OPM

Particular issues for IP for elderly people with mental health problems

- The need for simplicity of the information prescription for someone with dementia or alzheimer's
- Potential complexity of the type and range of information needed – capacity to quality assure this
- Wide range of needs for this client group and carers (maybe just trustworthy tradesmen who have been properly checked out)
- Access to information for some groups such as travellers

- Making sure the prescription is 100 per cent right – everything has been carefully checked and assured.

Factors that have helped sites make progress

- Crucial factor is having a project manager or coordinator in post. This enabled sites to:
 - make significant headway with information gathering
 - having somebody full-time to do the quality assurance on information
 - building relationships with key groups
 - developing and finessing the delivery plan
 - preparing communication on IP (IP leaflet from Cambridgeshire and Peterborough)
- Clear profile of user needs (available to some from other projects/collaborative working on memory clinic project in Northumbria)
- Drawing on the experience of other pilot site work (e.g. new memory clinic services and nurse-led assessment)
- Close links with the library service – their support and help
- There are lots of similar ideas emerging across sites about common approaches to using IT as part of information prescriptions
- Using an Older People's Network as the steering group for the IP project (Isle of Wight and Essex)
- Making the link to other areas of work around Essence of Care – communication and health promotion work.

Achieving personalisation of the IP

- Having the amount of detail for individuals carefully tailored to meet their needs
- Takes account of where they are on the care pathway
- Could also include copies of correspondence relating to care – something a number of sites have been already undertaking
- It is important to offer, not impose, the information prescription. This may become more important at a later stage in the care pathway. Even if the IP is refused it would provide a way for capturing care details. It is important to link this to CPA
- One pilot site described how it might be possible to make the IP user-friendly by offering a menu of available materials in a questionnaire format (a picture of a leaflet with a short description and a tick box to indicate the desire for access)

Measuring success

- It is vital that the information prescription has utility and is valued by those it is designed for. Quality and use of information in the IP system will be the real test
- It may be possible to measure the impact of IP through the national survey of patients as well as through the findings of the evaluation of this project.

Sharing the structure of the information template and content of materials it includes

- The group talked about the value of sharing the headings and contents of their information prescription templates
- They felt it would be beneficial to start sharing which particular information resources might comprise their 'cluster headings' as well as what might go into to their information directories
- Possible cluster headings might include:
 - information about the condition
 - information about their diagnosis and treatment plan including CPA plan and or correspondence relating to their care
 - information about self-management of the condition
 - information about other forms of social care, help and support
 - information about support networks

The group members agreed to make content lists of possible materials available through the IP website. This group expressed a desire to continue to meet in future action learning set sessions.

Group C: Cancer

- Elizabeth Lodge (Cancer Backup)
- Dr Lesley Walker (Cancer Research UK)
- Elaine Wilson (Mid-Trent Cancer Network)
- Paul Litchfield (QE Birmingham)
- Freda Inghall (Mid-Trent Cancer Network)
- Lynne Dodson (QE Birmingham)
- Fiona McQuiston (Macmillan Durham)
- Dr Jane Latham (Royal Marsden Foundation Trust)
- Beverley Van der Molen (Royal Marsden Foundation Trust)
- Ruth Carlyle (Macmillan – IP Project Board)

Facilitator: Kai Rudat (OPM)



Emerging Issues

Participants discussed what they have learned from the workshops and conversations during the launch conference. The following were identified:

General issues:

- It is very useful to learn from non-cancer sites to find out how other disciplines are approaching information prescriptions
- It was helpful to see how each site fitted into the 'broader picture'; the scene setters by Rosie Winterton and Harry Clayton were very helpful
- Participants valued meeting the wider range of stakeholders and support organisations
- It was useful to see that prescriptions involved a wide range of local services, including the community and voluntary sector
- Sites find it difficult at this stage to identify what support would be helpful.

Challenges:

- Some cancer pilots operate in large geographical areas and involve networks of organisations; is this too complex? Should pilots be more focused?
- Service users will come into contact with multiple providers; this will make the consistent roll-out and monitoring of prescriptions very difficult. Given that the four cancer pilots between them cover all elements of the cancer network, should they set different but coordinated priorities?
- There may be a risk of focusing on generating information; it will be necessary to ensure that information prescribing is 'appropriate' in terms of timing and staging. This requires skills to assess information needs, supporting information, and good communications skills. It also means that at times it is appropriate not to prescribe
- How do we make best use of IT? How do we involve and enthuse IT colleagues?

Potential Collaborations:

- Sites could collaborate on identifying information pathways
- There needs to be more support on how to integrate information storage (directories) and prescribing
- Sites compared approaches they are already using to convey information (e.g. University Hospital Birmingham had good experiences with using free-hand drawings; Macmillan Durham has developed a tick-box template); it would be useful to create a shared resource of approaches with an assessment of their usability.

Substantive Themes

A more detailed discussion explored the following themes:

Specialist vs. generalist prescriptions

The four cancer pilots are developing specialist IPs (e.g. for specific tumour sites), as well as generalised IPs, between them. The discussions revealed that IP development also needs to consider additional aspects, including:

- co-morbidity: to what extent will IPs connect to other disease issues (e.g. diabetes)?
- wider support: when should IPs include other practical support (e.g. welfare benefits)?
- appropriate targeting: how will IPs be positioned for different population groups (e.g. older people)?

Working with excluded groups

All sites expressed concerns about how IPs can be made to work for people with low literacy rates or with other needs. One pilot reported that another (non-cancer) site had utilised the gold standards framework and its network of facilitators to reach out to BME and other communities. A further challenge for the cancer pilots is that some GP practices do not keep cancer registers, which makes the identification and targeting of 'hard-to-reach' groups impossible.

Patient needs and expectations

Sites anticipate that IPs will strengthen people's trust in the IP providers. This is likely to raise expectations and requests for further information and explanations. In community settings in particular, this is likely to lead to IP requests for other conditions. It is clearly important for providers to have access to the right 'leads' and 'signposts' to be able to respond to emerging expectations.

The anticipated shift in expectations may also lead to some challenges to existing cancer pathways – potentially there may be a need to refine these once recipients' behaviours and expectations become clear.

A specific point was raised about dependable information about medicines. For many patients, counter indications to specific treatments or combinations of treatments represent major information needs.

Pilot sites briefly discussed which professional groups are most trusted. There were different views (for example, the IP work done at University Hospital Birmingham shows that consultants are most trusted). It would be useful to have access to any evaluations which could provide better insights (especially in relation to cancer nurses).



Group E: Long-term conditions

- Rose Donnelly (Heart of England Trust - Cystic fibrosis)
- Joanne Shaw (NHS Direct and Evelina Children's Hospital)
- Richard Tolson (RNIB and Yorkshire and Humberside SHA – Sight loss)
- Helen Kirrane (North Tyneside DGH – Parkinsons)
- Dr Annette Hand (North Tyneside DGH – elderly mental health)
- Phillip Gerrard (Oxfordshire County Council – Deaf Centre)
- Clare Vollum (RNID)
- David Jarrold (Suffolk and Ipswich MHT – dementia)

Facilitator: Kate Dixon (OPM)

The successes:

- The sites are at the very beginning of their project
- All the pilots spoke about the enthusiasm of all the partners in their projects. For example, Yorkshire SHA / RNIB observed that the voluntary organisations, city council and clinicians involved were all acting as champions for the project with their colleagues. This was seen as a real achievement, indicating not only that the case for IPs has been well made, but also that the sites have worked hard to engage partners and other stakeholders.

The challenges:

- The sites were still at the very early stages so had not encountered many difficulties so far. However, they were able to anticipate some potential challenges
- Overcoming professionals' assumption that they have a good understanding of the information that people want and need. Their approach can be 'whatever is in my bag, I give'. The task of changing attitudes and practice is a significant training and development issue.
- Getting continuity of prescribing and dispensing practice across all the professions. Some professionals have already indicated that they want 'their own' IP. Getting them to understand that this project is about connecting across areas of professional practice is likely to be a challenge.

- Sites that wanted to use IT as part of the prescribing or dispensing process had concerns about the competence and willingness to engage of some professionals.
- Additional workload of the IP process on top of the day job. This links to the sustainability issue highlighted in the 'further issues' section below. GPs were thought to be a potential challenge.

What is most needed:

- All the pilot sites requested more time. There was some frustration that the Department of Health was thought to have been slow to develop its thinking and has squeezed the time available for the pilot phase of the work
- NHS Direct wants the opportunity (meaning resources) to think about the potential roll-out and help develop systems and tools to support this. NHS Direct has a website which is a resource for GPs, all the information resources could be linked to this and therefore be made easily accessible to GPs to use in prescribing
- The pilot sites also requested clarification of the sustainability model – they wanted to know who would be taking ownership for the project after the end of the pilot project
- There needs to be efficient processes for sharing information across the sites about what is working well and less well, and about tools and processes.

Further issues to consider:

- What is the appropriate skill-set for the project manager for this project - including the balance between clinical/ social care experience and IT or information management expertise? It would be helpful for sites to share their approaches and experience of this issue.
- At which point in the pathway do people need the information? The determining factor should not be about when it is most convenient for the services, but when it is most needed by the individual. For example, some people do not want a formal diagnosis of their sight / hearing loss, so there is a need for prescriptions to be available in advance of any formal diagnosis. Sites would welcome support looking at pathways which pre-date diagnosis.
- There was considerable discussion of the access issues for recipients of IPs across the projects. All projects, including those not focused on individuals with sensory impairments need to consider access issues. The project team needs to ensure there is guidance on access issues to ensure consistent standards, for example by using plain English and considering what further support needs might need addressing. These might include the needs of non-English speakers, those with limited literacy and those without IT skills.

Group F: Developing person-centred information prescriptions

- Hilary Grime (Oxfordshire County Council)
- Mark Platt (Long Term Medical Conditions Alliance)
- Sheila Williamson (Mid-Trent Cancer Network)
- Joanne Osmond (Heartlands Hospital)
- Sue Nicholson (Suffolk and Ipswich)
- Nicola Kingston (Hammersmith and Fulham PCT)
- Julia Plinston (Parkinson's Disease Society)
- Davina Wright (Guys and St Thomas' Hospital/Evalina Children's Hospital)
- Diane Eaton (Manchester Adult Services)



Facilitator – Robert Coffey (OPM)

The rationale:

- Information prescriptions, like all care, need to be person-centred rather than service centred
- This means they cannot simply be a prescription handed out but they have to be a process that helps the person to find out everything they need, and want to know
- Person-centred means different things in different contexts and must include the patient, carer and family

The challenges to be overcome:

- The knowledge base of professionals is a major challenge. Different professionals have knowledge of different information and sources, it is imperative to setup a system which prevents that from limiting or biasing the information
- The complexity and volume of the information may prevent it being person-centred. People could be presented with a wall of information to ensure that they have everything they need, rather than being given tailored information.
- What information is appropriate will change over time, over the course of an illness and according to changing circumstances of the individual
- Ensuring the right information is received at the right time and in the right format to make it effective
- Setting up a series of trigger-points that ensure appropriate information prescribing, revision and support
- The accreditation of information is a major issue because it needs to be trusted. We also cannot allow the information received to be tailored to professional/accreditation views on what is right
- Single points of access can be a way forward but could also be a challenge if they delineate information or lack the time and ability to support individuals with their prescriptions
- Time – time to give information, time to help the individual to understand and access it
- Getting to the point where professionals can admit to patients that they do not have the answers but will work with them to find them. This is a significant mindset shift
- Most individuals are not confident in handling their own needs and challenging professionals

- Different settings will impact upon the prescription and how suitable it is for different individuals. It is hard to design a system that is optimal for all and so truly person centred
- The adverse impacts of information.

What it looks like:

- The best information is clear, simple and addressed to the appropriate audience
- Plain English
- Those prescribing must own the prescription, understand it, add to it and work with the services around it
- It has to be a living document
- A successful prescription will change the way individuals access services and allow them to ask informed questions.

Ideas for helping to achieve this:

- A mentoring system in which those with the condition mentor someone who is new to the service – this could be part of the IP as well the IP being a means of making it real and helping them understand it
- Use a variety of outlets to prescribe and support them – including supermarkets, pharmacists etc
- Perhaps an information gateway which helps individuals find the information and gives them easy access to a help facility, and contact with professionals who can assist
- Parallel prescriptions for the user, the carers and the family (where appropriate) as not all information will be appropriate for all
- Standard protocols which define trigger points for information and for multi-professional working to help deliver them.

Group G: IT Based Solutions / Patient Records / Information Directories

- Dr Tim Barton (Leeds Mental Health NHS Trust)
- Rosalyn Pitt (South Staffordshire Healthcare NHS Foundation Trust)
- Anne Joshua (NHS Direct)
- Philippa Briggs (Oxfordshire County Council)
- Jemma Edwards (Diabetes UK)
- Kevin Snowball (South Essex Partnership Trust)
- Val Davison (MacMillan Durham)
- Gavin Lancaster (Isle of Wight)
- Clare Hinton (Darlington PCT)
- John Cain (Department of Health)

Facilitator – Sarah McHugh (GfK NOP)

The challenges

- The **complexity** of the task when considering conditions with different forms for example diabetes. The issue is about how to know “how much” information should be given and at what level of complexity.
- When should a patient/carer/social care user be given an information prescription, and how can the care pathway which describes this, and the points of delivery for the IP to be described consistently?
- Ensuring duplication of effort across Trusts is avoided. It was felt that duplication would be costly in terms of time and also the up keep of IT systems.

Suggested solutions:

- The potential of the Map of Medicine was discussed since it provides a description of care pathways and is being implemented across the NHS. It was agreed that further information should be provided on this and that it should be investigated further to meet the needs of the pilot sites.
- To avoid duplication of effort it was suggested that directories of information about conditions should be put together at a central level, to facilitate the sharing of this information across all pilot sites. Local pilot sites would then be able to go to the central system which would have links for the relevant conditions. This information would then be downloaded by the health professionals and local information added in order to tailor the information to the patients’ circumstances and the availability of services in the area. Sites were enthusiastic about the option of having a national database with local sites having control over the information they downloaded. This collaborative way of working should be helpful in defining how a national system might work.

Other discussions:

- Sharing of IP information between pilot sites during the pilot phase. It would be useful if pilot sites could also use each others information which is loaded into a central directory. Patients are likely to have more than one condition and therefore a better approach would be to provide them with an IP that covers their whole treatment rather than just a specific aspect of their health. The pilot sites are only focusing on certain areas and therefore access to information from other pilot sites may be helpful.
- Issues surrounding copyright were raised. Will organisations be happy to share information free of charge? It was suggested that IPs may contain deep links to certain pages on websites. A discussion was had as to whether this breached copyright laws but no firm conclusion was reached. Some felt that this would be a breach of copyright laws but others disagreed. Concerns were also raised about the use of deep links and links in general, in terms of requiring someone to update this information if the website changed address or a page changed its address. Someone would need to monitor this to ensure patients were being guided to the correct information.

- The governance issue **who** should have the right to determine what information should go on a central directory was discussed. For the purpose of the pilots it was felt that it was appropriate for pilot sites to assume this responsibility directly, and backed up by local governance rules. By way of an example issues - what would happen if sites were lobbied by Pharmaceutical companies to have their information displayed in an IP. The initial reactions were that this should not be allowed or only allowed if it was seen as a benefit to the patient. It was suggested that a blanket refusal could be seen as censoring the information and may lead to organisations being inappropriately excluded. The group felt that guidelines agreed collectively by the pilots would need to be set out covering “information governance”.

Group J: Engaging and developing staff

- Kate Llewelyn (Hammersmith and Fulham PCT)
- Tim Wright (Macmillan Durham)
- Amanda McEwan (Darlington PCT)
- Jane Bleach (RCN Royal College of Nurses)
- David Shaer (Oxleas NHS Foundation Trust)
- Lisa Cooper (Oxleas NHS Foundation Trust)
- Susan Hyde (Heart of England Trust)

Facilitator – Richard Glendinning (GfK NOP)



Overview of key challenges

- The whole process of implementing information prescriptions will fail unless staff are fully involved/engaged. There is a potential danger that some staff will only pay lip service to the idea of IPs.

- Many staff will need to change the way they have traditionally done things – some resistance is expected to this imperative for change
- To ensure staff fully support IP they will need to see the benefits
- How can the IP process be 'sold' to professionals? By showing it's appropriate and necessary and that it saves time in the longer run. They also need to feel a sense of ownership of it
- In some sites there will be a need to improve joint-working between health and social care services as part of using information prescriptions
- There is a need to develop the links between professionals and voluntary sector organisations, scoping the role for how voluntary sector bodies contribute
- A suggestion was made that pilots should start out with one unit/area to test things out first and then extend to other service areas
- Making it easier for staff to use the IP. This might include using a toolkit or template - a professional goes out/sees someone, assesses needs and uses a drop-down list to select a course of action
- Several people mentioned that this was 'trail-blazing' work. This might offer opportunities for pilot sites to really make a difference for the pilot sites by giving people the chance to influence/develop national policy. How can this be maintained for sites that become part of mainstream implementation nationally?
- Some people thought that the whole process could be a lot harder in community than in hospital settings (lack of momentum, feeling more isolated)
- Staff need to get used to service users being better informed than in the past. Though some service users have been able to access and use the internet, IP may encourage greater use of the internet and other means
- Some concerns were voiced about the quality of information being provided and some people were unclear about how this will be 'policed' and updated – locally or nationally or both?

Evaluation of the conference

All participants were asked to evaluate the launch conference experience. Evaluation questionnaires were completed by most delegates from the pilot sites and other invited organisations. The aggregated results of these assessments are presented in Appendix One.

The main headline findings from this feedback from delegates suggests that overall the conference was very well-received. The sessions that were valued most were:

- The action learning discussion session
- Introductory scene setting speeches from the minister Rosie Winterton and Harry Cayton

Other sessions were broadly valued as well, though a significant number of people were dissatisfied with the panel session on evaluation, coordination and support. Some of the written comments on questionnaires provide some clues about why there was some disappointment expressed by some people with this session. Comments were made that it would have been useful to get more practical information about the evaluation process. Others felt it would have been valuable to have on-line access to relevant websites in the resource fair.

The administration of the conference, the quality of the handouts and other materials provided, the venue and quality of the food provided were also rated well.

There was strong appreciation expressed in the conference evaluation feedback about the opportunities for pilot sites to:

- Learn from one another, share experiences and network;
- Explore common issues and challenges and hear about different approaches;
- Pick up practical ideas and solutions to problems;
- Confirm and validate approaches to common issues;

There is significant support from the pilot sites for continued provision of action learning events. A number of people suggested that action learning sessions might usefully include having case study sessions by different pilot sites.

Appendix 1 – Evaluation

Q1: How would you rate the conference on the following?

	Excellent	Good	Satisfactory	Poor
A. Provide an overview of Information Prescriptions (responses: 51)	25%	63%	12%	0%
B. Help create a network of pilot sites to encourage sharing of experiences and learning (responses: 52)	40%	54%	6%	0%
C. Explain the evaluation process and clarify expectations (responses 52)	10%	44%	46%	0%
D. Identify resource requirements and sources of support (responses 52)	8%	44%	46%	2%
E. Explore the scope of learning and support needs and the focus of future events (responses 51)	10%	61%	29%	0%

Q2: How would you rate each of the sessions in the conference?

	Excellent	Good	Satisfactory	Poor
A. The Vision for Successful Information Prescriptions <i>Rosie Winterton, Minister for Health</i> (10.10am) (responses 51)	37%	49%	10%	4%
B. Getting started - The experiences of the pilot sites <i>Small group table discussions and plenary feedback</i> (responses 52)	27%	56%	17%	0%
C. Patient Information Prescriptions: Wider Context <i>Harry Cayton</i> (11.30am) (responses 52)	42%	44%	13%	0%
D. Evaluation, co-ordination and support <i>Panel Session</i> (responses 49)	16%	53%	31%	0%
E. Resource Fair (1:45pm)(responses 51)	8%	27%	59%	6%
F. Action Learning Network Groups (2:45pm) (responses 50)	52%	36%	12%	0%

Q3: What did you find most useful in the session you rated best (Q2)? Please explain below.

Action learning/sharing experiences and networking:

- Action learning network groups—came up with good ideas for OPM e.g. central directory of potentially useful websites for other pilots to use.
- Action learning—very specific suggestions and useful
- Finding out how other pilot sites are progressing and problems identified—not being isolated
- Action learning groups were very useful for networking
- Great to hear other peoples ideas
- Sharing experiences, networking
- The action learning network was an excellent way for pilot sites to share learning and exchange ideas
- Learning using open space well facilitated
- It was really useful to be able to share experiences and ideas with other pilot sites. This is a theme that has been identified throughout the day—shared learning is key to this process!
- Networking, gaining ideas, contacts
- Pooling ideas and agreeing to develop website as a shared resource
- Creative thinking from people working in same area to help address practical issues—resources, evaluations, formats
- Finding out where people are with their projects. All sessions were useful
- Getting started—networking, meeting others who had got further in developing IP—time for reflection whilst others talking
- Networking with those related to my pilot but more so seeing this in the general sense is important. Good to see bigger picture
- Networking—particularly different sites
- Overview of where the project is at. Action learning group—learning from each other sharing ideas. Motivation and shared vision. Exploring possibilities and challenges ground examples
- Clear expectations of the overall project
- Networking and seeing what the ‘total systems’ are for the pilot, including partnership working with the consortium
- Shared learning, peer support, not alone, not miles behind
- Session 3: a really useful brain-storming exercise

Context for IP:

- Good to get an overall understanding of the context
- Vision from Rosie Winterton
- Very useful day—well worth the early slots . The day has been supportive and informative—placing the project in context. The action learning was the most beneficial part of the day
- Wider context excellent—but scary. Focussing and sharing, and agreeing that there is permission not to get it right all the time
- Rosie Winterton was extremely helpful, inspiring and gave a meaningful presentation
- Basic info into Px, meeting others
- Good to see real ministerial belief and support for programme

- Context
- Providing the direction of travel in terms of government policy and the reassurance that the prescription will be rolled out as stated. However difficult to know whether and how the learning will be applied given the slippage around delivery
- Harry Cayton’s vision for internet information i.e. logging on and computer registering ID, with suggestions for further resources and links, associated with previous information searches
- I enjoyed the Cayton talk and the emphasis he placed on patient entitlement
- Both Harry Cayton and Rosie Winterton stressed EMPOWERMENT—and this is extremely important to hear. It’s not just giving information but that the information will empower the user that will make this work

Other comments:

- Most useful to hear about how the evaluation will happen
- Would have liked more practical information regarding evaluation, monitoring

Q4: Venue, facilities and organisation?

	Excellent	Good	Satisfactory	Poor
A. Administration (including booking/pre programme information) (responses 49)	23	19	4	3
B. Quality of workshop hand-outs and materials (responses 50)	15	32	3	0
C. Venue (responses 50)	15	29	6	0
D. Catering/quality of food (responses 50)	17	25	8	0

Q5: Do you have any other comments or suggestions for future learning events?

Sharing learning between pilot sites:

- Practical presentation from pilot sites—maybe themed to develop learning
- Opportunities for networking and sharing experiences. Thank You
- I enjoyed meeting the other groups and sharing experiences
- Interaction—sharing from pilots and good practise, mutual learning, practical presentations, networking as ever invaluable
- Maybe a 10 minute presentation (structured format) from each pilot or samples of pilots. This would mean others can get to benefit/ learning from each others without having to make sure you speak to everyone you can on a one to one basis on a network day
- Sharing progress, challenges and how these have been successfully/ unsuccessfully addressed
- Meet with other 20 project leads—to share learning
- Explore definitions of information prescription as people appear to be taking this forward in different ways
- Practical ideas and examples from other pilot sites

- The sharing of ideas—concerns/risks and how to deal with potential resistance. The network will be able to provide the supportive environment to share failure. Very good—thank you
- Once the pilots are more developed it will be useful to spend more time on progress so far
- Meet up on a regular basis, specific areas e.g. setting up information directories

Format and process for future events:

- Format overheads to note pages
- Accessible venue—couldn't see step free entrance, glad to have seats to use during lunch
- Include the strategy/senior managers for the pilots in a DoH invitation event—including personal invite from Rosie Winterton to CEO or designated deputy!
- Disappointing not to have website access at the resource fair
- Please put me on the members/distribution list. I felt that the day's context had been thoroughly thought through—please continue as the day felt really worthwhile
- Possibly presentations at next event with focus on methods already tried and pitfalls
- Quite a mixed but intense programme especially in the morning. Flowed well and thought the use of a variety of interactive session was very useful. Future learning: delivering against milestones
- Cover long term conditions as a learning action set
- Too much packed into day, with untimely interruptions from PA system, accepting this was necessary to keep day on track
- More time for exploring in depth issues
- Thanks for continued use of microphone/roving mike
- Looking forward to interactive website as way of learning
- Supportive environment. Great to hear it is ok 'to get it wrong'
- Poor communication as to what would happen today, whether we were going to have a 'market stall' and what was required. More communication please in the future

Appendix 2 – Programme

Objectives:

- Provide an overview of Information Prescriptions
- Help create a network of pilot sites to encourage sharing of experiences and learning
- Explain the evaluation process and clarify expectations
- Identify resource requirements and sources of support
- Explore the scope of learning and support needs and the focus for future events

Programme:

09.30 Coffee and registration

10.00 **Welcome and introduction**
OPM (overview of the day)

10.10 **The Vision for Successful Information Prescriptions**
Rosie Winterton, Minister for Health

Getting started - The experiences of the pilot sites

Small group table discussions and plenary feedback. The Minister will be circulating the tables.

The discussions will focus on achievements so far, the challenges ahead, and how this event can identify and begin to meet pilots' needs.

11.10 Coffee

11.30 **Patient Information Prescriptions: Wider Context**
Harry Cayton (National Director for Patients and the Public)

Evaluation, co-ordination and support

Members of consortium and DH project manager

- briefing on the main steps of the work
- identifying what will be needed at what stage
- reporting on evaluation and co-ordination
- available support to pilot sites

Q&A

12.30 **Lunch**

13.30 **Stock-Take and Overview of Resource Fair**
OPM will introduce the different support organisations at the resource fair.

13.45 **Resource Fair:**

The following support organisations will information and discussion points at the resource fair:

- DH Patient Information Prescription Project Team
- NHS Direct
- Cancer Support Organisations
- Care Services Improvement Partnership
- Long-term Medical Conditions Alliance
- DH Long Term Conditions Team
- Co-ordination and support – OPM
- Evaluation and surveys – GfK
- Evaluation of results - York

14.45 **Action learning network groups**

Facilitated action learning sessions - designed to give participants an opportunity to network and explore issues with others (by common patient groups - e.g., cancer or mental health - or by common approaches, development themes or other areas of interest). Participants will be asked to select a particular group to join for this session.

- themes for future learning activities
- concerns and risks
- useful connections

15.45 **Final thanks, evaluation and next steps**

16.00 **Close, tea and further networking**

Appendix 3 – Participants

Surname	Name	Organisation	Address	Email	Phone
Archer	Ian	Oxfordshire County Council	Home Support, Room 11, Foxcombe Court, Wyndyke Furlong, Abingdon, Oxon. OX14 1DZ	ian.archer@oxfordshire.gov.uk	07771 800517
Bleach	Jane	Working Group	23 Lakeside, Ham Hill, Snodland, Kent ME6 5LD	Jane.Bleach@kent.gov.uk	
Branton	Dr Tim	Leeds Mental Health Trust	Aire Court, Community Unit, Lingwell Grove, Middleton Leeds LS10 4BS	Tim.Branton@leedsmh.nhs.uk	0113 277 4895
Briggs	Phillipa	Oxfordshire County Council	Social & Community Services, 3rd Floor, County Hall, New Road, Oxford, OX1 1ND	phillipa.briggs@oxfordshire.gov.uk	01865 815558
Brindle	Dr Nick	Leeds Mental Health Trust	Millside CU, Millpond Lane, Leeds CMH Trust LS6 4EP	nick.brindle@leedsmh.nhs.uk	0113 295 5420
Cain	John	Department of Health	Room G23B, Richmond House, 79 Whitehall, London SW1A 2NS	john.cain@dh.gsi.gov.uk	
Carlyle	Ruth	Project Board	89 Albert Embankment, London, SE1 7UQ	rcarlyle@macmillan.org.uk	020 7840 4698
Carr-Hill	Roy	University of York		roycarrhill@yahoo.com	01904 321 405
Chalmers-Dixon	Peter	University of York			
Clare	Moira	Suffolk and Ipswich	Shire Hall, Raingate Lane, Bury St Edmunds, IP33 1RX	moira.clare@socserv.Suffolk.gov.uk	01284 352279
Coffey	Rob	OPM	252B Grays Inn Rd, London, WC1x 8XG	rcoffey@opm.co.uk	020 7239 7800
Cooper	Lisa	Oxleas NHS Foundation Trust, Bromley	2nd Floor, 2 Newman Road, Bromley, BR1 1RJ	Lisa.Cooper@oxleas.nhs.uk	0208315 4402
Corry	Paul	Working Group	5th Floor, Royal London House, 22-25 Finsbury Square, London EC2A 1DF	paul.corry@rethink.org	020 7330 9110/ 07775 585 178
Cross	Peter	Picker Institute Europe	Kings Mead House, Oxpens Road, Oxford, OX1 1RX	Peter.Cross@PickerEurope.ac.uk	01865 208109
Davison	Val	Macmillan Durham	North of England Network		
Dean	Kevin	Working Group		kevdean@cisco.com	07808784303
Diprose	Kim	NHS Direct	NHS Direct, Hampshire and Isle of Wight centre, Strawberry Fields, Berrywood Business Village, Tollbar Way, Hedge End, Southampton, SO30 2UN	Kim.Diprose@nhsdirect.nhs.uk	01489 771042
Dixon	Kate	OPM	252B Grays Inn Rd, London, WC1x 8XG	kdixon@opm.co.uk	020 7239 7800

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Dodson	Lynne	QE Birmingham		Lynne.dodson@uhb.nhs.uk	0212-472 1311
Eaton	Diane	Manchester Adult Services	Adult Social Care, Hillside Resource Centre, Rudcroft Close, Chorlton on Medlock, Manchester M13 9XT	diane.eaton@manchester.gov.uk	0161 273 2016
Eckersley	Wayne	Project Board	Room 216, Wellington House, Waterloo Road, London	wayne.eckersley@dh.gsi.gov.uk	07748 320894
Edwards	Jemma	Diabetes UK	McLeod House, 10 Parkway, Camden Town, London, NW1 7AA	jemma.edwards@diabetes.org.uk	0207 424 1109
Euripides	Mikis	Asthma UK	Summit House, 70 Wilson Street, London, EC2A 2DB	MEuripides@asthma.org.uk	0207 786 4932
Gann	Bob	Working Group		bob.gann@online.nhsdirect.nhs.uk	07810 123 568
Gerrard	Phillip	Oxfordshire County Council	Oxford Deaf & Hard of Hearing Centre, c/o 13 Castle Street, Worcester, WR1 3AD	philip@deafdirect.org.uk	01905 746301
Glanville	Julie	University of York		jmg1@york.ac.uk	
Glendinning	Richard	GfK	Ludgate House, 245 Blackfriars Rd, London, SE1 9UL	richard.glendinning@gfk.com	
Grime	Hilary	Oxfordshire County Council	Sensory Impairment Team, Foxcombe Court, Wyndyke Furlong, Abingdon, Oxon OX14 1DZ	hilary.grime@oxfordshire.gov.uk	01235 549393
Hand	Dr Annette	North Tyneside DGH	Jubilee Day Hospital, North Tyneside General Hospital, Rake Lane, North Shields, Tyne and Wear, NE29 8NH	Annette.hand@NHCT.nhs.uk	0191 293416
Hanratty	Jacqueline	Cambridge & Peterborough	Kingfisher House, Kingfisher Way, Huntingdon, CAMBS, PE29	jacqueline.hanratty@cambsmh.nhs.uk	01480 398500
Hawley	Angela	DH Policy Leads for Long Term Conditions		angela.hawley@dh.gsi.gov.uk	
Haynes	Rachel	Hammersmith & Fulham PCT	Arthritis Care, 18 Stephenson Way, London NW1 2HD	RachelH@arthritiscare.org.uk	020 7380 6565
Hinton	Clare	Darlington PCT	Darlington PCT, PALS, King Street, Darlington, DL3 6JL	clare.hinton@nhs.net	01325 746 175
Holden-Rowley	Rachel	Doncaster PCT	Genesis 5, Innovation Way, Off University Road, Heslington, York, YO10 5DQ	Rachel.holden-rowley@nimheneyh.nhs.uk	01904 717260
Hudson	Jill	Cambridge & Peterborough		Jill.Hudson@cambsmh.nhs.uk	01945 482132 / 07884 313 286

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Hyde	Susan	Heart of England Trust	Heart of England NHS Foundation Trust, Heartlands Hospital, Room 2, New Main Entrance, Bordesley Green East, Birmingham B9 5SS	susan.hyde@heartofengland.nhs.uk	0121 424 0855
Ingall	Freda	Mid-Trent Cancer Network	Beckside, 1 Grange Close, Park Lane, Lambley, Nottingham, NG4 4QJ	fredaingall@aol.com	0115 931 3541
Jarrold	David	Suffolk and Ipswich	Wedgewood House, West Suffolk Hospital, Hardwick Lane, Bury St Edmunds, Suffolk, IP33 2QZ	David.jarrold@smhp.nhs.uk	
Jordon	Mat	Health Space		mat.jordan@nhs.net	
Joshua	Anne	NHS Direct	NHS Direct, Headquarters, 207 Old Street, London EC1V 9PS	Anne.Joshua@nhsdirect.nhs.uk	077687 66951
King	Maggie	Project Board	G23B, Richmond House, 79 Whitehall, London,	maggie.king@dh.gsi.gov.uk	020 7210 5049
Kingston	Nicola	Hammersmith & Fulham PCT			
Kirrane	Helen	North Tyneside DGH	215 Vauxhall Bridge Road, London, SW1V 1EJ	hkirrane@parkinsons.org.uk	020 7932 1325
Lancaster	Gavin	Isle of Wight	Adult and Community Services	jackie.raven@iow.gov.uk	
Latham	Dr Jane	Royal Marsden NHS Foundation Trust	203 Fulham Road, London, SW3 6JJ	jane.latham@rmh.nhs.uk	020 7808 2315
Leech	Rebecca	Yorkshire & Humber SHA	RNIB, Still House Lane, Bristol, BS3 4EB	rebecca.leech@rnib.org.uk	0117 934 1719
Levene	Michelle	Cancer Research UK	61 Lincoln Inn Field, London WC2A 3PX	michelle.levene@cancer.org.uk	020 7061 8347
Litchfield	Paul	QE Birmingham		paul.litchfield@uhb.nhs.uk	
Llewelyn	Kate	Hammersmith & Fulham PCT	Arthritis Care, 18 Stephenson Way, London NW1 2HD	KateL@arthritiscare.org.uk	020 7380 6524
Lloyd	Paul	OPM	252B Grays Inn Rd, London, WC1x 8XG	plloyd@opm.co.uk	020 7239 7800
Lodge	Elizabeth	Working Group	3 Bath Place, Rivington Street, London EC2A 3JTR	elodge@cancerbackup.org	0207 696 9003
MacDonald	Clare	Department of Health	Room G23B, Richmond House, 79 Whitehall, London SW1A 2NS	Clare.Macdonald@dh.gsi.gov.uk	
Maidment	Ian	Department of Health	DH National Co-ordinator - Information Prescriptions Pilots	ian.maidment@cscip.nhs.uk	
McHugh	Sarah	GfK	Ludgate House, 245 Blackfriars Rd, London, SE1 9UL	sarah.mchugh@gfk.com	020 7890 9379
McKewan	Amanda	Darlington PCT	Darlington PCT, Dr Piper House, King Street, Darlington, DL3 6JL	clare.hinton@nhs.net	01325 364271

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McQuiston	Fiona	Macmillan Durham	Macmillan Cancer Information and Support Centre , 20 Upper Chare , Castle Dene Shopping Centre , Peterlee County Durham R8	fiona.mcquiston@cdpct.nhs.uk	0191 5874500
Mhonda	Joy	GfK	Ludgate House, 245 Blackfriars Rd, London, SE1 9UL	joy.mhonda@gfk.com	
Miller	Jasmine	OPM	252B Grays Inn Rd, London, WC1x 8XG	jmiller@opm.co.uk	020 7239 7800
van der Molen	Beverley	Royal Marsden NHS Foundation Trust	The Royal Marsden NHS Foundation Trust, Downs Road, Sutton, Surrey, SM2 5PT	Beverley.vanderMolen@rmh.nhs.uk	020 8661 3951
Moonan	Clare	North Tyneside DGH	Parkinson's Disease Society, 215 Vauxhall Bridge Road, London, SW1V 1EJ	cmoonan@parkinsons.org.uk	020 7932 1325
Murrell	Karen	Department of Health	Wellington House, 135-155 Waterloo Road, London, SE1 8UG	karen.murrell@dh.gsi.gov.uk	020 7396 2121
Nash	Edith A	Cambridge & Peterborough	Park House, Nursery Road, Huntingdon, PE29 3RJ	edith.nash@Hinchingsbrooke.nhs.uk	01480 415343
Nicholson	Sue	Suffolk and Ipswich	Bury Record Office, 77 Raingate Street, Bury St Edmunds, Suffolk IP33 2AR	Sue.Nicholson@libher.suffolkcc.gov.uk	01284 - 352355
Oborne	Dr C Alice	Guy's & ST Thomas Hospital NHS Trust Evelina Children's Hospital	Lambeth Palace Road, London SE1 7EH	alice.oborne@gstt.nhs.uk	020 7188 5019
Ostoja-Starzewski	Maria	Commission for Social Care Inspection	33 Greycoat Street, London SW1P 2QF	Maria.ostoja@csci.gsi.gov.uk	020 7979 2076
Petrou	Mike	Manchester Adult Services	Adult Social Care, Hillside Resource Centre, Rudcroft Close, Chorlton on Medlock, Manchester M13 9XT	mike.petrou@manchester.gov.uk	0161 273 2016
Pitt	Rosalyn	Staffordshire	South Staffordshire Healthcare NHS Foundation Trust	rosalyn.pitt@ssh-tr.nhs.uk	01785 221583
Platt	Mark	Long Term Medical Conditions Alliance	202 Hatton Square, 16 Baldwin Gardens, London EC1N 7RJ	markplatt@lmca.org.uk	020 7813 3640
Raistrick	Heather	Doncaster PCT	Park Lodge, St Catherines , Tickhill Road, Balby, Doncaster, DN4 8QN	heather.raistrick@doncasterpct.nhs.uk	01302 796770
Rashid	Kismet	Working Group	2nd Floor, The Adelphi, 1-11 John Adam Street, London. WC2N 6HT	Kismet.Rashid@dwp.gsi.gov.uk	0207 7122290
Raven	Jackie	Isle of Wight	Development and Implementation Manager, Adult and Community Services	jackie.raven@iow.gov.uk	01983- 520600

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Richardson	Andrew	Staffordshire	South Staffordshire Healthcare NHS Foundation Trust	andrew.richardson@ssh-tr.nhs.uk	01283 504860
Rudat	Kai	OPM	252B Grays Inn Rd, London, WC1x 8XG	krudat@opm.co.uk	020 7239 7800
Scott-Marshall	Anna	Working Group	3rd Floor, 29 Bressenden Place, London SW1E 5DD	Anna.scott-marshall@nhsconfed.org	0207 074 3303
Shaer	David	Oxleas NHS Foundation Trust, Bromley	2 Newman Road, Bromley, Kent Br1 1RJ	david.shaer@oxleas.nhs.uk	
Shaw	Joanne	Working Group	NHS Direct, 7th Floor, 207 Old Street, London, EC1V 9PS	joanne.shaw@healthstrategy.org	
Snowball	Kevin	South Essex Partnership Trusts	Preston Mill Barn, Siddington, Cirencester, Gloucestershire, GL7 6ET	kevin.snowball@intouchwithhealth.co.uk	07803 736670
Sood	Amrita	GfK	Ludgate House, 245 Blackfriars Rd, London, SE1 9UL	amrita.sood@gfk.com	
Starr	Madeleine	Working Group	20-25 Glasshouse Yard, London EC1A 4JT	Madeleine.starr@carersuk.org	0207 490 8818
Teo	Melanie	South Essex Partnership Trusts	South Essex Partnership NHS Foundation Trust, Aston Court, Aston Road, Laindon, Essex SS15 6NX	Melanie.Teo@southessex-trust.nhs.uk	01268 564020
Tolson	Richard	Yorkshire & Humber SHA	RNIB Po Box 428, Scarborough, North Yorkshire, YO11 9BJ	r.tolson@btconnect.com	07900606429
Vollum	Clare	RNID	19 – 23 Featherstone Street, EC1Y 8SL	Clare.vollum@mid.org.uk	0207 296 8360
Walker	Dr Lesley	Cancer Research UK	PO BOX 123 London WC2A 3PX	lesley.walker@cancer.org.uk	020 7061 8321
Walker	Dr Richard	North Tyneside DGH	Jubilee Day Hospital, North Tyneside General Hospital, Rake Lane, North Shields, Tyne and Wear, NE29 8NH	Richard.Walker@nhct.nhs.uk	0191 2932709
Wan	Yee-Mai	OPM	252B Grays Inn Rd, London, WC1x 8XG	ywan@opm.co.uk	020 7239 7800
Wicks	Emma		Cystic Fibrosis Trust, 24 Masons Bridge road Redhill, surrey RH1 5LL	EWicks@cftrust.org.uk	0845 859 1054
Williamson	Sheila	Mid-Trent Cancer Network	44a Fallibroome Rd, Macclesfield, Cheshire, SK10 3LA	sheila.williamson@dearden.co.uk	07966330312
Wilson	Elaine	Mid-Trent Cancer Network	C/O Department of Clinical Oncology, Nottingham University Hospitals NHS Trust, City Campus, Hucknall Road, Nottingham, NG5 1PB	elaine.wilson@nuh.nhs.uk	0115 9627988
Woolf	Elizabeth	Cancer Research UK	61 Lincoln Inn Field, London WC2A 3PX	elizabeth.woolf@cancer.org.uk	020 7061 8347

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Wraight	Davina	Guy's & ST Thomas Hospital NHS Trust Evelina Children's Hospital	Guys Hospital, St Thomas St., London. SE1 9RT		020 7188 3853
Wright	Tim	Macmillan Durham	County Durham PCT		