



## **Information Prescriptions**

**Action learning workshop for pilot sites**

**26 July 2007, Royal York Hotel, York**

**Report for Department of Health**

**14 August 2007**

working with you

to improve social results

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## Contents

Introduction .....	2
Main messages from the workshop .....	2
Action learning – Exploring site challenges .....	4
Group One .....	4
Group Two .....	5
Group Three.....	7
Extending IPs to cover other areas or services .....	8
Group One .....	8
Group Two .....	9
Group Three.....	10
Examining the lessons: from scaling-up to national roll out.....	10
Group One .....	11
Group Two .....	11
Group Three.....	12
Plenary.....	13
Appendix 1: Programme .....	14
Appendix 2: Attendance list .....	15
Appendix 3: Evaluation responses .....	17

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## Introduction

This was the second of four action learning workshops designed to help the Information Prescription pilot sites share experiences and learning from the development work they have been doing, in preparation for launching information prescriptions (IPs). This workshop was an additional session added, at the request of pilot sites, to the three originally scheduled; the sites had asked for an extra opportunity to share and develop their learning over the summer.

The workshop objectives were to:

- encourage delegates to share their learning and to network
- provide an update from sites on the progress they had made, and explore challenges ahead
- facilitate action learning on key development themes
- identify future areas where shared learning and support would be beneficial.

The event was designed to allow participants to choose the issues they wished to discuss and look for solutions together. We therefore chose to use the **co-consultation** method where participants are encouraged to identify the issues they are grappling with and ask other participants to say how they would address these.

As with the first action learning event, the programme was structured around facilitated 'round table' group discussions. There was also the opportunity to feed back in plenary with a whole group session at the end of the day. In the first session, group members were asked to identify a particular challenge with which they required support or comment from the others. The second session then focused on support required in rolling out the IP project across other areas of their locality, while the third discussion looked at rolling out IP nationally. The final plenary session was focused on highlighting particular issues of note that had emerged throughout the day and identifying key recommendations for future support. An OPM facilitator supported each of the group discussions throughout the day.

This report provides a summary of the discussions that took place on the day.

## Main messages from the workshop

Although sites are continuing to make progress towards being ready to launch – and in some cases are at the point of being able to launch – there was considerable discussion about the inherent challenges of this project, particularly at those that still lie ahead.

Some people were still uncertain about the exact purpose of the **evaluation survey**. They thought it would be helpful to be able to see the survey questionnaire; this would also help them to feel confident that it was sufficiently accessible and not too burdensome for people with particular needs or who already have significant difficulties to deal with on a day-to-day basis. Pilot sites would welcome a further briefing on the detail of the survey, as well as on other research methods that form part of the evaluation.

**Engagement of stakeholders** was a particular issue. Those who reported being successful in this area emphasised the importance of using existing networks in order to demonstrate that

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this is not about 're-inventing the wheel'. Participants also thought that, to engage different groups, you need to understand the motivating factors behind their work and behaviour so that you can identify aspects of the IP project that will benefit them. Identifying local 'champions', particularly in the community, could be valuable.

**Cross-sector working** is particularly difficult, especially where, historically, multi-agency collaboration has been limited. Although, in some cases, IPs might not be the best starting point, when collaboration on this project is successful, agencies can benefit from the empowerment, and shared workload it brings. It is important to identify the aspects of this that will most benefit the organisation, and to make sure you speak to the right people, that is, those who can see the strategic or client benefits, and who also have the authority, capacity and drive to collaborate.

Many sites are well under way with developing their directories but there was some discussion about the challenge of **collating, appraising and quality assuring large amounts of information**. Suggested solutions to this problem include: using existing national accreditation tools, such as 'Discern'; collating existing quality assured information, that does not require further appraisal; involving patients, carers and professionals in 'peer review'; maximising engagement with the voluntary sector who often have access to large amounts of suitable resources; and, developing a single accessible local database for use by all partners. The information gathered needs to be patient-focused, accessible and in plain English.

Participants were concerned about the feasibility of **rolling out the IP projects more widely across a locality**, without further resources, but there were also some clear ideas about the sort of support that would be required in order to make this a success. The initiative needs to be marketed and promoted both locally and nationally. Locally, pilot site project managers need to act as marketers and enablers, making clear the benefits and incentives to different professional groups. It is essential to do this through linking in with established local partnership structures and networks, particularly those which cut across health and social care. To help local partnerships here, the Department of Health (DH) might consider developing a clear local implementation framework that supports planning for issuing IPs and defines the parameters for this project. Involving service users across different sectors and services is vital. It was suggested also that the DH needs to consider how IPs can be integrated with the common assessment processes used in social care.

People thought that, in the longer-term, continued **support for roll-out at the national level** would be critical. This would not only help the project to become sustainable but would also help local leads to identify the arguments for implementation, based on wider national objectives, such as patient empowerment, choice and the prevention agenda. It was also important to linking IP with other initiatives. There was a call for national guidance and frameworks to support the initiative; these should be kept simple and not be bureaucratic. There may be value in DH defining more clearly expectations about how IPs will fit with patient records, and also about the level of recording and analysis that will be expected to accompany prescribing and issuing IPs. People were not clear – and were therefore concerned – about funding and support post-pilot, and suggested that getting answers to some of their questions about funding and support would reassure project managers and 'champions' and enable them to plan how make IPs a 'mainstream' activity.

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## Action learning – Exploring site challenges

The first session adopted a four-step **co-consultation** approach in three mixed groups:

- **Step One: Opening phase** The issue or problem ‘owner’ explains what the particular challenge is for them, explaining the context and the issues around this.
- **Step Two: Question phase** Now the rest of the group can ask questions or seek points of clarification.
- **Step Three: Discussion phase** The issue owner sits in silence and simply listens to the discussion the rest of the group has about what they have heard.
- **Step Four: Feedback and commenting** The owner is brought back in and allowed to comment on what he or she has heard from the rest of the group.

### Group One

The first group identified three main challenges: evaluation surveys, engagement of professionals, and establishing cross boundary working.

#### Evaluation surveys

##### *Challenges*

- How to make best use of the evaluation surveys and ensure they do not add an additional burden for patients and professionals
- Sites did not want to put forward all their IP users for the national survey and not be able to use them for local evaluation; likewise, by asking users to participate in the evaluation, this might act as a disincentive for them to be part of the pilot

##### *Solutions*

- Be clearer about what the surveys are intended to achieve and how they complement or duplicate local evaluation processes
- Some sites wanted to see the national questionnaire so they could comment on it; some wanted to explore whether local questions could be added
- Ensure that the survey methodology allows people with special needs to participate; group members wanted to know if qualitative approaches, especially focus groups, would be used for certain user groups
- Ensure that the survey process does not just “drop questionnaires onto clients on top of all the other problems they have to deal with”
- Find ways to ensure that questionnaires are able to measure long-term outcomes
- Pilots felt it would be useful to get fuller briefings on the survey process and any alternative methods; this should be done with small groups of pilots who are dealing with similar user groups or needs.

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## **Engaging professionals**

### *Challenge*

- How the engagement of wider professionals, including GPs, could be achieved.

### *Solutions*

- gain access to GP networks (e.g. GMC)
- approach them on an issue which matters to them (e.g. you will get these benefits; link to QUAF points)
- invite GPs to events which involve hospitality (this could also be done via third parties such as pharmaceutical companies)
- identify champions who have credibility with GPs
- it is harder to gain access if you are not part of the NHS
- attend practice meetings

## **Establishing cross-agency or cross-boundary support**

### *Challenge*

- How sites can establish effective cross boundary working and support for IPs.

### *Solutions*

- IPs may not be the best starting point in all circumstances (e.g. when there is no history of collaboration); it might be useful to offer some other benefits first
- enthusiasm and energy, and creative opportunities, also can help win support
- you need a clear message of outputs and express this from your intended partner's perspective
- when successful, agencies enjoy the empowerment generated by joint working; sell this as a benefit
- the third sector generally is very keen, but it is important to identify those who can see the strategic or client benefits and have the authority and energy to collaborate and act as change advocates/agents ; third sector organisations can be very powerful lobby groups for projects; third sector also can be very user focused.

## **Group Two**

The group identified two challenges: engaging primary care professionals and quality assuring information.

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## Engaging Primary Care

### Challenge

- How do sites overcome the difficulty of involving some staff in primary care, particularly GPs?

### Solutions

- Identify GPs who are already leading on condition specialisms to become local champions for implementation.
- Be realistic about the likely capacity of GPs to become involved in the issuing and dispensing, given that an average consultation can last no more than 8 minutes. In many sites, the way forward has been to involve GPs only in a limited process of drawing up a simple email or completing an easy to complete IP template before passing this to another professional who actually packages up the tailored material for the patient.

*In **North Tyneside**, the site is seeking to develop a relationship with NHS Direct whereby the prescribing will be done by consultants and nurses and the packaging of correct tailored information will be managed by NHS Direct. The idea here is that the prescribing process involves a relatively quick process whereby the consultant or another professional quickly marks down in an email what information is required and then sends this to NHS Direct who can send out the correct information via an email, website or on paper. This process succeeds in reducing consultant time on the issuing process while increasing the ability of professionals to provide information in a range of formats. This process could also work with GPs.*

- Develop quick and accessible training packages for staff - Several sites have sought to develop quick and accessible approaches to training primary care staff. In one site, they have sought to involve GPs in trailing IPs live with their patients so that training with the new IT systems is done “on the job.”

## Appraising information

### Challenge

- How sites responded to the need to appraise lots of information for their directories. The problem was seen to relate to the difficulty many sites had in finding an appropriate and safe mechanism for appraising information while at the same time appraising very large numbers of separate information sources.

### Solutions

- Use national accreditation tools such as the Discern tool which has a number of simple guidelines people can follow.
- Limit the number of individual information sources that each site checks, and rely instead on accepting that all information on major national sites will already be accredited and may not need further appraisal.

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- Always involve patients, carers and professionals in “peer reviewing” information as they will be able to provide a strong account of the information’s usability, validity and accessibility.
  - Involve the voluntary sector in developing directories as they are often the based placed to supply and update information and provide information on support networks
  - Develop a **single accessible database** and search engine at a national level which contains all the main sources of information for the main conditions and types of information.
  - NHS Direct, who are piloting local information sources, should be involved in developing local directory templates.
  - Ensure that all appraisal approaches are **patient centred** – that is patients are involved in assessing information and on updating it. There is need to ensure that in building any national process for quality assurance that it doesn’t become the preserve of the professionals.

*In Oxleas the patient and carer have been placed at the centre of IP development. The Trust held focus groups with patients, carers and staff to assess pieces of information for the directory. This enabled the trust both to test the applicability of information but also to narrow down the number of critical information sources from a long list to a much shorter list. The Trust plans to involve patients and carers again in the refreshing or development of any new sources of information.*

- **‘Equality proof’** all of the main sources of information to ensure that some groups who face difficulty accessing information special needs, such as those with low vision, are able to access all information sources.

### Group Three

Group three identified a number of challenges which they wanted to discuss and then chose to focus on two key areas: sustainability of the project and engaging stakeholders, in particular, those in primary care. They felt that these two areas were closely interrelated.

#### Sustainability and engagement of stakeholders

##### *Challenge*

- How do sites overcome the difficulties experienced in trying to help those in primary care identify “*what’s in it for them*”
- With the perceived uncertainty about ongoing funding, how can sites work to ensure that the process is sustainable in the longer term?

##### *Solutions*

- Emphasise the importance of building on existing local resources and “*not reinventing the wheel*”
- Focus on using IP as a means to link together existing resources, and “*sell*” it to stakeholders on this basis – its aim is to improve integration rather than operating as add-

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on to existing workloads. Set this within the context of other programmes – Expert Patients, Community Matrons etc.

- Emphasis the longer-term benefits in respect of supporting patients and service users to become more empowered and self-manage their care, where appropriate.
- Ensure that the structures used to deliver IP involve the right people at the right place, for example, clinical and patient representation on the steering group.
- Engage with the local press to market the IP more widely, focusing on the benefits to patients and stakeholders.
- Start identifying the appropriate people within the PCT who can support mainstreaming of this initiative.
- Identify both ‘bottom-up’ and ‘top-down’ mechanisms to support the programme.
- “There are lots of levers going up, it needs to be also about the levers going down...”
- Consider establishing an ‘IP Champion’ within each of the long-term condition areas and also gain commitment from the Steering Group to support and drive forward this project over an extended period.

## Extending IPs to cover other areas or services

In the next session, the same three groups were asked to consider:

- What challenges will be faced extending IPs to more patients and services?
- What will be involved in broadening the front for implementation to other health conditions and involving a greater variety of professionals?

### Group One

The group made the following suggestions for scaling up IP delivery locally:

- IPs need to be marketed and promoted nationally and locally; pilot site project managers have to act as marketeers and enablers
- The IP roll-out needs a clear understanding of benefits and incentives for other stakeholders and different professional groups
- If IPs are successful, they will have a wide range of outcomes, including prevention – the national roll-out should draw on wide ranging sources of evidence to provide the arguments for implementation
- The roll-out needs to be supported by organisational champions (senior managers) and professional champions (national and local)
- The roll-out needs to promote the user focus of IPs; this is a strong feature which resonates with many other priorities
- User-focus needs to be emphasised as an essential part of delivery, not an add-on
- There could be benefits if user focus is extended to also include co-counselling and other forms of user involvement in delivery

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- Although national guidance and frameworks will be helpful, they need to avoid bureaucracy – keep it simple
  - There needs to be a strong link to commissioning
  - IPs should link to wider PPE initiatives such as LINKs
  - The roll-out needs to promote the whole system focus of IPs; this will help with gaining professional and managerial support
  - Elected members can be powerful advocates; national roll-out should consider how such advocacy support can be built up
  - The group also felt that a support resource needs to be made available which could share the lessons learnt by the pilots and by other initiatives; one useful components would be an ongoing “top tips” site:

**suggested top tips:**

- how to keep it simple
- how to make the user the focal/starting point
- lessons learnt from other initiatives
- understanding the academic evidence
- how to build up engagement of stakeholders
- overview of benefits for different audiences
- how to sell the benefits to professionals
- how to manage/balance the “bottom-up” and “top-down” pressures and opportunities
- how to generate “good stories”
- how to create energy and excitement
- how to balance realistic action with motivating aspiration
- how to involve the local media

## **Group Two**

The group made the following suggestions for scaling up IP delivery locally:

- Local partnership structures, particularly those which cut across health and social care, should be the main driver in co-ordinating local implementation
- There may be need to develop a single resource centre where the majority of issuing and dispensing would take place. This could be located at hospital sites, healthy living centres or local libraries. At these centres, trained staff would be on hand to package up requests for IPs and dispense IPs directly to patients.
- For those involved in dispensing, a local programme of training will be required, particularly for non-medical staff, including training in basic counselling skills, information management skills, and the ability to use map of medicine.

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- The DH needs to develop a clear local implementation framework which helps local partnerships plan out how IP issuing will work locally, and which gives sites the broad parameters on which to base local IP development.
  - The DH needs to consider how IPs can be integrated with common assessment processes used in social care, such as CAF and single assessment processes for adults.
  - There needs to be a clear explanation and approach to scaling up IT systems, such as map of medicine or IT to be offered by NHS Direct. Local training and support should also be made available in the form of programming and data base management skills.

### Group Three

- There is a huge amount of information to source and disseminate – what strategies exist for narrowing down the number of information sources to make this process more manageable?
- Keeping information up to date is critical. Processes need to be put in place to ensure that information is quality assured in a consistent way.
- There needs to be an easily accessible up to date national directory with containing the main sources of information. It could almost act like an “equivalent of goggle”
- Local sites need to get stronger in the area of marketing IPs and managing expectations and demand. Need for the strategy to **build local ownership** by emphasising that IPs will not seek to reinvent the wheel. In this light, there is need to badge each local IP systems with local branding so that people can relate to it, although much of the infrastructure which holds the process together could be nationally developed. The message about IPs must be as simple as possible and clear about the **purpose and benefits** of IPs.
- There need to be designated champions at a local level with responsibility for taking elements of the IP process forward. Their role would include:
  - Working with local organisations
  - Networking with PALS and local third sector organisations
  - Building hubs and networks of information, such as information centres
  - Communicating with outside the local area to identify information systems and to ensure that sites are not duplicating efforts in other sites

## Examining the lessons: from scaling-up to national roll out

In the final session, the participants were again split into three random groups. The purpose of the group discussions was to identify:

- what lessons there are for extending IP practice from sites
- what would support their continued work across all services
- what would best support an effective national rollout

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## Group One

The main points raised were:

- Some participants suggested governance hubs or governance networks, rather than a super-governance organisation or a single large data compendium (a national index may be helpful as a national-level “repository”)
- The key task for governance are quality assurance (and possibly “validation of what is useful”) and the avoidance of duplication or omissions
- It may be sufficient at local level to attach an assessment statement similar to site controls (e.g. this source has been approved; this source has not been checked)
- There needs to be very clear descriptions of what IPs are about to win over key stakeholders; this needs to be backed up with materials, website etc.
- There would be a value in having consistent branding; this might consist of two elements – i) organisational endorsement to demonstrate reliability; - ii) an identify logo to raise wider awareness and help users and professionals recognise IP materials, processes and dispensing points; a balance of brand and kite mark
- There may be benefits in running media and public awareness campaigns and wider marketing at users and professionals, incl. advertising
- Guidance on user engagement – this should be a key element of helping with the national roll-out; this should combine a toolkit and encourage for local user engagement processes
- Broader guidance on how to make a choice between using existing IP materials and resources and developing your own

## Group Two

The following points were raised by group two:

- The websites for all the main national information sources could be linked up to produce a single data base with a search engine for professionals to use. This could include the main searchable information for all of the main third sector organisations, NICE and other national good practice data bases. It would also connect people to a range of good practice guides, tools and advice, particularly for involving and providing information to less included groups.
- Develop methods to incentivise GPs involvement in IP issuing - This might include building IPs into the current QUAF points system used to establish payments to GP practices.
- Need to involve existing networks of GPs with condition specific special interests, such as Diabetes and cancer, to act as local champions.
- In producing guidance, the DH has to be aware of the need to limit the time requirements imposed on GPs, consultants and other staff – their involvement should be limited to two minutes in most cases.
- Need to involve professionals in issuing IPs in relation to only a limited number of conditions to begin with, extending issuing into other conditions over time. There may to limit the focus for the first two years on the 15 main long term conditions set out in the White Paper.

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- The best level at which local co-ordination and implementation needs to take place is at the partnership or network level. The DH needs to review which partnerships are best placed to take forward local implementation.
  - The competencies needed for effective IP issuing into existing job descriptions, competency frameworks and training packages. The introduction of specific skills training on IPs should be built into organisations induction processors and ongoing training, however, there are likely to be constrained by recent cuts to training budgets. For GPs, there may be need to look at how IP issuing can be built into the re-validation process and into “protected learning” time.

### Group Three

The following issues were raised by group three about national rollout:

- There is need for the DH to be aware of the differences which are inherent between sites. The plan needs to encompass a clear view on how roll out will be conducted across different conditions, in different localities, and across different agencies.
- Can the DH work up some **clear definitions** of IPs so that the purpose of IPs and their role are clearer to sites adopting IPs.
- Developing **good local directories** is key to the success of national roll out – how will the guidance inform this?
- Recording IPs – there are questions about the necessity of recording and tracking issuing. What is the DH rationale for this move? How can patient records be used to support recording?
- The role of the **voluntary sector** in delivering IPs needs to be clearly defined and explained
- There needs to be a clear **overarching map** which explains how the current and future planned policy and funding streams support and link up to IPs. This should explain the linkages and how existing policies can be used as levers to support implementation.
- **PALS** are an idea location for much of the signposting, resourcing and packaging of IPs. PALS staff could also be trained to do much of the dispensing through engaging patients directly in discussions about their information needs.
- **Evaluation work** needs to continue beyond the pilot to support continued learning and improvement.
- There is need for future plans to be very clear about the **IT capabilities** and how systems can be established locally to facilitate IP implementation. We need to understand how Map of Medicine and NHS Direct fit with local directories and care pathways.

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## Plenary

In the final session the whole group was asked to give their views on what shared issues are critical for the DH to think about in taking forward IPs at the national level. The following main issues were raised:

- There is still concern that the definitions for information prescription are misplaced. Would issuing and dispensing be a better set of terms? In addition, there needs to be a clearly defined purposes and set of outcomes linked to IPs that can be communicated widely with patients and professionals.
- It is critical that some of the more specialist practice being developed in the pilots, such the development of materials for those with low vision, is not lost in the development of a national generic delivery plan.
- There needs to be a common framework sites can work with that sets the parameters for local implementation and acts as a check list for delivery.
- How are the voluntary sector to be incentivised to take forward IPs – what are the levers for involving this sector?
- There is a need for a clear steer around the recording of IPs? Is it necessary, how will it be managed with patient records?

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# Appendix 1: Programme

*Royal York Hotel - 26 July 2007*

## **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 format for the day

### **10.45 Action learning – exploring site challenges, Session One**

- Exploring site specific challenges
- Facilitated problem solving discussions looking at site specific issues

### **11.45 Extending IPs to cover other areas/services**

- What challenges will be faced extending IPs to more patients and services?
- Exploring what will be involved in broadening the front for implementation to other health conditions and involving a greater variety of professionals

## **12.30 Lunch and networking**

### **13.30 Examining the lessons for national roll-out**

- What lessons are there for extending IP practice from sites? (pre-lunch link)
- What would support your continued work across all services?
- What would best support effective national rollout?

### **14.15 Action learning – exploring site challenges, Session Two**

- Exploring site specific challenges
- Facilitated problem solving discussions looking at site specific issues

### **15.15 Next steps and action planning**

- Individual and paired work

### **15.45 Close and further networking**

## Appendix 2: Attendance list

Health Condition	Site	Contact	Telephone
Cancer	Mid-Trent	Elaine Wilson	0115 962 7988
Cancer	Mid-Trent	Sheila Williamson	01625 423 118 07966 330 312
Cancer	Mid-Trent	Peter Jones	01636 636205
Cancer	Royal Marsden	Beverly Van Der Molen	020 8661 3951
Cancer	QE Birmingham	Paul Litchfield	01216978417
Cancer	Durham	Fiona McQuiston	0191 587 4500
Cancer	Durham	Michael MacNeill	0191 587 4500
EMH - general	Suffolk and Ipswich	Sue Nicholson	01284 352 354 07872 699 153 07749 651 591
EMH - general	Suffolk and Ipswich	Moira Clare	01284 352279
EMH - dementia & depression	Camb & Pet'borough	Edith Nash	01480 415 343 07949 076 653
EMH - dementia & depression	Isle of Wight	Jackie Raven	01983 821 000 Ext 2956
EMH - dementia & depression	Isle of Wight	Peter Smith	01983 821 000 Ext 2957
EMH - memory loss	Leeds	Jenny Thornton	0113 3055550
EMH - memory loss	Leeds	Lynne Stobbart	0113 3058237
MH - general	Doncaster	Terry Cawley	01302 796799
MH - young people	Staffordshire	Rosalyn Pitt	01785 221 583/304 07885 521 841
MH - complex needs	Oxleas, Bromley	Kala Ratnajoithy	01322 625756

<b>Health Condition</b>	<b>Site</b>	<b>Contact</b>	<b>Telephone</b>
LTC - general	Darlington PCT	Clare Hinton	01325 746 175
LTC - general	Manchester	Andrew Lomax	0161 205 7321
LTC - general	Manchester	Frances Wallbank	0161 205 7321
LTC - general	Manchester	Monica Grundy	0161 205 7321
LTC - children	Evelina, Guys	Wayne Middleton	07818 087 872
LTC - Parkinson's Disease	North Tyneside DGH	Sally Corbett	0191 259 6660 Ext 2824 07908 889 556
LTC - Parkinson's Disease	North Tyneside DGH	Kate Greenwell	0191 259 6660 Ext 2824
SE - Sight	Yorks & Humber SHA	Andrew Kent	0788 447 3123
SE - Sight	Yorks & Humber SHA	Mick Ward	0113 247 4567 07957 378 932
SE - Sight	Yorks & Humber SHA	Rebecca Sheehy	0117 934 1719 07918 085 571
SE - Hearing	Oxfordshire	Phillipa Briggs	01865 816 348 07902 195 238
	Macmillan	Ruth Carlyle	020 7840 4698
	Department of Health	John Cain	
	Department of Health	Claire McDonald	
	Department of Health	Ian Maidment	

## Appendix 3: Evaluation responses

(Total responses 22 – 76% of all attendees)

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

	Excellent	Good	Satisfactory	Poor
A. Introduction (responses 22)	32%	55%	13%	
B. Action Learning 1: exploring site challenges (responses 22)	9%	73%	18%	
C. Extending IP to cover other areas/services (responses 20)	5%	35%	60%	
D. Examining the lessons for national roll-out (responses 21)	10%	24%	57%	9%
E. Action Learning 2: exploring site challenges (responses 13)	8%	31%	46%	15%
F. Next steps and action planning (responses 12)		33%	50%	17%

### Q2: Venue, facilities and organisation

	Excellent	Good	Satisfactory	Poor
A. Administration (including booking/pre programme information) (responses 22)	55%	36%	9%	
B. Venue (responses 22)	41%	50%	9%	
C. Catering/quality of food (responses 22)	23%	45%	32%	

### Q3: Do you have any other comments or suggestions?

- Agree themes beforehand – e.g. evaluation, data collection and let delegates attend by choice
- Weak facilitation in workshops, few people dominated, minority ideas, greater insights in to details of other pilots
- More guidance – better understanding of evaluation requirements in ‘plain english’
- The Information Prescription will be a person centred document - I feel that possibly too much emphasis in being put on the medical model and information re. the person’s

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*medical condition being prioritised rather than a holistic approach to someone's life needs. I thought that the facilitators were very competent.*

- *Thought the free discussion groups worked well and remained focussed*
- *Poor facilitation*
- *Mobile mic so people can hear each other!*
- *Healthy options please when catering – had to go out for lunch!*
- *Bring some service users along to a future session*
- *The event provided a good forum for networking and exchanging ideas uniformly.  
Exchange of samples (IP) would be useful*
- *It was most helpful to network – however I felt this had not radically changed my project and felt there was a lack of clarity about underpinning ethos.*
- *Look forward to next event*
- *Do not repeat yourself all day*