



Information Prescriptions

Action learning workshop for pilot sites

Report

25 September 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

This was third action learning workshop run for pilot sites since June. The workshops are devised to help those from the pilot sites to share experiences and learning from the development and launch of information prescriptions (IP). Now that all sites have begun to dispense prescriptions it was felt timely to use this workshop to begin to explore the experiences with dispensing, both from the perspective of those doing the prescribing, but also as far as it is able to judge, from the perspectives of those receiving them – patients, service users and carers. It was very much recognised that for most sites dispensing had only just started in recent weeks. These were then very much 'early days' in terms of drawing out the experiences from this.

The objectives identified for the workshop were to:

- Encourage the sharing of learning across sites and provide networking opportunities;
- Update on progress made by sites with dispensing;
- Explore professionals experiences with dispensing;
- Begin to assess the impact of information prescriptions on users;
- Identify future areas of work where sharing learning and support would be beneficial.

The day was divided into two main parts. The morning was spent sharing experiences with dispensing. This was based on small group discussion and wider plenary exploratory debate around key issues and development themes drawn from these experiences. Four pilot sites helped to focus the discussion by providing short case studies of their particular experiences. These were:

- Suffolk and Ipswich (Sue Nicholson and Alison Wheeler);
- Isle of Wight (Jackie Raven);
- North Tyneside DGH (Helen Kirrane and Kate Greenwell); and
- Manchester (Andy Lomax and Caroline Powell).

The afternoon session provided an opportunity for pilot sites to set their own agenda around specific development themes. This was followed by a discussion relating to the provision of evaluation information during the next quarter. The final part of the programme focused on the scaling up and extending the coverage of information prescriptions locally and nationally.

Session One: Update on experiences and learning from recent months

All sites have now started to dispense though for some this has only just commenced. The response from clinicians and other health and social care professionals being asked to get involved in information prescriptions has in the main been very positive and this has helped in gaining support and commitment to making the scheme work. There has also been widespread support from voluntary organisations, pharmacists, PALs and patient support organisations. This has been aided by the effort that many sites have put into making relevant contacts, building relationships, drawing on existing networks and working through partnership links. In some cases it has taken time to get access to primary care practitioners and a variety of ways of finding access through primary care professional networks, practice managers or the local LMC have been used.

A lot of effort has also gone into communication and training as a way of gaining support and commitment from professionals. Communication effort in pilot sites has been focused upon raising the profile of information prescriptions amongst service users and carers as part of the launch of local schemes. Many sites have put emphasis on branding information prescriptions locally and using a wide range of publicity materials to help raise the profile and recognition of information prescriptions in the pilot service areas. There was a consistent message about the unpopularity of term 'information prescription' with its medical connotations and the potential confusion that it might need to be paid for by patients and service users. Examples of alternative names and branding include *IPX* (**Suffolk**) and *He@lthclick* (**Darlington PCT**).

Many sites are relying heavily on approaches towards more effective signposting towards revamped information provisions for the pilot service areas. In some cases (such as Isle of Wight) they were using the Council's website to encourage self-prescribing. There were recognised advantages in using technologically geared processes to drive much of the prescribing. Sites see this as a way to ensure that demand can be met while reducing the burden on prescribers. In Darlington, the 'he@lthclick' site will provide a user-friendly information site that enables people to develop their own IPs in relation to a range of conditions. They regard websites as critical to promoting the concept, and more importantly the behaviours, which support self-management, rather than promoting an entirely face-to-face approach to prescribing which may lead to greater reliance on services.

Despite the focus in many sites on IP on-line and self prescribing there was also widespread recognition of the need to be offering parallel systems for access to information prescriptions for those that did not have on-line access to the web or lacked the confidence or competence in computer skills. The viability and ease of access to support arrangements through such things as local libraries, PALs services or other information centres or help-lines were seen as a vital part of ensuring inclusive arrangements for information prescriptions. There is clearly a need to balance the

benefits of creating self-prescribing processes through internet solutions, with providing dedicated support and advice through face-to-face contact.

Several of the sites have also put in place systems which can enable them to track the prescribing and dispensing of IPs. In **Manchester** they have sought to use links with the Expert Patients programme and using of Expert Patients themselves as prescribers. This offers the scope to work through Expert Patient networks to identify and prescribe directly to other patients. This process has enabled them to reach a group of patients who do not necessarily feel comfortable accessing mainstream services. The Expert Patient co-ordinator in North Manchester has a lead role in training other expert patients to dispense and signpost to appropriate information sources. This has helped to increase the number of prescribers available to the pilot site. In the **Heart of England Trust** in Birmingham they are using pick-up a postcard system as a route into self-prescribing. These are available not just in the cystic fibrosis unit (the targeted pilot service area) but also in other out-patient service areas in the hospital.

Practice example

In Oxfordshire they have linked information prescribing recording to the SWIFT social care data-base which will ensure that IPs are fully integrated with existing IT systems. They are also looking at ways to build the IP process into the Individual Budget process.

Other sites talked about the arrangements for continuing to involve patients, service users and carers in refining and updating information provisions and keeping the prescriptions person-centred.

Session Two: Prescribers' experiences

This discussion drew upon both direct and indirect evidence from prescribers who were now issuing prescriptions as well as pilot sites experiences getting clinicians and other professionals involved in prescribing. The two pilot site case studies that helped to open up discussion on prescriber experiences were from **Suffolk** and Ipswich and the **Isle of Wight**. Both of these sites are piloting IPs with elderly mental health patient groups for those with dementia, depression associated with dementia or the early stages of memory loss. In Suffolk falls prevention was another service included in the information prescription pilot. The Suffolk presentation examined what had helped sell in the benefits of IPs to GPs as well as their experiences publicising IPs. The Isle of Wight case study reviewed how the use of the council's website had helped to provide a simple tool for both professionals to use and for self-prescribing. *(The case study presentations for each site can be found on the IP website at: www.informationprescription.info/AL_event2_25sept.html)*

The response to the presentations opened up a wide ranging discussion about engaging those who might be able to help with prescribing and dispensing and the range of approaches that could help develop ownership and commitment to the process.

A number of different approaches were suggested to ensure that GPs get involved in information prescriptions. Some of these were direct approaches others were using more indirect routes through others including patients themselves. These included:

- Contact through a range of methods such as direct access GPs, access via known GP contacts, letters, one-to-one visits, through local medical committees, practice nurses.
- Building demand for information prescriptions with patients early through active marketing so that they in turn start to demand information prescriptions from their GPs;
- Looking at how prescription issuing can be reinforced in primary care by building in local assessments for QOF which pertain to information prescriptions;
- Presenting tailored marketing information to GPs which is very clear about the benefits that it will bring for them, such as lower prescribing budget, reduced consultancies, improved patient outcomes;
- Developing very simple prescribing process to make it easy for GPs to use – “No more than two clicks”
- In Hammersmith and Fulham they have developed software that will enable them to issue prescriptions through the EMIS software.

Practice Example: Engaging GPs in Hammersmith and Fulham

In Hammersmith and Fulham, two GP practices are involved in prescribing. In gaining the involvement of the GPs, the site believes the following steps need to be taken:

- Develop a clear message around how this will bring about benefits for patients and GPs
- and help them deal with “difficult patients”

- Build simple systems to enable GPs to prescribe very quickly – as part of their routine approach to consultations
- Look at how other staff in sites, including volunteers, can support the process of dispensing
- Look at how local incentives can be build to engage GPs, such as looking at how the local QOF points can be geared towards prescribing

A number of sites have deliberately aimed to create a wide range of dispensing routes. In the Isle of Wight they have sought to set up dispensing points in a wide range of agencies, including libraries, through a website, through Age Concern and GP practices. In Manchester the strategy has been involve volunteers as a route to reaching harder to reach communities. This has included using the Expert Patients but also attempts to set up dispensing arrangements through the Black Health Network.

Practice example

In Darlington they have been working with community matrons to build awareness of the 'he@lthclick' programme through outreach work, often involving very isolated older users. The community matron, present at the event, spoke of the "transformation" in the fortunes of some of her clients by being able to access the site.

There were a number of comments made in the discussion about how to make the prescribing process as simple as possible. The common message is that the process needs to be supported by simple IT-based solutions. This involves presenting a limited number of initial options for the prescriber to select from – perhaps 6 or 7 drop down menus. This will reduce the number of free-text boxes for prescribers to write into. Another requirement identified to support prescriber familiarity with IP systems is to provide simple on-the-job training that does not make significant demands on professionals' time.

However the simplicity of the system has the potential of raising an additional challenge. How when the process is designed to be simple, can it also enable patients to access a wide range of information sources? The solution for many sites is to provide concise and simple information at the prescribing stage (especially if the prescribers are doctors or GPs). Following this to open out the range of options users can access by providing signposting to other sites, websites which they can work through themselves and look at more sources, or by providing a helpline number that can provide them with more options. There was also a lot of mention made of the need not to overload patients with too much information at an early stage. It was better to 'drip-feed' information according to the particular needs and interests of the user in a specific set of circumstances then allowing the patient or user to determine what is important or relevant at what time. This was seen as the key to personalising the prescription and phasing its delivery. Several people mentioned the capacity to revisit information and signposting to other sources as an integral part of what the prescription should enable people to do.

There is a critical potential dilemma for sites implementing information prescriptions of how to strike the balance between the desire of patients to have lots of information and face-to-face support on the one hand, with the need to make the process simple and self-determined on the other.

Session Three: Patient, user and carer experience

In much the same way as the previous session two pilot case studies were used as the basis of beginning to explore patient, user and carer experience of information prescriptions. Both the case study sites were covering services relating to Parkinson's disease. The presentation from North Tyneside DGH described the process they used for involving patients and carers in the development of IPs. They went on to explore the messages gained from user feedback with those who had just received prescriptions using telephone follow-up conversations. The Manchester case study similarly reviewed some of the ways that they had used to gain user input in the development of information directories and how they had used the Expert Patient programme and its participants to widen the scope and reach of dispensing. They also talked about the potential sensitivity around confidentiality of information relating to patients who are HIV positive. (*The presentation slides for the North Tyneside case study are available at: www.informationprescription.info/AL_event2_25sept.html*)

The North Tyneside team discussed using a model for evaluation at four distinct levels:

- Memory – Did they recall getting the information?
- Understanding – Did they understand the information provided?
- Satisfaction – How satisfied were they with what was provided?
- Impact – What effect this have and what did it lead to?

Ley, P. (1977). Psychological studies of doctor-patient communication. In S. Rachman (ed.), *Contributions to medical psychology*, vol. 1. Oxford: Pergamon Press.

Ley, P. (1982). Giving information to patients. In J.R. Eiser (ed.), *Social Psychology and behavioural medicine*. New York: Wiley.

Ley, P. (1982). Understanding, memory, satisfaction and compliance. *British Journal of Clinical Psychology*, 21, 241-254.

For a good general overview of the model and its associations with information giving, I recommend:

Ley, P. (1988). *Communicating with patients*. London: Croom Helm.

A key message from the North Tyneside team was the difficulty some patients experienced with information given and the importance of follow-up conversations with patients to allow them to ask questions and talk things through. There are several sites now looking towards establishing robust evaluation methodologies to explore what real difference IPs make to people long term well being and health. Some concern was expressed that the future evaluation will simply stop at outputs – assessing how many IPs are issued rather than their real impact.

There is a growing amount of anecdotal evidence about the positive impact of IPs with patients, but more evaluation is necessary. The positive messages are:

- It has boosted the confidence of users;
- It has led some to tackle issues that have prevented other health problems arising such as providing health and housing advice;
- It has led to happier and stronger carers.

In one cited example of using an IP and its impact, the community matron who made the prescription described the impact of the experience on the user. It brought a new service to the attention of an older citizen who could rarely get out because of his breathing difficulties. Through what was provided in an information prescription it was possible for him to make some life-changing adjustments in how his condition was managed. Since being inducted on the website at the library, the user had now gained a new sense of mobility by being provided with a motorised wheelchair. He now is living a more independent life, is getting out a lot more, using services a lot less and is giving his wife, his carer, more free time. The use of powerful stories like this are what will convince many of the potential IPs have.

There is a concern in many pilots that patients and service users may become overburdened with information, preventing the information becoming helpful in the first place, and producing huge burdens on the dispensers who have to send this out. This was the rationale in Isle of Wight site that underpinned the design of its website and paper based dispensing linked to this, ensuring that patients would get very concise information with additional links and websites provided if they felt they needed more.

Although there is widespread agreement that access to a good website is desirable as part of the delivery of relevant information, there were concerns raised about particular 'hard-to-reach' groups who may not access the internet, have low literacy levels or prefer paper based methods. In focus groups in Oxfordshire for example, they found that higher numbers from black and minority ethnic (BME) groups preferred paper-based prescription issuing. One of the ways to improve access to information prescriptions and make the process as inclusive as possible was by providing a wide range of IP access points is critical, such as libraries, GP surgeries, through Expert Patient meetings, PALs centres and pharmacies.

Session Four: Open discussion

Workshop participants identified seven main themes for exploratory discussion in this session. These included:

- Sharing information and merging pilot site schemes post January 2008;
- Readership levels and information prescriptions – ‘The Sun vs BMJ’
- Using information prescriptions with black and minority ethnic groups and other ‘hard-to-reach’ groups – wider user involvement;
- When and how do we focus on outcomes?;
- Choice and what is it;
- Staff training and engagement;
- Cancer pilot sites experiences to date.

The main headline messages fed back from these discussion sessions were:

- 1. Sharing information and merging pilot site schemes post January 2008** – There was a perceived need to sustain the momentum gained in this pilot phase and being very clear about what will sustain wider implementation of IPs. From DH, the Map of Medicine needs to be widely available as a national resource. There also needs to be clear guidance issued about best practice to follow. There needs to be sufficient discretion locally to pursue particular approaches to implementation of IP for example with user involvement.
- 2. Readership levels and information prescriptions – ‘The Sun vs BMJ’** – Using plain English and avoiding technical language and jargon together with making medical terminology more easily understood is essential to more user-friendly information prescriptions. Some sites (Like Birmingham Heartlands NHS Trust) are using reader panels to quality assure information. Continuing use of patient feedback on IPs will help to keep information appropriate to need.
- 3. Using information prescriptions with black and minority ethnic (BME) groups and other ‘hard-to-reach’ groups – wider user involvement** – There is a need to engage BME communities throughout the process of implementation carefully assessing their different needs. This appears to favour paper-based systems over IT-based ones. Websites need to be made accessible for people with hearing or visual impairments. Other media such as radio or digital television may offer future potential for IPs.
- 4. When and how do we focus on outcomes?** – Some measures are going to be easier to gauge than others – such as access to advice or benefits compared with health outcomes. Health outcomes are likely to only be measurable in the longer term. There is a need for common national outcomes that clearly direct what local IP delivery

should aim to focus on and strive to deliver. More sophisticated outcomes which determine patient-level outcomes and changes to behaviour are required.

- 5. Choice and what is it** – Self-directed websites are seen as helping to facilitate choice whereas professional selection of information may be seen as limiting choice. The solution has to be signposting towards ‘relevant’ information sources and services. A sensitivity to individual needs by those prescribing will be an essential element in personalising prescriptions. There has to be an avoidance of all information options on IPs being ticked. Gauging what is most important to the patient or user will have to be part of the dialogue to establish relevance and importance of different types of information.
- 6. Staff training and engagement** – A range of different options for engaging and training staff to prepare them for information prescribing and dispensing will be needed.
- 7. Cancer pilot sites experiences** - It will be essential to work with integrated health and social care teams. There is a need for more joined-up approach with social services. This will be even more of a necessity for patients with multiple and complex conditions. There will also need to be clear links between IPs and standards in cancer care pathways. When is the IP issued? Is it part of the discharge letter? How IPs will help with the connection to other services.

Session Five: Evaluation

This session was used as an opportunity to remind pilot sites of the importance of providing information in the months ahead between now and the close of the year. Without this essential information it will not be possible to undertake the final stage of evaluation of pilot sites experiences with information prescriptions. John Cain from the Department of Health emphasised the importance of maximising the return on the £2 million invested in piloting information prescriptions. Much now depended on the quality of the evidence gathered in these next months to help to fully analyse pilot site experience. The cooperation of the pilot site teams will be essential in gaining access to the views of all those who have been involved in piloting prescriptions locally. The evaluation consortium members (OPM, GfK NOP and the University of York provided a revised overview document that explains the main steps of data gathering in the coming three months) . Requests were made for help from pilot sites with:

- Providing contact details for patients, users and carers and professionals for the follow up surveys in November;
- Help ensuring survey response rates especially from professionals is maximised;
- Assistance in arranging access to people for the OPM visits to sites. The ideal here would be for OPM can involve a wider range of front line staff involved directly in prescribing and dispensing;
- Compilation of monthly data on cost and effectiveness for the University of York.

Consortium members answered a number of questions both on the survey and on the monthly cost and effectiveness analysis. The following points were made by the consortium:

- There are a number of approaches which can be used to involve 'harder to reach' groups in the survey, including conducting telephone interviews. There may also be a possibility of creating a simpler survey tool for some who have low levels of literacy
- Ideas on the final action learning set would be welcome.

Final session – Scaling up and extending IP coverage

In the last working session of the day participants were asked to give consideration to the kinds of issues that will need be tackled in extending the scope and coverage for IPs. They were asked to address potential issues this raised both locally in pilot sites maintaining the momentum so far established, as well as the wider question of mainstreaming IPs across the whole of health and social care nationally.

There is widely identified need for the DH to be fully aware that it takes at least 6 months as the lead in time for processes to be properly established and prescription issuing to begin. This means that if the aim is to roll out information prescriptions by 2008, there needs to be a directive this year that feeds into PCT and local authority business planning cycles early enough to allow for that.

At national level

There is a need for:

- A consistent directive about what outcomes are to be achieved. In a similar way to Local Area Agreements (LAAs), local areas could sign up to these outcomes and then decide the best method to deliver these at the local level;
- Clear guidance, with ‘teeth’. There is a danger that guidance alone will not succeed, and there is need to place some “must do’s” into the heart of the implementation guidance;
- Some element of uniformity around the national information – as one person commented “90% of the information for IPs is clinically tested at a national level – it is duplication to try and replicate this work at the local level”;
- Shared templates that could be downloaded and populated locally would be helpful;
- Evidence-based research is the best method for influencing GPs and clinicians to adopt new practices. Therefore, there is need to produce coherent clinical research which demonstrates the value of information provision in relation to user outcomes, and as much as possible, outcome data on IPs impact on outcomes;
- Strong linkages between the DH national commissioning support system and the local commissioning of IP delivery. National support could also come in the form of standard contracts and guidance on commissioning;
- A national resourcing plan. But it is likely that this will not be clear until much later in the piloting programme. It is fair to say it will not be cost-neutral, and there will a great deal of funding that will need to be channelled through non-statutory providers, such as the VCS. Any funding regime will also have to take into account the potential for IPs to lead to a growth in demand for services in the short-term

At local level

There will need to be:

- A range of processes in place in order to respond to local differences – A “one size fits all” approach is not seen as possible or desirable;

- While there may be a single set of standards nationally, it is likely that there should be a range of models that can be selected from to meet the different local circumstances;
- Local inter-agency co-ordination, with clear arrangements for involving patients in quality assurance;
- Efforts locally to raise the profile of specific projects that have worked effectively;
- Arrangements to maximise choice and personalise prescriptions;
- Appropriate branding and marketing locally.

Evaluation of the workshop

As with previous action learning workshops participants were asked to evaluate the experience of the workshop to provide some feedback on its perceived value. The results of these assessments have been aggregated and are attached to this report at Appendix Two.

The action learning workshop was well received by participants from pilot sites who attended. All sessions in the day were rated well with the case study sessions rated most positively. Round table and plenary discussion was lively with lots of active sharing of experiences and learning across the sites. Many sites brought along materials used in branding and publicity for IPs. Some also circulated examples of dispensing templates.

Appendix 1 - Programme

Information Prescriptions Action learning workshop for pilot sites 25 September 2007 - Leeds

Workshop objectives:

- Encourage sharing of learning and networking
- Update on progress made by sites with dispensing
- Explore professionals experiences with dispensing
- Begin to assess the impact of Information Prescriptions (IPs) on users
- Facilitate action learning sessions on key development themes
- Identify future areas of work where shared learning and support would be beneficial

10.00 Coffee and networking

10.30 Introduction

- Overview of the session
- Expectations

10.40 Update on progress with dispensing – emerging lessons

- Reflections in roundtable discussions
- Overview comments in plenary

11.10 Action learning session one – prescribers' experiences

- Opening case studies from two pilot sites experience
- Early feedback from prescribers issuing IPs
- Exploratory session on what is experienced, being achieved, challenges and issues raised

12.00 Action learning session two – patients/users/carers experience of IPs

- Opening case studies from two pilot sites
- Early feedback on patients/users/carers responses to IPs
- Exploratory session on how IPs have been received and any observable or anticipated outcomes

12.50 Setting agendas for open discussion post-lunch

- Receiving ideas from pilots for discussion themes
- Participants to sign up for sessions during lunch break

13.00 Lunch and networking

14.00 Open agenda discussion session

- Topics suggested by participants (before lunch)
- Exploratory small group discussion and problem solving

14.45 Meeting future evaluation requirements

- Clarifying expectations and delivery deadlines
- Examining any issues that need addressing

15.15 Scaling up and extending the scope of IP coverage

- Reviewing what will be involved in sustaining IPs in existing pilot areas
- Taking IPs into new areas or to different professional groups
- Engaging others and getting wider ownership for IPs
- Planning for local consolidation & integration post January 2008

16.00 Close and tea

Appendix 2 – Feedback analysis

(Total responses 38 – 86% of all attendees)

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

	Excellent	Good	Satisfactory	Poor
A. Introduction and overview (responses: 34)	26%	71%	3%	
B. Update on progress with dispensing – emerging lessons (responses: 35)	20%	66%	14%	
C. Action learning session 1 – prescribers' experiences (responses: 36)	36%	47%	14%	3%
D. Action learning session 2 – patients/users/carers experiences (responses: 38)	47%	45%	8%	
E. Open agenda discussion session (responses: 38)	21%	68%	11%	
F. Meeting future evaluation requirements (responses: 37)	16%	43%	38%	3%
G. Scaling up and extending the scope of IP coverage (responses: 34)	15%	29%	47%	9%

Q2: Venue, facilities and organisation?

	Excellent	Good	Satisfactory	Poor
A. Administration (responses: 36)	56%	36%	8%	
B. Venue (responses: 36)	64%	30%	3%	3%
C. Catering/quality of food (responses: 36)	56%	33%	11%	

Q3: Do you have any other comments or suggestions?

- This has been really good. Good networking, good discussion, good sharing. Thank you.
- No more North of England
- Thank you for chair's use of support if use of microphones – much appreciated.

- Do not feel pilot sites concerns about national roll out are being adequately addressed – time/cost implications. Did not sign up to be a roll-out champion but a contributor to national framework discussions
- I have found the whole day really helpful and uplifting. I would like to hear of more user involvement.
- Would have been nice to have had healthier options of food at break. Some who had travelled and breakfasted would have appreciated fruit may be other than biscuits and cakes.
- Very worthwhile session with opportunity to learn from others at different stages.
- Difficulty in hearing when all workshops were discussing.
- Need to check more what people mean by terms e.g. 'support' to ensure that we are talking about the same thing.
- Liked pilot site presentations. Good learning.
- Very good facilitation by Paul from OPM.
- Room very warm
- Very helpful session
- More time!
- Difficult to consider future and implementation of IP in this format when so many different pilot formats are taking place. Focus next meeting on current situation but also sustainability when finding this out for posts next year.

Appendix 3 – attendance list

Health Condition	Site	Contact	Email
Cancer	QE Birmingham	Paul Litchfield	paul.litchfield@uhb.nhs.uk
		Radhna Bisnath	paul.litchfield@uhb.nhs.uk
Cancer	Mid-Trent	Elaine Wilson	elaine.wilson@nuh.nhs.uk
		Sheila Williamson	sheila.williamson@dearden.co.uk
		Freda Ingall	fredaingall@aol.com
Cancer	Durham	Fiona McQuiston	fiona.mcquiston@cdpct.nhs.uk
		Val Davison	val.davison@northtyneside-pct.nhs.uk
EMH – general	Suffolk & Ipswich	Moira Clare	Moira.clare@socserv.suffolkcc.gov.uk
		Sue Nicholson	sue.nicholson@libher.suffolkcc.gov.uk
		Alison Wheeler	alison.wheeler@libher.suffolkcc.gov.uk
EMH - dementia & depression	Cambridge & Peterborough	Jill Hudson	Jill.Hudson@cambsmh.nhs.uk
		Colleen Rea	colleen.rea@cambsmh.nhs.uk
		Tim Allan	tim.allan@cambsmh.nhs.uk
		Edith Nash	edith.nash@cambsmh.nhs.uk
EMH - dementia & depression	Isle of Wight	Heather Rowell	heather.rowell@iow.gov.uk
		Jackie Raven	jackie.raven@iow.gov.uk
EMH - memory loss	Leeds	Jenny Thornton	Jenny.Thornton@leedspft.nhs.uk
MH - general	Doncaster	Terry Cawley	terrycawley@nhs.net
		Della Bailey	della.bailey@doncasterpct.nhs.uk
MH - young people	Staffordshire	Rosalyn Pitt	rosalyn.pitt@ssh-tr.nhs.uk
MH - complex needs	Oxleas, Bromley	Mr David Shaer	david.shaer@oxleas.nhs.uk
LTC - general	Darlington PCT	Clare Hinton	clare.hinton@darlingtonpct.nhs.uk
		Jane Hesford	clare.hinton@darlingtonpct.nhs.uk
		Lynda Ramsey	clare.hinton@darlingtonpct.nhs.uk

		Julie Lumb	clare.hinton@darlingtonpct.nhs.uk
		Robert Dent	clare.hinton@darlingtonpct.nhs.uk
LTC - general	Manchester	Andrew Lomax	frances.wallbank@manchester.gov.uk
		Caroline Powell	frances.wallbank@manchester.gov.uk
LTC - children	Evelina, Guys	Steve Tomlin	Stephen.Tomlin@gstt.nhs.uk
		Anne Joshua	anne.joshua@nhsdirect.nhs.uk
LTC - Cystic Fibrosis	Heart of England Trust	Susan Hyde	susan.hyde@heartofengland.nhs.uk
		Nina Rai	nina.raih@heartofengland.nhs.uk
LTC - Parkinson's Disease	North Tyneside DGH	Helen Kirrane	hkirrane@parkinsons.org.uk
		Kate Greenwell	kate.greenwell@northumbria-healthcare.nhs.uk
		Sally Corbett	Sally.Corbett@northumbria-healthcare.nhs.uk
		Eddie Hlland	Eddie.hlland@northtyneside.gov.uk
LTC - Diabetes, Asthma, Arthritis	Hamm & F'ham PCT	Nicola Kingston	nkingston@asthma.org.uk
		Frances Haycock	fh@asthma.org.uk
SE – sight	Yorks & Humber SHA	Rebecca Sheehy	rebecca.leech@rnib.org.uk
SE - Hearing	Oxfordshire	Michelle Jones	Michelle.Jones@Oxfordshire.gov.uk
		Hilary Grime	hilary.grime@oxfordshire.gov.uk
	Project Group	Ruth Carlyle	rcarlyle@macmillan.org.uk

John Cain, Department of Health

Julia Chapman, Department of Health

Ann Loftus, EPP Volunteer

Sheila Chapman, Derbyshire

Richard Gledinning, GfK/NOP

Paul Lloyd, OPM

Ewan King, OPM

Kate Dixon, OPM