

INFORMATION PRESCRIPTIONS PILOT PROPOSAL	
PROPOSED PILOT SITE	Cambridgeshire and Peterborough Mental Health Partnership NHS Trust
Title and address	Cambridgeshire and Peterborough Mental Health Partnership NHS Trust Kingfisher House Kingfisher Way Hinchingsbrooke Business Park Huntingdon Cambridgeshire PE29 6HF
Contact name, telephone, e-mail and fax number	Jill Hudson Service Manager Agenoria House, North Cambs Hospital, Wisbech Cambs, PE3 3AB Jill.Hudson@cambsmh.nhs.uk 01945 482132 / 07884313286 Fax 01945 482130
Please outline proposals for introducing information prescriptions and areas that you are proposing to cover (see section 9 of criteria document)	<p>Cambridgeshire and Peterborough Mental Health Partnership NHS Trust will implement the information on prescription project within its older persons inpatient and community resource service following consultation and development in partnership with service users, carers and partner organisations.</p> <p>The remit of the project is to cover the following aspects:</p> <p>Setting – Hawthorn unit is one of two mental health wards in an acute hospital in Huntingdon with 17 beds and 22.75 wte staff The ward structure and purpose is being reviewed to assess its potential as an integrated inpatient and community resource. It will provide care, treatment and support to people over the age of 65 (and their families/carers/) suffering from organic illness; and a recovery model for people with a functional mental illness. The focus of the service will be on the prevention, early recognition and treatment of illness for people in the community. The inpatient area will be specifically for people who require inpatient care for short-term acute assessment and treatment. The information prescription pilot will generate contact with service users and their families or carers from a range of settings including statutory and non-statutory organisations e.g. Age Concern, Alzheimer's Society, Crossroads, voluntary agencies, primary</p>

	<p>care and local authorities as well as the general community.</p> <p>Content - The process to identify and quality assure content and establishing the standards</p> <ul style="list-style-type: none"> • The overall content of the information will be made up of a menu of information options relevant to the long term needs of the individual and/or their carer • The information prescriptions will be available in a variety of formats including information sheets, large print and audio (CD), other methods will be explored through the project steering group and feedback from service users and their carers • Quality assurance will be through the Trust's Clinical effectiveness committee, the Trust's communications group, the project steering group and by audit with service users, carers, staff and partner stakeholders • All services involved in the project will be subject to the same quality standards for the information prescriptions as set by the project group and will be required to sign a partnership agreement to this effect. • Individuals will be issued with a credit type card detailing current medication, which could be presented to drs/emergency services in times of crisis. Information of plumbers/ electricians (suitably selected for safety reasons) that offer 24 hr services with discounted rates for older people, details of lunch groups where people come together and take part in activities, transport details, specific details to cope with their condition and who and where they can get help from and how to get that help. • The steering group in consultation with all partner organisations, emergency services, service users and their carers will determine what information will be required. <p>Process – The process for issuing the 'information prescription' should be timely to ensure choice, and appropriate to specific individual needs. The information must be evidence based, accurate and up to date.</p> <p>Following a process of care mapping from a variety of initial contact points, such as GP surgeries, Acute</p>
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	<p>Trusts, local/community libraries, social care settings and pharmacies, areas where the client group may congregate such as bingo halls, Royal British Legion establishments, shops and supermarkets, key points along the care pathway will be identified as an opportunity to issue information prescriptions. This will include the ongoing key points such as memory clinics, outpatient clinics, care programme approach reviews and so on. This will ensure that the opportunity of information prescription is ongoing and embedded within the care pathways and avoids risk of people being missed and be incorporated into the development of the single point of access to services.</p> <p>The information prescriptions will contain information to signpost individuals and/or their carers to a variety of support networks, relevant agencies, falls prevention and healthy life style classes and independent advocacy service.</p> <p>The effective exploration of accessing information and the type of communication method are key to this project. Although Information technology and management will have a major role within the project, due to the rural nature of the area and the isolation of houses other access points must be considered; for example, the community delivery services e.g. Postal delivery services, milkmen, library. The information will also link to key websites and be utilised for the implementation for the choose and book process.</p> <p>There are several links to partner organisations, carer and user groups and community groups that are already in existence, such as the Alzheimer's Society, Age Concern and acute services. The pilot will ensure that these links are utilised as a valuable resource and opportunity for joint working, information and exploration as a vehicle for information prescriptions, they are vital to the development of 'user friendly' prescriptions.</p> <p>Conditions – The project will focus on the holistic needs of individuals suffering from complex long-term organic and functional illness and will include people with early onset dementia. It will include the social needs as well as the mental health needs and will relate to healthy life styles including end of</p>
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	<p>life issues, falls prevention and sign posts to assistive technology which are products or equipment designed to enable disabled and older people to be independent or carers and families to continue to monitor individuals remotely.</p> <p>Delivery – Delivery of the project will be based on the researching, developing and testing of a variety of mediums and formats. Such methods as the internet, paper based, text messaging etc will be explored. It is recognised that although older people are becoming more comfortable with using this technology the project team will be mindful of assessing and checking clearly with older people and their carers on the most suitable method of delivery e.g. CD's for visually impaired or individuals who find it difficult to read.</p> <p>The validity and effectiveness of the prescriptions will be monitored as an ongoing process through the project team and clinical effectiveness committee, which includes services user, carer and partner stakeholder representation.</p> <p>The training and educational needs for individuals delivering the information prescriptions will be identified within the initial stage of the pilot and recommendations included in the 2nd phase.</p> <p>Impact – The benefit and impact of the information prescription will be evaluated in the following areas</p> <ul style="list-style-type: none"> • Access to services such as the independent advocacy service, Alzheimer's society, GPs, • PALS and complaints • Access to support networks • Awareness and education of people on the impact of long term conditions and the services available • Achievability of hard to reach/isolated areas (and people) of the locality • In-reach to ethnic groups such as travellers <p>The expected outcomes are</p> <ul style="list-style-type: none"> • An increase in access to services within the statutory and non statutory organisations • Increase in the development of self help and support groups • Increased access to the independent advocacy service
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	<ul style="list-style-type: none"> • Increase in access to funding packages such as direct payments • Improved social inclusion and a reduction in the stigma associated with the natural aging process • Increase in the earlier detection of illness and issues arising from this vulnerable client group • Improvement in healthy lifestyles of the users and their carers • Reduction in falls • Better signposting by professionals and stakeholders to appropriate information and support • Better understanding by older people and their carers on how to manage their own conditions with less reliance on the health and social care system. • Greater support to carers/families on understanding older peoples conditions and how and where to get appropriate support. <p>Support – To ensure the in-reach to hard to reach groups the project lead will work with existing community resources that include</p> <ul style="list-style-type: none"> • Health Visitors • Care agencies • Voluntary Organisations • Travellers’ support team • Community leaders • Community services • GP leads • BME groups • Local shops and supermarkets • Socially appropriate establishments <p>These groups will be contacted to support the pilot, help with the development of appropriate communication methods and the ongoing evaluation of the project. A CD will be available containing information and links to services and networks. Information cards will also be available with sign posting to key websites and/or services in a variety of settings that are available to the wider community. The option of a DVD will be explored which people may find easier to watch.</p>
Please give an	Governance –The overall project will be governed

<p>overview of the project governance arrangements. Include clear identification of Project Management arrangements.</p>	<p>through the Trust's clinical effectiveness committee, which reports to the Trust board. The quality of the content and format of the information prescriptions will be monitored through the Trust's communication and information and technology groups, both of these groups report to the clinical effectiveness committee. A steering group specifically formed for the information prescription pilot will drive the project and will be representative of all key stakeholders, service users and carers. The terms of reference for this group and stakeholder mapping will be developed at the start of the pilot.</p> <p>Project Management – the project lead will be Jill Hudson, Service Manager. The project manager will be a full time secondment at band 7 (to be appointed). The job description for this post is yet to be developed. The trust's communication lead, IT department and modernisation department will also support the pilot. The project manager and lead will also work with the national evaluation team and other pilot site leads for the project. The project manager will be supported by Project 2003 software and use Deming's cycle of continuous cycle of improvement (PDSA), SWOT analysis and SMART tools for development of the project.</p>
<p>Please indicate proposals for providing data to the national evaluation organisation (including ethical clearance)</p>	<p>Upon acceptance onto the national pilot programme the project manager supported by the project lead will present an application for ethical approval to the clinical effectiveness committee. If thought to be a necessary requirement this will be submitted to the ethics committee for approval.</p> <p>Project progress reports will be generated through input to Microsoft Project 2003 by the project manager; these progress reports will be presented to the project steering group monthly.</p> <p>Qualitative and quantitative evidence will be sought from stakeholders, service users and carers identified by analysis by invitation to feedback on information, questionnaires and interview.</p> <p>Client group data and activity within the Trust will be gathered via the Care Records System.</p> <p>Further data from PALs, access to services, staff sickness/absence rates are available though our performance accelerator balanced scorecard.</p> <p>A simple mechanism to capture the access to information prescriptions will be developed on</p>

<p>Develop a system for delivering information prescriptions in your area</p>	<p>Key stakeholders will be represented within the project group. However the list is not exclusive and should other stakeholders be identified through the development of the project their views and input will be sought.</p> <p>Wider networking and sharing of initiatives and findings will be sought through CSIP and other pilot sites</p> <p>A consistent, easily used and understood system for delivering information prescriptions will be developed as part of the project process. It is envisaged that there will be opportunities to develop links to the wider community as awareness is raised on points of access. The initial mediums being explored will be information sheets, signposting cards and CDs.</p>
<p>Identify the content for information prescriptions</p>	<p>Through consultation with stakeholders and the Trust's communication lead the actual content for the information prescriptions will be determined. The content will ensure that</p> <ul style="list-style-type: none"> • Individuals are aware of the pathways through systems and is easily understood • Give a brief outline of services allowing transparency of function. • Support professionals in giving information • Signpost people to relevant services and further information • Offering practical advice and support information to enable people to support themselves easier or information of where to get support when this is not possible. <p>The content will also inform the training needs of individuals at key points of access. A full description of the project process will be developed within the project initiation document.</p>
<p>When do you anticipate that work will start?</p>	<p>In early Jan 07 a timeline of the project plan will be developed within the project initiation document. Key review milestones will be set quarterly. A monthly steering group will monitor and drive the progress of the project</p>
<p>Signatures:</p>	

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Chief Executive