

INFORMATION PRESCRIPTIONS PILOT PROPOSAL APPLICATION FORM	
Proposed pilot site	Darlington PCT
Contact information: Job title, name, address, telephone number and e-mail	Clare Hinton, PALS Manager Darlington PCT, Dr Piper House King Street, Darlington, DL3 6JL 01325 746175 or email clare.hinton@.nhs.net
Please outline proposals for introducing information prescriptions and areas that you are proposing to cover (see section 9 of criteria document)	<p>Information Prescriptions (IP) will be introduced into healthcare for the following reasons :</p> <ul style="list-style-type: none"> ● Health Improvement ● Ongoing medical self-management ● Safe referral points ● Explain commissioning decisions <p>The areas we intend to cover for the pilot would be :</p> <ul style="list-style-type: none"> ● Diabetic Treatment ● Long Term Neurological Conditions ● COPD ● Hypertension ● Depression <p>This pilot would cover Quality Requirement 1 (a person centred service) of the NSF for long term neurological conditions. Ensuring patients have the information they need to make informed decisions about their care and treatment and, where appropriate, to support them to manage their condition themselves. IP's would form part of the quality check that would ensure that information is given to patients in a timely way and the introduced IP system would ensure that all options, including EPP and support networks, are provided and that it is documented that this has been provided.</p> <p>Darlington are the HQ for the Retinel Screening Service across Darlington and Co Durham (excluding Easington) and the use of IP's would prove a valuable pilot within the service, focusing on not just Darlington but Co Durham.</p> <p>Introduction of the project to staff and the public will be via promotional and awareness events initially. These events will outline the link to 'Our Health' and 'Choices' as well as highlighting the benefits of IP's. Further briefings and guidance will go out to staff as to the triggers for IP's and the pilot areas that we are targeting.</p> <p>Triggers to providing IP's would include :</p> <ul style="list-style-type: none"> ● Primary care diagnosis appointments ● Community home visits ● SAP Assessment visits ● QOF – audit of long term conditions (routine sending out of IP)

To ensure the project will be embraced, IP's will be promoted as cost effective and time effective tools for healthcare professionals (HCP's). Patients can be self managed and informed via evidence based sources of information to make safer decisions and have a better understanding of their conditions or wellbeing. An IP can be given within the ten minute GP appointment, enabling them to feel less pressured to give 'on the spot' perhaps quick advice at an often 'emotional' time for perhaps a newly diagnosed patient or for a carer of a patient suffering from a long term condition. In the community the IP can be instantly given as HCP's do not stock a huge amount of information leaflets, they can now be provided on a needs basis via the IP. The content on the IP is based on the clinical decisions of the HCP dependent on the diagnosis. For long term conditions, there will be set 'words' for the criteria and the database available will be supportive of the information, leaflets, networks, benefits and signposting required for that diagnosis. Careful pathways will be agreed with HCP's to ensure consistent information giving and pathways. These will be reviewed by the Implementation and Steering Group (ISG).

The Patient Advice and Liaison Service (PALS) will be the main support for IP's and patients. The role of PALS is to provide confidential advice, support and information to patients and to assist in solving problems and concerns. PALS attends homes should patients be unable to visit the office and is an unlimited source of signposting information. Not all patients have access to the internet or printers. PALS will be available for patients to visit (with varied access times to accommodate hard to reach groups). PALS already has a huge source of local information and is in an ideal position to signpost, advise and direct patients. The aim is to build on existing systems and strengths, rather than re-invent.

The project will provide a number of community locations (ie Pharmacy, GP Surgery, Library and Walk in Centre) with public internet access in addition to utilising PALS facilities. This will enable the IP's to be used by the public at their own convenience but with assistance should it be required.

IP's will build a positive image not only for the health service, but for health plans in which people can trust. IP's can help improve health, choice, understanding, self management and even prevent future problems by proactive wellbeing.

This project will be based in primary healthcare but will impact on both secondary and social care. The impact will be mostly around engagement with the Single Assessment Process (SAP) and existing PALS within the Acute Trust. Joint working will be done at all possible opportunities and systems incorporated within SAP to ensure triggers and review. In addition to these areas, the information and signposting

	<p>available will be within the areas of the local authority (eg housing), voluntary sector (eg volunteers service and local support networks etc) and our local community legal service (of which Darlington PALS is an affiliated help point). PALS is a partner in the Information Outreach Group and has already proposed joint working with all partners across Darlington. This was readily received and accepted as a positive way forward.</p> <p>Using the existing Local QOF arrangements, the delivery of the IP's into hard to reach groups can be achieved in line with other health promotion and information projects. Darlington has very good links into it's minority communities; including the deaf and hard of hearing, blind, BME, young people and disabled. Monitoring is already in place to ensure that these 'hard to reach' groups are engaged with and included in health promotion activity. We have the facilities to allow open access and also the ability to translate, interpret and assist. Equity of access to IP's will be of paramount importance.</p> <p>There would be a large training and awareness campaign to alert staff as to the changes and impact on services. All PALS Leads in the community will be trained on how to assist with the new IP's, further providing assistance in the community at point of contact for patients.</p>
<p>Please give an overview of the project governance arrangements. Include clear identification of project management arrangements.</p>	<p>Dedicated Project Manager (18hrs per week) to co-ordinate the work and ensure that the project is seamlessly linked with the Expert Patients Programme (EPP) and Long Term Conditions Groups, such as Diabetes LIT, Respiratory LIT, PPI and the Local Authority. The proposed PM will be the PALS Manager and close working relationships will be maintained with current clinical governance staff and team leads. Line management will be by the Director of Public Health.</p> <p>The Project Manager will manage the budget within identified amounts with advice from the PCT financial team.</p> <p>Absence of the Project Manager will be managed due to the full time administrator and the knowledge held with the Implementation and Steering Group (ISG). Regular monitoring and governance meetings will ensure that updates are given in the eventuality of absence, be it short notice or agreed absence.</p> <p>Healthcare Commission core standards will provide the project with assessment measures and will be the framework for governance arrangements. The PM will ensure that these standards are measured against and processes will be in place with clinical governance to ensure that they are met and monitored.</p> <p>In addition to this the project can be measured against PALS</p>

	National Core Standards.
<p>Please indicate proposals for providing data to the national evaluation organisation (including ethical clearance)</p>	<p>Patient and staff satisfaction surveys will be endorsed via Research Governance and Management Processes within the PCT.</p> <p>The PPI Forum and Involvement Committee will be involved in evaluating data and ensuring that the data is provided via the Project Manager.</p> <p>The database we aim to use will be tagged to provide us with information on how many users have accessed the system and which areas have been used. This information can be cross referenced with the issue of IP's to see what percentage of uptake of the service we have achieved.</p> <p>Each patient receiving a IP will be sent evaluation forms and all staff issuing IP's will be asked for evaluation on the systems proposed. The whole pilot will be viewed as an evolving project aimed at providing a service that constantly improves.</p> <p>Information provided to the NEO can be as detailed as required, as IP's will be given the opportunity to consent to generic data being shared at point of IP delivery. There will also be on line evaluation for patients to complete as well as patient question sites and 'blogs'. Again, aiming at providing a constantly improving environment.</p>
<p>Please provide a description of your proposals to:</p> <p>Work with stakeholders and partners</p> <p>Develop a system for delivering information prescriptions in your area</p>	<p>A consultation will go out to stakeholders/partners in Darlington's community and input will be requested on : thoughts, suggestions and interest in involvement in "The Information Prescription" Implementation and Steering Group (ISG)</p> <p>Some stakeholders and partners have already been approached regarding this project and asked for comments. The response has been positive and the opportunities for development are there.</p> <p>The ISG will be led by the Project Manager and will consist of a PCT governance team and a cross membership of Darlington's community. The ISG will :</p> <ul style="list-style-type: none"> • Formalise the content of an Information Prescription (IP) • Assure the content of an IP • Establish standards to work to

Identify the content for information prescriptions

- Monitor achievement of those standards
- Monitor the use of IPs (both statistically and the use of process)

The Project Manager (PM) will :

- Develop ISG's view of IP
- Promote the use of IP in Darlington
- Promote awareness of IP in Darlington
- Ensure training to HCPs on the use of IPs
- Develop IP Website and update it
- Ensure update of information and pathways associated with IP
- Cost the project and manage the budget
- Provide regular data to National Evaluation Organisation

IPs will be delivered via an action plan put together by the ISG and followed by the PM.

The outcome from the introduction of the IP's will be "Getting the right information, to the right person, at the right time, supported by the right people."

By introducing IP's, consultation times will be focused on diagnosis and initial stage information. All further questions can be delayed until the patients has had the opportunity to access the IP database and read the leaflets and information for themselves. They also have the opportunity of accessing this via PALS should they have any difficulties or further questions prior to going back to their GP's with more questions at a more appropriate time. Self managing in the meantime means freeing up GP appointment times, waiting times and allows the flow of access into nursing appointments for follow up appointments. It also gives patients the feeling of knowledge and choice, whilst taking away feelings of panic and fear while they wait for their next appointment.

The database will be the linchpin to the whole project. The information placed on the database will be up to date and constantly kept as such. Monitoring and audit of this will be regularly reviewed and recorded. This information will be based on healthcare, social care, local government, voluntary sector, charitable, DWP and much more. Providing links to all aspects of care and information at the touch of a button. The IP will contain a 'criteria box' in which the HCP will put the search word (ie DIABETES TYPE 1). The patient will then put this into the search engine on the website and press 'GO'. It will bring up patient information leaflets and the above mentioned links along with the details of PALS should help be required, plus the suggestion to return to their GP should they need any medication/health queries clarifying that PALS or Pharmaceutical Advisors cannot help with. This works well alongside the existing systems (ie Prodigy) but makes the

	<p>information local and relevant. This information can be printed out or read through at the patients pace giving them time to 'digest' the information.</p> <p>The search on the internet can be done by the patient, by carers/families/friends, by staff in nursing/care homes, by PALS and by staff in any of the manned sites.</p> <p>By using existing systems within GP Surgeries and Pharmacies, we can ensure that patients with existing long term conditions receive appropriate IP's and that those with newly diagnosed long term conditions are introduced to IP's.</p> <p>The use of the Expert Patient Programme (EPP) will play a large part of IP's – both introduction of patients into EPP by IP's and also the ongoing development of IP's by those taking part in EPP.</p> <p>The existing Single Assessment Process (SAP) which we currently have running for Health and Social Care in Darlington will also play a large part in ensuring that people with long term conditions are routinely offered IP's. District Nurses and Social Workers cannot carry around large quantities of leaflets and so to have a prescription with the necessary information details on for the patient, especially for those patients who cannot get out and about in the community, will enable them to get a 'full picture' instead of a 'snapshot' of information.</p> <p>IP's will have details in the main languages of your locality explaining how to contact PALS for appropriately translated material or for an interpreter. Alternatively, health and social care professionals can arrange for patients to come directly to PALS and arrangements will be made for interpreters and translated information. The information provided will be available in forms appropriate for those with learning disabilities, mental health problems, reading difficulties, the deaf, sensory impairment, young people and much more, making every attempt to access all groups who are historically harder to engage with.</p> <p>IT support has been discussed and agreed. IT in the community will be monitored and updated as required. A transportable laptop will be available for home visits. We have spoken to our web provider regarding the database requirements and assured that we are able to be provided with what we have discussed in this paper. As the system is web based, it provides a wider platform for partnership working across Darlington.</p>
<p>When do you anticipate that work will start?</p>	<p>As soon as pilot scheme has approval and budget is approved and available.</p>

Signatures:	
Chief Executive	