

**INFORMATION PRESCRIPTIONS PILOT PROPOSAL APPLICATION FORM**

**Proposed pilot site** Hammersmith and Fulham PCT (surgeries to be identified)

**Contact information: Job title, name, address, telephone number and e-mail**  
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Please outline proposals for introducing information prescriptions and areas that you are proposing to cover (see section 9 of criteria document)

**Introduction**  
 To develop and evaluate a joint tool(s) that can be used to deliver the information prescription and provide information about conditions, further contacts, support services and advice.  
 The project will provide information for high prevalence conditions of asthma, diabetes and arthritis, estimated to account for around 14 million people with long-term conditions.

**Local demographics:**  
 Hammersmith and Fulham is relatively deprived and has a diverse population, with a range of health inequalities. The PCT has detailed information available on the incidence and costs of asthma, diabetes and arthritis. The burden of these long-term conditions is likely to increase over time.

**Prevalence (March 2006)**

- 9,000 people recorded by GPs as having asthma (4.6%)
- 5,300 people recorded as having diabetes (2.8%)
- It is expected that 4.1% actually have diabetes
- We do not have prevalence figures for arthritis but we do have information that it is the fourth largest area in terms of spend on prescribed drugs.
- It is possible that there is under-diagnosis of these long-term conditions. Developing a tool to support newly diagnosed patients will be very beneficial, alongside other work to identify people with these conditions.

#### Expert Patient Programme (2005-06)

- 46% of people attending EPP had arthritis or musculoskeletal conditions
- 30% had diabetes
- 13% had asthma

#### Deaths & hospital admissions (2005)

- Musculoskeletal conditions accounted for 1% of deaths, 5% of hospital admissions, and cost £3.4 million in hospital spells (2005-06)
- Respiratory conditions other than pneumonia and COPD accounted for 3% of deaths and 4% of hospital admissions, and cost £2.3 million in hospital spells (2005-06)
- Diabetes accounted for 1% of deaths, 0.5% of hospital admissions, and cost £200,000 in hospital spells (2005-06)

#### Prescriptions (2005-06)

- Asthma and COPD cost £1.7 million
- Diabetes cost £1.3 million
- Arthritis cost £316,000

#### **Project outline**

There are a number of different stages to this project:

1. Production of signposting information that is tailored to the individual's moment in care, specific to their condition. We would consult to ensure signposting is relevant to the range of health inequality groups in the pilot area.
2. Delivery of that information by appropriate health care professionals in primary care. The PCT could additionally support this by investigating wider local involvement throughout the project.
3. Provision of information and support to fulfil the individual's information needs – at a national and local level. This would include the needs of a range of BME and community groups, who are already working with the PCT's PPI network to enhance self-management.
4. Evaluation of the signposting information tool, the process of delivery and the impact of the tool, process and fulfilment on the individual and the NHS and the voluntary sector

The information prescriptions will be developed

following social marketing principles to ensure maximum effectiveness of the final product. Audience segmentation and thorough patient and public involvement right from the planning and development phases through to production and evaluation follows social marketing techniques and will help to ensure our IPs truly meet the needs of patients.”

**Partner Organisations**

- Arthritis Care
- Asthma UK
- Diabetes UK
- Hammersmith and Fulham PCT

**The LTC/care needs proposing to cover**

Through discussion with people living with long-term conditions, and health care professionals the aim will be to identify when, throughout the life course of a long-term condition, are the key moments in care when information and support would make a difference to managing and living with that condition.

We would also like to identify the key messages and questions that should be addressed at each of those moments in care.

The project will focus on these key moments in care when people need information, identify the questions they ask and provide fulfilment information to answer the questions and signpost to further information and contacts.

We will be able to ensure that this process includes ‘hard to reach’ groups, as the PCT has already been very successful in this. For example 51% of Expert Patient graduates are from BME communities.

**Setting for giving Information Prescription**

The main setting for the Information Prescription will be in primary care (general surgeries and pharmacies) at the ‘points in care’ that have been identified with health care professionals and people living with long-term conditions.

Should the evaluation require other settings to be explored it will be possible to extend the pilot to other partner organisations, such as social care or community settings (such as the local mosque), or secondary care.

### **Developing the content for the Information Prescription**

Liaison with practices and people with asthma, diabetes and arthritis about the content of the information prescriptions and key moments for delivery. Consultation to establish at what times people with asthma, diabetes and arthritis need more information and what kind of information they need. This consultation will include representatives of hard to reach groups. Also work closely with clinical teams to establish important information needed at each time to ensure management of the condition.

The project will identify and standardise the key points in care when the information should be delivered and the process for doing so in an effective manner.

### **Developing the fulfilment information (information answering the specific questions at each moment in care)**

- Briefing and training pack for health care professionals
- Development of web based answers to frequently asked questions (in a range of languages)
- Links to evidenced based websites
- Briefing of care and advicelines
- Identifying and promoting local (in this PCT area) and national support networks and services

### **The process for issuing an Information Prescription**

People with asthma, diabetes and arthritis will be consulted in how they would like to receive this information and what formats they would use to access further information. This will include information and signposting in other languages. The information prescription will be issued by the health care professional in the face-to-face consultation at each of the moments in care. The information for each moment in care will be accessed by the HCP from a core bank of information containing all the information and signposting for each condition at each moment in care (format to be confirmed). This will also be available in a physical format.

The person with the long-term condition will be given key information to take away along with

further signposting to more detailed information, support and advice.

### **Delivering Information prescriptions**

We will be identifying how much it costs the PCT, health care professionals and the voluntary sector to implement the signposting, and fulfilment of appropriate information.

### **The impact of giving people Information**

#### **Prescriptions for:**

##### **Patients/Carers**

- Knowledge of the conditions and self care
- Confidence in living with the condition
- Eliminating confusion
- Improved emotional well being
- Ability and knowledge of where to access further accurate information and support

##### **Voluntary and community sector:**

- Increased contact with each organisation
- Costs and ability to meet demand
- Growth of local support groups and engagement with voluntary sector at a local level
- Voluntary and community sector to be more engaged with local information and support at a local level

##### **Professionals:**

- More informed patients
- Number of visits
- Quality of consultation
- Time – record keeping
- Involvement in locally run self care programmes
- Cost




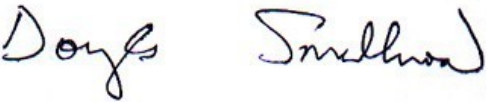
### **Support for people to use Information Prescriptions**

Support required for people from hard to reach groups (particularly those whose first language is not English) and appropriate formats will be reviewed. Plans include:

- Involving voluntary and community organisations, and pharmacies in developing the project and relevant evaluation criteria
- Signposting to interpreting lines
- Culturally appropriate and translated FAQ's in languages relevant to the geographical

	<p>area</p> <ul style="list-style-type: none"> <li>▪ All information to fit with local pathway for interpreting services</li> <li>▪ All information supplied to comply with DDA and health information standards</li> </ul>
<p>Please give an overview of the project governance arrangements. Include clear identification of project management arrangements.</p>	<p><b>This is a jointly managed and owned pilot.</b></p> <p>A Project Management Board within the local area will be set up. This will work under the Patient and Public Involvement Network of the PCT, in partnership with the three charities, which already has representation across social and secondary care and with voluntary and community and patient organisations. The network has already targeted the need to address health inequalities through work on information on long-term conditions.</p> <p>This will include membership from:</p> <ul style="list-style-type: none"> <li>▪ PCT representatives</li> <li>▪ General practice representatives</li> <li>▪ Pharmacies</li> <li>▪ Local community and voluntary sector support group members</li> <li>▪ Expert Patient Programme graduates</li> <li>▪ Diabetes UK, Asthma UK, Arthritis Care representatives</li> <li>▪ Project Manager to develop, liaise, co-ordinate and report against evaluation as required - monthly reports on progress reporting against targets and objectives to Board. Six monthly report on progress and one year completion of project report and evaluation – to all stakeholders involved.</li> <li>▪ Patients</li> </ul> <p>There will be a lead organisation that will host the project manager and take full responsibility for the project and achievement of targets</p>
<p>Please indicate proposals for providing data to the national evaluation organisation (including ethical clearance)</p>	<p>To be agreed with local practices involved and any other organisations assisting with ensuring hard to reach groups have equal access to information. Once the scope of the pilot is defined consideration of the PCT as to whether ethical approval will be required. It is expected that there will be a requirement for an amount of recording time required by surgeries involved (costs identified below).</p> <p>Mandatory evaluation components to be agreed with national evaluation agency defining which data</p>

	<p>is required and then ethical approval can be sought as required. This pilot's evaluation will focus around impact.</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>Identify the content for information prescriptions</p>	<p><b>Work with Stakeholder and partners:</b></p> <ul style="list-style-type: none"> <li>▪ To build on previous work to identify the key moments in care when people with asthma, diabetes and/or arthritis require information.</li> <li>▪ To identify the questions they need answering and which formats/methods for delivering this information at diagnosis and along the journey of a person with the relevant condition will be appropriate.</li> <li>▪ As a collaborative we will be working in partnership with Hammersmith and Fulham PCT and primary and secondary partner health care professionals to ensure that the signposting information is delivered, to support local goals to improve self-care.</li> <li>▪ Structured consultation with people with asthma, diabetes and/or arthritis, family and friends (carers).</li> <li>▪ We will also work with the Expert Patient Programme graduates, who are now experienced in partnership consultations, general practitioners, practice nurses and specialist nurses and local community /voluntary group support services.</li> <li>▪ Further consultation work is required with local practitioners to be involved and people with long-term conditions to inform the content of the information prescription (the tool) and the process for delivery.</li> </ul> <p><b>Develop a system for delivering Information Prescriptions</b></p> <p>The system to deliver the information prescription will link into the key moments in care when information is required and how it will be delivered (i.e. where and by whom). An information pathway will be developed to guide and inform those supporting people with asthma, diabetes and/or arthritis about what type of information prescription should be provided – according to which moment in care is relevant to the individual patient. This will cover how to access electronic and paper based information, further support and advice according to individual preference.</p> <p><b>Content for Information Prescription</b></p>

	<p>The content of the information prescriptions will be focused on signposting people with asthma, diabetes, and/or arthritis to relevant national and local organisations to provide the answers to the questions related to the particular moment in care e.g. diagnosis, emergency care, annual reviews, medication concordance. This will signpost people to websites to provide information and answers to questions. This will link to power questions to help empower people to ask questions that they may not have thought of, as well.</p>
<p>When do you anticipate that work will start?</p>	<p>February 2007</p>
<p>Signatures:</p> <div style="text-align: center; margin-bottom: 20px;">  </div> <p>Mike Wood, Chief Executive, Hammersmith and Fulham Primary Care Trust</p> <div style="text-align: center; margin-bottom: 20px;">  </div> <p>Donna Covey, Chief Executive, Asthma UK</p> <div style="text-align: center; margin-bottom: 20px;">  </div> <p>Neil Betteridge, Chief Executive, Arthritis Care</p> <div style="text-align: center; margin-bottom: 20px;">  </div> <p>Douglas Smallwood, Chief Executive, Diabetes UK</p>	