

INFORMATION PRESCRIPTIONS PILOT PROPOSAL APPLICATION FORM	
Proposed pilot site	LEEDS MENTAL HEALTH TRUST
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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)	<p>A diagnosis of dementia can be distressing for individuals and their families. People with dementia and their families should receive high quality information so that they can take control of their lives; understand what is happening to them; and prepare for the future. At present, many people with dementia do not ask for help or their problems are not highlighted until later in the illness. It is not unusual for those caring for people with dementia to encounter difficulties asking for and identifying sources of help. Most patients with dementia live in the community. It is crucial that advice and information materials are available in a range of settings, including primary and secondary care, facilities provided by social services and voluntary sector.</p> <p>By making available appropriate information the project aims to ensure that patients with dementia and their carers use information to find appropriate advice, support and resources. This should improve the skills and resources of carers and relieve distress and anxiety for patients and carers.</p> <p>We propose to make information prescriptions for older people with mental health problems an integral part of the Care Programme Approach. This will ensure that clinicians consider the information needs of patients and their carers at every review. We propose that CPA care coordinators evaluate the information needs of patients and assist them in finding the information they need thus producing a bespoke information pack and showing the patient and carer how and where to find information. The initial focus of the project will be on people with dementia and their</p>

carers in secondary care but it is anticipated that its scope would be expanded to include other diagnostic categories such as depression in older people.

The overall aim of our project would be to

- develop and make available useful information for patients with dementia and their carers both in online and hard copy form.
- establish a post of information officer. The information officer will be responsible for developing the core information resource, training staff and promoting the approach.
- integrate information prescriptions into the CPA process for older people
- make access to the internet and useful online sources of data freely and easily available to patients and their carers by use of appropriate equipment in the two pilot sites
- evaluate the project between the two pilot sites and where the existing model remains
- spread access to the information services across the dementia pathway including primary and social care, the voluntary sector, acute hospital and care home settings

We have well established and integrated relationships with key stakeholders that include the Alzheimer's Society, Social Services, EMI Day Centres, Younger Person Dementia services, Neighbourhood Networks, the POPP information and website project and Dementia Café network, as well as with other dementia pathway work in the city including POPP, *Making Leeds Better* and the city wide Older People's Mental Health Strategy.

The project team will be our Memory Services pilot group. This is a local initiative to evaluate a novel and highly characterised memory services pathway on two sites (Aire Court Community Unit and Asket Croft Community Unit) that provides specialist mental health services to Leeds PCT North East, East and South localities. An information officer will be appointed and will fulfil several important roles;

- raising awareness of and provide training on information prescriptions within the Trust
- Information prescriptions will be integrated with the Care Programming Approach (CPA)

	<ul style="list-style-type: none"> • planning how information prescriptions will fit with the existing care pathway, the relationship to CPA • Producing an information needs assessment tool to assist CPA care coordinators in producing a bespoke package of information for the service user • training CPA coordinators in information prescribing and making them aware of sources of data so that the culture of information prescribing survives following completion of the project • coordinating collection of information to evaluate the project • developing and disseminating information resources with wider stakeholders and linking to the Older People's information website project (POPP) and Leeds Information for Mental Health service. • ensuring that information offered is suitable for and available to BME groups <p>The work programme for the information officer would comprise</p> <ul style="list-style-type: none"> • scoping the current information landscape. A wealth of information is already available through work already done by the Dementia Services Collaborative • checking information for quality and accuracy • forming links with partners in statutory and voluntary sector • developing a needs assessment tool to be linked with CPA process • training the memory clinic staff in information needs assessment and prescribing thus ensuring information prescribing is embedded into CPA • working with our IT department to deliver the technology to support user access to online information resources • determine and measure outcomes as part of the evaluation of the new memory services model • report to project lead and memory services development <p>A key element of the project will be the use of IT expertise available within the Trust to develop an information resource that is easily accessible to</p>
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	<p>people with dementia, and other conditions, as well as carers. The IT based system will be situated within the two community unit sites indicated but it is anticipated that the resource will be widened to include other community units within the Trust. Information will be available in a range of media using accessible technology to assist people with dementia, such as touch screens and simplified web interfaces. We will recruit our IT support to develop web based information resources that are flexible and easily updated, containing information relevant to individual needs and will also contain information about all aspects of health and well being.</p>
<p>Please give an overview of the project governance arrangements. Include clear identification of project management arrangements.</p>	<p>There is a designated project lead (Dr Branton), with another collaborator (Dr Brindle, Consultant Psychiatrist, Millside Community Unit) they will provide day to day supervision of the project. Project Management support will be provided by Rachel Bowes, Clinical Governance Facilitator and Memory Services Project Lead. The project will be registered with the Older People’s Mental Health Project Group and will report to the Older People’s Mental Health Clinical Governance Group. This group reports to the Leeds Mental Health Trust Clinical Governance Board “Quest”. Appendix 1 Other stakeholders have agreed to undertake project steer and governance roles through quarterly meetings. They include service users and carers, Alzheimer’s Society, representatives from Social Services, EMI day centres, Armley Grange Younger Person with Dementia Service, Neighbourhood Networks, POPP information and website project and the Dementia Café Network. All of these groups are members of the Leeds Older People’s Mental Health Strategy Group and the Leeds POPP Programme Board. Appendices 2 and 3</p>
<p>Please indicate proposals for providing data to the national evaluation organisation (including ethical clearance)</p>	<p>The project evaluation will be constructed to compare the use and impact of information prescriptions in the two units indicated as compared to ‘treatment as usual’ in two other community units in the city. Evaluation will include: measures of clinician and patient satisfaction; measures of the usage of information; measures of the impact on service user and carer’s level of knowledge. Design and organization of the evaluation process will be undertaken with collaboration of the Academic Department of Psychiatry, University of Leeds (Dr J</p>

	<p>Holmes, Senior Lecturer in Old Age Psychiatry). Ethics committee approval for the intervention has been sought (Leeds East Ethics Committee), decision is pending. In addition to the research component of the project, the Information Officer and supervising consultant will provide data to the National Evaluation Team</p>
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<p>Please provide a description of your proposals to:</p>	
<p>Work with stakeholders and partners</p>	<p>The project will be steered by a group which includes stakeholder from partner agencies in the Social Services and Voluntary Sector. We will use our Service User and Carer Involvement coordinators to identify suitable user and carer input to this process. We will use the skills and knowledge we gained from participating in the Dementia Services Collaborative and the “Listen to Us” Involving people with dementia in planning and developing services research project, University of Northumbria. We will work with other project teams involved in developing the Leeds dementia pathway The Leeds Older People’s Mental Health Strategy Group, Making Leeds Better Long Term Conditions Pathways Group and the Leeds POPP Programme Board. Any resources developed within the project would be shared with our partners and the National Evaluation Team.</p>
<p>Develop a system for delivering information prescriptions in your area</p>	<p>CPA is our established system of planning recording and communicating care with patients and their carers. By integrating the delivery of information prescriptions with this system, we take advantage of an established and regularly audited clinical system. The use of CPA will trigger the information needs assessment and prescribing process. The CPA care coordinator will assess information need and deliver the prescription. In addition equipment will be freely available via the use of appropriate equipment in the memory clinics The information officer will be responsible for establishing the compatibility of the CPA process with information prescribing and training staff.</p> <p>The integration of information with CPA will ensure that information prescribing continues beyond the life of the project.</p>
<p>Identify the content for information prescriptions</p>	<p>A novel model for memory services is being piloted in Leeds. This moves away from the Cholinesterase Inhibitor prescribing and monitoring model to a broader role in comprehensive assessment information giving education and support. The role</p>

of the prescribing within the clinic remains but opportunities to maximise function and wellbeing should be realised by the involvement of a care coordinator with the support of a multidisciplinary team. Appendix 4

The principle of information prescribing under this model is to enable the patient and the carer to work with the CPA care coordinator to identify information needs, address these and where possible identify their own sources of information to draw on. This process would result in bespoke information at each revision of the care plan.

Currently information is provided to patients on an as required basis under the following headings and with supporting literature.

- How to care for people with dementia
- State benefits associated with caring eg, Carers allowances, attendance allowance
- Local Alzheimer's Society Branch address and telephone number
- Alzheimer's Society Helpline
- National carers helpline number
- Carers assessments (Recognition and Services) Act 1995
- Local services providing breaks for carers
- Council tax exemption
- Aids and adaptations
- Local training and education for carers
- Medication that might be available for the treatment of Alzheimer's disease
- Driving (with dementia)
- Power of attorney
- Advance directives or living wills
- Looking for a residential home

The information officer will be responsible for ensuring that the resources are accurate, up to date, evidence based and in keeping with national guidance. They would ensure that resources would be shared with partner agencies.

User centred information prescribing would expand on our current information resources, encourage patients and their carers to identify areas where they need greater depth of information and provide the supporting technology to allow them to find it.

When do you anticipate that work will start?	March 2007
Signatures:	
Chief Executive	