

INFORMATION PRESCRIPTIONS PILOT PROPOSAL APPLICATION FORM

Proposed pilot site Oxleas NHS Foundation Trust, Bromley borough complex needs services in partnership with local agencies

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)

It is proposed that we introduce **information prescriptions** based on an **assessment care pathway** which includes a wide-range of local services for people who use our **Bromley Complex Needs Service**. The focus of the project will be with service users aged 16-66 years with **long term, complex conditions**. The client group is particularly **hard to engage**, so the project will develop systems to make the most of technology and provide them with information in a variety of formats, which are accessible to their needs. Staff in the team have an excellent record of **working with partner agencies** to encourage **social inclusion** with service users. They have already done lots of work in identifying their service users' information needs (see appendix 1) and using different methods to meet these needs accessibly.

The complex conditions the service users have include: severe, long term psychosis (schizophrenia and bipolar affective disorder), concomitant substance misuse (drugs and/or alcohol), chronic physical conditions related to the mental health and substance misuse difficulties (hepatitis, obesity, respiratory and cardiac conditions) and personality development difficulties. One third has dyslexia, organic brain impairment or specific learning difficulties, and a small proportion have sensory impairment (deafness). The majority have significant social exclusion including problems with housing, finances, daily living, training and work rehabilitation needs. Most have limited social networks. Many are people with remarkable strengths of endurance and survival skills and a determination to lead socially included and high quality lives.

The services involved will be the Assertive Outreach Team (80 service users), Banbury Low Secure unit (11 male service users), Ivy Willis open rehabilitation unit (17 service users), Rehabilitation Mobile Community Team (42 service users).

The Information Prescriptions project will run in 7 stages:

1. **Agreeing the content and formats of the Information Directory**
2. **Baseline evaluation of current health and social outcomes and information and self management knowledge**
3. **Development of the Directory of Information resource.**
4. **Information source access for the information prescriptions (IPs) and template**
5. **Development and pilot of telecare, text care and eCare**
6. **Evaluation of the knowledge, health and social outcomes of Information prescriptions**
7. **Outputs of the project**

	See the section on <i>Develop a system for delivering information prescriptions in your area</i> for the details of the 7 stages.
Please give an overview of the project governance arrangements. Include clear identification of project management arrangements.	<p>The overall trust governance of the project will be through the trust's Information for Service Users and Carers Group, part of the formal governance structure as it reports to the Patient Experience Group.</p> <p>Bromley Borough governance and project management will be through the Bromley Complex Needs Business meeting and Bromley Practice Governance Group, both of which are well established and well attended multi-agency monthly meetings chaired by the Clinical Director (GS) and the Complex Needs Service Manager (DS).</p> <p>These 2 lead officers, and the Bromley Borough Business Manager are Prince project management trained, as is the proposed project manager, thus Prince project management processes will be used.</p>
Please indicate proposals for providing data to the national evaluation organisation (including ethical clearance)	<p>Monthly progress reports to funders</p> <p>Monthly progress reports to overseeing Governance group</p> <p>Trust intranet and web site information</p>
<p>Please provide a description of your proposals to:</p> <p>Work with stakeholders and partners</p>	<p>Oxleas NHS Foundation Trust has an excellent reputation which has been built through effective partnership working. Social inclusion has been one of the trust's key priorities for some time. The trust's mental health services are fully integrated with social workers employed by the trust and part of the teams providing care. The ethos of the complex needs service is a focus on a care pathway approach from comprehensive assessment, (with self assessment emphasised) and a care model of working with people's skills, towards self management and recovery in collaboration with all community partners. The service has a great deal of experience in using healthy lifestyle prescriptions and runs recovery groups which facilitate learning and support to those with learning and sensory impairments e.g. music groups, pottery and live art, football and gym groups etc.</p> <p>Community Partners include those agencies which can meet the needs of the service users and include a range of health, social care, leisure, employment and special needs housing partners as well as the services' users and carer self help groups. The partners we will work with in this project include:</p> <ul style="list-style-type: none"> • Assertive Community Treatment (ACT) user/ staff committee • Bromley MIND and Bromley Advocacy Group • Bromley Council Library services • Ron's Café Carer group • Community Options residential rehabilitation service • Assessment and Resettlement supported accommodation team • Horizon House and Marks and Spencer and Gap Back to Work support managers • Link-up and job centre plus local services • Sandford Road and Croydon road GP Visiting Medical Officer Primary Care service • PALS • Bromley College <p>Oxleas' track record and established infrastructure</p> <ul style="list-style-type: none"> • One of the proposers (GS) has undertaken a review of the key 80 national mental health policies and identified the Information standards which services should seek to deliver (see appendix 1) • Within Oxleas and in collaboration with partners especially service user and carer groups,

Develop a system for delivering information prescriptions in your area

- much work has already been undertaken over the past 2 years to determine the information needs of our service users to support their self management and recovery.
- The trust Information for Service Users and Carers Group oversees the production and review of information for service users and carers and explores new ways of providing and promoting the use of quality information. The remit covers information produced locally and resources produced nationally.
 - The trust has an excellent reputation for service user involvement. An example of this is the trust's well established Editorial Group which consists of service users and carers. They help the trust to make sure that the information it provides is of a high quality. The group have been trained and rewrite information in plain English and in a suitable format.
 - In the ACT team a joint service user/ staff editorial group have written a number of user information leaflets and multi-media posters in response to information requests from the service users.

The project will run in 7 stages, with stages 1 and 2 running in parallel.

Stage 1: agreeing the content and formats of the Information Directory

Building on this previous work, and using the well established infra-structure, the project will further identify the information needs of the clients through:

Identify the content for information prescriptions

1. **Focus groups and Delphi consensus study workshops** involving service users and carer and stakeholder agencies to agree the information content and optimal formats for the complex needs client group.
 2. **Content:** we would expect to build on the information service users have requested which includes:
 - Self assessment tools and professional assessment processes
 - Conditions (including schizophrenia, depression, bi-polar affective disorder, personality disorders) drug and alcohol misuse, harm minimisation, related physical problems)
 - What is the condition and what are the causes?
 - What can be done to help oneself?
 - How can family and carers help?
 - How can professionals help?
 - How can carers get help themselves?
- Learning from those who have recovered: autobiographies, films, poetry, music which describes the lives and coping strategies of those who are fellow sufferers
 - Physical healthy lifestyle: eating on a budget, physical exercise, monitoring of side effects
 - Getting fit resources: joining a gym, healthy lifestyle passes, support for leisure centres, weight watchers
 - Help with housing, debts, benefits and gambling and other financial problems
 - Literacy and numeracy, skills development, education toward NVOs etc.
 - Developing concentration and memory skills
 - Social and dating skills and developing hobbies and social networks
 - Support to get voluntary and paid work schemes
 - Medication, effects, side effects, interactions and how to use non medication techniques to deal with common problems i.e. sleep,
 - Smoking cessation and reducing harm from alcohol and drugs
 - Anger management and anxiety reduction techniques
 - Self management and getting support for taking medication
 - Psychological therapies and NICE guidelines on best practice
 - How to get help in a crisis and making an advance directive
 - Getting respite.

Stage 2: Baseline evaluation of current health and social outcomes and information and self management knowledge

Baseline evaluation of knowledge about assessments, conditions, self management in 130 complex needs clients aligned with evaluation of physical, mental health symptom rating and social outcome baseline measures. The project will use a combination of standardised measures such as the KASI (Knowledge about schizophrenia interview), relevant symptom rating scales (PANNS, BDI,) using where possible self assessment tools, and social functioning. Quality of life rating scales

Stage 3: Development of the directory of information resource.

Based on the assessed information needs from stages 1-2 above, an **editorial board** of user consultants, Oxleas knowledge services and communications staff, carers, practitioners, librarians, IT and staff with relevant skills from the involved agencies will be established.

The project worker will collate national and international existing user and professional multi formatted, culturally appropriate written and audio information with a focus on self assessment and self management related to the identified information needs areas

The information sources available for the information prescription will consist of:

- Leaflets, books,
- Web linked information e.g. NICE, RCPsych MIND
- Audio recordings as podcasts and also audio CDs
- DVDs and videos e.g. beautiful mind and TV programmes depicting mental health information
- Lives of people who have suffered from mental ill health e.g. Stephen Fry, Johnny Depp, Winona Ryder, Drew Barrymore, David Beckham and Jim Carrey

The editorial board will rate these for accessibility and plain English rating.

It is expected that written **information will need to be amended to meet the needs of those with specific learning difficulties** i.e. dyslexia to use evidence based techniques such as colours, mind mapping etc,

A checklist directory of available information will be then developed supporting service users and carers to see the range of information available and the choices of methods of access.

Stage 4: Information source access for the information prescriptions (IPs) and template

Service users will access personalised information prescriptions from the range of available information. They will be given options of access including the following **formats**:

- **Handouts**
- **Local library** (books and film materials) borrow facilities
- **Face to face session** (1 hour) with either self management services user consultants or professional staff or a combination
- **Access to computers and online information** at MIND and Oxleas complex needs sites (the trust is committed to providing these).
- **Access to booked DVD** and other media information sessions at local MIND or Oxleas premises
- **Cinema groups** for those who value film and visual representations of mental health issues
- **Art gallery** outings and art therapists information support sessions
- **Carer support** champions face to face or group sessions

- **Healthy lifestyle prescription** fitness information session at Beckenham Gym
- **Tele care**¹ as many of our service users (especially those with Aspergers) prefer telephone contact as it is less emotionally challenging and more accessible
- **Text Bites:** In ACT we use bite size texts with our service users around issues of reminders of groups, CPAs, mediation concordance and crisis coping strategies.
- **Self-help CD Roms or audio CDs**
- **Podcasts**

Care pathway stages: issuing process –

The Information Prescription will be offered to all service users and their carers by their care co-coordinator:

- at the point of entry to the service
- and as a routine pre care programme approach (CPA) standardised preparation session
- at critical stages of the care pathways i.e. discharge from hospital, admission, crisis points

The service user will be able to choose the number and nature of the information prescriptions up to a maximum of 6 in any 6 month period, with an agreed contract of self monitoring and agreement to participate in the routine outcomes evaluation as part of the CPA process. The carers will be able to access 3 information prescriptions in any 6 month period with agreement to predicate in routine baseline and outcome evaluation (and, where the service user is agreeable, as part of the CPA process.)

Stage 4b: Training of user self management experts building on current recovery group user consultant staff to deliver face to face and group information sessions. The project will build on the very considerable developed skills of our user self management consultants so that they can deliver the information prescriptions. This will facilitate:

- User consultants employed by the Bromley advocacy project who will run weekly information sessions
- Joint User self management experts and professionals Information sessions at Beckenham Mind

Stage 5: Development and Pilot of Telecare, text care and eCare

The project will pilot 2 care modalities in use by the ACT team currently i.e. text care and Tele care and develop a more consistent work books approach to the information given to 15 service users and carers will be involved in the development of this part of the project. Development of eCare Information packages for 10 young patients aged 18-30 with complex psychosis. We are currently developing eCare with our computer literate young service users and are interested to learn from US programmes such as Kaiser Permanente and develop this an effective choice of care.

Stage 6: Evaluation of the knowledge, health and social outcomes of information prescriptions

The outcomes measures used in the baseline evaluation will be repeated after the information sessions.

Stage 7: Outputs of the project

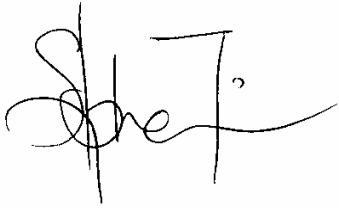
Reports to funders and governance

¹ Tele care is providing information and care in a structured format using telephones. It may be using standard telephones or it may be using videophones.

When do you anticipate that work will start?

March 2007

Signatures:

A handwritten signature in black ink, appearing to be 'S. J. Smith', written in a cursive style.

Chief Executive

Appendix 1:

Oxleas analysis of the Information which mental health service users require in order to make their own decisions: key 11 information policies

Policy Evidence base for Information Giving:

In almost every mental health policy document, the need to provide potential and current service users and their carers with information on conditions, services and treatments available is emphasized. This document summarises the key imperatives in this evidence base.

KEY:

1. **MHPIGCMHT:** *Mental Health Policy Implementation Guide for Community Mental Health Teams*
2. **MHPIG:** The Mental Health Policy Implementation Guide
3. **NICESH:** NICE: Self-harm; the short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care
4. **NIMHEPS:** **NIMHE: PREVENTING SUICIDE: A TOOLKIT FOR MENTAL HEALTH SERVICES**
5. **CGRService usersurvey:** SERVICE USER SURVEY: BETTER INFORMATION, MORE CHOICE
6. **NICESCZ:** NICE: Schizophrenia: core interventions in the treatment and management of schizophrenia in primary and secondary care (NICE guideline)
7. **DHCOPY:** Department of Health Copying letters to Patients Good practice guidelines **RRAA:**The Race Relations (Amendment) Act 2000
8. **DDA;** Disability Discrimination Act 1995
9. **HRA:** Human Rights Act 1998.
10. **DHCOPY:** Department of Health Copying letters to Patients Good practice guidelines
11. **DHCON:** Good practice in consent implementation guide: consent to examination or treatment: DH 2001

1. MHPIGCMHT: *Mental Health Policy Implementation Guide for Community Mental Health Teams*

Information for People Who Use the Services

All patients and their family and carers should be provided with information on the services both in printed form and also as part of individualised engagement. This should include:

- Description of the service, the range of interventions provided and what to expect.
- Name and contact number and details of the care co-ordinator and other relevant members of the team.
- Contact details for out of hours advice and help.
- Care plan.
 - Specific information about their disorder and any drug being used, including side-effects.
 - Relapse plan and crisis plan.
 - Contingency plans.
 - Information on how to express their views on the service and make complaints.
 - Information about patient/user forums and PALS.
- Education and information about the illness and treatment need to be provided and repeated

2. MHPIG: The Mental Health Policy implementation Guide

Service user information

Service users and their family/carers should be provided with the following information:

- Description of the service, range of interventions provided and what to expect
- Name and contact details of care co-ordinator and other relevant members of the team
- Contact details for out of hours advice and help
- Care plan and comprehensive information about medication
- Relapse prevention and crisis plan
- Discharge plan

- How to express views on the service.

3. NICESH: NICE: Self-harm; the short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care

Staff should provide full information about the treatment options, and make all efforts necessary to ensure that someone who has self-harmed can give, and has the opportunity to give, meaningful and informed consent before any and each procedure (for example, taking the person to hospital by ambulance) or treatment is initiated.

4. NIMHEPS: NIMHE: PREVENTING SUICIDE: A TOOLKIT FOR MENTAL HEALTH SERVICES

Check that the care plan documents that family/carers have received information on how to help patients engage with treatment plans.

5. CGR Service usersurvey: SERVICE USER SURVEY: BETTER INFORMATION, MORE CHOICE

Rationale

Obtaining feedback from patients and taking account of their views and priorities is vital for bringing about improvements in the quality of care, and placing the patient at the centre of health services. Indicators will be derived from the survey results for each trust, for each of four domains of patient experience. Better information, more choice covers patients' experience of these aspects of care, such as information about care and treatment, and involvement in care.

Data source and period: CHI mental health service user survey (2003/04)

6. NICESCZ:NICE: Schizophrenia: core interventions in the treatment and management of schizophrenia in primary and secondary care (NICE guideline)

Information about treatments and consent

When you are offered treatments, you should be given as much information as you want about the illness and its treatments **before** the treatment is started, and treatment should be started only after you have given your consent.

Providing good information and mutual support

1.1.6.1 Health professionals should provide accessible information about schizophrenia and its treatment to service users and carers; this should be considered an essential part of the routine treatment and management of schizophrenia.

Scoring system:

Information Individuals and their families receive written material about their illness and treatment from the health care professionals who care for them, including a copy of the NICE schizophrenia guideline produced for people with schizophrenia, their families and carers

NICE Standard: 100% of individuals with schizophrenia and their families

Exception: None. Local services should agree what information is to be made available, by whom, and when. Service users and their carers should report satisfaction with the accessibility and quality of information.

7. DHCOPY: Department of Health Copying letters to Patients Good practice guidelines

www.doh.gov.uk/consent/guidance

5.8 From time to time, it will be helpful to check with patients how they feel about copied letters, perhaps as part of patient surveys.

A report of a pilot study¹⁰ in the North East of England suggests a number of actions which are helpful for patients in the context of copying letters. These include:

- *tell people how they can see their medical records*
- *reduce problems about medical terms and worries through good face to face talking between clinicians and patients*
- *use simple words and bold and sub-headings*
- *use lay terms, with explanations of medical terms or medical terms in brackets after explanations*
- *explore issues of consent and confidentiality around the involvement of third parties*
- *ask patients to opt-in rather than opt out of deciding to get copied letters*
- *ensure a doctor or nurse at the surgery is available to give help and advice about words in letters*
- *work with the PCT, voluntary organisations and other NHS organisations to develop models of good practice.*

8. RRAA: The Race Relations (Amendment) Act 2000, Disability Discrimination Act 1995 and the (HRA) Human Rights Act 1998. places a general statutory duty on NHS bodies to have due regard to the need to eliminate unlawful discrimination, promote equality of opportunity and promote good relations between people of different racial groups. Each NHS Hospital Trust and Primary Care Trust is required under the legislation to set out in a Race Equality Scheme how they will deliver non-discriminatory services to local people, including where relevant, access to language support services.

9. DDA :Disability Discrimination Act 1995

5.13 Some people cannot read well enough to understand a copied letter. Such people are often reluctant to admit the problem, and it may fall to them to seek someone to help them read the letter.

5.14 Consideration should be given to the needs of people with learning disabilities or deaf people, who may not easily read written English. People with visual impairment can often read large print. They can also access their information on computer in the GP practice or hospital, using voice recognition or other specialist software. (See web-site www.doh.gov.uk/patientletters/issues.htm)

10. Benefits of Copying letters to patients

Potential benefits of copying letters between professionals to patients

More trust between patients and professionals: Increased openness leads to greater trust and openness between professionals and patients.

Better informed patients: Patients and carers have a better understanding of their condition and how they can help themselves.

Better decisions: Patients are more informed and better able to make decisions about treatment options.

Better compliance: Patients who understand the reasons for taking medication or treatment are more likely to follow advice.

More accurate records: Errors can be spotted and corrected by the patient.

Better consultations: Professionals confirm that patients understand what is said during the consultation. Patients are better prepared and less anxious.

Health promotion: The letters can be used to reinforce advice on self-care and life styles.

Clearer letters between professionals: Letters written between professionals are clear and understandable to both professional and lay people.

11. DHCON: Good practice in consent implementation guide: consent to examination or treatment: DH 2001

1. The provision of information is central to the consent process. Before patients can come to a decision about treatment, they need comprehensible information about their condition and about possible treatments/investigations and their risks and benefits (including the risks/benefits of doing nothing). Once a decision to have a particular treatment/investigation has been made, patients need information about what will happen: where to go, how long they will be in hospital, how they will feel afterwards and so on.

2. Patients and those close to them will vary in how much information they want: from those who want as much detail as possible, including details of rare risks, to those who ask health professionals to make decisions for them. There will always be an element of clinical judgement in determining what information should be given. However, the *presumption* must be that the patient wishes to be well informed about the risks and benefits of the various options. Where the patient makes clear (verbally or non-verbally) that they do not wish to be given this level of information, this should be documented.

3. The following sources of patient information are available in this [Trust/PCT/PCG]: • [Insert local details, including advice on accessibility/readability for those developing such materials. Also include what specific provision is made for those who, for reasons of disability or otherwise, would not find printed information particularly accessible (tapes, pictorial materials etc) together with details of local independent advocacy groups where these exist. Some Trusts have developed 'patient passports' determining what information is needed at which points in a patient's 'journey' through healthcare. Others have made provision for patients to receive tape-recordings of consultations so that they have a permanent record of what was discussed.]

Provision for patients whose first language is not English

4. This [Trust/PCT/PCG] is committed to ensuring that patients whose first language is not English receive the information they need and are able to communicate appropriately with healthcare staff. It is not appropriate to use children to interpret for family members who do not speak English.

• [Insert local details of how to access translation and interpreting service, what materials are available in which languages etc. Reference other relevant local policies or guidance eg on use of interpreting. Helpful guidance is found in the toolkit *Bridging the Gap* produced by Sheffield Health Authority and the Commission for Racial Equality.2]

12. Access to more detailed or specialist information

5. Patients may sometimes request more detailed information about their condition or about a proposed treatment than that provided in general leaflets. This [Trust/PCT/PCG] has made the following arrangements to assist patients to obtain such information: • [Insert local details eg help via PALS, access on site to NHS Direct Online and the National Electronic Library for Health, links with local medical libraries. In hospitals, this policy can be adapted at Directorate level to include more specific information here.