

INFORMATION PRESCRIPTIONS PILOT PROPOSAL APPLICATION FORM		
Proposed pilot site	Yorkshire and the Humber Strategic Health Authority area	
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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>Why there is a need for Information Prescriptions for people with sight problems?</p> <p>Diagnosis of a serious sight problem can be a devastating time. Excellent information and support are available from various agencies but people often do not know where or how to obtain the help they need.</p> <p>The Information Prescriptions for People with Sight Loss Pilot is prompted by the belief that there is a large unmet need, particularly for emotional and practical support and information about sight conditions. Of an estimated 2,000,000 people in the UK with sight problems, only 35,000 a year (a total of 378,000 at any one time) are registered as blind or partially sighted. As a national charity supporting</p>	

people with sight loss, RNIB is aware through our own network of support and information that the majority of the support provided by social services is for people who are '**registered** blind or partially sighted'.

However, RNIB and the network of many local societies provide increasing amounts of information to many people not only who are registered, but those who have a degree of 'sight loss'. This latter group is an important and significant number of people whose numbers will not be reflected in the national registration statistics. Whatever the degree of sight loss, access to information is an essential element that needs to be a constructed part of an individual's journey from diagnosis to independence.

This project will help make it easier for all beneficiaries to access the information and support they need, at the right time and through the routes that are appropriate for them, at an earlier stage of their sight loss journey.

How it will work:

The project will aim to develop, test and implement information prescriptions for blind and partially sighted people and their carers/supporters.

How we will identify the content of the information prescriptions?

The prescriptions will be designed to signpost people to high quality and timely information as well as advising them about local/national sensory support services appropriate to their specific visual needs. Using focus group workshops with blind and partially sighted people, their carers and health and social care professionals (both

from statutory and voluntary sectors), we will discuss the type of information beneficiaries would want and find useful. We will also identify high quality books and information packs that are currently available, plus any gaps in information that need to be addressed.

How we will establish directories of content?

We will consult with voluntary and statutory sector organisations within the SHA that deliver information and services to blind and partially sighted people. This information will be reviewed by the projects' advisory group professionals to ensure all material is evidence-based and of high quality and relevance. We will then develop a unique and central database and populate this with the information derived from the above consultations. We will also ensure that any agencies identified as referral sources are appropriate to the needs of each individual and their specific eye condition.

Generating templates:

We will work with IT experts within the sensory sector and the SHA, as well as service users and their carers/supporters to ensure that our Information Prescriptions templates can be accessed easily by health and social care professionals through effective IT technology systems across the SHA. We will work towards ensuring that this database will be compatible with current and future IT developments within the statutory sector.

How will the information prescription be issued?

Information Prescriptions for people with sight loss will reach individuals at key points, mainly where they come into contact with professional intermediaries.

The key points when information prescriptions will be provided are:

- At the point of registration;
- As soon as individuals are referred to social services but while waiting for assessment for registration and/or equipment;
- At the point of diagnosis with a serious sight problem, these being:
 - By an ophthalmologist at a recognised eye clinic;
 - By an optometrist or GP;
- In high street opticians and GP surgeries for those who need information and support but have not been referred through the points above.
- Other health organisations who are contacted by people with sight problems (e.g. Diabetes UK).

During Focus Group discussions with service users, we will identify appropriate levels and timing of prescriptions and ensure that we have identified all key trigger points.

How we will ensure that the format of information prescriptions will be inclusive?

We will actively involve various blind and partially communities in identifying and testing format requirements of the information prescriptions to ensure that they are accessible to the needs of each individual (e.g. Large Print, audio, etc). We

	<p>will identify and work with community areas that have a high proportion of BME groups to explore how best to support these individuals.</p>
<p>Please give an overview of the project governance arrangements. Include clear identification of project management arrangements.</p>	<p>1. Local Governance Arrangements:</p> <ul style="list-style-type: none"> • Project Initiation Document (PID): This comprehensive document will be produced at the start of the project. This will be approved by the Project Board and will baseline the aims and objectives of the pilot. Any proposed changes to the PID will be subject to a change control procedure in accordance with PRINCE2 project management methodology. • Risk Management: Working closely with the PCTs and social care organisations within the SHA, the Project Manager will develop a risk register detailing aspects of the project that are identified as having the potential to adversely affect its success, and provide measures which will counter or avoid these risks. This will be an active document and will be added to (as appropriate) during the life cycle of the pilot. • Ensuring Quality: A Project Quality Plan will be developed (in consultation with key stakeholders) during the initial stages of the Project. This plan will describe how quality will be achieved during the pilot. It will define the quality techniques and standards that will need to be applied for the information prescriptions, and the various responsibilities for achieving the required quality levels during the

	<p>project. The plan will contain the following topics:</p> <ul style="list-style-type: none">• Customer's quality expectations• Service user acceptance criteria• Quality responsibilities• Standards• Quality control and audit processes• Change management procedures <ul style="list-style-type: none">• Project Tolerances: Initial tolerances for the project will be set at 5% for costs and 2 weeks for time. These will be reviewed and refined by the Project Board as the project progresses.• Communication Strategy: The project team will identify key stakeholders, both within the SHA area and nationwide, who may be interest in receiving information about information prescriptions for people with sight problems. A comprehensive communication strategy will then be written to ensure that effective communication with all stakeholders (both internal and external) takes place throughout the pilot project. Its effectiveness will depend upon using the best possible communication techniques to promote and achieve the Project's aims and objectives. <p>The structure and content of this document will be developed from information drawn from all partner organisations' and service users involved in the pilot project.</p>
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	<p>2. Project Management Arrangements</p> <p>RNIB have been in discussions with Yorkshire and the Humber Strategic Health Authority who are supportive of this proposal. The SHA have recently met with their PCT leads and are in the process of agreeing which PCT will host this initiative if funding is made available.</p> <p>PRINCE2 methodology will be utilised in the management and control of the pilot, which will provide structure, planned implementation, and ensure effective monitoring and evaluation of the project takes place.</p> <p>The pilot will be supported and directed at a strategic level by a total of up to four Directors/Senior Managers from RNIB and the SHA/PCT. This will make up the Project Board who will provide direction, support and guidance at critical points of the project. A Project Team will be established to direct, manage and guide the pilot on a day-to-day basis. In addition, a Project Advisory Group, consisting of multi-disciplinary representatives from each major stakeholder organisation will provide a comprehensive consultative forum in which the components of the project can be discussed and formulated.</p>
<p>Please indicate proposals for providing data to the national evaluation organisation (including ethical clearance)</p>	<p>Data will be provided to the national evaluation organisation using the Balanced Scorecard approach. It is envisaged the individual identities will be removed to ensure confidentiality. All patient sensitive information will be dealt with in-line with Caldicott Guardian directions through existing PCT and RNIB policies on patient confidentiality.</p>

<p>Please provide a description of your proposal:</p>	<p>The pilot will focus on the development and testing of information prescriptions for various communities of people with sight loss by health and social care providers in the Yorkshire and Humberside strategic health authority area. The project will aim to:</p> <ul style="list-style-type: none"> • Reach people at the point of diagnosis and/or registration of sight loss; • Increase the numbers of people who are offered information and support at an early stage for their sight loss journey; • Increase access to low vision and eye health care services, both at a local level and nationally, via RNIB; • Empower people with sight problems to be in control of their own eye care pathway.
<p>Work with stakeholders and partners</p>	<p>Throughout the pilot, we will work closely in partnership with blind and partially sighted people and their carers/supporters and local health and social care providers (both statutory and voluntary) within the Yorkshire and Humber SHA area. Focus groups and workshops will take place during the developmental stage to ensure that information prescriptions are holistically designed to effectively enable people easily to access appropriate, high quality, timely information and support services. Consideration will also be given to black and minority ethnic groups within the area who often are doubly disadvantaged in accessing information. Evaluation of the Information Prescriptions will take place at various stages of the project, which will actively involve both service users and professionals. This will enable</p>

	<p>improvements to their design to be made throughout the project life-cycle and ensure that the final product will be a gold standard in good practice that other SHA areas will be able to use and adapt to their local circumstances.</p>
<p>Develop a system for delivering information prescriptions in your area</p>	<p>We will consult with all Stakeholders (both statutory and voluntary), including people with sight loss and their carers/supporters to agree the best way of developing a system for delivering information prescriptions in the Yorkshire and Humberside area. Discussions will take place with IT specialists and service development managers within both PCTs and RNIB/Local Agencies to ensure a system is put in place that can be accessed across health and social care.</p>
<p>Identify the content for information prescriptions</p>	<p>Issues we will consider with our partners to identify the content and design of information prescriptions used in the pilot will include:</p> <ul style="list-style-type: none"> • Drawing on existing good practice examples from any other patient information pathways currently being undertaken in other health and social care areas. • Design and agree the format for the Information Prescription with all key stakeholder partners. • Consult with other sensory care organisations to create a database listing all high quality information currently available regarding specific eye conditions, appropriate treatments and self-management techniques (all available in accessible formats). • Note any gaps in information provision

