

# INFORMATION PRESCRIPTIONS

## PILOT DELIVERY PLAN

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**Information Prescription Pilot – Delivery Plan.**

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	<b>Pilot Site</b>	<b>Activity</b>	<b>Timescales</b>
<b>1</b>	<b>Key objective and desired outcome</b>	<ul style="list-style-type: none"> <li>• To provide an action research-orientated evaluation of the development and impact of Information Prescriptions;</li> <li>• To contribute to the development of national policy;</li> <li>• To help develop and articulate the processes for national implementation of Information Prescriptions across health and social care services in England, so that everyone who has a long term condition or social care need - or their carer, is able to access the information that they need. (DOH 2006)</li> <li>• The Information Prescription Pilot will generate contact with service users and their families or carers from a range of settings including statutory and non-statutory organisations, voluntary agencies, primary care and local authorities as well as the general community. (Pilot Proposal, J. Hudson 2006)</li> <li>• The Information Prescriptions will contain information to signpost individuals and / or their carers to a variety of support networks and relevant agencies. (Pilot Proposal, J. Hudson 2006)</li> <li>• To establish and maintain positive teamwork between the Consortium Evaluation Team and the other Pilots.</li> <li>• That the Pilot will be dynamic in its delivery of Information Prescriptions and that all stakeholders involved in the process will become enthusiastic about the initiative.</li> <li>• That the Pilot will be of lasting benefit, and that people who are issued with Information Prescriptions will really feel the benefits, in very practical ways.</li> <li>• That Health Promotion will underpin the initiative. Empowering individuals, groups and communities to make decisions on their personal health and well-being. (Essence of Care, Benchmarks for Promoting Health. DOH 2003 - 2006)</li> <li>• That information is accessible, acceptable, up to date, and meets the needs of individuals, is shared actively and consistently with all patients and / or carers, and widely promoted across all communities. (Essence of Care, Benchmarks for Communication between Patients, Carers and Health Care Personnel. DOH 2003)</li> </ul>	March 2007 – January 2008

	<b>Pilot Site</b>	<b>Activity</b>	<b>Timescales</b>
	<b>Key milestones</b>	<p>Baseline of current position.</p> <ul style="list-style-type: none"> <li>- Identify content and establish how accessible directories will be designed.</li> <li>- Agree the design of Information Prescription template.</li> <li>- Agree the design of the prescribing process.</li> </ul> <p>To meet with the Evaluation Team Consortium and other pilot site members at the Information Prescription Launch.</p> <ul style="list-style-type: none"> <li>• Introduce Information Prescriptions.</li> </ul>	<p>1<sup>st</sup> April 2007</p> <p>22<sup>nd</sup> March</p> <p>1<sup>st</sup> May 2007</p>
<b>2</b>	<p><b>Project management arrangements</b></p> <p><b>Stakeholder engagement &amp; ongoing support</b></p>	<p>Project Lead: Jill Hudson, Senior Manager OPMHS  Project Manager: Edith Nash, RGN RMN.  Jacqueline Hanratty, Health Care Governance Senior Manager  The Trust's Information Technology and Modernisation Department.  Andrea Bateman, Communications Officer, CPMHP NHS Trust.  The Project Lead and Manager will also work with the Evaluation Consortium and other pilot site personnel for the duration of the project.</p> <p>The Steering group will have representatives from partner and voluntary organisations. The membership of the group will be subject of an ongoing review to ensure that the membership is representative of all key stakeholders</p> <p>The Steering group will meet at no less than 4 weekly intervals, and will be flexible in its timing giving opportunity to convene more frequent meetings if required. The Steering group will be chaired by the senior manager of the service giving managerial authority to the group. The steering group will report to the Trusts Clinical effectiveness committee and informatics committee for ratification of documents and communication to the Trust Board</p> <p>The Pilot will be marketed locally through the PCT's communications networks. Information Posters will be displayed in the Inpatient Unit and Day Hospital areas. Attempts will be made to win Stakeholders over as early as possible in the pilot. Good quality readable leaflets explaining the concept of Information Prescriptions and</p>	<p>March 2007 – January 2008</p>

	<b>Pilot Site</b>	<b>Activity</b>	<b>Timescales</b>
		<p>Information Cards will be available for distribution in the initial implementation stage.</p> <p>The Information Cards will contain signposting to key websites. They will have space for recipients to record their name; important telephone numbers (e.g. GP Surgery &amp; Next of Kin.) Individuals could also record any known allergies on the personalised Information Card.</p> <p>It would be suggested to recipients that the owner of the card carries it with them in their purse or wallet, because the personalised information could be valuable in case of an emergency.</p> <p>The Alzheimer's Society, Age Concern, Community NHS and Social Care Staff will also be encouraged to pass leaflets and cards to their particular client groups.</p> <p>A CD-ROM containing information, links to services and networks will also be available.</p> <p>Stakeholders will have the opportunity to contribute to the pilot by participation in forums and questionnaires.</p> <p>The leaflets and Information Cards will introduce the pilot to stakeholders; this will facilitate personal contact between the Project Manager, Health and Social Care Professionals, Voluntary Organisations and CPPIH Forums and Forum Support Organisations. Stakeholders will be won over when they become aware of the benefits of Information Prescriptions and the practical help, support and / or information the dispensing process will provide for patients and their carers.</p> <p>The training and educational needs for individuals will be monitored through the duration of the pilot. Support and training needs will be in both group and individual sessions and will be ongoing throughout the project.</p> <p>Arrangements to be made if key stakeholders decide to withdraw from the pilot, are as follows: sufficient numbers of patients and carers will be invited to participate in the pilot so that if some do drop out the study will not collapse at a critical stage.</p> <p>If there were any corporate difficulties, this would have to be discussed at the time.</p>	<p>April – 1<sup>st</sup> May 2007</p>

	<b>Pilot Site</b>	<b>Activity</b>	<b>Timescales</b>
<b>3</b>	<b>Coverage</b>	<p>The pilot will focus on Day Care and Inpatient Care (Assessment Ward). The client group will be Older Adults who have a primary diagnosis of dementia or depression. However, a holistic approach will be employed in the prescribing and dispensing of Information Prescriptions. Therefore, because of the sometimes-complex needs of elderly patients, it is envisaged that the Information Prescriptions will be very varied and always individualised. It is also envisaged that the Information Prescriptions will have a strong emphasis on Health Promotion.</p> <p>Patients and / or carers will be recruited into the pilot from the 1<sup>st</sup> May.</p> <p>New admissions to either the Day Service or the Inpatient Unit will be invited to participate in the pilot. However, it is recognised that this criteria may have to be reviewed.</p> <p>The geographical area to be covered is Huntingdonshire and includes the market towns of Huntingdon, St. Ives and St. Neots as well as the surrounding rural areas. Prescribing Locations will be, the Inpatient Unit, the Day Hospital, the Outpatient Department and the Memory Clinic. Dispensing Locations will vary depending on the item on the prescription.</p> <p>It is envisaged that Registered Nurses, Occupational Therapists, Medical Staff and Clinical Psychologists will be involved in dispensing and prescribing Information Prescriptions.</p> <p>It is also envisaged that all points along the care pathway will be covered. It is recognised for some people this may be retrospective, and will depend to some extent, at what point (along the care pathway) the individual is referred to either health or social care services.</p>	<p>1<sup>st</sup> May – 30 November 2007</p> <p>1<sup>st</sup> May 2007 – January 2008</p>

	<b>Pilot Site</b>	<b>Activity</b>	<b>Timescales</b>
<b>4</b>	<b>Baseline of current position by 1 April 2007</b>	<p>A brief questionnaire is currently being circulated among key stake holders with the following questions: -</p> <p>(1) How do patients and their carers and health professionals currently find out where to go to gather information materials - how do they know where to go?</p> <p>(2) How do patients, carers and health professionals currently gather information materials, i.e. what sources do they use?</p> <p>(3) What types of information materials do patients, carers and health professionals currently gather? (DOH 2007)</p> <p>This requires further work and consideration.</p>	<p>26<sup>th</sup> February – 1<sup>st</sup> April 2007</p> <p>7<sup>th</sup> - 9<sup>th</sup> February 2007</p>

	<b>Pilot Site</b>	<b>Activity</b>	<b>Timescales</b>
<b>5</b>	<b>Identify content and establish how accessible directories will be designed by 1 April 2007</b>	<p>Directories will contain a wide range of services and facilities available both locally and nationally. The directories will contain contact names, addresses, telephone numbers, E-mail and Web site addresses. The content source will be gathered from a range of resources, including: DOH documents such as, The National Service Framework for Older People (DOH 2001), Shaping Health Better decisions, Better health. (The Commission For Patient and Public Involvement in Health 2003) Better information, better choices, better health; Putting Information at the Centre of Health (DOH 2004), Choosing Health Making Healthy Choices Easier (DOH 2004), Everybody's Business Integrated mental health services for older adults: a service development guide. (Care Services Improvement Partnership 2005) Our health, our care, our say: a new direction for community services (DOH 2006) The Cambridgeshire Carers Support Booklet (2007) and The Cambridgeshire Carers Newsletters (2007) Also, from two Health Promotion checklists. These were designed and implemented by Edith Nash (Project Manager) in both Community and Inpatient settings.</p> <p>Quality assurance will be through the Trust's Clinical Effectiveness Committee, the Trust's communication groups, the project steering group and by audit with service users, carers, staff and partner stakeholders. All services involved in the project will be subject to the same quality standards for Information Prescriptions as set by the project group and will be required to sign a partnership agreement to this effect. Sources of information will be included from a wide range of health, social care and health promotion information and services.</p> <p>Sources of information will be made available in a variety of formats including electronic, large print, audio and Braille. These will also become available in minority ethnic languages, but the timescale for this needs further consideration. The Patient /Carer Information booklet will be revised to include signposting to Information Prescriptions and to prescriber contact details. Also included in the booklet will be various carer and patient association contact details. These details for both local and national organisations.</p> <p>Signposting to other sources of information will be for example, by leaflets and booklets etc. given by individuals or organisations providing services to the patient or carer.</p> <p>The Information Prescriptions Contact Directory will be available to health professionals</p>	<p>March 2007 – May 2007</p> <p>1 April 2007</p>

	<b>Pilot Site</b>	<b>Activity</b>	<b>Timescales</b>
	<p><b>Agree design of information prescription template by 1 April 2007</b></p>	<p>electronically. Signposting to other sources of information will be facilitated by the use of electronic links from the Information Prescriptions Contact Directory. The use of various information booklets will also be encouraged as these will be an accessible and familiar source of information to patients and their carers</p> <p>The actual design of the Information Template has to be considered more fully than is possible at this particular point in the pilot. Early discussion with the Informatics Department is necessary.</p> <p>However, the template will be electronically available to health professionals for use when issuing an Information Prescription to patients or carers, who in turn will be issued with a paper copy. (Unless they have sensory impairment, or difficulties with literacy.)</p> <p>There may be a requirement for an Information Prescription to have a prompt to signpost to additional sources of information or assistance. This could be incorporated into the template by the use of signpost symbols with the provision to ensure that the signposting is individualised as well as timely for the participant's use.</p> <p>An accompanying explanatory leaflet will be provided.</p> <p>The resources will be made available to health and social care professionals by electronic means.</p> <p>It is the aim of the pilot to make the template available for hard-to-reach groups; the methodology requires further consideration. However, hard-to-reach groups and / or their carers will be already involved with services on the In-patient Unit or the Day Hospital.</p>	<p>1 April 2007</p> <p>1 April 2007</p>
	<p><b>Agree design of prescribing process by 1 April 2007</b></p>	<p>The main prescribers will be Registered Nurses, Medical Staff, Occupational Therapists, Psychologists and Social Workers.</p> <p>The main method used in the prescribing process will be following discussions during face-to-face meetings.</p> <p>If the Information Prescription is complex and there are time or other constraints, the actual written Information Prescription could follow in the post. If the recipient had access to IT facilities, the Information Prescription could be sent by E-mail. Depending on the requirement on the Prescription, health professionals will be able to dispense as well as prescribe.</p>	<p>1 April 2007</p>



	<b>Pilot Site</b>	<b>Activity</b>	<b>Timescales</b>
		<p>The methods to be adopted will be as follows:  During or following weekly Ward reviews and / or during or following CPA reviews, the Prescriber will send the Information Prescription electronically to the Dispenser. This exchange should be a two-way process.</p> <p>The time involved should not be in excess of how referrals are currently made. Indeed Information Prescribing and Information Dispensing could prove to be time efficient in the long term.  Training and support will be an integral part of the over-all training programme. However, support will be given on request at any time during the pilot.</p> <p>The offer of information will be recorded whether the individual accepts the offer or not. The electronic template will have an option to facilitate this. Recording offers of information offered but refused is important for the purposes of audit.  Other health and social care professionals will be able to see the information that has been offered via the individual's Information Prescription electronic template.</p>	1 April 2007
<b>6</b>	<b>Introduce information prescriptions by 1 May 2007</b>	<p>The Model for Improvement and The PDSA Cycle for Learning and Improvement (The National Institute for Mental Health in England, 2003) will be used to assess, plan, implement and evaluate each stage of the process leading to the introduction of Information Prescriptions by May 2007.  A communication plan will be constructed with the help of the Trust's Communication Manager.  A Gantt Chart will be designed with the assistance of the Trust's Modernisation Lead. This will help to clarify some of the timescales not yet identified.</p>	1 <sup>st</sup> May 2007

	<b>Pilot Site</b>	<b>Activity</b>	<b>Timescales</b>
<b>7</b>	<p><b>Monitor and assess progress to integrate information prescriptions into care pathways</b></p> <p><b>Refine methods used in light of findings</b></p>	<p>A selected group of people will be invited to pass information on to the Project Manager. To include patients' and / or their carers who will be given Information Prescription folders. Included in the folders would be a diary type facility where feedback notes could be made. (Patient Information Pack, Lilly Pharmaceuticals 2005)</p> <p>In collaboration with the Informatics Department, a central system will be set up to record activity for the duration of the pilot. This will have implications for Health and Social Care Professionals, but the impact on staff members has yet to be quantified. The Project Manager will develop a system for Health and Social Care staff to record the number of contacts patients have with other agencies.</p> <p>The prescribing and dispensing process will overlay the care–pathway. The impact of what is being prescribed, the response and how Information Prescriptions are working in practice will also be evaluated.</p> <p>Timelines along the care pathway will be used to identify specific junctures when other stakeholders are providing care. This information will give the Pilot and the Consortium a sense of the volumes of information and practical help being dispensed.</p> <p>Attempts will be also be made to determine the impact of Information Prescriptions for patients and their carers as well as for staff members. For example, is there a sense that the therapeutic relationships between patients and / or carers and staff members have been enhanced?</p> <p>Stakeholders will be actively encouraged to appraise the prescribing and dispensing processes.</p> <p>This process will be both informal and formal in nature. Informally, by verbal and /or written feedback. Formally, with the use of questionnaires.</p>	<p>May – Dec 2007</p>
<b>8</b>	<p><b>Engage with The Consortium and other Information Prescription Pilots</b></p>	<p>Engagement in a fact-finding exercise in order to ascertain the type of information required by the Consortium will be pursued by the Project Lead and Project Manager. Further opportunities will be taken to network with the Consortium at the launch of the pilots on the 22<sup>nd</sup> March.</p> <p>Engagement with the Consortium will be by face-to-face meetings, written reports and by E-mail. Advice will be sought and information exchanged on a timely and regular basis.</p> <p>The Huntingdon pilot will support the Evaluators in their work by obtaining ethical approval from the Clinical Effectiveness Committee and where appropriate, from to the Ethics Committee. There will be a strong emphasis on teamwork throughout the pilot</p>	<p>Throughout the duration of the pilot.</p>

	<b>Pilot Site</b>	<b>Activity</b>	<b>Timescales</b>
		<p>project.</p> <p>A local Web site could be set up. The pilot will work with the Evaluation Team to ensure that the overall purpose of the pilot informs national policy and implementation by providing regular reports. (DOH Dec. 2006)</p> <p>Periodic meetings with the other pilots along with members of the Consortium would be of value, particularly if the agenda for these meetings is carefully considered in advance.</p>	
<b>9</b>	<b>Contribute to local patient information delivery</b>	<ul style="list-style-type: none"> <li>- By identifying areas of weakness in the current system of delivery of patient care and the giving of information to patients and / or their carers.</li> <li>- By making connections between a diverse range of practitioners, agencies and service providers where none exist at present including hard to reach / isolated neighbourhoods.</li> </ul> <p>The lasting benefits of introducing Information Prescriptions should be better services, quicker access to information, a more credible service, better value for money, fewer complaints from patients and their carers, enhanced team working, enhanced therapeutic relationships between patients and their carers and health and social care staff members.</p>	
<b>10</b>	<b>Contribute to developing national policy</b>	<p>Possible areas where the Huntingdon pilot will contribute to the formulation of national policy are as follows: -</p> <ol style="list-style-type: none"> <li>1 - The introduction of individual "Information Cards"</li> <li>2 – The strong emphasis on Health Promotion.</li> <li>3 – A greater emphasis on interdisciplinary team working.</li> <li>4 – Closer working between Health and Social Care workers, The Commission for Patient and Public Involvement, The Patient and Public Involvement forums and the Forum Support Organisations.</li> </ol>	

	Pilot Site	Activity	Timescales
		5 - The idea that if the Single Assessment Process and CPA are to be integrated, (as suggested in the document "Everybody's Business", DOH 2005) electronic information links could become an integral part of the combined tool.	

## REFERENCES

- 1- The National Service Framework for Older People. (DOH 2001)
- 2- Shaping Health: Better decisions, Better health. (The Commission For Patient and Public Involvement in Health 2003)
- 3- Better information, better choices, better health; Putting Information at the Centre of Health. (DOH 2004)
- 4- Choosing Health Making Healthy Choices Easier. (DOH 2004)
- 5- Everybody's Business Integrated mental health services for older adults: a service development guide. (Care Services Improvement Partnership 2005)
- 6- Our health, our care, our say: a new direction for community services. (DOH 2006)
- 7- The Cambridgeshire Carers Support Booklet. (2007)
- 8- The Cambridgeshire Carers Newsletters. (2007)
- 9- The Health Improvement Programme. (The National Institute for Mental Health in England, 2003)

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