



Information Prescription Pilot – Delivery Plan

	Pilot Site	Activity	Timescales
1	Key objective and desired outcome	<p>To pilot an information prescription system in primary care and community settings for people with seven long term conditions in Darlington. A patient will receive an information prescription through ‘Healthclick’ and this prescription will enable that patient, service user or carer to access up to date and safe information on their health at a time and place suitable to them. This will be done through community health staff and GP practices prescribing the information and through PALS and community organisations supporting the use of the prescriptions. The whole scheme being called ‘Healthclick’. Healthclick is a database of information on long term conditions. It will include patient information leaflets, local and national networks, local support teams, local and national charities and much more.</p> <p>Desired Outcomes Improved health and wellbeing : provision of self help information which is governed and safe. Better use of time by professionals seeing patients with long term conditions with patients being better informed through use of prescriptions.</p> <p>Choice and control : providing accessible information in a variety of formats in a way which can be accessed at the user’s convenience, promoting self management and choice of what they wish to read.</p> <p>Evaluation : find out what users want from the site so that they have input into it’s content</p> <p>Consistency of information : users of the site can be the public and professionals, giving a consistency of information being used by all</p>	

Darlington PCT Pilot Site – Healthclick (PALS)

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	Key milestones	Recruitment of PALS Officer to assist in project running 'Buy in' from 11 GP Practices, Walk in Centre and District Nursing Team Meeting of 'Steering and Implementation Group' consisting of service users, local organisations and GP/NHS staff. Establish database for information Establish 'Community Access Points' and training Public and Staff Awareness sessions Healthclick database test run Two week test with four GP Practices Live date prescribing of information in all 11 GP Practices Monthly evaluation of data to see use Monthly evaluation of data to update system of information	March 07 March 07 April 07 June 07 June 07 June 07 18 June 07 18 – 29 June 07 2 July 07 Monthly Monthly

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2	<p>Project management arrangements</p> <p>Stakeholder engagement & ongoing support</p>	<p>The project will be managed on a daily basis by Clare Hinton, PALS Manager at Darlington PCT. The ongoing support for the project will be led by Jane Hesford, PALS Officer. Work done by the pilot will be overseen by the Steering and Implementation Group (SIG) and updated will be provided to them regularly.</p> <p>Support to GP Practices, District Nurses and Walk in Centre staff is available from PALS staff, training on Healthclick will be available in sessions regularly held throughout June, July and August.</p> <p>Governance of the pilot is being overseen by both information and clinical governance, regarding the use of the information on the website/database and the information being gained by the DoH from surgeries about patients being involved in the pilot.</p> <p>Secondary Care and Social Services have been made aware of the pilot and are keen to be kept up to date for future inclusion into the scheme once established.</p> <p>Regular updates on Healthclick’s progress will be in PCT magazines, local press and publicity materials and also through local organisations and their newsletters.</p> <p>Healthclick has its own brand, and as such may continue to grow as the use of information prescriptions grows.</p>	

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3	Coverage	<p>The pilot will focus on all 11 GP Practices in Darlington.</p> <p>Long term conditions covered by the pilot are :</p> <ul style="list-style-type: none"> • Diabetes • COPD • CHD • Strokes • Hypertension • Depression • Lymphoedema <p>Prescribing will be done within the regular health checks associated with the above conditions, providing the patients/carers with a prescription which signposts them to where they can find out more information on the condition related to them.</p> <p>Where patients do not attend regular healthchecks, prescriptions can be posted or provided upon diagnosis after the standard diagnosis discussion with a GP or specialist.</p> <p>There are 25,000 patients in Darlington who are registered as having the above conditions. This does not include carers.</p> <p>In addition to the general population, the pilot will cover patients whose first language is not English, the deaf and hard of hearing, the blind and partially sighted and those from relatively deprived areas with poor health.</p>	

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4	Baseline of current position by 1 April 2007	<p>Currently, patients in Darlington get a varied and often confusing amount of information, usually at a time which is confusing and daunting. When diagnosed with a long term condition, a patient is bombarded with information leaflets and spoken information which either gets 'lost in translation' due to the fear and confusion felt at the time, or because they quite literally don't understand, or the leaflets get put down and forgotten about.</p> <p>Healthcare professionals use a variety of methods of giving information to patients, ie. computer systems (around 8 different ones), leaflets (many different sources), spoken conversations (often not remembered) and all often given in set time appointments not leaving enough time for questions to be thought about let alone asked.</p> <p>With the pressure that healthcare professionals are under to achieve targets and the growing population of the average GP Practice, it is little wonder that services to patients are not consistent and streamlined. Practices have to stock a huge amount of information and often they are out of date by the time half the stock is used up.</p> <p>Each practice has minimal information about how to access translation and interpretation services, many do not refer to the Expert Patient Programme and there is little existence of local peer support other than PALS for GP PALS Leads.</p>	

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5	<p>Identify content and establish how accessible directories will be designed by 1 April 2007</p> <p>Agree design of information prescription template by 1 April 2007</p> <p>Agree design of prescribing process by 1 April 2007</p> <p>Agree design of dispensing process by 1 April 2007</p>	<p>The scheme is to build on what PALS already provides by way of advice, information and signposting. The directories PALS already have will be put into the database being developed for Healthclick and each long term condition area lead is providing information that they have to PALS for them to assess and use appropriately within the database design.</p> <p>The database and Healthclick site will be developed over the next 12 months with the input from healthcare professionals and site users, via an evaluation tool on line or via PALS.</p> <p>The template for the prescription was done with the SIG and other healthcare professionals. It is straight forward to use and contains no patient identifiable information. It also includes a consent box, which allows the patient to decide whether they wish to be identified for evaluation by the Department of Health.</p> <p>In consultation with the GP practices and meeting with the specialist nurses, there will be an agreed process of prescribing. This will be done within healthchecks as part of the agreed template and a READ code attached so we are able to assess how many prescriptions have been given to which long term condition, without identifying patients.</p> <p>Dispensing is done by the patient, as advocating self management is a large part of the scheme. Should the patient not have access to the internet, Community Access Points (CAPs) are available for them to use. These include a variety of local organisations and facilities (ie. Library, MIND, First Stop, GOLD etc). Staff at these locations will have had training on how to use Healthclick.</p>	<p>July 07</p> <p>ongoing</p> <p>May 07</p> <p>May 07</p> <p>May 07</p>

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6	Introduce information prescriptions by 1 May 2007	<p>The introduction of information prescriptions will begin by the launch of Healthclick, which will provide a local face to a local service. It will be introduced as a service initiative led by PALS which is a well recognised service in Darlington already.</p> <p>This awareness of what is coming has encouraged great interest from both the public and healthcare professionals.</p> <p>Due to reconfiguration of Darlington PCT, there have been delays in recruitment of the PALS Officer and therefore a delay in the start of the actual live date. This is now set and on course.</p> <p>The branding of Healthclick is done and further leaflets and campaign materials are being waited upon. The print of the prescriptions has been agreed.</p>	<p>2 July 07</p> <p>18 June 07</p>
7	<p>Monitor and assess progress to integrate information prescriptions into care pathways</p> <p>Refine methods used in light of findings</p>	<p>The SIG are meeting regularly to review progress and evaluation changes.</p> <p>The PALS Officer is developing links within outreach services and community organisations to ensure co-operation and use of Healthclick.</p> <p>Monthly updates from GP Surgeries on prescribing.</p> <p>Monthly updates from District Nursing and Walk in Centre on prescribing.</p> <p>Review of READ codes and delivery at six month stage.</p> <p>Done through regular contact with GP practices, Walk in Centre and District Nursing. The SIG will also provide a forum for problems, changes and risks.</p>	<p>ongoing</p> <p>ongoing</p> <p>monthly</p> <p>monthly</p> <p>Jan 08</p>

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8	Engage with The Consortium and other Information Prescription Pilots	<p>Clare Hinton attended the event in London for the launch and had many discussions with other pilots regarding options and ideas.</p> <p>Already met with Robert Coffey from OPM.</p> <p>It is the intention to have contact with other pilot sites that are using information prescriptions to promote self management and integration into existing systems for sustainability after the pilot.</p> <p>Use of a site for sharing good practice and questions will be valuable asset should the DoH be able to provide such a service.</p>	
9	Contribute to local patient information delivery	<p>The intention is to create a sustainable system which can be rolled out into other local PCT areas. There needs to be a positive and robust business case to be able to fund such a system to be maintained and we are relying on the evaluation from this pilot to provide important data for this.</p> <p>If we can provide all primary care, secondary care and social care with the same information on the same topics, consistency will have been achieved. This will be the first step for finding information for all concerned, alleviating the fear achieved by 'googling'.</p> <p>By signposting patients and professionals to the information they require, at the time they want to look, in a way they want to see or access it will reform the way in which information is available to our population.</p>	

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10	Contribute to developing national policy	<ul style="list-style-type: none"> • Our Health, our care, our say • National Service Framework • Carers Strategy • Promoting Independence Agenda • Better information, better choices, better health <p>Also</p> <ul style="list-style-type: none"> • Tackling Health Inequalities • EPP initiatives (self management) • Resourcing PALS in the NHS • Prescribing in the community • Working with GP Practices • Partnership working with local organisations 	