

**Evalina Children's Hospital: Information Prescription Pilot – Delivery Plan**  
**Information Prescriptions for Parents and Carers of Children – ECH /NHSD**

	<b>Pilot Site</b>	<b>Activity</b>	<b>Timescales</b>
<b>1</b>	<p><b>Key objective and desired outcome</b></p> <p><b>Key milestones</b></p>	<p>To pilot a pharmacist led information prescription process for parents and carers of children with long term conditions attending Evelina Children's Hospital (ECH) with a review of how the process could be adopted by community pharmacy services.</p> <ul style="list-style-type: none"> <li>• Identifying content of prescription</li> <li>• Agreeing directories of information for the conditions in the pilot appropriate for parents and carers</li> <li>• Identifying suitable template and format for prescribing, dispensing and delivery</li> <li>• Ethics approval</li> <li>• First prescriptions issued and dispensed</li> <li>• Small scale demonstration in community pharmacy</li> <li>• Scoping of community pharmacy</li> </ul>	<p>By April 07</p> <p>Start 1<sup>st</sup> May 07            Start 1<sup>st</sup> June 07            Start July 07</p>
<b>2</b>	<b>Project management arrangements</b>	<p>Project lead with overall responsibility for delivery: Steve Tomlin (ST) – Consultant Pharmacist, ECH, Guys and St Thomas Hospital . Organises the work and project support at ECH</p> <p>Project lead for subcontracted partner organisation, NHS Direct: Anne Joshua (AJ) – National Pharmaceutical Advisor, NHS Direct. Organises the work and directs project support for NHS Direct</p> <p>Project group will be established to act as an operational team to support the delivery of the project.</p> <p>Project plan will be reviewed by project group and time lines agreed with ST and AJ with key milestones to be achieved along- side any problem areas for resolution at regular project meetings. A representative of the Project group will be identified to attend the DH pilot evaluation group.</p> <p>Project steering group will include:</p>	<p>Establish project group March 07</p>

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	<p><b>Stakeholder engagement &amp; ongoing support</b></p>	<ul style="list-style-type: none"> <li>• ECH medical specialist</li> <li>• ECH clinical pharmacist</li> <li>• Knowledge information specialist, Guys and St Thomas NHS Foundation Trust</li> <li>• Principal Pharmacist- Research and Development, Guys and St. Thomas.</li> <li>• NHSD health information manager</li> <li>• NHSD IT project lead</li> <li>• Pilot project managers – ST and AJ</li> </ul> <p>A community pharmacy stakeholder group will be established with participating partners and members of project group to manage the demonstration in community pharmacy: Boots, Tesco's and Cooperative stores.</p> <p>Contractual arrangements will be agreed for delivery of community pharmacy review and evaluation with Mark Duman with Guys and St Thomas NHS Foundation Trust.</p> <p>Project leads to meet with Advisory Board and seek follow-up advice with individual members</p> <p>An Advisory Board for the project will draw on the resources and expertise of the Medicines information Project, MIP (set up initially by the DH Medicines Partnership Programme to lead a patient focussed medicine information project linked to NHS Direct website and available as independent Medicine Guides.(www.medicines.org.uk)- MIP representatives are from Medicines and Healthcare products Regulatory Agency (MHRA), Long Term Medical Conditions Alliance (LMCA), National Pharmaceutical Association (NPA), Royal Pharmaceutical Society of Great Britain (RPSGB), Royal College of Nursing (RCN), Royal College of General Practitioners (RCGP), Datapharm Ltd., Medicines information experts, Association of the British Pharmaceutical Industry (ABPI), Company Chemists Association (CCA), Epilepsy Action , Proprietary Association of Great Britain (PAGB), Ask About Medicines Week Campaign (AAMW). Further details about the MIP Board can be accessed at: <a href="http://medguides.medicines.org.uk/mip.aspx#7">http://medguides.medicines.org.uk/mip.aspx#7</a></p> <p>The Advisory Board members will act as a resource to provide advice and network to support the project development and evaluation. It is anticipated the Board will meet no more than once to review the project plan and advise on content. The current Chair of the Board represents the LMCA. The Chair rotates between the LMCA, RPSGB, AAMW and MHRA.</p>	<p>Arrange first meeting March07</p> <p>March 07</p> <p>April 07 extraordinary meeting of MIP Board</p>

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		<p>Project leads to contact and discuss the project development with other Stakeholders as required:</p> <p><b>Stakeholders:</b> MIP Advisory Board members, Patient Information Forum (PiF), Royal College of Paediatrics and Child Health, Paediatric hospitals involved in medicine information provision, UK Clinical Pharmacist Association (UKCPA), Neonatal and Paediatric Pharmacist group, Well child and Your Child's Health websites.</p> <p>In particular work with stakeholders will examine the long term implications for a wider role out in community pharmacy and secondary care. The Pharmaceutical Services Negotiating Committee (PSNC) will be consulted to identify community pharmacy contractor issues. Scoping interviews with parents and carers will be undertaken to establish baseline information needs and test template prescription</p> <p><b>Engagement with parents and carers:</b>  Pilot will be marketed and publicised to parents and carers of children through consultations with clinicians at ECH and with pharmacy staff when medicine is collected at the pharmacy. Leaflets and posters will be used where appropriate.  In community pharmacy settings each store will publicise the programme through personal contact with the pharmacy staff when medicines are dispensed and collected and with the support of leaflets to provide information about the scheme.</p>	<p>On-going</p> <p>March/April 07</p> <p>Text for Leaflets to be ready in March 07 for ethics approval</p>
<b>3</b>	<b>Coverage</b>	<p><b>ECH</b>  A paediatric pharmacist as part of their usual practice checks the medicines prescribed for the children on a daily basis as in-patients. At some point after diagnosis and/or change of treatment and again at discharge the pharmacist will undertake a review with the parent/carer of the child to agree the content of their information prescription. Pharmacists will also review information prescription needs for parents/carers who attend out-patients with their children identified either at time of consultation with clinician in the out-patients department or when collecting medicines from the pharmacy.  It is anticipated that up to 100 patients/carers/parents may be recruited within the timescale of the project</p> <p><b>Community Pharmacy</b>  A small scale feasibility pilot in community pharmacy will test the process in primary care. Three to four community pharmacies will be identified by partner organisations: Boots the Chemist, Tesco, Cooperative stores to provide a range of small and large scale settings. When parents/carers attend a pharmacy at one of the participating pharmacies to collect medicines included in the directory of medicines used to treat their child for the conditions</p>	

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		<p>identified in the pilot, they will be asked if they wish to participate in the project. It is anticipated that up to 10 patients/parents/carers will be identified per pharmacy during the timescale of the pilot.</p> <p><b>Long term conditions and care needs</b></p> <p>The pilot will focus on information prescriptions for the parents and/or carers of children to support the use of medicines in the treatment of long term conditions in childhood. Information is more often only available about the treatment of adults and the package leaflet with the medicines usually only describes medicine use in adults. This can lead to misleading information about administration, side effects and how the parent/carer supports the child to adhere to the medication treatment. The conditions that are proposed for the pilot include:</p> <ul style="list-style-type: none"> <li>• Epilepsy</li> <li>• Other neurological disorders</li> <li>• Renal transplant</li> <li>• Cardiac problems</li> <li>• Asthma</li> <li>• Medicines will be included that are un-licensed medicinal products, or medicines used off-licence</li> </ul> <p>Where there is very little information available, NHS Direct editorial team with support from the UK Medicines Information Pharmacist network will produce some new material for the NHS Direct website where possible to support the pilot. This will be achieved through existing contractual arrangements. The long term response to the information needs of the carer/parent will be reviewed as part of the pilot.</p>	As required

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<b>4</b>	<b>Baseline of current position by 1 April 2007</b>	<p>Initial scoping of parents/carers and health professionals at ECH to identify current information sources used and the process used to find the information through initial survey work led by Consultant Pharmacist, Research and Development supported by School of Pharmacy, University of London 3<sup>rd</sup> year Pharmacy Student.</p> <p>Review of Medicine Information requests to the Online Enquiry Service and Call centres will be undertaken including analysis of:  Outcome of OES Medicines Information project  Audit of Health Information Medicines enquiries  Analysis of type of enquiries to NHS Direct involving children</p> <p>Literature review of existing information resources and strategies –update review carried out in 2005</p>	<p>March/April</p> <p>March/April</p> <p>March/April</p>



	Pilot Site	Activity	Timescales
	<p><b>information prescription template by 1 April 2007</b></p> <p><b>Agree design of prescribing process by 1 April 2007</b></p> <p><b>Agree design of dispensing process by 1 April 2007</b></p>	<p>prescription “form” will be devised electronically and used to write the prescription using a combination of checklists and options for patient specific information needs. A coding system will be devised to identify the prescription for that particular parent/carer in both primary care and secondary care settings. The template will be printable for the parent/carer to receive a copy of the prescription but also in a format that can be incorporated into the (child’s) patient’s hospital record. The record will be annotated to state that the prescription was produced for the parent/carer.</p> <p>It is anticipated that the prescription will be sent electronically by email to NHS Direct and can be returned in the same way with the option for the form itself to be made available in hard copy as required. Patient identifying details will not be sent routinely to NHS Direct unless specifically agreed by the parent/carer. Parent/carer details will be sent to enable hard copy postage of information directly to a specified address. However, an audit trail will be established through a coding system to enable follow-up if necessary. <b>(See annex 1: process for prescribing, dispensing and delivery/collection)</b></p> <p>The following key steps will be included when developing a delivery system:</p> <ul style="list-style-type: none"> <li>• Review of information systems that can be used in ECH to produce the demographics for the prescription and copy of prescription for the patient care record.</li> <li>• Review of the existing NHSD Online Enquiry service to support the information prescription delivery with an identified call centre to support.</li> <li>• Existing information systems evaluated within NHSD for supporting delivery including CAS decision support software for long term conditions with particular reference to the primary care setting for supporting asthma.</li> <li>• Synergies with the requirements for paediatric prescribing systems for the provision of information. Work stream led by Dr Roderick MacFaul, Connecting for Health National Action Team on Children’s prescribing. Specification currently undergoing consultation with stakeholders. (Steve Tomlin and Anne Joshua – members of advisory group)</li> </ul> <p>To ensure information is available in accessible formats language translation will be offered as appropriate through Guys and St Thomas NHS Foundation Trust and existing services will be used to support the project, e .g. XPIL <a href="http://xpil.medicines.org.uk/">http://xpil.medicines.org.uk/</a></p>	

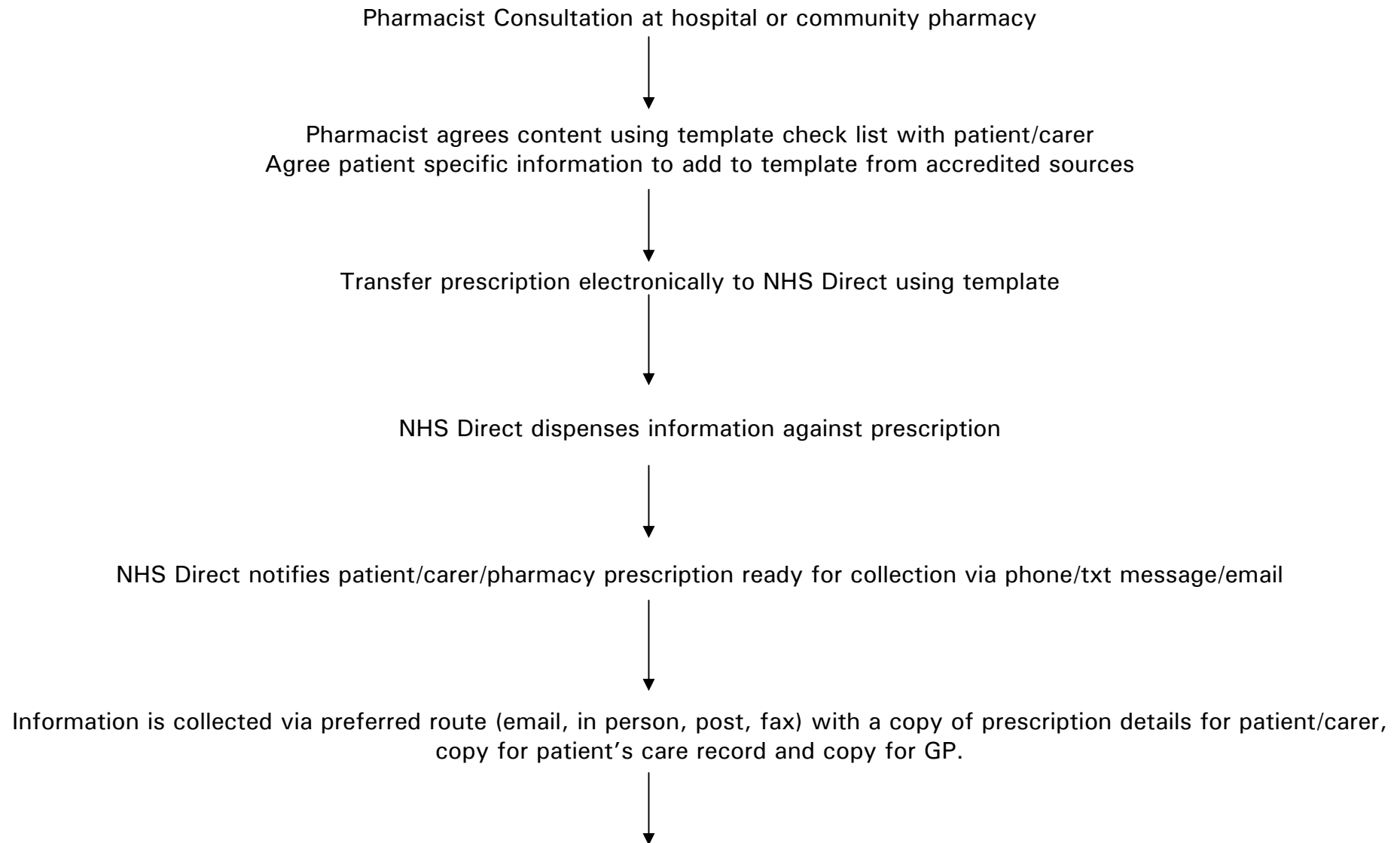
	<b>Pilot Site</b>	<b>Activity</b>	<b>Timescales</b>
		<p>XPIL is a service available free of charge to provide pharmaceutical manufactures' package leaflets for those with sight difficulties. The service offers Braille, audio and large font text. Where possible learning difficulty information needs will be met for individuals dependent on the available resources.</p> <p>The ability to text parents/carers to inform them that information has been dispensed and will be delivered by post or can be collected by email or from a venue of their choice will be tested in the pilot. If the parent/carer requests another copy of the information prescription then they will be advised to contact NHS Direct with identifying code for a further prescription.</p> <p>Community pharmacy demonstration uses feedback from EHC pilot to support development of systems that will enable link to patient medication records in the pharmacy and for follow-up where necessary.</p> <p>The template prescription will be returned to the prescribing site for a copy to be included in the patient's care record.</p>	

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<b>6</b>	<b>Introduce information prescriptions by 1 May 2007</b>	<p>ECH - After initial local publicity in the second half of April roll out to parents/carers.</p> <p>Community Pharmacy demonstration – initial prescriptions generated after ECH has tested system. Publicity in Pharmacies during May. Using any learning generated from ECH roll out incorporate into Community Pharmacy scheme.</p> <p>The NHS Direct Online enquiry service will dispense the prescriptions with support from the Hampshire and Isle Of Wight Call centre that holds the central library service for NHS Direct</p>	<p>May 07</p> <p>June 07</p>
<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>NHS Direct will collate number of prescriptions written and number delivered/collected successfully by which route and for each condition. NHS Direct will contact recipient after one month to ensure information was received and ask if any further information requirements or follow –up. (Method to be agreed with parent/carer at time of prescribing and initial consultation.</p> <p>Community Pharmacy review (MD Healthcare Consultants Ltd.) will address any pitfalls and requirements that are highlighted by demonstration in Community pharmacy sites. It is proposed that the review will be undertaken as follows: A purposive qualitative approach using in-depth interviews with three professional pharmacy groups (n=10 each approx.): 1) actual information prescription participants 2) front-line pharmacists, and; 3) community pharmacy company senior staff.</p> <p>The community Pharmacy Stakeholder group and project steering group will act as the focus for ensuring any potential changes are considered and decisions to change are communicated around the sites</p>	<p>On-going</p> <p>July 07 to commence</p>

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<b>8</b>	<b>Engage with The Consortium and other Information Prescription Pilots</b>	<p>Clarification is sought on the following highlighted in the original pilot bid document::</p> <p>Ethical clearance will be sought by ECH through the Guy's and St Thomas' NHS Foundation Trust and by NHSD for the particular part of the service they provide. Parents and carers will be asked for consent for the details of their information prescriptions to be available to the DH evaluation team</p> <p>The following data will be made available for the national evaluation:</p> <ul style="list-style-type: none"> <li>• Demographics of patients involved (excluding names).</li> <li>• Details of carers, e.g. parent or carer, care home, school.</li> <li>• Processes used to issue prescription including preferences for format, staff time involved, costs.</li> <li>• Details of prescriptions issued</li> <li>• Feedback from professionals involved</li> <li>• Feedback from carers/parents</li> <li>• Feedback from children involved, e.g. individual , focus group.</li> <li>• Report of scoping exercise of community pharmacy</li> </ul> <p>Further data requirements will be met where possible as identified by DH. Where possible electronic communication of data will be undertaken.</p> <p>Sharing experiences and processes with other pilots would be seen as beneficial particularly for the same condition areas and carer groups.</p>	March 07
<b>9</b>	<b>Contribute to local patient information delivery</b>	<ul style="list-style-type: none"> <li>• Support the provision of information to meet needs of parents and carers at ECH related to the child's condition and treatment including information about the unlicensed use of medicines in children at ECH.</li> <li>• Develop systems for incorporating information needs into care pathway with appropriate recording in care record in hospital and for discharge</li> </ul>	

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<b>10</b>	<b>Contribute to developing national policy</b>	<ul style="list-style-type: none"> <li>• Support access to consistent validated information about unlicensed medicine use in all patient groups (with particular emphasis on children). This would address the current problem where provision of an information sheet to patients is a legal requirement for all medicines dispensed. For unlicensed medicines there is often no information leaflet or it is not in English language.</li> <li>• Support the development of processes for dispensing information via electronic access</li> <li>• Support the development of processes for information prescriptions written by pharmacists in a secondary and primary care settings</li> <li>• Support the development of accreditation process for information about children's medicines and long term conditions</li> <li>• Support the development of information specific to the needs of children</li> </ul>	

**Annex 1: Process for issuing an Information Prescription to support patients and carers with information about the management of heart disease at diagnosis**



After 1 month NHS Direct contacts patient/carer to check information was OK and offer prescription review