



Information Prescription Pilot – Delivery Plan
Arthritis Care, Asthma UK, Diabetes UK, Hammersmith and Fulham PCT

	Pilot Site	Activity	Timescales
1	Key objective and desired outcome	<p>To pilot an information prescription scheme in primary care settings for people with three long-term conditions in Hammersmith and Fulham; an area of London designated as spearhead due to high levels of deprivation, low use of health services and poor health status.</p> <p>Desired outcomes of the project include:</p> <ul style="list-style-type: none"> - to learn more about the particular information needs of the target population - to derive lessons about the process for delivering information prescriptions - to identify the obstacles to implementing an information prescription scheme in this type of setting (focussing on both health professionals and service users) - to develop recommendations for a wider rollout of the scheme - to produce information to evaluate and cost the scheme. <p>Specifically the information prescription scheme aims to:</p> <ul style="list-style-type: none"> - improve communication between people with diabetes, arthritis and asthma and health care professionals - increase people’s satisfaction with the quality of the information they receive - develop people’s confidence and understanding about their condition leading to a greater ability to self-manage. <p>In the longer term it is hoped that this will lead to:</p> <ul style="list-style-type: none"> - improved health status - more appropriate use of health services by people with long-term conditions 	

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	Key milestones	<ul style="list-style-type: none"> - reduction of the use of health services (and particularly emergency care) by people with these conditions. Recruit a project manager Establish steering group and set dates for meetings / establish terms of reference / arrangements for conducting business Identify sites to be involved in the pilot Start to embed the information prescription process using basic materials with selected sites Establish the process for delivering the information prescription Conduct research with target service user groups to better determine information needs and to develop FAQs (local and national discussion groups) Conduct basic training with staff involved in delivering prescription Complete baseline Set up website Conduct research with health professionals to gather feedback on process Produce information prescription Agree protocol for prescribing Pilot prescription and record information on usage Focus groups with patients who have been given prescription 	<ul style="list-style-type: none"> March 07 March – May 07 April – May 07 May 07 June 07 May - July 07 June 07 June 07 June / July 07 End June 07 July 07 July 07 July 07 – Jan 08 Nov / Dec 07

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		<p>Focus groups / discussion with professionals involved in pilot</p> <p>Final report</p>	<p>Nov / Dec 07</p> <p>Jan / Feb 08</p>
2	Project management arrangements	<p>The project will be managed on a day to day basis by a project manager with a base at Asthma UK and a hot desk at Hammersmith and Fulham PCT, but working across all the organisations and sites. The project manager will report to the management group.</p> <p>The management group will consist of project leads from Arthritis Care, Asthma UK, Diabetes UK and Hammersmith and Fulham PCT. This group will meet every two months.</p> <p>Asthma UK will be hosting the project and holding the budget. Partnership agreements are being drawn up between the host organisation and all other partners (Arthritis Care, Diabetes UK, Hammersmith and Fulham PCT) to ensure equal accountability for delivery.</p> <p>The steering group will meet every four months (see below for composition).</p> <p>The steering group will report quarterly to Patient and Public Involvement Network (PPIN) at Hammersmith and Fulham PCT. Two members of the management group are due to attend a meeting of the PPIN in March to introduce the project.</p> <p>The steering group will also report to the Board of Trustees / Senior Management</p>	<p>To be appointed March 07</p> <p>March, May, July, Sept, Nov 07 and Jan 08</p> <p>May, Sept 07 and Jan 08</p> <p>(March), June, Sept, Dec 07</p>

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	Stakeholder engagement & ongoing support	<p>Team at Diabetes UK, Asthma UK and Arthritis Care.</p> <p>Engagement of stakeholders will principally be through the steering group which will comprise:</p> <ul style="list-style-type: none"> - Local person with diabetes, asthma, arthritis (3 people) - A representative from each of the three voluntary organisations with experience of the condition (diabetes, asthma, arthritis - 3 people) - A GP from a practice involved - A practice nurse from a pilot practice - A PPI lead from Hammersmith and Fulham PCT - A local pharmacist - A representative from a local community group - A representative from the local interpreter organisation (CITAS) - Project leads from Arthritis Care, Asthma UK, and Diabetes UK (3 people) - Project lead from Hammersmith and Fulham PCT - (Project manager). <p>In addition focussed discussions will be held with local people with diabetes, asthma and arthritis and with the practitioners involved in the pilot scheme at key points in the project.</p> <p>Other stakeholders include the wider population of people with diabetes, asthma and arthritis. They will be involved in the project through the reporting structures to the three condition specific organisations.</p>	<p>May / June 07 Nov / Dec 07</p>

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3	Coverage	<p>The pilot scheme will focus on the population of two GP surgeries in Hammersmith and Fulham, although this is subject to further discussion with the evaluation team and may also include the Walk In Clinic and a community pharmacist.</p> <p>The particular patient population will be those with arthritis, asthma and diabetes who present to primary care services at particular points in the care pathway:</p> <ul style="list-style-type: none"> - diagnosis - advice on treatments - worsening of symptoms - ongoing care and review. <p>It is likely that the target population will be from relatively deprived areas with poor health status. There will be a proportion who do not have English as their primary language and some may not speak, or read, English, presenting challenges to the effective delivery of information.</p>	
4	Baseline of current position	<p>Baseline information to be collected will include:</p> <ul style="list-style-type: none"> - A snapshot of Information currently given out to target groups by the pilot practices and when this is given - A snapshot of how information is provided to people who do not speak or read English - Usage of translation and interpreter services and costs by surgery, and details of the main languages spoken - Current levels of satisfaction with information provided (through focus groups with user groups) - Prevalence of asthma and diabetes and estimated prevalence of arthritis in population registered with the practices - Local assessments of health needs and outcomes in the boroughs generally - Emergency admissions by surgery - Involvement in expert patient programmes from target population - Existence of local peer support groups and knowledge of these amongst health professionals and target population groups - Involvement in local health structures – PPI forums etc. from target population 	June 07

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		<ul style="list-style-type: none"> - Assessment of current cost of providing information to target population. <p>It will not be possible to collect all this information before June as some is based on the pilot service sites which will not be identified until April. Also some of the baseline will be derived from the development research work to be conducted in May and June.</p>	

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6	Introduce information prescriptions by 1 May 2007	<p>The process of identifying people to receive the prescription and working the prescribing of information into a consultation will be piloted from May using cards already available from the voluntary sector organisations with helpline numbers. This will help to generate information about the practicalities of the process and will help ease the pilot sites into the process of giving out an “information prescription”.</p> <p>Discussions will then be held with the health professionals to share experiences of delivering information in this way and to finalise a protocol for delivering the pilot prescription.</p>	End June 07
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 partner organisations have a well researched understanding of the care pathways experienced by people with these three long-term conditions. The pilot project is based on the premise that there are four key points in care when people particularly need, and often seek, information. The logistics of targeting people at these particular points in care will be tested in the pilot project.</p> <p>The methods will be reviewed at key points in the project. In particular, there will be an early review of the process for delivering an information prescription and a protocol developed based on experience early in the project. The content of the FAQs will be developed during the first part of the project in discussions that will test assumptions about information needs in terms of timing and issues to be addressed.</p>	

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8	Engage with The Consortium and other Information Prescription Pilots	<p>The partners have already met with an evaluation consultant, Ewan King, from OPM and intend to further engage at the conference on 22nd March.</p> <p>It is the intention to make contact and liaise with other prescription pilot sites where there are similar issues being tested (other long-term conditions, other voluntary sector led projects, others working with deprived populations). The project partners liaise with other voluntary organisations through networks such as LMCA who are convening events around the information prescription projects.</p>	
9	Contribute to local patient information delivery	<p>Learning from the project will be reported regularly to the Patient and Public Involvement Network in Hammersmith and Fulham PCT and through them to other patient groups, as well as the PCT Board. Local delivery will also be influenced through the learning fed through to local organisations via Asthma UK, Arthritis Care and Diabetes UK's networks, groups and other communication channels.</p> <p>The engagement of local stakeholders through the project pilot will raise awareness of the particular information needs of the target population and similar groups locally (and nationally). It is anticipated that this will stimulate local developments and start to produce a business case for further development of health information and other services to support self-management amongst people with long-term conditions locally.</p>	
10	Contribute to developing national policy	<p>The pilot project will contribute to the following key national policies and priorities:</p> <ul style="list-style-type: none"> - Will contribute to implementation of <i>Our health, our care, our say</i> locally and contribute lessons for implementation in particular populations which can be disseminated more widely - Provides support for, and promotes, self management - Focuses on health inequalities and means to address these - Focuses on primary care settings and aims to reduce inappropriate use of secondary care in longer term - Implementation of proposals in <i>Better information, Better Choices, Better Health</i> including development of "power questions" for this population 	

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		<ul style="list-style-type: none">- Engages people with long-term conditions in determining their information needs and ways of meeting these resulting in more patient-centred care.	