

# **Information Prescription**

## **Delivery Plan - March 2007**

**Heart of England NHS Foundation Trust  
Heartlands Hospital  
Room 2 New Main Entrance  
Bordesley Green East  
Birmingham  
B9 5SS**



	Pilot Site	Activity	Timescales
		<ul style="list-style-type: none"> <li>• The Electronic Patient Record (EPR) will be updated with the information prescription request. Information stored in the EPR about the information prescription would include the identification of the health professional making the request, date and time of request, title of information prescription i.e. which template had been used and the version of information prescription issued. A “flag” will be generated by the system to remind clinicians each time they see the patient to check if they need a new information prescription.</li> <li>• A copy of the information prescription will be printed for the patient, and if requested by the health professional an electronic version will be sent directly to one of a number of health information distribution points. The information requested will be put into information packs ready for the patient to pick up after their consultation with the health professional.</li> <li>• Each information prescription template will list information sources essential to patients accessing information at that point on the care pathway. To assist with information reaching people with language or literacy problems, where the content of the leaflet allows these leaflets would be made into audio versions using MP3 technology. These files could be burnt onto a CDROM and also made available as downloads from the CF website. The computer facilities within the Health Information Centre could also be utilised to assist people who wanted to use this format.</li> <li>• The Patient Advice and Information Database (PAID) System already has the facility to provide information in large print format, and any new information leaflets produced by the CF Department would automatically be made available in a large print option</li> <li>• GP surgeries currently accessing our systems would have access to these developments. Information packs could be made available at the surgery, or picked up from the hospital.</li> </ul>	

	Pilot Site	Activity	Timescales
2	Project Management Arrangements	<ul style="list-style-type: none"> <li>• A CF Website will be developed and a section will be dedicated to the Information Prescription project. There will also be the opportunity on the website to have a “blog” where information prescriptions can be discussed openly and honestly – and anonymously.</li> <li>• Computers and other devices with Internet access and printers will be installed in the Centre. CF patients, their relatives and carers will be encouraged to access and use their HealthSpace facility. We would welcome the chance to work with other agencies within the Department of Health to develop our system so that it could automatically upload information into an individual’s HealthSpace account.</li> </ul> <p>Please refer to the Project plan spreadsheet attached to this document. The pilot will be led by the Patient Information Prescription Steering Group (PIPS), who will oversee the management of the project and be responsible for the allocation and utilisation of the funding for the project. The first meeting of this group has already taken place. Arrangements have been made to pay the DoH monies into a Trust Fund, and this will be managed by the Project Manager who will give a financial report detailing spending at each steering group. Membership of the group includes:</p> <ul style="list-style-type: none"> <li>• Clinical Director for Respiratory Medicine</li> <li>• Matron for Respiratory Medicine</li> <li>• Directorate Manager for Respiratory Medicine</li> <li>• Patient Representative(s)</li> <li>• IT Systems Architect</li> <li>• Research &amp; Development Manager</li> <li>• Head of Quality/Patient and Public Involvement</li> <li>• Project Manager/Health Information Manager</li> <li>• Lead for Professions Allied to Medicine (PAMS)</li> <li>• Representative from the Cystic Fibrosis Trust</li> <li>• Library Manager</li> </ul>	

	<b>Pilot Site</b>	<b>Activity</b>	<b>Timescales</b>
		<p>This group will meet monthly for the first 3 months of the project, then bi monthly. The membership of the group will ensure that the project receives ongoing support at the highest level within the organisation. The expertise that this membership will bring to the pilot will ensure that the project is kept on track and will deliver within the allocated time. The involvement of a patient representative will ensure that the tasks within the pilot continue to focus on the needs of the CF patients, relatives and carers. Due to the risk of infection among Cystic Fibrosis patients the traditional methods of bringing patients together to discuss their views and give their opinions will not be appropriate.</p> <p>An important part of the pilot will be to use new technology to explore ways in which we can give access to our target group of patients to allow them to participate fully throughout the project. Their views will continue to be sought at each project milestone i.e. the draft information prescription templates. We will invite a number of patient representatives to work with the project manager and their team. These representatives will be invited to attend steering group meetings, and to act as a link to the rest of the patient target group.</p> <p>Staff groups will meet with the Project Manager and IT Systems Architect. Each CF team will elect a champion who will represent the group at meetings and feedback decisions to the rest of the group. In addition to regular project team meetings, there will be a regular quarterly slot at the Respiratory Directorate meetings where a project update will be delivered to the whole directorate.</p> <p>The Project Manager will liaise with the evaluation team and other pilot sites. This includes attending meetings to share experiences and presenting progress reports. Regular reports on this activity would be given to the Patient Information Prescription Steering Group.</p> <p>At the end of the pilot a final report will be presented to the Respiratory Directorate, evaluation team and Trust board. Please refer to the Project Plan at Appendix 1.</p>	

	<b>Pilot Site</b>	<b>Activity</b>	<b>Timescales</b>
<b>3</b>	<b>Coverage</b>	<p>The pilot will take place at Heartlands Hospital in the Respiratory Medicine Directorate, which hosts the regional speciality for Cystic Fibrosis. The West Midlands Adult Cystic Fibrosis Centre is based on Ward 26 and currently looks after approximately 295 adult patients from around the West Midlands Region, and some patients from other regions. The Centre has 20 single rooms for in-patients and 9 outpatient rooms, together with a clinical room.</p> <p>The Centre also houses the Cystic Fibrosis multidisciplinary team including physiotherapists, specialist nurses, dieticians, an administrator and a social worker. Medical staff include a Specialist Registrar and a Clinical Fellow.</p> <p>Cystic Fibrosis (CF) is an inherited condition that currently affects approximately 7,500 people in the United Kingdom. Around one in five people with CF are diagnosed at birth and just over half of people with CF are diagnosed as babies. Neonatal screening has just been introduced nationally. There is no cure for CF; current treatments include care from a specialist team who aim to control the symptoms. By the time people with CF reach adulthood they have had extensive contact with the NHS and are often very well informed about their condition and treatment.</p> <p>Reaching adulthood brings a new set of challenges to people with CF. Men can experience fertility problems and CF patients have a shorter life expectancy, the average being around the early thirties. Adulthood also means a transition from a children's hospital to an adult care unit. This takes place between the ages of 16 to 18 years depending on the maturity of the individual and currently we have between 20 – 25 patients a year going through this change.</p> <p>By collecting feedback from patients in the unit who have made this transition we can use their expertise to give some ideas around what extra information could have been provided to better to assist in the transfer process. We will also be recording the views of patients who are currently (or who are about to embark) on this pathway.</p>	

	<b>Pilot Site</b>	<b>Activity</b>	<b>Timescales</b>
		<p>The Unit already has strong links with the staff in the hospitals in the West Midlands that transfer patients to our service. We will invite them and their patients who are due to transfer this year to become part of the pilot. We will be looking to establish what information they would like us to provide, and in what format. We will encourage the patients to involve their carers in the process, but their individual preferences will be respected.</p> <p>Many CF patients in this age group are computer literate and comfortable with developments in new technology. They are not afraid to explore new ideas, and to use and experiment with technology as a tool to assist them to find out more information. An electronic information kiosk will be set up on Ward 26 to provide patients with an alternative method to access information relevant to their prescription.</p> <p>There are several options that we want to explore in the pilot around new technology, including secure access to records provided by “keyfob”, MP3 technology, Interactive Blogs and the provision of wireless Internet access for patients on Ward 26.</p> <p>Key information relating to the issue of information prescriptions will become part of our internal electronic patient record. We will be actively promoting use of the HealthSpace account for the CF group. The pilot would be an ideal opportunity for our team of software developers to work with the Department of Health to enable us to upload information directly into the CF patient’s HealthSpace account.</p>	

	Pilot Site	Activity	Timescales
4.	<b>Baseline Current Position by 1<sup>st</sup> MAY 2007</b>	<p><b>Please note:</b>  We were notified of inclusion in the project on February 9<sup>th</sup>, and as such the Steering Group believe that the target of completion for 1<sup>st</sup> April 2007 for the baseline position for most of the plan to be very ambitious. Our plan uses IT and Internet technology extensively and will include software development from the very start of the pilot. The Steering Group have asked that the baseline current position date be extended to 1<sup>st</sup> May 2007.</p> <p>We believe that it is important to ensure that the work that takes place as part of the project will be transferable to other chronic disease specialties within the Trust. The baseline audit will be established within the CF group, but the methodology used and the collation of the results will use generic processes that can be used in other areas.</p> <p>An audit of the process of information giving is currently underway. This will establish:</p> <ul style="list-style-type: none"> <li>• How is information currently given to Cystic Fibrosis patients, their relatives and carers?</li> <li>• Who gives the information?</li> <li>• What format is used to present the information i.e. written, spoken etc.?</li> <li>• How frequently is information given i.e. at the start of the transition only, or throughout this part of the care pathway?</li> <li>• Where does this information come from?</li> <li>• As a health professional do you and your colleagues all use the same sources of information for this group of patients?</li> </ul> <p>This audit will involve the health professionals working with CF patients, and information will also be sought from the hospitals referring patients to adult care. We will also work closely with the CF Trust as their current website has information that is widely used by CF Patients. There are several local groups run by CF patients, relatives and carers. The project manager will meet with these groups to ask for their help, and their views will also assist to shape the project.</p>	

	Pilot Site	Activity	Timescales
5.	<p><b>Identify content and establish how accessible directories will be designed by 1 May 2007</b></p>	<p>We will ask the CF patient group the following questions:</p> <ul style="list-style-type: none"> <li>• What information have you received?</li> <li>• What information would you like to receive?</li> <li>• In what format(s) would you like this information to be make available?</li> <li>• Has this information been designed for you – or for your relatives and carers?</li> </ul> <p>To encourage a free and frank exchange of views it will be made very plain to participants that response to these questions will be wholly anonymous. This is particularly important for any data collected from patients. Any case for research involving collection of identifiable data will first have to go to the Steering group, who will refer the matter to the Research and Development Manager who can advise as to ethical approval.</p> <p>We will work closely with the IT Department to set up secure website access where people can respond in a variety of ways to give structured i.e. fill out an online questionnaire and unstructured feedback in the form of Blogs, chat etc.</p> <p>Using the feedback from health professionals the project manager and team will meet with each group i.e. Doctors, Dieticians, Physiotherapists, Pharmacists etc. We will establish what information sources are currently being used, and user feedback will be given to each group, highlighting positive and negative feedback about the way information is being given. Using this feedback each group will decide upon:</p> <ul style="list-style-type: none"> <li>• A directory listing of “approved sources” of information providers i.e. The Cystic Fibrosis Trust and other clinically approved sources of information</li> <li>• A set of standard information that should be given to every patient at specific points in the CF care pathway i.e. patients going through the transition from childhood to adult care.</li> </ul>	

	Pilot Site	Activity	Timescales
		<ul style="list-style-type: none"> <li>• If and how this information should be tailored to meet specific needs i.e. male and female information, information targeted at carers and relatives</li> <li>• How their information giving process can be improved using the information prescription format i.e. does each group want/need their own information prescription</li> </ul> <p>In addition to the electronic prescription we are already using a version of an information prescription in our Health Information Centre based in the Main Entrance of the hospital. Using a postcard format, people are invited to fill out details of the information they want us to provide. They can then select how they want to retrieve the information. We will send information via e-mail, post or they can collect it in person from the Centre.</p> <p>Using this method allows people privacy and anonymity when making an information request. The services this centre provides would enable us to enhance the information prescription service and allow us more flexibility to make contact with hard to reach groups. The Health Information Centre will play a key part in the pilot as it will act as a distribution point for information packs. The Health Information Centre uses carrier bags that have been coated with an antibacterial coating, making them safer for CF patients who run a high risk of infection.</p> <p>The electronic notification that an information prescription has been requested can be picked up in the Health Information Centre, and packs made up ready for collection. These packs would provide not only written materials, as not everyone has the necessary literacy levels to read and understand information leaflets, but information in a variety of media. They could include CDROMS with audio files of leaflets and any other electronic media made available through the project i.e. video clips, and downloadable materials.</p>	

	<b>Pilot Site</b>	<b>Activity</b>	<b>Timescales</b>
	<p><b>Agree design of information prescription template and design of prescribing process by 1<sup>st</sup> May 2007</b></p>	<p>The IT development team will work with the various clinical groups to discuss their requirements for the electronic information prescription. This will probably result in more than one prescription format as each group will have their own views on what the prescription will contain. It is important to make the prescription easy to use for the health professional as they are often in a very busy clinical situation.</p> <p>There may be some overlap of information requested on each prescription and this will be monitored by the project manager who can feed back this information to the clinical teams.</p> <p>Training for staff on how to use the information prescription should not present any problems as the system will become an extension of the Patient Advice and Information Database. Most of the staff using the system will be familiar with the “look and feel” of the system, and any additional training will be provided by the project team.</p> <p>A postcard sized information prescription is already in use, and will be the basis for any further development of a paper based format. Please refer to the attached Adobe file to view the postcard.</p> <p>Before the launch of the system the Project team will produce publicity materials designed to inform not only participants in the pilot but the general public and staff about the project. We will put together an article for our in-house magazine “Heart and Soul”, this has a distribution list of approximately 100,000 people including staff and foundation trust members. Working with the CF Trust and local user groups will also provide an opportunity to publicise any work taking place. The website will also afford opportunities to provide information and updates about how the pilot is progressing.</p>	

	<b>Pilot Site</b>	<b>Activity</b>	<b>Timescales</b>
	<p><b>Agree Design of Dispensing Process by 1<sup>st</sup> May 2007</b></p>	<p>As discussed earlier in the plan, the Electronic Patient Record (EPR) will be updated with the information prescription request. Information stored in the EPR about the information prescription would include the identification of the health professional making the request, date and time of request, title of information prescription i.e. which template had been used and the version of information prescription issued.</p> <p>A “flag” will be generated by the system to remind clinicians each time they see the patient to check if they need a new information prescription, and this entry will also show in the EPR timeline for each patient</p> <p>All health professionals and social workers involved in the care of CF patients during the transition process will be given the appropriate computer access to enable them to issue prescriptions. GP’s are accessing our systems and will be able to issue prescriptions. The IT Development team will look at ways to provide secure access to CF health professionals at other sites to enable them to use the system to prescribe information before the patient is transferred to adult care.</p> <p>Any staff expressing an interest in writing patient information leaflets will be offered support from the Health Information Manager. In addition, training in Plain English will be provided for staff if requested.</p> <p>A hard copy of the information prescription will be printed for the patient and the detail stored electronically for a set time frame i.e. 60 days. The IT Development team would also like to be able to upload details of the information prescription to the individuals HealthSpace account, but would need advice from the external project team about how this may happen.</p> <p>All care staff provide information currently in a variety of different formats, including verbal information. Although the prescription should not be used as a substitute for communication with the patient, it should be seen as a valuable tool that if used correctly may possibly save time.</p>	

	<b>Pilot Site</b>	<b>Activity</b>	<b>Timescales</b>
		<p>It should also ensure that each patient has equal access to the variety of information considered important by the health professionals. The pilot will explore the requirements of any patient with additional needs and find the best ways to provide information at the right time and in the right format.</p> <p>CF Patients will also have access to the information prescription postcards so that they can “self refer” to the Health Information Centre in private if they prefer.</p> <p>Once the different clinical and PAMs teams have decided on the content of their prescriptions we will look at ways to streamline the process, from the point at which the prescription request is made to the accessing of information by the patient. One of the ways this will be addressed is by information prescription packs. These packs will provide some or all of the information in a prescription and advice and information on how to obtain more information. These packs will be made available to the health professionals, and also in the health information centre.</p> <p>The information prescription software will include an option to notify the Health Information Centre if a patient is coming down to “fill their prescription”. This will enable the staff to have the pack ready for the patient when they arrive.</p> <p>The centre staff will also act as a resource to assist with training on how to access the relevant websites and approved sources of information accessible via the Internet for the pilot group. The centre has Internet access, and the public can browse health information sites without staff intervention if they choose.</p> <p>When evaluating the different distribution approaches we will need to be mindful that any approaches we adopt would need to be transferable to the wider organisation, making cost effectiveness a key measure. We will explore providing a loan facility for information such as DVD’s and video’s and encourage recipients to return media when not longer needed, linking into the Bibliotherapy literature loan service.</p>	

	Pilot Site	Activity	Timescales
6.	<b>Introduce Information Prescriptions by 1<sup>st</sup> May 2007</b>	<p><b>Please note:</b> In line with our request to move the baseline position by one month we would be working towards having the infrastructure ready to start to produce electronic information prescriptions by <b>1<sup>st</sup> July 2007</b>.</p>	
7.	<b>Monitor and assess progress to integrate information prescriptions into care pathways</b>	<p>It is crucial that CF Patients feel part of this pilot and that they want to actively participate – not that this is something that is being done to them that they cannot control. From the first contact with patients the project group will have to sell the idea to the participants. It is also important not to lose sight of the fact that some of the CF patients will be unwell and may not want to take part immediately, but may want to come on board at a later date when they feel well enough. As part of this involvement we will ask the group for their preferred methods of communication and tailor the services we provide around their needs.</p> <p>Patient representatives will attend the project steering group meeting to ensure they are kept up to date with the latest developments. The project group will remain in regular contact with the patient pilot group by utilising a number of methods to obtain feedback:</p> <ul style="list-style-type: none"> <li>• Use of Web and Internet technology</li> <li>• face to face contact with patients on a one to one basis</li> <li>• Letters by e-mail or post</li> </ul>	

	<b>Pilot Site</b>	<b>Activity</b>	<b>Timescales</b>
	<b>Refine methods used in light of findings</b>	<p>As the prescription is produced electronically it should be relatively easy for the IT Development team to make any adjustments highlighted by feedback from patients and health professionals.</p> <p>Each version of the prescription will be kept to form a “project history” that can be used and referred back to and a project diary will be maintained throughout the pilot. This, together with the minutes of the project steering group will be particularly useful when we continue to roll out the project across the rest of the organisation, as it will show some of the things that didn’t work for this group.</p>	
<b>8.</b>	<b>Engage with the Consortium and other information prescription pilots</b>	<p>The Project Manager and members of the steering group are meeting with the OPM Project Director on March 6<sup>th</sup> 2007. From this meeting we will develop a plan to ensure regular contact with OPM and structured methods of reporting on the progress of the project.</p> <p>The Project Manager, members of the steering group and a representative from the Cystic Fibrosis Trust will be attending the project launch in London on March 22<sup>nd</sup>, where we will receive more information about the national pilot. Attendance at this event will also provide an opportunity for us to meet other participants and to see what other approaches to information prescriptions are being used nationally.</p> <p>From this I would like to see a website where participants in the pilot could post requests for information, chat and generally exchange thoughts and ideas.</p> <p>It may also be useful to meet from time to time, either with any other participating organisation(s) locally and/or another event at the end of the pilot where participants can share what went right – and what went wrong.</p>	

	<b>Pilot Site</b>	<b>Activity</b>	<b>Timescales</b>
<b>9.</b>	<b>Contribute to local patient information delivery</b>	<p>This pilot will be used to deliver the framework for the implementation of the Information prescription not only for CF patients, but as a model for the dissemination of the information prescription throughout the Trust.</p> <p>Part of the pilot will look at joining up some of the other ways people can obtain information about their care and condition. We will collaborate with the “Bibliotherapy “ project currently being developed by our Trust library services, and the “Expert Patient” programme run within the hospital and our local PCT. We will be working closely with the CF Trust and local user groups to develop services around the needs of CF patients.</p>	
<b>10.</b>	<b>Contribute to developing National Policy</b>	<p>Some of the Steering Group participated in the introduction and ongoing development of the PAID system. This experience has taught us that changes in working practice can take a long time to become accepted. For change to work in a health care environment it has to be seen to deliver an improvement in the delivery of patient care. The clinicians using the PAID system believe that it has improved the quality and delivery of the information available to patients. This can be quantified by the number of patients that are receiving information from the system – currently around 8,000 per month.</p> <p>The Information Prescription Project team will face the same challenges when introducing the pilot project. However as long as the pilot can demonstrate that patients are benefiting from an improved information service the prescription will bring, I have no doubt that the health professionals involved will actively participate and welcome this development.</p>	

	<b>Pilot Site</b>	<b>Activity</b>	<b>Timescales</b>
		<p>“Our health, our care, our say” introduces the Information Prescription and the intent to provide every patient with a chronic or long term condition with and information prescription. This will direct people to relevant sources of information about services and treatments, to how to make contact with others in a similar condition and where they can obtain further advice and support.</p> <p>The NHS Improvement Plan saw the focus of service delivery change, putting patients first through more personalised care through focusing not only on illness, but on the whole of health and wellbeing. The information prescription provides a more holistic approach when treating patients with long term conditions, providing information not only clinical information, but information about lifestyle choices and other agencies and support available within the community.</p> <p>Standards for Better Health sets out common set of requirements applying across all health care organizations, and provides a framework for continuous improvement in the overall quality of care people receive. Results of local and national surveys continue to highlight issues around information and communication in the health care setting. The information prescription will go some way to address these issues, especially if we continue to regularly illicit and act on feedback from people using our services.</p>	

## Patient Information Prescription Pilot - Project Plan February 2007 - January 2007

### Key Milestones

Project Event	Feb		March			April				May				June				July				August				Sept				October					Nov				Dec				Jan												
	Wk		Wk			Wk				Wk				Wk				Wk				Wk				Wk				Wk				Wk				Wk																	
	3	4	1	2	3	4	1	2	3	4	1	2	3	4	5	1	2	3	4	1	2	3	4	5	1	2	3	4	1	2	3	4	1	2	3	4	5	1	2	3	4	1	2	3	4	1	2	3	4						
Patient Information Prescription Steering Group (PIPS)																																																							
Meeting with CF Team																																																							
Contact/Meeting with CF Patients																																																							
Baseline audit of current information provision																																																							
Directories of Approved Sources of information compiled																																																							
Implement CF website																																																							
Design and test electronic information prescription																																																							
Implement electronic information prescription																																																							
Implement distribution of postcard information prescription																																																							
Patient Satisfaction Survey and information review																																																							
Staff Satisfaction Survey																																																							
Project Group Meetings																																																							
Respiratory Directorate Meetings																																																							

