

Information Prescription Pilot – Delivery Plan
Leeds Mental Health Trust

	Pilot Site	Activity	Timescales
1	<p>Key objective and desired outcome</p> <p>Key milestones</p>	<ul style="list-style-type: none"> • Accessible, readable and up to date information available to memory clinic patients and their carers • Establishment of information prescribing as an integral part of the assessment process in the memory clinic pilot sites. • Writing information officer job description • Detailed work plan developed for information officer • Appointment of Information Officer • Design of Patient/Carer IT interface • Design of Project Evaluation 	<p>Mid March 07</p> <p>March 07</p> <p>May 07</p> <p>May 07</p> <p>April 07</p>
2	<p>Project management arrangements</p> <p>Stakeholder engagement & ongoing support</p>	<ul style="list-style-type: none"> • Project Lead Dr Tim Branton • Project Deputy Dr Nick Brindle • Leading a Stakeholder Group meeting 6 weekly reporting to Memory Services Group. • Stakeholders include interested Mental Health Trust staff and representation from Alzheimer's Society • The majority of individuals are already collaborating on the memory services pilot. • The information officer will require briefing and involvement in the development of the information prescription project but this role will be one of training and encouraging memory clinic staff to begin information prescribing. 	<p>Ongoing</p>

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3	Coverage	<ul style="list-style-type: none"> • Patients and carers referred to memory clinics at Aire Court and Asket Croft. • Possible diagnosis of Alzheimer's disease and other dementias. • South and East Leeds • Prescribing and dispensing will take place within the memory service • The memory clinic pilot project is a trial of a novel care pathway for the assessment of patients with cognitive impairment. The information prescribing and dispensing process will be integrated into this care pathway. 	
4	Baseline of current position by 1 April 2007	<ul style="list-style-type: none"> • We have no research evidence for how patients and their carers currently obtain information. • We have established checklists for information needs and these are employed at one of the pilot sites. Information is handed out according to request and documented by the assessing clinician. • Current information is a combination of locally produced information leaflets, and information obtained from preferred online sources 	
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>	<ul style="list-style-type: none"> • Content will be established by reviewing current information and assessing established web resources for suitability for inclusion. • Information will need to be relevant readable helpful and up to date. • Accessibility will be ensured by linking information needs assessment and prescribing together with assisted web access within the assessment process of the memory clinic. • The templates will be established in electronic form but patients and carers will be able to print off or request printing of information. • Further information will be available via a touch screen web interface. • We hope and anticipate that the design of the process will render explanatory leaflets unnecessary. • The resources will be limited to the memory services pilot sites for the 	<p>April 07</p> <p>April 07</p>

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	<p>Agree design of prescribing process by 1 April 2007</p> <p>Agree design of dispensing process by 1 April 2007</p>	<p>duration of the pilot.</p> <ul style="list-style-type: none"> • The template will be accessible for patients with mild cognitive impairment. Part of the role of the information officer will be to collate information for patients with common non English languages and bring the material within the template. • Our design integrates the prescribing and dispensing process • The assessing clinician in the memory services will be issuing the information prescription. • The clinical assessment will include an assessment of information need which we hope will be done with the assistance of IT to both assist and document the assessment and to provide a bespoke information pack to patients and carers. • Time will be taken during the assessment interview to assess and prescribe information. This should take 5 – 10 minutes. • Training in the information prescribing process will be provided by the information officer. • The information prescription will be provided with a record of the information given together with the date so the information can be reissued if necessary. • The process will be linked to the Care Programme Approach records which are completed for all patients. 	<p>April 07</p>
6	Introduce information prescriptions by 1 May 2007		

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7	<p>Monitor and assess progress to integrate information prescriptions into care pathways</p> <p>Refine methods used in light of findings</p>	<ul style="list-style-type: none"> • The Stakeholder Group will meet regularly as a sub group of the Memory Services Group. • We are planning a formal evaluation of information prescribing compared with the other memory services. Information prescription will be recorded as they are issued. • The information officer will listen to the needs of information prescribers to ensure that the process is efficient and effective adapting the process when necessary. • We do not anticipate that the content of the information given will substantially change within the pilot period although some process of review of information provided will be needed if the process continues beyond the end of the pilot period. • New information may need to be added 	
8	<p>Engage with The Consortium and other Information Prescription Pilots</p>	<ul style="list-style-type: none"> • We would like to know about the nature and timing of evaluations • We would welcome direct input to our planning process and any assistance with developing the processes of the project • We are planning our own evaluation of the project and will include measures if requested. • We will keep the Consortium up to date with the data from our evaluation. 	
9	<p>Contribute to local patient information delivery</p>	<ul style="list-style-type: none"> • We anticipate that information prescribing will become an integral process within the memory services pathway • Information for patients and carers of patients with memory problems is believed to relieve difficulties and signpost to services and support. We would anticipate that a better informed patient and carer community will be able to navigate the health and social care network more confidently and assert their need for help in a timely and appropriate manner. • If successful the information prescribing approach could be embedded into the care pathways for other conditions and become an integral part of CPA. 	

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10	Contribute to developing national policy	<ul style="list-style-type: none"> • Establishing a process for assessing, documenting and providing information to patients with early memory problems and their carers. • Integrate clinical assessment with assessment of information needs. 	