

**Information Prescription Pilot – Delivery Plan
County Durham PCT**

	Pilot Site	Activity	Timescales
1	<p>Key objective and desired outcome</p> <p>Key milestones</p>	<p>To ensure the content of information prescriptions are (for those with a diagnosis of cancer and their carers) patient-centred, accessible and sensitive to issues related to social deprivation. Through community health staff prescribing I.P. and the delivery of Cancer Information and Support Services within GP practices.</p> <ul style="list-style-type: none"> • Development and circulation of Expression of Interest Package to all local GP practices • Secure sign up of two/three practices. • Agree design and dispensing processes for Information Prescriptions • Establish data bases to support management of Information Directories, capture prescribing and dispensing data. • Outreach services established. • Development and rollout of training packages and material for staff, including – toolkit, directory of information, evaluation process and information prescription protocols. • Volunteer training programme developed and delivered. • Increased uptake of cancer information resources and services locally. 	<p>March 2007</p> <p>Late April/Early May Close of May 07 Close of May 07</p> <p>May 07</p> <p>May - July 07</p> <p>May – July Throughout Pilot</p>
2	<p>Project management arrangements</p>	<p>Project Lead Organisation - County Durham PCT – Easington PDA Staff Lead - Tim Wright, Head of Public Health Programmes Deputy – Fiona McQuiston, Acting Centre Manager/Cancer Support Worker Work associated with the pilot will be overseen the Planning Group, all key stakeholders represented. The Group is a sub – group of the existing Cancer Information and Support Service Steering Group. It will meet at least monthly.</p> <p>The Development Worker Post, will oversee the day-to-day operation of the Pilot whilst the Planning Group is responsible for the overarching project management. The Steering Group will,</p>	<p>Planning Group to meet monthly.</p>

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	<p>Stakeholder engagement & ongoing support</p>	<ul style="list-style-type: none"> • Monitor the implementation of the delivery plan and instigate corrective action when needed • Steer the work of the pilot's Development Worker <p>Project promotion and stakeholder engagement will be achieved, in several ways;</p> <ul style="list-style-type: none"> • Members of the Public – Following liaison with Trust PPI awareness sessions will be delivered to patient Groups within GP practices and identified community networks./groups and voluntary sector groups; including local cancer self-help/support groups • The Planning Group will oversee local press campaign as well as design of patient information materials for Information Prescriptions i.e. leaflet and posters. • Stakeholder i.e.; GPs, District Nurses, CNSs, volunteers and service users will be engaged and represented within the Planning Group. Awareness raising sessions to take place within existing staff forums. Stakeholder awareness raising materials to be delivered within practices at staff team meetings. Regular IP bulletins will be placed within the PCTs magazine and on the intra-net. • Cancer Information and Support Service volunteers – will be involved via their regular monthly meetings and representation on the Planning Group. • Essential part of the engagement process is comprehensive and supportive training around the Pilot and Information Prescriptions per se. Training will focus on identifying information needs, when to issue information, introduction of the practice Toolkit. (Estimated two, two hour sessions and individual practice support thereafter). • Regular support meeting with practices and community based nursing staff will also be established and coordinated by the Development Worker once they are in post. <p>Anticipated Processes for Exit from Practice</p> <ul style="list-style-type: none"> • Stakeholders will have to formally inform the Planning Group of their intention to leave the Pilot in writing. • First steps will be to initiate effective dialogue to identify reasons and problems, supportive guidance, negotiates and correctives action. If no common solution can be found actions will be taken as outlined within agreements i.e. re – cooperation of costs etc. 	<p>Commence April – throughout Pilot</p> <p>April – June 2007</p> <p>Start April - throughout project</p> <p>Commence March - Throughout</p> <p>May-July 2007</p>

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3.	Coverage	<ul style="list-style-type: none"> • The Pilot will provide flexible and supportive information and support services to those with a diagnosis of cancer. • Family members and carers for a person with cancer will have access to information on prescription. • Potentially all cancers will be covered • Potentially all stages of the patients care pathway will be covered • Prescribing will take place in 2- 3 GP practices in Easington P.D.A (number of surgeries depending on the response to the expression of interest). Practices located in areas of high social deprivation targeted. • Dispensing locations include; Cancer Information and Support Centre and its outreach services within the practices selected. (hub and spoke model) • Health and social care professionals involved, GPs, practice nurses, district nurses, Macmillan nurses nurse prescribes, CISC volunteers and staff. <p>It is at this stage difficult to estimate how many prescriptions will be generated however this will become more apparent once GP practice providers have been finalised.</p>	Outreach services to begin mid June 2007
4	Baseline of current position by 1 April 2007	<p>Consultation with patients, carers and community based health professionals is still ongoing with regards to the types of information that is used how it is found and what sources are used. Initial enquires have revealed the following to date;</p> <p>Patients and carers -</p> <ul style="list-style-type: none"> • Vast majority are reliant on acute and primary health care professionals for information directly given or signposted to sources. • Experience between GP practices varies and is dependant on the outlook that practice and position in care pathway. A • Practice nurse, specialist CNS, Macmillan nurse and/or the specialist palliative care team main personnel identified as information givers. • Information is usually sought in relation to diagnosis, treatment and side effects, self – help support and financial assistance. • Access to financial information DSS/ Job Centre Plus and the District Council, plus district nurses, Macmillan nurse, care manager or CISC • .More able patients, carers will do internet searches or make telephone enquiry to national cancer help lines and national cancer charities. • Preference for supported information giving. 	Information from PPI Event in March 2007

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		<ul style="list-style-type: none"> • Patients reported that sign posting to information resources could be is uncoordinated, with no one source identified. <p>Health Professionals –</p> <ul style="list-style-type: none"> • Professionals more directly involved in the care of cancer patients will use Patient Information Pathways /Improving Outcomes Guidance (more prominent and established within the acute sector) to inform information giving around diagnostic, treatment and care. • Nursing staff will also use materials from national providers and from larger more established cancer charities e.g. Cancer Backup website and books, North East of Cancer Network website, Macmillan Cancer Support, Breast Cancer Care, Orchid Appeal and drug company sponsored publications. • G.P.s will pull relevant patient information leaflets from the clinical system • Social information, financial or emotional support or non-medical information pathways to resources are piecemeal and relate to team approach. 	Interviews with staff March – May 2007
5	Identify content and establish how accessible directories will be designed by 1 April 2007	<p>The source and content of the information directories will be identified via several existing areas of work i.e.</p> <ul style="list-style-type: none"> • North of England Cancer Network e.g. I.O.G. and website • Information guidance for Macmillan Cancer Information and Support Services • Localised community resources held by Macmillan Cancer Information and Support Services and Easington Macmillan Team. • Linkages to national charities publications and websites e.g. Cancer Backup, Macmillan Cancer Information and Support, Breast Cancer Care, Cancer Research U.K. • North East Cancer Network standards to be used in relation to I.O.G work and current practices with Cancer Information and Support Services. • Information Management data base will be used to manage access to information on the directory, in line with patients care pathway.. (not envisaged to be web based at this time) • Directory data base will be installed on G.P. computers, initially. • Cancer Information and Support Service staff and volunteers will use directory to assist patients and carers to get appropriate sources of information. • Directory data base designed by mid to late June 2007 	<p>Work commenced on March – ongoing throughout Pilot</p> <p>Mid- to - late June 2007</p>

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	<p>Agree design of dispensing process by 1 April 2007</p>	<ul style="list-style-type: none"> • Generation of information prescription by nurses will occur in person's home, data would have to be entered after home visits complete. • Triplicate pad - one copy to patient, one copy to CISS staff , one copy in patients notes • Extra costs include design and print costs of prescription pad <p>As above progress in this area prohibited by inability to recruit Development Worker.</p> <ul style="list-style-type: none"> • Cancer Information Support Service staff (both clinical and non-clinical) and specially trained volunteers will dispense • Patients will be able to have their prescriptions dispensed via face -to-face contact within the services community based centre, within the GP based outreach services, via the services current free phone telephone number (open Monday to Friday, 9 a.m. –5 p.m.). For those who are housebound home visits will also be considered. • It is difficult to estimate the time it will take for the prescription to be dispensed, this will depend on the support needs of the individual. Experience within the existing centre average time 30 -60 mins. • Using a triplicate prescription pad will enable a copy of the prescription to be retrieved by practice staff and community nursing teams. • To facilitate dispensing staff and volunteers will have access to training on the delivery of supported information, literacy issues and the information directories and awareness of the existing Cancer Information and Support Service. • Data around the information offered will be captured on the North of England Cancer Network's existing data base (with minor amendments). • Above data base will also have facility to generate pro-forma letter to be send to the prescriber, informing them of the information resources given to patient/carer. • Possible cost implications will relate to the issue of publications, printing costs, telephone costs and Internet use, plus volunteer expenses. Not in a position to project any costs at this stage. 	<p>March –May 2007</p>

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6	Introduce information prescriptions by 1 May 2007	<p>Given the difficulties to recruit a Development Worker due the restructure of the County Durham PCT and resulting H.R. arrangements we will not be in a position to start prescribing on 1 May 2007. Mid to late June would be a more realistic timeframe, if contingency plans were expedited.</p> <p>These difficulties have already been raised with Kate Dixon, OPM and Ian Maidment. The project does not have the capacity to deliver the pilot without a Development Worker; this high-risk area was highlighted quite clearly during the application process.</p>	Mid June 2007
7	Monitor and assess progress to integrate information prescriptions into care pathways Refine methods used in light of findings	<p>Stakeholders will be engaged in several ways via monthly Planning Group meetings to review progress.</p> <p>The Development Worker will be involved in the rollout of outreach services and will attend practice meeting when appropriate.</p> <p>All stakeholders involved in the pilot will also be invited to attend /have input into local networking events/sessions to map and explore the rollout of the pilot.</p> <p>Ongoing work with the North of England Cancer Network will build upon and explore the role and impact of information prescriptions on patient information care pathways. The North of England Cancer Network in represented on the Pilots Planning Group.</p> <p>Identification of difficulties or system failings will be a key role of the Development Worker through three day-to-day contacts with the pilot sites. Planning Group meetings will provide a forum to discuss risk factors, problems and identify corrective actions.</p>	<p>Monthly meetings</p> <p>Bi – monthly attendance</p>
8	Engage with The Consortium and other Information Prescription Pilots	<p>Information on the development other IP formats for those with hearing and visual impairments, other languages and learning disabilities.</p> <p>Members of the Planning Group look forward to and anticipate regular contact with designated O.P.M. Representative. The Planning Group would plan to provide O.P.M./DoH Project Director with regular and concise update reports.</p> <p>It is hoped that the DoH will facilitates opportunities for similar pilot to network and develop a website to share good practice and post questions.</p>	

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9	Contribute to local patient information delivery	<p>It is hoped that the Pilot will enhance and formalise the working relationship between GP practices and community based Cancer Information and Support Service.</p> <p>To demonstrate the importance of information to enable patients to become active partners within their health care.</p> <p>The Pilot will also aid the developmental Cancer Information Support Service outreach in more socially deprived areas where health literacy can be an issue.</p> <p>Work that could be sustained within the practices after the pilot is complete because of the support of existing Cancer Information and Support Service volunteers.</p>	
10	Contribute to developing national policy	<ul style="list-style-type: none"> • The practical implication and considerations associated with roll-on out information prescriptions within Primary Care, given the restrictions on GP time. • The use of community based nurses as prescribers. • The important role existing Cancer Information and Support Services can have in the delivery of information prescriptions win the community. • The specific challenges to providing services and working within an area of high social deprivation and low educational achievement. 	