



Project Initiation Document (PID) for (INFORMATION PRESCRIPTIONS)

Author: Frances Wallbank

Status: Draft

Date: 23/02/07

Senior Responsible Owner (SRO): **Paul Cassidy**

Department: **Adult Social Care**

Day-to-Day SRO **Diane Eaton**

Programme Manager:

Project Manager: **To be appointed**

Document Reference: **PID V0.0**

Document Location:

Document History

Version	Date	Summary of Changes	Changed by
0.1	23/02/07	First draft of PID	Frances Wallbank

Approvals

This document requires the following approvals.

Name	Signature	Title	Date	Version
Paul Cassidy		AD Adult Social Care		
D Eaton		Head Of Service – Physical Disability		

Distribution

This document has been distributed to

Name	Area of Responsibility
Paul Cassidy	Senior Responsible Owner (SRO):
Diane Eaton	SRO day to day



1 Background

The Department of Health's most recent white paper "Our health, our care, our say" contained the commitment for people with long-term conditions to routinely receive information prescriptions by 2008. Information prescriptions aim to provide relevant, timely and trustworthy information, especially for people who find it difficult to access information and services.

Information prescriptions will:

- Signpost people to sources of information about their health and care;
- Be given to people using services and their carers by health and social care professionals to signpost people to further information;
- Be delivered at different stages in the care pathway, such as at the point of diagnosis and treatment;
- Help standardise the process of giving information, to make it a routine part of consultation that patients and social care users can expect.
- Empower people to manage their condition more effectively, staying independent and taking control over their own lives.

2 Project Definition

The Government is seeking to develop information prescriptions that:-

- Direct people with a long-term condition or social care need to relevant and timely information about care, services and health are offered to people and their carers who have a long-term condition or care need.
- Are given to people in both health, social care setting and can be accessed directly by the person themselves.
- Contain key national sources of information and local information about things that matter to people including services outside of health and social care, like benefits information.
- To help people to access information when they need it and in ways they prefer, for example either through the Internet, phoning Help lines or face to face.
- Give anyone with a long-term condition or care need information on where to get advice, where to get support and where to network with others with a similar condition.
- Ensure that people get the information they need at key points in the person's journey including diagnosis, discharge planning, at the point of assessment, support planning and reviews.
- Are in formats that are easy to use and understand and support people least likely to access information and services independently
- Will be seamless and integrated into care process and make provision more transparent.
- Will be person centred

All information prescriptions need to be integrated into general practice by the end of the pilot (2008). We aim to mainstream information prescriptions as part of general support planning for each individual level. Giving each individual greater control of the situation, condition and life plan



2.1 Project Objectives

The pilot in Manchester will seek to establish processes for joining up these elements of information provision, together with a model for tailoring the information to an individual's needs. It will also explore the various possible triggers for an information prescription:

- Client or carer request
- Request from a social care or health professional
- Automated request arising from a trigger event
- Automated request arising from the elapse of time

Focus on outcomes so that we are able to

- Develop a model that works and can potentially be rolled out geographically (across Manchester) and across more services.

2.2 Project Scope

A Citywide Long-term Conditions steering group has been meeting since 2005 inter agency working across health and social care. The existing remit of the group is to design and implement services development for the NSF. It is delivered in partnership between Manchester City Council Adult Social Care, Manchester PCT, Neuro Rehabilitation Outreach Team Manchester three acute hospitals, voluntary organisations and people who use services.

The proposal for Information Prescriptions is seen as a natural extension of the NSF consultation work completed in June 2006 via a conference concentrating on information, advice and navigation for preventative low level support services, including local support community groups, activities, housing information, and welfare and benefits advice.

The proposal is to develop a number of information prescriptions specific to each service user. The intention is also to focus and train a range of health and social care staff to ready this for 2008.

There is a wealth of general information that currently exists across the sectors. However the mechanisms for its provision need to be drawn together to ensure its relevance and accessibility to those who need the information in order to exercise informed choice and control over the health, social care and benefits services that they receive. The challenge is to make these prescriptions person centred.

The flexibility of the community pharmacy contract would enable information to be delivered at a point of contact when a patient / carer collect their regular drug prescription for their long-term condition. Facets of the new contract include public health information, sign posting and providing information on long-term conditions such as cardio-vascular disease and diabetes. All the community pharmacists in Manchester have received the relevant documentation and training to provide this information.

2.3 Method of Approach

The pilot will examine the essential elements of information required to form a template for an Information Prescription, for example, how to self-manage conditions, diet and healthy eating, drug information and sources of support and services available. In addition we will establish, the mechanisms for agreeing standards and quality assurance of information in conjunction with all



partners but particularly with people who use services, their carers and families and voluntary organisations, which represent them.

Manchester is made up of many diverse communities. The pilot will use Manchester City Council and Manchester PCT services which have expertise in producing information in accessible formats, including translation services, Braille, large print and easy words / pictures to consider the necessary support required to ensure that isolated and hard to reach groups can access information. The City Council's Library and Link Worker Services are already committed to supporting this initiative. Both in Libraries across the city and at all Manchester Advice outlets.

Manchester PCT has developed two DVDs for Osteoporosis and Chronic Obstructive Pulmonary Disease (COPD); the later will be available in six languages.

The various options for delivering the information prescription will be examined, including the extent to which face-to-face delivery is desirable and practicable and the potential contribution made by the use of technology by older people or their carers. The impact of these models on patients, social care users, professionals and carers will be evaluated.

Existing information systems will require further development and investment to ensure that they are fit for this purpose. We will establish relationships with providers of Geographical Information Systems to enable the provision of information on available services for people with long term conditions to be tailored to locations and give information on "where is my nearest...?". This is a publicly available (online) source of information and with further enhancement to enable its wider accessibility by the public, will be a basis for developing a database and information management system that can deliver individually responsive information prescriptions to older people.

Work to identify the necessary support arrangements for people receiving information prescriptions will be an important element of this pilot to ensure that the full benefits are realised, and that the information can have a positive impact on people with long term conditions. Support for individuals may be provided through working alongside Health Trainers, and can also be developed through links to the Adult Social Care programme's commissioning work to invest in the necessary low-level services that prevent or delay the need for more intensive social care and health services.

2.4 Project Deliverables and/or Desired Outcomes

The content of information prescriptions will be developed through working with stakeholder groups in health, social care, the voluntary sector and including links with library services to provide a comprehensive set of information sources. These sources can include information on:-

- Self management of conditions
- Healthy diets and activities
- Available support services in communities
- Medication management
- Social care services and options (including individual budgets)



2.5 Exclusions

The Project team will need to identify what they will not be responsible for.

2.6 Constraints – Project team to determine the constraints

- Project team capacity
- Possible capacity issues within services to meet implementation

2.7 Interfaces - Project team to determine the required interfaces

None identified at present.

3 Contacts and Council departments involved

The main partners will be:

- Manchester PC T (including Community Pharmacy Services)
- Manchester Library Service
- Manchester Royal Infirmary Neuro Outreach Team
- Manchester Advice Services
- Voluntary agencies e.g. Multiple Sclerosis Society
- Parkinson's Society
- Manchester City Council

Work with stakeholders and partners:

The existing Partnership Board and PPI Forum with their links to the wider consultation processes will give Manchester a good start.

The presence of service users on the Partnership Board the Long-term Conditions Group, its Steering Group and the PPI Forum ensures that the need to balance statutory and user requirements is built into the proposal from the start.

Links to joint equipment provision in Manchester are well established and will be developed further as part of this joint initiative.

4 Assumptions - Project team to determine the assumptions

- Information Prescriptions Pilot will meet implementation timescales with no delays
- Senior management support
- Project Manager is appointed

5 Initial Business Case

This project has been initiated following the Government's vision of public services that identify and persistently support people with -with long term conditions to take more control over their lives. Some local areas already work with those hard-to-reach adults with the most severe or multiple disadvantages, and there are ranges of schemes that work within the current system to coordinate services.



This means ensuring that best practice is identified and shared, multi-agency working is promoted, personalised support and challenges are offered, and that there is a clear sense of accountability, responsibility and performance management.

The project will last:-

February 2007 January 2008

The organisation responsible for running the project is:-

Cost of the project?

Total costs showing which items of expenditure will come from each funding source

Item of Expenditure	Budget	Total
Project Manager	£36,021	£36,021
Administration Support (grade 3)	£9,432	£9,432
Project Development Worker (point 27)	£26,766	£26,766
Information development and delivery	£3,700	£3,700
Training and Promotional / Stakeholder events	£2,000	£2,000
Evaluation Costs	£2,000	£2,000
Total		£79,919

6 Project Organisation Structure

- o Project SRO - Diane Eaton
- o Project Board - Mike Kelloway-Manchester PCT (Central)
- o Helen Culshawe - Manchester PCT (South)
- o Mary Christie (Manchester PCT – North) - Associate Director for Clinical Governance
- o Bev Hopcutt - Manchester Royal Infirmary Neuro Outreach Team
- o Neela Moody – Manchester Advice Services
- o Karen O'Brien – Manchester PCT Community Pharmacy
- o Dean Cooper – Representative of people using services

Responsibilities and accountability for task will be reviewed at each project meeting.

7 Communication Plan

Communication plan will be developed to support the implementation of the Information Prescription Pilot.

The following conditions will be demonstrated:

- Adequate consultation with affected stakeholders
- Service User involvement through user/focus groups
- Feedback to SMT

8 Project Quality Plan

An evaluation process to be developed.



9 Initial Project Plan

A project plan with action and timescales will be available.

Project Controls

The project management procedures enable the visibility of progress toward objectives and obstacles to achievement. Using Project Management theory, the minimum standard needed to achieve consistency includes the production and maintenance of:

- Project Initiation Document (PID)
- Project Plan
- Risk Logs – (constraints and assumptions)
- Progress Reporting (Highlight Report)

10 Exception Process

To be agreed:

Where a team member is having difficulty in progressing key actions then other team members must be alerted and agreement reached on action to be taken.

11 Initial Risk Log

A risk log will be developed and will be reviewed throughout the life of the project.

12 Contingency Plans

Contingency plans will need to be identified linked to the risk log

13 Project Filing Structure

The project filing structure should conform to the MIP standard template so that any enquirer should be able to locate a key project document irrespective of the particular project.

ID	Key objective and desired outcome	Activity	Resource	Expected date of completion	Progress update
----	-----------------------------------	----------	----------	-----------------------------	-----------------

Stage 1 Mandate – Project mandate signed off

1.	Secure the support of the relevant Strategic Director and Lead Member. Task	To write a brief description delivery plan of why the project is worthwhile and what it intends to achieve.	Diane Eaton		100% complete
2.	PID document	Draft a PID ready to take to the board for sign off	Diane Eaton/Frances Wallbank		100% complete
3.	Write 1 st draft Project Plan	Develop draft project plan with tasks and estimated timescales	Diane Eaton/Frances Wallbank		100% complete
4.	Identify board members	To identify key stakeholders and determine board members	Diane Eaton		100% complete
5.	Identify Project Team Members	To identify key stakeholders and determine Project members	Diane Eaton		100% complete

Stage 2 Research and Proving -

The Research and Proving stage is essentially about challenging and/or validating the mandate in order to put together the high-level design document.

6.	Board meetings to be established	To set up monthly sub group of the Long Term Conditions Meetings with key stakeholders	Diane Eaton	March 15th 2007	
----	----------------------------------	--	-------------	-----------------	--

Stage 3 Initiation

The initiation stage is where the formal documentation is produced and authorisation for the project to go ahead is given. The initiation stage sets the baseline from which all subsequent progress is measured.

7.	Long term conditions identified for the pilot area	To develop and introduce four conditions specific information prescriptions for people with long term conditions by January 2008 detailing health, well being and support.	TBA		
8.	Consider options for delivery dispersing:	Agree at least three outlets for dispersing prescriptions from the following:- <ul style="list-style-type: none"> Neruo Outreach Network link in hospital Voluntary groups Libraries – Health Matters 	TBA	Aug 07	

ID	Key objective and desired outcome	Activity	Resource	Expected date of completion	Progress update
		<ul style="list-style-type: none"> Manchester Advice – Gaddum centre Nurses GP's Pharmacists Websites Social Care (social work) 			
9.	Decide and agree on delivery methods	<p>Agree at least two delivery methods for dispensing prescriptions</p> <ul style="list-style-type: none"> Memory Stick Written/Pictures Mentoring Scheme POPPS DVD 	TBA	May 07	
10.	Consider timing of delivery	<p>To build into the pilot the dispensing of information prescriptions at each point of the patient journey below:-</p> <ul style="list-style-type: none"> Diagnosis – At the hospital Transition Support Planning – Individual Budgets Review and Discharge Key points in patient journey 	Diane Eaton/ Mike Kellaway	May 07	
11.	To establish and agree board to monitor progress	Long Term Conditions Board-sub group to be established	Diane Eaton/ Mike Kellaway	16/02/2007	100% complete
12.	Project management arrangements	To write advert, JD and Person Spec and send out across health and social care	Diane Eaton/ Mike Kellaway		26/02/07
13.	Project Manager and development worker to be appointed	To shortlist and interview candidates who have expressed an interest	Diane Eaton Chris Lamb Dean Cooper		Week 19 th march 2007

ID	Key objective and desired outcome	Activity	Resource	Expected date of completion	Progress update
14.	<p>Project management arrangements</p> <p>Establish data info i.e. No of contact with the GP</p> <p>To determine evaluation method and when it is appropriate to deliver information prescription.</p>	<p>Project Plan to be established and monitored by LTC board and project programme board (Adult Social Care).</p> <p>Issue Info or agree visit</p>		March 15 th 2007	
15.	<p>To establish & contact Stakeholder engagement for ongoing support</p> <p>To establish and agree a sub group</p>	<p>Stakeholders identified: (see stakeholder chart)</p> <ul style="list-style-type: none"> • Manchester PCT – (pharmacy services) - Karen O'Brian • Manchester Libraries Service – Jenny Price • Manchester Royal Infirmary Neuro Unit (MRI) • • Manchester Advice – Neela Mody • Voluntary Agencies – Multiple Sclerosis ,Parkinson's etc • Gaddum Centre • Manchester Adult social Care – Diane Eaton • Service Users –Dean Cooper • Partnership Boards • Learning disabilities • Physical Disabilities • Mental Health • Older People. 		01/04/2007	
16.	<p>To identify and agree four condition specific Information Prescriptions:</p>	<ul style="list-style-type: none"> • Relapse conditions e.g. Multiple Sclerosis • Progressive Condition e.g. -Parkinson's • Osteoporosis • COPD <p>Other conditions may be considered as pilot</p>	TBA	March 07	100% complete

ID	Key objective and desired outcome	Activity	Resource	Expected date of completion	Progress update
		develops			
17.	Agree pilot areas of Manchester	To agreed areas of Manchester the pilot will cover	Diane Eaton/ Mike Kellaway	01/05/07	0% complete
18.	Professionals Involved – social worker/care manager, nurses, physiotherapist etc	Agree how to promote independence for the individual and what / how professionals should be involved with. E.g. What to do with the information – devise questions the person can ask professionals involved or expect of people /support Signpost to other options or more detailed information Offer support and where it may be found - Determine who can help and how they can be accessed	TBA	01/05/07	
19.	Four options for outlets/ dispersing	Location to be identified and agreed	TBA	01/05/07	
20.	Two Formats: Online and Written	Agree a minimum of two formats. (Consider the needs of BME communities ,sensory loss and learning disabilities)	TBA	01/05/07	
21.	Baseline of current position • See national report attached for baseline	<u>Research information currently available</u> - Social worker - Nurses/ GP/ Dentist - Hospital - Welfare Rights - Websites - Voluntary Agencies - Libraries	TBA	June 2007	
22.	To determine what types of information materials people gather	• Establish a base line of current information sources and types	TBA	01/07/07	

ID	Key objective and desired outcome	Activity	Resource	Expected date of completion	Progress update
----	-----------------------------------	----------	----------	-----------------------------	-----------------

	now	<ul style="list-style-type: none"> • Voluntary Agencies • Online • Verbal • Leaflets • GP/Consultants 			
23.	Identify content and establish how accessible directories will be designed	<u>Establish How content/ Sources will be identified</u> <ul style="list-style-type: none"> • Pharmacy • Libraries (health matters Projects) – Design access Directory • Benefits Website • mentorship • Neuro Outreach Team 	TBA	01/07/07	
24.	Determine what Standards and critique will be used	<u>Agree the following:</u> <ul style="list-style-type: none"> • How will people access this • How will people be signposted to information? • What emotional support will be offered • Signs of depression • Transport issues – to consider • Local Services • Helpline numbers • medication 	TBA	01/07/07	

Stage 4 Design

The design stage is where the detailed business analysis takes place and any new structure or processes are designed in detail. Any changes that are needed to implement new structures or processes are now identified.

25.	Identify content information	<p>To determine which information - patients, social care users and carer's' should be given and pointed to;</p> <p>Develop template – alter and design as feedback is received.</p>	Project Manager	Through out the project	
-----	------------------------------	--	-----------------	-------------------------	--

ID	Key objective and desired outcome	Activity	Resource	Expected date of completion	Progress update
26.	Establish directories of content	To compile links which will point to the content (e.g. telephone numbers, web addresses); per condition	Project Manager Appropriate Voluntary Agencies	1/5/2007 (Parkinsons)	
27.	Generate a template	To generate a template by which a personalised information prescription is created to contain specific items listed in the directory for a specific point on a care pathway. To revise this through the pilot	Project Manager	1/5/2007	
28.	Issuing process	To determine how the information prescription is given to the patient or social care user: <ul style="list-style-type: none"> • By whom • At what point in the care pathway • Service User Groups – mentoring Scheme 	Project Manager	1/5/2007 Parkinsons	
29.	Format of information prescription	Determine how the information prescription is received:- <ul style="list-style-type: none"> • hardcopy / printout, • Health space account, ? • NHS Direct delivery service • How used afterwards 	Project Manager	1/5/2007 Parkinsons Ongoing	
30.	Ensure that the process is inclusive so	To include	Project	1/5/2007	

ID	Key objective and desired outcome	Activity	Resource	Expected date of completion	Progress update
	that anyone with a long term condition or social care need can access information prescriptions	<ul style="list-style-type: none"> • people with learning disabilities • visual impairment • non-English speakers 	Manager	Parkinsons Ongoing	
31.	Partnership working	<p>Work in partnership with</p> <ul style="list-style-type: none"> • patients • carers • service users, • local trusts and services, professionals • IT departments to develop information prescriptions. • Applications developed in partnerships with voluntary organisations 	TBA		
32.	Evaluation Method	To work with the evaluation team to ensure that the work of individual pilots contributes to the overall purpose of the pilots to inform national policy and implementation	TBA		
33.	Evaluation Method	<p>Work with other pilot sites and the evaluation team to share learning and contribute to problem solving</p> <p>19 pilot sites Marsdon site already in stage 2</p>	TBA		
34.	Data Collection for evaluation purposes	To collect and provide data for the evaluation team.	TBA		

ID	Key objective and desired outcome	Activity	Resource	Expected date of completion	Progress update
		<p>The information has to be useful and valid evidence for the person.</p> <p>3 part pathway</p> <ol style="list-style-type: none"> 1. Newly diagnosed 2. Diagnosed 1 year ago 3. Diagnosed several years ago <p>Capture data around activity for</p> <ul style="list-style-type: none"> • Individual • Carer • Access points 			
35.	Progress reports	To provide regular progress reports to the evaluation team	TBA		
36.	Evaluation Meetings	Participate in regular meetings convened by the evaluation team	TBA		
37.	Share experiences of developing and giving people information prescriptions.		TBA		
38.	In addition, pilots should work collaboratively with each other and the evaluation organisation to identify activities that would benefit from developing and agreeing a common approach.		TBA		

ID	Key objective and desired outcome	Activity	Resource	Expected date of completion	Progress update
39.	Will information prescriptions be linked to health/ social care records – How				
Stage 5 Implementation					
The implementation stage is where all plans are put into action and the new way of doing things ‘goes-live’.					
40.	Introduce information prescriptions	How to Roll Out: <ul style="list-style-type: none"> • Areas • Professional • Process set up agreed Tested 	TBA		
41.	Monitor and assess progress to integrate information prescriptions into care pathways	Communication Plan – Feedback to stakeholder users of information prescriptions. <ul style="list-style-type: none"> • Link to LTC board – influence core pathways 	TBA		
42.	Agree method of recording activity		TBA		
43.	Agree method for: Negotiating and detailing resource implementation		TBA		
44.	Monthly monitoring process and feedback		TBA		
45.	How will feedback on information prescriptions be incorporated into the programme and used to update prescriptions		TBA		
46.	Engage with The Consortium and other Information Prescription Pilots		TBA		

ID	Key objective and desired outcome	Activity	Resource	Expected date of completion	Progress update
47.	Develop links to other pilot sites		TBA		
48.	Stage to be gathered		TBA		
49.	Sharing of information agreed		TBA		
50.	Details of registration/ consent to scheme		TBA		
51.	Process for evaluation/ research agreed		TBA		
52.	To establish meetings with Evaluation team		TBA		
53.	Contribute to local patient information delivery	<ul style="list-style-type: none"> Complete benefits realisation workshop 	TBA		
54.	Agree method to integrate information prescriptions into general practice	<ul style="list-style-type: none"> 	TBA		
55.	Identify benefits to local health and social care communities	<ul style="list-style-type: none"> 	TBA		
56.	Contribute to developing national policy	<p>Area – five areas where your pilot will be contributing to formulation of national policy:-</p> <ol style="list-style-type: none"> 	TBA		

ID	Key objective and desired outcome	Activity	Resource	Expected date of completion	Progress update
		3. 4. 5.			
Stage 6 Stabilisation The stabilisation stage is where new structures, processes and technology are bedded in and the project team remain in place to monitor and review outcomes and anticipated benefits.					
57.	Evaluate the success of the project				
58.	Evaluation report completed				
59.	Stabilisation complete				

