

Information Prescription Pilot – Delivery Plan

Oxfordshire County Council working with Oxford Centre for Deaf and Hard of Hearing

	Pilot Site	Activity	Timescales
1	<p>Key objective and desired outcome</p> <p>Key milestones</p>	<p>Oxfordshire's Information Prescription pilot proposes that users from the Oxford Centre for Deaf and Hard of Hearing work with social services and health professionals to identify and coordinate information throughout the care pathway for people with varying degrees of permanent hearing loss.</p> <p>First engagement meetings with stakeholders</p> <p>Key project work streams defined-</p> <ul style="list-style-type: none"> - ethics - communications - process - care pathways - referral protocols - carer user engagement - prescription formats <p>First product roll-out</p>	<p>Mid March</p> <p>End March</p> <p>1st week of May</p>
2	Project management arrangements	<p>Project Sponsor: Varsha Raja Project Manager: Ian R Archer Project Team: S&CS officers, PCT, Acute Trust Audiology officer, carers and users, S&CS communications, evaluation team, voluntary sector organisation (Deaf & hard of Hearing)</p> <p>Sub stream work leads will be allocated following the agreed delivery protocols</p>	

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	Stakeholder engagement & ongoing support	<p>Users will help decide how such information could be made available in a prescription format, eg making use of web sites, individualised packs, library resources, video/DVDs. Formal consultation will be instigated as required</p> <p>Voluntary Sector, carers and users will be on the project teams and key streams of work</p> <p>News letters relevant to stake holders will be developed and implemented</p> <p>A group of young people already identified will be engaged in developing information prescription formats relevant to their age group</p>	
3	Coverage	<p>Groups will be targeted in the following priority:</p> <ul style="list-style-type: none"> • people who have had a recent diagnosis of severe hearing loss, ie deafened, who often have difficulty accessing suitable information. • people with age-related permanent loss of hearing. Most of these will be Level 1, i.e. the 70-80% of clients with Long Term Conditions, who should be able to self-manage their condition given appropriate information and support. • profoundly deaf people who have difficulty accessing information in appropriate formats and language. Some profoundly deaf people have particular difficulty in accessing traditional forms of information and the project will include attempts to identify user friendly prescription options for this hard to reach group. • Addressing the specific needs of young people 	
4	Baseline of current position by 1 April 2007	<p>All services have separate information delivery patterns, sometimes duplicated or incomplete. User group are not currently involved in care pathway.</p>	

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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> <p>Agree design of prescribing process by 1 April 2007</p> <p>Agree design of dispensing process by 1 April 2007</p>	<p>This will be an evolving process, given that involving users with hearing impairments takes longer due to communication needs. The pilot group will initially consult with service users, carers and partner agencies to ensure clear understanding of what information matters to people; we already undertake this for existing services. We will also benchmark other systems eg in children's' services and for other long term conditions.</p> <p>We will then collate national and local information, identify gaps and generate our own signposts. A Project Team to review the Information Prescription will be responsible for signing off. Work has already started on a small scale with social work staff from S&CS working to identify information needs with the Centre for Deaf & Hard of Hearing people</p> <p>When someone is assessed by Audiologists at the local hospital or self refers to the Hearing Impairment Team, S&CS, they will be offered an Information Prescription tailored to their circumstances. This will usually be part of the Single Assessment Process within the county, with joint agency working. Professional control will therefore be retained over the issuing of Information Prescriptions but professionals will work with volunteer groups and partners to identify new and appropriate methods of information delivery, eg exploring options within other County Council services</p> <p>Work will also need to be done by the project group to ensure consistency with adjacent authorities where they deliver services to hearing impaired users in Oxfordshire, eg "over the border" hospital ENT departments.</p> <p>Following an assessment of need S&CS or NHS Trust staff will dispense an information prescription based on the users preferred format. These will then be recorded on the users file – both paper and electronic. All prescriptions dispensed</p>	

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		<p>will be recorded on to the S7CS client data base</p> <p>The information prescription will be shared with all the relevant professionals, with the expressed agreement of service users. This will at present be shared as a paper copy. Any amended versions will be republished and shared.</p> <p>Items requiring consideration in the production process:</p> <p>Staff time</p> <p>Preparation of the prescription in relevant format</p> <p>Media costs</p> <p>Recording, reviewing, revising, and re issuing</p> <p>Inputting into the evaluation process</p> <p>The teams involved in the pilot project are experienced in dealing with various communication formats and will deliver training to users as identified in their assessed needs.</p>	

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6	Introduce information prescriptions by 1 May 2007	A rolling programme of implementation will be used, initially using paper/electronic versions. Depending on stakeholders responses, further styles of delivery will be explored throughout the period of the pilot.	
7	Monitor and assess progress to integrate information prescriptions into care pathways Refine methods used in light of findings	A review will be undertaken with a sample of service users who were issued Information Prescriptions. The purpose of the review will be to see if the demand on services has changed or been reduced. We will introduce review processes as required agenda items in case conferences, review meetings with people to whom the prescriptions have been dispensed and made part of the Care Plan Agreement. Assessment and prescription info will be included in central S&CS SWIFT record. All users issued with an Information Prescription will be asked to complete an evaluation form to ascertain benefits of the pilot. We will work with a public health professional or scrutineer to help evaluate the success of the pilot, providing academic and clinical expertise. Full use will be made of the OPM support facilities to ensure Action Learning throughout the pilot stages. At the end of the pilot It will be possible to implement the simple changes identified immediately. The more complex improvements will need a defined process.	
8	Engage with The Consortium and other Information Prescription Pilots	Initial meeting with Rob Coffey on Friday 23 February. We are keen to receive indications of the evaluation criteria and move to implement local measures as soon as possible. We have already made contact with the other pilot working with people with sensory impairment (Humberside/North Yorks RNIB) and hope to share best practice/ideas re service delivery We would envisage engagement with other pilots via discussion forums, web-based chat groups, blogs and email groups. We would also invite members of other pilots to our progress meetings and seek reciprocal arrangements.	

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9	Contribute to local patient information delivery	We will be informed by the outcomes of the project. We will pass regular feedback to senior management and campaign for inclusion in budget reviews and change management forums.	
10	Contribute to developing national policy	Request has been made for agenda item on next ADSS Sensory Impairment reference group. Outcomes of the pilot will be shared with all participants with a view to encouraging best practice delivery options throughout areas represented on this national group. Encouragement will be given for members of the project group or work streams to share information in relevant professional or service user groups. Support will be requested from OPM as to best forums for dissemination of learning following the project.	