

**Information Prescription Pilot – Delivery Plan**  
**Oxleas NHS Foundation Trust**

	<b>Pilot Site</b>	<b>Activity</b>	<b>Timescales</b>
<b>1</b>	<p><b>Key objective and desired outcome</b></p> <p><b>Key milestones</b></p>	<p><b>To develop information prescriptions for service users and carers within the Bromley Complex Needs Service, providing information relevant to their condition in a format that is tailored to their individual needs. This will improve their understanding of the condition and associated symptoms, and improve outcomes. People will have a better understanding of how they can improve their well-being and also reduce levels of isolation.</b></p> <p><b>Key stages and desired outcomes</b></p> <ol style="list-style-type: none"> <li><b>1. The formal establishment of the governance structures for the project</b></li> <li><b>2. The appointment of the project manger and admin support</b></li> <li><b>3. The multiple processes of engagement of the network of stakeholders from Oxleas and partner organisations</b></li> <li><b>4. Development of a key Q and A communication tool for dissemination to a wide range of agencies</b></li> <li><b>5. Appointment of lead champions for each of the discrete project components i.e. information directory grid development and population, evaluation questionnaire, Text information, podcasts, E Information, tele information It is envisaged that there will be lead service user, carer and staff champions</b></li> <li><b>6. The dissemination of local, national and international requests for accessible information</b></li> <li><b>7. The mapping of currently available information content and formats across complex needs services and locally available in libraries etc.</b></li> <li><b>8. The establishment of the comprehensive Information Directory following ratification of the information by the Trust’s Editorial Group and consultation using focus group and consensus workshops with staff, service users and carers.</b></li> <li><b>9. The enhancement of the basic directory to facilitate access for those with special needs</b></li> </ol>	<ol style="list-style-type: none"> <li>1. March</li> <li>2. March</li> <li>3. March/ early April</li> <li>4. March</li> <li>5. March-mid April</li> <li>6. March</li> <li>7. March/ mid April</li> <li>8. March-May</li> <li>9. March-May</li> </ol>

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		<p><b>10. The development of a baseline evaluation of current health and social outcomes and information and self management knowledge assessment tool</b></p> <p><b>11. The distribution of assessment evaluation tool to staff, carers and users in complex needs</b></p> <p><b>12. The development of the Information prescriptions (IPs) and template</b></p> <p><b>13. The training of staff, service users and carers, including the development of a structured training information workbook for staff</b></p> <p><b>14. Seeking sponsorship from makers of computers, MP3 players and telephone sites and procurement of the computers, MP3 players and associated equipment for access to audio visual information prescriptions</b></p> <p><b>15. The establishment of podcasts</b></p> <p><b>16. Recruiting service users to textcare and telecare pilots</b></p> <p><b>17. Recruiting service users to e-care pilots</b></p> <p><b>18. Training of staff and user consultant</b></p> <p><b>19. IP prescribing and dispensing to carers recruited through Ron's Cafe and carer support group programmes</b></p> <p><b>20. IPs will be prescribed and dispensed in a phased programme starting with:</b></p> <ul style="list-style-type: none"> <li><b>i. Banbury Service users,</b></li> <li><b>ii. Ivy Willis House,</b></li> <li><b>iii. ACT text care,</b></li> <li><b>iv. ACT and RST Booked CPA Service users and carers</b></li> </ul> <p><b>21. Evaluation of the knowledge, health and social outcomes of Information prescriptions</b></p>	<p>10. March/ early April</p> <p>11. April-May</p> <p>12. April/ May</p> <p>13. May/ June</p> <p>14. March</p> <p>15. May</p> <p>16. March</p> <p>17. April</p> <p>18. May-June</p> <p>19. July</p> <p>20. July-Feb</p> <p>21. Feb-March</p>

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2	<p><b>Project management arrangements</b></p> <p><b>Stakeholder engagement and ongoing support</b></p>	<p><b>Dr Geraldine Strathdee (GS) will be the Trust lead for the Project.</b> David Shaer (DS) will deputise. Lisa Cooper (LC) will project manage.</p> <p>The steering group membership is will consist of:  GS, DS, LC, Russell Cartwright (RC) – Head of Communications, Helen Dunkley (HD) – Carers Support, a Service User consultant, Anthony Davis (AD) - Head of Information and Knowledge Service and Michael Pyne (MP) – Audit Lead for Bromley. This group will meet formally once a month. This group comprises the most senior managers in their areas with performance management and leadership responsibilities and authority.</p> <p>In addition the overall trust governance of the project will be through the trust’s Information for Service Users and Carers Group, part of the formal governance structure as it reports to the Patient Experience Group.</p> <p><b>Bromley Borough governance and project management</b> will be through:</p> <ul style="list-style-type: none"> <li>• the Bromley Complex Needs Business meeting progress through the team monthly team business meetings</li> <li>• Bromley Practice Governance Group</li> </ul> <p>These groups are well established and well-attended multi-agency monthly meetings chaired by the Clinical Director (GS) and the Complex Needs Service Manager (DS).</p> <p>The two lead officers, and the project manager are Prince project management trained, thus <b>Prince project management</b> processes will be used.</p> <ul style="list-style-type: none"> <li>• Monthly progress reports to funders</li> <li>• Monthly progress reports to overseeing governance group</li> <li>• Trust intranet and web site information</li> <li>• Local newsletters will be kept updated</li> </ul>	

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4	Baseline of current position by 1 April 2007	<p><b>Baseline evaluation of current health and social outcomes and information and self management knowledge</b></p> <p><b>We are designing a baseline evaluation tool (for which we would value support from the evaluations team) to assess the following: This tool will be have 3 versions i.e., one for service users, one for carers and one for staff and will consist of the following:</b></p> <ul style="list-style-type: none"> <li>• Baseline evaluation of service user, carer and admin staff knowledge about assessments, conditions, and treatments</li> <li>• Information on how and from where information is accessed</li> <li>• Knowledge about self assessment and self management processes aligned with evaluation of physical, mental health symptom rating and social outcome baseline measures.</li> <li>• Information and opinions on the current range of formats they access</li> <li>• Views on the range of formats they would find helpful to access</li> <li>• Opinions of information prescriptions</li> </ul> <p>The project will use a combination of standardised measures such as the KASI (Knowledge about schizophrenia interview), relevant symptom rating scales (PANNS, BDI) using, where possible, self assessment tools, and social functioning. Quality of life rating scales.</p>	

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5	<p><b>Identify content and establish how accessible directories will be designed by 1 April 2007</b></p> <p><b>Agree design of information prescription template by 1 April 2007</b></p> <p><b>Agree design of prescribing process by 1 April 2007</b></p> <p><b>Agree design of dispensing process by 1 April 2007</b></p>	<p><b>Stage 1: Agreeing the content and formats of the Information Directory</b></p> <p><b>Identification of content and standards of Information Directory</b>  The project team will develop a master systems grid of information content, formats and accessibility standards required for each condition.  This grid will map information needs for assessment, treatment and self management and recovery needs of people with schizophrenia, bipolar disorder and related psychotic disorders. It will also map the needs of carers where appropriate.  The grid will also scope out the availability of written, audio, video, DVD, podcast, auto-biography, human interest case stories, tele information, e-Care, art and music expressed information sources.  This grid will then be used as a benchmarking of availability of information in each of the complex needs service areas and the basis of the information procurement stage.  The governance groups will ratify the comprehensiveness of the information.  The project manager will lead a systemic process to request support and expertise to populate the information grid from all stakeholders.  In more detail:  <b>Content:</b> we will build on the information service users and carers have requested aligned on the <b>care pathway areas</b> of engagement, assessment, treatment, self management and recovery and which includes:</p> <ul style="list-style-type: none"> <li>• Self assessment tools</li> <li>• Professional led assessment tools and processes</li> <li>• For each condition (including schizophrenia, depression, bi-polar affective disorder, personality disorders) drug and alcohol misuse, harm minimisation, related physical problems) <ul style="list-style-type: none"> <li>– What is the condition and what are the causes?</li> <li>– What self assessment and monitoring tools can be used?</li> <li>– What treatments are effective and available?</li> <li>– What services are available which are service user self management group led?</li> <li>– What services are available which are professionally supported or led?</li> <li>– What can be done to help oneself?</li> <li>– How can family and carers help?</li> <li>– How can professionals help?</li> <li>– How can carers get help themselves?</li> </ul> </li> <li>• Physical healthy lifestyle: eating on a budget, physical exercise, monitoring of side effects</li> <li>• Getting fit resources: joining a gym, healthy lifestyle passes, support for leisure centres, weight watchers</li> <li>• Help with housing, debts, benefits and gambling and other financial problems</li> <li>• Literacy and numeracy, skills development, education toward NVQs etc.</li> </ul>	

<sup>1</sup> Tele care is providing information and care in a structured format using telephones. It may be using standard telephones or it may be using videophones.

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		<ul style="list-style-type: none"> <li>• Developing concentration and memory skills</li> <li>• Social and dating skills and developing hobbies and social networks</li> <li>• Support to get voluntary and paid work schemes</li> <li>• Medication, effects, side effects, interactions and how to use non medication techniques to deal with common problems i.e. sleep, constipation,</li> <li>• Smoking cessation</li> <li>• Reducing harm from alcohol and drugs</li> <li>• Anger management and anxiety reduction techniques</li> <li>• Self management and getting support for taking medication</li> <li>• Psychological therapies and NICE guidelines on best practice</li> <li>• How to get help in a crisis and making an advance directive</li> <li>• Getting respite.</li> </ul> <p><b>Formats: will include</b></p> <p><b>1. Traditional written information</b> from professional bodies i.e. Rcpsych, RCN, BPS, User written information e.g. produced jointly by service users and staff, MIND ,MDF and other national organisations Carer written information e.g. from Rethink Information available on these organisations' websites as well as in written formats Information and articles in popular press and newspapers e.g. recent stigma 250 article campaign</p> <p><b>2. Information tailored to the needs of those with specific learning difficulties</b></p> <p><b>3. DVD, Video, audiotape and podcasts</b></p> <p><b>4. Learning from those who have recovered:</b> autobiographies, films, poetry, music which describes the lives and coping strategies of those who are fellow sufferers</p> <p><b>5. Telecare information services</b> using training materials and guidance/advice from existing national and international resources such as <b>NHS Direct and other tele information services</b></p> <p><b>6. Information available in local libraries</b> and in local user and carer organisations</p> <p><b>7. Signposted information sources</b> locally available through the develop website, the trust intranet and other local library systems</p>	

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		<p><b>This available information will be then ratified through focus groups and Delphi consensus study workshops</b> involving service users and carer and stakeholder agencies to agree the information content and optimal formats for the complex needs client group.</p> <p><b>Stage 2: (running in parallel with stage 1):</b>  <b>Design of the baseline evaluation tool ( for which we would value support from the evaluations team) to assess the following: This tool will be have 3 versions i.e., one for service users, one for carers and one for staff and will consist of the following:</b></p> <ul style="list-style-type: none"> <li>• Baseline evaluation of service user, carer and admin staff knowledge about assessments, conditions, and treatments</li> <li>• Information on how and from where information is accessed</li> <li>• Knowledge about self assessment and self management processes aligned with evaluation of physical, mental health symptom rating and social outcome baseline measures.</li> <li>• Information and opinions on the current range of formats they access</li> <li>• Views on the range of formats they would find helpful to access</li> <li>• Opinions regarding information prescriptions</li> </ul> <p>Distribution of the baseline assessment tool to complex needs service users carers and staff with 2 weeks return date. This will need to be tailored to individual ability as many service users cannot easily read alone</p> <p><b>Stage 3: Development of the Directory of Information Resource and development of amended material for accessibility by those with special learning needs</b>  Based on the assessed information needs from stages 1-2 above, an <b>editorial board</b> of user consultants, Oxleas knowledge services and communications staff, carers, practitioners, librarians, IT and staff with relevant skills from the involved agencies will be established.</p> <p><b>The project manager and members of the steering group will collate national and international existing user and professional multi formatted, culturally appropriate written and audio information</b> with a focus on self assessment and self management related to the identified information needs areas  The information sources available for the information prescription will consist of:</p> <ul style="list-style-type: none"> <li>• Leaflets, books,</li> <li>• Web linked information e.g. NICE, RCPsych MIND</li> <li>• Audio recordings as podcasts and also audio CDs</li> <li>• DVDs and videos e.g. beautiful mind and TV programmes depicting mental health information</li> <li>• Lives of people who have suffered from mental ill health e.g. Stephen Fry, Johnny Depp, Winona Ryder, Drew Barrymore, David Beckham and Jim Carrey</li> </ul>	

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		<p>The editorial board will rate these for quality of content, accessibility and plain English rating. It is expected that written <b>information will need to be amended to meet the needs of those with specific learning difficulties</b> i.e. dyslexia to use evidence based techniques such as colours, mind mapping etc,</p> <p>A checklist directory of available information will then be developed supporting service users and carers to see the range of information available and the choices of methods of access.</p> <p><b>Stage 3b: concurrently local user, carer and education centre and libraries provision of available information will be scoped out</b></p> <p>Each team in the complex needs sub directorate will be assessed for availability of information against the systems grid of information</p> <p><b>Stage 4: IP design and Information source access for the information prescriptions (IPs) and template</b></p> <p><b>a. IP format</b></p> <p>At this stage it is envisaged that the IP will consist of a paper based and electronic menu' of available information content and format pick list. It will have a double format of explaining in simple language the IP and the reasons for it, as well as details of the project. It will also include help line advice numbers to the project leaders and involved professional staff</p> <p>The electronic format will make easily accessibly links to web sites.</p> <p>For hard to reach groups it is intended to develop accessible formats and use experienced staff to support access.</p> <p>We will value advice from the project support lead OPM and partners on this, and also would like to learn from successful formats in other countries and pilot sites around the UK</p> <p><b>b. Establishment of access modalities</b></p> <p>Service users will access personalised information prescriptions from the range of available information. They will be given options of access including the following <b>formats</b>:</p> <ul style="list-style-type: none"> <li>• <b>Handouts</b></li> <li>• <b>Local library</b> (books and film materials) borrow facilities</li> <li>• <b>Face to face session</b> (1 hour) with either self management services user consultants or professional staff or a combination</li> <li>• <b>Access to computers and online information</b> at MIND and Oxleas complex needs sites (the trust is committed to providing these).</li> <li>• <b>Access to booked DVD</b> and other media information sessions at local MIND or Oxleas premises</li> <li>• <b>Cinema groups</b> for those who value film and visual representations of mental health issues</li> </ul>	

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		<ul style="list-style-type: none"> <li>• <b>Art gallery</b> outings and art therapists information support sessions</li> <li>• <b>Carer support</b> champions face to face or group sessions</li> <li>• <b>Healthy lifestyle prescription</b> fitness information session at Beckenham Gym</li> <li>• <b>Tele care</b><sup>1</sup> as many of our service users (especially those with Aspergers) prefer telephone contact as it is less emotionally challenging and more accessible</li> <li>• <b>Text Bites:</b> In ACT we use bite size texts with our service users around issues of reminders of groups, CPAs, mediation concordance and crisis coping strategies.</li> <li>• <b>Self-help CD Roms or audio CDs</b></li> <li>• <b>Podcasts – we will issue 15 service users with mp3 players loaded with information relevant to them and their symptoms, treatments etc</b></li> </ul> <p><b>c. Care pathway stages: issuing / prescribing process</b></p> <p><b>Which staff will be able to issue / prescribe?</b>  All service users in the complex needs service have a care coordinator. These staff come from a range of multi-professional groups and including community psychiatric nurses, social workers, psychologists occupational therapists, dual diagnosis workers, support workers and psychiatrists.  <b>Carers:</b> In this coming year we have agreed a focus on carer assessment and the offer of carer IP will be made available through:  The individual carer assessments  The care groups run by HD and staff on the inpatient and community units  Publicity in the carer Ron's café project  We would also envisage that the Bromley carer support lead (HD) will be able to make prescriptions available for carers.</p> <p><b>When will IPs be offered?</b>  The Information Prescription will be offered to all service users and their carers by their care coordinator:</p> <ul style="list-style-type: none"> <li>• at the point of entry to the service</li> <li>• for most of this user group, the IP will be offered as a routine pre care programme approach (CPA) standardised preparation session which occurs 6 monthly</li> <li>• at critical stages of the care pathways i.e. discharge from hospital, admission, crisis points</li> <li>• through advertising in all public areas across our Complex Needs Service</li> </ul> <p><b>The process:</b>  The IP will be in electronic format easily able to be printed off.  Each care coordinator will support the service user to go through the available options and make choices.</p>	

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		<p>This choice will be documented in the newly introduced Rio Care record as will the baseline and subsequent assessment measures so that this forms an integral part of the care record. Thus if the service user loses their written IP, the information will not be lost</p> <p><b>The service user</b> will be able to choose the number and nature of the information prescriptions up to a maximum of 6 in any 6 month period, with an agreed contract of self monitoring and agreement to participate in the routine outcomes evaluation as part of the CPA process. The carers will be able to access 3 information prescriptions in any 6 month period with agreement to predicate in routine baseline and outcome evaluation (and, where the service user is agreeable, as part of the CPA process.)</p> <p><b>Stage 4b: appointment of and training of user self management experts building on current recovery group user consultant staff</b> to deliver face to face and group information sessions. The project will build on the very considerable developed skills of our user self management consultants so that they can deliver the information prescriptions. This will facilitate:</p> <ul style="list-style-type: none"> <li>• User consultants employed by the Bromley advocacy project who will run weekly information sessions</li> <li>• Joint information sessions at Beckenham Mind for user self management experts and professionals.</li> </ul> <p><b>Stage 4c: staff Training and dispensing</b>  <b>The same care-coordination staff will be involved in dispensing the information contained in the prescriptions.</b> Although many of our staff are already well trained in information knowledge and information giving, the actual provision of information would benefit from a more structured and systematic approach. We are actively seeking advice form our highly responsive training department but our preferred model of training is the evidence based in vivo whole teams educational approach which has been successful for other forms of skills training. At this stage we anticipate that staff training will need to be provided in 1-2 whole team away days with service cover provided by the sister complex needs teams. This training will be accredited as part of the annual appraisal of all staff in Oxleas and reviewed in formal supervision.</p> <p><b>Stage 5: Development and pilot of telecare, text care and e-care</b>  The project will pilot 2 care modalities in use by the ACT team currently i.e. text care and telecare and develop a more consistent work books approach to the information given. 15 service users and carers will be involved in the development of this part of the project which we envisage is most suitable to those users who find face to face contact and any emotionally charged situation more problematic i.e. those with autistic spectrum disorders and 'psychosis negative symptom states'. We will be targeting service users and carers who can access PCs in their own homes, those that are well enough (not</p>	

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		<p>paranoid or anxious) to use internet cafes and libraries and also via computers which will be made available in Oxleas sites.</p> <p><b>Development of e-care information packages</b> Computers will be made available for 10 young patients aged 18-30 with complex psychosis. We are currently developing e-Care with our computer literate young service users and are interested to learn from US programmes such as Kaiser Permanente and develop this as a effective choice of care.</p> <p><b>Stages of this aspect of the project</b></p> <ol style="list-style-type: none"> <li>1. Identification of service users: We have identified 5 such interested service users at this stage of the project.</li> <li>2. agreement of the contract of involvement i.e. baseline evaluation participation, and engagement in the expertise to the project</li> <li>3. information loading and booked sessions of information giving</li> </ol>	
<b>6</b>	<b>Introduce information prescriptions by 1 May 2007</b>	It is not likely that all staff can be trained and the project ready to run by May 1 <sup>st</sup> due to the complexity involved in developing information appropriate for the client group. We would be grateful to enter into a discussion about our commitment to deliver the project but the need to ensure an appropriate IP for this complex clients group, many of whom have specific learning needs.	

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7	<p><b>Monitor and assess progress to integrate information prescriptions into care pathways</b></p> <p><b>Refine methods used in light of findings</b></p>	<p>We will be keeping in regular touch with all stakeholders through the 4 governance processes we are using to review progress. Progress reports will be on the agendas of all relevant groups. We will be establishing a website on the trust intranet. We will also provide regular reports for stakeholder organisation newsletters.</p> <p>We will use Prince project management methodology to monitor and assess progress. This uses daily log techniques and risk management registers. The minutes of progress meetings will contain regular progress reports in line with this delivery plan. The delivery of the IPs will be viewed regularly on the electronic care record of the service users and reviewed in supervision with team managers.</p> <p><b>Resource implications for the health and social care professionals prescribing and dispensing prescriptions</b></p> <p>There will be time resource implications both for training staff in the delivery of the information, the actual delivery and the focus group evaluations. We will be constantly e-mailing and networking all the stakeholder groups with a monthly progress report and seeking feedback. The stakeholders are members of the governance groups and will be members of the focus groups and consensus workshops. They will also be invited to feedback through the evaluation tools.</p>	
8	<p><b>Engage with The Consortium and other Information Prescription Pilots</b></p>	<p><b>We would value the support of the Consortium in the following ways:</b></p> <ul style="list-style-type: none"> <li>• Support to design the baseline self assessment tools for service users, carers and staff</li> <li>• Support to agree the optimal focus group methodology as part of the ratification process for information</li> <li>• Support with applications to ethics committees</li> <li>• Provision of good practice templates for service user consent for involvement and other good practice templates</li> <li>• Support with data analysis</li> <li>• Support with joint publications</li> <li>• Networking us to other national and international evidences based initiatives and websites</li> <li>• Possibly helping us if they know of cost efficient organisations which could sponsor us</li> <li>• Disseminating our work where appropriate and possibly helping us gain additional funding for development of e-learning programmes for training</li> </ul> <p><b>Engagement with other pilot sites and the consortium to benefit from their experience</b></p> <p>We would value it if the bulk of the work could be done through electronic means as taking time out of busy clinical roles to attend meetings is more difficult.</p>	

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		<p>Support with understanding how they have developed their web based learning sites  Information on suitable contractors for podcasts etc  We would value the establishment of a 'smart' group  Possibly develop a shared web link to share ideas and review methods and progress.  1-2 conferences where the emphasis is on learning</p> <p><b>Supporting the evaluators in their work will be achieved by:</b></p> <ul style="list-style-type: none"> <li>• helping them obtain ethics approval</li> <li>• provision of regular updates</li> <li>• support to access relevant information and staff.</li> </ul>	
<b>9</b>	<b>Contribute to local patient information delivery</b>	<p><b>Information prescriptions as an integral part of ongoing patient care</b>  We intend that our pilot will produce more structured information giving packages which can then be used to train our key workers for the future. If this project is successful we intend to roll it out across the trust. Our training dept have a track record in producing e-Learning packages for staff and they are interested to see if this pilot can produce suitable content for an information training e-Learning package.</p> <p>We believe that informed service users are more likely to feel empowered, relapse less over time and are more able to lead valued socially inclusive lives.  We have plans to maintain and update databases of information across all our agencies and have funded websites and information services.  The work will only be sustainable if we build in cascade learning, integrated the processes into routine induction, competency training of all staff and employ service users to deliver this to us.</p>	
<b>10</b>	<b>Contribute to developing national policy</b>	<p>This pilot will contribute to the formulation of national policy in the following areas:</p> <ul style="list-style-type: none"> <li>• The national review of the care programme approach</li> <li>• The national outcome project in mental health</li> <li>• The implementation of the Mental Capacity Act and Mental Health Bill</li> <li>• The implementation of NICE guidelines</li> <li>• The New way of working for mental health professionals</li> <li>• The Healthcare Commission self assurance process.</li> </ul>	