

**Information Prescription Pilot – Delivery Plan**

	<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>All relevant patients / or carer to receive information prescription 75% of all new patients/ carers in target groups receive the information prescription</p> <ul style="list-style-type: none"> <li>• Training and education of staff via focused sessions</li> <li>• Audit to monitor implementation of documentation</li> <li>• Assessment of patient / carer opinion</li> </ul>	Ongoing
<b>2</b>	<p><b>Project management arrangements</b></p> <p><b>Stakeholder engagement &amp; ongoing support</b></p>	<p>Professor nick James Lynne Dodson / Paul Litchfield</p> <p>Prof N James Lynne Dodson paul Litchfield Inigo Tolosa Zena Dalton / rachel Casserley Andrew McKirgan the steering group has the authority to ensure the project achieves it milestones.</p> <p>Stakeholders - divisional patients council will be consulted as required – as will the PBCN user groups</p> <p>6 weekly meetings + as required in set up phase</p> <ul style="list-style-type: none"> <li>• The pilot will be presented at the oncology exc group , and away day</li> <li>• To the pan Birmingham Cancer network board</li> </ul>	Ongoing

	<b>Pilot Site</b>	<b>Activity</b>	<b>Timescales</b>
		<ul style="list-style-type: none"> <li>• To the pan Birmingham cancer network user group</li> <li>• To the trust cancer advisory group and the trust cancer strategy group</li> <li>• Cancer CNS group</li> </ul>	
<b>3</b>	<b>Coverage</b>	<ul style="list-style-type: none"> <li>• Clinics within the cancer centre</li> <li>• train each consultants + SPr &amp; registrars + CNS per week</li> <li>• non surgical cancer therapies</li> <li>• Spura regional cancer centre + local population</li> <li>• Prescribing cancer centre outpatients</li> <li>• Dispensing Patrick room</li> <li>• Cancer care group CNS + AHPs Drs</li> <li>• 1<sup>st</sup> visit to oncologist</li> <li>• Consultations where there has been a significant change in treatment</li> <li>• At the point where the initial treatment options are discussed</li> </ul>	Ongoing

	<b>Pilot Site</b>	<b>Activity</b>	<b>Timescales</b>
<b>4</b>	<b>Baseline of current position by 1 April 2007</b>	<ul style="list-style-type: none"> <li>• Recently reported research ( ACCIS study Prof N James )</li> <li>• Patient mostly have access to a clinical nurse specialist ( who is named person responsible for patient and cares issues with in each MDt team and also patient information )</li> <li>• As above</li> <li>• Variable - written, verbal , Tapes videos</li> </ul>	

	Pilot Site	Activity	Timescales
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>The information prescription will use already established sources – the aim of the project to ensure best practice is adopted by all clinical involved in cancer care at UHBFT</p> <ul style="list-style-type: none"> <li>• In house booklets &amp; leaflets</li> <li>• PBCN clinical patient information</li> <li>• National information ie bacup Macmillan</li> <li>• Web based information cancer help uk Macmillan</li> <li>• DOH - benefits , social care</li> </ul> <ul style="list-style-type: none"> <li>• Update current prescription ( draft ) this will develop as project roles out with feedback from professionals, patients and carers.</li> <li>• This will be paper based in triplicate</li> <li>• The prescription will specify additional materials - in multiple formats as required</li> <li>• A information sheet will be developed for training &amp; education of patients</li> <li>• As part of the training package</li> <li>• Yes - we plan to target minority groups – via local contacts and families and cares &amp; users group</li> </ul> <ul style="list-style-type: none"> <li>• All HCP</li> <li>• By consensus</li> <li>• yes if required</li> <li>• as required</li> <li>• amending the information prescription ( printing &amp; type setting costs )</li> <li>• As described previously</li> </ul>	

	<b>Pilot Site</b>	<b>Activity</b>	<b>Timescales</b>
	<b>Agree design of dispensing process by 1 April 2007</b>	<ul style="list-style-type: none"> <li>• yes as per peer review requirements</li> <li>• a copy will be kept in the notes</li> <li>• There will be a patient copy, CNS / treatment copy and copy for the notes</li>   <li>• As above</li> <li>• As above</li> <li>• As required</li> <li>• As in the bid</li> <li>• As above</li> <li>• yes as per peer review requirements</li> <li>• a copy will be kept in the notes</li> <li>• Yes in patients notes</li> <li>• Yes as above</li> </ul>	

	<b>Pilot Site</b>	<b>Activity</b>	<b>Timescales</b>
<b>6</b>	<b>Introduce information prescriptions by 1 May 2007</b>	<ul style="list-style-type: none"> <li>• Training programme to commence shortly</li> </ul>	
<b>7</b>	<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>	<ul style="list-style-type: none"> <li>• A circular e mail / webb page updates will be developed for the stakeholders</li> <li>• A photo copy will be requested for all prescriptions issued during pilot phase to monitor the use - A data base will be developed to monitor &amp; record actively</li> <li>• Will be met from project resources</li> <li>• As above</li> <li>• At the 6 weekly meetings with stake holders we will review draft documentation</li> <li>• Improvements can be made when agreed by steering group</li> </ul>	

	<b>Pilot Site</b>	<b>Activity</b>	<b>Timescales</b>
<b>8</b>	<b>Engage with The Consortium and other Information Prescription Pilots</b>		
<b>9</b>	<b>Contribute to local patient information delivery</b>	<ul style="list-style-type: none"> <li>• The intention is that it will be integral to patients care for all who attend the cancer centre</li> <li>• Well informed patients and carers who will understand their treatment and therefore increase compliance with all modalities</li> <li>• Regular evaluation - monitoring and audit</li> </ul>	
<b>10</b>	<b>Contribute to developing national policy</b>	<ul style="list-style-type: none"> <li>• Meet cancer peer review measures</li> <li>• High impact changes - ( the Accis study demonstrated that family &amp; cares were under provided with information this gives an opportunity to include and inform this group )</li> <li>• Services development / Service improvements</li> <li>• Increase compliance with medication</li> <li>• Present findings national and internationally</li> </ul>	