

**Information Prescription Pilot – Delivery Plan
Royal Marsden NHS Foundation Trust**

	Pilot Site	Activity	Timescales
1	<p>Key objective and desired outcome</p> <p>Key milestones</p>	<p>To test the feasibility of information prescriptions (IP) with two clinical groups. The IPs will signpost people to information about their disease and treatment options, supportive care and where to get further information and support, both nationally and locally. The IP will support the consent process and link in with consent forms and the copying letters initiative. The pilot will test the acceptability of IPs to both staff and patients.</p> <ol style="list-style-type: none"> 1. Identifying a baseline of what information is currently given to Royal Marsden NHS Foundation Trust (RMH) patients 2. Designing an Information Prescription template(s) 3. Identifying the content for the prescription 4. Developing the directory of resources 5. Ensure identified content for the pilot group is available 6. Piloting a paper version of IP with one clinical group of patients 7. Training staff for pilot group 8. Developing a method of enabling the directory and electronic information to be accessed by South West London Cancer Network (SWLCN) partners. 9. Piloting an IP with a second clinical group of patients 10. Developing a method of recording an IP onto electronic patient record 	<ol style="list-style-type: none"> 1. by 01/04/07 2. by 01/05/07 3. by 01/04/07 4. by 01/05/07 5. by 01/05/07 6. from 01/05/07 7. by 01/05/07 8. time frame dependent on IT 9. from 01/10/07 10. time frame dependent on IT

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3	Coverage	<p>As a specialist cancer centre, the pilot will initially focus on one clinical unit, to design a tool and process which is reproducible in other patient groups and settings.</p> <p>It is proposed that the first clinical unit to trial IPs will be the Urology Unit, with a focus on men with Prostate Cancer. The majority of these patients will have been diagnosed outside the Trust within the SWLCN. As RMH develops a diagnostic service for Prostate Cancer, this may change in the future.</p> <p>Initial feedback from this pilot will inform the process for a second clinical unit. In-depth work with two clinical units will enable RMH to develop a sound framework for rolling out IPs to other clinical units in the future. A phased approach means that we can refine the process at the early stages. A second clinical unit, such as the Gynaecology Unit (TBC) would enable us to identify any additional issues that were not apparent with the Prostate Cancer Information Pathway.</p> <p>Initially, the health professionals involved with dispensing the majority of IPs will be the clinical team responsible for the care of these patients and staff from the PALS/Patient Information Service. Elements may also be dispensed by SWLCN partners as the project pathway develops.</p>	<p>Start date 01/05/07</p> <p>Start date 01/10/07</p>

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5	Identify content and establish how accessible directories will be designed by 1 April 2007	<p>There is a Patient Information section on the RMH Intranet, which hosts a Directory of Information Resources produced by RMH. This Directory is taken from the RMH patient information database and includes information about different cancers, specific treatments, supportive information and different RMH services.</p> <p>The contents of the further developed Directory will build on the SWLCN minimum information frameworks, consent forms, additional information given out by the specialist nurses, and information resources held by the Help Centres.</p> <p>The baseline mapping exercise will identify gaps in local content and a work plan for the development of information resources will be submitted to the Editorial Committee.</p> <p>The current database and Directory will be further developed to include information resources and support services produced by other organisations.</p> <p>The development of any additional patient information to support the Prostate Cancer Information Pathway will be agreed with the Clinical Nurse Specialist (CNS) and clinical team, and will take priority in the work plan.</p> <p>All information is produced in line with the Trust's policy 'Provision and Production of Information for Patients'. There are guidelines as an appendix to the policy, which are based on the Department of Health (DH) 'Toolkit for producing patient information'. The SWLCN also provides guidelines for producing patient information, based on the DH toolkit. In addition, the Macmillan 'Directory of information materials for people with cancer' informs the Patient Information Service about resources produced by external organisations.</p> <p>Patients will access information through their clinician, CNS or the RMH Help Centre. All patients receive a copy of the 'Patient's Guide', which gives details about the Help Centres.</p>	<p>already developed</p> <p>by 01/04/07</p> <p>by 01/04/07</p> <p>by 01/05/07</p> <p>by 01/05/07</p> <p>ongoing</p> <p>ongoing</p>

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	<p>Agree design of information prescription template by 1 April 2007</p>	<p>The Directory, either in it's entirety or specific sections, will need to be available to our SWLCN partners. The IT department will be asked to identify options for sharing this and electronic patient information with the SWLCN.</p> <p>A project specification will be submitted to the IT steering group to take forward the agreed option to enable SWLCN colleagues to access the Directory and electronic information.</p> <p>The timescale for completing this workstream will be dependent on existing IT priorities.</p> <p>Stakeholders will be consulted about the design of an IP template to ensure it meets the information needs of patients, enhances current practice and complies with clinical governance standards.</p> <p>An IP template will be designed for the Prostate Cancer Information Pathway.</p> <p>A paper based IP will be trialled within RMH with a small group of staff and patients to identify and solve any immediate problems.</p> <p>The IP, amended if appropriate, will then be trialled with a larger group of patients to clarify the requirements for a project request for an electronic system to the IT steering group. The IP will include core information which supports the consent process and details of other supportive information and other organisations.</p> <p>Guidance which will be available on the Intranet will be provided for the health professionals giving out the prescriptions. A leaflet explaining IPs to patients and carers will be produced and given out with the IP.</p> <p>The template will initially only be available as a written, English document.</p>	<p>by 01/04/07</p> <p>by 01/05/07</p> <p>TBC</p> <p>by 01/04/07</p> <p>by 01/05/07</p> <p>from 01/05/07</p> <p>by 01/06/07</p> <p>by 01/05/07</p>

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	<p>Agree design of prescribing process by 1 April 2007</p>	<p>IPs will be given out to patients by members of the clinical teams managing their care who will also dispense the core information supporting the consent process. It is envisaged that this will be formalising a process that already takes place and therefore will not add considerably to the time spent with a patient. Extra time will need to be allowed for documenting the process on the electronic patient record (EPR).</p> <p>Individualised training will be given to the pilot clinical team.</p> <p>Further training sessions will be provided to the second clinical team and SWLCN partners, building on the experience of the pilot with patients with Prostate Cancer.</p> <p>Initially, the offer and dispensing of core information will be recorded on paper until a process for recording it on the EPR has been agreed and developed. A copy of the IP will be given to the patient and a copy will be kept with the patient's notes.</p> <p>Patients and carers will be able to ask their key worker or staff working in the Help Centres for a copy of the prescription should they lose it.</p>	<p>from 01/05/07</p> <p>by 01/05/07</p> <p>by 01/10/07</p> <p>from 01/05/07</p>
	<p>Agree design of dispensing process by 1 April 2007</p>	<p>Members of the clinical teams giving out IPs will also be able to dispense the core information supporting the consent process. Where this is not practical, core information, other supportive information and details of external support and information organisations will be available from the Help Centres.</p> <p>Although all patients are informed about the Help Centres through the 'Patient's Guide' when they are first registered at RMH, not all patients and carers visit the Centres. It is envisaged that the activity within the Centres will increase when IPs are rolled out more extensively.</p>	<p>from 01/05/07</p>

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6	Introduce information prescriptions by 1 May 2007	As previously stated the pilot will start with a small group of Prostate Cancer patients before being introduced into a second specialty in October 2007.	from 01/05/07
7	Monitor and assess progress to integrate information prescriptions into care pathways	<p>A progress report will be presented to the Patient Information Editorial Committee, which has representatives from all key stakeholders, every two months.</p> <p>A paper based system will be used initially until the IP can be linked to the electronic EPR. However, only RMH within the SWLCN has an established EPR system, so initially it is envisaged that a paper system will continue to work alongside an electronic version until e-systems have been further developed. Activity will be collated by the project lead.</p>	<p>2 monthly</p> <p>from 01/05/07</p>
	Refine methods used in light of findings	Stakeholders will be consulted at all stages of the pilot including the design, implementation and evaluation. Comments from each stage of the pilot will feedback into the next phase.	from 01/02/07

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8	Engage with The Consortium and other Information Prescription Pilots	<p>The project lead will meet/communicate regularly with The Consortium, contribute information as requested and facilitate access to staff and other stakeholders as appropriate.</p> <p>A website would enable details of the pilot sites to be available to all the pilots. Meetings/workshops where experiences can be exchanged are considered to be beneficial.</p>	ongoing throughout the year
9	Contribute to local patient information delivery	<p>It is envisaged that IPs will be offered routinely at each stage of the care pathway. While patients seen at RMH are already offered and given information, IPs will help strengthen our practice, ensure consistency and help us record what information patients receive. Regardless of where patients are diagnosed, they will all be offered the same information resources. As not all patients want information at the same time, an IP will allow them to reflect on what resources may be helpful, giving them the option of having the resources dispensed to them at a time and place that suits them. This may also be through other sites within the SWLCN and nationally. Ultimately, this will lead to the seamless provision of patient information.</p> <p>As many patients treated at RMH start and/or finish their care at other hospitals within the SWLCN, it is important they receive information at the right time in their care pathway. For example, patients receiving radiotherapy treatment at RMH should be offered information on radiotherapy at their referring hospital before their first treatment appointment. RMH, working with the SWLCN, needs to establish a process whereby relevant information is accessible throughout the SWLCN.</p>	

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10	Contribute to developing national policy	<p>RMH have a proven track record of contributing to the development of national policy, and are committed to participating in all developments such as:</p> <ul style="list-style-type: none"> • Designing templates for IPs for people with cancer. • Identifying the content of IPs. • Producing and providing information through specialist clinical teams and patient information services. • Piloting IPs in a specialist cancer hospital as a part of a cancer network. 	On-going throughout the project