



	<b>Pilot Site</b>	<b>Activity</b>	<b>Timescales</b>
2	<b>Project management arrangements</b>	<ul style="list-style-type: none"> <li>Who is leading the pilot locally and who will deputise?</li> </ul> <p>Project Manager – Mike Waddington Deputy – Steve Rabbits</p> <ul style="list-style-type: none"> <li>The Steering Group includes representatives from the full range of key stakeholders.</li> </ul> <p><b>Health and social care</b> South Essex Partnership NHS Foundation Trust covering services for Thurrock Council Thurrock Council – Housing and Libraries (Linda Sinclair)</p> <p><b>Primary care</b> South West Essex PCT (Russell Harrison, Director of Commissioning) Hassengate Medical Centre (Dr Judy Pusey, (Mental Health lead)</p> <p><b>Voluntary Sector</b> Thurrock MIND - Linda Kirton SUNRISE (Service User's Network Representation in South Essex) Irene Lewsey Thurrock Carers Centre – Marie Taffe Thurrock Council for Voluntary Services Thurrock Citizens Advice Bureau TRUST (Thurrock Racial Unity Support Taskgroup) Ruth Juet</p>	

	<b>Pilot Site</b>	<b>Activity</b>	<b>Timescales</b>
	<p><b>Stakeholder engagement &amp; ongoing support</b></p>	<ul style="list-style-type: none"> <li>• The steering group will meet regularly until the development work has been completed and monthly thereafter until the pilot ends.</li> </ul> <p>March 6th Tuesday  March 12th Monday  March 20th Tuesday  March 26th Monday  April 10th Tuesday  April 24th Tuesday</p> <p>It will performance manage the progress of the pilot against the project plan as a whole and be sub-divided into four groups responsible for the information directory, the issuing process, the dispensing process and technical architecture.</p> <p>The project is sponsored by Peter Wadum-Buhl Director of Performance and Business Development and has authority to implement new process and practice within the pilot area. (Thurrock locality) Any proposed changes to process that will incur additional costs to the Foundation Trust, that are not covered by the pilot funding, will be submitted to the Board for approval</p> <ul style="list-style-type: none"> <li>• How will the pilot be marketed and publicised locally?</li> <li>• How will stakeholders be engaged and won over?</li> <li>• What support &amp; training will be offered and when?</li> </ul> <p>South Essex Partnership NHS Foundation Trust has an excellent reputation both locally and nationally. We approach each development and example of good practice by promoting these in the media. Promoting positive images generates positive media coverage to enhance understanding of mental health issues and to highlight the work of our staff. We achieve this by arranging appropriate events to publicise openings of new hospitals, wards, community facilities and well as</p>	

	Pilot Site	Activity	Timescales
		<p>innovative practice.</p> <p>We will be arranging a launch event in the Thurrock area where all stakeholders will be invited as well as the local media. We will also invite the leaders of partner organisations so that they can demonstrate their support for this project. We will also arrange for endorsements from service users who will be benefiting from this pilot scheme.</p> <p>Following the launch event and gaining the support of the leaders of the partner organisations, it is our intention to publicise the innovative nature of the Information Prescription Pilot in the various publications of our stakeholder organisations. These articles will define the project and give details of the positive outcomes for service users and the stakeholder partners. It is intended that given the positive aspects of this pilot all partners will be engaged and supportive of a positive outcome. All stakeholders will be involved throughout the implementation of this pilot, which will build on the already established strong relationships in this area. They will all be represented on the steering group enabling ownership of this project and at the same time inspiring success. In practical terms stakeholder organisations will benefit from upgraded IT facilities and the development of an electronic information prescription, an information library and methods of filling the prescription will have long-term rewards for all involved.</p> <ul style="list-style-type: none"> <li>• What arrangements will you have in place should key stakeholders decide to withdraw from the pilot?</li> </ul> <p>We have selected more than one stakeholder in several categories to ensure continuity in the event of a withdrawal.</p> <p>If Hassengate Medical Centre withdraws, they will be replaced by a nomination from the PCT.</p> <p>We have two sources for service user and carer groups.</p> <p>Each workstream lead has a deputy to ensure continuity through holidays and sickness absence.</p>	<p>W/c 7<sup>th</sup> May</p> <p>May to July</p>



	<b>Pilot Site</b>	<b>Activity</b>	<b>Timescales</b>
	<p><b>Volume issued</b></p> <p><b>Prescribing and dispensing locations</b></p> <p><b>Health and Social Care Professionals</b></p>	<p>The pilot will cover information delivery in four main categories Mental health conditions, treatments, self-help, support and benefits. It is recognised that patients with mental health conditions may also exhibit other long term conditions eg diabetes, however we are not planning to issue information prescriptions for physical health conditions as part of this pilot.</p> <p>We estimate that the volume of prescriptions issued in a week will range from 80-100. Therefore in the course of a 9 month pilot from 1<sup>st</sup> May 2007 to 31<sup>st</sup> January 2008 we expect to issue between 3000 –3500 prescriptions.</p> <p>The prescribing locations for clinical information will include: Grays Hall Resource Centre (SEPT) Hassengate Medical Centre – Stanford- le- Hope</p> <p>Dispensing locations will include: SEPT Patient and Public Involvement Department <a href="http://www.southessex-trust.nhs.uk">www.southessex-trust.nhs.uk</a> Grays Hall Resource Centre (SEPT) Hassengate Medical Centre – Stanford- le- Hope Thurrock MIND Thurrock Carers Centre Touchscreen information point</p> <p>The health and social care professionals involved in prescribing will include:- Consultants in Adult Psychiatry Senior House Officers Doctors Associate Specialists Senior Practitioners Approved Social Worker Social Worker</p>	

	<b>Pilot Site</b>	<b>Activity</b>	<b>Timescales</b>
	<b>Points in the care pathway</b>	<p>Mental health pathways are developed for individual clients, as they do not always follow a predictable course. Some clients will be adults with chaotic lives and multiple needs.</p> <p>We have therefore listed a series of points of care at which an information prescription can be issued:</p> <ul style="list-style-type: none"> <li>Early Recognition Intervention (ERI)</li> <li>Management back in Primary Care with support from GP</li> <li>Community Mental Health Team (CMHT)</li> <li>Clinical Assessment Service (CAS)</li> <li>Crisis Resolution Home Treatment (CRHT)</li> <li>Inpatient Adult Mental Health Service</li> <li>Discharge meeting</li> <li>Care Plan Reviews</li> </ul> <p>Dr Lorenzo Bacelle will be leading a piece of work on identifying information pathways for those conditions that lend themselves to a more standard approach</p>	By April 1st

	Pilot Site	Activity	Timescales
4	<b>Baseline of current position by 1 April 2007</b>	<ul style="list-style-type: none"> <li>• A baseline provides the starting point for identifying the impact pilots are having on their key stakeholders</li> </ul> <p><b>Patients and carers</b></p> <p>There are a number of access points for patients and carers at the moment. Trust website <a href="http://www.southessex-trust.nhs.uk/useful.asp">http://www.southessex-trust.nhs.uk/useful.asp</a> has an information section for service users and carers.</p> <p>The trust has introduced touchscreen information points to most clinical locations providing access to a wide range of mental and physical health information and support. <a href="http://www.surgerydoor.co.uk/pphisv2/client/Southessex/index2.asp">http://www.surgerydoor.co.uk/pphisv2/client/Southessex/index2.asp</a></p> <p>Some consulting rooms contain information leaflets for the most common conditions and medications and local support groups.</p> <p>Many reception areas contain leaflet racks but these are locally managed and not maintained consistently.</p> <p>There is no formal process for signposting patients and carers to these information sources by clinicians. The trust has produced a paper-based information prescription for clinicians to issue and the prescriptions are dispensed by the Patient and Public Involvement Department. It is not used widely across the trust and many clinicians are not aware of it. Current levels of activity are around 6 prescriptions per month.</p>	

	<b>Pilot Site</b>	<b>Activity</b>	<b>Timescales</b>
		<p><b>Health Professionals</b>  Clinicians are aware of the leaflets that the trust produces for mental health conditions and medications.  Prescribing information is not seen as an integral part of a normal consultation and is therefore left up to the discretion of the individual. Time pressure often means that information is not even discussed with the patient.</p>	

	<b>Pilot Site</b>	<b>Activity</b>	<b>Timescales</b>
<b>5</b>	<b>Identify content and establish how accessible directories will be designed by 1 April 2007</b>	<p>Content identification will be done by a group of stakeholders including clinicians, care workers and service users in conjunction with the already established SEPT Patient Information Group.</p> <p>Content sections will be drawn up by each stakeholder detailing information already available and gaps in information that need to be filled as a priority.</p> <p>Although the project focuses on mental health, it is recognised that physical health information needs will also need to be met and the project scope for content includes the provision of medical conditions and healthy living information. The emphasis will be on providing choice of information without overwhelming the service user.</p> <p>The content will also include the provision of specific information in other languages for evaluation purposes although within the scope of this pilot it is not intended to develop a fully multilingual service.</p> <p>Stakeholders will include health care professionals for clinical input; social care professionals for housing, transport, employment, benefits and voluntary sector partners to develop a local service directory with service user and carer input.</p> <ul style="list-style-type: none"> <li>• How will you be identifying the content sources to be used?</li> </ul> <p>Content will be split into four categories  Mental health conditions, treatments, self-help, support and benefits.  For each category we will review the following:-  Material currently produced by the trust  Material currently used by the trust, but published by a third party  Material used/produced by other mental health trusts  Material produced by non-statutory mental health organisations</p>	6th March -April 6th

	<b>Pilot Site</b>	<b>Activity</b>	<b>Timescales</b>
	<p><b>Agree design of information prescription template by 1 April 2007</b></p>	<ul style="list-style-type: none"> <li>• What standards or criteria will you be using? Clinical material must be evidence based, and reviewed no more than 2 years ago. It will be approved for use by the clinical teams A selection of material in each category must have a reading age of 9-11 to ensure accessibility to the widest audience. Material from voluntary organisations will focus on national organisations with established reputations. Local organisations will only be signposted if they can be recommended by a member of the steering group, through previous experience.</li> </ul> <p>Once the content sources have been identified and approved, they can be introduced to the information directory. This process will continue beyond the beginning of the pilot as new sources of material may be identified at any time.</p> <p>Information sources may include leaflets, books, support groups, counselling, audio/video tapes. We will ensure that the content selected includes a material for all target groups including information in different languages and different formats including picture words.</p> <ul style="list-style-type: none"> <li>• How will you ensure these sources are easily accessible to patients, carers and health professionals?</li> <li>• How will you signpost patients, carers and health professionals to other sources of information?</li> </ul> <p>The template will be electronic and paper based as it can be generated electronically and then printed</p>	<p>12<sup>th</sup> March to April 20<sup>th</sup></p> <p>By April 1<sup>st</sup></p>

	Pilot Site	Activity	Timescales
		<ul style="list-style-type: none"> <li>• What methods will you use to link information sources to the information prescription template in a user friendly way?</li> </ul> <p>The template will have a very simple navigation system to enable material to be located from the directory and then inserted into the prescription. Information will be categorised in the directory so that material from different sources can be linked together easily.</p> <ul style="list-style-type: none"> <li>• What other information will be included within the template?</li> </ul> <p>It will also include the facility to print or email the prescription and contain instructions for accessing the information via the internet and signposting to locations for assisted dispensing.</p> <ul style="list-style-type: none"> <li>• Will you be providing an accompanying explanatory leaflet?</li> </ul> <p>The system will include online help and we will be providing two leaflets, one for help with prescribing and one for help with dispensing.</p> <ul style="list-style-type: none"> <li>• How will these resources be made available to health and social care professionals?</li> </ul> <p>The information prescription system will be added to the intranet of health and social care partners and the desk top of stakeholder organisations that are not linked to the health and social care network</p> <ul style="list-style-type: none"> <li>• Do you intend to make the template accessible for hard to reach groups and if so which ones?</li> </ul> <p>The template will be accessible for some hard to reach groups eg partially sighted however we will not be designing the whole service for example in different languages. The information directory will contain material suitable for our target groups. These service users and carers will then be directed to 'assisted' dispensing locations where they will be provided with a more in depth level of support.</p> <p>The most common languages other than English in the pilot area are Albanian, Farsi and Cantonese. We will also provide material in French, Urdu, Arabic and picture words.</p>	

	<b>Pilot Site</b>	<b>Activity</b>	<b>Timescales</b>
	<p><b>Agree design of prescribing process by 1 April 2007</b></p>	<ul style="list-style-type: none"> <li>• Which health and social care professionals will be issuing (prescribing) information prescriptions? The health and social care professionals involved in prescribing will include:- Consultants in Adult Psychiatry Senior House Officers Doctors Associate Specialists Senior Practitioners Approved Social Worker Social Worker</li> </ul> <p>Colleagues from stakeholder partners will also be able to prescribe information to service users, but they will only be able to prescribe information from certain categories such as support groups, housing, benefits information. This will not include clinical information</p> <ul style="list-style-type: none"> <li>• What methods are they going to adopt? During the course of a consultation the patient will be asked if they would like to have some information on the subjects that have been discussed. If the answer is yes, the professional will access the IP system from their desktop to issue the prescription. This process will take an estimated 2 minutes. When the information prescription system is accessed, the prescriber will be presented with an electronic template, together with a list of all content held within the prescription database, by category. The prescriber then personalises the prescription for the client by selecting the relevant information from the directory.</li> </ul> <p>The prescription can now be emailed, or printed off and given to the service user or carer. It could also be saved for subsequent access via a MyHealthspace account.</p> <p>Prescribing will also take place during Care Plan Reviews where a multi disciplinary</p>	<p>by 1 April 2007</p>

	Pilot Site	Activity	Timescales
	<p><b>Agree design of dispensing process by 1 April 2007</b></p>	<p>team will be available to identify information needs.</p> <ul style="list-style-type: none"> <li>• Will they be able to dispense as well?</li> </ul> <p>It is unlikely that dispensing will take place in a consultation, however we will be looking at the benefit of having copies of the most frequently accessed information in the consultation rooms so that it could be handed out with the prescription. Some consultations rooms are used like this already but a formal procedure is not in place. Some locations have public access touchscreen information points, which can be used to dispense information immediately after a consultation</p> <p>Dispensing can take place during Care Plan Review meetings as they are under less time pressure. The recipient will be able to access the prescription on-line or take it to one of the fulfilment partners, who will have on-line access and be able to print out the information.</p> <p>Fulfilment points include: Any PC located in health or social care premises in the pilot area, South Essex Partnership Trust PALS and PPI departments, health centre waiting rooms, libraries, Citizens Advice Bureau and Council for Voluntary Services Thurrock MIND.</p> <p>All of these locations will also provide support for people to use the information prescriptions and understand them. They will be particularly important for our hard to reach groups, where service users have learning difficulties or do not speak English.</p> <p>Care Co-ordinators will play an important role in following up the use of information prescriptions with each service user. They will check that the prescription has been fulfilled and help if it hasn't, they will be able to review the information with the service user to check that it has been understood, they can organise a replacement if the original has been misplaced and they can add extra items to it, if the service user is now happy to have further information. They will also be able to report back on the suitability of the information prescribed to the individual.</p>	

	Pilot Site	Activity	Timescales
		<ul style="list-style-type: none"> <li>• What are the additional costs involved? There will be no additional costs incurred during the issuing process. We have allowed costs for additional hardware for patients to access their prescriptions electronically and for fulfilment points to print off leaflets. These costs include printer consumables for the duration of the pilot. We will be attempting to measure the cost benefit of printing on demand vs bulk printing.</li>   <li>• What training and support are you planning? Training will cover three main areas, system training, familiarisation with the library contents and prescribing protocol. All H&amp;SC professionals will be trained on how to operate the templates, how to retrieve information quickly to populate the template and to advise patients on where and how to access the information. The trust will also be developing a prescribing protocol to ensure that non-clinical staff does not prescribe certain types of information relating to diagnoses.  The stakeholder organisations acting as fulfilment points will receive the same training on fulfilment. They will also be able to prescribe non-clinical information in areas such as local support, housing, benefits etc.  On going support and updates will be communicated via an electronic newsletter.</li>   <li>• Will the offer of information be recorded and if so, how? We will include the offer of information on the electronic care record and whether it was accepted. We will also be able to track the proportion of patients who are prescribed information and the proportion that subsequently access it.</li> </ul>	<p>April 16<sup>th</sup> – April 30<sup>th</sup></p>

	Pilot Site	Activity	Timescales
		<ul style="list-style-type: none"> <li>• Will patients and carers be able to access their prescription should they lose it? If so, how? The electronic system will assign an identification number to each prescription. If a patient loses their prescription they can contact their clinician or any other stakeholder partner to get a replacement.</li>   <li>• Will you be linking information prescriptions to care records? That was not part of our original plan. However we will investigate this with TotalCare during the pilot period.</li>   <li>• Can other health and social care professionals see the information that has been offered? If so, how?  They will be able to access the prescription through a password-protected section of the site. They will also be able to access the information on a patient's behalf if they are given the correct prescription number.</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>Check to make sure the processes you will be adopting as listed in Item 5 will be set up and in place so that all health and social care professionals involved in the pilot are ready and able to issue information prescriptions by 1 May 2007.</li> </ul>	
<b>7</b>	<b>Monitor and assess progress to integrate information prescriptions into care pathways</b>	<p>How will you be keeping in regular touch with all stakeholders? Regular meetings will be supplemented with an IP e-newsletter.</p> <ul style="list-style-type: none"> <li>What central system will you be using to record activity? Prescribing activity will be recorded on the electronic care record. The contents of each prescription will be recorded in the IP system.</li> </ul> <p>The information directory will also be able to measure the relative uptake of the different types of information prescribed</p> <ul style="list-style-type: none"> <li>Does this have resource implications for the health and social care professionals prescribing and dispensing prescriptions? It is estimated that the process of using the electronic service to produce a prescription will take about two minutes. Dispensing will take longer although in our pilot we are not using clinicians to dispense unless they choose to.</li> <li>How will you be monitoring and assessing progress? Our first review will take place after 6 weeks, in mid-June. It will cover the three areas of prescribing, fulfilment and impact on patients/ carers. We will have a clinical review of the prescribing process in mid-June to assess the impact that the process is having on clinicians and the time taken in consultations.</li> </ul>	<p>Monthly newsletter</p> <p>mid-June</p>

	<b>Pilot Site</b>	<b>Activity</b>	<b>Timescales</b>
	<b>Refine methods used in light of findings</b>	<p>At the same time the Care coordinators will review the impact of the information prescription from the perspective of the patient/carer. They will have a simple questionnaire to be completed by the care coordinator, to assess the usefulness of the information.</p> <ul style="list-style-type: none"> <li>• What methods will you use to ensure stakeholders influence how the prescribing and dispensing process is refined and improved? The 6 week review will also incorporate the feedback from the other stakeholders involved in the fulfilment process to ensure that their views are reflected in any refinements that are required.</li> <li>• How quickly can improvements be made? Technical refinements to the electronic prescription would be possible within one to two weeks from identification, depending on the scale of work required.</li> </ul> <p>Process changes that are required could be implemented in a similar time frame as the health and social care professionals involved all operate from the same locality and interact with each other frequently in the course of their day-to-day activities.</p>	
<b>8</b>	<b>Engage with The Consortium and other Information Prescription Pilots</b>	<ul style="list-style-type: none"> <li>• What would you like to know about the evaluation process being undertaken by The Consortium? We would like to know the timescales involved in the evaluation process from each part of the consortium and the time requirements that it will have on members of the steering group and the project managers.</li> <li>• How will you engage with The Consortium to benefit from the support and advice they can offer? We will encourage each of the workstream leads to contact the consortium to gain advice in their own area</li> </ul>	

	<b>Pilot Site</b>	<b>Activity</b>	<b>Timescales</b>
		<ul style="list-style-type: none"> <li>• How will you support the evaluators in their work e.g. help with obtaining ethics approval; provision of regular updates; access to relevant information and staff? We will be able to do this more effectively when we have a clearer understanding of the timing and specific requirements that they will have. We have already informed the Chair of our local NHS Research Ethics Committee about the project and they are waiting for details of any research requirements. We understand that there will be a need to attend meetings and and provide data and regular reports to the evaluation team. Where possible we will ensure that these activities are looking similar measures as our own monthly reviews, to avoid duplication.</li> <li>• How would you like to engage with other pilot sites to benefit from their experience?  We will use the opportunity of the launch event and national steering group meetings to network with other pilot sites. We are keen to work with anyone else who is involved in mental health particularly around content sharing, and any other pilots that are looking at electronic prescribing. We would also like to learn from pilots that have experience of successful clinical engagement at an early stage.</li> </ul>	
<b>9</b>	<b>Contribute to local patient information delivery</b>	<ul style="list-style-type: none"> <li>• At this stage, are you able to say how your pilot will help information prescriptions become an integral part of on-going patient care? The Thurrock locality partners are recognised for their innovative approaches to partnership working. The Trust Board are very supportive of the pilot and will be keen to replicate the aspects of good practice that are identified, to benefit the wider patient community.</li> <li>• What lasting benefits will this pilot offer your local health and social care community? Integrated information support for service users and carers.</li> </ul>	

	<b>Pilot Site</b>	<b>Activity</b>	<b>Timescales</b>
		<p>A consistent means of providing information without duplicating effort.</p> <ul style="list-style-type: none"> <li>• What can you do to help ensure these benefits are sustainable?</li> </ul> <p>Use the pilot to learn and improve upon existing processes.  The stakeholders have already determined that we should not treat this as a pilot that ends in January, but an ongoing project that will deliver important benefits to patient care.  When the pilot is nearing completion, the steering group will put together a business case for funding to continue from the Partnership Trust, which will include rolling out the service throughout South Essex.</p>	
<b>10</b>	<b>Contribute to developing national policy</b>	<p>Highlight up to five areas where your pilot will be contributing to the formulation of national policy.</p> <p>Identifying the key information requirements of service users and carers  Measuring the value of patient education as a mandatory role performed by health and social care professionals.  Using technology to take information to a wider audience including hard to reach groups.</p>	