

**Suffolk: Information Prescription Pilot – Delivery Plan**

	<b>Pilot Site</b>	<b>Activity</b>	<b>Timescales</b>
1	<b>Key objective and desired outcome</b>	<p>To give people informed choices around the care and treatment they receive, at appropriate points along their care journey, customized to them in a format easy to use.</p> <p>To help people to better understand and manage their risks and choices independently.</p> <p>To signpost people to further information and advice to help them take care of their condition and give them a better quality of life.</p> <p>To reduce unnecessary anxiety, stress and worry by providing information during periods when waiting for further consultation.</p> <p>To become an integral part of the delivery of health and care services with details of prescriptions issued linked to the customer record.</p> <p>To have a directory system in place, to signpost people and professionals to information on conditions, treatment, services and support.</p> <p>Focusing on carers, patients, professionals and support groups linked with three particular conditions – dementia, diabetes and falls – in the Bury St Edmunds area.</p> <p>To create a smooth flowing links between services and the users to fulfil the need to provide information to promote a better quality of life.</p>	

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	<b>Key milestones</b>	<p>Performance will be measured both for quality and quantity using statistics on the number of prescriptions handed out and the number dispensed, along with the feedback from the users of the tool.</p> <p>The number of people using the service through the library can be measured along with feedback on the quality after a set length of time by contacting the users again. The health professionals can be asked to record their use of the directory and the ease with referring people to fellow groups or professionals.</p> <p>Draft Delivery Plan for project delivered to the DoH and OPM</p> <p>First meeting of project board, with agreement to delivery plan and initial consultation and involvement plan.</p> <p>Contract and licensing agreements agreed, signed and returned to DoH</p> <p>Analysis of feedback by stakeholders identified by the agreed consultation and involvement plan complete and used to develop delivery methods, and search terms.</p> <p>Consultation with practitioners and potential beneficiaries on delivery methods and agreed search terms complete.</p> <p>Learning programme developed dedicated to the needs of the target groups on Internet use.</p> <p>Design of initial delivery methods complete – then commence testing phase</p> <p>Testing of delivery methods and prescriptions</p>	<p>31/3/07</p> <p>05/07</p> <p>06/07</p> <p>06/07</p> <p>06/07</p> <p>06/07</p> <p>06/07</p> <p>07/07</p> <p>07/07</p> <p>mid 07/07</p>

	<b>Pilot Site</b>	<b>Activity</b>	<b>Timescales</b>
		<p>Review of progress and iteration of methods and search terms</p> <p>Launch in Bury of prescriptions by target beneficiaries.</p> <p>Launch of training offer to target groups in Bury.</p> <p>Evaluation of first month with prescribing staff and users on the way the information has been prescribed and dispensed.</p> <p>Evaluation of first three months – staff and users – has the information made a difference?</p> <p>Evaluation and final report</p>	<p>08/07</p> <p>08/07</p> <p>09/07</p> <p>11/07</p> <p>01/08</p>
<b>2</b>	<b>Project management arrangements</b>	<p>Alison Wheeler – Project Leader Sue Nicholson – Project Coordinator</p> <p>The steering group will consist of the Project Leader and Coordinator, along with two main key stakeholders and have input from the critical friends meeting monthly to review the progress.</p> <p>The key stakeholders are:</p> <p>David Jarrold – Senior Nurse – Suffolk Mental Health Partnership Moirra Clare –Professional Advisor–Older People Mental Health Services ACS Ann Hunt – Falls Prevention Coordinator Suffolk PCT</p> <p>The critical friends are:</p> <p>Suffolk Family Carers</p> <p>West Suffolk Hospital Library</p>	

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	<p><b>Stakeholder engagement &amp; ongoing support</b></p>	<p>Age Concern Social Alzheimer’s Society Diabetes UK Hospital Suffolk PCT</p> <p>Adult and Community Services - Care Diabetic Clinic – West Suffolk</p> <p>The pilot will be project managed with planning phases and constant reviews, focusing on the following:</p> <ul style="list-style-type: none"> <li>• Sharing knowledge on conditions focused on</li> <li>• Looking at experiences users have previously had and learning from them</li> <li>• Sharing knowledge of information available on conditions, benefits, support, treatment, associated issues, etc...</li> <li>• Consultation with practitioners, specialist nurses, patients, carers, and health professionals to put together ideas for the packages offered.</li> <li>• Reviewing tools already available, offering customer friendly use and wide access</li> <li>• Creating a training programme on Internet use and the tools to be used for staff, health professionals and the patients and carers.</li> <li>• Testing and evaluation using Generic Learning Outcomes and other agreed measure from GfK NOP and OPM.</li> </ul> <p>The project will have the support of the board, which will approve any variances from the project plan when required.</p> <p>Once the tools are in place to offer the prescription package the project needs to be marketed widely:</p> <ul style="list-style-type: none"> <li>• Press and media coverage – newspapers and newsletters, local radio, hospital radio, and local TV news programmes</li> </ul>	

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		<ul style="list-style-type: none"> <li>• Posters and fliers spread in prominent areas – GP surgeries, the West Suffolk Hospital, Bury Library, clubs for the older people (WI, WRVS, Age Concern, etc), health centres, other health service providers and community centres.</li> <li>• Events involving the stakeholders and practitioner panels in raising the awareness of the project.</li> <li>• Awareness raising day at Bury Library to bring the project to the attention of the public.</li> <li>• Links on the web from SLD and SCC web pages, along with websites linked with health.</li> <li>• Group and parish newsletters – Age concern, WI, WRVS</li> </ul> <p>Stakeholders need to be consulted and kept up to date and listened to throughout. This will be done with the following in mind:</p> <ul style="list-style-type: none"> <li>• Use of panels to consult with, update and listen to.</li> <li>• Use of existing networks.</li> <li>• Liaising with parallel programmes such as Choose and Book.</li> <li>• Detailed planning</li> <li>• Analysis of needs of stakeholders</li> <li>• Design of delivery system</li> <li>• Involvement in the development of the content</li> <li>• Input on how to evaluate and the results.</li> </ul> <p>Support and local training will be provided to the following to ensure the success of the pilot:</p> <ul style="list-style-type: none"> <li>• Local staff (health professionals, support groups and library staff), will be trained in the use of the signposting of information through the use of the Infolink tool.</li> </ul>	

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		<ul style="list-style-type: none"> <li>• Training and support of library staff in how to assess how the user wants to have the information customized</li> <li>• Internet training for users where required</li> <li>• Infolink training for users</li> </ul> <p>Should a key stakeholder decide to withdraw from supporting the pilot we will:</p> <ul style="list-style-type: none"> <li>• Have discussions urgently about the reasons for withdrawal and resolve any obvious and surmountable issues.</li> <li>• Speak to other key stakeholders to clarify their commitment</li> <li>• Make other contacts in the same field regarding their possible interest in joining.</li> </ul>	
<b>3</b>	<b>Coverage</b>	<p>The pilot will be restricted geographically to the Bury St Edmunds area with a consistency across the professionals prescribing.</p> <p>The project will be limited to channelling the information already in the public domain into the prescribing tool. It will highlight areas where there are gaps in the information required.</p> <p>The conditions being focused on will be dementia, diabetes and falls. Prescribing locations will be via GP surgeries, health professionals, district nurses, care workers, support workers and support groups. Dispensing locations will be Bury Library and others within Bury St Edmunds town that are prescribing.</p> <p>The number of prescriptions being issued on the project is very hard to put a figure on; this is being worked on to gain in conjunction with GPs, health and social care.</p> <p>The social care staff involved on the project will include Customer First staff, back office staff (e.g. Assessors), Senior Practitioners and CCP's Review Officers.</p> <p>The health staff involved on the project will include GPs, occupational therapists,</p>	

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		<p>consultants, intermediate care teams, and community matrons.</p> <p>Information on Prescription will appear in many places along the care pathway from the time of diagnosis right up to the time when the person will think about where they want to die.</p> <p>Points along the care pathway where the information may be needed are likely to be at pre and post diagnosis, referral for further assessment, numerous stages during changes in their condition and when they want to think about their final days.</p>	
<b>4</b>	<b>Baseline of current position by 1 April 2007</b>	<p>Currently the information is found by word of mouth from others and is very piecemeal with little offered from the professionals. The more articulate patients or relatives of patients will search for the information from the Internet, Infolink or from the third party sector such as the Alzheimer's Society, Age Concern, GP's Assessors, etc.</p> <p>Patients, carers and health professionals presently have information but it is very hit and miss with a resource directory being worked on but not completed. Many health professionals presently use the knowledge they have built up over the years as a source and may not be aware of other resources available.</p> <p>Information given is often in the form of leaflet if available, or accessed by a health professional and passed on by word of mouth. Most of the information is based on the resources available from the voluntary sector.</p>	



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		<p>Should the beneficiary not be able to access the Internet or the library, the information can be forwarded to them from the prescribing professional, printing off any online information and the At Home Library Service will be able to deliver the books required from the book collections, once a volunteer has been organised for the person.</p> <p>The prescription can then be saved to the patient care plan by the prescribing professional, thus forming a history of prescribed information.</p> <p>If the beneficiary is able to use online facilities, the prescription can be emailed over thus enabling them to view the links direct from this.</p> <p>Information on the template for prescribing will include a range of issues needed to help promote a greater control over choices linked to risks, such as information on or showing via other web pages:</p> <ul style="list-style-type: none"> <li>• A simple care pathway regarding the condition</li> <li>• General information on the condition with the link to more in-depth information via the local West Suffolk Hospital Library, should the beneficiary want to know more</li> <li>• Book lists</li> <li>• Support groups</li> <li>• Possible treatment and medication</li> <li>• Associated conditions and symptoms</li> <li>• Entitlement - Technology, housing needs, and benefits</li> <li>• Legal issues – Mental Capacity Act</li> <li>• Self help tips</li> <li>• Dietary needs</li> <li>• Exercise</li> <li>• Skills to access information</li> <li>• Details of the person prescribing.</li> </ul> <p>Consent to pass take part in the evaluation will form part of the template when</p>	

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	<p><b>Agree design of prescribing process by 1 April 2007</b></p>	<p>prescribing. Consent will not be a requirement to have a prescription.</p> <p>An explanatory leaflet will be available advertising the Infolink directory and the Information Prescription service.</p> <p>Health and social care professionals will have access online.</p> <p>The health and social care professionals issuing the information prescriptions will be:</p> <ul style="list-style-type: none"> <li>• GPs</li> <li>• Specialist nurses/occupational therapists</li> <li>• Community matrons</li> <li>• Social workers/link workers/CPNs</li> <li>• Support workers (voluntary sector)</li> <li>• Assessors</li> <li>• Intermediate Care Team</li> </ul> <p>To complete the template the prescribing professional will simply visit the template page online and indicate which topic of information is required. The prescription can then be printed off or emailed to the beneficiary for them to follow up themselves or with the help of library staff.</p> <p>The prescribing professionals will also be able to dispense the prescription by drilling further into the prescription the relevant sites will be linked in along with the book lists.</p> <p>The time dispensing a prescription will be dependant on the amount of information required and the information itself. It may be a telephone number to contact a group or be more information on the treatment they are receiving. There should be no additional costs involved except the staff time in processing the dispensing of the information and some training on the use of the system and the prescribing of the</p>	

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	<p><b>Agree design of dispensing process by 1 April 2007</b></p>	<p>information on the template.</p> <p>The health and social care professionals dispensing the information prescriptions will be as for prescribing</p> <p>The method used is as described above. The package will be dispensed in a customised way to the beneficiary's specification and the patient care plan will be updated to show the information has been dispensed. Dispensing time will be linked to the amount of information they need to know with the costs linked to the staff time involved and the training of staff in advance. Training would be linked to the use of the directory and the Internet, the customising of the package of information and saving with the patient information history. The information package can be offered both online and in a paper format with beneficiaries and health professionals being able to access this online.</p>	

	<b>Pilot Site</b>	<b>Activity</b>	<b>Timescales</b>
<b>6</b>	<b>Introduce information prescriptions by 1 May 2007</b>	<p>The information prescriptions will be introduced by 1 August 2007. This deadline will need to be revised due to the amount of work required in consulting stakeholders and critical friends, the research of the information, setting up book collections, the creation of a template for the prescription, updating the directory, linking the prescription as part of the patient care plan and the training of library staff and health/social care professionals. We may be able to bring one of the three conditions online earlier depending on progress.</p>	1 <sup>st</sup> August 2007
<b>7</b>	<b>Monitor and assess progress to integrate information prescriptions into care pathways</b>	<p>There will be monthly meetings with the panels to review and update progress to date. The use of email, telephone and personal contact between will also keep stakeholders informed and involved in between these meetings. Key stakeholders will form part of the panels and the steering group.</p> <p>We will be using Generic Learning Outcomes to evaluate the activity with the use of simple questionnaires, which will evaluate the quality of life as a result of being more informed, along with the impact on the patient's health.</p> <p>There will not be any resource as the information will be available online with the feedback being emailed or sent to as a paper copy to the project coordinator for evaluation and passed onto the Consortium assuming that the organisation has given consent to pass the information on.</p>	

	<b>Pilot Site</b>	<b>Activity</b>	<b>Timescales</b>
	<b>Refine methods used in light of findings</b>	The input from the panels will be used to refine the template and patient history linked to the care plan along with additional information to expand the offer in the directory and the links. Improvements can be implemented relatively swiftly as resources are online.	
<b>8</b>	<b>Engage with The Consortium and other Information Prescription Pilots</b>	<p>Are they using evaluation methods that are nationally recognised?            Can we see some examples of evaluation previously carried out by the Consortium?            When will the evaluation start?            Are you assessing the quality of the process from both the health professionals and the patients/carers?            Are you assessing the quantity of prescriptions and against what measure?</p> <p>To engage with The Consortium and take advantage of the support and the advice on offer, I would like to do the following:</p> <ul style="list-style-type: none"> <li>• Visit and assess what techniques are being used</li> <li>• Attend workshops and sessions available</li> <li>• Have regular contact with the Consortium staff</li> <li>• Discuss regular progress reports after the panel has approved them with the Consortium.</li> </ul> <p>To support the consortium we will be consulting with the Ethics Committee (via our key stakeholder) and regularly update them with any issues to discuss. The evaluators will be updated regularly by email and visits offering access to the Project</p>	

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		<p>Coordinator and Project Leader.</p> <p>Networking with other pilot sites will be of huge benefit, which should include forming a networking system to discuss issues and share good practice. Regular meetings at workshops and having the sessions centrally run will help to facilitate this. Working in close liaison with other pilots working on similar age groups and conditions will also help to facilitate a greater sharing of creative ideas. A list of other contacts from the other pilots will be essential.</p>	
<b>9</b>	<b>Contribute to local patient information delivery</b>	<p>The information on prescription will become part of the patient care pathway, with the focus on patients and health professionals being signposted to the correct resources to help improve patient care, including support, advice on treatment, equipment, specialist help, benefits etc.</p> <p>Lasting benefits for the local health and social care community will be that once the learning is rolled out over the country there will be more appropriate use of the resources, targeted where they should be, e.g. giving people information which should free up resources to be targeted where need is greater, and there will be greater work on improving the preventative planning.</p> <p>The pilot will help the NHS with the following:</p> <ul style="list-style-type: none"> <li>• Efficient use of funding</li> <li>• Establish links with other groups and resources currently under used or referred to at all e.g. Homeshield</li> <li>• Reduce the time taken to help a user get referred to the correct person to help or discover where to go for their needs.</li> <li>• Link with the Expert Patient Programme</li> </ul> <p>In order to help these benefits become sustainable there will need to be links used to evaluate the use of the prescriptions as an ongoing procedure.</p>	

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<b>10</b>	<b>Contribute to developing national policy</b>	<p>Five areas where the pilot will contribute to the formulation of a national policy will include:</p> <ul style="list-style-type: none"> <li>• <b>Use of web pages and an established directory as a tool to link to other sites centrally</b></li> <li>• <b>Use of GLOs for evaluation</b></li> <li>• <b>Established networking with support groups e.g. Suffolk Family Carers</b></li> <li>• <b>Experience working in partnership with stakeholders</b></li> <li>• <b>Commitment to improve quality of life, health and emotional well-being along with choice and control giving the beneficiaries independence and access to everyday life.</b></li> </ul>	