

Questions and answers about information prescriptions

1. What does better information mean for public and NHS staff?

It means that people actively use information to help them and their families. Information can be used to understand conditions, understand the effects of medicines and the other treatments they need to manage their condition, reduce relapses and the need to return to hospital, and also to support themselves in making choices about their health and social care (Picker report). We want to build on this, to make sure that the information is of high quality and personalised to people's needs and preferences.

People will have access to better information about not only their conditions, but also other services which they may need – such as finance, housing, employment and leisure. They will also know which information sources can be relied upon.

Offering people good information not only enables them to understand their care requirements but also helps them to make effective choices that are right for them and their families. We are creating new ways to make information relevant, trustworthy and timely for everybody.

2. What is an information prescription?

The aim of information prescriptions is to help people manage their care more effectively, to help them stay more independent and to feel more in control. Information prescriptions also aim to improve people's access to quality information by standardising the process of giving people information, making it a routine part of care.

Information prescriptions guide people to sources of information about their health and care – for example, information about conditions and treatments, care services, benefits, self-help and support groups. They may include basic information about the condition, such as the diagnosis and any treatment choices, as well as addresses, telephone numbers and website details that people may find helpful and inform them where they can go to find out more. The information prescription will be given to people and their carers by health and social care professionals (for example GPs, social workers and district nurses).

It is anticipated that information prescriptions will become a routine part of care – just like prescriptions for medicines.

The information prescriptions process has five main components:

1. **Information content** – the identification of reliable and relevant sources of information.
2. **Directories** – repositories of information that link to individual information prescriptions.
3. **Personalised process** – information is provided that is specific to the condition, place and point on the care pathway.

4. **Issuing or prescribing** – creating and offering an information prescription to a user or carer.
5. **Access/dispensing** – It is envisaged that information prescriptions will be made available to users through a range of accessible channels, such as face-to-face engagement, the Internet, NHS Choices (www.nhs.uk/informationprescriptions), email, podcasts, telephone and outreach.

Information prescriptions are free of charge.

3. Why is there a need to introduce information prescriptions?

People need support to help them ask the right questions and be offered the best possible information about their care. People do carry out their own research, but there are some who are unable to do this on their own. People and their families should have an equal chance to have access to better information that is relevant to their particular circumstances.

In line with the NHS Constitution and Lord Darzi's *High Quality Care for All*, information prescriptions fit with the personalised information agenda addressed in the reports. The NHS Constitution will work to ensure that all are empowered to take control and make choices over care, and information prescriptions will help in delivering this target.

4. How will NHS and social care organisations benefit?

More informed people means they are better able to handle their conditions and care, resulting in more effective time spent with staff, more appropriate use of services and fewer re-admissions to hospitals. This means less pressure on health and social care services if people are able to manage their own health.

Better information also helps professionals by referring people to information and support services that have more time to talk through issues.

Better information means better choice and better quality of care. The NHS Constitution outlined the following rights and commitments to reinforce this:

- You have the right to make choices about your NHS care and to information to support these choices.
- You have the right to be given information about your proposed treatment in advance, including any significant risks and any alternative treatments which may be available, and the risks involved in doing nothing.
- The NHS commits to offer you easily accessible, reliable and relevant information to enable you to participate fully in your own healthcare decisions and to support you in making choices.
- The NHS commits to inform you about the healthcare services available to you, locally and nationally.
- You have the right to be involved in discussions and decisions about your healthcare, and to be given information to enable you to do this.

5. How are information prescriptions being rolled out to health and social care organisations?

Based on the learning from the pilot sites, a number of templates, case studies and guidance have been compiled in an online resource pack to help other health and social care organisations to consider how they can implement information prescriptions in their own area (www.informationprescription.info/resource).

Additionally, the Department of Health is investigating information tools that will directly support professionals in information-giving.

Organisations will be encouraged to work together to develop their own processes, tailored to the needs of their local communities.

To support local delivery, information prescriptions are available on NHS Choices (www.nhs.uk/informationprescriptions) for a number of prevalent long term conditions. More conditions will be added during this year. Professionals and members of the public can generate an information prescription to include information on the condition, treatments available, local services and support groups, and other information to help manage the condition.

Making information prescriptions available through NHS Choices is only one vehicle to support implementation. Ensuring information prescriptions are embedded into professional practice will be the responsibility of local organisations. These organisations will decide on the best models of delivery that meet their local population needs. Some may prefer to split the dispensing function from the role of information needs assessment. This dispensing function may, for example, be provided through a local library.

The pilots demonstrated that a mixture of supported information provision, e.g. through websites, and delivery by health and social care professionals produced the greatest benefits. The range of support and information available in each local area will differ, as will the requirements of the patient or carer. Although there will be some similarities in the categories of content included in an information prescription, health and social care professionals will be able to develop their own templates, based on local solutions.

6. Who can dispense information?

Information prescriptions can be issued by a number of different health and social care professionals, for example, social workers, GPs, consultants, nurses, psychologists, social workers, Allied Health Professionals (including art therapists, chiropodists, physiotherapists, psychologists, occupational therapists) and pharmacists. This reflects the variety of journeys people have through the health and social care systems

The NHS Community Pharmacy Contractual Framework (The Pharmacy Contract) has for some time had a requirement for pharmacists to signpost to other services and to provide medicines information in a range of languages and aids to taking medicines. Some 60 to 80 per cent of medicines are not taken as prescribed, because of people not having information or adequate access to concordance aids.

Anyone can download an information prescription for themselves or someone they care for via NHS Choices (www.nhs.uk/informationprescriptions). People can select the information that is relevant to their needs and save or print their own information prescription.

7. The information prescriptions on NHS Choices are limited to a small number of health problems – is there a future plan for all patients to have access to information prescriptions?

Information prescriptions are available for the most prevalent long-term conditions, with more conditions regularly added to the site. This information can be accessed by patients and carers, and professionals may choose to use NHS Choices to supplement their own local information.

8. Will introducing information prescriptions increase pressure on already overstretched healthcare professionals?

Information prescriptions will help professionals signpost people to information that is relevant to their care. The information prescription itself will provide signposts to information – the input from the healthcare professional should not make large demands on their time. Information about care is critical in supporting people to manage their own care. Information prescriptions will support, not detract, from care and we know that better informed people make less, not more, demands on professional time.

Information prescriptions will support consultations and help focus discussions so that both the patient and the professional will get more out of the discussion and make better use of the time available.

9. Where is the money coming from in terms of funding?

The DH has set the central priorities. However services need to determine through the planning rounds what the local service provision priorities will be. Therefore, it is essential that this type of service is picked up in the planning rounds, so that appropriate funding provision can be made. It's not all on the cost side: there are a number of benefits, for example, reduced A&E admissions or acute episodes.