

Policy Definition Statement: Information Prescriptions

Background

1. The purpose of this document is to clarify the scope of information prescriptions, in terms of the policy, its direction of travel and the piloting arrangements.

Mandate

2. The White Paper “Our health, our care, our say: a new direction for community services” commitment states:

5.24 ...We propose that services give all people with long-term health and social care needs and their carers an ‘information prescription’. The information prescription will be given to people using services and their carers by health and social care professionals (for example GPs, social workers and district nurses) to signpost people to further information and advice to help them take care of their own condition.

5.25 By 2008, we would expect everyone with a long-term condition and/or long-term need for support – and their carers – to routinely receive information about their condition and, where they can, to receive peer and other self-care support through networks.

Parameters and scope of project

3. Geographic: the initiative covers only England
4. Media: Information prescriptions will be delivered in a variety of formats (eg paper, internet, mobile phone and via HealthSpace)
5. Target Audience: patients, service users, carers, and social care users with a long-term condition or care need.
6. Conditions: People with long-term health and social care needs. In principle, information prescriptions could be delivered for any condition, but this is outside the scope of the initial project.

Long Term Conditions are those conditions that cannot, at present, be cured, but can be controlled by medication and other therapies. They include diabetes, asthma and chronic obstructive pulmonary disease. Of these, many live with a condition that limits their ability to cope with day-to-day activities.

7. Personalisation: Information prescriptions will be tailored for an individual according to their diagnosis/es or care need/s, the point reached in their care pathway and their format/language.
8. Delivery mechanism: Information prescriptions will primarily be delivered by health and social care professionals following a meeting or consultation. In time, information prescriptions could also be self generated by the service user, or automatically generated at trigger points on care pathways.
9. Exclusions: Information prescriptions will initially only be delivered for people with long-term health and social care needs. They will not be developed for short term illnesses, or include preventative and well being information not related to long term conditions.

10. What information signposts will be included?

Information prescriptions will contain a series of links or signposts to guide people to sources of information about their health and care – for example information about conditions and treatments, care services, benefits advice and support groups. It will let people know where to get advice, where to get support and where to network with others with a similar condition.

It will include addresses, telephone numbers and website addresses that people may find helpful, and where they can go to find out more. It will help people to access information when they need it and in the ways that they prefer.

For example, information prescriptions could guide people to:

- Sources of information about the long-term condition, including related health and well being information.
- Information from voluntary organisations covering specific conditions or areas of knowledge and expertise.
- Local care services and service providers – eg local places to exercise, local places where patients can go to give blood for regular checkups, local support groups, Internet discussion forums, home care services.
- Benefits advice – eg carers allowance, home carer access, DirectGov, support groups for benefits advice.
- Contact details for national and local support groups.
- Internet discussion groups.
- Useful books and library locations.

In addition it is anticipated that professional will be able to enter free text to cover other specific clinical or social care information.

Currently it is envisaged that an information prescription will not contain information relating to choices of clinical treatments. Also information prescriptions are not expected to provide information content directly, rather they guide people to information sources. However these aspects are expected to be informed by the piloting programme.

11. Care pathway consistency

A service user will be seen by different professionals at different points in the care pathway, and there is the expectation they will be given relevant, different, but consistent information prescriptions by each professional. The trigger points for information prescriptions will be decision points and key moments in the care pathway.

12. Responsibilities

Decisions have not been taken about how the sources information referred to by an information prescriptions will be quality assured. Also the mechanism for identifying information sources for information prescriptions has not been determined. It is assumed that the responsibility to update the information will rest with the organisations that supply the information. The piloting programme will explore these aspects.

In the future, it is expected that this will be supported by the information accreditation scheme, which would quality assure the organisations that produce the information (this would not include service based information).

13. Piloting and evaluation

Information prescriptions are being piloted from January 2007 until January 2008. Information prescriptions pilot sites are developing and testing the process for people to receive information prescriptions, working to inform the national implementation of information prescriptions during 2008. The pilots will give further insight into the practicalities of the scheme and what promotes success on a local level. Learning from the pilots will be used to inform the approach that is taken to rolling information prescriptions out nationally from 2008.

The pilots will:

- Develop and test the process for people to receive information prescriptions in health and social care settings;
- Evaluate the impact and benefits of information prescriptions, and provide data on their effectiveness to engage professionals when we come to national rollout.

Pilots are designing the process to deliver information prescriptions by considering how to:

- Identify content sources that people should be signposted to
- Establish directories of content and compile the links that will point to the content
- Generate a template to determine how a personalised information prescription is created for a specific point on a care pathway
- Issue an information prescription to a patient or social care user
- Determine the format of an information prescription
- Ensure that the process is inclusive so that anyone can access information prescriptions

The pilots will collect data for the evaluation organisation and record their approach, learning and results to inform the development of policy and contribute to national rollout. The evaluation organisation will form a comprehensive understanding of the process for developing information prescriptions and different mechanisms for delivery. They will provide qualitative and quantitative results concerning the opinions of patients, healthcare professionals and information providers about information prescriptions, and test the impact of information prescriptions on these groups.

14. Structure of information prescriptions

It has not yet been decided whether information prescriptions will be structured so their delivery in different locations is consistent or will be flexible to accommodate local differences.

It is likely that there will be a combination of approaches, with some aspects being developed and used nationally, and other components being developed or altered locally. The piloting programme will develop which set of approaches is appropriate. There may be areas of free text in the prescription, which can be customised by the professional.

For example, the process might include a diagnosis, and an information prescription pre-populated with national information sources and support services. This will support clinical treatment and information from the professional.