

## **CASE STUDY FROM ARTHRITIS CARE, ASTHMA UK AND DIABETES UK WORKING WITH HAMMERSMITH AND FULHAM PCT PILOT.**

### **INFORMATION PRESCRIPTIONS - ENGAGING WITH PRIMARY CARE**

#### **1. Difficulty in gaining engagement of primary care for national roll out**

Involving GPs and practice nurses in prescribing Information Prescriptions on national roll out is not going to be easy.

They have so many day to day pressures on their time, and there are already many additional tasks which they are being asked to do by the PCT, that an additional voluntary task is unlikely to be accepted.

In pilot areas, there are project managers and champions among the clinicians who have been able to gain agreement from some practices. However if there is no funding for this on national rollout, it is unlikely to happen unless there are other motivators.

#### **2. Promoting engagement from clinicians**

Hammersmith and Fulham PCT have recent experience of seeking engagement for other projects, and the learning from this, as expressed by the Chief Executive is that the ways to increase engagement for additional tasks are:

- Money- direct financial compensation for additional tasks
- QOF incentives- either directly or indirectly through the local assessment process
- Make it easy- ensure it can be delivered through existing systems, anything which requires training (more than about 10 minutes) or extra preparatory reading, or logging into or out of new IT systems will not work.
- Show it will reduce pressures- give evidence that it will reduce the number of patient visits or reduce the level of support necessary for people with LTCs then this will assist. This could be done through hard evidence based studies (which would have to be done later), or through case studies with named doctors (and photos)

**There are clear lessons here for national roll out, but one rule for primary care is :**

- Provide a hard copy option – these are more likely to be used than web based versions by many clinicians, as web versions need time and resources to access on the web and to print out

**3. Patients who would benefit from Information Prescriptions**

It is interesting that the GP Champions in the pilot can envisage some of their individual patients who would benefit from IPs:

- An older Somali woman who has been newly diagnosed with Type 2 diabetes, who has little English, but does have experience of diabetes complications. If given an Information Prescription and encouraged to use the Diabetes telephone helpline with Somali support, this will provide access to appropriate support which can be accessed on an ongoing basis.
- A teenager with asthma who has frequent presentations to A and E , and where there are conflicts with parents that make compliance with or education on a personal action plan unlikely, but who could react better to the “Kick asthma” website of Asthma UK, which is specifically aimed at teenagers.
- An older woman with arthritis, who lives alone and visits the surgery frequently, would find the support available from the Arthritis Care helpline very helpful, and this could reduce the number of surgery visits.

**4. Expert Patients promote pharmacists involvement in Information Prescriptions**

The Information Prescriptions steering group in Hammersmith and Fulham includes six expert patient programme graduates. These representatives have made it clear that they feel it is essential that pharmacists are involved in prescribing IPs. They believe many people with long term conditions have good relationships with pharmacists who they see frequently for repeat prescriptions, and who they could expect to have longer discussions with about their ongoing care and well being, than with a busy GP who they only visit when they are ill.

**5. Expert Patients want every IP to include information about exercise**

They also see it as essential that the Information Prescription includes information about how to access affordable or sociable exercise support.