

## **Information prescription pilot**

### **Case study 1**

#### **Getting health professionals on board**

How do you persuade people to come on board with a new project when they believe they are already offering that service to their patients? For the information prescription (IP) project to work successfully at the Royal Marsden Hospital, we needed two things – the right end product and a workable process. The information prescription (the end product) would need to help patients and their carers identify information and support resources to help them cope with their condition and the effects of treatment. Equally, the process of offering an information prescription to a patient and recording the outcome of that offer would need to be acceptable to health professionals.

The approach that has worked for us was to designate an experienced patient information specialist in the Trust as the project lead. The project lead has credibility within the Trust and also within the local cancer network, which was important if the project was to encompass other Trusts and organisations within the network.

As a specialist cancer hospital, it was not practical to pilot the development of information prescriptions with all patients, so we identified a couple of groups of patients to start with. Our choice was based on identifying areas where the provision of information was less established and where there were experienced clinical nurse specialists. We chose prostate cancer for the first pilot. Once this was established, this was extended to lung cancer and then ovarian cancer.

The clinical nurse specialists (CNS) were the key to successful implementation. They contributed to the development of an IP template and identification of appropriate information and support resources. They were also able to advise on key clinicians who would champion the pilot to their colleagues, and the best meetings and forums to present to the clinical teams. Although time consuming, this one-to-one approach paid dividends.

The nurse specialists and medical staff both prescribe IPs, although it is most likely to be nurses dispensing them. It was equally important to consider how other groups of staff would be affected by the pilot, such as clinic nurses who might also dispense IPs. The project lead attended clinics and seeing how they varied in size and activity, helped staff feel involved in the pilot and enabled them to voice what would work and where there may be challenges. For example, we initially planned to develop IPs for different stages of prostate cancer. It quickly became apparent that clinic staff wouldn't be able to identify which IP template to put with a set of patient notes. Instead of three templates, we now have one.

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