



INFORMATION PRESCRIPTIONS FOR HEAD AND NECK, LUNG, GYNACOLOGY AND COLORECTAL CANCER CLINICAL PATHWAYS

OPERATIONAL POLICY

Introduction

This paper sets out **the operational process** for issuing and dispensing information prescriptions (IPs) across the clinical pathways of head and neck, lung, gynaecology and colorectal cancers within the Mid Trent Cancer Network (MTCN).

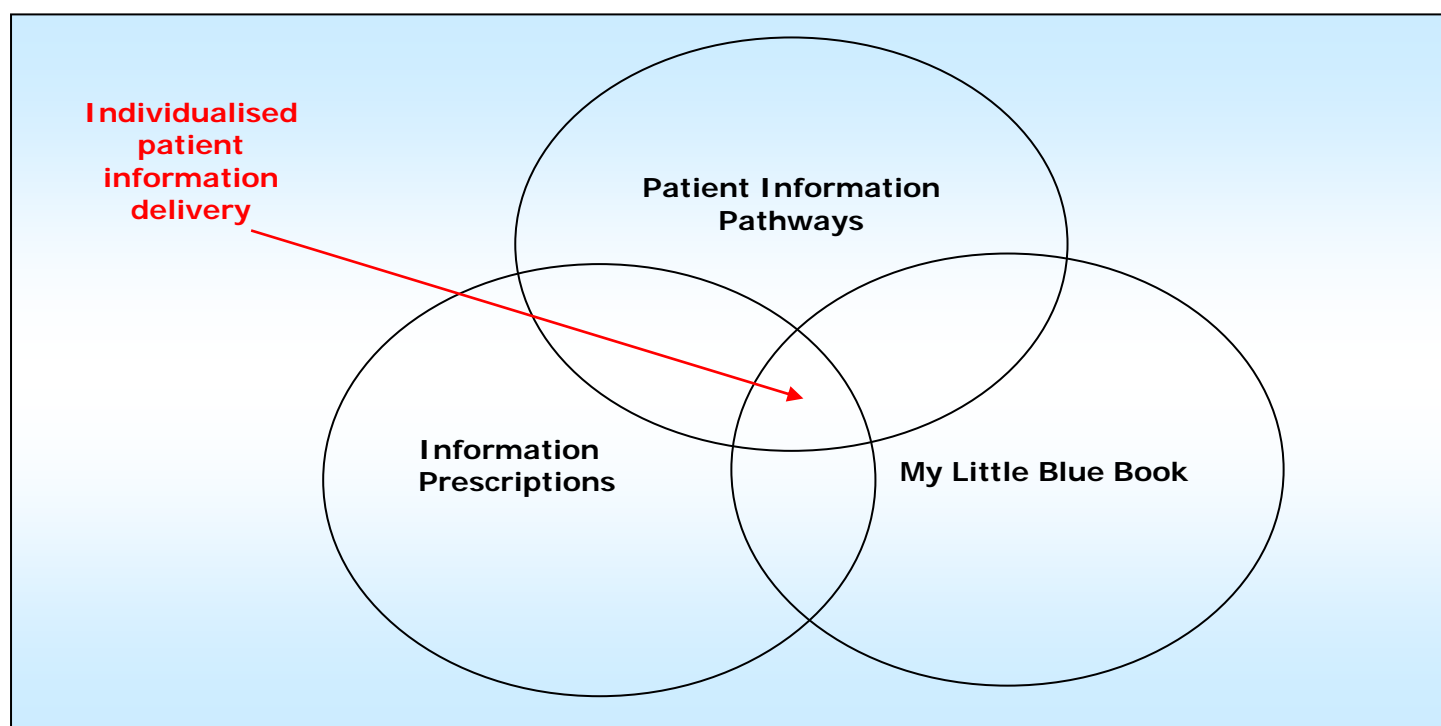
This builds on initial work that was undertaken across the MTCN as part of a national pilot to develop, test and implement IPs.

The concept is that *an IP is an individualised document that both provide information and signposts to other relevant information sources*. The information offered should be tailored to the individual's personal needs.

The IP process is underpinned by an information pathway, which sets out what information can be offered at differing points in the clinical pathway. Additional information, outside the core information, is also available dependent on personal circumstances and needs.

The right information at the right time

Information prescriptions, information pathways and the patient held record ('My Little Blue Book') are seen as an integrated package to the delivery of the right information to the patient and carer at the right time:



In addition to the lung, gynaecology, head and neck and colorectal Information Prescriptions there are IPs being developed for carers and for end of life care. Separate operational policies and details of these IPs will be available from the Mid Trent Cancer Network 'information4u' website (<http://information4u.org.uk/>).

The Information Prescription Issuing Process

What is the issuing process?

This is when a healthcare professional sits down with a patient (and their carer) and go through the information prescription, identifying which information and support needs they have at that particular point in time. As part of this issuing process the patient may be signposted to information sources, but may also have information provided or dispensed.

Patients are encouraged to bring back their Information Prescription, so that it can be updated and further information sources can be provided or signposted to.

When can an Information Prescription be issued?

An Information Prescription can be issued at any point on the clinical pathway as felt appropriate by the professional issuing the IP. As highlighted above a separate IP has been developed for the end of life stage of the pathway and a separate operational policy will be made available.

Who can issue an Information Prescription?

Any healthcare professional who comes into contact with the patient and their carer along the clinical pathway can issue an Information Prescription. Ideally this is a shared responsibility amongst all members of the multi-disciplinary team. In practice, during the course of the Pilot Project, it has been the Clinical Nurse Specialists who have been issuing Information Prescriptions to patients.

How does the Information Prescription work with 'My Little Blue Book'?

The IP has been designed to complement '**My Little Blue Book**' which is the MTCN patient held record. However it is important to highlight the distinction between the responsibility for completing 'My Little Blue Book' and the information prescription.

The concept of 'My Little Blue Book' is that it is owned by the patient and will therefore not be completed by a health or social care professional unless the patient makes a request. However completion of the IP is the responsibility of the health or social care professional in partnership with the patient or carer.

There is a separate operational policy for 'My Little Blue Book' (MLBB) a copy of which will be made available at (<http://information4u.org.uk/>). Currently all four pathways issuing IPs also have access to MLBB and therefore if issuing the first IP at an early stage in the clinical pathway MLBB should also be issued. However if the IP

is being issued later in the pathway or being updated then it is the responsibility of the issuing professional to ask the patient and/or carer if they have a MLBB and if they do not to issue them with one.

Completing the Information Prescription

The sections below correspond to the sections on the Information Prescription documentation and provide an outline of initial thoughts on how each section might be used. This has been developed in conjunction with the Clinical Nurse Specialists who have issued the IPs in the pilot project.

Page 1

- **This information is for** – The patient's name should be entered here
- **First Issued on by** – In this section the date and name of the person issuing the IP should be inserted
- **Updated on and by** – In this section the date and the name of the person updating the IP should be inserted
- **Key workers** – Where relevant both primary and secondary key worker details should be included and an explanation given to the patient and carer about when to contact each one.
- **Current clinicians and contact details** – The name and contact details of the principal cancer clinician at the current point in cancer journey should be included as well as any other principal clinicians for any other significant conditions
- **Out of hours contact details** – Contact details should be included here for the relevant out of hours contact for this point in the patient's cancer journey.

Page 2

- **Diagnosis** – The technical diagnosis and a description of the diagnosis in terms that the patient and carer will understand should be inserted.
- **Drawings/Diagrams** – This section can be used by the clinician to illustrate the cancer or treatment using either the printed drawing on the IP (lung) or inserting the appropriate sticker¹ for that patient's diagnosis.
- **Treatment/Investigations/Care** - Both current and planned treatment/investigations should be included and may include 'watch and wait' where relevant.

¹ Head and neck and lung pathways have selected a number of anatomical pictures that have been transposed onto sticker that can be inserted onto the IP depending on the site of the cancer.

- **Other Medical Conditions** – This section should include details of any other medical conditions

Page 3

- **The boxes illustrating the information pathway** – This should be used as a prompt to discuss with the patient and carer the information pathway and how it will work. It should also be explained that although there are key points in the pathway where specific information can be offered – if it has not been issued or the patient or carer did not want it at that point then they can, at any point, move backwards on the pathway and receive the information. The person issuing the IP should circle the point in the pathway that the IP is being issued at.
- **Additional Information table** – This table provides a list, which acts as a prompt for the person issuing the IP to ensure that an opportunity has been provided for the patient and/or carer to identify any other areas they may require information on at this point. Some of the information in this section may be provided verbally and some in written format. It may also be the case that the person issuing the IP does not have the information and needs to sign post the patient or carer to somewhere else for example the Local Information Centre to provide the information.
- The table has a column before the text. Patients should be encouraged to consider the list and if there is information that they would like from the list to tick it and bring the IP back with them next time.
- The given column should be ticked when information given and signed and dated by the issuer. In the case where the issuer identifies an information need but has to sign post the patient or carer then they should tick the given column and document in the notes or questions box on page 4 where they have signposted the patient or carer too to access the information. If, for example, this is to the Local Information Centre then the person at the Centre, after issuing the information, should then make a note in the additional notes to show they have given the patient/carer the information requested.
- It is important to note that in some of the areas it may not be written information that is provided it may just be a discussion in which case the boxes should still be completed.
- Any additional information given that is not covered in the areas on the checklist should be highlighted in the notes and questions section.
- The issuer must use their judgement as to how much information it is appropriate to give at the time of issuing the IP. The issuer may indicate to the

patient and carer that these are areas that they may wish to cover in subsequent visits or points on the pathway.

- **Are there any other issues you want to talk about?** – This should act as a prompt for the issuing clinician and a record made of any other areas discussed. It is important that a record is made as this will act as an audit tool to identify further areas that might be included routinely in the IP.

Pages 4, 5 & 6 Gynaecology Cancer and Colorectal Cancer Pathways

- **Checklists** – These two pages include the checklist specific to the cancer pathway. This has been included to prevent clinicians having to duplicate the current checklist for peer review. The issuing clinician should explain to the patient that this is all the information that is available and relates to the pathway illustrated on page 3. It will be important to explain to the patient and or carer how they can get any information on that list that they would like. This may be as simple as making a note of it and asking at the next point of contact. If information is issued then as before this should be signed and dated.
- **Notes and questions section on pages 5 and 6** - This section can be used as thought appropriate. If for any reason the patient refuses information a note of this should be made in this section. Issuers should encourage patients and carers to make notes here if there is any specific information that they would like at subsequent visits.
- **Local Information Centre Contact Details** – The issuer should insert the contact details and opening hours of the local Information Centre.
- **Useful numbers and useful websites** – The issuer should highlight these numbers and websites to the patient and carer and explain their purpose.

Page 4 Head and Neck and Lung Cancer Pathways

The Head and Neck IPs do not contain the core information checklist. However whoever is issuing the IP should have access to the core information checklist and the supporting materials and issue the core information as appropriate and make a record of issuing core information on the notes or questions section.

- **Notes and questions section on pages 5 and 6** - This section can be used as thought appropriate. If for any reason the patient refuses information a note of this should be made in this section. Issuers should encourage patients and carers to make notes here if there is any specific information that they would like at subsequent visits.

- **Local Information Centre Contact Details** – The issuer should insert the contact details and opening hours of the local Information Centre and local support groups

All IPs have a footer reminding patients and carers that the IP should be brought back at each appointment. The issuer should also remind patients and carers about this as well.

Recording of who has received an Information Prescription

It is important that a record is made of the IPs that have been issued and if they have been offered and refused.

Each issuer is provided with an excel spread sheet that they should complete and send to the Network office either by email or fax as detailed below on a weekly basis.

- Nottingham University Hospitals - email to elaine.wilson@nuh.nhs.uk
- United Lincolnshire Hospitals – fax to Elaine at the Network Office on 0115 840 2652
- Sherwood Forest Hospital – fax to Elaine at the Network Office on 0115 840 2652

In the event of the Fax machine not working the issuers are requested to post the completed spreadsheet in a sealed envelope addressed to Elaine Wilson at the Network Office, or pass on by hand in person at a suitable time.

It is important to note that this spread sheet should not include any explicit terms identifying the patients diagnosis. Diagnosis should be coded:

- **L – Lung Cancers**
- **HN – Head and Neck Cancers**
- **G – Gynaecology Cancers**
- **CR- Colorectal Cancers**

These details will then be held centrally in a secure file in the network as agreed by Nottingham University Hospitals NHS Trust Caldecott Guardian, clinical governance and the IT department. This file will be password protected and only Elaine Wilson and her PA Hazel Daykin will be able to access it.

A flow chart illustrating the issuing process is provided on the following page:

The process for issuing an Information Prescription

