

INFORMATION PRESCRIPTION PILOT – PATIENT INFORMATION SHEET

The Mid Trent Cancer Network is part of a national pilot to explore how a '*prescription*' can be used to provide patients and carers with **information**

WHAT IS AN INFORMATION PRESCRIPTION?

When you saw the clinical nurse specialist you will have been given a leaflet that gives you information and also tells you how to get different kinds of or more information – this is what an **information prescription** does

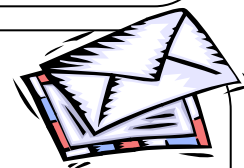
You are one of the first people to be involved

CAN YOU PLEASE HELP US?

As part of this project we would very much like to get your thoughts and ideas on whether or not:

- The information prescription helped you?
- What could have been better about it?

WHAT HAPPENS NEXT?



You may be asked for your thoughts and comments in 2 ways:

1. One of our other Nurse Specialists (not the one looking after you) may contact you to speak to you a few weeks after this appointment. This would be done either when you next visit the clinic or at home.
2. You may receive a questionnaire through the post from a national company who are evaluating the pilot projects across the country



Not everyone will be contacted to give feedback

WHAT HAPPENS TO THE INFORMATION THAT I PROVIDE?

All of the information/feedback that you provide will be treated in strict confidence

Your Nurse Specialist will keep a record of all patients to whom Information Prescriptions have been given, and this record will be stored securely in the Mid Trent Cancer Network so we know where to contact those patients willing to participate in the feedback

The responses you provide in either the interview or the questionnaire will be completely anonymised

INFORMATION PRESCRIPTIONS PILOT PROJECT

PATIENT CONSENT FORM

If you would like to participate in providing us with your thoughts and comments on the new Information Prescription you have just been offered then we would be grateful if you could spend a few moments completing this form below.

Your Nurse Specialist will be happy to help you or provide you with more information

Name

I have read the Information Sheet and agree to give my consent to participating in the evaluation of the Information Prescriptions.

Interview

Please tick if you are
happy to be involved in
both parts

Postal Questionnaire

Signed

Date

Please hand this completed form back to the Clinical Nurse Specialist

If you would like any additional information or have any questions about this please talk to your Clinical Nurse Specialist or you can contact Elaine Wilson, Network Nurse Director on telephone 0788 777 8354.

Thank you