

Information prescriptions marking time

The Government plans to have information prescriptions up and running in England fully during 2008. Matthew Wright looks at the direction of travel and considers how pharmacists might deliver information in partnership with NHS Direct

Information prescriptions have been piloted in 20 sites throughout England over the past year with varying degrees of success. The Government committed in its White Paper "Our health, our care, our say" to have everyone with a long-term condition or social care need being prescribed information in 2008. At this stage, however, details on how information prescriptions will be fully implemented appear patchy.

The stopwatch is set. Pilot sites are idling. So what has been said about the direction of travel? And who will be navigating?

Direction

John Cain, from the patient and public empowerment division at the Department of Health, spoke at a conference on information prescriptions, organised by NHS Direct and held in London last week. "Our aim is that everyone with a long-term condition or social care need will be guided to reliable sources of information to allow them to feel more in control and better able to manage their condition and stay independent," he told participants.

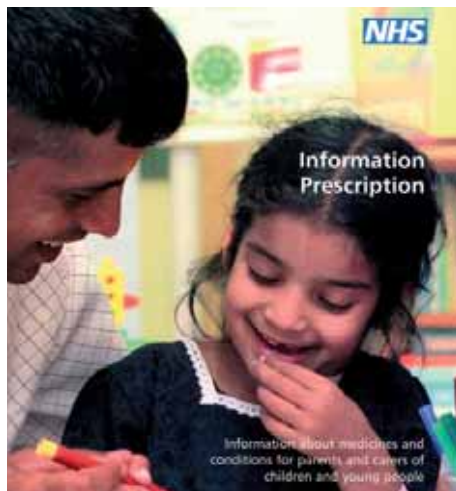
He said that patients, carers and social care users have a desire for information but that there is often too much information out there for them to deal with. "If information comes from a trusted source," he pointed out, "people are more likely to make use of that information in managing their condition."

A report on the information prescription pilot programme was published last month (see Panel). It looks at how the pilots were developed and delivered and makes recommendations on how the work could be supported both nationally and locally.

Mr Cain emphasised that there will not be any single national implementation model. The roll-out is expected to be delivered locally, he explained, with the Government looking at what national infrastructure could support this delivery.

Mr Cain said that the DoH was considering how the programme might be delivered through primary care trusts' existing commissioning processes. He also said that the DoH's information accreditation scheme would play a part: "Ultimately we're moving towards having every source of information on information prescriptions . . . accredited through the information accreditation scheme. That scheme is going to start getting off the ground in early 2009."

Significantly, Mr Cain told participants about plans to have an information prescription generator integrated within the NHS Choices website. Expected some time in the summer and subject to ongoing development, this initiative would support self-



NHS Direct and Evelina Children's Hospital

prescribing by patients and carers and prescribing by healthcare professionals.

"We anticipate that the information prescription will be given to people by health and social care professionals — and clearly there is a role for pharmacy in this context," he confirmed.

The DoH has produced a resource pack containing templates and advice from the pilot sites for other organisations wanting to implement information prescriptions. "The message is," he said, "that local implementation can start now. We don't need to wait until [all the] national resources are in place."

Navigation

NHS Direct was an integral part of a number of the pilots, including (as pictured) a pharmacist-led scheme from Evelina Children's Hospital, Guy's and St Thomas' NHS

Information prescription principles

The final report on the information prescription pilots (available via www.informationprescription.info) defines a number of principles that information prescriptions need to reflect:

- Holistic — available to support users in improving or managing their own condition, wider health, well-being and quality of life
- Personalised — designed around the needs of individuals, regardless of their backgrounds
- Trustworthy — reliable, credible and quality-assured
- Supported — provided with additional support to help people benefit from the information
- Integrated — made available as part of the standard delivery of care, whether in healthcare, social care or the voluntary sector

Foundation Trust (*PJ*, 19 April, p475). This scheme involved parents and carers whose children had a long-term condition being offered a consultation with their hospital or participating community pharmacist when they collected their child's medicines. During the consultation the pharmacist and parent or carer agreed what kind of information was required and this "prescription" was relayed to NHS Direct, which gathered and distributed the relevant information by e-mail or post.

Anne Joshua, associate director of pharmacy at NHS Direct, believes that pharmacists should be among the providers of information prescriptions as part of their clinical role: "As pharmacists you really need to be out there providing information anyway."

Sharing her thoughts with *The Journal*, Mrs Joshua said that community pharmacists could be offering information prescriptions as part of a medicines use review. "I've done an MUR, and now I can offer an information prescription. But I don't have to worry about getting the information together and making sure it's the right type of information, I can just send off my request to NHS Direct," she proposed.

NHS Direct could act as a "dispensing house" for information, Mrs Joshua suggested, with NHS Choices as the portal for people to access information "templates". She added that NHS Direct has not only the information resources but also the telephone lines, staff and established networks to support people accessing the information.

"There are things around healthcare and social care where [as a patient or carer] you need to know that you are getting the information from accredited resources, linking it perhaps to a face-to-face consultation that makes it very personal to you — to know that this is the information that you really need. That, certainly, came out of all of the pilots."

Mr Cain made a similar point last week: "We want to move away from the complex maze of information to a situation where users will be guided to information [that is] tailored to individual needs." He added that people's individual needs vary in terms of what their personal circumstances are, how well they might be able to take on information and how much assistance they need in interpreting it.

Mrs Joshua believes that the DoH is still deciding what it wants to do with information prescriptions and that last week's conference, while "early in the understanding of information prescriptions", was a good platform to influence the decision-making.

"This is not a done deal," she said. "There are opportunities here for pharmacy to get involved."