

Haringey Council

:

Overview and Scrutiny Committee June 29th 2009

Report Title: Information Prescriptions – Feasibility Report for a Full Scrutiny Review

Report authorised by:

Cllr Gideon Bull, Chair of the Overview and Scrutiny Committee

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Wards(s) affected: **ALL**

Report for: **Non Key**

1. Purpose of the report (That is, the decision required)

1.1 In June 2008 the Overview and Scrutiny Committee asked for a one-off feasibility report on the practicality of undertaking an in-depth review upon Information Prescriptions.

1.2 The aim of this report is to consider the feasibility of the Overview and Scrutiny Committee commissioning a full scrutiny review of (the benefits and resource implications) Information Prescriptions in Haringey.

2. Introduction by Cabinet Member (if necessary)

N/A

3. State link(s) with Council Plan Priorities and actions and /or other Strategies:

3.1 The report could be linked to a number of key objectives within Haringey Community Strategy, these being:

- People at the heart of change
- Healthier people with a better quality of life
- People and customer focused

3.2 A scrutiny review (if undertaken in this area) this would assist the Council and wider strategic partnership in the CAA self assessment process in relation to:

- How healthy and well supported are people?

- How is adult social care meeting people's needs and choices?

3.3 The future provision of Information Prescriptions may support the Council in achieving performance indicators within the LAA:

- NI – 119 Self reported measure of peoples overall health and well being
- NI – 135 Carers receiving needs assessment or review and a specific carers service or advice and information

4. Recommendations

- 1) That the Committee note the contents of the report.
- 2) That a full scrutiny review is not commissioned at this time, but that NHS Haringey is requested to provide a progress report to the Committee on plans to implement Information Prescriptions in Haringey by March 2010.

5. Reason for recommendation(s)

- 1) A report to Overview & Scrutiny Committee in March will provide NHS Haringey and its partners the necessary time to assess the relative need of this initiative and, depending on this outcome, prepare a local strategy and action plan for its implementation.
- 2) Reporting in March will help the Committee to identify future work that may be necessary to include within the 2010/2011 work plan.

6. Other options considered

6.1 Scrutiny options are considered section 7.8 of this report.

7. Summary

7.1 Introduction

7.1.1 The White Paper 'Our Health Our Care Our Say' (2006) emphasised the importance of information in enabling patients to live healthier and more independent lives. This policy document contained specific proposals to improve the accessibility and quality of information available to patients, most notably through the development of Information Prescriptions.

7.1.2 An Information Prescription is intended to function in a similar fashion to that of a prescription for medicines, except that this will provide guidance to patients and carers on how they can access relevant and reliable sources of information about their health condition. With improved access to health and other related information (i.e. local services, support groups, benefits advice), it is anticipated that patients and carers will make more informed decisions about their healthcare, manage their condition better and improve their health outcomes.

7.1.3 There have been a number of initiatives to facilitate the development of Information Prescriptions. Nationally, Information Prescriptions have been developed for 18 long term conditions (e.g. diabetes, epilepsy, lung cancer & depression) which both patients and professionals may currently access. Furthermore, a national pilot programme involving 20 test sites has been fully evaluated and intended to guide and inform more localised development of Information Prescriptions.

7.1.4 Whilst there are no policy directives or a specific timeframe governing local implementation, there is an expectation that all patients with a long term condition will eventually be offered an Information Prescription. Moves to improve the availability of information to patients are underpinned by commitments within the recently published NHS Constitution (2009) and the broader personalisation agenda and promoting greater choice in health and welfare services.

7.1.5 The following sections provide an overview of the development of Information Prescriptions: evidence of the need to improve patient information, key findings from the evaluation of the national pilot scheme and the current national and local position of this new development. A number of possible scrutiny options are also discussed.

7.2 The need to improve health information for patients and carers

7.2.1 Considerable research evidence exists to suggest that if information was improved, this may help people to manage their conditions better, enable them to access services more efficiently and help them to live more independently. Indeed, these were key findings from *Your Health Your Care Your Say*, a national consultation conducted among 43,000 patients and carers in 2006.

7.2.2 In relation to the provision of information, *Your Health Your Care Your Say* produced a number of key findings many of which have contributed to policy recommendations in the subsequent white paper. These can be summarised as:

- Patients wanted more information about their health condition and services available to support them
- People with long term conditions would derive greater benefit from improved access to information about their condition and support services
- Patients and carers face a number of significant challenges in obtaining the information they need.

Not getting enough information

7.2.3 One of the most common complaints from patients and carers is that they simply do not get sufficient information to help them manage their health condition. Research would suggest that the most common areas for which patients required more information were access to local support services, further details on their diagnosis and any medications they are required to take.¹

7.2.4 Inadequate provision of information would not appear to be confined to any one health sector or particular speciality, with evidence of insufficient information being provided to patients in both hospital and community settings and even in specialist areas where perhaps traditionally, it is assumed that sufficient information might be available (i.e. cancer).

7.2.5 Key illustrative data of where patients are not provided with sufficient information include:

- 37% of hospital in-patients and 33% of carers not given any written information upon discharge²
- GPs do not systematically or proactively give patients information on accessing

¹ Hand et al, Developing and Information Prescription Service *Nursing Times* 25/9 (2008)

² National Inpatient Survey, Commission for Care Quality (2008)

local services³

Concerns about the quality of information

7.2.6 Even where sufficient information is provided, there are sometimes concerns that the quality of this information is poor. Some of the main quality concerns identified by patients include:

- Telephone advice and websites not regularly updated³
- Inappropriate advice provided through telephone advice services³
- Conflicting information given from different professionals.²

7.2.7 Whilst the internet is used to an ever greater extent by both patients and carers to obtain health information, there are particular concerns about the quality of information provided through this medium. Such concerns are illustrated in a study which evaluated 48 websites offering health information on the treatment of cervical cancer where it was assessed that just *one* site had full information credibility and accuracy.⁴

Navigating different information sources

7.2.8 Another barrier identified by patients and carers to accessing the health information that they needed was that the volume of health information available in some areas could sometimes leave them feeling overwhelmed and confused. Thus whilst there may be no shortage of information for some health issues, there may be no effective signposting for patients to retrieve it.

7.2.9 In this context, patients have to search out the information themselves and make relative assessments of the merits of its value and usefulness to them. This may be problematic given that patients may not know what health information they need or have the necessary level health literacy to assist them.

7.2.10 Another problem is that information providers do not coordinate their efforts to provide information to their patients and carers, particularly where services cross health and social care boundaries. Indeed, research has indicated that it is rare for an individual service to provide relevant information to patients about an entire range of services that may be available.³ Clearly, patients and carers want information according to their needs as individuals and not according to organisational boundaries.

Getting information in the right format

7.2.11 A final barrier that patients and carers may face in trying to access health information is that information may not always be available in a format which is accessible to them. For example patients who do not have English as a first language may have different

³ Coulter, A, 2007, *Accessing Information About Health and Social Care Services*, Picker Institute Europe

⁴ Quality of health information on cervical cancer treatment on the internet Selman A et al *BMC Women's Health* 6:9 (2006)

⁵ The NHS Constitution for England, DoH (2009)

⁶ Our Health, Our Care, Our Say: a new direction for community services DoH (2006)

⁷ Supporting long term conditions in the NHS H Mooney *Health Service Journal* June (2009)

⁸ Evaluation of Information Prescriptions: Final Report, Office for Public Management (2008)

⁹ <http://www.nhs.uk/yourhealth/pages/informationprescriptions.aspx>

preferences for the format of health information they receive, or older people who may not be so IT literate, may prefer information in other forms other than through the internet.

7.2.12 What is apparent, is that health information needs to be provided in a range of formats to ensure that information is personalised to the needs of patients and carers or those who intend to use it.

7.2.13 Patients have indicated that receiving information face to face is still a preferred method to receive health information, over and above that recorded for via telephone, leaflets or the internet. This is not to say that information should always be provided face to face, but may to be provided in a range of formats to suit the individual needs of patients and carers.

7.3 Background – national policy framework

NHS Constitution

7.3.1 The provision of high quality accessible health information is central to the government's agenda on promoting choice, maintaining independence and developing self care. This centrality of health information to current health policy is underpinned by commitments within the recently published NHS Constitution (2009). There are two explicit health information commitments to patients within the constitution:⁵

(1) *The NHS commits to offer you easily accessible, reliable and relevant information to enable you to participate fully in your own healthcare decisions and to support you in making choices.*

(2) *You have the right to make choices about your NHS care and to information to support these choices.*

7.3.2 The NHS Constitution therefore makes the provision of information to patients a right. The provision of Information prescriptions are also specifically mentioned within the constitution and form a key part of the government's personalisation agenda, a process to improve the quality and acceptability of health and social care services.

7.3.3 A number of policy drivers underpin the development of Information Prescriptions or indeed, have helped to make this possible. These can be summarised as:

- Longevity – an ageing population with complex co-morbidity factors is placing increased pressure on professionals and services
- Promotion of self care – to help people manage and control their own decisions about health care and less passive recipients of care
- Technology – this is making it possible to develop and share information across a range of settings.

Our Health Our Care Our Say (2006)

7.3.4 Policy recommendations contained in the White Paper *Our Health Our Care Our Say* (2006) are primarily derived from the consultation exercise *Our Health Our Care Our Say*. The White paper has four key objectives:⁶

- To focus services more on prevention
- To give patients more choice and a louder voice
- To tackle health inequalities
- To provide more support for people with long term conditions.

7.3.5 The provision of accessible high quality health information is central to these aims, thus the White Paper focused on the need to make it easier for people to get the information that they want so that they can make appropriate choices about their health and social care needs. It also emphasised that information and support should be signposted more clearly and that information should be of good quality.

7.3.6 The White Paper established the concept of the Information Prescription and set out the priorities for their implementation:

'We propose that services give all people with long-term health and social care needs and their carers an 'information prescription'. The information prescription will be given to people using services and their carers by health and social care professionals (for example GPs, social workers and district nurses) to signpost people to further information and advice to help them take care of their own condition.'

'By 2008, we would expect everyone with a long-term condition and/or long-term need for support – and their carers – to routinely receive information about their condition and, where they can, to receive peer and other self-care support through networks.'

7.4 Information Prescriptions

What is the purpose and function of an Information Prescription?

7.4.1 Information Prescriptions are intended to function in a similar fashion to the more established medical prescription, where instead of prescribing medicines the practitioner or other associated professional can suggest relevant information which would be useful for the patient. An Information Prescription may take many forms, it can be a request to look at a specific website, to seek advice from a specific organisation or the provision of interactive website with access to data files and directories about specific health conditions.

7.4.2 A critically important difference was intended for Information Prescriptions to other forms of information giving. With Information Prescriptions, patients are not seen as passive recipients of information, but are given information on the basis that patients have been *consulted* and *assessed* for what information they need. To issue an Information Prescription, professionals will need to be sure what information patient's want, when they want it and most importantly, the format in which it is best for them to receive it.

What are the intended benefits for patients?

7.4.3 There are a number of intended benefits for patients, service users or carers who receive Information Prescriptions. Through the provision of information that is specific and timely this may help to reduce the anxiety, stress or confusion that many may feel in managing their condition. Patients may also need less crisis intervention as they are better able to self manage their condition so they may be less likely to experience crises such as relapses or chronic episodes of their condition.

7.4.4 The creation of Information Prescriptions will provide patients with access to a broad range of health and social care information related to their condition which they will be able to use at different parts of their own individual care pathway (i.e. diagnosis, treatment). Information Prescriptions therefore offer patients access to a breadth of information and some degree of flexibility too, as information will also be available in a

range of formats (e.g. advice centres, websites and help-lines).

- 7.4.5 Information Prescriptions may also improve health literacy among patients and carers: that is the capacity to obtain, process, and understand basic health information and services needed to make appropriate decisions about their health. With increased health literacy, it is hoped patients and carers will become better informed about their own condition and the sources of support and information available to them. Patients and carers may then be more able to make sense of that information and articulate their needs better. It should also be noted that improving health literacy is a key component to reducing health inequalities.

What are the intended benefits for professionals and services?

- 7.4.6 The implementation of Information Prescriptions is also anticipated to bring benefits for health and social care professionals. The establishment of local directories to support Information Prescriptions (these will form basic infrastructure) may improve the way that health and social care professional work and ultimately, the level of care that they are able to provide to patients and carers.

- 7.4.7 Through the establishment of local information directories professionals may benefit through:

- Systematic access to safe reliable information
- Providing consistency and breadth to information giving (as drawn from accredited information sources)
- Information can be systematically updated
- Reducing the need for subsequent lengthy discussions with patients.

- 7.4.8 The establishment of Information Prescriptions is also anticipated to bring improved clinical outcomes for patients through developments in the way that their condition is managed:

- Improved preventative care
- Earlier diagnosis of conditions
- Reduced (medicinal) prescribing levels
- Improved adherence to medicines.

What are the key components of an Information Prescription?

- 7.4.9 In order to develop Information Prescriptions, each issuing authority (i.e. local collaborative of services) will need to undertake five key processes. These are summarised below and pictorially in Figure 1:

1. Establish information content: identification of relevant and reliable sources of information
2. Establish local directories: repositories of information that link to Information Prescriptions
3. Personalise information: information provided is specific to condition, place and point at which patient is on the care pathway
4. Prescribing: process of creating and offering Information Prescriptions to a user or carer
5. Access: Information Prescriptions are made available to users through a range of accessible channels i.e. face to face, internet, email, telephone and outreach.

What do Information Prescriptions look like?

- 7.4.10 Although there is no definitive format or template for what an Information Prescription

should look like, they should have a number of common components including assessments of what information is needed, the preferred format to receive information and how patients are to access this information. A table of possible information inclusions is provided below:

Possible areas for inclusion within Information Prescriptions	
How to manage their condition	Social care available
Side effects	Carers information
Access to support groups	Benefits and finance
Voluntary and community sector organisations	Social care – e.g. carers support, housing support, housing alterations
Local health and social care services	Benefits advice
Management of conditions, how they progress	Different treatment options and medication
Employment and training	Leisure services

7.4.11 A number of sample Information Prescriptions from other authorities are given in Figures 2, Figure 3 and Figure 4.

Who are Information Prescriptions intended for?

7.4.12 It is estimated that over two-thirds of NHS activity relates to the one-third of the population with the highest needs like those with long term conditions, and contribute to an estimated 80 per cent of costs.⁷ People with long term conditions can often feel disempowered not only by their medical condition but also by a sense that there is little they can do about it. This can lead to a loss of confidence and a loss of belief in the actions that they can take to make a difference to their health.

7.4.13 The national consultation exercise *Our Health Our Care Our Say* (2006) highlighted the information needs of those patients with long term conditions. Indeed, the consultation report concluded that those people with long term conditions would derive greater benefit from access to improved access to health information than many other groups.⁶

7.4.14 Initially therefore, Information Prescriptions are being aimed at those people who have long term health conditions to ensure that they have the right support and information to support them in the way that they manage and control their illness.

7.5 National Pilot Scheme

7.5.1 20 pilot sites were selected to assist the design and delivery of Information Prescriptions nationally. Pilot sites covered a range of health and social care services including diabetes, dementia, cancer care, mental health, child health and Parkinson’s disease and occurred at sites throughout England and Wales. The pilot sites were recruited by the DH to test and provide evidence of the effectiveness of Information Prescriptions. The pilot ran from January 2007 through to March 2008 and the final independent evaluation of these pilot sites was published in August 2008.

7.5.2 The evaluation of the national pilot project would seem to confirm the expected benefits of developing Information Prescriptions for patients (7.4.3-7.4.5) and professionals (7.4.6-7.4.8). Key outcomes from the evaluation of the national pilot scheme are summarised below:⁸

Patient and professional outcomes	Clinical Outcomes
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▪ IP increase health literacy	▪ Reductions in repeat consultations
▪ Professional have access to more reliable information	▪ Reductions in prescribing
▪ IP provide rigour and consistency and breadth to information that's provided to patients	▪ More patients taking appropriate medication at right time
▪ Saves professionals time	▪ Earlier diagnosis of conditions

Key findings from the evaluation to guide local development

7.5.3 As well as identifying outcomes for patients, carers and professionals involved in the Information Prescription sites, the evaluation also noted a number of key processes critical to the success for local implementation:

1. A local model of delivery is essential to reflect the local needs and demands of patients and their carers and makeup of local services
2. Information Prescriptions should be personalised
3. Information Prescriptions should be developed as a whole systems approach involving health, social care and voluntary sectors services
4. Local partnership arrangements and joint commissioning arrangements should be used to provide strategic direction, planning and resources for IP delivery.

7.6 National developments

7.6.1 A national support programme exists to guide and inform both local and national implementation of Information Prescriptions. Considerable work has already been undertaken at the national level in developing the necessary support structures to assist the development of Information Prescriptions.

7.6.2 To date Information Prescriptions have been developed for 18 long term conditions through the NHS Choices website.⁹ These can be used by both patients and professionals to obtain a wide range of information about these long term conditions. The full list of long conditions for which Information Prescriptions are currently available through NHS Choices is contained in Figure 5. It is intended that a new long term condition will be added each month to the national directory.

7.6.3 Nationally, work is also being undertaken to develop a national information accreditation scheme. This is to encourage information providers to adhere to nationally recognised standards and procedures in producing information for patients and carers. It is hoped that once the national accreditation scheme is established, this will help raise the quality and reliability of information used for Information Prescription. Awareness of patients and public to recognise this quality mark both on information prescriptions and elsewhere will be promoted.

7.6.4 Whilst there are no explicit policy directives or timeframe concerning implementation, undoubtedly there is an expectation that Information Prescriptions will be developed at the local level eventually. Consultations with the national support programme would suggest that it is considering a number of policy incentives/ levers to help drive local implementation of Information Prescriptions.

7.7 NHS Haringey

7.7.1 NHS Haringey has indicated that it will explore the potential development of Information

Prescriptions.

- 7.7.2 NHS Haringey recognises the benefits already evidenced for supporting people with long term conditions and there is potential for Information Prescriptions to locally support the implementation of the Vascular Risk Assessment Programme.

7.8 Conclusions and options for Overview & Scrutiny involvement

- 7.8.1 Evidence from the evaluation of the national pilot scheme and other investigative studies would suggest that the development of Information Prescriptions would bring benefits for both patients and professionals if implemented locally.

- 7.8.2 To date, there have been no explicit initiatives to develop Information Prescriptions in Haringey. Although there was an expectation that everyone with a long term condition would have access to an Information Prescription by the end of 2008, in reality, few areas have made significant progress with this initiative and there are few examples of this development beyond those that were part of the national pilot scheme.

- 7.8.3 NHS Haringey, whilst aware of the potential benefits of Information Prescriptions, require further time to assess the relative merits of this initiative in the context of broader community health needs and resources available in Haringey. Depending on this outcome of this assessment it is expected that NHS Haringey will prepare a local strategy and action plan for the implementation of Information Prescriptions.

- 7.8.4 There are two options available to the Overview & Scrutiny Committee in respect of scrutiny involvement at this time with Information Prescriptions these being (1) that NHS Haringey be requested to report back to Overview & Scrutiny Committee on future plans for Information Prescriptions at an agreed future date (2) that a full scrutiny review be undertaken in this area.

(1) Deferred Report to Overview & Scrutiny

- 7.8.5 Given the current local development status of Information Prescriptions, it is apparent that NHS Haringey will require further time to consider the potential benefits of this initiative and assess the financial implications of such a development. Specifically, further time will be needed to:

- Consult patients and service users on the prospects of implementing Information Prescriptions
- Assess priority areas (i.e. vascular checks) for Information Prescriptions to be developed
- Develop a supporting strategy, action plan and partnerships to assist implementation of Information Prescriptions.

- 7.8.6 As a result of this initial scoping exercise, NHS Haringey will be able to assess the relative benefits and priorities for the development of Information Prescriptions. If these are considered viable, a local strategy and implementation plan could be developed which could be subsequently presented to Overview & Scrutiny Committee.

(2) Commission a full scrutiny review

- 7.8.7 Alternatively, using the policy development function of Overview & Scrutiny, it might be practicable to conduct a full scrutiny review to assist the development of Information Prescriptions in Haringey. In this context, the scrutiny review process (i.e. evidence

from expert witnesses and local stakeholders and other public consultation processes) could help to formulate an Information Prescription strategy and assist in developing local partnerships (NHS Haringey, Local Authority and voluntary sector) to support local implementation.

- 7.8.8 The scale of such a review could of course vary from a full-in depth review through to a one-off panel meeting:
- A full in depth review – could encompass initial consultation, policy development and implementation strategy
 - A one off Panel meeting – could assess (for example) the local strategic importance of this development and terms for initial scoping.

Recommendation

- 7.8.9 Although a review could support the Council in achieving key local objectives (see 3), the absence of national policy directives would suggest that direct scrutiny involvement may not be appropriate at this particular time. It is suggested therefore, that NHS Haringey undertake a preliminary scoping of Information Prescriptions, the conclusion of which may be presented to Overview and Scrutiny Committee. If this report could be presented in 2009/2010 municipal year, this would allow the Committee's to assess if any inclusions need to be incorporated in the work programme for 2010/2011.

8. Chief Financial Officer Comments

- 8.1 The Chief Financial Officer has been consulted in the preparation of this report and has no additional comments to make.

9. Head of Legal Services Comments

- 9.1 This report has been considered on behalf of the Head of Legal Services and there are no specific legal implications. The report reviews and makes recommendations about a potential health service in the area. The Overview and Scrutiny Committee is empowered to do this by section 21 Local Government Act 2000 as amended by section 7 of the Health and Social Care Act 2001 and in accordance with the Local Authority (Overview and Scrutiny Committees Health and Scrutiny functions) Regulations 2002.

10. Head of Procurement Comments

N/A

11. Consultation

- 11.1 Representatives from the Public Health Directorate of NHS Haringey and Adult Culture and Community Services were consulted in the development of this report and have approved the conclusions and recommendations made within it.

12. Service Financial Comments

- 12.1 see 8.1

13. Equalities and community cohesion

13.1 The development of Information Prescriptions should improve the accessibility of health information particularly among vulnerable groups (e.g. the elderly, people with learning disabilities, people whose first language is other than English), as information giving will no longer be passive. Information Prescriptions will require the specific information needs of individual patients to be assessed before these are issued.

14. Use of appendices /Tables and photographs

Figure 1 - Process for developing Information Prescriptions

Figure 2 - Sample Information Prescription Mid Trent Cancer Network

Figure 3 - Sample Information Prescription Doncaster PCT

Figure 4 - Sample Information Prescription Northumbria Healthcare NHS Trust

Figure 5 - Long term conditions for which Information Prescriptions are available through NHS Choices.

14. Local Government (Access to Information) Act 1985

- Your Health, Your Care, Your Say, DH, Opinion Leader Research (2006)
- Our Health Our Care Our Say, DH (2006)
- Accessing information about health and social care services, The Picker Institute (2007)
- Evaluation of Information Prescriptions: Final Report, Office for Public Management (2008)
- National inpatient survey, Care Quality Commission (2008)
- NHS Constitution Department of Health (2009)

Figure 1 – Process for developing Information Prescriptions

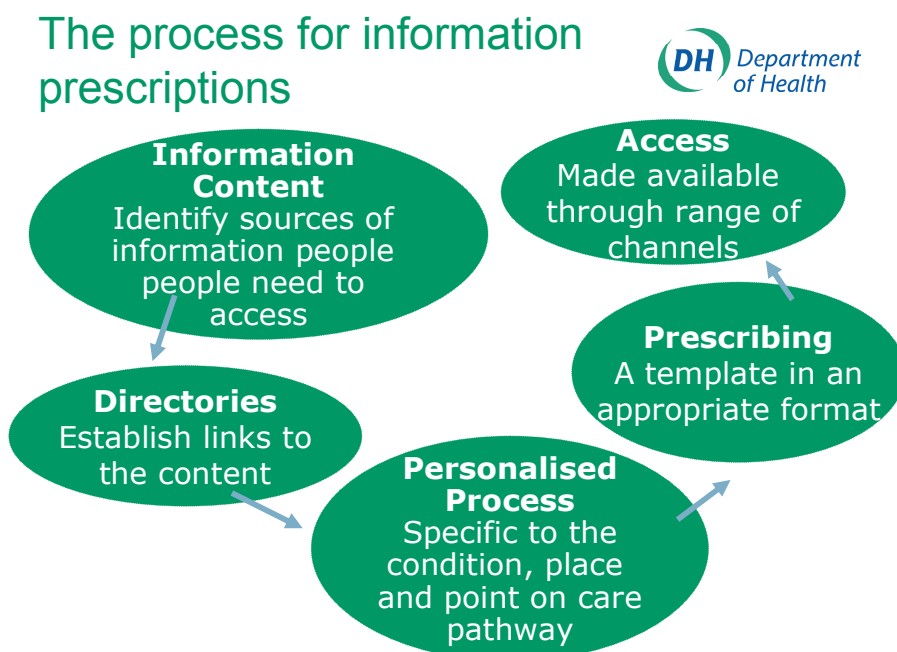


Figure 2 - Sample Information Prescription Mid-Trent Cancer Network

My Information Prescription Mid-Trent Cancer Network

DIAGNOSIS

DIAGRAMS

TREATMENT, INVESTIGATION, CARE

Date	What Will Happen

OTHER MEDICAL CONDITIONS

My Information Prescription Mid-Trent Cancer Network

You will be offered information. This will happen:

You can get this information at any time by asking your Key Worker or Local Information Centre. Other areas that might be important to you and your family might include:

	Given	Sign & Date
Day to day practical support		
Insurance <ul style="list-style-type: none"> Travel Life Home 		
Financial Information		
Lifestyle <ul style="list-style-type: none"> Smoking Drinking Exercise Nutrition and diet 		
Complementary therapies		
Emotional support		
Impact on relationships		
Medications		
Impact of cancer on other medical conditions		
Self help and support groups		
Outlook		

Are there any other issues you want to talk about?

This is an important document – please bring with you to each appointment
Image from www.cancerbackup.org.uk

Figure 3 - Sample Information Prescription Doncaster PCT

IAPT DONCASTER SUPPORT IS ACCESS TO PSYCHOLOGICAL THERAPY **Doncaster NHS** Primary Care Trust

Special Requirements
 Language Braille Audio Large Print

ID Number _____

Useful Information & Resources (Websites, organisations etc)
 1 _____
 2 _____
 3 _____
 4 _____

Additional Information (Employment, education, benefits etc)
 1 _____
 2 _____
 3 _____
 4 _____

Useful Contacts
 IAPT: 01302 640162 Samaritans: 08457 90 90 90
 NHS Direct: 0845 46 47 Saneline: 08457 767 8000

Case Manager _____ **Date** _____

Consent to survey

Figure 4 – Sample Information Prescription Northumbria Healthcare NHS Trust

Northumbria Healthcare NHS Trust

Northumbria Healthcare **NHS** NHS Foundation Trust

INFORMATION PRESCRIPTION
 There is no charge for this item

Patient Details Name _____ DOB _____ Address _____ Postcode _____ NI-SS Number _____ GP Name: _____ UIC Code: _____ Practice Address: _____		Reference Code: _____ Date of Issue: ____/____/02 Patient Consent Given YES / NO _____ Patient/Carer Status Patient <input type="checkbox"/> Carer <input type="checkbox"/>
Where is patient in Care Pathway? (Please Tick)		
GP referred at _____ Diagnosis _____ Starting treatment _____	Maintenance _____ Complex _____ Advanced _____	
I would like information on:		
Treatment and care _____ Care/family information _____ Support groups _____ Practical advice _____ Self management _____ Other (Please State): _____	Overview of info sources _____ Planning for the future _____ Benefits and financial _____ Starting drug treatment _____	
Additional Information _____		
Getting your Information Prescription I would like to have the information (please tick appropriate box):		
Posted to the above address _____	E-mailed to me at: _____	
Posted to another address: _____	Other: _____	
Signature _____ Designation _____		

Figure 5 – Long term conditions for which Information Prescriptions are available through NHS Choices.

- Asthma
- Bipolar disorder
- Bowel cancer
- Cervical cancer
- Chronic kidney disease
- Chronic obstructive pulmonary disease (COPD)
- Coronary Heart Disease
- Depression
- Dementia
- Diabetes
- Epilepsy
- Heart failure
- Lung cancer
- Osteoarthritis
- Ovarian cancer
- Prostrate cancer
- Rheumatoid arthritis
- Schizophrenia
- Stroke