

National Cancer Action Team
Part of the National Cancer Programme



Cancer Information Prescriptions

Patient Experience

National Cancer Information
Pathways Programme

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Introduction to Information Prescriptions

- People affected by cancer need information that is timely, relevant, and supported through conversations with health professionals to enable them to make decisions
- In 2004, National Audit Office found that nearly 40% of cancer patients did not receive written cancer information
- In 2010, the National Cancer Patient Experience Survey showed information provision has improved but some way to go:
EG This Trust = Given easy to understand written
- information about test 84%
National = 88%



National Survey Results

- Scored in lowest 20% of trusts in:
- Purpose/process of tests
- Choice of Treatment/decisions
- Contacting CNS/being listened to
- Support groups/Finance/Free Prescriptions
- What would be done –surgery and how it went



Doctors

- Understandable answers to questions
- Doctors talking over patients
- GPs –Information on condition
- Overall – not given the right information about condition and treatment



Information Prescriptions Policy

Key Policy Drivers

- Our health, our care, our say (DH, 2006)
- Cancer Reform Strategy (CRS) (DH, 2007)
- DH Information Prescription Pilots (2007-2008)
- NCAT Information Prescriptions Pilots (2008-2010)
- Liberating the NHS: An Information Revolution (DH, 2010)
- Liberating the NHS: Greater Choice and Control (DH, 2010)
- Improving Outcomes: a Strategy for Cancer (DH, 2011)
- NHS Outcomes Framework – particularly domain 4 ‘improving patient experience (2011/2012)
- Peer Review : Specific measure included to demonstrate use of Information Prescriptions

Other national agendas

- Improving patient experience, Improving verbal communication, Improving cancer survivorship, Enabling patient choice

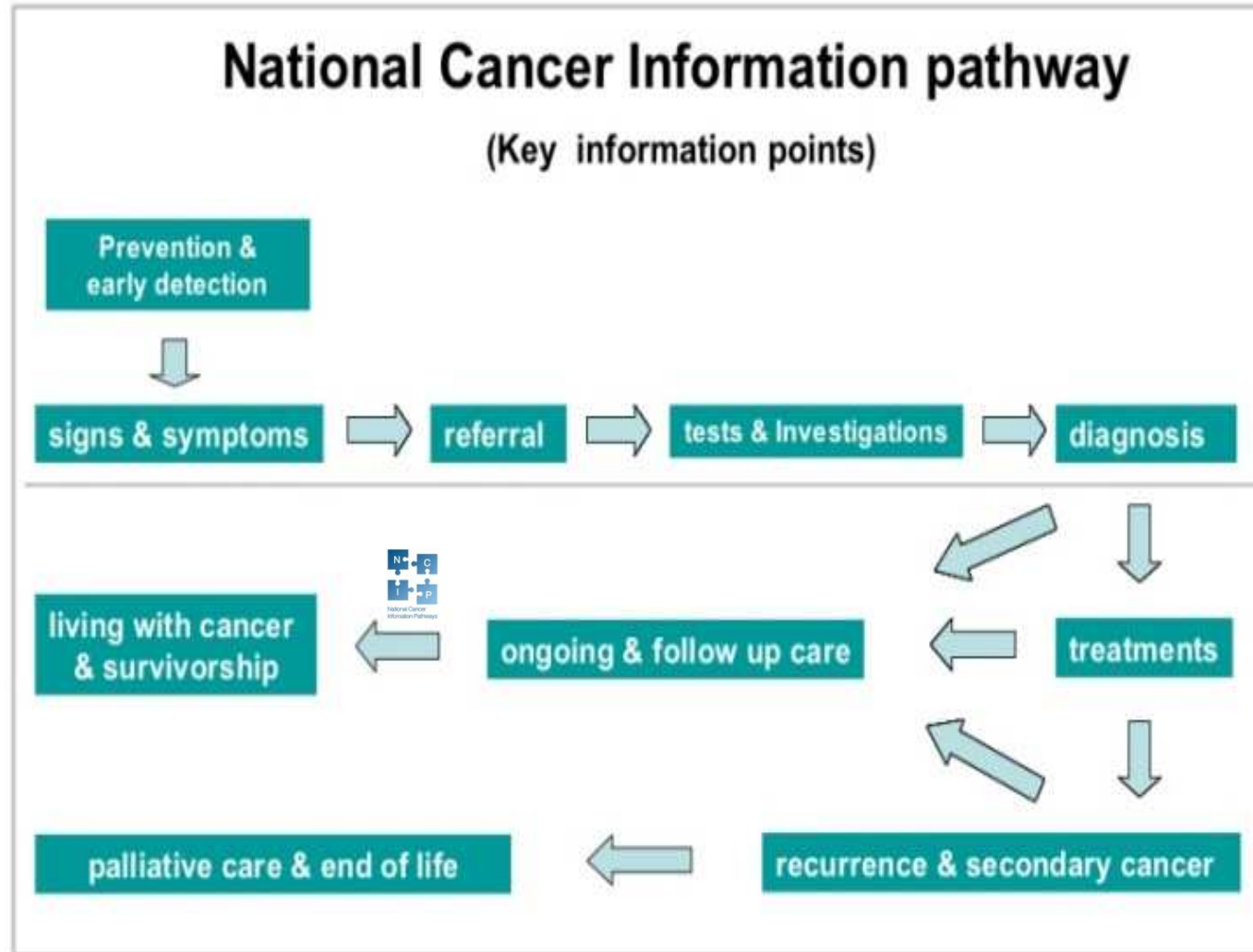


What is an Information Prescription?

In 2007 Cancerbackup defined Information Prescriptions as:

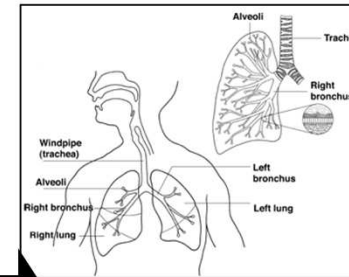
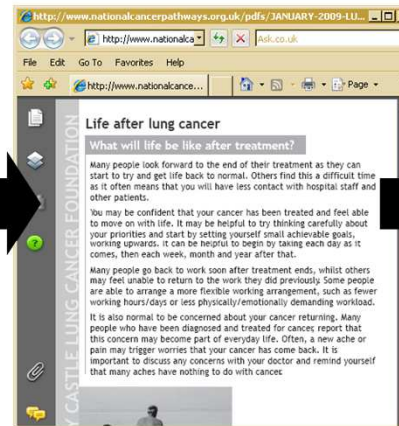
“A source of personalised information that lays out clearly and simply the salient points about an individual’s consultation with a healthcare professional about their diagnosis, treatment and/or care plan and points the way to other relevant sources of high-quality information and support. It is designed to improve the dialogue between patients and health professionals and enhance the valuable face-to-face time within consultations”.





From pathway to personalisation

Booklet - to Pathway – to Personalisation



Lung biopsy

This test involves taking a sample of cells from the lung for examination under a microscope. You may have it done during a CT (computerised tomography) scan, or with an x-ray, to make sure the needle is in the right place. You will have a local anaesthetic to numb the area. After this you'll be asked to hold your breath for a few seconds while a thin needle is passed through your skin and into the lung. The biopsy is sometimes slightly uncomfortable, but it only takes a few minutes.

The Information Prescriptions Service (IPS) website

- Hosted by NHS Choices
- Benefits of website: high quality, up-to-date information;
- Professionals encouraged to register and create log in - when logged in, have option for cover sheet, prescribing history, favourites section
- The site is still being developed – must report technical issues, areas for development, NHS Choices Contacts, 0845 650 4865, thechoicesteam@nhschoices.nhs.uk
- Training – e-learning, workbook, tailored face to face sessions
- Training accounts available
- Other long term conditions information pathways in development

Benefits to Patient/Family

- More personalised approach to information provision
- Supports verbal communication between patients and healthcare professionals
- Up-to-date, quality information on one site
- Reduces anxiety
- Empower patients
- Enables informed choice and decision making



Benefits to Healthcare Professionals and Trust

- Clinical teams are able to personalise information for patients
- Access to a range of quality assured information
- Formalising the process of information provision to evidence best practice e.g. Peer Review Measures
- Reduced time spent producing in house patient information leaflets
- Improved patient experience and potentially improved future survey results
- Enhanced reputation of providing patient centred care and treatment



Beacon and Wave Timetable

2010	2011												2012														
D e c	J a n	F e b	M a r	A p r	M a y	J u n	J u l	A u g	S e p	O c t	N o v	D e c	J a n	F e b	M a r	A p r	M a y	J u n	J u l	A u g	S e p	O c t	N o v	D e c			
Beacon period																											
							Wave One																				
												Wave Two															
																	Wave Three										
							E V A L U A T I O N	T R A N S I T I O N						T R A N S I T I O N							T R A N S I T I O N						



Wave One Trust sites



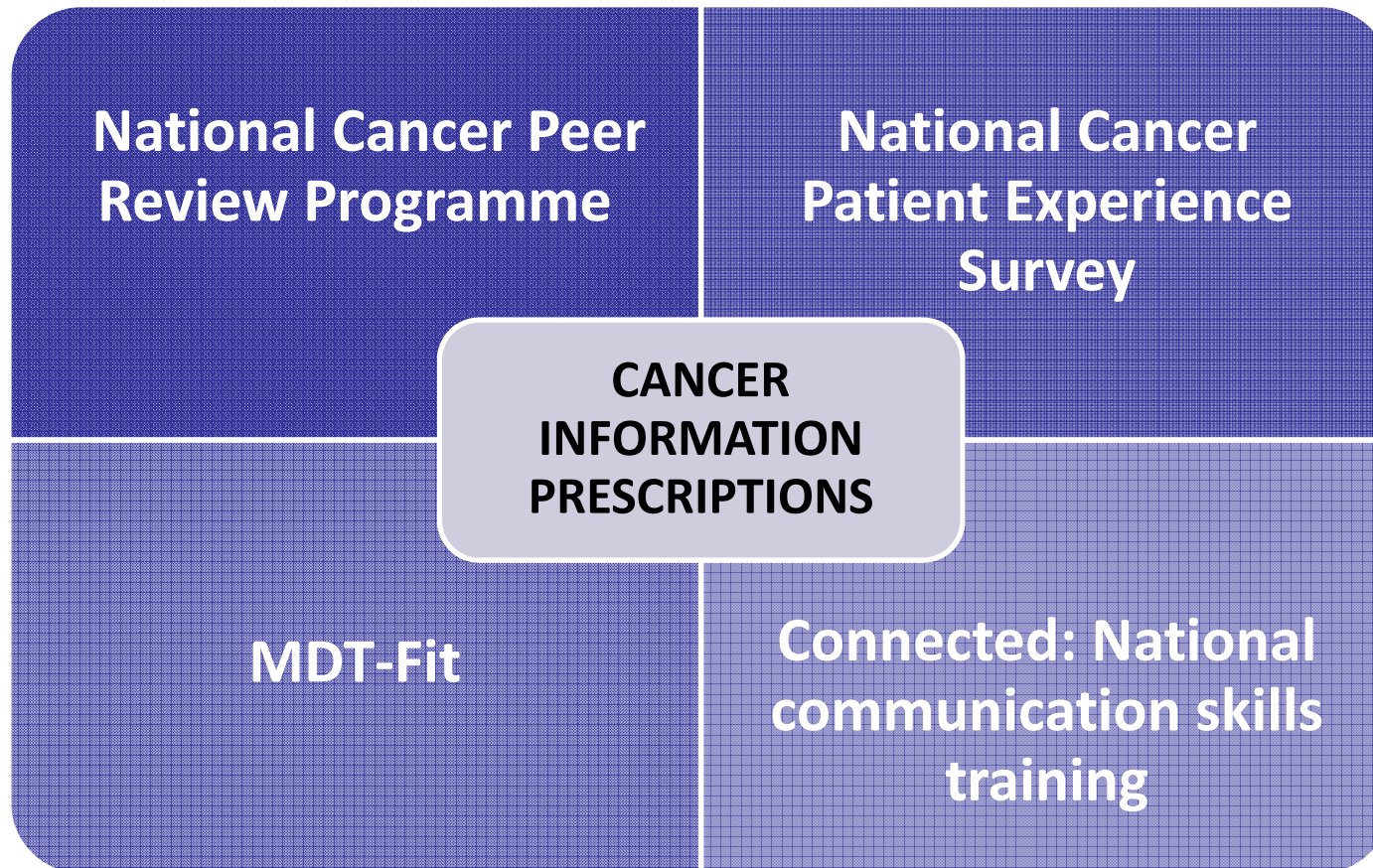
- Royal Wolverhampton
- North Staffordshire
- Chelsea and Westminster
- Hillingdon Hospital
- Royal Brompton and Harefield
- Princess Alexandra Hospital, Harlow
- University College London Hospital
- Barking, Havering and Redbridge
- Homerton University
- East Kent Hospitals
- North Bristol
- Frimley Park Hospital
- Surrey and Sussex
- East Sussex (Eastbourne)
- Western Sussex (Worthing)
- The Christie Hospital
- Wrightington, Wigan and Leigh
- Aintree Hospital
- St Helen's and Knowsley Hospitals
- Wirral University Teaching Hospital
- Norfolk and Norwich University Hospitals
- Peterborough and Stamford
- The Queen Elizabeth Hospital (Kings Lynn)
- Papworth Hospital
- Northampton General Hospital
- Nottingham University Hospitals
- Gloucestershire Hospitals
- Worcestershire Hospitals
- Oxford Radcliffe Hospitals

Objectives for the Waves

- To have Trust wide sign off and ownership of a **robust strategic plan** which embeds IPs into the core fabric of the trust
- Tumour specific **MDT plans** in place to deliver IPs within their clinical area
- Trust wide **training and support process** in place across cancer services/the trust
- **Targeting** which teams and services to focus efforts/resources (approx 5 unless otherwise agreed)
- **At least one healthcare professional** issuing IPs in each targeted area
- Trust/ MDT wide process which is able to **measure the impact IPs have on patient experience**



Improving cancer care and services



What's happened already at (TRUST)

- Identified leads – Pauline Robinson and Catherine Davies, Macmillan Information and Support manager
- Previous pilot 6 years ago so not a new concept to the trust
- Pauline and Catherine attended a cohort event in May 2012
- Urology and Upper GI CNSs will be the first teams to work with IPS.



What are the next steps at (TRUST)

- Establish Steering Group
- Confirm stakeholders/members
- Agree Terms of Reference
- Discuss and agree the most suitable model for our trust
- Decide on an action plan
- Decide on communication strategy
- Agree meeting dates



Contact Details

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