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Editorial: Information prescriptions

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The recent Department of Health (DH) strategy, Better information, better choices, better health,¹ 'is a three year programme of action, at both national and local level, to improve access for all to the quality general and personalised information people need and want to exercise choices about their personal health and healthcare'.

The DH strategy sees information prescriptions (page 17)¹ as one of the ways to provide personalised information with the aim of 'strengthening the relationship between patient & professional'.

Time should be set aside at each consultation to specifically discuss and assess information needs. ... Concerns, fears and information needs based around diagnosis and treatments are discussed, reviewed and recorded in a very personalised way ... an information prescription, given directly to patients by health professionals, would signpost people to sources of further information and support that are relevant to their condition and circumstances.

The prescription would be supported by the information sources also described in the strategy document; e.g. NHS Direct Online, NHS Direct Interactive, Health Direct (a new telephone,

online, Internet and digital TV service planned for 2007), a Health search engine, NHS Direct Self Help Guide, a national contract for patient information material (along the line of 'Best Treatments'), HealthSpace (an online personal health organiser, allowing patients access to their own NHS Care Record by 2006/7), and the national Patient Information Bank – an electronic resource of 'accredited information on conditions and treatment in a print ready format that can be tailored to reflect local needs'.

Information prescriptions seem to be the flavour of the month. A recent National Institutes of Health

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news story² describes how physicians in Florida will be piloting the concept. However, the prescriptions in this case are far simpler with patients being referred to the MedlinePlus database and an Alzheimer's Web site.

There is no denying that providing patients with information is important. However, it is not clear

name of the condition, the treatment and the access details of the NHS information sources then this might not be too demanding of consultation time – although GP software would have to be amended appropriately. However, if the prescription becomes more a matter of information provision, then the demands on consultation time

to understand the information when they access it. However, a significant proportion of the population can be considered as information poor, suffering a digital divide caused by lack of access to ICTs, lack of IT skills, poor literacy and low educational attainment. The word 'libraries' is hardly mentioned in the strategy. But the Government has

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how information prescriptions would be workable. In general practice, the 'average' consultation time is 10 minutes, which means in reality that many consultations are much shorter than this. Information prescriptions could not be added to the GPs' workload without a change in practice or in resources. If the prescription was simply a piece of paper, printed out at the GPs' desk like a drug prescription, listing the

become much greater – to find the information, to print it out, to discuss it and explain it. More time is available in out-patient appointments and in hospital and therefore information provision could be more easily achieved.

If the patient is given the simple prescription who will fulfil it? It would be no problem for people with access to the Internet at home, the skills to use it, and the education

invested significantly in IT in public libraries through the People's Network, with the aim of making the Internet accessible to all. Access to health information would seem to be an important use of such facilities, with staff present who can explain how to use the technology. The voluntary and community sector also get remarkably little coverage considering how important health charities and support groups are in the provision of not only information but also advice and support. It might be imagined that an important part of an information prescription would be signposting to the local support group for the patient's condition.

Information prescriptions will be piloted (page 25).¹ However, often Government pilot studies, in reality, are early implement sites. The DH strategy has made some good suggestions on how to reduce duplication of effort and to create useful information resources. However, the hardest part of effective patient information is moving from information to understanding, and then to action and behavioural change.

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[All accessed 22/02/05]

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