

Making the case: evidence based patient information



How can
evidence based
patient information
improve services?

Developing people
for health and
healthcare

Project group

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Aim

- To influence and advocate the importance of evidence for health information for patients, carers and the public in healthcare settings
- To reflect on how to influence key stakeholders and develop a set of case studies and notes which will support others to achieve this within their local NHS settings

Today

- Overview of the project
- Learning and top tips for Library & Knowledge Services
 - Why does patient information need to be evidence based?
 - What is the evidence base?
 - Who else is working on this? What have they learned? What works? What doesn't?
 - Who should I approach?
 - What should my key messages be?
- Supporting tools

Why does patient information need to be evidence based?

- Five Year Forward View, NHS England, 2014
- The Power of Information, DH, 2012
- Making the Case for Information: The evidence for investing in high quality health information for patients and the public, Patient Information Forum (PIF,) 2014
- Knowledge for Healthcare, HEE, 2015
- Long Term Plan, NHS England, 2019



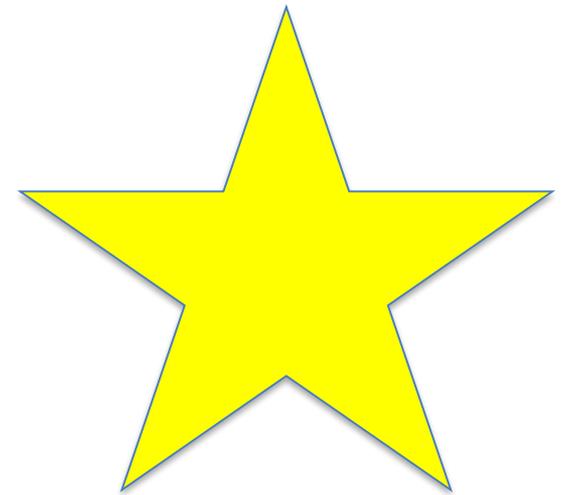
Strategic priorities:

- Patient experience
- Self-management
- Shared decision-making
- Health system sustainability

Golden nuggets of learning

Themes:

- Health system considerations
- LKS capacity
- Organisational culture
- Organisational processes
- Influencing
- Literacy



Health system considerations

- In the literature, when patient information is described as “high quality”, it doesn’t necessarily mean “evidence based”.
- High quality, evidence based patient information has a positive impact on service utilisation and health costs, patients’ experience of healthcare and patients’ health behaviour and status
- There are positive impacts on service use and costs, substantial capacity savings, significant returns on investment
- A key driver for NHS Trust boards and senior leaders.
- Actively involving people in decisions about their healthcare helps to reduce unwarranted variations in treatment.
- It empowers patients and families to make evidence based decisions about their care.
- It reduces unnecessary interventions including antibiotic prescribing and repeat GP consultations

LKS capacity

- There is a role for LKS in providing evidence support though capacity needs to be considered.
- Sourcing evidence for patient information is a core part of our literature search service. It can save clinical staff time and effort in identifying recent evidence.
- Other health care roles, e.g. Apprentice or volunteer can help to audit patient information leaflets.

Organisational culture

- The success of influencing a Trust depends on organisational readiness.
- One success factor is whether there is a responsible individual / group / team in place.
- Trusts can focus on language and making the leaflets understandable and factually correct, rather than on actively using the evidence base.
- The quality of patient information produced in-house is variable.
- Capacity of the person / team responsible for patient information may be limited.

Organisational processes

- Access to leaflets can vary
- It is not always clear when leaflets were last updated or who was the original author.
- LKS involvement often led to the development of a systematic approach to routinely reviewing leaflets.
- LKS use of searching the evidence base to update leaflets can be patchy but LKS have the appropriate skills to do this.
- Using nationally produced leaflets had its place but there was merit in maintaining leaflets that outlined local procedures.
- There may not be sufficient support in place for patient information leaflet authors.
- The process described in a patient information policy may not reflect the reality.
- Having a documented process gives visibility and governance to the production of good quality information.

Influencing (1)

- Understanding what processes are in place already can assist LKS staff when making the case for using evidence.
- Building productive working relationships can take time but ultimately is key to the success of any influencing exercise.
- Impending CQC inspection can be a good lever.
- Highlighting the time saving element of using the library service to identify evidence for patient information will encourage staff to utilise our skills and make the process more efficient for others.
- Changes to the process or suggesting changes to the language used in leaflets can be challenging when influencing authors who were generally from clinical teams.

Influencing (2)

- Building on existing relationships was important; where an LKS had good links and was already seen as the “go-to” place for evidence generally (for example, for clinicians’ own use) this was often a stepping stone to having the opportunity to provide the evidence for patient information leaflets.
- It can take time to identify who is responsible for patient information and what processes are in place.
- It is important to think about how to demonstrate impact and cost/benefit of LKS providing this support.
- Key people that it might be helpful to approach (if available) are:
 - Author(s) of patient information policy
 - Patient Information Lead
 - Patient Information Group / Committee
 - Reading group
 - Patient Information Centre / Macmillan Hub
 - Communications team
 - Clinical Governance team
 - Quality Assurance team
 - Patient Advisory Liaison (PALs)
 - Chaplains

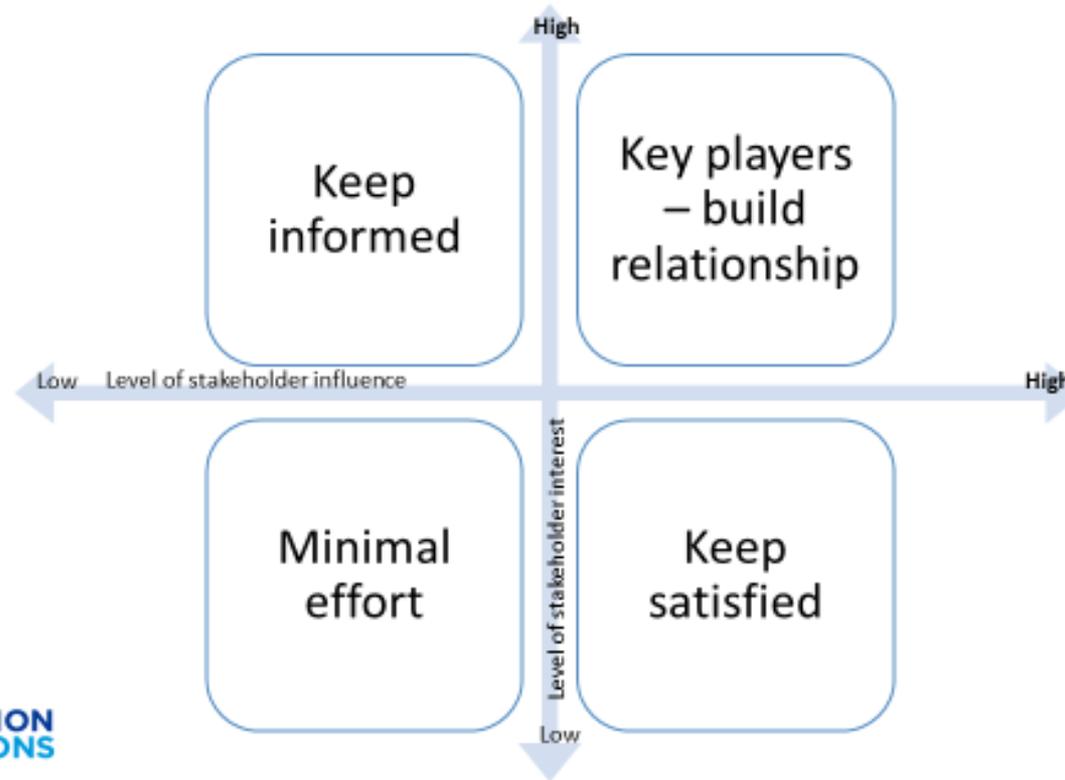
Literacy

- Health literacy is also a key component, and the link must be made between high quality information but also presenting it in a meaningful way and not assuming overly high levels of health literacy.
- Involving patients and carers can help to enhance patient information by ensuring it is written in plain language and understandable.
- LKS have a role in advocating the use of plain language.

Supporting tools

- Project report (includes evidence search and case studies)
- [Animation](#)
- Stakeholder map

Stakeholder mapping: Evidence based patient information



Suggested stakeholders:

- Patient information team
- Communications team
- Clinical governance team
- Quality Assurance team
- Clinical, nursing and allied health staff
- Patient and carer involvement staff
- Patient Advisory Liaison Service
- Equality and Diversity
- Service users and carers
- Business managers
- Chaplains

For each quadrant consider:

- which stakeholders
- what needs do they have
- what is their preferred style of communication

Conclusions

- Evidence based health information makes a positive contribution to health care systems
- The need for evidence based health information is aligned with a number of high-level strategic priorities and drivers
- Influencing evidence based health information is not straightforward for library and knowledge professionals; our ability to influence is dependent on a range of factors including local organisational culture and priorities
- Capturing learning in LKS networks is valuable and worthwhile

Next steps

- Sharing our learning:
 - Libraries Connected Universal Health Offer group meeting
 - It's Great Up North conference
 - Greater Manchester Health Library Partnership Event
- Online presence (KFH webpages)
- Blog posts / articles
- Regional meetings

