

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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Today

- Overview of the project
- Learning and top tips for Library & Knowledge Services
- Supporting tools
- What next?

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

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



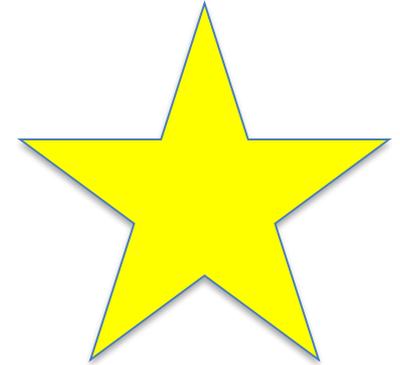
Strategic priorities:

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

Golden nuggets of learning

Captured from:

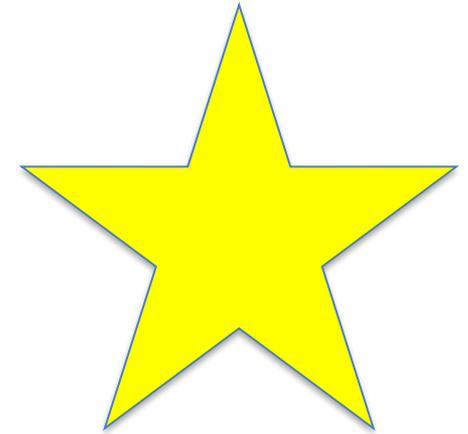
- Review of the evidence
- Learning from library networks
- Influencing exercise undertaken in 3 NHS Trusts



Golden nuggets of learning

Themes:

1. Health system considerations
2. LKS capacity
3. Organisational culture
4. Organisational processes
5. Influencing
6. Literacy



1. 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

2. 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

3. Organisational culture

- The success of influencing 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

4. 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 leads to the development of a systematic approach to routinely reviewing leaflets
- LKS evidence searching skills aren't always taken advantage of
- 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 brings visibility and governance to the process

5. Influencing

- It can take time!
- Understanding what processes are in place already can help make the case
- Building productive working relationships is key to success
- Think about how to demonstrate impact and cost/benefit of LKS providing this support
- Highlight the “time saving” element
- Suggesting changes can be challenging when influencing clinicians
- Building on existing relationships was important; where an LKS had good links and was already seen as the “go-to” place this was often a stepping stone
- Impending CQC inspection can be a good lever

6. 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

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:
 - It's Great Up North conference June 2019
 - Regional network meetings through 2018-19
 - International Clinical Librarians Conference October 2019
 - Blog posts
- Online presence (Knowledge for Healthcare webpages) – in progress
- Ongoing cross-sector national conversations

