

# **The Newcastle upon Tyne Hospitals NHS Foundation Trust**

## **Patient Information Policy and Procedure**

Effective: October 2011

Review: October 2013

### **1. Policy Aim**

This policy aims to clarify the process used to produce, review and approve written patient information in the Trust thus ensuring that information is consistently developed and produced to the highest standards, in a well presented style that is accessible to all our service users.

### **2. Policy Scope**

This policy applies to all members of staff working within the Newcastle upon Tyne Hospitals NHS Foundation Trust (including Newcastle Hospitals Community Health), who are involved in any aspect of the production of information for patients, carers or the public.

### **3. Objectives**

The policy will outline:

- good practice in terms of format and content for internally produced written patient information
- the process for review and archiving patient information.
- the use of externally produced patient information
- the production of information in different formats and considerations for patients with individual needs
- responsibilities
- Useful contacts

### **4. Definitions**

The term patient information is defined as written information about conditions, treatments, procedures, examinations and services specifically for patients. Information may be provided to people who are not ill such as parents, carers and pregnant women and may be provided in different formats for patients with specific communication needs. This information is also classed as patient information for the purpose of this policy.

Patient information is not information about patients such as medical or personal information which would be held in the medical notes. Patient information does not include information given to patients verbally by health professionals. Written patient information should be given to patients to support and complement any verbal communication and ensure that they have information to help make informed choices and decisions about treatment.

## 5. Development of Patient Information

### 5.1 Responsibilities

- **Producer / Author** –
  - To identify the need for a specific patient information leaflet.
  - To produce patient information that adheres to trust format and contains the essential elements of content.
  - To take on board Patient Information Review Panel (PIRP) comments and revise leaflets as directed.
- **Directorate Manager and Clinical Director** – Are responsible for checking and signing off the clinical content of the document and ensuring it is current and evidence based.
- **Patient Information Review Panel (PIRP) members** – to review patient information in terms of format, readability and adherence to a minimum set of essential content (section 6.4).
- **PIRP Chair** – Co-ordinate PIRP meetings, feedback to producers and update database and intranet site accordingly.

**5.2 Identifying a need** – Before producing any new patient information, existing leaflets should be checked in order to avoid duplication. All internally produced patient information leaflets are placed on the Patient Information site within Patient Services on the Trust Intranet. Listen to patients and seek their views, identify common questions they feel need answering and the issues that require reinforcing.

### 5.3 Producing information in different formats and for patients with individual needs

In order to meet the needs of individuals and to provide patients with suitable and accessible information, information may be required in formats other than written English. This should be identified with the patient and be made available as soon as possible. Other formats may include:

- **Languages** – Translations of written information can be accessed via the Supplies department who will use an approved translation company. This is funded through the directorate so approval should be sought from the budget holder. Translated information should be requested as a pdf electronic copy which should be made widely available on the trust patient information intranet site. Requests should be made as a non-stock requisition with a copy of the original leaflet included.
- **Disability access formats**
  - **Large print** – All patient information approved by the PIRP is entered onto the intranet patient information site is standard (size 12) and large (size 18) font. If other sizing is required, this should be discussed with the Involvement and Equalities Officer as final drafts are held centrally and may be formatted as necessary,

- Braille or Audiotape – The Supplies department will organise for written patient information to be produced in Braille or audiotape format as required. Again this will be funded via the directorate budget and the budget holder’s authorisation is necessary.
- Easy Read – Some easy-read information is available on the intranet patient information site. The Learning Disabilities Specialist Nurse can offer advice regarding the production of easy-read information. Alternatively, the Supplies department can arrange for patient information to be translated into Easy-read format by an approved company should the need arise. Again, this should be produced as a pdf version for inclusion on the patient information intranet site.

Readability checks are available in Microsoft Word to assess the ease of reading when drafts are produced. Plain English should be used in all leaflets although with some medical information it is difficult to use uncomplicated terms. The Plain English Campaign website does have a guide for writing medical information and a list of alternative words which should be considered.

- Patient information in video/DVD format – All information produced for patients should be approved by the Clinical Director and Directorate Manager and forwarded to the Patient Information Review Panel for information and logging. The consent of patients and/or staff featured on the video/DVD should be sought and formally recorded.
- Patient information written specifically for children should say this in the introduction. The introduction should include the age of the child that the information is appropriate for and whether parents/carers should read through the information with the child. It may be appropriate to make more use of illustrations in information for children.

#### **5.4 Using information from external sources**

It is common for externally produced material to be used within the Trust. Such material may include:

- Leaflets from local or national support groups
- Leaflets from the Department of Health
- Leaflets from charitable organisation
- Commercially produced information

Such external information should be reviewed by the Clinical Director and Directorate Manager to ensure it is appropriate and relevant for use within the Trust. On review, it is important to consider whether:

- the leaflet meets the needs of the relevant patient group,
- is reflective of the local service provided,
- is correct in terms of current best practice and evidence based

- is up to date and accurate
- does not contain complex medical jargon or complicated terminology
- is not biased in respect of a particular product and does not constitute advertising of a particular product or a particular company's range of products
- contains appropriate contact details
- is consistent with other advice available within the Trust.

## **6 Format and content**

### **6.1 Format**

In order to comply with good practice guidance in terms of accessibility, information should be produced using the following key principles:

- Use a type size 12-14
- Use Arial font as this is clear and easier to read
- Do not use italics, block capitals or underlining of text as this is difficult for people with a visual impairment. Bold text or larger font should be used for headings or to emphasise key points
- Use a question and answer format if possible
- Use bullets or numbering where appropriate
- Use active not passive tense and avoid the third person
- Use short sentences – no more than 15-20 words long
- Numbers up to 10 should be written in text
- Right margin should be unjustified
- Leave clear spaces between paragraphs and do not cram text onto the page to avoid using more pages.

### **6.2 Pictures/illustrations**

Pictures/illustrations should be used only to support the text. Any images used in patient information should be:

- Respectful – do not attempt to use humour such as cartoons or clipart as this is too subjective
- Straightforward – pictures and labels should be clear and professional
- Effective and purposeful – They should complement the text
- Any images should not have any text printed over them and should be placed at the end of the paragraph if possible.
- Picture should be well drawn and appropriately sized
- Any pictures should be reflective of the populations
- Consent should be obtained from individuals in any photographs used.

### **6.3 Leaflet style**

All leaflets placed on the trust intranet will be in A4 sheet style (see Appendix 1 for the corporate style of leaflet). This allows any ward or department to print off a leaflet as required.

If directorates wish to produce their leaflets as A5 booklets, this should be organised via the Supplies department and funded by the directorate.

Leaflets outwith the A4 sheet or A5 booklet style should seek approval from The Nursing and Patient Services Director

## **6.4 Content**

Staff working within the clinical area will be the best judge of the clinical content of a piece of information. However, all information should:

- Be evidence based
- Have clearly stated aims in the introduction to the leaflet
- Be sensitive to religious, cultural, ethical and gender issues
- Explain where the reader can obtain further information
- Provide contact numbers, times and alternative contact such as e-mail or fax
- State clearly the date of production and author and review details

In addition, condition specific patient information should have further explanations regarding:

- The condition
- The procedure and why it is being done
- Risks and benefits of treatment
- Areas of uncertainty surrounding treatments
- Any alternatives to treatment or procedures
- What would happen if treatment not given
- Effects on quality of life
- Details of aftercare and follow-up

The Checklist in Appendix 2 is used by the Patient Information Review Panel to review each internally produced patient information leaflet and can be a useful tool to ensure that information is consistent with good practice and covers all elements of essential content. It should be remembered that written patient information is only a backup to what patients and carers are told verbally but can be useful for them to take away and read at their convenience.

### **Essential Content**

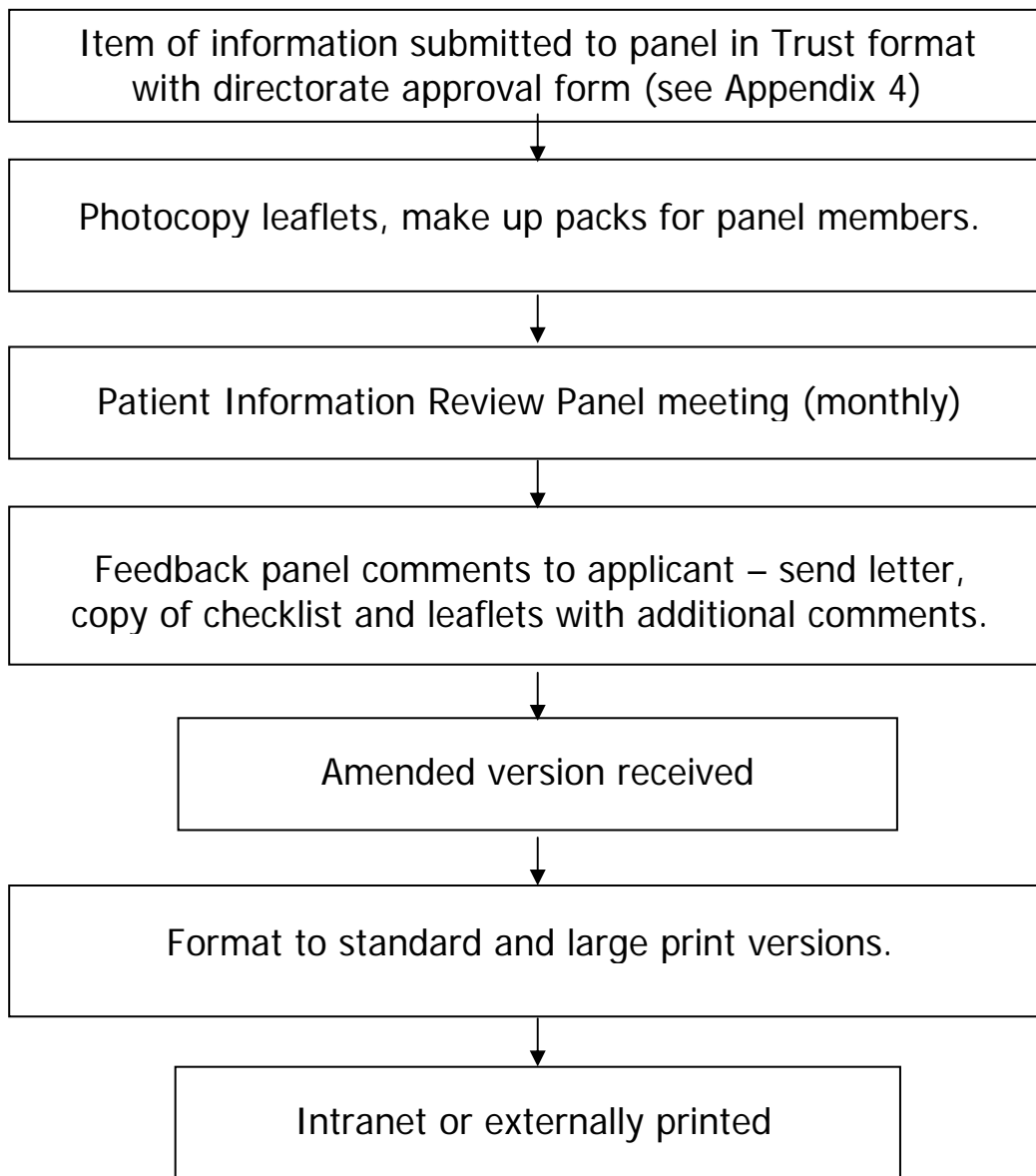
Essential content for leaflets regarding treatments must include risks, benefits and alternatives available if appropriate. This is assessed as part of the overall review using the checklist in Appendix 2.

## **7 Process for review and archiving**

The Trust established a Patient Information Review Panel (PIRP) in 2002. The aim of the Panel is to consider the format and readability of all new internally produced patient information leaflets. Terms of reference can be found in Appendix 3.

### **7.1 Process for review**

The following diagram shows the process in place for the review of new patient information leaflets



## 7.2 Archiving

- All patient information submitted to the Patient Information Review Panel will be logged on a database within the Patient Services Department.
- All documents will include the date of production
- A review of date between one and three years will be included on the leaflet.
- The database will record when reviews have taken place.
- Amended/out of date leaflets will be withdrawn from circulation and kept electronically within the Patient Service Department database.

## **8. Monitoring**

The PIRP is responsible for monitoring the essential content to ensure leaflets regarding treatments include the risks, benefits and alternatives. Clinical directors are responsible for ensuring the content is clinically correct and this is monitored through the submission form which accompanies each leaflet for review.

The Involvement and Equalities Officer is responsible for approving and monitoring the patient information review policy and process. An annual report will be presented to the PIRP including an audit of the process for producing patient information, essential content and archiving arrangements.

An audit of the information from external sources on display in various locations across the Trust should be undertaken annually within the directorate by a nominated individual. This audit should take into account factors outlined in section 5.4 when consideration is given to the suitability of the document for display.

## **9. Useful contacts**

For advice regarding the production of patient information and the review process:

PIRP Chair – Caroline McGarry  
Involvement and Equalities Officer  
[Caroline.McGarry@nuth.nhs.uk](mailto:Caroline.McGarry@nuth.nhs.uk)

For advice regarding the process for obtaining information in other formats.

Supplies - David Hume  
Supplies Manager  
[David.Hume@nuth.nhs.uk](mailto:David.Hume@nuth.nhs.uk)

For advice regarding the production of easy-read information.

Learning Disabilities Specialist Nurse - Alison Forsyth  
[Alison.Forsyth@nuth.nhs.uk](mailto:Alison.Forsyth@nuth.nhs.uk)

Policy author: Involvement and Equalities Officer

## Appendices

### Appendix 1 – Corporate Style

#### Directorate

### Title of Patient information leaflet

#### Introduction

Insert text here Insert text here

#### Sub heading

Insert text here Insert text here

#### For further information

##### Useful websites etc

##### Contact details

(Include job title, telephone (and e-mail or fax as an alternative) as well as days and times available)

The Patient Advice and Liaison Service (PALS) can offer on-the-spot advice and information about the NHS. You can contact them on freephone 0800 032 02 02 or e-mail [northoftynepals@nhct.nhs.uk](mailto:northoftynepals@nhct.nhs.uk)

Information produced by (job title)

Date

Review date:

## Appendix2 - Checklist for patient information

No:

### Patient Information Checklist

The Newcastle upon Tyne Hospitals   
NHS.uk and NHS.uk

<b>Title of Information</b>	<input style="width: 95%; height: 20px;" type="text"/>	<b>Authorised by Department Head</b>	<i>Yes/No</i>
<b>Format</b>		<b>Authorised by Clinical Director</b>	<i>Yes/No</i>
A5 booklet <input type="checkbox"/>	A4 sheet <input type="checkbox"/>	Logo <input type="checkbox"/>	Arial <input type="checkbox"/>
Minimum 12 font <input type="checkbox"/>	Bold for highlighting <input type="checkbox"/>	Contents list <input type="checkbox"/>	Page numbers <input type="checkbox"/>
Headings <input type="checkbox"/>	Bullets <input type="checkbox"/>	Right margin unjustified <input type="checkbox"/>	Use of third person avoided <input type="checkbox"/>
Well spaced <input type="checkbox"/>	No capitals / underlining <input type="checkbox"/>	No italics <input type="checkbox"/>	Short sentences <input type="checkbox"/>
			16+ font for visually impaired <input type="checkbox"/>

**Contents**

**General Information - For ALL information**

- Introduction with clear aims
- Aims achieved
- Encouraged to ask questions
- No use of jargon / clear explanations
- All acronyms explained
- Appropriate illustrations only
- Logical sequence
- Readability and sensitive to need
- Contact names / numbers / times
- Alternative contact e.g. e-mail or fax
- Date of production / Names
- Date of review / Names
- Useful contacts/groups/websites etc
- Patient feedback
- Directions / maps if appropriate

**Investigations**

- Description of investigation
- Why it is being done
- Instructions for preparation
- Who will do the test
- How long it will take
- Any risks outlined
- Any benefits outlined
- How it will feel
- What to do afterwards
- Any possible after effects
- Wait for results
- How to get results

**Treatment / Surgery**

- Explanation of condition
- Description of Treatment
- How treatment works
- Any risks / side effects outlined
- Benefits explicit
- Any areas of uncertainty
- Options / alternatives available
- What would happen if treatment not given
- Effect of treatment on quality of life
- How long in hospital
- Aftercare instructions
- Follow-up care

<b>Conclusion</b>	
	/ /
Approved <input type="checkbox"/>	
Amendments required <input type="checkbox"/>	
Resubmission required <input type="checkbox"/>	

## **Appendix 3 - Terms of reference of PIRP**

### **THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST**

#### **Patient Services Department**

#### **Patient Information Review Panel**

#### **Terms of Reference**

#### **Frequency of Meetings**

Meeting will be held monthly, venue – RVI.

#### **Terms of Reference**

1. To consider the format, readability and presentation of all Patient Information prepared throughout the Trust.
2. To ensure that all Patient Information meets standards of good practice, in terms of aspects of content and readability.
3. To provide a patient perspective on the readability of patient information through comments received from Community Advisory Panel representatives.
3. To review submitted information against the regulations contained in the Trust 'Patient Information Policy'.
4. To ensure, through review, the consistency of the quality of internally produced Patient Information.
5. To feed back any recommendations made to the relevant Directorates.
6. To arrange for approved Patient Information to be placed on a central database in the Intranet or returned to the submitting department to arrange printing of the information by an external source.
7. To ensure that review of Patient Information is performed in a timely manner.

#### **Review**

These terms of reference will be reviewed on a biennial basis.

Reviewed Dec 2010  
Next review Dec 2012

**Membership: (as at October 2011)**

Involvement and Equalities Officer  
Quality Standards Manager Clinical Governance and Risk Department  
Clinical Psychologist  
Admin Assistant, Patient Services  
Superintendent radiographer, NCCC  
Parent Education Co-ordinator  
PALS Manager  
Shared Decision Making Programme Lead  
Communications Assistant  
Equality, Diversity & Human Rights Group member / Newcastle Disability Forum  
member (x2)  
Community Advisory panel representative (x3)

**THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST**  
**IMPACT ASSESSMENT – SCREENING FORM A**

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Policy Title:	Patient Information Policy and Procedure	Policy Author:	Caroline McGarry
		Yes/No?	You must provide evidence to support your response:
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Race	No	The policy reflects the need to provide standardised high quality information for all service users
	• Ethnic origins (including gypsies and travellers)	No	The policy reflects the need to provide standardised high quality information for all service users
	• Nationality	Yes	Section 5.3 refers to the need to provide information in other languages and advises how to obtain such translations
	• Gender	No	The policy reflects the need to provide standardised high quality information for all service users
	• Culture	No	The policy reflects the need to provide standardised high quality information for all service users
	• Religion or belief	No	The policy reflects the need to provide standardised high quality information for all service users
	• Sexual orientation including lesbian, gay and bisexual people	No	The policy reflects the need to provide standardised high quality information for all service users
	• Age	Yes	Section 5.3 refers to patient information written specifically for children and how this should be produced.
	• Disability – learning difficulties, physical disability, sensory impairment and mental health problems.	Yes	Section 5.3 refers to the need to provide information in other formats for individuals with specific needs e.g. large print, Braille, Easy Read etc and advises how to obtain such formats
2.	Is there any evidence that some groups are affected differently?	Yes	Patient information in other formats can be ordered once the need is identified – this may lead to a slight delay in having information available for the patients although the company involved will be asked to provide information on turnaround times and if the need is identified in advance, information can be produced in a timely manner.
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	Yes	<i>With the number of different languages and formats ever increasing the cost of having information in all formats would be immense – the demand is relatively small and therefore wastage would be high as information is continually reviewed and amended.</i>
4(a).	Is the impact of the policy/guidance likely to be negative? (If “yes”, please answer sections 4(b) to 4(d)).	No	<i>The policy will provide high quality information in terms of format and readability and provides advice to staff on how to produce such information.</i>
4(b).	If so can the impact be avoided?		
4(c).	What alternatives are there to achieving the policy/guidance without the impact?		
4(d).	Can we reduce the impact by taking different action?		
<b>Comments:</b>			<b>Action Plan due (or Not Applicable):</b>

Name and Designation of Person responsible for completion of this form: Caroline McGarry, Involvement and Equalities Officer Date: 18/10/2011

Names & Designations of those involved in the impact assessment screening process: \_\_\_\_\_

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified on this form, please refer to the Policy Author identified above, together with any suggestions for the actions required to avoid/reduce this impact.)