

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Patient Information Leaflet - Policy and Procedure

Version No.:	2.2
Effective From:	18 May 2016
Expiry Date:	18 May 2019
Date Ratified:	21 October 2015
Ratified By:	Patient, Care and Public Involvement Group

1 Introduction

The policy will outline:

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

2 Scope

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

3 Aims

This policy aims to clarify the process used to produce, review and approve written patient information leaflets 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.

4 Duties (Roles and responsibilities)

4.1 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 involve people with expertise in the development of the information.
- To respond to Patient Information Review Panel (PIRP) comments and revise leaflets as directed.

4.2 Directorate Manager and Clinical Director

Responsible for checking and signing off the clinical content of the document and ensuring it is current and evidence-based. They are also responsible for

ensuring the content of any externally produced patient information leaflets in use in their areas.

4.3 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 6.5).

4.4 PIRP Chair

To co-ordinate PIRP meetings, feedback to producers and update database and intranet site accordingly.

5 Definitions

The term patient information leaflet is defined as written information about conditions, treatments, procedures, examinations, health promotion messages 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 leaflets 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.

6 Development of Patient Information Leaflets

6.1 Identifying a need

Before producing any new patient information leaflet, 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.

The first step is to listen to patients and seek their views, identifying common questions they feel need answering, what information they need and the issues that require reinforcing.

6.2 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 the following:

- 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 approved leaflet included.

- Disability access formats

- Large print – All patient information leaflets 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 Patient Experience and Involvement Officer as final drafts are held centrally and may be formatted as necessary.

Braille, British Sign Language video or Audiotape – The Supplies department will organise for written patient information to be produced in the necessary format as required. Again, this will be funded via the directorate budget and the budget holder's authorisation is necessary. Some disabled people will need information emailed so that their computer can read it to them or they can open it in another format– this may need a word version.

- 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. 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 the Trust recognises that 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 leaflets 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.

6.3 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 that 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.

6.4 Format and content

6.4.1 Format

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

- Use a minimum type size of 12 or ideally 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 voice and avoid the third person e.g. You should contact the nurse straight away if you get these symptoms.
- Use short sentences – no more than 15-20 words long
- Numbers up to 10 should be written in text e.g. Keep the dressing on for two days.
- Right margin should be unjustified
- Leave clear spaces between paragraphs and do not cram text onto the page to avoid using more pages.

6.4.2 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, relevant and purposeful: images should complement the text
- free from any text printed over them and should be placed at the end of the paragraph if possible.
- well drawn and appropriately sized
- reflective of the patient population for whom the leaflet is intended

Consent should be obtained from individuals in any photographs used.

6.4.3 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 may be requested if there is a legitimate reason for this. Approval should be sought from the Patient Information Review Panel in the first instance with any appeals made to the Nursing and Patient Services Director.

6.4.4 Content

Staff working within the 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 the needs of people with protected characteristics such as religious, cultural, ethical and gender issues
- encourage patient engagement and shared decision making
- explain where the reader can obtain further information
- provide contact numbers, times and alternative contact such as e-mail or fax or text phone
- 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.

6.4.5 Essential Content

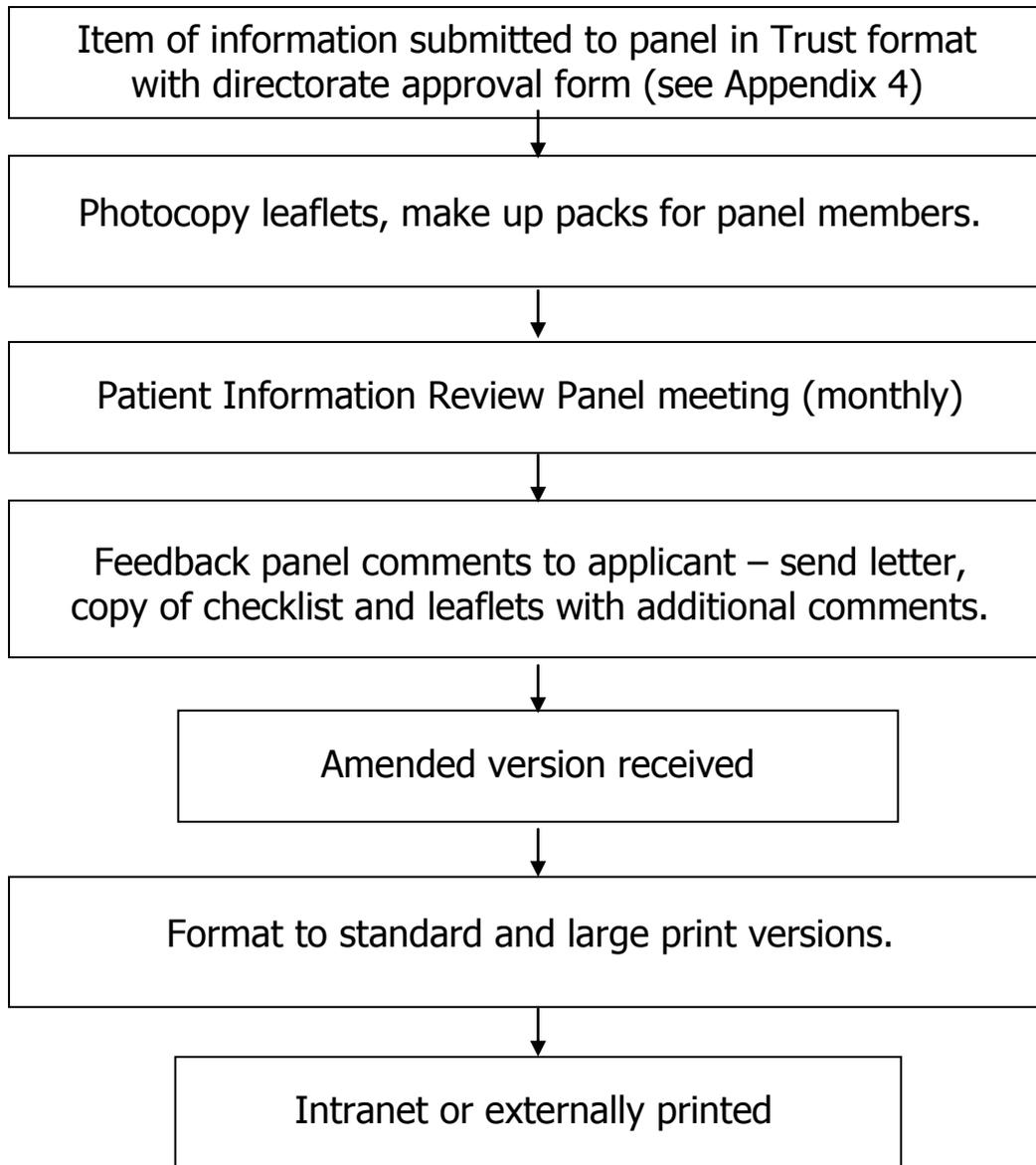
Essential content for leaflets regarding treatments must include risks, benefits and alternatives available if appropriate. This is assessed as part of the overall review using the checklist in Appendix 2.

6.5 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.

6.6 Process for review

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



6.7 Archiving

- All patient information leaflets 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 date of 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.

6.8 Use of Posters in the Trust

6.8.1 Trustwide poster information - Patient information that is produced in poster format for use throughout the Trust should be approved by the relevant Trust Committee or Trust Executive before it is displayed in patient and public facing area. Following approval the poster should be forwarded to the Patient Experience and Involvement Officer to be added to the list of mandatory public and patient facing posters on the Patient Information site within Patient Services on the Trust Intranet.

An annual update of all posters will be undertaken by the responsible personnel at the request of the Patient Experience and Involvement Officer. This annual update of all approved patient and public facing posters will be forwarded to the Senior Nurse Executive by the Patient Experience and Involvement Officer for confirmation.

Poster authors are responsible for informing the Patient Experience and Involvement Officer if content has been updated in year and forwarding updates for display on Intranet.

From time to time additional posters may be displayed but these are likely to be for a short period of time in response to the need to highlight new information. All wards and departments must ensure they have a robust mechanism for ensuring all posters remain current and timely.

6.8.2 Departmental posters – For posters produced for local use, the Directorate Management Team should approve the information. The poster should take into considerations the good practice guidance for producing patient information as outlined in section 6.4.

6.9 Useful contacts

For advice regarding the production of patient information and the review process, please e-mail PatientInformationLeaflets@nuth.nhs.uk or contact:

PIRP Chair – Caroline McGarry
Patient Experience and Involvement Officer
Caroline.McGarry@nuth.nhs.uk

For advice regarding the process for obtaining information in other formats please contact the Supplies Department for advice

For advice regarding the production of easy-read information.

Learning Disabilities Specialist Nurse - Alison Forsyth
Alison.Forsyth@nuth.nhs.uk

7 Training

Templates and guidance on the production and review of patient information are available on the intranet Patient Information site.

8 Equality and diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. This document has been appropriately assessed.

9 Monitoring

Standard / process / issue	Monitoring and audit			
	Method	By	Committee	Frequency
Essential content is included in all leaflets regarding treatments or medication.	Review of each leaflet against checklist	Members of the Patient Information Review Panel	Patient Information Review Panel	Monthly
Ensure that the content of each newly developed leaflet is clinically correct	Directorate approval needed for each leaflet with clinical information	Clinical Director	Patient Information Review Panel	Ongoing
All newly developed leaflets to be reviewed for format and readability	All internally produced leaflets reviewed	Patient Information Review Panel	Patient Information Review Panel and Patient, Carer and Public Involvement Group	Ongoing
Externally produced leaflets	Approved for use within directorates	Directorate Manager / Clinical Director	In directorate	Ongoing

10 Consultation and review

This policy was reviewed in collaboration with members of the Patient Information Review Panel, the Equality and Diversity Lead and Patient, Carer and Public Involvement Group.

11 Implementation (including raising awareness)

The policy will be highlighted via the trust intranet and Take 2 minutes newsletter for staff.

12 References

Toolkit for producing patient information, 2003, Department of Health

13 Associated documentation

This policy should be read in conjunction with the related templates and guidance available on the Trust intranet Patient Information site.

<http://nuth-vintranet1/cms/SupportServices/PatientInformation.aspx>

Policy author: Patient Experience and Involvement Officer

Corporate Style

The Newcastle upon Tyne Hospitals 
NHS Foundation Trust

Directorate**Title of leaflet****Introduction**

Insert text here Insert text here

Subheading

Insert text here Insert text here

Subheading

Insert text here Insert text here

For further information**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

Useful websites

If you would like further information about health conditions and treatment options, you may wish to have a look at the NHS Choices website at www.nhs.uk. On this website there is an information prescription generator www.nhs.uk/ips which brings together a wealth of approved patient information from the NHS and charity partners which you may find helpful

Information produced by (Job title)

Date

Review date:

Checklist for Patient Information

No: <input type="text"/>		Patient Information Checklist		The Newcastle upon Tyne Hospitals NHS NHS Foundation Trust	
Title <input type="text"/>		Approved by Department Head		Yes / No	
		Approved by Clinical Director		Yes / No / N/a	
		Approved by Pharmacy		Yes / No / N/a	
Format					
A5 booklet	<input type="checkbox"/>	A4 sheet	<input type="checkbox"/>	Logo	<input type="checkbox"/>
Contents list	<input type="checkbox"/>	Page numbers	<input type="checkbox"/>	Arial	<input type="checkbox"/>
Matt paper	<input type="checkbox"/>	Well spaced	<input type="checkbox"/>	Minimum 12 font	<input type="checkbox"/>
		Headings	<input type="checkbox"/>	Bold for highlighting	<input type="checkbox"/>
		No capitals / underlining	<input type="checkbox"/>	Use of third person avoided	<input type="checkbox"/>
		No italics	<input type="checkbox"/>	16+ font for visually impaired	<input type="checkbox"/>
Contents					
General Information - For ALL information		Investigations		Treatment / Surgery	
Introduction with clear aims	<input type="checkbox"/>	Description of investigation	<input type="checkbox"/>	Explanation of condition	<input type="checkbox"/>
Aims achieved	<input type="checkbox"/>	Why it is being done	<input type="checkbox"/>	Description of Treatment	<input type="checkbox"/>
Encouraged to ask questions	<input type="checkbox"/>	Instructions for preparation	<input type="checkbox"/>	How treatment works	<input type="checkbox"/>
No use of jargon / clear explanations	<input type="checkbox"/>	Who will do the test	<input type="checkbox"/>	Any risks / side effects outlined	<input type="checkbox"/>
All acronyms explained	<input type="checkbox"/>	How long it will take	<input type="checkbox"/>	Benefits explicit	<input type="checkbox"/>
Appropriate illustrations only	<input type="checkbox"/>	Any risks outlined	<input type="checkbox"/>	Options / alternatives available	<input type="checkbox"/>
Logical sequence	<input type="checkbox"/>	Any benefits outlined	<input type="checkbox"/>	Any areas of uncertainty	<input type="checkbox"/>
Readability and sensitive to need	<input type="checkbox"/>	How it will feel	<input type="checkbox"/>	What would happen if treatment not given	<input type="checkbox"/>
Contact names / numbers / times	<input type="checkbox"/>	What to do afterwards	<input type="checkbox"/>	Effect of treatment on quality of life	<input type="checkbox"/>
Alternative contact e.g. e-mail or fax	<input type="checkbox"/>	Any possible after effects	<input type="checkbox"/>	How long in hospital	<input type="checkbox"/>
Date of production / Names	<input type="checkbox"/>	Wait for results	<input type="checkbox"/>	Aftercare instructions	<input type="checkbox"/>
Date of review / Names	<input type="checkbox"/>	How to get results	<input type="checkbox"/>	Follow-up care	<input type="checkbox"/>
Useful contacts/groups/websites etc	<input type="checkbox"/>	Medications		Conclusion	
Patient engagement encouraged	<input type="checkbox"/>	Purpose of medication	<input type="checkbox"/>	/ /	
Directions / maps if appropriate	<input type="checkbox"/>	Risks / Side effects	<input type="checkbox"/>	Approved	<input type="checkbox"/>
		Benefits	<input type="checkbox"/>	Amendments required	<input type="checkbox"/>
		How to take	<input type="checkbox"/>	Resubmission required	<input type="checkbox"/>
		Where to get further advice	<input type="checkbox"/>		

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./ Freeman alternately

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 content and readability.
3. To provide a patient perspective on the readability of patient information through comments received from service user representatives (from the Community Advisory Panel and Equality, Diversity and Human Rights Working Group).
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 leaflets.
5. To feed back any recommendations made to the relevant Directorates.
6. To arrange for approved patient information leaflets 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 leaflets is performed in a timely manner.

Review

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

Reviewed June 2015

Next review June 2017

Membership: (as at September 15)

Patient Experience and Involvement Officer

Quality Standards Manager Clinical Governance and Risk Department

Admin Assistant, Patient Services

Macmillan Cancer Information Centre Manager, NCCC

Parent Education Co-ordinator, Midwifery
PALS Manager
Podiatrist, Community Response and Resource Team
Senior Pharmacist, Medicines Management
Diabetes Centre Manager
Specialist Nurse – Sleep Service
Equality, Diversity & Human Rights Group member / Newcastle Disability Forum member (x2)
Community Advisory Panel representative (x3)

The Newcastle upon Tyne Hospitals NHS Foundation Trust
Equality Analysis Form A

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

PART 1

1. **Assessment Date:**

2. **Name of policy / strategy / service:**

Patient Information Leaflet - Policy and Procedure

3. **Name and designation of Author:**

Caroline McGarry – Patient Experience and Involvement Officer

4. **Names & Designations of those involved in the impact analysis screening process:**

Caroline McGarry – Patient Experience and Involvement Officer, Lucy Hall; Equality and Diversity Lead

5. **Is this a:** Policy Strategy Service

Is this: New Revised

Who is affected: Employees Service Users Wider Community

6. **What are the main aims, objectives of the policy, strategy, or service and the intended outcomes? (These can be cut and pasted from your policy)**

This policy aims to clarify the process used to produce, review and approve written patient information leaflets 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.

7. Does this policy, strategy, or service have any equality implications? Yes No

If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:

8. Summary of evidence related to protected characteristics

Protected Characteristic	Evidence i.e. What evidence do you have that the Trust is meeting the needs of people in various protected Groups related to this policy/service/strategy – please refer to the Equality Evidence (available via the intranet Click A-Z; E for Equality and Diversity. Summary on front page and more detailed information in resources section)	Does evidence/engagement highlight areas of direct or indirect discrimination? If yes describe steps to be taken to address (by whom, completion date and review date)	Does the evidence highlight any areas to advance equal opportunities or foster good relations. If yes what steps will be taken? (by whom, completion date and review date)
Race / Ethnic origin (including gypsies and travellers)	Translation of leaflets into spoken languages available. Content instructions make it clear that the information in the leaflet should be sensitive to people with protected characteristics	No	The policy advises that The first step is to listen to patients and seek their views, identifying common questions they feel need answering, what information they need and the issues that require reinforcing.
Sex (male/ female)	Content instructions make it clear that the information in the leaflet should be sensitive to people with protected characteristics	No	As above
Religion and Belief	Content instructions make it clear that	No	As above

	the information in the leaflet should be sensitive to people with protected characteristics		
Sexual orientation including lesbian, gay and bisexual people	Content instructions make it clear that the information in the leaflet should be sensitive to people with protected characteristics	No	As above
Age	<p>Specific advice included relating to age appropriate information</p> <p>Content instructions make it clear that the information in the leaflet should be sensitive to people with protected characteristics</p>	No	As above
Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section	<p>Translation of leaflets into Large print, Braille, Audio, Easy Read available</p> <p>Content instructions make it clear that the information in the leaflet should be sensitive to people with protected characteristics</p>	<p>Information Standard 2015 requires NHS Trusts to provide information to disabled people in a format which they can understand. Deaf people may need a BSL signed video. Some disabled people will need it emailed so that their computer can read it to them or they can open it in another format– this may need a word version</p> <p>Action Add this to the list of formats CMc May 2016</p>	As above
Gender Re-assignment	Content instructions make it clear that the information in the leaflet should be sensitive to people with protected characteristics	No	As above
Marriage and Civil Partnership	Content instructions make it clear that the information in the leaflet should be sensitive to people with protected characteristics	No	As above

Maternity / Pregnancy	Content instructions make it clear that the information in the leaflet should be sensitive to people with protected characteristics	No	As above
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9. Are there any gaps in the evidence outlined above. If 'yes' how will these be rectified ?

No

10. Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.

Do you require further engagement No

11. Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?)

No producing information in formats that patients need will enhance human rights

PART 2

Signature of Author

Print name

Date of completion

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