

**Toolkit for Producing Patient Information**

Approved by:

Clinical Governance  
Committee

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Directorate responsible  
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Directorate of Nursing and  
Quality

Policy Number:

NQ017

Signature:

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Director of Nursing and Quality



### **Equality Impact Assessment Tool**

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

		Yes/No	Comments
1.	<b>Does the policy/guidance affect one group less or more favourably than another on the basis of:</b>		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
2.	<b>Is there any evidence that some groups are affected differently?</b>	No	
3.	<b>If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?</b>	N/A	
4.	<b>Is the impact of the policy/guidance likely to be negative?</b>	No	
5.	<b>If so can the impact be avoided?</b>	N/A	
6.	<b>What alternatives are there to achieving the policy/guidance without the impact?</b>	N/A	
7.	<b>Can we reduce the impact by taking different action?</b>	N/A	

If you have identified a potential discriminatory impact of this procedural document, please refer it to the Policy Administrator, together with any suggestions as to the action required to avoid/reduce this impact. For advice in respect of answering the above questions, please contact the Policy Administrator.

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## **INTRODUCTION**

Information is an important part of the patient journey and central to the overall quality of each patient's experience of the NHS <sup>(1)</sup>.

To improve and monitor the information we provide for patients across LCR PCT, all staff involved in writing, distributing and/or evaluating any patient information are advised to use:

- The NHS Toolkit for producing Patient Information <http://www.dh.gov.uk/assetRoot/04/06/84/62/04068462.pdf> (if you have difficulty accessing this document please contact PALS)
- LCR PCT Toolkit Summary sheet (Appendix 1)
- Guidelines for Assessing Patient Information from Other Organisations (Appendix 2)
- Checklist for Assessing Health Information Websites (Appendix 3)

The Toolkit includes simple guidance on how to produce written information for patients. It is designed to make it easier for staff to produce good-quality information for patients and includes planning, writing, consultation, printing and distribution.

The summary sheet directs you to the relevant pages of the NHS Toolkit.

The Guidelines are to be used for assessing the quality of patient information produced by other organisations.

The checklist takes you through a step by step process for assessing Health Information websites.

## **WHAT INFORMATION ARE WE TALKING ABOUT?**

Written information in the form of leaflets, booklets fact sheets or posters about conditions, treatments, procedures, examinations, surgery and services.

## **WHY IS IT IMPORTANT?**

Good patient information is important as it can:

- Give patients confidence so that their overall experience as a patient is improved;

- Remind patients what their doctor or nurse told them if, due to stress or unfamiliar language, they forget what they were told;
- Allow people to make informed decisions – it gives people time to go away, read the information and think about the issues involved;
- Help to make sure patients arrive on time and are properly prepared for procedures or operations;
- Involve patients and their carers in their treatment and condition (research has shown that it can improve the medical outcomes and reduce patient anxiety, and that patients want it <sup>(1)</sup>)

## **NHS PATIENT INFORMATION PRINCIPLES**

Our communication must be:

- Clear – so it can be understood;
- Cost-effective – it is often more cost-effective to arrange printing rather than to photocopy, and the quality is better;
- Straightforward – using fewer words and keeping to the necessary information;
- Modern – using everyday language and current images;
- Accessible – available to as many people as possible, avoiding jargon, up to date and given to the patient at the appropriate time;
- Honest – information should be based on current evidence;
- Respectful – sensitive to cultural needs and all people, avoiding stereotypes<sup>(1)</sup>

## **DUTIES**

It is the duty of LCR PCT to ensure that all patient information is consistently developed and produced to the highest standards in a well presented style that is accessible to all.

High quality patient information will have accurate and evidence based clinical content, reflecting best practice; it will meet the requirements of patients and carers; it will have a clear format and will be easy to understand and will conform to the Trusts patient information guidelines.

This toolkit describes a systematic process for developing, reviewing, monitoring patient information, based on recommendation from the

Department of Health. It is the duty of all staff developing information for patients and the public to adhere to the guidelines set out in this toolkit.

## **GENERAL GUIDANCE ON WRITING INFORMATION FOR PATIENTS**

‘When writing information for patients, try to write from the patient’s point of view and put yourself in the place of someone who may have little knowledge of what you are talking about’. <sup>(1)</sup>

Information will vary depending on who it is for and what it is about. Therefore this is a general guide for all written information.

The possible exception being patients who have long term medical conditions such as diabetes or eczema, who may have a very good understanding of their condition<sup>(1)</sup>

## **PROVISION OF INFORMATION**

‘The provision of information is central to the consent process. Before patients can come to a decision about treatment, they need comprehensible information about their condition and about possible treatments/investigations and their risks and benefits (including the risks/benefits of doing nothing)’. <sup>(2)</sup>

Once a decision to have a particular treatment/investigation has been made, patients need information about what will happen, what the procedure/investigation is, why it is being carried out, preparations before procedure/investigation, clear directions to clinic/service, and post procedure/investigation instructions and advice.

## **ACCESS TO MORE DETAILS, OR SPECIALIST INFORMATION**

Patients may sometime request more details information about their condition or about a proposed treatment than that provided in general leaflets. Please contact LCR PCT Patient Advice and Liaison Service (PALS) for further advice.

## **PROVISION FOR DIFFERENT PATIENT GROUPS**

Please bear in mind ‘that written information is not always the best form of communication for some people. Not everyone can see, read or understand written information.’ (Appendix 2 of Toolkit give suggestions on other forms of communication for different patient groups. <sup>(1)</sup>

‘Some groups of people are difficult to reach, less well-served and less satisfied with services. The NHS needs to make sure it is sensitive to the needs of all groups’ <sup>(3)</sup>

This PCT is committed to ensuring that users from different patient groups receive the information they need and are able to communicate appropriately with healthcare staff. It is not appropriate to use children to interpret for family member who do not speak English <sup>(2)</sup>

## **EVALUATING YOUR WRITTEN PATIENT INFORMATION**

There are the following stages involved in producing information to patients: planning, writing, consultation, printing and distribution (see toolkit for details).

LCR PCT has the following arrangements for the consultation stage;

- 1 Submit final draft to PALS (electronic version)
- 2 PALS staff will review your document before sending to the Reader Panel
- 3 Reader Panel will review and PALS will forward recommendations

The reader Panel is made up of a group of lay volunteers from the local community, each with their own area of expertise. The Reader Panel is recruited and supported by the Patient and Public Involvement Manager.

## **EVALUATING AND REVIEWING**

Over the first 6 month period, monitor how many copies of the leaflet are being used, who uses them, where and when. This will help to evaluate if the information is useful and would form part of the review process.

Patient information will be reviewed every 2 years following the publication date. It is the responsibility of managers to ensure that any patient information produced by there team is reviewed every 2 years or sooner if new services or treatments are developed.

Some patient information has a natural shelf life, the same length as the project. If this is the case, clearly mark the information with the dates the information is relevant for.

Always include the date the publication was produced on the back of the leaflet. This way, anyone reading the leaflet can judge for themselves how up to date the information is.

## **ARCHIVING**

Once the information has been reviewed and the current Patient Information Leaflets have therefore been superseded and no longer fit for purpose, they will be added to the Corporate Records Drive (V Drive) by the Policy Administrator (Board Secretary) for archiving. They will be stored for a minim of 12 months, until the updated version information leaflet has been assessed for appropriateness. It is therefore advisable not to file any of these leaflets independently without prior consultation.

## **REFERENCES:**

- 1 Toolkit for producing Patient Information , 2003; DH Publication
- 2 Good practice in consent implementation guide; November 2001, chapter 4. Department of Health publication
- 3 Creating a Patient led NHS – Delivering the NHS Improvement Plan; DH/NHS Publication, 2005
- 4 Policy for Developing Patient Information Leaflets; University Hospitals Leicester NHS Trust, 2002

## LCR PCT Toolkit Summary Sheet

To assist you with using the NHS Toolkit below is a summary of the content and the relevant pages in the Toolkit.

The NHS Toolkit available from:

<http://www.dh.gov.uk.assetRoot/04/05/84/62/04068462.pdf>

	Page
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## Guidelines for Assessing Patient Information from Other Organisations

Written information – Leaflets and booklets.

Guidance for assessing information from other organisations can be obtained from the following organisation:

### DISCERN

'DISCERN has been designed to help health consumers and information providers assess the quality of written information about **treatment choices for a health problem**. Although it is unlikely that any one publication can meet all the information needs of a health consumer, there are certain features that should be present if the publication is to be considered useful and appropriate for making decisions about **treatment**. DISCERN consists of 15 questions to help users of consumer health information think about these issues in a systematic way.'

The DISCERN handbook – compiled by Deborah Charnock.

DISCERN – The Discern Project is based in the University of Oxford, Division of Public Health and Primary Health Care at the Institute of Sciences. The website consists of the DISCERN instrument and handbook.

Best practice advises familiarising self with Discern Tool. The following quick reference guide should only be used once you are acquainted with the full DISCERN instrument, available on [www.discern.org.uk](http://www.discern.org.uk)

### Quick reference guide to the DISCERN criteria

A good quality publication about treatment choices will:

- 1 Have explicit aims
- 2 Achieve its aims
- 3 Be relevant to consumers
- 4 Make sources of information explicit
- 5 Make date of information explicit
- 6 Be balanced and unbiased
- 7 List additional sources of information

- 8 Refer to areas of uncertainty
- 9 Describe how treatment works
- 10 Describe the benefits of treatment
- 11 Describe the risks of treatment
- 12 Describe what would happen without treatment
- 13 Describe the effects of treatment choices on overall quality of life.
- 14 Make it clear there ay be more than one possible treatment choice
- 15 Provide support for shared decision-making

This guide should only be used once you are acquainted with the full DISCERN instrument’.

If you are still concerned about the suitability of a particular publication then please contact PALS.

#### Websites

- 1 The LCR PCT PALS has produced a checklist for staff to use to help them assess health information websites. Appendix 1

Further information on assessing websites can be obtained from [www.judgehealth.org.uk](http://www.judgehealth.org.uk)

Downloadable guidelines are available on their website on

“How to search the internet for health information” and

“How to judge the quality of a website”

The Judge project was developed in partnership between:

- Contact a Family, a UK charity which helps families who care for children with any disability or special need;
- Information Management Research Institute (IMRI), School of Informatics, Northumbria University

LCR PCT – PALS

**Checklist for Assessing Health Information Websites for Consumer Health Information**

SECTION A – This is an essential criterion – only go to section B if this criterion is met.

SECTION B – This gives an overall assessment of the site.

SECTION C – Looks at suitability for patient/general public use – not necessary for sites used by staff only.

(DNP – means do not proceed – website not acceptable)

<b>SECTION A</b>		
<b>1 Aims (About us)</b>		
Are the aims of the site clearly stated?	Yes	No
<b>2 Authors of the site</b>		
Is it clear who these are?	Yes	No (DNP)
Are they medically qualified?	Yes	No
If no, do they need to be medically qualified?	Yes (DNP)	No – to to next question
Are they qualified to give the mind of Information/advice they are giving?	Yes	No
And could their qualifications or credentials be checked?	Yes	No (DNP)
<b>3 Currency</b>		
Is the site dates?	Yes	No (DNP)
If so, is it up to date?	Yes	No (DNP) Services only
(2 years + is out of date – but if it is for services only, contact the organisation for confirmation the site content is still current).		
COMMENTS (eg – new site re-check in 1 month)		

## SECTION B

### RELIABILITY – EVIDENCE BASE

Are sources identified?	Yes	No
If so, are they dated?	Yes	No
Are sources reliable, recognised organisation etc?	Yes	No
Is the site free from bias (including funding/sponsorship)?	Yes	No
Are claims relating to treatments/services etc supported By references/evidence?	Yes	No
Are alternatives acknowledged?	Yes	No

### CLEAR COMMUNICATION

Is the font 12 point or larger?	Yes	No
Is there a clear contrast between typeface and background?	Yes	No
Are the number of different typefaces used kept to a minimum?	Yes	No
Is bold used for emphasis only?	Yes	No
Are lines of type clearly spaced?	Yes	No
Are unrelated sections clearly separated?	Yes	No
Is information summarised/bullet pointed?	Yes	No
Do images interfere with the flow of the text?	Yes	No
Is jargon used?	Yes	No
Are abbreviations, specialist terms etc explained?	Yes	No

### SITE DESIGN

Are images distracting?	Yes	No
Is the site easy to navigate – are the search facilities/indexing systems good?	Yes	No

Are links evaluated/reviewed/quality filtered?	Yes	No
Download time – is this acceptable?	Yes	No

**COPYRIGHT**

Is the copyright date and owner stated?	Yes	No
Are there any copyright restrictions	Yes	No Not stated

Has permission been sought and given for downloading information?

Yes      No      Waiting for answer      Date

<b>CONCLUSION</b>			
Does the website achieve its aims?	Yes	No	Partially
Recommend to use	Yes	No	With restrictions
(Please give details below of any restrictions or additional points about the website)			
Signed:			
Designation:			
Date:			

**SECTION C – checked/not checked**

**THE PATIENT/VISITOR**

Does the site support the patient/doctor relationship rather than seeking to replace it?	Yes	No
Does the site make provision to protect privacy?	Yes	No
Does it provide details of additional sources of support and information?	Yes	No