Sandwell and West Birmingham Hospitals NHS
NHS Trust

INFORMATION FOR PATIENTS DEVELOPMENT AND DISTRIBUTION POLICY

Policy author	Patient Information Manager
Accountable Executive Lead	Chief Executive
Approving body	Trust management board
Policy reference	SWBH/ORG024

ESSENTIAL READING FOR THE FOLLOWING STAFF GROUPS:
1 – All staff

STAFF GROUPS WHICH SHOULD BE AWARE OF THE POLICY FOR REFERENCE PURPOSES:
1 – All staff

POLICY APPROVAL DATE:
September 2014

POLICY IMPLEMENTATION DATE:
September 2014

DATE POLICY TO BE REVIEWED:
September 2017

DOCUMENT CONTROL AND HISTORY

Version No	Date Approved	Date of implementation	Next Review Date	Reason for change (e.g. full rewrite, amendment to reflect new legislation, updated flowchart, etc.)
5	October 2009	October 2009	October 2011	
6	February 2012	February 2012	October 2013	
6	March 2104	March 2014	August 2014	
7	September 2014	September 2014	September 2017	Full review, minor changes, new format

INFORMATION FOR PATIENTS DEVELOPMENT AND DISTRIBUTION POLICY

KEY POINTS

1. Good information for patients is a vital part of the patient journey as it is a key element in the overall quality of their experience.

2. This policy aims to provide clarity regarding Trust standards and process for creating high quality information for patients.

3. Information for patients includes all clinical and non-clinical information, and all modes of delivery.

4. Corporate information is managed differently to clinical information and details are outlined in section 3.

5. All Trust patient information must adhere to the principles and requirements of The Information Standard.

6. Users must contact the Patient Information Team for guidance after identifying a need to create information for patients. The Patient Information Team will then work with them throughout the process to ensure compliance with policy and process.

7. All Trust patient information needs to be reviewed every 2 years or earlier if there is a specific requirement for this to be undertaken sooner to ensure it remains current and reflects best practise.

8. Any conflicts of interest may be escalated if they cannot be resolved between the author and Patient Information Team.

9. Eido Healthcare is a patient information repository providing a wide range of information for patients which can be accessed from any Trust computer. Leaflets can be printed with SWBH logo.

10. Training and awareness sessions will be arranged by the Patient Information Manager where appropriate.

PLEASE NOTE THAT THIS LIST IS DESIGNED TO ACT AS A QUICK REFERENCE GUIDE ONLY AND IS NOT INTENDED TO REPLACE THE NEED TO READ THE FULL POLICY

INFORMATION FOR PATIENTS DEVELOPMENT AND DISTRIBUTION POLICY

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INFORMATION FOR PATIENTS DEVELOPMENT AND DISTRIBUTION POLICY

1.0 INTRODUCTION

1.1 Information is an important part of the patient journey and a key element in the overall quality of patient experience. Quality information improves our communication with patients and their carers, as well as improving the care we deliver to them. Patients have a right and a need to know about their condition, treatment options, and the availability of services. All patients should have access to high quality information at the appropriate time and in an easy accessible format

Good patient information is important as it can:

- Give patients confidence in the Trust so their overall experience as a patient is improved.
- Remind patients what they have been told by their doctor or nurse if, due to stress of unfamiliar language, they forget what they have been told.
- Allow patients to make informed decisions. It gives them time to go away, read the information and think about the issues involved and the choices available.
- Help to ensure patients arrive on time and are properly prepared for procedures or operation.
- Involve patients and their carers in the treatment process. Research has shown that this can improve the medical outcomes and reduce patient anxiety.

1.2 This policy is intended to act as a framework for the production of clinical and corporate information for patients. It's content is derived from a variety of sources currently in use throughout the NHS but is mainly based on

- NHS Plan (2000)
- NHS Toolkit for Producing Patient Information (2002)
- DoH Better Information, Better Choices, Better Health – Putting Information at the Centre of Health (2004)
- NHSLA/Clinical Negligence Scheme for Trusts (CNST) guidelines
- SWBH Consent Policy
- DoH Information Standard V12

1.3 This framework should be followed for all information for patients produced within SWBH NHS Trust. It may not be completely appropriate for all leaflets (e.g. recipe books or diet sheets) but the basic principles would apply and should still be considered. Any deviations from the policy should be discussed with the Patient Information Manager.

2.0 OBJECTIVES

- To provide clarity and consistency to the process of production, approval, implementation and review of clinical information for patients.
- To set out a framework to ensure that accurate, high quality and understandable clinical information for patients is made available in accessible ways to all those who need it.

- To ensure that the policy in use is current, relevant and has been reviewed within the last three years.
- To ensure equality assessment is completed and appropriate action taken to ensure the identification and elimination of inequality.
- To ensure that systems exist to monitor the use of and compliance with agreed policy.
- To avoid duplication of information at different sites.
- To establish a corporate format and ensure all information is of a consistently high standard.
- To involve patients and public in the process of producing information.

3.0 SCOPE

This policy applies Trust-wide to all staff involved in producing ~~clinical patient~~ information for patients. It applies to the production of all information for patients and includes all modes of delivery including paper, electronic, online and audiovisual media.

Exclusions from the scope
The policy also excludes all externally produced information.

Who is our audience?
The Trust provides a range of acute and community services from Sandwell General Hospital, City Hospital, Rowley Regis Community Hospital and Leasowes Intermediate Care Centre. Community services are also provided in health and social care facilities across Sandwell and western Birmingham and in patients' homes. There are around 300 different outpatient clinics and has more than 40 separate medical and surgical specialties.

In 2012-13, 553,788 people attended outpatient clinics and over 693,559 community contacts were made. 198,350 attended our two A&Es and our eye casualty, of whom 38,722 were admitted to inpatient beds. We undertook 84,773 emergency and elective operations, of which 49,841 were on a day-case basis.

The majority of our patients live in Sandwell and Birmingham, with patients from other parts of the West Midlands and beyond mainly attending for specialist ophthalmology services at the Birmingham and Midland Eye Centre.

Many of our patients do not speak English as their first language and a large number do not speak any English. The most common non-English language spoken and requested by patients is Punjabi. Full lists are available from the Communications Department.

The Trust serves some of the most diverse communities in the West Midlands. Both Sandwell and Birmingham have significantly higher proportions of people from black and minority ethnic groups than other parts of the West Midlands or the average for England. More recently, there has also been significant immigration from the countries of Eastern Europe. The area is also dominated by high levels of deprivation and poor health.

Corporate Information for Patients
Corporate information for patients and commissioners includes leaflets that

provide generic information about the Trust or its services and that support the Patient Choice initiatives. It includes the Patient Bedside Directory, Ward Information and information about the Trust that GPs may wish to give to their patients.

Corporate information is produced by the Trust's Communications department in line with NHS identity guidelines and the Trust corporate image.

Information is produced in conjunction with the relevant clinician and/or department or service manager and user feedback.

Other departments seeking to produce corporate or generic information should do so in conjunction with the Communications Department and in line with this policy. This should also be in line with NHS identity guidelines and the Trust corporate image.

Printing and Production of Corporate Information
This process is to be managed through the Communications and Medical Illustration Departments which will arrange the appropriate competitive tenders for any design and print work that needs to be done outside of the organisation.

The Communications Department is responsible for ensuring that corporate information produced meets the Trust's standards for content and quality.

The style and format of corporate information leaflets should be similar to the style and format of clinical information. There will be some exceptions due to the nature of specific target audiences, type of publication (such as annual report, patient magazine etc.) and the marketing nature of much of the material. Such information is to be produced at the discretion of the Communications Department in line with NHS and Trust guidelines.

In any event it is good practice to publish the name of the originating department together with the length of time the document will be valid and its review date.

4.0 GLOSSARY AND DEFINITIONS

Information for patients – is defined as information about conditions, medication, treatments, tests, exercises, health promotion, services which is specifically for patients. Information for patient's materials should be given to patients to support and supplement verbal communication by health professionals and should not be used as a substitute to verbal communication.

Patients – include everyone who uses a service at SWBH as described in section 3 'Scope', they may not always be ill, for example pregnant women, health promotion services such as sexual health etc. Therefore in this context the term patient also includes public, clients, service users, relatives, and carers.

Modes of delivery – The information can take any form such as leaflets, booklets, sheets or posters, videos, tapes, websites, CD Roms and PDF files etc.

Sections 5 – 10 of this policy apply to the development and distribution of clinical information for patients as opposed to corporate Information for patients which is outlined in section 3.

5.0 THE INFORMATION STANDARD

In February 2011 the Trust was successful in obtaining certification for The Information Standard.

The Information Standard was introduced by the Department of Health in November 2009 as a guide to the public of quality health and social care information which people can Trust.

Any organisation producing health information for the public in England can apply to be certified. If successful, they are entitled to use the Information Standard quality mark on their information material. As a result, people will be able to quickly and easily identify information as coming from a reliable and trustworthy source.

The standard has 6 key principles and requirements which all Trust clinical patient information must meet:

- **Information Production** – There is a defined and documented process
- **Evidence Sources** – Only current, relevant, balanced, and trustworthy sources of evidence are used.
- **User understanding and involvement** – Understanding users and user testing information products.
- **End Product** – End products are double checked
- **Feedback** – comments/complaints/feedback are managed appropriately
- **Review –** Both information and process are reviewed regularly.

6.0 ROLES AND RESPONSIBILITIES

Trust Patient Information Team (Communications Department)
Responsibility of the co-ordination of the in-house development process and monitoring implementation of the policy rests with the Patient Information Manager under guidance off Head of Communications.

Medical Illustration Department
Medical Illustration must ensure that the Trust standard template and The Information Standard logo is used in accordance with this policy and that all patient information leaflets are stored on a database, each with a unique reference number. Their responsibility also includes archiving leaflets no longer in use.

Author
It is the responsibility of the author (or designated representative) to ensure that:

- The need for clinical information for patients is appropriately identified,

prioritized, developed, produced and distributed as appropriate.
- Clinical information for patients is reviewed and updated every 2 years or sooner if needed.
- Patients and all appropriate health professionals are involved in the development process.
- Collaborative working across specialties is undertaken where appropriate.

Clinical Director/Head of service
It is the responsibility of the Clinical Director to ratify the necessary patient information, approve the clinical content and sign off the patient information approval form.

Ward Manager/Department Manager
It is the responsibility of the Ward Managers and Department Managers to ensure all Information for Patients on the wards and departments are kept up to date and that the content remains valid.

All staff
It is the responsibility of the individual health care workers to distribute current and accurate information. Individuals must work within their own competence, and not give information that exceeds the competence.

7.0 PATIENT INFORMATION DEVELOPMENT, APPROVAL AND MANAGEMENT PROCEDURE

Identifying the need for new information for patients or revising exisiting information: When a requirement for new patient information is identified, the initiator must, in the first instance contact the Patient Information Team for guidance and to ensure that the information is not already in circulation to avoid duplication.

Writing information patients: The initiator must complete a Trust template relating to the specific type of information they wish to create. Involvement and consultation from other clinical colleagues across the Trust should take place where appropriate and necessary. Where services are available on another hospital site within the Trust, ensure that the information is consistent wherever possible.

Evidence-based sources of information available within the NHS and externally must be used. Copyright permissions may be required for using part of the information, rephrasing information or using images and logos from different publications and websites. Authors should record and reference all such sources and obtain any copyright permission.

Evidence used must be reliable and the most up-to-date, it can include national clinical guidelines or reports, primary research papers, systematic reviews of research, and academic journal articles.

The Trust library service point you in the right direction for the most up to date sources and can even do the searches for you. The library also offers a free one hour course on accessing health information online.

Review of text by Patient Information Team: The Patient Information Team

must ensure the information and supporting evidence is compliant with Trust template and policy. If leaflet is not compliant, it will be returned to author with queries. No further action will be taken with the leaflet until all points have been answered and content is compliant.

Formatting text into Trust leaflet style: Medical Illustration must ensure text is in compliant format for patient information. The appropriate style of branding will be used depending on the department and patient group (i.e. general adult, child-friendly, bereavement etc.
Any diagrams or images and logos will be added by Medical Illustration following discussion between user and Patient Information Team as to the relevance of the image.

User sign off:
The author must complete a patient review with a minimum of 5 patients. Any feedback and suggestions from the patient review should be incorporated into the draft information as appropriate. Exceptions to the patient review process must be authorised by the Patient Information Manager. User must also complete approval form and artwork sign off slip and ensure Clinical Director has signed the Approval form to approve clinical content.

Incomplete forms will be sent back to author thus causing a delay in the approval process.

Approval process: A senior communications manager must complete a final compliance checklist ensuring the information is complete, correct branding has been applied, evidence has been recorded and all signatures have been obtained before approval. If the above requirements have been met, the leaflet can be approved.

Accessing/ordering leaflet:
Once approved, Medical Illustration must create a black and white A4 version of the information which the Patient Information Team is responsible for uploading to the Trust Intranet, on Trust website if applicable, and notify the author that the leaflet is available for use.

Colour printed copies of the leaflets can be ordered from Medical Illustration.

Leaflet review
It is important that the Trust reviews all patient information to ensure that it remains current and reflects best practice.

All Trust patient information needs to be reviewed every 2 years or earlier if there is a specific requirement for this to be undertaken sooner. The Communications department will co-ordinate the reviewing process and a new copy of the leaflet will supersede the previous one**.**

The review of the patient information must commence 3-6 months before the review date. The Patient Information Request Log maintained by the Communications department will be used to indicate when leaflets are due to be reviewed and the Communications department will facilitate the review process.

The Communications department will contact the author of any patient information that needs to go through the review process for patient information leaflets. Any revised information will require Clinical Director approval.

Where information is found not to be compliant with the current policy (e.g. if the policy has recently changed or new guidelines have been produced), it will be scheduled for updating as soon as possible. Removing the information may pose a significant risk and an assessment should be carried out before removing the information from use. In updating the information, the process outlined in this policy should be followed.

Leaflets that are not compliant **must be** replaced within a maximum period of six months from identification or the approval of a new policy.

Archiving
All superseded documents will be stored on a record system as archive documents for audit purposes.

All patient information is supplied with a unique reference number generated by Medical Illustration for identification purposes. When a patient information leaflet is updated a new record and identifying number is produced. The Medical Illustration database automatically updates the existing record with the new replacement reference number. This gives clear indication that a patient information leaflet has been superseded. If someone requests copies of a leaflet the Medical Illustration team will open the database record referring to the reference number on the leaflet. If the leaflet has been superseded then the graphics team will open the record number as shown on the record that has been opened. All superseded information leaflets will be stored on a server managed by Medical Illustration.

In addition to this, all patient information documents held as PDF files on the Trust Intranet will also be set to 'archive' once the document has expired and will be replaced with a new document. This responsibility lies with the Patient Information Manager.

Conflict of interest
In the event of a conflict of interest in the development of patient information leaflets, where the requirements of the author/specialty are not in line with the Trust's policy, the Patient Information Manager will pursue the matter with the Clinical Director/Head of Service. If the matter remains unresolved, it will be escalated to the Head of Communications to resolve with the Clinical Director, and then if necessary, the Medical Director. Any remaining conflict of interest that cannot be resolved in this way will then be taken to Governance Board where a final decision will be made. Governance Board meets monthly.

Patient Info Lead & Clinical Director

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Head of Comms & Clinical Director

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Head of Comms & Medical Director

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Head of Comms & Governance Board

8.0 EIDO HEALTHCARE – PATIENT INFORMATION REPOSITORY

EIDO Healthcare is an external Patient Information Repository that can be accessed directly through the Internet. There is a shortcut placed on all Trust PC's stored under 'Favourites > SWBH Favourite's' through an internet browser and a link on the right hand side of the Trust's Intranet front page labelled 'Clinical Systems'

It has a wide range of Patient Information leaflets split by specialities and formatted in an A4 style document that can be downloaded and printed for use. All the information leaflets within EIDO have the Trust logo clearly marked at the top together with all the minimum requirements as stated within this policy.

Groups looking to develop new information for patients should review the information on EIDO to see if there is suitable information they can use in the interim.

EIDO's Translation Service offers patient information in different languages. Groups looking to develop new Patient Information in different languages should review the information on EIDO to see if the particular language is available.

The Communication department will be responsible for regular communications about the EIDO Healthcare system to raise further awareness across the Trust in order to maximise its use for those specialities across all Divisions.

9.0 AUDITABLE STANDARDS/MONITORING EFFECTIVENESS

Monitoring of compliance against this policy will be the responsibility of the Patient Information Manager.

In May 2009, the Communications department introduced the Patient Information Request Log. All new or amendment leaflet requests are tracked and monitored on this spread sheet. It records every stage of the development process for leaflets from start to completion. It ensures every leaflet request whether it is a new or an amendment is compliance checked and proof read by the Communication Officers.

This request log is held on a central drive which is only accessible by Communications. It is also used to monitor the exact status of the leaflet in the development and approval process.

An annual audit of the quality of new and amended patient information will be undertaken by the Head of Communications and reported to the Communications and Engagement Governance Group to ensure the process is working effectively and identify training or development needs.

The Patient Information Manager will audit the process and documents used every six months to ensure they are effectively meeting the needs of the service.

10.0 TRAINING AND AWARENESS

The Patient Information Manager will organise training and awareness sessions where appropriate.

11.0 EQUALITY AND DIVERSITY

The Trust recognises the diversity of the local community and those in its employment. Our aim is, therefore, to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need.

The Trust recognises that equality impacts on all aspects of its day-to-day operations and has produced a Single Equality Scheme to reflect this. All policies are subject to an Equality Impact Assessment.

12.0 REVIEW

This policy will be reviewed after three years.

13.0 REFERENCE DOCUMENTS AND BIBLIOGRAPHY

- The Department of Health Information Standard V12.
- Better Information, better choices, better health: 2004: Department of Health.
- Choosing Health – Making health choices easier: 2004: Department of Health.
- NHS Plan: 2000: Department of Health.
- NHS Tool Kit for producing information: 2002: Department of Health.
- Plain English Campaign – www.plainenglish.co.uk
- Clinical Negligence Scheme for Trusts (CNST) guidelines.
- SWBH Consent Policy
- Our Shared Future: Commission on Integration and Cohesion: 2007
- Guidance for Local Authorities on Translation of Publications: Department for communities and Local Government: December 2007 (guidance for local authorities, and other government bodies and organisations on translation of information into other languages).
- SWBH Communication & Engagement Strategy March 2009–2012
- Translation Guidance for Local Authorities 2007

Appendices

1. **Process flowchart**
2. **Guidance on writing clinical information**
3. **Guidance on leaflet format**
4. **Example of a Trust template (writing about conditions)**
5. **Patient review form**
6. **Approval form**
7. **Amendment form**
8. **Example of a Compliance checklists (conditions)**

Appendix 1 - Patient Information Development and Approval Process

Identify new information for patients leaflet or update existing information leaflet

- Complete Trust template for specific condition, treatment, medication or general advice using original text.
- Use evidence-based resources and document references.
- Check for copyright permissions.
- Consult colleagues across the Trust for review purposes.

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Send to Communications Department for checking

- Patient Information team within Communications will check the information and supporting evidence for compliance with Trust template and policy.
- If leaflet is not compliant, it will be returned to user with queries. No further action will be taken with the leaflet until Communications are happy that all points have been answered and content is compliant.

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Leaflet formatting

- When text has been agreed, Patient Information team will send to Medical Illustration to be put into the compliant format for patient information. The appropriate style of branding will be used depending on the department and patient group (i.e. general adult, child-friendly, bereavement etc).
- Communications will proof read and check layout, font etc.
- Any diagrams or images will be added by Medical Illustration following discussion between user and communications as to the relevance of the image.

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Returned to user for sign off

- When leaflet is formatted and compliant with policy, Artwork proof will be sent to user along with the following forms which user must complete:
- **Patient Information Approval Form** - Requires user and Clinical Director or Head of Service signature. All sources of information and clinical guidelines used. Sources may be checked for audit purposes and should define the exact guideline/sources used.
- **Patient Review Form** x 5.
- **Artwork proof slip**
- If further changes are required, Patient information team must be informed, who will amend and return to user.
- All forms to be sent to Communications.

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Approval process

- Senior Communications Manager will check leaflet and paperwork against relevant compliance checklist and approve, or return any remaining queries to user.

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Printing

- A black and white A4 PDF version will be uploaded to the intranet on the Patient Information pages for user to print as required and onto Trust website for public access.
- Colour printed copies of the leaflets can be ordered from Medical Illustration. Patient Information Team to inform user how to make order upon completion of process.

Appendix 2 - Guidance on writing Clinical Information for Patients

All Patient Information leaflet must include:

- The subject/title
- Who it is for
- The name of the department/speciality
- The month and year of issue and a review date
- Standard Trust format

All Clinical patient information leaflets must include:

- Details about what the health condition/procedure/treatment is, why a procedure/treatment is needed and how it will help the patient.
- The risks and benefits (frequent/rare/long term) of the procedure/treatment, including level of risk (i.e. 1 in 100, 1 in 4). This is a CNST/NHSLA requirement.
- Alternative treatments and consequences of not having procedure/treatment.
- Preparation for proposed treatment including before and after effects and care.
- Description of procedure/treatment.

Making text easy to understand and follow instructions

- Use everyday language. Avoid jargon and acronyms and use plain language to make it easier to read. As many as seven million people (roughly one in five adults) in England have difficulties with basic literacy and numeracy, but that does not mean you should use patronising or childish language.
- Use patient-friendly text. Use personal pronouns such as ‘we’ and ‘you’.
- Do not use frightening language, for example, ‘electrodes will be put on your chest’ or ‘nuclear medicine’.
- Be relevant to individual patients.
- Information should be in context with other information given to patients, for example, letters, leaflets and appointments.
- Reinforce the information that patients have been told at the clinic.
- Avoid giving instructions such as ‘do not eat anything for six hours before xyz’ without explaining why and the consequences of not following the instructions.
- Be helpful. Help people make decisions by giving facts about the risks, side effects and benefits.
- Do not confuse people by covering several treatments and conditions in the same leaflet.
- Tell people what other information, resources and support is available.
- Be up to date. Give the most recent practice and latest phone numbers.
- Let people know if the information is available in other formats, for example, on audiotape.

To make text more inviting to read, use the following

- Short sentences – in general no more than 15 to 20 words long.
- Lower case letters where possible, as they are easier to read. Exceptions to this are proper names and the first letter in a sentence.
- Present and active tenses, where possible, for example, ‘Your appointment is on…’ not ‘Your appointment has been made for…’
- A question and answer format is helpful to divide up text.
- Bulleted or numbered points to divide up complicated information.

- Small blocks of text. Do not use long paragraphs; divide them up using headings and new paragraphs.
- White space makes the information easier to read.
- Large bold font emphasises text. Avoid UPPER CASE letters, Italics and underlining as they make the text more difficult to read.
- The latest plain English advice is that numbers, even those from one to nine, are easiest to read and understand when written as numerals rather than text.
- A font size of no less than 12 point, (see the print guidelines on page 5).
- Diagrams and pictures are very effective and should be in line with our communications principles. Where appropriate, use them to illustrate the text remember to label them and do not print over them. You should not use clipart, as it does not add to the reputation of a professional organisation.

Writing information for different patient groups

Patients who are elderly

Use clear large print, at least 14 point or larger. Do not use patronising language.

Patients who are not 'ill'

It may be more appropriate to address patients who do not see themselves as 'ill' as clients or service users, for example, pregnant women or people using social services.

Patients who are children

Address children as individuals, use plenty of illustrations and try to adjust your language to their age but do not talk down to them. Avoid clipart.

Patients with learning difficulties

The text needs to be simplified a little, using more symbols and pictures. Use audio-tapes and videos. Consult support groups and individuals.

Patients with hearing difficulties

Use written information. Use carers, textphones or British Sign Language interpreters.

Patients with sight difficulties

Use large bold print at least 14 point or larger. Use audio-tapes, electronic text, the internet or Braille. Use reversed out text sparingly and make sure the contrast between text colour and background colour is easy to read.

Patients whose first language is not English

Use translated text from a guaranteed source where appropriate. Certain languages are often spoken and not read so it is important to check this. Where appropriate, use other media (audio-tapes, videos and interpreters). The NHS has arrangements in place with translation agencies which will translate and test the information. There are also local companies that offer translation services.

Patients who have reading problems

Use audio and videos.

'Expert' Patients

Patients who have long-term medical conditions, such as diabetes or eczema, will usually have a very good understanding of their condition. The information for these patients may need to be specially researched by experts or they may need guidance on where to find the latest reliable information.

Appendix 3 - Guidance on leaflet format

Printing and production

The more inviting, clear and good quality a leaflet looks, the more likely it is that people will read it. All our information must be clearly identified as coming from us with our logo on the front cover to portray our corporate image. This will make it easier for the patient to recognise what is and is not a part of SWBH information.

Completed leaflets which departments wish to have printed should be processed through Medical Illustration and Supplies department and not directly by contacting external printers. Any costs incurred on such printing will be borne by the respective Groups. If any leaflets are photocopied, they must be of equal quality, and must be within the valid date of the leaflet.

Any exceptions to this need to be approved by the Communication and Engagement Governance Group.

A PDF version of each completed leaflet will also be produced and stored on the Intranet and these may be printed by departments using a PC and printer.

Medical Illustration will only process any requests for printing patient information when it has been checked and approved by the Patient Information Team for compliance and they have received the Artwork Proof slip.

Leaflet style and format

- In the first instance, all patient information will be formatted in A5 or A4 tri-fold (depending on content and quantity of text) using the standard Trust template. It will also be produced in a black and white single A4 version for online availability.
- 2 colour or full colour may be used at the request of the Clinical Director but it should be noted that printing these will incur increased costs.
- All Ophthalmology leaflets will be printed in black text on yellow paper.
- Any specific requirements or deviations such as colour images and diagrams must be discussed with the Patient Information Team.
- The template may change at the discretion of the Head of Communications or Chief Executive, in line with the Trust's branding.

Front and back covers

The front cover must include:

- Trust 'Information for patients' front page template.
- Title of leaflet
- Department or Group

The back cover must include:

- Date of publication and review date
- Leaflet code or reference number
- The Information Standard logo
- Sources of evidence used for the information in the leaflet
- Any copyright permissions (if applicable)

Print guidelines

The following guidelines apply to all information for patients, not just those with reading or sight difficulties.

- Font size should generally be 12 point (minimum) to 14 point. If you are writing information for the elderly or people with sight difficulties always use 14 point or larger.
- Typeface must be Frutiger.
- It is acceptable to use a dark background with white print (reversed out) for headings or alert boxes, but not for a large section of text.
- Illustrations should be kept simple and drawn as line art where possible.
- Align the text to the left only, with the exception of headings which can be centred.
- Images and full colour photographs are acceptable if they serve a valid purpose but they can increase the cost significantly.
- Do not write text over a busy background on images.
- For ophthalmology patients, black text on yellow paper should be used with no blocks or colour. Any images should be bold and simple.

Appendix 4 - Template for writing about a condition

Sources used for the information in this leaflet

Please provide evidence which supports the information. Please be aware this evidence will be checked for reliability. Suitable sources of evidence include national clinical guidelines, academic books, academic peer-reviewed journal articles, published research and reviews of research. Information that has been written for the public is not a source of evidence. **Example 1: NICE, CG92, 'Venous Thromboembolism: Reducing the risk', January 2010** **Example 2: Twycross, Wilcock & Stark-Troller, 4th edition 'Symptom management in advanced cancer', January 2009**			
Author/ Commissioning body	**Reference number (where applicable)**	**Title of guideline/ publication**	**Date of publication**

Name of condition
Information and advice for patients/ parents and carers/ visitors/ mums-to-be/ new mums/ families
Department name

What is the condition?
What is it?

How common is it?

What causes it?
What causes it? If the cause is not known, say so

Does anything increase the risk, for example, age, sex, ethnic origin or a family history of the condition?

What are the symptoms?
What are the symptoms of the condition?

Are there other implications, for example, infecting other people, future pregnancies etc?

How is it diagnosed?
Are there any tests or examinations needed to confirm the diagnosis?

How is it treated?
What treatments are available?

What are the benefits of the treatment(s)?

What are the side effects and the risks of the treatment(s)?

What are the risks of not getting treatment?

Are there any alternatives to this treatment?

(If appropriate) Self-help
Is there anything the patient can do for themselves?

Can the condition be prevented?
Can it be prevented?

(If appropriate) Symptoms to report
What signs should they look out for if something goes wrong (i.e. condition worsens) and what should they do? If one of the symptoms is a fever/high temperature, state what temperature is considered to be 'high'.

Contact details
Who can they contact if they have any more questions?
What days and times can they call?

Further information
Tell people where they can find more information, for example support groups and websites. The best websites to use are those accredited with the Information Standard, for example NHS Choices.

For more information about our hospitals and services please see our websites www.swbh.nhs.uk and www.swbhengage.com, follow us on Twitter @SWBHnhs and like us on Facebook www.facebook.com/SWBHnhs.

Appendix 5 - Patient Review Form

- Each leaflet must be reviewed by at least 5 patients.
- 5 individual responses from patients need to be recorded separately.
- Any feedback and suggestions from this review must be incorporated into the draft leaflet as appropriate.

Name of leaflet	
ML number	

1. Is the information clear and easy to read?
2. Are there any words or phrases you don't understand?
3. Do you think there is anything missing?
4. What would you change?

For staff use only **Actions to be taken from feedback**	

Please return to the **Patient Information Department, D29, Corporate Suite, City Hospital**

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Appendix 6 – Patient Information Approval Form

Please ensure that all parts of this form are fully completed prior to submission

PART A			
Name of leaflet			
ML number			
Author		**Extension**	

Clinical group:	
Department/Speciality:	

Copyright Status Checked: Yes / No

PART B

Evidence/sources which support the information
Our information needs to reflect the most reliable and up-to-date clinical guidelines and evidence available. Please be aware that these sources will be published on the completed leaflet and may also be checked for audit purposes.
Example 1: NICE, CG92, 'Venous Thromboembolism: Reducing the risk', January 2010
Example 2: Twycross, Wilcock & Stark-Troller, 4th edition 'Symptom management in advanced cancer', January 2009

Author/ Commissioning body	**Reference number** (if applicable)	**Title of guideline/ publication**	**Date of publication**

Author Signature		**Date**	

Clinical Director / Head of Service Signature		**Date**	
Clinical Director / Head of Service Name (please print)			

Appendix 7 – Patient information amendment form (after approval)

Name of leaflet: _____

ML number: _____

Department: _____

Author: _____

Person requesting amendment: _____

If not author, has author been consulted? Yes/No

Amendment:

Reason for amendment:

Intranet updated? **YES / NO** Website updated? **YES / NO**

Date amended: _____ Actioned by: _____

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Appendix 8 - Compliance Checklist B
Information about Conditions

Name of Leaflet: ……..

ML code: ……

Department: …….. Author: ……

All leaflets must include:

The title and target audience	☐	Information Standard mark displayed correctly	☐
The name of the department/speciality	☐	Sources of evidence clearly presented	☐
The month and year of issue and a review date	☐		
Standard template	☐		
All approval signatures have been provided	☐		
Patient review form x 5 completed	☐		

All leaflets about 'conditions' must include:

What the condition is	☐
What causes the condition and symptoms	☐
How it is diagnosed and treated	☐
The risks and benefits of the treatment (including the level of risk (i.e. 1 in 100, 1 in 4).	☐
Details of alternative treatments and option of not to treat	☐
Whether or not the condition be prevented	☐
Symptoms to report (if applicable)	☐
Contact details (if applicable)	☐
Further info e.g. support groups/websites (if applicable)	☐

Approved for publication by:…….....

Date: …….....