Mid Essex Hospital Services NHS Trust

PATIENT INFORMATION POLICY	Policy Register No: 05116 Status: Public

Developed in response to:	The Information Standard (TIS) Information Governance Alliance
CQC Fundamental Standard:	17

Consulted With:	Post/Committee/Group:	Date:
Lyn Hinton	Director of Nursing	May 2018
Ellie Makings	Medical Director	May 2018
Alison Cuthbertson	Head of Midwifery	May 2018
Liz Stewart	Information Governance Manager	May 2018
Helen Clarke	Head of Governance	May 2018
Jenna Twaite	Communication Team	May 2018
Jonathan Wright	Volunteer Services Manager	May 2018
Robert Lee-Bird	Patient Council	May 2018
Deborah Lepley	Library and Information Services Manager	May 2018
Sandra Norton-Nance	Hospital Liaison Nurse Specialist Learning Difficulties	May 2018
Clare Drain	Pharmacist	May 2018

Professionally Approved:		
James Day	Trust Board Secretary	18th June 2018

Version Number	8.0
Issuing Directorate	Corporate
Ratified by:	Document Ratification Group
Ratified on:	18th June 2018
Executive Sign Off Date	July 2018
Implementation Date	5th July 2018
Next Review Date	May 2021
Author/Contact for Information	Sarah Moon, Specialist Midwife Guidelines and Audit
Policy to be followed by (target staff)	All staff
Distribution Method	Intranet, website
Related Trust Policies (to be read in conjunction with)	04080 Consent to Examine or Treatment Policy 09127A Interpreting and Translating Policy 08042 Document Provenance Policy 13017 ICT Security Policy 07063 Conflict of Interest Policy

Document Review History:

Version No:	Authored/Reviewed by:	Issue Date:
1.0	Jo Triggs	September 2008
2.0	Ian Lucking	December 2009
3.0	Helen Clarke	February 2011
4.0	Helen Clarke	September 2011
5.0	Sarah Moon	October 2011
5.1	Sarah Moon – Appendix A; C and G	January 2012
5.2	Sarah Moon – Clarification to 5.0, 11, 15, Appendix C, M	February 2012
5.3	Sarah Moon – Clarification to 9.1, Appendix C	May 2012
6.0	Sarah Moon	May 2012
6.1	Sarah Moon - Clarification to 10.10.4, Appendix C	September 2012
6.2	Sarah Moon – Clarification to Appendix A, M, point 19.7.1; 10.11.2; 11.2	May 2013
6.3	Sarah Moon – Clarification to 10.4.1; Appendices A, B, C, G and M	April 2014
6.4	Sarah Moon – Clarifications to Appendices B, C, N; Alignment	May 2014
7.0	Sarah Moon – Clarifications to Appendices B, C, N; Alignment	6 July 2015
8.0	Sarah Moon – Full Review	5th July 2018

INDEX

23. Appendices

Appendix A - Patient Information Group (PIG) Terms of Reference

Appendix B - Flowchart for Producing Patient/Public Information

Appendix C - Patient Information Checklist

Appendix D - Search Strategy

Appendix E - NHS Brand Guidelines: Patient Information

Appendix F - NHS Brand Guidelines: Checklist to refer to when developing information

Appendix G - Readers' Group Checklist for Reviewing Health Related Patient Information Literature

Appendix H - Checklist for Reviewing all Documents

Appendix I - Patient Information Evaluation Sheet

Appendix J - Declaration of Interest

Appendix K - Conflict of Interest Panel

Appendix L - Equality Impact Assessment

Appendix M – Maternity Scope - All leaflets that have been through the policy for the development of written patient information entitled 'Patient Information Policy' (05116)

Appendix N – Template for Patient Information Leaflets

1.0 Purpose

1.1 The policy describes the systematic process for the development, provision and archiving of Trust patient information documents to ensure that:

- Patient information is developed, approved and reviewed appropriately
- Patient information reflects current legal frameworks and best practice including NICE guidance
- All patient information is prepared and presented according to the NHS Style Guidelines
- Patient representation is secured and involved in the review of patient information to ensure that all material produced is in a style and format that is easily understood by the general public
- Current patient information is accessible to all staff and to the public/users of the service
- A central database for current and archived leaflets is maintained
- The Trust demonstrates a clear commitment to achieving the certification requirements of The Information Standard (Refer to point 8.0)

2.0 Equality and Diversity

2.1 Mid Essex Hospital Services NHS Trust is committed to the provision of a service that is fair, accessible and meets the needs of all individuals.

2.2 The EIA form (Equality Impact Assessment) has been compiled and the following categories were identified and are being addressed (Refer to Appendix K for details of the EIA form)

3.0 Target Audience

3.1 The target audience will be those requiring information within the population of Chelmsford (approximately 360,000); in addition to its bordering counties who may require all or some services provided by the Trust. In addition, the Trust covers regional and supra regional services; this is mainly for cancer, plastic surgery and the burns services...

3.2 The target audience will include adults, children including those whose first language is not English, ethnic minorities, people with learning difficulties, the blind, the deaf, the deafened and hard of hearing, and their carers.

3.3 Where any research that is carried out to identify the information where there are needs of the specific audiences, to ensure that information and access requirements of that specific target audience have been researched, analysed and approved for inclusion in the information process, this will be identified and included in the patient information checklist. (Refer to Appendix C, Q6)

3.4 Currently all National guidance and reports are disseminated by the Clinical Audit Department to the Directorates via the Clinical Leads and reported on at the Directorate Governance Meetings (DGM). The National guidance and reports are then benchmarked and an action plan is formulated to address the findings to include revisions regarding pertinent Trust guidance and patient information.

4.0 Objective

4.1 The objective of this policy is to achieve a high and consistent standard of health related information for patients that meets nationally recognised criteria.

5.0 Scope

5.1 This policy relates to all employees, contract staff and third parties working on behalf of the Trust who produce information for patients, their carers, and the public. This document is for information about conditions, treatments, procedures, examinations, surgery and services in the format of leaflets, booklets, web pages, single sheets or posters.

5.2 This policy describes the process for producing patient information within the Trust and the process for utilising externally sourced information including purchased informed consent patient information leaflets from EIDO and information from appropriate national organisations.

5.3. For the purpose of the Information Standard certification, the scope is defined as all Maternity health related patient information leaflets. All leaflets that have been through the policy for the development of written patient information entitled ‘Patient Information Policy’ (05116) as identified in Appendix M.

5.4 The Maternity Services title going forward if successful with the Information Standard Certification Scheme will be: MEHT Maternity Services.

6.0 Desired Outcome

6.1 All those accessing services delivered by the Trust will receive accurate patient information which meets the Information Standard, providing up to date evidence-based information such that patients are well informed prior to, during and following their healthcare experience. The information will be clear and concise in a format that meets their needs.

7.0 Background

7.1 Information is an important part of the patient journey and a key element in the overall quality of the patient experience. Improving patient information is a national priority for the NHS; a key element of the NHS Plan, the Kennedy Report and the Department of Health’s 2004 report ‘Better information, better choices, and better health.’ The Trust puts patients at the centre of service design and delivery. By providing good quality information, the Trust can help to ensure that patients have greater power, protection and choice in key aspects of their healthcare.

7.2 Other important reports and monitoring organisations whereby patient information is required for compliance include:

- The Care Quality Commission (CQC) and Summary of Regulations, Outcomes and Judgment Framework incorporates the requirement for trusts to 'Respect and involve service users, including the duty to 'provide service users with appropriate information and support in relation to their care and treatment'
- Promotes better Information, Better Choices, Better Health (Department of Health, 2004); centrality of information to mental health care and services
- Good Practice in Consent Implementation Guide (DoH, 2001);inclusion of purpose, benefits, risks and alternatives in treatment information
- Creating a patient-led NHS: delivering the NHS Improvement Plan (DoH, 2005); stresses provision of information to service users to facilitate choice
- National standards, local action (DoH, 2004); in addition to Standards for Better Health this stresses Trusts' obligation to make service information available
- The NHS Plan, (2000, Chapter 10), and the recommendations of the Kennedy Report into the Bristol Royal Infirmary (2001) made important commitments to improve patient information.

8.0 Information Standard Certification

8.1 In the UK alone around 50,000 organisations produce public information for health or social care. This material can vary greatly in terms of quality and reliability. The Information Standard scheme was developed by the Department of Health to assist the public identify trustworthy health and social care information easily. At the heart of the scheme is the standard itself. It is a set of criteria that defines good quality health or social care information and the methods needed to produce it.

8.2 To achieve the standard the Trust is required to demonstrate that their processes and systems for producing information are accurate, impartial, balanced, evidence-based, accessible and well-written. The assessment of information producers is provided by independent certification bodies accredited by The United Kingdom Accreditation Service (UKAS).

8.3 The Information Standard has been introduced to fulfil this need for a quality 'filter' for health and social care. It is designed for health organisations to assist patients make informed decisions about their health through the provision of clear, concise, trustworthy information.

9.0 Roles and Responsibilities

9.1 **The Trust** is committed to:

- Producing high quality patient information which is clear, relevant, evidenced based, authoritative, complete, secure, accurate, well designed, readable, accessible and up to date

- Ensuring all information leaflets are accessible to staff via the intranet

- Ensuring that all those involved in producing the information are aware of, and comply with the policy statement, as stated in the 'Patient Information Policy' (05116); and the requirements of the Information Standard (Refer to Appendix C)

- Maintaining records to show acknowledgement of the policy statement and its implications pertaining to the Information Standard by all those involved in

producing the information.
(Refer to point 1.0 and 8.0)

- Providing a corporate standard of written information for patients which meet nationally recognised criteria. All patient information produced will comply with the 'Patient Information Policy' (50116). The Trust also conforms to the NHS Litigation Authority standards for patient information

- Ensuring that all patient information is covered by the scope of the Patient Information Policy process and that it meets the requirements of the Information Standard. The Trust Policy entitled 'Patient Information' (05116) contains the requirement of the Information Standard

- Ensuring patients have access to appropriate information to support the consent process. Currently this is mainly supplied by EIDO

9.2 **Managing Director**

9.2 The Managing Director has ultimate responsibility for ensuring that a suitable policy is in force and is reviewed every 3 years.

9.3 **Director Sponsor**

9.3.1 The Director of Nursing is responsible for providing assurance to the Trust Board that national standards and guidelines are met.

9.3.2 The Director of Nursing has delegated responsibility for ensuring that processes are in place to ensure that health related patient information developed and provided by the Trust meets the needs of patients and or their carers or relatives and adheres to appropriate standards in terms of content, style and language.

9.4 **Patient Information Group**

9.4.1 This multidisciplinary group is chaired by the Trust Secretary, who directs the development of health related patient information across the Trust and meets monthly to review and approve submitted health related patient information.
(Refer to Appendix A)

9.4.2 The Patient Information Group report issues by exception to the Executive Group Meeting (EGM).

9.4.3 The Patient Information Group will address areas where a conflict of interest has arisen; the purpose being to review the health related patient information leaflet and make a decision as to the on-going review pathway

9.5 **Divisional Directors / Associate Directors of Nursing/ Clinical Directors/ Heads of Services/Lead Nurses**

9.5.1 Divisional Directors / Associate Directors of Nursing/ Clinical Directors/ Heads of Services/Lead Nurses have responsibility for:

- Ensuring that patient information available in their services meets the standards described in this policy

- Providing professional approval of the clinical content of all leaflets submitted to the Patient Information Group

- Approving content of health related patient information submitted to the Patient Information Group in relation to operational delivery

- Ensuring actions are developed and progress with implementation monitored to address any deficiencies highlighted by the annual audit

9.5.2 The leads will also act as a point of contact with the Communications Team and will liaise to co-ordinate the development of health related patient information within their Directorate.

9.6 **Individual Patient Information Leaflet Authors**

9.6.1 There are two main categories of patient information leaflets as follows:

- Generic patient information leaflets i.e. patient information regarding the services provided by the organisation
- Health related patient information leaflets i.e. conditions, treatments, procedures, examinations, surgery

9.6.2 All authors involved in the development of generic patient information leaflets should circulate draft information leaflets to the relevant Clinical Director or Clinical Lead for professional approval; ensuring that the Patient Information Checklist is completed. (Refer to Appendix C, D, N)

9.6.3 All authors involved in the development of health related patient information leaflets should either have completed a degree pathway or the equivalent and/or undertaking a degree pathway. This stipulation should ensure that authors will have the required skills to conduct a research strategy (if applicable) and have an understanding in the ability to critique research papers to ascertain the knowledge that should be incorporated into the draft health related patient information leaflet. This requirement should ensure rigour is maintained in terms of the process for resourcing pertinent information for inclusion in patient information leaflets.
(Refer to Appendix C, D, N)

9.6.4 The staff involved in the development of health related patient information should make themselves familiar with this policy and/or the patient information summary (available on the Trust's intranet, following the patient information link). The author will be responsible for ensuring:
(Refer to Appendix C, N)

- That information is not duplicated

- Patient information is developed in accordance with this policy

- Relevant stakeholders are involved in the development of the information

- That patient information includes the author's name, implementation date, a unique identifier (provided by the Communication team), review date and any relevant contact details

- That patient information reflects national and local legislation or guidance including NICE guidance

- That patient information is professionally approved by the Clinical Lead, the Clinical Director or operationally approved by the Head of Department with the Patient Information Checklist completed prior to submission to the Patient Information Group.

9.6.5 Where appropriate authors will utilise the search summary template, documenting the use of the template in the patient information checklist and emailing the completed template to the Communication Team to be archived centrally
(Refer to Appendix C and D, N)

9.7 **Communications Team**

9.7.1 The Communications Team are responsible for:

- Ensuring the Patient Information Checklist is completed
(Refer to Appendix C)

- Ensuring the patient information meets corporate presentation standards and is recorded on a central database with a unique identifier number and review date

- Acting as a point of contact for matters relating to published or printed patient information

- Supporting authors and the Patient Information Group in maintaining a systematic process for the management of patient information

- Offering advice to authors on how to develop and manage leaflets

- Highlighting to authors and / or Clinical Directors/Heads of Services when leaflets are due for review

- Reviewing all of the health related patient information to ensure it meets the corporate standard and amend any leaflets which do not conform

- Archiving outdated information

- Communication of ratified patient information leaflets to staff via Staff Focus

9.8 **Warner Library and Knowledge Services**

9.8.1 Warner Library and Knowledge Services provide information resource services for Mid Essex Hospital Services NHS Trust. It can assist authors in sourcing the relevant evidence and/or published research for new patient information leaflets and for those leaflets being reviewed.
(Refer to Appendix D)

9.9 **Information Standards Implementation Group**

9.9.1 The Information Standards Implementation Group is a sub-group within the PIG and is responsible for ensuring the sustainability and suitability of the written healthcare related patient information process, undertaking actions to improve services as required. The Information Standards Implementation Group will report to PIG on a monthly basis and present the audit report to the Maternity Directorate Governance meeting annually

9.10 **Hospital Liaison Specialist Learning Difficulties Nurse**

9.10.1 Provides advice on the development of information and services directed towards those patients with cognitive disability, patients requiring large print, easy read accessible information, audio/visual, signing, pictorial and change picture bank format.

9.11 **All Staff**

9.11.1 All Staff providing information to patients should ensure that it is relevant, up to date and of a satisfactory quality. Repeated photocopying of individual leaflets should be avoided, as poor quality reproductions can damage the professional impression gained by service users.

10.0 Process for Developing and Implementing Written Patient Information
(Refer to appendix B, N)

10.1 **Planning:** Before beginning a new publication, authors should ensure that:

- There is local agreement from key stakeholders of the need for the information leaflet. This will include Clinical Directors/Heads of Nursing / Heads of Department and service users

- There is no duplication of work either locally or nationally, including checking the EIDO system, the MEHT communications database, registered charities and web-based sites including:

- NHS Choices (https://www.nhs.uk/pages/home.aspx)

- NHS Clinical Knowledge Summaries (https://cks.nice.org.uk/)

- There are appropriate resources and funding for the development and publication of the leaflet

10.2 **Check Sources**

10.2.1 It is good practice to use leaflets produced nationally or by clinical networks, wherever possible. If services/wards/clinics decide to use external publications then the Communications Team must be informed and the external register of leaflets be updated.

10.2.2 Check what other relevant nationally produced information already exists. Specifically NICE, Patient UK and Patient Information Bank leaflets should be used in preference to producing local Patient Information if at all possible.
(See Information for Patients intranet site for website addresses.) Note that many of

the nationally produced leaflets are available in other languages such as Polish and Portuguese.

10.2.3 Also check that information is not available from national charities such as Diabetes UK or Clinical Networks. Note that the Warner Library and Knowledge Service will be able to search for existing information.
(Refer to Appendix D)

10.2.4 If services/wards/clinics are purchasing or are provided with national or clinical network patient information leaflets e.g. breastfeeding/ cancer, then the relevant Patient Information Lead must ensure that it contains the required information and notify the Communications Team. It should also be available electronically via the Document system on the intranet. If such leaflets are used, a sticky label with contact numbers and a statement that the leaflet is distributed by the Trust should be added.

10.2.5 If services are adapting nationally produced leaflets or clinical network leaflets, these will have to go through the same process as locally developed leaflets. It should be noted that some national or network leaflets are copyrighted and therefore it may not be possible to adapt them. If information is not copyrighted the service must approach the relevant Trust/organisation to seek their approval for us to use their information. The approval must be stated on the last page of the leaflet i.e. "Reproduced with kind permission of……"

10.3 **Check Internal Sources**

10.3.1 Check what other relevant locally produced information already exists. Existing information should always be used or modified to meet the patient information need in preference to producing new information. If information has been produced by another service within the Trust contact the author(s) to arrange for a Trust wide version to be produced. Local contact numbers can be added by means of sticker if necessary (never written in by hand).

10.3.2 If MEHT Maternity Services uses third party information sources, the process for the management of these leaflets would be the same process as locally developed leaflets. Third party information is not allocated a unique version number and will be reviewed on an annual basis. All third party information is archived in a hard copy/ electronic folder
(Refer to Appendices A and B)

10.3.3 If MEHT Maternity Services use external sources i.e. printers or authors the following should occur to ensure control of the product is maintained:

- Contact Commercial Services to outsource assistance with the required product
- 3 quotes are required by Commercial Services from external sources, to vet external 3rd party source to ensure that the right person or organisation is contracted to carry out the task defined
- If the printing company has been contracted previously, monitoring should be in place to establish which company was used and why to ensure rigour and reliability of the 3rd party source
- Final draft print copy should always be provided
- Final sign off procedure by the Trust established

10.4 **Sponsorship of Patient Information:** No advertisements or sponsorship will be accepted from external organisations or bodies who have goals or values in conflict with those of the Trust. Care needs to be taken when considering advertising from companies in competition with services that we provide.

10.4.1 No contract for sponsorship of information should be entered into without prior authorisation from either the Procurement or the Communications Team.

10.4.2 No advertisements will be accepted that could bring the Trust or NHS into disrepute, nor any that promote products or services associated with unhealthy lifestyles. For example, sponsorship and advertising **will not** be accepted from companies promoting:

- Tobacco
- Alcohol
- Formula milk
- Pornography
- Gambling
- Junk food
- Personal Injury Lawyers & Claims Management Companies
- Advertisements expressing a personal or partisan view of the NHS

Please note this list is not exhaustive

10.4.3 Executive approval is required for any external advertising.

10.4.4 If there is any conflict of interest arising from the use of advertising within leaflets then this is addressed at the draft stage. Any leaflet containing advertising will contain a disclaimer statement. "The costs of producing this publication have been met by the advertisers. Whilst the Trust gratefully acknowledges this welcome support, it does not necessarily recommend the product and services advertised. All rights reserved".

10.5 **Conflict of Interest:** Authors must ensure the information contained in the written patient information is accurate and impartial, containing evidenced based information, not personal opinion.

10.5.1 The author will be required to declare and disclose any personal conflict of interest in relation to the leaflet on the Information Standard declaration form will be sent by the at the draft stage of the leaflet process. The conflict of interest form can be found on the Patient Information Checklist form; question 2. Refer to Appendix C).

10.5.2 All completed forms will be stored by the Communications Team within the central archiving database. (Refer to Appendix J)

10.5.3 In the event of a conflict of interest, the Communications Team will review the concerns to establish whether there is a need to raised as a PIG agenda item. (Refer to Appendix K)

10.5.4 Independent trusted sources which support the information and alternative views available will be noted and included within the information leaflet. All leaflets are evidence and practise based, thus no conflict of interest should arise.

10.6 **Style and format of Patient Information Leaflets**
(Refer to appendix N)

10.6.1 All hospital produced leaflets should be clearly identified as belonging to the Trust and presented on the Trust templates prepared for the purpose. The templates can be accessed via the Trust Intranet website.

10.6.2 The Trust must comply with the NHS Style Guideline.
https://www.england.nhs.uk/nhsidentity/
(Refer to guidance in appendix E, N)

10.6.3 Information should be written in clear, concise language. Basic requirements include:

- 12pt in the standard presentation typeface, but the trust recognises that some patients will be appropriately supported by information presented in a larger typeface (up to 18pt)
- May be printed on green or yellow paper dependant on the needs of the patient
- Use plain English, engage your audience
(Refer to Appendix D)
- Set dark print against a light background
- Always align text to the left and do not use italics and do not justify text
- To reduce print and production costs, minimise the use of colour i.e. use one or two colours only
- Do not write text over background pictures, images or design features
- Ensure that if pictures/ photographs are incorporated in the patient information leaflet that they are resourced from the NHS and/or Trust's photograph library and that the author records this resource in the patient information checklist under question 7. The NHS photo library can be accessed via an NHS account, contact the Communications Team, who will provide the necessary link.
(Refer to Appendix C)
- Leave sufficient space between paragraphs and don't crowd a page with text
- Make sure all headings are clear
- Information developed for children may be presented in Comic Sans font

10.7 **Patient Information Content**

10.7.1 The NHS Brand checklist regarding the development of a health related patient information leaflet provide guidance on the key issues that should be considered when developing patient information on conditions and treatments, medication, operations, treatments investigations and services
(Refer to Appendix F)

10.8 **Essential Content**

10.8.1 All patient information documents must include:

- Date of publication
- Review date (maximum of 3 years from approval date)
- Register number (unique identifier)
- Version number
- Contact details for access to further information

10.8.2 Patient's should be provided with information that supports their decision making as part of the consent process. Patient information developed by the Trust in relation to interventions must include:
(Refer to the Consent Policy; register number 04080))

- An explanation of the nature of the condition and intervention
- Details relating to the risks, benefits and alternatives of a particular intervention wherever appropriate.

10.8.3 The Trust purchases informed consent patient information leaflets from EIDO and they are accessible via a web link on the Trust intranet.

10.8.4 The provision of written patient information should be documented in the healthcare records to support the consent process.

10.9 **Development of Health Related Patient Information Leaflets**

10.9.1 The process for producing and approving patient information leaflets is summarised in Appendix B.

10.9.2 If appropriate, the author should establish a small working group to develop the information.

10.9.3 Once agreement on the need for the information is reached, the author(s) should develop the draft patient information ensuring the content reflects:

- Issues identified by service users
- National and local legislation or guidance including NICE guidance
- An acknowledgement of areas of uncertainty
- Any special needs including the age of the patient
- Other existing information, for example, with appointment letters, and is achievable

- Up-to-date and functioning contact details to include PALS (Patient Information Liaison Service)
- Local contact details refer to generic or professional titles, rather than names
- Generic drug names rather than brand names
- Leaflet is dated
- Any risks, benefits and alternatives of a particular intervention where appropriate
- The date of development or review

10.10 **Consultation Stage**

10.10.1 Once completed, the patient information must be forwarded to the relevant Clinical Director or Clinical Lead for professional approval and ensure that the Patient Information Checklist is completed
(Refer to Appendix B)

10.10.2 This is the most significant step in the process. The primary responsibility for the content of the draft leaflet rests with the professional approver(s).

10.10.3 By professionally approving a document, a statement is being made that:

- The document is professionally correct
- The document represents best practice and meets current external drivers such as NICE guidance
- The consultation process has been appropriate
- In short it is a "statement of assurance" to the Trust Board
- The professional approver accepts responsibility for the clinical and or technical content
- The author cannot be the Professional Approver

10.10.4 **Logging:** Once a draft leaflet is received, the Communications Team will undertake the following:
- Maintain a central database of all patient information produced within the Trust
- Ensure that the draft leaflet retains its subject/topic title until ratification is confirmed
- Manage the use of document numbers to ensure continuity
- Ensure that the patient information database archives a full list of references for each leaflet.

.

10.10.5 **Draft Leaflet:** It is suggested the document author(s), in consultation with the Clinical Lead must identify the most appropriate service users to evaluate the information. An evaluation sheet may be used.
(Refer to Appendix I)

10.11 **Ratification by Patient Information Group**
(Refer to Appendix A)

10.11.1 Draft health related patient information leaflets, completed patient information checklists and conflict of interest forms, should be forwarded to the Communications

Team. If the document meets corporate branding requirements it will be submitted to the Reader Group/ PIG members.

10.11.2 **Reader Group:** The Communications Team will ensure the draft patient information leaflet is reviewed by the Reader Group. The link to the Patient Information Readers' Group page is on website:
http://www.meht.nhs.uk/patients-and-visitors/patient-information-leaflets/patient-information-readers-group/
(Refer to Appendix G)

10.11.3 This group will look at presentation, readability and general layout in accordance with the Readers' Group checklist for leaflets. They may not be in a position to comment on the content if they have not accessed that particular service. Each leaflet will be sent to approximately 10 group members. On submission of the completed Reader Group electronic checklist, the comments will be automatically received and stored in the central archive database by the Communications Team
(Refer to Appendix G)

10.11.4 Comments/feedback via email should be ticked or signed to ensure continuity in terms of addressing the changes and updating the draft accordingly.

10.11.5 A second reference check occurs at the draft level by the Librarian at the Warner Library.

10.11.6 Where the Patient Information Group has identified that changes are required, the Communications Team will either make any minor changes or return the publication to the author for amendment.

10.11.7 The Communications Team will email draft leaflets for submission to PIG members for comment/ consideration. Comments from PIG members are emailed to the author to amend leaflet accordingly.

10.11.8 Final version of leaflet is submitted to the PIG for approval. If ratified the Communication Team will authorise version control and issue and review dates. Initially, Maternity Services health related information will be granted Information Standard mark in year 1 and 2, followed by the Trust in year 3 thereafter.

10.11.9 Leaflets that have had a full review are recorded with a whole number change i.e. 1.0; 2.0. Leaflets that have been amended are recorded with a point 1 of a whole number i.e. 1.1; 1.2 thereafter. A draft status is recorded by a 0.5 of number.

10.11.10 If approved the author will be informed and the patient information will be registered by the e-communications manager on the Trust archiving database and uploaded onto the Trust intranet. The Communications Team will notify the relevant Patient Information Lead and author 3 months prior to the review date.

10.11.11 Information produced by EIDO on a commercial basis does not require ratification.

11.0 Unplanned Information Requests

11.1 In certain circumstances; such as National Guidance/ new research, complaints or suggestions and some information may be produced outside the pathway process; the decision is the responsibility of the Communication Team who decide where new

product fits in to schedule, how it fits into other plans and resources, and whether it is eligible for the shortcut process identified in point 11.2. Unless eligible for the shortcut process the patient information process will still be carried out using the process described in this policy and summarised by the flowchart.
(Refer to Appendix B)

11.2 **Shortcut Process**:

- Identify requirements of stakeholder and target audience arising from sources of advise
- Complete conflict of interest form
- Complete purpose and aim of draft leaflet
- Research Newspapers/press
- Research Scientific Papers
- Identify target audience and stakeholder requirements
- Write Article with standard cover sheet and circulate clinically
- Email draft leaflet, completed patient information checklist and conflict of interest form to the Communication Team
  (Refer to Appendix C)
- Email draft leaflet with defined time frame to PIG members and Reader Group i.e. to comment on the spelling, grammar; to check facts and the suitability for purpose and audience
- Approve content or send back to manager and writer for editing
- Send content to production if approved following PIG Chairman's action
- Schedule review or withdrawal of content within 3 years

12.0 Publication

12.1 Once ratified, patient information will be available on the Trust website and can be printed by staff and patients for distribution as required.

12.2 The EIDO web link is also available on the intranet and certain patient facing leaflets are available on the web-site.

13.0 Printing Costs

13.1 Once approved, the author should review with the budget holder, Communications and Commercial Services the cost effectiveness of professionally printing the information. The author should consider the number of leaflets required and the likelihood of information going out of date and becoming redundant in making these decisions.

13.2 The author must identify funding for external printing from within their budget when a print run is expected to exceed 500 copies per year.

14.0 Accessibility of Information

14.1 Provision of information electronically or on CD will be considered on an individual basis and managed by the Communications Team.

14.2 Alternative media for information developed for those with learning difficulties. When developing information that may be directed towards patients with learning difficulties

(LD) authors should contact the Hospital Liaison Specialist LD Nurse for advice on various media including:

- British Sign Language
- Large print
- Easy read accessible information
- Audio/visual
- Change picture/symbol bank format

14.3 **Alternative Languages:** Provision of information in different languages will be considered on an individual basis. Where appropriate translation services will be provided in accordance with the Trust's 'Interpreting and Translating Policy' (09127).

15.0 Printing Errors after Publication

15.1 If any errors are identified once the leaflet has been published and printed the following actions will be taken: If the error is **major** the author must carry out the following:

- Contact the Communications Team immediately, who will document the non-conformity on the central patient leaflet archive database
- All printed copies will be immediately destroyed and removed from the intranet and external website.
- The author is required to re-check the draft and re-submit the revised leaflet to the Communications Team
- The Communications Team will email the revised leaflet to the Reader Group and PIG members for rechecking.
- The revised leaflet will be re-submitted at the Patient Information Group (PIG) meeting
- Following PIG Chair's action, the approved leaflet can be re-issued with a new version number and review date; and this will be logged by the Communications Team in the central patient leaflet archive database
- All leaflet submissions and ratifications will be documented in the Errors, Feedback and Complaints Action Log for archiving purposes

15.2 If the error is **minor**, i.e. an incorrect contact number, the author must carry out the following:

- Contact the Communications Team immediately who will document the non-conformity on the central patient leaflet archive database
- Remedial action such as the use of a label can be used in the interim while a revised leaflet is produced.
- In such circumstance the electronic version on the intranet and external website will be immediately removed until the new version is approved and printed.
- The author is required to re-check the draft and re-submit the revised leaflet to the Communications Team
- The revised leaflet will be re-submitted at the Patient Information Group (PIG) meeting
- Following PIG Chair's action, the approved leaflet can be re-issued with a new version number and review date; and this will be logged by the Communications Team in the central patient leaflet archive database

- All leaflet submissions and ratifications will be documented in the Errors, Feedback and Complaints Action Log for archiving purposes.

16.0 Patient Information Review Process

(Refer to Appendix H)

16.1 The Communications Team maintain a database of internally developed health related patient information. This will be used to identify when patient information requires review. The communications department will identify information that is within 3 months of expiry on a monthly basis and inform the relevant author / manager.

16.2 A copy of the leaflet and the Patient Information Checklist will be circulated. The reviewer should consider whether the information is still required. If not the Patient Information checklist should be completed to reflect this and returned to the Communications Team.

16.3 If the information is still required, the reviewer should consider whether the information is still accurate and appropriate and reflects best practice. The updated leaflet and checklist should be returned to the Communications Team who will update the database.

16.4 EIDO leaflets are updated annually in December. The e-communications manager will remove the out of date information and replace it with the updated versions, ensuring an archive is maintained as described in section 17. Clinical Directors/Heads of Services will be alerted to the update and will be responsible for ensuring that any out of date printed versions are removed from their areas.

17.0 Filing and Archiving

17.1 The Trust has a responsibility to ensure that all information is archived and dated. This is because if a legal challenge is made regarding the process or provision of treatment at a later date, the written information provided to the patient at the time must be accessible

17.2 All Trust health related leaflets will be maintained on a central server. The Communication Team is responsible for the process of archiving any patient information which has been updated. In addition, MEHT Maternity Services maintain a departmental archiving database, to include a reference/ resources folder pertaining to patient leaflets that have been ratified through the patient information process.

17.3 The Communication Team is also responsible for the archiving of leaflets within the patient information archiving database. This will include relevant reference documentation which will be stored in the individual leaflet paper based folder indefinitely. Where direct quotes or statistics from sources are used, reference should be made to the publication/ report/ article title, date and page number to assist identifying the source of the information for auditing purposes.

17.4 Trust developed publications will:

- Have the details of all PDF versions saved on the database, including date of publication and unique identifier

- Be archived for the lifetime of the Trust in the patient information database system as part of the Internet asset management tool

17.5 All patient information registered and archived with the Communications Team can be obtained on request.

17.6 The archiving of EIDO informed consent documentation will take place at EIDO's archiving centre. The Trust will maintain an archiving system accessed through the Communications Team or the following Trust patient information intranet link. http://meht-intranet/EasySiteWeb/GatewayLink.aspx?alId=22393

17.7 EIDO provides information to support informed consent within the Trust and archived versions of information leaflets can be provided by the company at any time should an incident or claim arise. Requests should be made through submission of an EIDO archive request form. This form is available through communications.

17.8 Externally sourced information should be checked regularly by the department using it to ensure it remains current.

17.9 The period for maintaining archived material in relation to:

- Birth information leaflets: 25 years
- Children's information leaflets: until the child is 25 years
- Adult information leaflets: Indefinitely subject to review

18.0 Patient Feedback

18.1 Patient feedback in the form of suggestions, complaints and surveys at the Trust consistently informs us that accurate information, given in a timely and appropriate way, is essential to providing a positive experience for patients and their families.

18.2 Currently, volunteers conduct 6 weekly visits to ward areas to include Maternity Services, to talk to patients and complete the Trust's Patient Survey Questionnaire. Feedback from these questionnaires is discussed at the PIG meetings and recorded in the Errors, Feedback and Complaints Action Log, of which the minutes are escalated to EGM and PEG.

18.3 If a complaint is received by the Patient Advisory Liaison Service (PALS) which relates to patient information leaflets, then the Communications Team will be made aware together with the relevant Directorate. The appropriate investigation will be conducted along with the corrective/preventative action taken and recorded in the Errors, Feedback and Complaints Action Log, of which the minutes are escalated to EGM and PEG.

18.4 Authors/departments are required to annually undertake a leaflet feedback survey on a selected number of approved leaflets. The Patient Information Evaluation Form responses will be collated by the Communications Team and the results forwarded to the relevant author highlighting feedback received and any actions to be taken. All replies received will be stored in the individual leaflet paper-based folder by the Communications Team. Feedback will be discussed at the PIG meetings and recorded in the Errors, Feedback and Complaints Action Log of which the minutes are escalated to EGM and PEG.

18.5 Any information product that has been altered or reviewed as a result of feedback comments will be required to resubmitted through the process as an amended leaflet in order to gain the Information Standard mark. Feedback comments will be discussed at the PIG meetings and recorded in the Errors, Feedback and Complaints Action Log.

19.0 Audit and Monitoring

19.1 On an annual basis, an audit of Trust-developed patient information will be undertaken by the Communications Team in liaison with the Clinical Audit Team. A spot check audit of a minimum of 20 patient information leaflets chosen at random will take place each year. The purpose of the sample audit is to assess if the leaflets have been produced in accordance with the policy and will specifically assess compliance with the following:

- All essential content is included
- If the leaflet relates to an intervention, it includes an explanation of the nature of the condition / intervention and details relating to the risks, benefits and alternatives of a particular intervention wherever appropriate
- A superseded versions are available on the Communications archive
- EIDO: previous versions of the database available in Trust - assurance to be sought on an annual basis that the information available remains to be accessed.

19.2 The audit will also review the preceding 12 month period to determine:

- The number of documents approved and registered
- The number of documents due for review during the 12 month period and the number reviewed accordingly

19.3 The findings of the audit will be reported to the Patient Information Group and an organisational action plan to address any deficiencies will be developed, with progress monitored by this group at subsequent meetings.

19.4 The audit findings and response will be reported to the Executive Group Meeting (EGM).

19.5 The report will be submitted to the Directorates and Departments via their governance meetings. Where relevant the Directorates should identify actions to address the areas of concern. Progress with implementation of local actions will be monitored at subsequent meetings and reported to the Patient Information Group.

19.6 Any serious issues requiring corrective action will be actioned immediately by Directorates or the Patient Information Group as appropriate.

19.7 **Audit** and **Monitoring** by the **Information Standard Implementation Group:**

19.7.1 Compliance with The Information Standard will be initially reviewed by Maternity Services (in years 1 and 2; i.e. 2012/13) on an annual basis by the Information Standard Implementation Group (ISIG) to ensure compliance and sustainability of the process; and undertaking actions to improve the service as required.

19.7.2 A gap analysis tool (located in the Maternity Patient Information Leaflet (MPIL) folder) will be used by the ISIG to demonstrate compliance. Any non compliance will be

managed within one month of the review; unless where serious clinical issues arise, when the issue will be tackled immediately. All reviews will be available to view in the MPIL folder.

19.7.3 The audit findings and response will be reported to the Executive Group Meeting (EGM).

19.7.4 The report will be submitted to the Directorates and Departments via their Directorate Governance meetings. Where relevant the Directorates should identify actions to address the areas of concern. Progress with implementation of local actions will be monitored at subsequent meetings and reported to the Patient Information Group.

19.7.5 Any serious issues requiring corrective action will be actioned immediately by Directorates or the Patient Information Group as appropriate.

20.0 Communication and Implementation

20.1 The 'Patient Information Policy' (05116) will be available to staff and the public on the Trust's intranet site and website.

20.2 Awareness of the 'Patient Information Policy' (05116) will be regularly promoted in the Trust's Staff Communications media.

20.3 The 'Patient Information Policy' (05116) will be disseminated to all Clinical Directors/ Clinical Leads/Heads of Services for information and cascaded to their teams.

21.0 Review of the Policy

21.1 This 'Patient Information Policy' (05116) will be reviewed at 3 yearly intervals or earlier in response to local or national requirements. This will include review of the roles and responsibilities of staff groups to take into account changes to organisational structure

21.2 Lead management will review the information production system annually to ensure its continuing suitability and effectiveness in satisfying the requirements of the Information Standard. This review will be documented in the Patient Information Issues Log, of which the minutes are escalated to EGM and PEG.

22.0 References

Information Governance Alliance (2016) Records Management

NHS Identity Guidelines. Available online: https://www.england.nhs.uk/nhsidentity/ [accessed 26/4/2018]

Plain English Campaign Available online at: http://www.plainenglish.co.uk/plain-english-charter.html Accessed 24/06/18.

Department of Health (2003) Toolkit for producing patient information. Version 2.0. DoH Publications.

NHS Scotland (2003) Draft Guide to the Production and Provision of Information about Health and Healthcare Interventions. Edinburgh: Scottish Executive.

http://www.scotland.gov.uk/Publications/2003/10/18378/28151

Cambridge University Hospital NHS Foundation Trust (2005). Patient Information: Development, Review and Monitoring Policy

Norfolk and Norwich University Hospital NHS Trust (2005) Patient Information: Guidelines for staff on developing Patient Information literature.

With thanks to United Lincolnshire Hospitals NHS Trust

Appendix A

Patient Information Group

TERMS OF REFERENCE
2018

1.0 MEMBERSHIP

Core Members
Trust Board Secretary (Chair)
Policies Management Officer (Deputy Chair)
Communications Team Representative
Patient Council Representative

Additional Members
Medical or Clinical representative nominated by the Chief Medical Officer
PALS and Complaints Manager
Governance Representative nominated by Head of Governance
Patient Reader Group Representative
CNS Learning and Disability and Governance Member
Lead Nurse Children and Young People
Warner Library Representative

2.0 PURPOSE

2.1 This multidisciplinary Patient Information Group (PIG) led by the Trust Board Secretary directs the development of patient information across the Trust and meets monthly to review and approve submitted patient information.

2.2 Patient information leaflets must go through a 4-stage process:

- Appropriate and documented consultation
- Professional approval of the professional content by an appropriately qualified individual or group
- Trust ratification by PIG to ensure that all the essential elements are present
- Sign Off by an Executive body deputed by the Trust Board

3.0 QUORUM

3.1 No business shall be transacted at a meeting unless at least 3 representatives to include: Chair (or Deputy), Clinical Representative, Communications Team representative.

3.2 All representatives should arrange for a deputy, if practical, in the event that they are unable to attend.

4.0 ACCOUNTABILITY

4.1 This multi-professional Group is accountable to the Director of Nursing and will oversee all aspects of patient information with a direct line of communication to the Executive Group Meeting (EGM).

4.2 The Patient Information Group will report issues by exception to the Executive Group Meeting

5.0 INDIVIDUAL AND GROUP RESPONSIBILITIES

5.1 The Communications Team are responsible for:

- Ensuring the Patient Information Checklist is completed
- Ensuring that patient information meets corporate presentation standards and is recorded on a central database with a unique identifier number and review date
- Acting as a point of contact for matters relating to published or printed patient information
- Supporting authors and the Patient Information Group in maintaining a systematic process for the management of patient information
- Ensuring that the draft patient information leaflets for submission are provided at each PIG meeting embedded into the agreed excel spread-sheet to enable the ratification process to ensue
- Highlighting to authors and/ or managers when leaflets are due for review on a quarterly basis
- Reviewing all of the patient information to ensure it meets the corporate standard and amend any leaflets which do not conform
- Developing and maintaining a system of archiving to ensure that a clear document history is retained centrally.

5.2 Patient Information Group responsibilities:

- PIG will assume that all the professional aspects of the draft patient information leaflets submitted are correct and if that is not the case, the responsibility for the error lies with the professional approving body and not with PIG
- Monitor quality and consistency in terms of the assurance that the documented processes are in place and effectively implemented
- To monitor patient feedback in the form of suggestions, complaints and surveys at the Trust recorded in the Errors, Feedback and Complaints Action Log
- The group should monitor the implications in terms of cost effectiveness of professionally printing approved patient information leaflets
- To monitor and develop provision of patient information and its use i.e. electronic, visual, paper or learning difficulties
- Monitoring current Patient information and to identify and support audit in line with local/national priorities i.e. CQC
- PIG should review the effectiveness of meetings and its function as a forum continually throughout the year
- Lead management will review the information production system annually

5.3 Communication

Following each monthly PIG meeting the Communications Team will:

- Finalise ratified documents and inform the authors
- Upload ratified documents to website and intranet and remove old versions

- Notify authors of documents that have been rejected and give the reasons why

Following each monthly PIG meeting the elected PIG member will:

- Complete PIG minutes, send patient information issues log and Errors, Feedback and Complaints Action Log to PEG
- Send PIG minutes to the executive sign off team for Trust sign off the following month

6.0 REPORTING ARRANGEMENTS

6.1 The Patient Information Group will ensure that the Executive Group Meeting and Patient Experience Group receive minutes of the monthly meetings.

6.2 The Chair of the Group will be a member of the Executive Group Meeting (EGM) and ensure that there is a systematic review of all patient information across the Trust. PIG submits ratified documents to the EGM who are the Executive Team deputed to sign off documents on behalf of the Trust Board.

6.3 On an annual basis, an audit of Trust-developed patient information will be considered by the Communications Team in liaison with the Clinical Audit Team. The audit will include a review of a sample of the information leaflets available to patients across the Trust to assess compliance.

The findings of the annual Audit will be reviewed by the Patient Information Group; an action plan to address any deficiencies will be developed, with progress monitored by this group. The findings and any identified actions will be reported to the Maternity Directorate Governance meeting (MDGM) and the Patient Experience Group (PEG) for dissemination and action as appropriate.

Significant issues arising from the audit findings will be reported to the Audit Committee

7.0 FREQUENCY

7.1 Meetings will be held monthly.

7.2 Core members should attend a minimum of 75% of meetings annually the time to ensure the effectiveness of the group.

8.0 REVIEW

8.1 The Trust Secretary will review the Patient Information Group's compliance with their terms of reference on an annual basis in accordance with the Risk Management Strategy and Policy.

8.2 Terms of Reference to be reviewed annually.

Terms of Reference Agreed: March 2018

Endorsed by: The Patient Information Group

Reviewed: Trust Board Secretary

A Summary - What You Need To Do

Here is a step-by-step guide outlining the process for producing your own service information leaflets for patients...

The first thing to do is check that EIDO don't already have a patient information leaflet available, saving you a lot of time writing and editing!

EIDO have a library of over 350 leaflets, designed to inform patients about the risks, benefits and alternatives to a range of procedures so they can properly consent to the treatment.

The EIDO library is endorsed by a number of surgical colleges and associations, so you can be sure that the information provided is medically sound and developed to a high standard.

For more information about EIDO please contact communications@meht.nhs.uk

Please click the link below to check the EIDO system of patient information leaflets

EIDO Healthcare Leaflets

The Trust has a contract with The Big Word Company, to provide telephone interpreting services, Please Click Here for more details

---

Identify need for information.

Ensure that information is not already available in the organisation or from other external sources

(Make sure you check the EIDO database, see link above).

|

V

Liaise with Clinical Leads/Heads of Service and at Directorate level

|

V

Decide who else needs to be involved in development of information such as clinicians, experts, service managers and service users/carers.

Ensure staff from other services are involved if they will be using the information

|

V

Contact the Warner Library & Knowledge Service to undertake an evidence search
Email warner.library@meht.nhs.uk or call x4708 for assistance

|

V

Produce first draft in line with branding standards set out in Patient Information Policy.

Click here to download the Patient Information Template
Complete Patient Information Checklist and Conflict of Interest form.

Peer Review

Pilot leaflet on intended audience (service users/carers).

8-10 users asked to complete survey if necessary

Submit the leaflet and supporting documents to the Communications team (e-mail communications@meht.nhs.uk)

Communications Team will email Professional Approver for authorisation

Once authorised by the Professional Approver, the Communications team will email draft document to the Reader Group and Patient Information Group for their comments/ consideration.

Comments and feedback are returned to the author to amend leaflet accordingly

Final version of leaflet is submitted to the PIG for approval.

If ratified, the Communication Team will authorise version control; issue and review dates.

Leaflets will be archived in a central database and published on the intranet and internet

Appendix C

Patient Information Checklist

Please complete and submit with your patient information to the Communications Team

Part 1: For completion by author of the patient information leaflet			
Title of Patient Information Leaflet:			
Author:			
Contact details:			
Date submitted:			
Target Audience: (i.e. lower reading age; primigravida)			
Reason for submission		Review / New information (delete as applicable)	
Q1	Have you read and understood the Patient Information Policy (05116) and the Patient Information Summary available on the intranet?	Yes / No / NA	
Q2	What is the aim and purpose of the leaflet?	Please give details:	
Q3	Have relevant stakeholders been involved in the development process?	Yes / No / NA	Please identify those involved:
Q4	Have patients been involved in developing leaflet?	Yes / No / NA	Please give details
Q5	Have you completed your conflict of interest form?	Yes / No	If no, **Please Click Here** to Download the Form and forward to the Communications team.
Q6	Have you approached Warner Library and Knowledge Services for an evidence search?	Yes / No / NA	Please give details:
Q7	Have you undertaken your own evidence search?	Yes / No / NA	
Q8	Did you complete the search summary template? **Click here** to download template	Yes / No / NA	
Q9	Please record all the relevant, up to date references used to resource this patient information leaflet		
Q10	Does the information reflect current services, legal frameworks national guidance and any reports or research in consideration of the target audience?	Yes / No / NA	

Q12	Did you require pictures from the Trust or the NHS photograph library?	Yes / No / NA	
Q13	Complete if the information has been reviewed: Is it still required? If yes, has it been updated	 Yes / No / NA Yes / No / NA	
Q14	The document author(s), in consultation with the Clinical Lead must identify the most appropriate service users to evaluate the information. An evaluation sheet may be used?	Yes / No / NA	
Q15	Has the on-line Reader Group form been completed?	Yes / No	
Q15	Completion of the patient feedback evaluation form?	Yes / No / NA	
Q16	Has a second reference check occurred at the draft level by the Librarian at the Warner Library.	Yes / No	
Q17	Is The Information Standard logo on the leaflet?	Yes / No / NA	
Q14	Approximately how many copies of the leaflet will be printed on a yearly basis?	200	
Q15	Have you identified funding if the yearly print exceeds 500 copies	Yes / No / NA	Please give details

Part 2: Clinical Director, Clinical Lead providing Professional Approval		
Q1	Are the appropriate evidence sources approved?	Yes / No

	Last Reviewed	**Next due for Review**
When was the patient information leaflet last reviewed and when is it next due for review?		
	Date	**Name**
Clinical Director, Clinical Lead providing **Professional Approval**		

Appendix D

Search Strategy
Publication and Review Process for Patient Information Leaflets

Overview

Patient information leaflets (PILs) are produced by departments within MEHT. They need to conform to the requirements of the Information Standard.

Information Standard 9 states:

The information producer shall describe the process they use to select information sources in line with the principles detailed in Appendix A.

The information producer shall describe the process it goes through:
a) To source evidence that reflects the most up-to-date clinical evidence, medical research or social research for the information product.

Authors may conduct their own searches to source the evidence, using this search strategy, or otherwise may ask Warner Library and Knowledge Services to undertake it on their behalf.

If you decide to do your own search, please use the template in appendix A to record the sources you have searched, the keywords and subject headings used, and the results of the search.

Email Warner.Library@meht.nhs.uk, giving subject and keywords: state that the information is required for Patient Information Leaflets and whether you require an Evidence or literature search, or both. The results will be with you within 48 hours.

Evidence comprises guidelines; consensus statements; systematic reviews; health technology assessments; policy documents; care pathways; evidence summaries; grey literature; quality standards and known uncertainties. Items 1-3 from the 4s model (see below) will be included.

Literature comprises the evidence plus primary research, on-going trials, and documentation produced by research charities, professional bodies, healthcare providers and NHS Trusts. Items 1-4 from the 4s model (see below) will be included.

If you have asked the Warner Library and Knowledge Services to do the search, you will be provided with an evidence search. However, if a search of the research published in journals is required, ask Warner staff to conduct a more in-depth literature search.

Patient Information Leaflets should be reviewed every three years.

Authors are responsible for reading the documents referred to in the literature search summary and to make a decision about the information to include within the leaflet.

Types of Search Question

- Diagnosis – the identification of an illness or condition
- Aetiology – the cause or origin of a disease or condition

- Prognosis – the expected course of the disease and outcome for the patient
- Therapy – the treatment options for the disease or condition
- Qualitative – understanding social phenomena

Hierarchy of Evidence

Level	Therapy/Aetiology	Prognosis	Diagnosis
I-1	Systematic reviews of RCTs	Systematic Reviews of cohort studies	Systematic reviews of diagnostic studies
I-2	Individual RCTs	Cohort studies	Diagnostic studies Cohort Studies
II	Cohort Studies		
III	Case control studies		
IV	Case series	Case Series	Case control studies
V	Expert opinion	Expert opinion	Expert opinion

4s model
Structured approach to finding current best evidence:

1. Systems – integrate clinical evidence with decision making. Examples include CKS and Dynamed
2. Synopses – provide a quick summary with enough information to support a clinical decision, i.e. Critically Appraised Topics (CATs). Examples include Evidence Based Medicine, DARE
3. Synthesis – summarise what is known about a topic, based on rigorous searches for the evidence. Examples include: systematic reviews, guidelines, HTA reports
4. Studies – original articles. Use Healthcare databases to find them.

Selecting Information Sources
The following sources should be used when searching for the evidence:

1. NHS Evidence
2. TRIP Database
3. Cochrane Library
4. Dynamed (medicine only) requires subscription
5. Clinical Knowledge Summaries (CKS)
6. Database of Uncertainties about the Effects of Treatments (DUETs)
7. Professional bodies: E.G. the Royal College of Physicians.
8. BestBETS (emergency care only)
9. PEDro (physiotherapy only)
10. OT Seeker (occupational therapy only)
11. NICE (search NHS Evidence)
12. SIGN

The following sources may be used to identify already published PILs:
1. NHS Evidence

2. NHS Choices
3. Patient UK

The following sources may be used to identify published research:
1. AMED
2. British Nursing Index
3. EMBASE
4. HMIC
5. MEDLINE
6. PsychINFO
7. Google Scholar

The evidence and literature should be reviewed for relevance, and those deemed relevant should be documented in a search summary. It is the clinicians' responsibility to read the documents referred to in the summary and to make a decision about the information to include within the leaflet.

The lists of sources are not intended to be comprehensive. Other sources may be used at the discretion of the author/reviewer or Warner Library librarian.

Search Strategies
It is strongly recommended that all search strategies be undertaken in consultation with Warner Library & Information trained personnel.
Searches will comprise relevant terms taken from keywords from the patient information leaflet, or from a description of the proposed leaflet, using the PICO methodology:

- **Patient**
  Who is the treatment/test/other process of care being delivered to?
- **Intervention**
  What procedure/agent/manoeuvre is being done to or is happening to the patient/ population? An intervention can be therapeutic, diagnostic, managerial, organisational or behavioural, and is characterised as being a planned activity.
  An exposure is an unplanned or unintentional action of an agent, or an unexpected side-effect of an intervention.
- **Comparison**
  This helps answer "How much better?" or "Better than what?"
- **Outcome**
  How is the effect of an intervention/exposure on a patient/population actually measured? Outcomes can be endpoints in themselves (e.g. smoking cessation) or surrogate endpoints (e.g. biochemical confirmation of absence of nicotine) that indicate progress towards a particular target or goal.

When deciding which terms to use in your search, remember to use:
- Search terms including:
  - Synonyms
  - Acronyms
  - Differences in terminology e.g. Stoma (UK) and Ostomy (US)
  - Old/New terminology e.g. mongolism/Down's syndrome
  - Brand/Generic names e.g. Coumadin/warfarin
  - Lay/Medical terminology e.g. stroke/cerebrovascular accident
  - Spellings/Plurals

- Use “” for phrase searching. Inputting lateral epicondylitis into a search box would result in a search for both words, wherever they appear in the record. “Lateral epicondylitis” would search for the words where they appear adjacent to each other, thereby adding focus to the search.
- Use correct bracketing: (COPD or “Chronic Obstructive Pulmonary Disease”) and diagnosis. This should correctly retrieve records with diagnosis and either “Chronic Obstructive Pulmonary Disease” or COPD. Without brackets, the search won’t work properly.
- When searching healthcare databases, use subject headings as well as keywords.
    - Check coverage, scope and definition as subject headings may not be defined as you might expect, e.g. the MeSH heading, Surgery is used to index articles on the discipline of surgery rather than surgical procedures, which is indexed under Surgical
      Procedures, Operative
    - Check the thesaurus tree for narrower and more relevant headings
- Use truncation where appropriate: * or *n where n = the maximum characters at the end of a word
- Use combinations using Boolean operators AND, OR, NOT, ADJ, ADJx (words are within the specified number of words (indicated by x) of each other, in any order)
- Do not use sub-headings in the first instance, as this may limit the sensitivity of your search... Use sub-headings, if appropriate, to narrow down a search.
- Use exploded sub-headings, e.g. dt.fs. This will look for Drug Therapy wherever the sub-heading occurs, regardless of the heading to which it has been attached.
- If Clinical Queries are available (EMBASE and MEDLINE only), use it to find records that correspond to a specific clinical study category, i.e. therapy, aetiology, prognosis, diagnosis etc. The search may be either broad and sensitive or narrow and specific.
- Other limits as applicable.

For Google Scholar:

- Combine like terms with **OR** and bracketing - | and OR are the same.
- Bracket like terms with brackets (cancer OR neoplasm OR carcinoma)
- Google doesn't require the use of AND. A space between two terms and between operators, except for OR, is treated as an AND.
- Use **“”** for phrase searching where you want the words to be adjacent to each other, e.g. “chronic obstructive pulmonary disease”
- **Site:** will restrict to specific domains like .nhs.uk or .ac.uk. You can include multiple domains, e.g. site:.nhs.uk, .ac.uk, .org
- **Filetype: pdf** will restrict results to PDFs, **filetype: doc** will restrict results to Word documents. It will not accept multiple file types as site, i.e. filetype.doc, pdf.
- **-** Before a term acts as AND NOT and excludes the term. You can use **– site:** .co.uk to exclude websites in this domain. You can keep excluding terms by adding them to the search string, and re-searching.
- **2004...2009** will restrict your search to a numeric range, in this case, date. Just separate your dates by two ellipses.
- You can also restrict your search to a particular country or to those pages in a specific language
- You can also restrict your search to the terms occurring within the:
    - title (**allintitle :**),
    - text (**allinbody :**)
    - URL (**allinurl :**)

  Add the relevant code to the beginning of your search string.
- Remember to think of synonyms, alternative spellings and variations on a theme.

- If (guideline OR pathway) returns too many results, try (“local guideline” OR “local pathway” OR “trust guideline” OR “trust pathway”).
- If you find a useful document, search it for useful phrases to narrow down the search: “trust lead” “review date” etc.

An example of a search may be:
("Fracture of neck of femur" OR "hip fracture" OR "fracture of hip") (Guideline OR local protocol OR local pathway) (Hospital OR acute) -Agenda -meeting -audit -leaflet -site: .com -strategy -site: .nhs.uk -site: .org.uk -site: .co.uk –newsletter

Search results’ summary
The results of the evidence or literature search needs to be set out as per the template in Appendix A. Search summaries should include:

- Author/Reviewer of the Patient Information Leaflet
- Name of person who conducted the search
- Date of search
- Details of the resources searched
- Details of the search terms used, plus any limits
- Guidelines (by publisher in reverse chronological order)
    - If general topic information is sought, just provide the title of the resource, the abstract, and a link to it
    - If the information required is more specific, and buried within a long document or webpage, provide the title, copy and paste relevant extracts underneath, and the full text link below this
- Evidence-based reviews (by publisher in reverse chronological order)
    - If general topic information is sought, just provide the title of the resource, the abstract, and a link to it.
    - If the information required is more specific, and buried within a long document or webpage, provide the title, copy and paste relevant extracts underneath, and the full text link below this
- Published Research (in reverse chronological order)
- Policy Documents
    - Include bibliographic details and URL to full-text if available.
- Google Scholar (if used)
- Copy and paste result entry.
- Patient information
    - Include bibliographic details, abstract and URL to full-text if available

Search Summary Template

Name of leaflet being written or reviewed:		
Author/Reviewer:		**Date of search:**
Search conducted by:		**Search period:**
Websites searched: A list of recommended websites is included in the search strategy. On the list below, indicate the sources you have used in your search:		
Source	**Used**	**Rationale for use/non-use**
For evidence searches use the following sources:		
NHS Evidence		
TRIP Database		
TRIP Database		
Repeat		
Cochrane Library		
Clinical Knowledge Summaries (CKS)		
NICE		
SIGN		
NHS Choices		
NHS Choices		
Repeat		
Patient UK		
Plus other sources used, e.g. sources in the recommended list not included above; professional bodies, research charities etc.		
For literature searches also use the following sources:		
AMED		
BNI		
CINAHL		
EMBASE		
HMIC		
MEDLINE		
PsychINFO		
Google Scholar		

Any other sources used? Please list below:		

Keywords and subject headings used in search:

Set out the results of your search in the appropriate boxes below:

Guidelines

Evidence summaries, synopses and systematic reviews

Policy documents

Published research (Healthcare databases)

Google Scholar

From the first 50 results

Patient information

…

NHS Brand Guidelines: Patient Information Appendix E

Written information: general guidance
Patient information will vary depending on who it is for and what it is about. However, there are some general rules and guidelines that you should apply to all written patient information.

When writing information for patients, remember the following points:

- **Try to write from the patient's point of view**
  Put yourself in the place of someone who may have little or no knowledge of what you are talking about. The exception here is the 'expert patient'; someone who has a long-term medical condition and is very knowledgeable about it.

- **Use everyday language**
  Use plain, everyday language to make your information easier to understand. Avoid jargon and acronyms at all times. Use short sentences. Remember, as many as seven million people (roughly one in five adults) in England have difficulties with basic literacy and numeracy, so you need to keep their communications needs in mind. Equally, don't use overly simple or childish language, as this may appear patronizing.

- **Use patient-friendly text**
  Use personal pronouns such as 'we' and 'you', as this will help to create a sense of inclusion and trust. Avoid using language that may cause alarm. Phrases such as 'electrodes will be put on your chest', for example, could frighten patients and deter them from pursuing further treatment. If you have to use medical terminology, such as 'nuclear medicine', explain clearly what these terms mean.

- **Be relevant**
  Make sure your information is relevant to and appropriate for the patient group it is aimed at.

- **Make sure information is consistent**
  Your information should reflect and reinforce other information received by patients, such as letters, leaflets, appointment materials and all information delivered at local clinics.

- **Explain all instructions**
  When asking a patient to do something, such as 'don't eat anything for six hours before an operation', always explain why you are making this request. This will help patients to understand treatment processes.

- **Be helpful**
  Help people to make decisions by giving them the facts: facts about the benefits, risks and side-effects of treatment options or medical interventions.

- **Signpost additional resources**
  Always let patients know about other sources of information and support.

- **Be up to date**
  Make sure that all the information you provide is evidence-based and up-to-date. You should also provide the most recent contact details for clinics, practices and hospitals.

- **Highlight alternative formats**
  Let patients know if the information you are providing is available in other formats, for example in Braille or on audiotape.

Engage your audience
To make your text engaging and easy to read, use the following where possible:

- **Short sentences:** in general, no more than 15 to 20 words long.
- **Lowercase letters:** are easier to read, although uppercase is always required for the first letters of names and sentences.
- **Present and active tense:** will make your text more direct and engaging. For example: ‘your appointment is on…’, rather than ‘your appointment has been made for…’
- **Question and answer format:** will help you to divide up your text.
- **Bulleted or numbered points:** will help you to break down complicated information, and will help patients to digest it.
- **Small blocks of text:** long paragraphs can look daunting on the page; use headings and paragraph breaks to divide your information up.
- **White space:** makes information easier to read.
- **Large bold font:** very useful for highlighting and emphasizing text, whereas uppercase letters, italics and underlining can make text more difficult to read.
- **Numbers as words:** from one to nine, numbers are easier to read if they are written as words. From 10 onwards, they should be represented as numbers.
- **Font size of at least 12 point:** any smaller than this, and text becomes difficult to read.
- **Diagrams and pictures:** can be very effective for illustrating and enhancing text. Make sure that all imagery you use supports our communications principles. You should clearly label all individual pictures and diagrams, but avoid printing over them. And never use clip-art, as this can detract from our professional reputation

Appendix F

NHS Brand Guidelines: Checklist to Refer to when Developing Information

1. Checklist for Information about Conditions and Treatments

- What is the leaflet about? Who is it for?
- What condition is being described?
- What causes this condition? If the cause is unknown, say so.
- Does anything increase the risk, for example, age, sex, ethnic origin or family history?
- What are the signs and symptoms?
- Are there any tests or examinations needed to confirm the diagnosis?
- What treatments are available? Give brief descriptions.
- What are the side effects and risks associated with treatment?
- What are the side effects and risks of not receiving treatment?
- What are the next steps?
- What can patients do for themselves?
- Are there other implications, for example, infecting other people?
- Who can they contact if they have any more questions?
- Patients will need to know where they can find more information – for example, support groups and websites.

2. Checklist for Information about Medication

- What medication are you describing and what is it for?
- It's important to explain that any information in your leaflet should be read alongside patient information supplied by the medication manufacturer
- How is the medication given?
- How often should it be given?
- What should patients avoid when taking a particular medication?
- What are the side effects? Explain that different people may react differently to the same medication.
- What should people do if the medication is not properly administered?
- You will need to remind patients to tell the clinician who prescribes their medication about any other medication they are taking.
- You will need to provide advice on storing medication, for example, 'out of reach and sight of children', 'in the fridge' and 'out of the sunlight'.
- Where can patients get repeat prescriptions? Provide advice/details.
- It's important to provide a contact telephone number (of the pharmacy, specialist nurse, doctor or NHS Direct) for more information, and for people who have concerns about side effects

3. Checklist for Information about Operations and Treatments and Investigations

- What is the leaflet about and who is it for?
- What is the procedure (e.g. type and details of the operation or investigation involved)?
- Why do patients need this procedure? Give the benefits and alternatives where appropriate
- What preparation do patients need or not need?

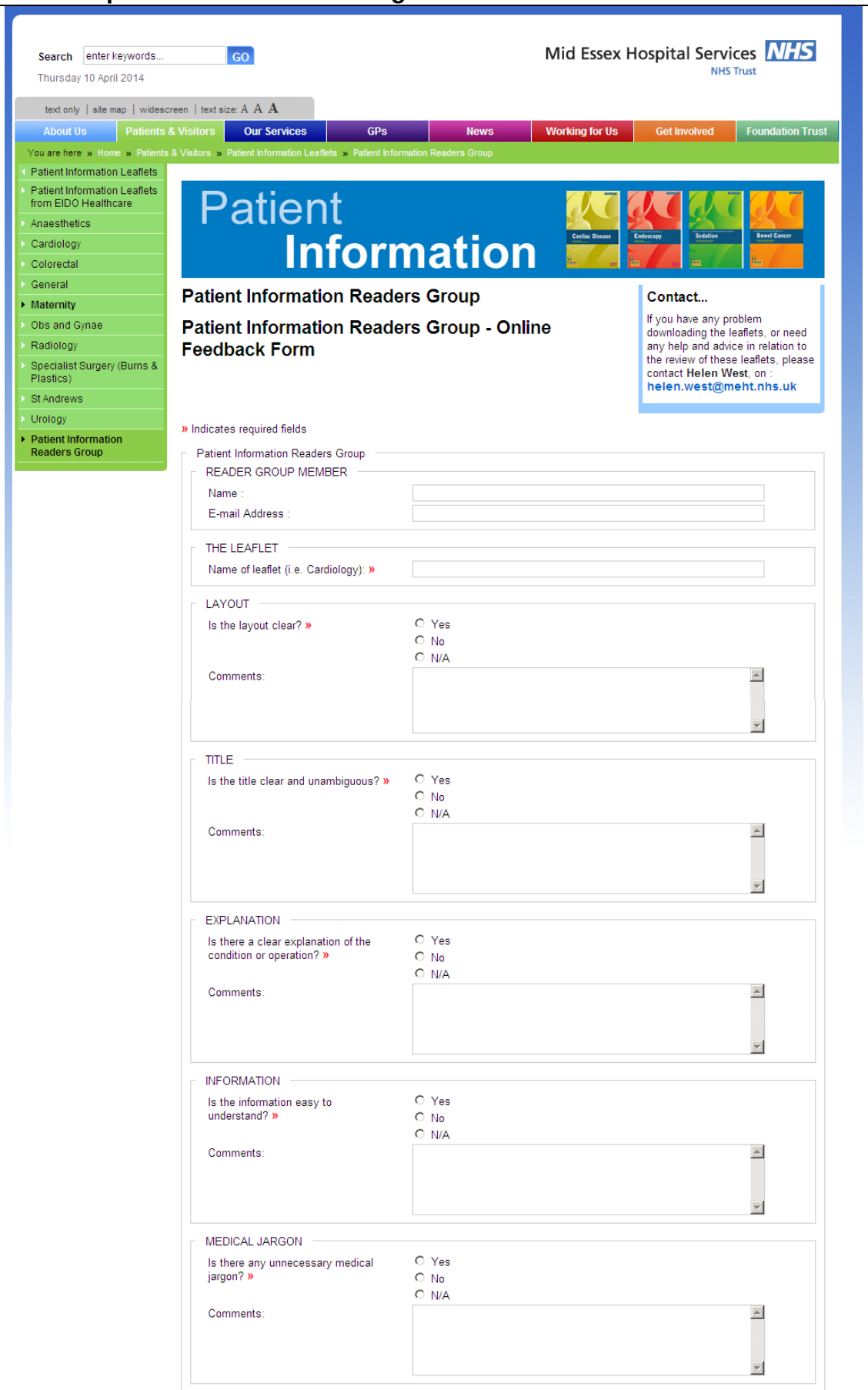
- Do patients need a general anaesthetic, sedation, or local anaesthetic?
- What happens when patients arrive at the hospital or the clinic? Who will they meet?
- Will they be asked to sign a consent form, or is verbal consent required?
- What does the procedure involve? How long does it last? What does it feel like?
- What happens after the procedure in terms of pain control, nursing checks and stitches?
- How long will patients need to stay in hospital?
- Do patients need someone with them or any special equipment when they go home?
- What care is needed at home?
- What follow-up care is needed? Do patients need to visit their doctor?
- What can go wrong? What signs should patients look out for? What should they do if something does go wrong?
- When can patients resume their normal activities, for example: driving, sport, sex, or work?
- Who can patients contact if they have any further questions?
- Where can people find more information, for example from support groups and websites?

4. Checklist for Information about Services

- How will you describe the service?
- It might be useful to start your description of the service where the patient would start – at the beginning. For example, a leaflet about transport might start with how to book it (including an accompanying phone number).
- Who is eligible for the service?
- How do people access the service? Provide details.
- Explain where patients need to go and how to find the service in question.
- Are maps needed? If so, provide one.
- When is a service available?
- Is there a waiting time?
- How often do patients need to attend?
- Is equipment or special clothing needed to access the service?
- Do patients need to bring any documents?
- Who should patients contact if they cannot attend?
- What is and isn't available or part of the service? Make a clear distinction.
- Are interpreters needed?
- Are any costs involved?
- Are there any advantages or disadvantages that need to be explained?
- Who should patients contact (include a phone number) and when? Give clear instructions, for example, from 9am to 5pm, Monday to Friday.
- Patients will need the phone number, address and website of the organisation delivering the service

Appendix G

Reader Group Checklist for Reviewing Health Related Patient Information Literature



Search enter keywords... GO

Thursday 10 April 2014

Mid Essex Hospital Services NHS
NHS Trust

text only | site map | widescreen | text size: A A A

About Us | Patients & Visitors | Our Services | GPs | News | Working for Us | Get Involved | Foundation Trust

You are here » Home » Patients & Visitors » Patient Information Leaflets » Patient Information Readers Group

- Patient Information Leaflets
- Patient Information Leaflets from EIDO Healthcare
- Anaesthetics
- Cardiology
- Colorectal
- General
- Maternity
- Obs and Gynae
- Radiology
- Specialist Surgery (Burns & Plastics)
- St Andrews
- Urology
- Patient Information Readers Group

Patient Information

Coeliac Disease | Endoscopy | Sedation | Bowel Cancer

Patient Information Readers Group

Patient Information Readers Group - Online Feedback Form

Contact...

If you have any problem downloading the leaflets, or need any help and advice in relation to the review of these leaflets, please contact **Helen West**, on : helen.west@meht.nhs.uk

» Indicates required fields

Patient Information Readers Group

READER GROUP MEMBER

Name :

E-mail Address :

THE LEAFLET

Name of leaflet (i.e. Cardiology): »

LAYOUT

Is the layout clear? » ○ Yes ○ No ○ N/A

Comments:

TITLE

Is the title clear and unambiguous? » ○ Yes ○ No ○ N/A

Comments:

EXPLANATION

Is there a clear explanation of the condition or operation? » ○ Yes ○ No ○ N/A

Comments:

INFORMATION

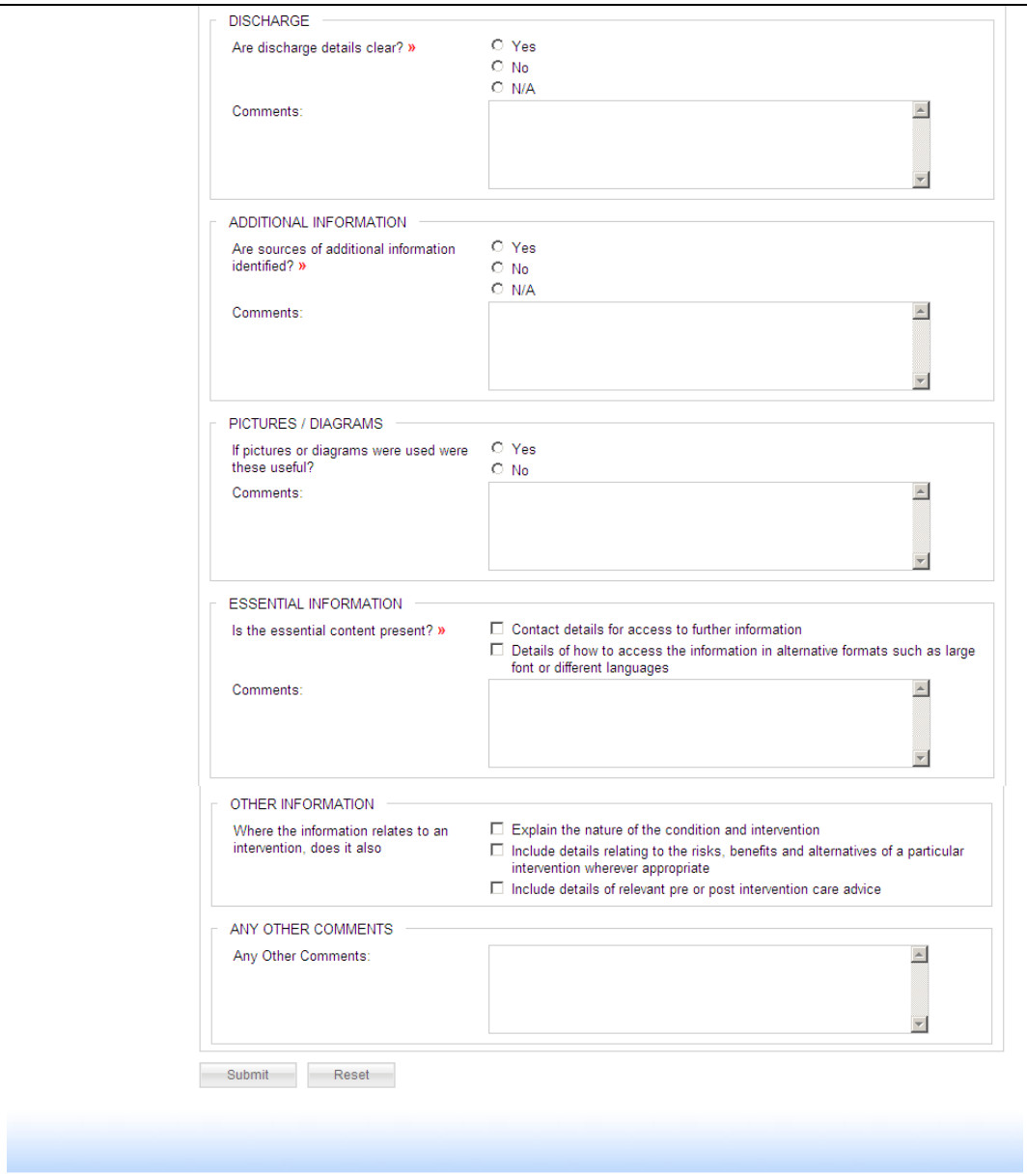
Is the information easy to understand? » ○ Yes ○ No ○ N/A

Comments:

MEDICAL JARGON

Is there any unnecessary medical jargon? » ○ Yes ○ No ○ N/A

Comments:



Link to Patient Information Readers Panel page on website :

http://www.meht.nhs.uk/patients-and-visitors/patient-information-leaflets/patient-information-readers-panel/

Appendix H

Checklist for Reviewing all Documents

Name of Leaflet _____

Author _____

Leaflet approved by _____

Date _____

	TICK
You can contact Warner Library Knowledge Services who will undertake a search on the specific topic	
You can create your own search and complete a search summary form	
Ensure that all clinical content is up to date and remains evidence based and in line with current practice and update as appropriate	
Is your identified target audience still relevant?	
Are the aims and purposes of the leaflet still relevant?	
Have you identified additional funding if the yearly print exceeds 500 copies?	
Are any additional resources required in the production of the leaflet? i.e. additional staff to assist in the production of the leaflet	
Have you updated your sources of information used in the production of the leaflet? If there are too many, a separate list is required?	
Ensure all contact numbers are current and updated as appropriate	
Ensure that all logos and organisational names are current and update as appropriate	
Involve current patients in the review to ensure the information meets their needs as service users. Make changes accordingly	
Ensure that leaflet is produced in accordance with Trust policy document.	
Submit new final updated draft to the Communications Team for adding to central database	

Appendix I

Patient Information Evaluation Sheet

We are currently developing / revising our information for patients and would like to ask you for your opinion regarding the attached information sheet /booklet in light of your recent attendance at the hospital and your overall experience. You do not need to take part in this if you do not wish. Your views are important and the feedback we receive will be used to make the information more helpful for future patients.

Please tick one answer box for each of the questions and write in your additional comment in the boxes provided.

Title of leaflet_____

1. Do you feel that the **written words** in the leaflet are clear and easy to understand?

Clear ☐ Yes ☐ No Easy to understand ☐ Yes ☐ No

2. Do you consider that the **size of the print** in this leaflet is…?

☐ Big enough to read easily

☐ Too big

☐ Small but readable

☐ Difficult to read

3. Do you think that **the written information in this leaflet** contains sufficient detail about this particular condition / treatment?

☐ It contains sufficient detail for me

☐ It contains some detail, but I would like to see more

☐ It does not contain sufficient detail for me

4. Are there any specific **words**, **abbreviations or terms** in this leaflet which you would like to see explained in more detail?

☐ Yes ☐ No

Please write down here those words, abbreviations or terms which you would like to see explained in more detail

5. Do you think that the **diagrams and pictures** in this leaflet are helpful?

- ☐ Yes, they are very helpful
- ☐ They are of some help
- ☐ No, they are not at all helpful
- ☐ No diagrams / pictures are included

6. Is there any other type of information you feel should be included in this particular leaflet?

Please give details here

7. Overall do you think this leaflet is….?

- ☐ Very well written
- ☐ Well written
- ☐ Fairly well written
- ☐ Badly written

If you have any additional comments you would like to make on this information leaflet, please use the space below.

Please hand your completed form to the ward clerk located at the reception desk in each ward area.

Thank you for taking the time to complete this and for your help in reviewing /developing this information leaflet.

Declaration of Interest Appendix J

The Information Standard has been established to help people make informed choices about their lifestyle, conditions and treatment/care options, by providing a recognised and trusted quality mark that will indicate reliable sources of health and social care information. Research has shown that the quality of health and social care information on offer varies widely; that the quality of many patient information materials is poor and not reliable; and that people can feel overwhelmed by the array of information on offer.

The Trust is committed to producing high quality approved patient information which is clear; relevant; evidence based; authoritative; complete; secure; accurate; well designed; readable; accessible and up-to-date.

We are committed to ensuring all patient information leaflets are be accessible to staff via the intranet and also to patients via the external patient's leaflets section of the MEHT website.

The Trust's aim is to produce a corporate standard of written information for patients which meets nationally recognised criteria. All patient information produced will comply with the Production of Written Patient Information policy and NHS Identity Guidelines. The Trust also conforms to the NHS Litigation Authority standards for patient information.

We are committed to ensuring that all the patient information covered by the scope of The Patient Information Policy (05116) meets the requirements of the Information Standard. The Trust Policy for the Production of Written Patient Information contains the requirements of the Information Standard.

I confirm I have read and understood the above Information Standard Policy Statement

Name		**Date**	
Directorate		**Signed**	

Conflict of Interest declaration

☐ I confirm that that neither I nor a cohabiting spouse have any potential conflicts of interest that could arise in the production of written patient information. This includes all employment and business relationships.

☐ I declare that I or a cohabiting spouse have a potential conflict of interest as listed below

Name of Company/Organisation Nature of business

.....

.....

.....

Name		**Date**	
Directorate		**Signed**	

The link to complete the Conflict of Interest form can be found on the Patient Information Checklist form; question 2 (Appendix C)

For further details please contact the Communications Team on: *01245 51* ***6729***

Conflict of Interest Panel Appendix K

The Conflict of interest panel will be formed on an ad hoc basis as part of the Information Standard monitoring team.

The Panel
Communications Team Representative
Representation from the Medical team
Representative from the Nursing team

The team will form where there is evidence of a conflict of interest within an information product.

The Purpose
The purpose of the panel is to review the information product and make a decision as to the next steps of progress where a conflict of interest has either been declared or found.

Possible actions from the panel

- No action
- Withdrawal of the information product immediately
- Progress to publication, with conditions attached
- Amendments required to the information product

Other actions may be deemed necessary when reviewing the documentation.

Declaration
A declaration must be made where there is a conflict of interest. When this is registered, the Communication Team will review the information to provide an overview of whether the panel is required.

If this is deemed necessary, the panel will form to review the documentation to ensure the public/users are not disadvantaged or personal gain is not made by the author of the information.

Records
All decisions and actions will be recorded and kept with the file of that information product.

The Communication Team will monitor to ensure actions are made and re-submission of information if required.

The panel must ensure all guidelines are followed regarding conflict of interest, ensuring the information product discloses this information and further information is available upon request.

Appendix L

Mid Essex Hospital Services NHS
NHS Trust

Equality Impact Assessment (EIA)

Title of document being impact-assessed: Patient Information Policy

Equality or human rights concern.	Does this item have any differential impact on the equality groups listed? Brief description of impact.	How is this impact being addressed?
Gender	N/A	N/A
Race and ethnicity	Patients whose first language is not English may have difficulty accessing patient information	Providing access to interpreters and translation services via language line
Disability	Those patients with cognitive impairment may have difficulty accessing patient information	Provision of information on CD will be considered on an individual basis and managed by the Communications Team. Information leaflets can be provided as electronic files by email which can be used for talking software or otherwise manipulated to meet the needs of the individual Hospital Liaison Specialist LD Nurse will support these patients with LD
Religion, faith and belief	N/A	N/A
Sexual orientation	N/A	N/A
Age	Children may have limited ability to access information	Patient Information aimed at Children may be presented in Comic Sans font
Transgender people	N/A	N/A
Social class	Those patients with limited vocabulary or reading skills may have difficulty accessing patient information Access to services and information may be affected by financial constraints	Authors are directed to use short sentences, everyday language, and avoid the use of jargon. Information on transport and reimbursement of costs is available Information leaflets can be provided as electronic files which can be used for talking software
Carers	Issues relating to race, ethnicity and disability may apply	As above

Date of assessment: May 2018

Names of Assessor: Sarah Moon

Appendix M

All leaflets that have been through the policy for the development of written patient information entitled 'Patient Information Policy' (05116)

Ratified Maternity Patient Information Leaflets		Draft Maternity Patient Information Leaflets
MEHT000279	External Cephalic Version (ECV)	
MEHT000280	VBAC (Vaginal Birth After Caesarean Section)	
MEHT000281	Induction of Labour (IOL)	
MEHT000282	Lower segment Caesarean section	
MEHT000283	Induction of Labour with Propess	
MEHT000284	The benefits of skin to skin contact	
MEHT000285	MRSA screening for patients in maternity	
MEHT000286	MRSA Screening a Positive Result	
MEHT000287	Octenisan	
MEHT110292	Refusing blood products	
MEHT110293	Care of your Perineum following 1st and 2nd degree tears	
MEHT110294	Postnatal Depression (PND)	
MEHT110295	High Blood Pressure and Pre-eclampsia	
MEHT110296	Obstetric Cholestasis	
MEHT110297	Registering Your Baby	
MEHT110298	Has your baby moved today?	
MEHT120302	Vitamin K	
MEHT120313	Care of your Perineum following 3rd and 4th degree tears	
MEHT120316	Pain relief in labour	
MEHT120317	Fetal monitoring in labour	
MEHT130370	Mifepristone and misoprostol leaflet	
MEHT130375	Antenatal Expression of Colostrum	
MEHT130376	Chickenpox in Pregnancy	
MEHT130377	Aromatherapy in childbirth	
MEHT130378	Sharing a bed with your baby	
MEHT130379	Postnatal exercises	
MEHT130380	Exercise and advice following a caesarean birth	
MEHT130385	Pain relief following caesarean section	
MEHT130387	Term Pre-labour Rupture of Membranes	
MEHT130393	Pregnancy Guide	
MEHT130394	New Baby Guide	
MEHT130398	Vaginal Breech Delivery at Term	
MEHT130399	What is an Ultrasound Scan and How Does it Work?	
MEHT130407	Weight control in pregnancy	
MEHT130431	Baby hip health	
MEHT130432	Information for parents and carers about jaundice in newborn babies	
MEHT130433	Information for Potential Heart Conditions	
MEHT130434	Latent (early) Labour	
MEHT130438	Gestational Diabetes	

MEHT130439	Epilepsy in Pregnancy	
MEHT130448	Antenatal Perineal Massage	
MEHT130450	Diabetes in Pregnancy	

Appendix N

Department heading (Arial, bold 20pt)

TITLE OF INFORMATION (Arial, bold 24pt)

HEADING (Arial, bold 16pt)

Include contents list if the leaflet/booklet is particularly long.

- Bullet list (Arial, 12pt, 5mm indent, hanging by 5mm)

Who is the leaflet for? What is its aim?

Text (Arial, 12 pt.)

Main text

Text (Arial, 12 pt.)

Benefits

Text (Arial, 12 pt.)

Risks

Text (Arial, 12 pt.)

Alternatives

Text (Arial, 12 pt.)

Contacts / Further Information

If you would like further information, regarding the evidence printed in this leaflet please contact the (specialist clinician) on (contact no.) or refer to:

www.
www.

All conflicts of information have been disclosed prior to the development of this Patient Information Leaflet.

Please ask if you require this information in other languages, large print, easy read accessible information, audio/visual, signing, pictorial and change picture bank forma via the Patient Advisory Liaison Service (PALS) on 01245 514235.

 Mid Essex Hospital services NHS Trust is smoke-free. You cannot smoke on site. For advice on quitting, contact your GP or the NHS smoking helpline free, 0800 169 0 169

Charitable donations can make a very real difference to the level of patient care at our Trust. As well as contributing to new facilities, donations can be used to buy specialist equipment and smaller items to make patient's stay in hospital more comfortable. For information about making a donation please contact the Charities Office on 01245 514559 or visit the website at: **http://www.meht.nhs.uk/get-involved/**

Document History
Department
Published/Review:
File name
Version/ref no