



Working together  
for Patients



Working together  
with Compassion



Working together  
as One Team



Working together  
Always Improving

## (GUIDELINES FOR DEVELOPMENT OF) ACCESSIBLE INFORMATION FOR PATIENTS

Version	1.3
Name of responsible (ratifying) committee	Patient Experience Steering Group
Date ratified	17 January 2017
Document Manager (job title)	Patient Experience Project Administrator
Date issued	07 February 2017
Review date	01 July 2021
Electronic location	Management Policies
Related Procedural Documents	Consent Policy
Key Words (to aid with searching)	Patient information; Consumer health information; Production management; Standards; Guidelines; Health service staff; Drug information

### Version Tracking

Version	Date Ratified	Brief Summary of Changes	Author
1.3	01/02/2021	Due to the second wave of the Coronavirus pandemic and continuing exceptional circumstances, the Trust Board have agreed to further extend all policies currently over their review date to 1st July 2021	-
1.2	25/03/20	Due to the current Coronavirus pandemic the Trust Board have agreed to extend all policies currently over their review date to 31 <sup>st</sup> October 2020	-
1.1	28/11/2019	Extended for 3 months	-
1	17.01.2017	Replacement for 'Patient Information Policy' v6 08.05.2014. To support the Accessible Information Standard to make sure that disabled people have access to information in a form that they can understand and any communication support they may need	Patients Experience

## CONTENTS

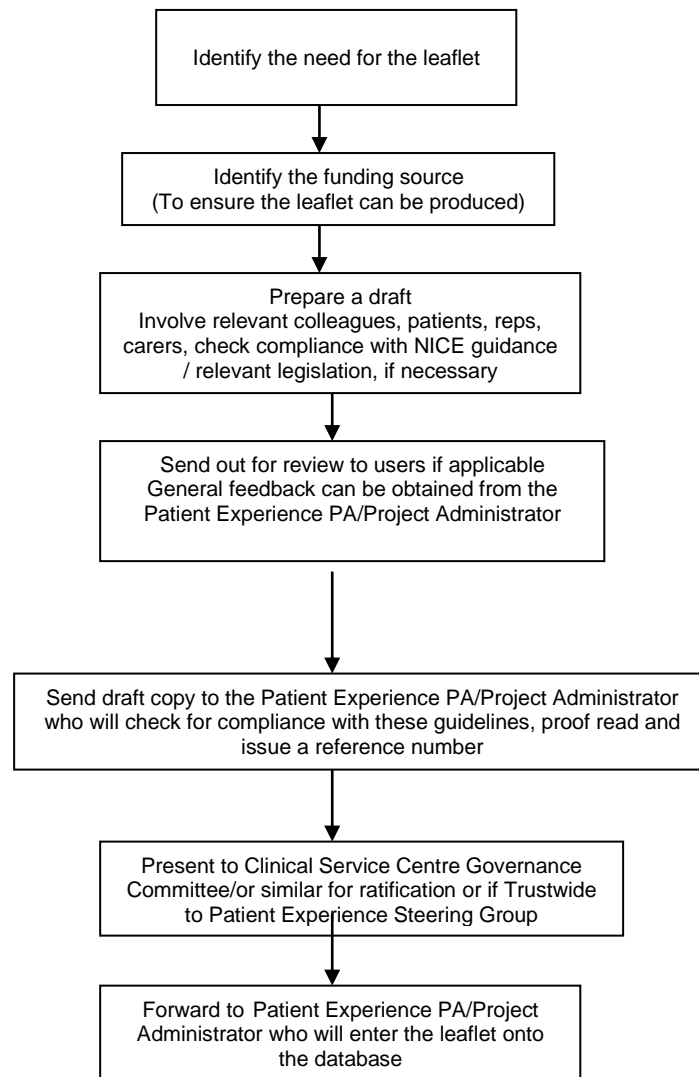
QUICK REFERENCE GUIDE.....	3
1. INTRODUCTION.....	4
2. PURPOSE .....	4
3. SCOPE .....	4
4. DEFINITIONS .....	4
5. DUTIES AND RESPONSIBILITIES.....	4
6. STANDARDS/CRITERIA FOR PATIENT INFORMATION .....	5
7. PRODUCING PATIENT INFORMATION .....	6
8. TRAINING REQUIREMENTS .....	8
9. REFERENCES AND ASSOCIATED DOCUMENTATION .....	8
10. EQUALITY IMPACT STATEMENT .....	8
11. MONITORING COMPLIANCE .....	9
Appendix A .....	10
Appendix B .....	12
Appendix C .....	13

## QUICK REFERENCE GUIDE

These guidelines must be followed in full when developing or reviewing and amending Trust procedural documents.

For quick reference the guide below is a summary of actions required. This does not negate the need for the document author and others involved in the process to be aware of and follow the detail of these guidelines

### 1. New Patient Information



Although this quick reference and the body of these guidelines refer to patient leaflets, the exact same principles apply to the production of patient information in any media e.g. DVDs

\*New patient information leaflet process should only be used in the absence of a leaflet from nationally recognised specialty body or be specific to a Trust process, procedure or service.

## 1. INTRODUCTION

The Trust is committed to produce good quality accessible information for all of our services users, and is required to develop and maintain high quality, up-to-date information in line with the standards set out in these guidelines.

The Department of Health 'Toolkit for Producing Patient Information' (DOH 2003) recognises that good quality information is central to the patient journey and a key element to the overall quality of the patient experience

Patient information is crucial to the process of:

- Supporting patients of all ages and abilities
- Supporting parents and carers where necessary
- Patient and carers making information decisions about care and treatment
- Patients making effective use of health services

## 2. PURPOSE

The purpose of these guidelines is to define the criteria for the production of patient information used throughout the Portsmouth Hospitals NHS Trust and to provide information which will support all those who have a role in the production of it.

Although through the body of these guidelines information is often referred to as being in leaflet format, the exact same principles can be applied to the production of patient information in any media e.g. DVDs, CDs

## 3. SCOPE

The guidelines apply to:

- New and existing documents
- All employees of the Trust involved in the production of patient information

*'In the event of an infection outbreak, flu pandemic or major incident, the Trust recognises that it may not be possible to adhere to all aspects of this document. In such circumstances, staff should take advice from their manager and all possible action must be taken to maintain ongoing patient and staff safety'*

## 4. DEFINITIONS

Word/Term	Details
Service Users	Patients, Carers, Families, General Public
Information	Produced via printing or other media
Patient Information items	Mainly leaflets, but also booklets/pamphlets and flyers

## 5. DUTIES AND RESPONSIBILITIES

**Clinical Service Centre Governance Group/other relevant groups** are responsible for assuring themselves that, prior to ratification, any patient information is appropriate and reflects current practice.

Accessible Information for Patients (Guidelines for development)

Version: 1.3

Date of Issue: 07 February 2017

Review Date: 01 July 2021 (unless requirements change)

**Patient Experience PA/Project Administrator** is responsible for:

- Monitoring compliance with these guidelines
- Maintaining the database of ratified patient information
- Supporting the author in the process of producing and reviewing patient information
- Ensuring the information is accessible in line with Accessible Information Standards  
[Link to summary guidance](#)
- Maintaining archived record of retired leaflets

**Author** of any information is responsible for:

- Ensuring the information contained in any documentation is compliant with NICE guidance and current legislation, if relevant
- Ensuring patient information is written in accordance with the Guidelines for Staff information
- Reviewing information every three years or earlier should legislation or research dictate
- Identifying a funding source for the production of any information
- Obtaining ratification from their Clinical Service Centre Governance Group/or relevant group and giving the name/date of ratification to the Patient Experience PA/Project Administrator.
- Maintaining a record of their documents and review dates to ensure awareness of their current information needs
- Informs the Patient Experience PA/Project Administrator of any retired leaflets that require archiving

**All Managers** have a responsibility to ensure that:

- For non-clinical areas any produced patient information is, and remains, current
- All staff proposing to produce a leaflet are aware of these guidelines

**Medical Illustration Staff** ensures that;

- Only information approved via the process outlined in these guidelines is printed
- All new and revised patient information is produced in the approved Trust Corporate Identify format
- Maintaining an archive record of current leaflets they produce on behalf of staff in the Trust

**Department Patient Groups** – these groups operate remotely to review the content of patient leaflets ensuring that they are patient friendly and easy to understand

## **6. STANDARDS/CRITERIA FOR PATIENT INFORMATION**

Portsmouth Hospitals NHS Trust is required to adhere to a number of external criteria when producing any patient information. These are:-

- NHS Toolkit 2003
- Accessible Information Standard 2015
- Portsmouth Hospitals NHS Trust Strategic Objectives
- Plain English Campaign

Good quality information should be:-

- In plain English

Accessible Information for Patients (Guidelines for development)

Version: 1.3

Date of Issue: 07 February 2017

Review Date: 01 July 2021 (unless requirements change)

- Informative
- Clear
- Easy to understand
- Relevant
- Evidence based
- Reliable
- Accurate
- Well-designed
- Readable
- Accessible
- Up to date

See Developing Patient Information – Guidelines for Staff for detailed guidance (Appendix A). This includes the list of essential content that has to go into every leaflet that is produced or reviewed.

## 7. PRODUCING PATIENT INFORMATION

### 7.1 Access to information – Interpreting and Translation

The Trust requires that all patient information is accessible to all service users to support them in their decision making.

The Trust recognises the need for appropriately translated materials, but acknowledges the costs attached this incurs. Patient information is not routinely translated, but staff can require the translation of any item from the Trust’s contracted Translation and Interpreting Service.

Details of how to access interpreting and translation services can be found on the staff intranet. [Interpreting Services](#)

### 7.2 Reviewing and updating patient information

7.2.1 All leaflets must contain a review date. The review date will normally be **three** years from the date of production. However, it is essential that information is reviewed and amended earlier should legislation or research dictate

7.2.2 When information is reviewed and/or amended significantly, the process for the production of patient leaflets should be repeated. Minor amendments can be made without recourse (i.e. changes to telephone numbers, addresses) if still within its review date

7.2.3 All out of date patient information must be removed from circulation and this is the responsibility of each ward/department where the items are displayed

### 7.3 Archiving arrangements

An archive record of redundant PHT leaflets is maintained by the Patient Experience PA/Project Administrator. It is the responsibility of the author to inform the Patient Experience Project Administrator of any retired leaflets.

### 7.4 Self-auditing

The self-auditing checklist (Appendix C) is issued as a helpful tool for staff who are developing patient information. The checklist sets out clearly the required format and the standards to be adhered before ratification and printing.

### 7.5 Design and layout of patient information leaflets

Accessible Information for Patients (Guidelines for development)

Version: 1.3

Date of Issue: 07 February 2017

Review Date: 01 July 2021 (unless requirements change)

Page 6 of 16

Graphic design must be consistent with the Trust's corporate identity guidelines which are usually undertaken by the Medical Photography and Illustration Department once the final, ratified version is received from the author.

The NHS Toolkit for Producing Patient Information recommends an A5 layout, but this may be varied according to specific requirements.

Items of patient information undergo final formatting by the Medical Photograph and Illustration Department including converting text into an approved font, which is Arial font size 12. Frutiger 55 Roman is the alternative option. Line and paragraph spacing are standardised.

During formatting the Medical Photograph and Illustration Department will add the Portsmouth Hospital NHS Trust logo to the top right corner of the front page of every item of patient information and the Facebook, Twitter address and webpage on the back.

## 7.6 Use of images/symbols

Images/symbols may be used to illustrate the text and emphasise key points. There are many situations where people are unable to communicate effectively due to injury, illness or stress. They may have a pre-existing condition or, as in the case of a stroke, have developed a communication difficulty as part of the medical emergency.

Children who don't have the necessary vocabulary can use symbols as a way to communicate their medical needs. People who have English as a second language can use symbols to communicate more fluently on medical topics.

It is in these circumstances of great stress and worry, where clear and effective communication is needed most to ensure correct diagnosis and treatment. This is particularly important when:

- Producing information for children and young people
- Producing information for people with learning difficulties
- If explaining out a procedure/test
- If explaining about a piece of equipment

If using photographs of any person of any age, written consent must be obtained on each occasion.

For symbols to use in supporting patient information can be found at [www.widget-health.com](http://www.widget-health.com)

## 7.7 Obtaining supplies

All supplies of leaflets (new or repeat) are ordered directly from the Medical Photography and Illustration Department and will be charged to the appropriate department budget code. **It is not acceptable for items of patient information to be photocopied as they are not of the same quality as the printed versions.**

## 7.8 Advertising/Sponsorship

The appropriateness of any advertising/sponsorship will be a corporate decision and must be submitted to the Information Governance Steering Group before being added to any patient information. Any organisation, product or service which may cause offence, may bring the Trust into disrepute either directly or through association is strictly prohibited. Therefore the following products must not be advertised:

- Cigarettes/tobacco

- Slimming products
  - Cosmetics
  - Formula milk
  - Alcohol

## 8. TRAINING REQUIREMENTS

All staff who have an input into the production of patient information must have an awareness of these guidelines.

## 9. REFERENCES AND ASSOCIATED DOCUMENTATION

<https://www.england.nhs.uk/tis/>

The Plain English Campaign. How to write plain English [www.plainenglish.co.uk](http://www.plainenglish.co.uk)

Department of Health (2009). The NHS Constitution: London HMSO

Department of Health. (2003). Toolkit for Producing Patient Information. London: Department of Health. Available at [www.dh.gov.uk](http://www.dh.gov.uk)

Department of Health. (2004). *Better information, better choices, better health*. London: Department of Health. Available at: [www.dh.gov.uk](http://www.dh.gov.uk)

Department of Health (2010) *Our Health, Our Care, Our Say* Available at: [www.dh.gov.uk](http://www.dh.gov.uk)

Accessible Information – NHS England (2015) [www.england.nhs.uk/accessibleinfo](http://www.england.nhs.uk/accessibleinfo)

WidgitHealth – [www.widgit-health.com](http://www.widgit-health.com)

## 10. EQUALITY IMPACT STATEMENT

Portsmouth Hospitals NHS Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds.

These guidelines have been assessed accordingly

Our values are the core of what Portsmouth Hospitals NHS Trust is and what we cherish. They are beliefs that manifest in the behaviours our employees display in the workplace.

Our Values were developed after listening to our staff. They bring the Trust closer to its vision to be the best hospital, providing the best care by the best people and ensure that our patients are at the centre of all we do.

We are committed to promoting a culture founded on these values which form the ‘heart’ of our Trust:

**Respect and dignity**

**Quality of care**

**Working together**

**Efficiency**

These guidelines should be read and implemented with the Trust Values in mind at all times.



## 11. MONITORING COMPLIANCE

As a minimum the following elements will be monitored

<b>Minimum requirement to be monitored</b>	<b>Lead</b>	<b>Tool</b>	<b>Frequency of Report of Compliance</b>	<b>Reporting arrangements</b>	<b>Lead(s) for acting on recommendations</b>
Annual sample of 30 leaflets from across the Trust	Patient Experience	Audit	Annually	To Patient Experience Steering Group	Patient Experience

# Developing Patient Information Leaflets

## Guidelines for Staff

This leaflet has been designed to provide assistance whenever you are planning a new leaflet and the points you should consider before introducing a new piece of literature.

Words give people far more than simple facts. They give emotional messages, encouragement or trepidation. Words reveal to people whether they are important or an inconvenience. The trick is to write your leaflet for the real person as you would talk to them if they were in front of you.

### Before you begin

- Identify a need for the information ensuring that you are not duplicating something that is already available. Look on the NHS Choices or Patient UK websites fir: [www.patient.co.uk](http://www.patient.co.uk) [www.nhs.uk](http://www.nhs.uk)
- Is there another area within the Trust that may use the same information? Has anything been produced nationally i.e. British Heart Foundation?
- Identify funding resource to ensure production of the leaflets. Think about the whole process – not just compilation and production but also distribution, updating, recurring costs and continuing contact point
- Decide what group the information is intended to target? Inpatient, outpatients, carer, child etc as different consumer groups have different needs
- Evaluate throughout the process involving any relevant department and evaluation from your patients/public

### Points to consider when drafting a patient leaflet

It is important that your information is clear and understandable. Sentences should be short and simple and medical jargon avoided (i.e. stitches instead of sutures) or explained in a glossary where possible.

### Presentation

- Please ensure that your leaflet layout is clear and legible using a font size of 12-16pts in Ariel/Fruitiger
- Do not use block capitals, justified margins or underlining. If anything needs to be emphasised, **use lower case bold**
- If you are using pictures, ensure you have copyright permission
- Have special needs been considered accordingly?

### Front cover

- Is the NHS logo present and the leaflet title clear?
- Is the department/specialty/ward initiating the information present?
- Have you included the Specialist Support paragraph?

Accessible Information for Patients (Guidelines for development)

Version: 1.3

Date of Issue: 07 February 2017

Review Date: 01 July 2021 (unless requirements change)

## **Main body content**

- Is there a clear description of the condition/operation or procedure?
- Are the risks and benefits of treatment made clear?
- Are there clear instructions for preparation required before the operation/procedure?
- If appropriate are the treatment options given including non-treatment and alternatives
- Are the discharge details clear, including what signs to look for at home/time off work certificate required?
- Are the points of contact clear?
- Does the leaflet include a brief description of consent and the Data Protection Act

## **Specific Specialties**

If you are producing information for a specific ward/department you should also include:-

- A brief description of the specialty and the service it provides
- Clear directions from the main entrance to the ward/department
- Opening times for department/visiting times for ward
- What to expect while in the department
- Clear instructions of preparation for procedure/admission
- Information on the facilities available with locations
- Clear advice on discharge

## **Back Cover**

This is where you can add additional sources of information or contacts.

All leaflets should contain details on how to comment about treatment to the Patient Experience Service – details are in Appendix B

## **Ratifying your leaflet**

Once your leaflet has been finalised and approved by the Patient Experience PA/Project Administrator, it must then be ratified by your CSC Governance Group or Department Group with your specialty.

Only when your leaflet has been ratified can it be printed. Please inform the Patient Experience PA/Project Administrator the date the leaflet was ratified.

## **Printing your leaflet**

Medical Photography will be happy to give you a quote for the printing of your leaflet. They will ensure that the leaflet is produced professionally and in accordance with corporate identity and guidelines.

If you require any advice or assistance please contact the Patient Experience PA/Project Administrator on Ext: 5946

## Compulsory Paragraphs

### Specialist Support

This leaflet can be made available in another language, large print or another format. Please speak to the Ward Manager who can advise you

### Information we hold about you and your rights under the Data Protection Act

Please refer to the booklet 'Your Healthcare Information – Your Rights! Our Responsibilities! for further guidance.

### How to comment on your treatment

We aim to provide the best possible service and if you have a question or a concern about your treatment then the Patient Advice and Liaison Service (PALS) are always happy to try to help you get answers you need. You can contact PALS on 0800 917 6039 or E-mail:

[PHT.pals@porthosp.nhs.uk](mailto:PHT.pals@porthosp.nhs.uk) who will contact the department concerned on your behalf.

### Follow us on Twitter @QAHospitalNews

[www.porthosp.nhs.uk](http://www.porthosp.nhs.uk)

### Consent - What does this mean?

Before any doctor, nurse or therapist examines or treats you they must have your consent or permission.

Consent ranges from allowing a doctor to take your blood pressure (rolling up your sleeve and presenting your arm is implied consent) to signing a form saying you agree to the treatment or operation.

It is important before giving permission that you understand what you are agreeing to. If you do not understand – ask. More detailed information is available on request.

### (for Paeds leaflets)

Before any health professional examines or treats you they must have your consent or permission. Consent may be implied (e.g. offering a wrist for taking a pulse) or written (where you sign a form agreeing the treatment/operation). Young people are presumed to be able to give consent depending on their maturity and the nature of the decision. Where a child is not competent to give consent, only a person (or body) with parental responsibility may consent on the child's behalf. More detailed information is available [www.dh.gov.uk](http://www.dh.gov.uk)

Author:

Produced:

Review:

Ref:

©Portsmouth Hospitals NHS Trust

**CHECK LIST FOR DRAFTING A PATIENT INFORMATION LEAFLET  
(for author use)**

<b>TITLE OF PUBLICATION</b>	
<b>WARD / DEPARTMENT</b>	
<b>CONTACT NUMBER</b>	
<b>Presentation</b>	
Is the layout clear and legible?	
Is the font size 12 – 16pts in Arial/fruiterger?	
Is good use made of headings / bold text (underlining, justified margins or block capitals to be avoided)?	
Has copyright been sought, if required?	
Have special needs been considered accordingly?	
<b>Front Cover</b>	
Is the NHS Logo present?	
Is the leaflet title clear?	
Is the department/specialty/ ward initiating the information present?	
<b>Main Body Content – for specific conditions</b>	
Is there a clear description of the condition /operation /procedure?	
Are the risks and benefits of treatment made clear?	
Are there clear instructions for preparation required before the operation/procedure?	
Are the treatment options given including non-treatment, and alternatives (if appropriate)?	
Are the discharge details clear, including what signs to look for at home/time off work certificate required?	
Are the points of contact clear?	
Does the leaflet include:	
<ul style="list-style-type: none"> <li>• A brief description of consent and the Data Protection Act?</li> </ul>	
<ul style="list-style-type: none"> <li>• The specialist support paragraph</li> </ul>	
<ul style="list-style-type: none"> <li>• The need for someone to collect the patient from hospital, if appropriate</li> </ul>	
<ul style="list-style-type: none"> <li>• Signs and symptoms to look out for at home</li> </ul>	
<ul style="list-style-type: none"> <li>• Length of time it may take them to recover: advice on driving where relevant</li> </ul>	
<ul style="list-style-type: none"> <li>• Taking time off work and how to obtain a medical certificate, if necessary</li> </ul>	
<ul style="list-style-type: none"> <li>• Follow up arrangements</li> </ul>	
<ul style="list-style-type: none"> <li>• Contact details of the relevant department / ward</li> </ul>	
<ul style="list-style-type: none"> <li>• References and contact addresses for more detailed information or self-help groups, if appropriate</li> </ul>	
<ul style="list-style-type: none"> <li>• Details on how to give feedback or make a complaint. Use Patient Experience Service as contact <a href="mailto:PHT.pals@porthosp.nhs.uk">PHT.pals@porthosp.nhs.uk</a> Tel: 0800 917 6039</li> </ul>	
<b>For Specific Specialties – for information being produced by a specific ward/department the</b>	

<b>following should be included</b>	
Brief description of the specialty and the service it provides	
Clear directions from the main entrance to the ward / department	
Opening times for the department / visiting times for the ward	
What to expect whilst in the department / ward e.g. approximate length of stay, tests	
Clear instructions on preparation for procedure or admission, including what to bring in, if relevant	
Information on the facilities available with locations e.g. toilets, refreshments	
Clear advice on discharge, including	
<ul style="list-style-type: none"> <li>• The need for someone to collect them, if appropriate</li> </ul>	
<ul style="list-style-type: none"> <li>• Signs and symptoms to look out for at home</li> </ul>	
<ul style="list-style-type: none"> <li>• Length of time it may take them to recover: advice on driving where relevant</li> </ul>	
<ul style="list-style-type: none"> <li>• Taking time off work and how to obtain a medical certificate, if necessary</li> </ul>	
<ul style="list-style-type: none"> <li>• Follow-up arrangements</li> </ul>	
<ul style="list-style-type: none"> <li>• Contact details of the relevant ward / department</li> </ul>	
<ul style="list-style-type: none"> <li>• References and contact addresses for more detailed information or self-help groups, if appropriate</li> </ul>	
<ul style="list-style-type: none"> <li>• Details on how to give feedback or make a complaint. Use Patient Experience Service as contact <a href="mailto:PHT.pals@porthosp.nhs.uk">PHT.pals@porthosp.nhs.uk</a> Tel: 0800 917 6039</li> </ul>	
<b>Content for Medicines related Patient Information Leaflets – decide on whether a local leaflet is required or whether the pharmaceutical manufacturer’s patient information will suffice. Otherwise</b>	
Ensure information provided does not contradict the Summary of Product Characteristics (SPC) or Patient Information Leaflet provided by the manufacturer	
Provide a copy of the draft to the relevant clinical pharmacist for approval / review prior to taking it through the approval process	
<b>Language</b>	
Is the information clear and understandable?	
Are the sentences short and simple?	
Has medical jargon been avoided or explained in glossary where possible?	
<b>Back Cover</b>	
Is there a glossary of terms, if appropriate?	
Are there clear instructions on how to comment about they were treated? Patient Experience Service contact information to be on all leaflets <a href="mailto:PHT.pals@porthosp.nhs.uk">PHT.pals@porthosp.nhs.uk</a> Tel: 0800 917 6039	
Are additional sources of information / contacts listed?	
Is the name of the department producing the information mentioned?	
Is there a date of publication?	
Is there a review date?	
Is the copyright symbol in place?	
Has the leaflet been reviewed and agreed by a Patient Group – if available?	
Have copies of the evaluation forms been sent to the Patient Experience PA/Project Administrator?	

### Equality Impact Screening Tool

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval for service and policy changes/amendments.

Stage 1 - Screening			
<b>Title of Procedural Document:</b> Guidelines for development of Accessible Information for Patients			
<b>Date of assessment</b>	16 <sup>th</sup> January 2017	<b>Responsible Department</b>	Patient Experience
<b>Name of person completing assessment</b>	Sharon Griffen	<b>Job Title</b>	PA/Project Administrator
<b>Does the policy/function affect one group less or more favourably than another on the basis of :</b>			
	<b>Yes/No</b>	<b>Comments</b>	
• Age	N		
• Disability Learning disability; physical disability; sensory impairment and/or mental health problems e.g. dementia	N		
• Ethnic Origin (including gypsies and travellers)	N		
• Gender reassignment	N		
• Pregnancy or Maternity	N		
• Race	N		
• Sex	N		
• Religion and Belief	N		
• Sexual Orientation	N		
<b>If the answer to all of the above questions is NO, the EIA is complete. If YES, a full impact assessment is required: go on to stage 2, page 2</b>			
More Information can be found be following the link below <a href="http://www.legislation.gov.uk/ukpga/2010/15/contents">www.legislation.gov.uk/ukpga/2010/15/contents</a>			

**Stage 2 – Full Impact Assessment**

What is the impact	Level of Impact	Mitigating Actions (what needs to be done to minimise / remove the impact)	Responsible Officer

**Monitoring of Actions**

The monitoring of actions to mitigate any impact will be undertaken at the appropriate level

Specialty Procedural Document: Specialty Governance Committee  
 Clinical Service Centre Procedural Document: Clinical Service Centre Governance Committee  
 Corporate Procedural Document: Relevant Corporate Committee

All actions will be further monitored as part of reporting schedule to the Equality and Diversity Committee