

Policy

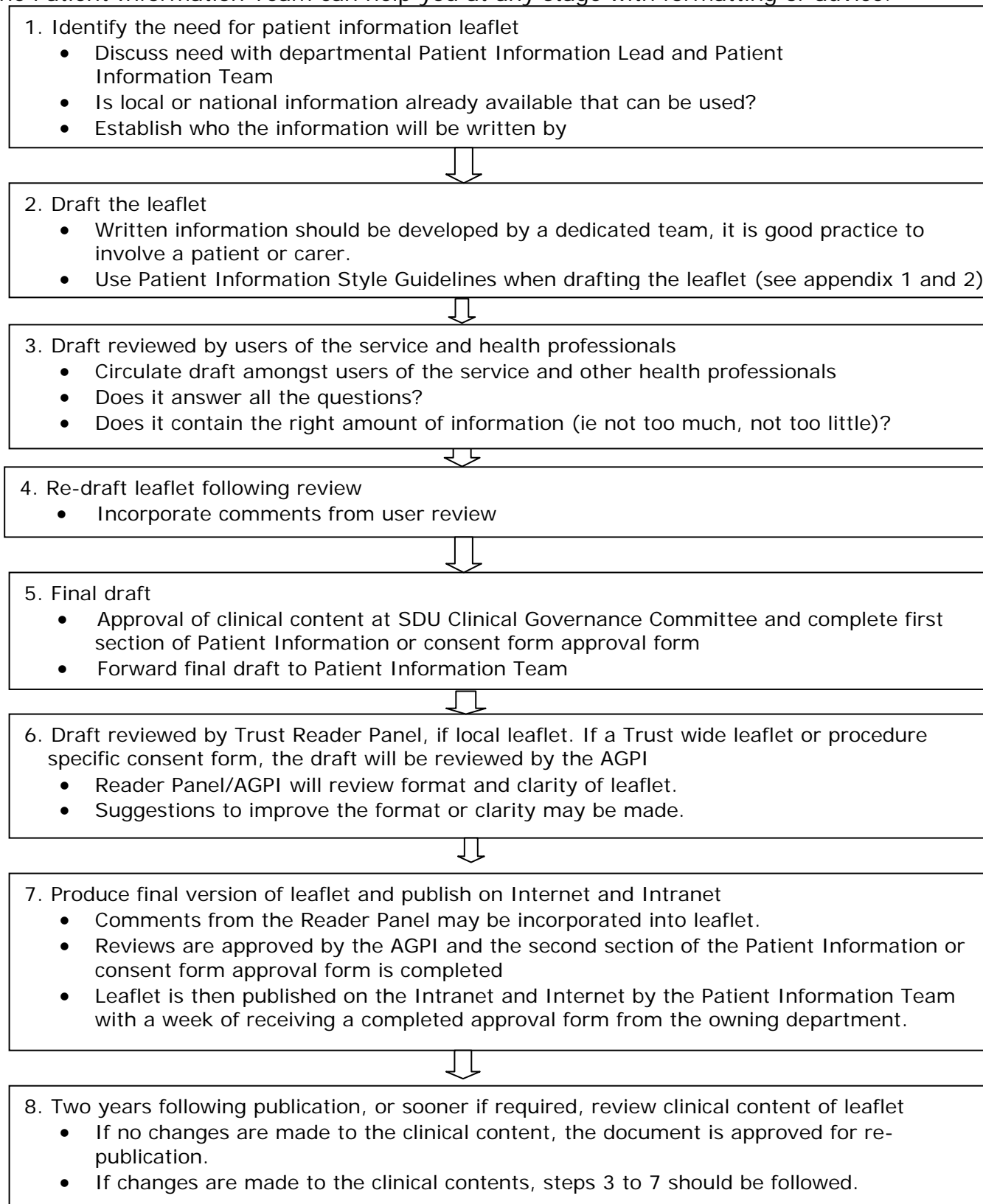
Patient Information – Development, Review and Monitoring Policy

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Summary of Process for Developing Patient Information Leaflets (including procedure specific consent forms)

The Patient Information Team can help you at any stage with formatting or advice.



1 Scope

This policy is intended to:

- Define 'patient information', describing what it is and what it is not.
- Define the role of the Patient Information Team.
- Outline the responsibilities of identified staff groups
- Provide a framework for the development, review and monitoring of patient information.
- Ensure compliance with Department of Health guidance on producing patient information.
- Raise awareness of the process for developing, reviewing and monitoring patient information within the Trust.
- Ensure that the Trust meets NHSLA and HCC standards regarding patient information.
- Ensure that the Trust meets the standards set by the Department of Health Information Accreditation Scheme. The following information will be excluded from the Information Accreditation Scheme:
 - Nationally produced information leaflets
 - Network produced information leaflets, for example Norfolk, Suffolk and Cambridgeshire Neonatal Network.

This policy applies Trustwide and to all involved with producing patient information. The only exceptions are leaflets produced for research projects and the Oncology department who use their own review and approval process for patient information.

2 Aims

Our vision is that all Addenbrooke's Hospital's patient information will be developed to the highest standards, have a standardised, well presented style and will be accessible to all.

The aim of this policy is to ensure that Addenbrooke's Hospital develops high quality patient information. High quality patient information will have an accurate clinical content reflecting best practice, it will meet the requirements of patients and carers, it will have a clear format, be easy to understand and will conform to Trust Style Guidelines.

This policy describes a systematic process for developing, reviewing and monitoring patient information. These processes have been developed in accordance with recommendations from the Department of Health¹ and the Kings Fund².

Addenbrooke's Hospital will achieve these aims and objectives through Service Delivery Units (SDUs) and clinicians, the Patient Information Team, the Advisory Group for Patient Information (AGPI), the Reader Panel and the Network of Patient Information Leads. These groups will work together in collaboration.

3 Introduction

Good quality information is central to the patient journey and also the patient's experience of the NHS. Quality information improves our communication with patients and their carers, as well as improving the care we deliver to them.

There is a commitment from the Department of Health to improve patient information. This is highlighted in the NHS Plan³ which states that patient information should empower patients, carers and relatives to make choices and to give informed consent. The importance of quality patient information was supported further by the publication of the Kennedy Report⁴.

The Trust is required by the NHS Litigation Authority (NHSLA)⁵ to have a systematic process for developing, reviewing and monitoring patient information. The Department of Health has also announced plans to develop an accreditation scheme for patient information⁷ in 2008, in development phase Summer 2007.

4 Responsibilities

4.1 The Patient Information Team

The Patient Information Team, in conjunction with the Advisory Group for Patient Information (AGPI), will co-ordinate the development, review and monitoring of patient information across the Trust, as well as maintain guidelines for the development of patient information. The Patient Information Team will assist authors in developing and formatting patient information, ensuring that they meet the requirements of the Department of Health Information Accreditation Scheme, NHSLA and Healthcare Commission standards. The team will inform staff at the beginning of each month of the patient information leaflets that have been added to the patient information library on the intranet in the form of an e-bulletin. This will be sent to networks 2, 3, 4, 6, 7, 9, 10 and 12.

The Patient Information Team will not produce patient information; SDUs will be responsible for this. More than one SDU may be involved in producing patient information. For example, if a leaflet will be used by more than one specialty, it would be good practice to involve all the relevant specialties in developing the leaflet. However, it would be practical if one SDU led on the development and is noted as the 'owner' of the document.

4.2 The Advisory Group for Patient Information (AGPI) and the Reader Panel

The AGPI directs and advises on the strategic development of patient information across Addenbrooke's Hospital. The AGPI provides a framework to:

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- enable all forms of patient information to be reviewed for quality and content prior to ratification.
- raise the profile of patient information.
- enable patient information to be accessible to all patient, user and staff groups.

The AGPI reviews the format and content of Trust wide patient information leaflets and approves them for publication.

The Reader Panel, a sub group of the AGPI:

- reviews the quality and format of all local (ie departmental not Trust wide) patient information and checks it meets Trust style guidelines and adheres to the patient information policy on behalf of the AGPI.
- reports back reviews to the AGPI, via the Patient Information Team, for their approval.

The Reader Panel reviews local patient information leaflets once a month and they have two weeks to complete their review. Any changes to the leaflet following the review are made by the Patient Information Team in conjunction with the author after which the leaflet will be published, having received an approval form from the author's department. The AGPI approves the review.

The Reader Panel membership consists of Patient and Public members of the Foundation Trust; they are all lay people.

4.3 The Network of Patient Information Leads

A Network of Patient Information Leads has been established: one or more leads were nominated by each SDU. The lead acts as a point of contact with the Patient Information Team and liaises to co-ordinate the development of patient information within their SDU. In some cases, it may be appropriate for a Patient Information Lead to cover more than one SDU, or for more than one lead to be identified within an SDU.

The Network of Patient Information Leads has been trained by the Patient Information Team on the principles of good patient information such as removing out of date leaflets from circulation, printing copies of leaflets as required. They are also trained on the Trust Patient Information Style Guidelines and the principles of Plain English.

The Leads, as well as the Patient Information Team, will advise potential authors on producing patient information and advise the Patient Information Team of all patient information in use in their department, both local and national leaflets.

The patient information network lead will be the first point of contact for the Patient Information Team in relation to assessing unplanned patient information leaflet requests in conjunction with an appropriate author/specialist in the subject in question.

4.4 Authorship and Ownership of Patient Information

The author(s) of the patient information will be the individual(s) writing the patient information. However, the author(s) may leave the Trust or change jobs within the Trust. Therefore, the owner of the patient information will be the SDU. When the patient information is due for review, the SDU manager/Patient Information Network contact will be contacted.

4.5 Clinical staff

Clinical staff are responsible for:

- knowing how to access patient information
- ensuring that their departments keep up to date patient information leaflets available
- giving patients information leaflets appropriate to their condition and/or treatment and ensuring that the latest version is provided
- using patient information leaflets to support verbal information given to patients
- identifying the need to develop patient information in line with service requirements
- working in collaboration with the Patient Information Team when developing patient information
- adhering to the Trust patient information policy

5 Definitions

5.1 Patient Information

Patient information is written information about conditions, treatments (surgery and medications), procedures, examinations and services specifically for patients. It can be in the form of leaflets, booklets, sheets or posters, although these may be converted into audiotapes/compact discs or videos for people with sight or learning difficulties.

It is not information about patients such as medical or personal information, which would be held in the medical notes. Nor is it clinical guidelines, protocols, procedures or GP proformas.

Patient information does not include information given to patients verbally by Health Professionals. Patient information leaflets should be given to patients to support and supplement verbal communication. It should not be used as a substitute to verbal communication.

6 National and Clinical Network Patient Information Leaflets

It is good practice to use leaflets produced nationally or by clinical networks, where possible. If SDUs/wards/clinics are purchasing or are provided with national or clinical network patient information leaflets ie breastfeeding/cancer then the SDU Clinical Governance Committee will ensure that it contains the information they require and notify the Patient

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Information Team of the information they are using. This will be recorded on the patient information database. It should also be available where possible electronically via the Patient Information Library.

If SDUs 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.

7 Patient Information Process

See the summary of the process for developing patient information leaflets on page two for an overview.

7.1 Development

Service Delivery Units will produce patient information leaflets. Patient information leaflets regarding conditions, treatments, procedures or services will be developed by doctors, nurses, allied health professionals or managers. Authors will have appropriate knowledge of the condition, treatment, procedure or service.

SDUs or clinicians will identify the need for a patient information leaflet. In some circumstances, the Patient Information Team may also identify a need for a patient information leaflet, for example through PALS complaints or patient survey data.

Before developing new patient information leaflets, authors will liaise with the Patient Information Lead for their area. They, in turn, will liaise with the Patient Information Team. The authors, the patient information lead and the Patient Information Team will work together to establish whether there is a need for the new patient information.

The Patient Information Team will provide the authors with a copy of this policy and style guidelines (as per appendix one) and these should be followed. The authors' final draft should be submitted to the Patient Information Team. The Patient Information Team will review the information and then pass it to the Reader Panel for review. The Patient Information Team may make amendments to the style/format of the information following review. The author will be informed of all amendments and will be asked to agree with them. The AGPI will approve all Reader Panel reviews of format and clarity.

Requests for unplanned patient information may be raised via a number of avenues, for example the comments cards in use in the Trust, the annual patient information survey, focus groups or via the patient information email account. If such requests are received, the patient information network must liaise with the Patient Information Team and vice versa. An appropriate senior member of staff will be consulted and a decision made to warrant the request made within two weeks, providing feedback to the requestor. If the decision is made to amend a current leaflet, every effort will be made for the

amendment to be made within a month. If a new leaflet is to be written, this will proceed through the development process of an information leaflet as detailed in this policy.

7.1.1 Clinical content

When writing patient information leaflets, authors should follow these points:

- Follow this policy and the style guidelines for patient information.
- Work with the network patient information lead for that department and also the Patient Information Team.
- The content will be evidence based and reflect current best practice. If reference sources are used, for example the Cochrane library, BMJ, these must be indicated on the information leaflet. If a large number of reference sources have been used in the production of an information leaflet, they can instead be recorded on the patient information approval form (see appendix 4).
- Any conflict of interest, for example alternative views on an aspect of information given, will be highlighted by the author of the patient information leaflet. These must be made clear by the author in the information.
- Bear in mind that patient information leaflets do not replace verbal information; they should complement, support and supplement verbal information.
- Involve users in the production of patient information, for example, a user could be part of the writing group.
- Pilot patient information with users prior to publication, this can be through:
 - user groups to discuss draft patient information
 - patient information sent to patients for comments

The clinical content will be approved locally by the SDU's Clinical Governance Committee. When the clinical content has been approved, a copy of the approval form should be forwarded to the Patient Information Team for records with a copy of the minutes of the meeting where the leaflet was approved or email correspondence showing approval. The approval form is available from the Patient Information Team:

patient.information@addenbrookes.nhs.uk or refer to appendix 4.

7.1.2 Access

When producing patient information, authors will need to consider access to the information and ensure that the needs of particular groups of people are met. These groups will include people whose first language is not English, people who have sight difficulties and people with learning difficulties. People with learning difficulties may need a clinician to go through the leaflet with them, especially if the leaflet has not been specifically designed for people with learning difficulties.

All patient information will contain a statement asking staff to contact the patient information team if the document is required in a different format or in the following languages: Polish, Portuguese, Russian, Cantonese, Turkish

and Bengali. These are the top six languages spoken in Cambridgeshire. The statement is a legal requirement set out in the Race Relations Amendment Act 2000 and the Disability Discrimination Act 1995. In addition, it is a requirement under the National Service Frameworks and National Strategy for People with Learning Disabilities.

For more information on equality and diversity, contact Human Resources.

7.1.3 Fast Tracking Patient Information Leaflets

There may be rare circumstances when it is necessary to urgently develop patient information leaflets in response to a particular need. In this situation, patient information leaflets may be fast tracked for publication. In the interim, the leaflets can be published but will have to contain the following statement: "this leaflet has been fast tracked for publication and is awaiting review by the Trust Reader Panel". The leaflet will then be reviewed and approved in the two months following publication and no later. The Patient Information Team can agree and document the extenuating circumstances with the author.

7.2 Reviewing

Patient information will be reviewed every two years following publication date or earlier in light of new evidence; this means that a patient information leaflet published in July 2007 will be due for review in July 2009. The owners of the patient information will be informed three months before a leaflet is due for review and will be asked to review the content. If no changes are made to the leaflet, the leaflet will be published for another two years. If significant changes are made to the leaflet, it will require review by the Reader Panel, if a local leaflet, or review by the AGPI, if a Trust wide leaflet or procedure specific consent form, prior to publication. In both instances, a new approval form must be completed by the owning department (not the author of the information) and returned to the Patient Information Team with evidence that approval has taken place, for example, email correspondence or SDU governance meeting minutes. If the author does not respond by the review date with notification of changes or to republish, the leaflet will be deemed out of date. This will be made clear on the leaflet by the addition of a printed watermark to indicate that it is under review. There will be a consultation with the leaflet owner regarding the expected length of time it will take to review and update the document.

7.3 Monitoring

7.3.1 Patient Information Database

A Patient Information Database has been established. The database contains a list of all patient information leaflets in use within the Trust and will include the publication and review dates of the patient information leaflet. Each leaflet will be allocated a Patient Information Number (PIN). Patient information will only be published following allocation of a PIN.

7.3.2 Archiving Patient Information

All patient information leaflets will be archived by the Patient Information Team. A copy of each patient information leaflet will be archived including a copy of revised leaflets; these may be electronic copies or paper copies. Copies of revised leaflets will be retained for an indefinite period; we are required by NHSLA to have a record of what information was available at a set period of time. The archive will be managed by the Patient Information Team.

7.3.3 Errors and corrective action

Errors in information leaflets will be recorded and corrected by the Patient Information Team, with the agreement of the author/patient information network, as soon as possible following the finding.

8 Patient Information – Publication

When the patient information has been ratified for publication and a PIN allocated to it (see section 7.3 Monitoring), it will be published electronically on the internet and intranet:

8.1 Internet/intranet

The Addenbrooke's internal website (intranet) contains a patient information library and all patient information will be published here including procedure specific consent forms once the Patient Information Team have received a completed approval form from the author. (The approval form is available from a member of the Patient Information Team). Hospital staff will then print copies of patient information as required. In parallel, all patient information will be published on the Addenbrooke's external website (internet). This will enable patients and/or their carers to print off the patient information as their need requires. Patient information leaflets will be published on the intranet and internet website by the Patient Information Team within a week of receiving the completed approval form.

In exceptional circumstances, and if it is agreed with the Patient Information Team that the patient information is not suitable to go on the external website, the title will be available with details as to how the information can be obtained. An example of this may be where a leaflet should only be given to a patient along with counselling.

8.2 Hard copies

Authors/staff should print copies of the required patient information from the intranet/internet. This will ensure that up to date patient information is used at all times.

Patients will also be able to obtain printed copies of the patient information leaflet from PALS.

There may be circumstances when it is necessary to pre-print leaflets, in bulk, in A5 or DL format. In this situation, authors should agree this with the

Patient Information Team. If this is agreed, it is the responsibility of the author to ensure that the finances are available to pay for published leaflets and to contact either medical photography or procurement to arrange printing. It will be the responsibility of the Patient Information Lead and the SDU to remove out of date leaflets from use at the review stage.

9 Sponsorship and Advertising

Sponsorship or advertising on patient information leaflets will be considered on an individual basis. Authors intending to use sponsorship or advertising must discuss this first with the Patient Information Team.

10 Websites/pages

Staff developing websites/pages containing patient information will contact the Patient Information Team to discuss the development of the content and will adhere to the relevant principles of the Style Guidelines for Patient Information and follow the Trust policy throughout.

11 Monitoring the compliance with and effectiveness of the policy

The effectiveness of this policy is monitored by an annual patient information survey to obtain views of the public on the quality of written information they have received as a patient. The results are analysed by the Patient Information Team and included in the patient information annual report. This is communicated to the Medical Director, Clinical Directors, Service Delivery Directors and Managers and Senior Clinical Nurses. The report is also taken to the Advisory Group for Patient Information and the Patient Experience and Public Engagement Committee for information. Improvements required as a result of the audit will be identified and actions taken by the Programme Manager for Patient Information and Trust Documents.

On an ongoing basis the standards contained within this policy are audited as part of the overall process. Example of the audited standards are:

- **Style and Format:** the use of a continuous quality assurance process when working with authors on using the leaflet templates and style guidelines when producing and updating patient information.
- **Approval arrangements:** the Patient Information Team review the layout and readability of leaflets before they are sent to the Reader Panel. Members of the Reader Panel review locally produced leaflets in terms of readability, style and layout. The Advisory Group for Patient Information review Trustwide patient information leaflets and procedure specific consent forms. Once the authors agree with any necessary changes, the leaflets are locally approved. The Patient Information Team ensure that this has taken place by receiving an approval form for each leaflet/consent form from the appropriate team. This is recorded on the leaflet database.
- **Review arrangements:** The connect document library automatically sends a reminder to the Patient Information Team three months before a document is due for review. Reminders sent to authors are recorded on the Patient Information leaflet database.

12 References

1. Department of Health. *Toolkit for Producing Patient Information*. The Stationary Office. 2003
2. Mark Duman. *Producing Patient Information: How to research, develop and produce effective information resources*. Kings Fund. September 2005
3. Department of Health. *The NHS Plan: A Plan for Investment – A Plan for Reform*. The Stationary Office. 2000
4. The report of the public inquiry into children's heart surgery at the Bristol Royal Infirmary 1984 -1995: *Learning from Bristol*. The Stationary Office. 2001
5. NHS Litigation Authority. *Clinical NHSLA Risk Management Standards for Acute Trusts 2007*
6. Department of Health. *Better Information, Better Choices, Better Health, Putting Information at the Centre of Health*. The Stationary Office. 2004
7. Department of Health accreditation scheme
<http://www.dh.gov.uk/en/Policyandguidance/PatientChoice/Choice/BetterInformationChoicesHealth/Informationaccreditation/index.htm>

Equality and Diversity Statement

This document complies with the Cambridge University Hospitals NHS Foundation Trust service Equality and Diversity statement.

Disclaimer

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Document management

Document ratification and history	
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Version number:	6
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Appendix 1 Guideline

Patient information style guidelines

Audit standards:

- 1. Leaflets use appropriate font and font size**
- 2. Leaflets have a document history box**
- 3. Leaflets have appropriate content as set out in the appendix**
- 4. Leaflets have been reviewed by either the Advisory Group for Patient Information or the Trust Reader Panel**

1 Scope

Trust wide.

2 Aim

These guidelines have been developed to assist staff in writing patient information leaflets. They should be read in conjunction with the [policy for patient information](#).

3 Writing the information

3.1 Points to consider before writing the information

- Plan carefully before you start writing. Use an outline or a mind map so that you know exactly what you will be writing about.
- Consider who the information is for and why you need to produce it.
- Put yourself in the patient's shoes and try to write from their point of view. Try to imagine what kind of questions you would want answered if you had little knowledge of the subject.
- Information should be based on current evidence and give most recent practice and latest phone number.
- Information should be in context with other information given to patients, for example, letters, leaflets and appointments.

3.2 Points to consider regarding style and readability of information

- Organise your information into sections, use headings and sub-headings.
- Use everyday, plain language. Avoid any kind of jargon.

- Keep sentences and paragraphs short, average sentence length should be 15 – 20 words.
- If you use acronyms then make sure they are explained in full when they are first used.
- If you use medical terminology, explain it. 'This is ...' 'This means ...'
- Be patient-friendly and use personal pronouns such as 'we' and 'you'.
- If you need to use language that could sound potentially alarming for example, 'electrodes will be put on your chest' or 'nuclear medicine' – explain why it is being done and what it is.
- Use present and active tenses, where possible, for example, 'your appointment is on...' not 'your appointment has been made for...'
- Never assume that people understand what you are describing – make sure you add explanations and say why things are being done.
- Do not confuse people by covering several treatments and conditions in the same leaflet.

4 Structure and content

4.1 Structure

- Structure your text around 'frequently asked questions' - this makes it easier for patients to read as it is addressing their concerns directly and will also give you a logical structure for your information.

4.2 Content

- Avoid giving instructions like 'you must not' or 'do not' – instead explain why something is necessary.
- Use job titles for local contacts, for example, 'cardiac rehabilitation nurse' rather than a named person as staff will leave the Trust resulting in leaflets becoming out of date.
- Use generic drug names, for example, 'paracetamol' not 'Panadol'.
- Communicate probabilities appropriately; patients often want to know how likely it is that a particular treatment will have a certain positive or negative effect. Avoid using descriptions that have 'few', 'many', 'some' which can mean different things to different people. Fractions and percentages are difficult for some people to understand. Descriptions such as 'one out of every 50' or 'five out of every 100' can mean more to people.
- Be helpful. Help people make decisions by giving them facts about the risks, side effects and benefits.

5 Checklist for information that should be included


- ✓ Give an explanation of what the information leaflet is about, who it is intended for and what it covers.
- ✓ Include information on the benefits, risks and alternatives.
- ✓ Show that the information is reliable, mark it with the production dates, a review date, a version number and an author/authoring department.
- ✓ State the full address (including box number) of the department, together with the direct dial telephone number and the hospital website – www.addenbrookes.org.uk
- ✓ Who can patients contact if they have any more questions?
- ✓ Help people identify further local and national sources of information and support, such as contact numbers and website addresses for further information.
- ✓ Show what reference sources have been used in the production of the information leaflet.
- ✓ Information about the availability of other formats, for example: large print, tape and other languages.
- ✓ Ask for comments and suggestions about the patient experience and about the information itself. Supply a contact telephone number and an email address.

Appendix 1 provides checklists for points that should be included in leaflets about operations/procedures, conditions/treatments, services or medication.

Appendix 3 provides a link to the templates for an information leaflet.

6 Style – formatting text

6.1 Layout

- Too much text on a page can be off-putting. Use small blocks of text dividing them up by headings.
- Columns and paragraphs which are too close together can cause confusion.
- Make sure that headings are clear.
- Bulleted or numbered points can help to divide complicated information, but do not use formal report numbering: 1.1, 1.1.1 as this is too detailed for this kind of information. Keep the numbering simple.
- When describing steps, use numbers rather than bullet points or flow charts. Flow charts can sometimes be difficult to understand.
- Leave one space after a full stop.
- Left justify text only: 

6.2 Format of text

Grammar

- The Trust style for all documents and letters is open punctuation; this means there are no full stops included in eg, ie or titles – Mr, Dr, Mrs.
- Avoid using eg, ie and etc. Not everyone will understand them, instead use 'for example' or 'such as' and 'in other words' or 'that is'.
- Inpatient and outpatient are written as one word with no hyphen.
- When referring to the Trust use an initial capital.
- Double speech marks are only used when reporting speech – use single marks for everything else.

Dates/numbers

- For dates use day, month, year with no 'th', 'rd', 'st' following the day.
- Numbers from one to nine are easier to read if they are written in words and write numbers from '10' upwards as numbers.

Font

- We recommend you use **Verdana** with a minimum **point size of 11**.
- 14 point Verdana is commonly used in large print books and is also needed for children and older people.
- 16 point Verdana is used by the Royal National Institute for the Blind, for partially sighted people.
- Use **bold** to emphasise text. Avoid UPPER CASE letters, *italics* and underlining as they make the text more difficult to read.
- Use lower case letters, where possible, as this makes text much easier to read. Exceptions to this are proper names, proper nouns like days of the week and months of the year, people's titles, publications, names of committees, names of departments and the first letter in a sentence.
 - If you are referring to the function of a job then use lower case, for example: doctors, nurses, chief executive, cleaners etc.
 - If you are referring to someone's title, for example: Gareth Goodier, Chief Executive then use initial capitals. Departments should have initial capitals, for example: the Oncology Centre.
 - If you are referring to a specialty, it should be lower case.
- Titles of books and reports should be in italics (and have initial capitals). Telephone numbers should not have brackets around STD code.

6.3 Images/Picture

- Do not use Clip Art or cartoons. They do not add to the reputation of a professional organisation. Use pictures when appropriate and consider

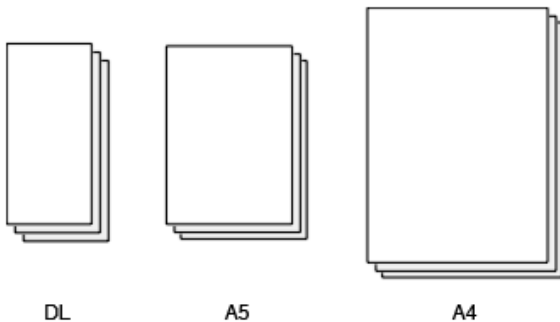
whether they will add anything to the information. If you wish to use pictures contact medical photography or use the NSH Photo Library site: <http://www.photolibrary.nhs.uk/>

- Do not write text over background pictures.

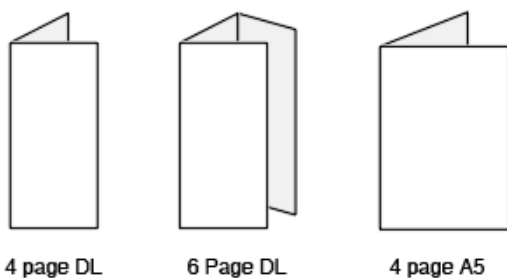
7 Formats and colours available

All patient information leaflets are published in A4 format on white paper. However, if it has been agreed that a leaflet may be pre-printed, the following formats are available:

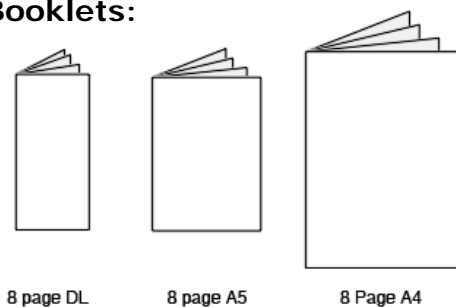
Separate-sheet leaflets:



Folded leaflets:



Booklets:



8 Consistent features

Front cover:

- Cambridge University Hospitals NHS Foundation Trust logo

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- Patient Information logo
- Title of leaflet
- Department or directorate where appropriate

Content:

- Aim of leaflet
- Benefits
- Risks
- Alternatives
- Contacts/Further information
- References/Sources of evidence

Back cover:

- Document history (which includes publication date, review date, version number and unique leaflet reference number)
- Translation box
- No smoking strapline

The Patient Information template should be used, which has all these features incorporated into it. The templates can be found at:

<http://connect/index.cfm?articleid=1073>

9 Monitoring the compliance with and effectiveness of the guideline

The effectiveness of this guideline is monitored on an ongoing basis by the Patient Information Team.

- **Style, layout and format:** use of a continuous quality assurance process by the Patient Information Team when working with authors on using the leaflet templates and style guidelines when producing and updating patient information. The Trust Reader Panel also review each locally produced patient information leaflet and the Advisory Group for Patient Information review each Trustwide patient information leaflet in terms of style, layout, format and readability.

10 Further information

- *Toolkit for producing patient information* Department of Health 2003
- Patient Information Team: Box 132, 01223 216032 (internal: 2032)
patient.information@addenbrookes.nhs.uk

Equality and Diversity Statement

This document complies with the Cambridge University Hospitals NHS Foundation Trust service Equality and Diversity statement.

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Document management

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Appendix 2

The following checklists are adapted from the Department of Health toolkit for producing patient information.

They are not a complete checklist and some things may not be appropriate for certain information leaflets, for example, some procedures do not involve any sort of anaesthetic.

Remember to include the general points that all leaflets should have, as outlined above.

1. Information about operations, treatments and investigations

- What is the procedure?
- Why are they having it?
- Give facts about the risks, side effects, benefits and alternatives of the procedure, condition or treatment and the likely effects of no treatment so patients know what to expect.
- What preparation do they need or not need?
- Do they need a general anaesthetic, sedation or local anaesthetic?
- What happens when they arrive at the hospital or the clinic, and who will they meet?
- Will they be asked to sign a consent form or is verbal consent needed?
- What does the procedure involve? How long does it last? What does it feel like?
- What happens after the procedure – pain control, nursing checks, sutures.
- How long will they stay in hospital?
- Do they need someone with them or any special equipment when they go home?
- What care do they need at home?
- What follow-up care is needed? Do they need to visit their doctor?
- What can go wrong, what signs to look out for and what to do if something goes wrong.
- When can they start their normal activities again, for example, driving, sport, sex or work?

2. Information about conditions and treatments

- What condition is being described?
- What causes it? Or, if the cause is not known, say so.
- Does anything increase the risk, for example, age, sex, ethnic origin or a family history of the condition?
- What are the signs and symptoms?
- Are there any tests or examinations needed to confirm the diagnosis?
- What treatments are available? Give brief descriptions.
- Give facts about the risks, side effects, benefits and alternatives of the treatment and the likely effects of no treatment so patients know what to expect.
- What are the next steps?

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- What can patients do for themselves?
- Are there other implications, for example, infecting other people?

3. Information about services, for example, cardiac rehabilitation classes or a GP skin clinic

- Describe the service.
- Start at the beginning where the patient would start, for example, a leaflet about transport might start with how to book it, with a phone number.
- Who is eligible?
- Details of how to access the service.
- Is equipment or special clothing needed?
- Where to go for it, how to find it.
- Are maps needed?
- When is a service available?
- Is there a waiting time?
- How often do they need to attend?
- Do they need to bring any documents?
- Who to contact if they cannot attend.
- What is or is not available, for example, transport.
- Are interpreters needed?
- Are any costs involved?
- Are there any advantages or disadvantages that need to be explained?

4. Information about medication for patients

- Explain that any information that is given in a leaflet should be read with any patient information leaflet provided by the manufacturer.
- What medication are you describing and what is it for?
- How is it given?
- How often should it be given?
- What should be avoided or added when taking a particular medication, for example, certain foods.
- What are the side effects? Make sure that you mention that everyone is different so may react differently to medication.
- What to do if medication is not given properly.
- Remind patients to tell the clinician who prescribes the medication about any other medication they are taking.
- Advice on storing medication out of the reach and sight of children, in the fridge and out of the sunlight.
- Advice on where to get repeat prescriptions.
- A contact number (of the pharmacy, specialist nurse, doctor or NHS Direct) for more information and to check on any concerns about side effects.

Appendix 3: Patient Information Leaflet Template

Please refer to: <http://connect/index.cfm?articleid=1073>

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Please send this form to the Patient Information Team: Box 132

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(For patient information team use)

Returned to department on:	
This information was/was not approved by the Patient Information Team on:	
PIN:	
Put onto intranet patient information library:	
Put onto internet patient information library:	
Sent to print on (if applicable):	