Production of Patient Information Policy

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Distributed via:	Trust website

Chair: Elaine Baylis QPM
Chief Executive: Maz Fosh

Version Control

Version	Section/Para/ Appendix	Version/Description of Amendments	Date	Author/Amended by
1	all sections 9.3	General grammar and spelling corrections transfer of checklists to appendix 2	17.8.2010	S Gec
2		Reviewed for LCHS transfer	Sept 2010	S Gec
3	All sections	Updates following scheduled review – new ref (old one CG017a)	July 2014	S. Knight
3.1	Whole Document	Extension agreed	Aug 2016	H Emmerson
4	All sections	Updated in light of organisational changes	Sept 2016	H Emmerson
5	All sections	Planned review	August 2018	H Emmerson
6	All sections	Planned review	Nov 2020	H Emmerson
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Production of Patient Information Policy
Procedural Document Statement

Background
The purpose of this policy is to implement a co-ordinated and uniform approach to the production of patient information.

Statement
Lincolnshire Community Health Services NHS Trust will produce public facing literature that is clear, concise, informative and formatted in a manner that is easily accessible to all.

Responsibilities
Compliance with the policy will be the responsibility of all Lincolnshire Community Health Services NHS Trust staff.

Nominated committees are responsible for the ratification of patient information.

Training
Senior managers are responsible for making authors of patient information aware of the development and management process of all patient information produced by Lincolnshire Community Health Services NHS Trust in line with the trust's corporate identity.

Dissemination
Public website and all hard copy patient facing information

Resource implication
No additional costs will be incurred as a result of the implementation of this policy as patient and public information is already being produced by Lincolnshire Community Health Services NHS Trust.

Equality & Diversity Statement
This policy aims to meet the requirements of the Equality Act 2010 and ensure that no employee receives less favourable treatment on the grounds of gender, sexual orientation, transgender, civil partnership/marital status, appearance, race, nationality, ethnic or national origins, religion/belief or no religion/belief, disability, age, carer, pregnancy or maternity, social status or trade union membership.

Production of Patient Information Policy

1.   Introduction

Information is an important part of the patient journey and central to the overall quality of each patient's experience of the NHS. This policy aims to raise the standard of written information for patients, carers and people who use the services of Lincolnshire Community Health Services NHS Trust ensuring that the patient information we produce is clear and concise, relevant, accurate and is written in plain English.

2.   Purpose

The purpose of this policy is to implement a coordinated and uniform approach to the development of patient information, approval and review within the organisation, to ensure that the public receive simple, effective communication.

This policy seeks to ensure that all forms of public facing information is clear, concise relevant and accurate, written in plain English, free from bias and avoids stereotyping.

The policy will assist Lincolnshire Community Health Services NHS Trust staff to produce public facing literature that:

- conforms to Lincolnshire Community Health Services NHS Trust corporate identity guidelines
- is clear, concise and informative
- is formatted in a way that makes it as accessible as possible
- takes into account the principles of best practice and reflects the organisation's vision and values
- is inclusive of a wide range of people and circumstances.

3.   Duties

This policy is applicable to:

- all staff employed by Lincolnshire Community Health Services NHS Trust
- any information produced by the organisation about conditions, treatment, procedures, examinations, surgery and services
- commercially produced information used by employees of Lincolnshire Community Health Services NHS Trust.

4. Expertise to produce patient information

Any staff member of Lincolnshire Community Health Services NHS Trust who undertakes the production of public facing information should have the required knowledge of the subject area and the necessary skills to ensure it is written in plain English, accurate and effective.

5.   Responsibility for production of patient information

Heads of Service are responsible for ensuring that appropriate and effective information regarding their service is produced and made available to service users. They are responsible for ensuring that all their staff are aware of the guidance contained within this policy and apply this to their areas of responsibility.

Quality Assurance Groups are responsible for ensuring that public facing literature is relevant and accessible to the intended audience and for ensuring the accuracy of content within patient facing literature.

Patient information should not be printed until the final version of the document has been ratified. Service lines are responsible for the procurement of external printing services and associated costs.

6.   Consultation, approval and ratification process

Best practice is that all public facing communications should be submitted to the scrutiny of external stakeholders. Lincolnshire Community Health Services NHS Trust uses a Reader's Panel to comment on public facing information. The panel will consider the tone and language and assess whether the information is clear and useful.

The Readers Panel is not there to proof read, check for branding compliance or accuracy of the content but to provide the patient perspective. Authors of patient information should send draft copies of any public facing communication to lhnt.lchsecomms@nhs.net. Feedback from the Reader's Panel will be received within two weeks of submission and once collated will be sent to the document author for consideration. The author will be responsible for making amendments to draft patient information following feedback from the Reader's Panel if they feel it is appropriate to do so.

Branding should always be checked by the communications department, who will also sign off corporate promotional material. Final sign off for patient information should be through the relevant service line Quality Assurance Groups. This should be recorded in the minutes of that meeting in order to maintain accurate governance records.

Following sign off the final version should be sent to the communication team email for inclusion in the information library and on the trust website. The communications team will need to be provided with the patient information title, approval date and author/owner of the document.

A PDF version of the document including unique reference number will be returned to author

and head of service by the communications team. At this point the patient information can be printed. Please note service lines are responsible for making arrangements for any external printing requirements there is no central budget for the printing of patient information.

7.   Document control including archiving arrangements

The communications team will be responsible for supporting the process related to the production of patient information and will maintain an up to date library of the organisation's patient and public information. The library will include:

- patient information title
- reference number
- author/owner
- service line
- approval/ receipt date
- review date

All patient information will include an identified review date. Reviews will be undertaken at a maximum of two yearly intervals by the author/owner, or by the Head of Service.

For all patient information that has reached its review date, the chief executive's office will send an email to the author of the patient information and the Head of Service informing them of the pending expiry date and requesting a review of the patient information.

Reviews and revision of patient information must be approved according to the process described in section 6 of the document.

8.   Standards for patient and public information

All existing and future information must be compliant with the corporate identity. A copy of the Lincolnshire Community Health Services brand guidelines can be requested from the communications team lhnt.lchsecomms@nhs.net . The Trust complies with the latest NHS branding guidelines, more details available here. https://www.england.nhs.uk/nhsidentity/

Checklists for identifying the standards expected when producing any information can be found in Appendix 1.

9.   Using information from other sources

When using externally sourced information always ensure you have permission to do so. When using information from other agencies or commercial sources, staff should bear in mind that such information should also meet the standards outlined in this policy. Staff should ensure that such information:

- is not biased in respect of particular product
- has a credible evidence base
- is ethnically sound
- does not infringe copyright laws.

10. Information produced in alternative formats

It is important when producing information that it is made as widely available as possible and must comply with the Equality Act (2010) which requires public sector organisations to make their services accessible to people with disabilities. This includes provision of information in appropriate formats and the accessible information standard, https://www.england.nhs.uk/ourwork/accessibleinfo/

All patient information should include the following statement. *"This document can also be made available in different formats and languages upon request"*.

If a request for alternative formats is received, further information is available on the equality and diversity section of the https://www.lincolnshirecommunityhealthservices.nhs.uk/about-us/equality-and-diversity or from the equality diversity and inclusion team.

11. Monitoring of policy compliance

A monthly review of complaints relating to communication will be undertaken to ensure that any concerns or complaints identified in relation to the provision of patient information can be responded to and lessons learned.

Monitoring the Implementation of the Policy

Minimum requirement to be monitored	Process for monitoring	Responsible individuals	Frequency of monitoring	Responsible committee for the review of results	Responsible committee for the development of action plans	Responsible committee for monitoring the action plan
Random sample	Audit	quality assurance managers and communications team	Bi annually	Trust Leadership Team	Stakeholder Engagement and Involvement Group	Stakeholder Engagement and Involvement Group

Appendix 1 - Standards for production of patient information

	yes/no
Have you included on the front cover the Lincolnshire Community Health Services NHS Trust logo, twin hearts device and tagline, and document title in line with the template?	
Have you included on the back cover the date of the publication and how the reader can request the information in a different format?	
Is it clear and in everyday language?	
Is the content free of jargon and abbreviations?	
Is the typeface (font) Arial 12?	
Have you used lower case letters? Avoid using uppercase letter, and underlining as it makes text difficult to read.	
Is the information well presented and set out clearly on the page?	
Does the tone of the information match NHS values of respect, care and professionalism?	
Is it easy to see what the leaflet is about and who it is for?	
Has the content been checked for spelling and grammar?	
Do you have appropriate consent for use of photographs?	
Have you put contacts details on the document in case people want more information about the publication?	
Are there advantages or disadvantages that need to be explained?	
Have you used medical terminology? If yes, is it absolutely necessary and if so have you given an explanation.	
Have you used personal pronouns such as 'we' and 'you'? Content should be written in the third person at all times.	
Have you used present and active tense for example 'your appointment is on... 'Not 'your appointment has been made for...?	
Are numbers one to nine written in words and numbers from 10 onwards written in numbers?	
Have you offered to produce this information in a different format eg another language, large print accessible format etc?	
Has a review date been set?	

Checklist for producing information about conditions

	yes/no
What condition is being described?	
What causes it? If the cause is not known say so.	
Does anything increase the risk, for example: age, ethnic origin or a family history of the condition	
What are the signs and symptoms?	
Are there any tests or investigations needed to confirm the diagnosis?	
What treatments are available? Give brief descriptions.	
What are the side effects and the risks of getting treatment or not getting treatment?	
What are the next steps?	
What can the patient do for him/herself?	
Are there any implications, for example, infecting other people?	
Who can the reader contact if they have any more questions?	

Checklist for information about operations, treatment or investigations

	yes/no
What is the procedure?	
Why are they having it? Give the benefits and alternatives where appropriate	
What preparation do they need or not need?	
Where do they access the treatment? Do you need to consider providing a map?	
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?	
What does the procedure involve? How long does it last and what does it feel like?	

What happens after the procedure (e.g pain control, nursing care, stitches)?	
What care do they need at home?	
What can go wrong, what signs to look out for and what to do if something goes wrong?	
What follow up care is needed - do they need to visit their doctor?	
When can they start their normal activities again, for example driving sport, sexual activities or returning to work?	
Who can they contact if they have any more questions?	

Checklist for writing about services, for example school nursing, therapy services podiatry

	yes/no
What is the service?	
Who is eligible?	
Does the literature include details of how to access the service?	
Does the service provide home visits?	
Where is the service based? Do you need to consider providing a map?	
When is a service available?	
Do they need to bring any documents?	
Is there a waiting time?	
How often do they need to attend?	
Who do they need to contact if they cannot attend?	
Are any costs involved?	
Are there any advantages or disadvantages that need to be explained?	
What is or is not available? For example transport?	
Who to contact (phone number and when for example 9am -5pm Monday to Friday)	
How can they comment on the service?	

Checklist for writing information about medications for patients

	yes/no
Explain that any information given in a leaflet should be read with any patient information leaflets provided by the manufacturer of the medication	
What medication is prescribed and what is it for?	
How often should it be given and how should it be taken?	
What should be avoided or added when taking 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	
Remind patients to tell the clinician who prescribes the medication about any other medication they are taking and bring with them to show the clinician	
Advice on storing of medication out of reach and sight of children,	
Advice on where to get repeat prescriptions	
provide a contact number (of the pharmacy, specialist nurse, doctor, NHS 111) for more information and to check on any concerns about side effects	

Appendix 2 - Equality Analysis

NB - It is the responsibility of the author / reviewer of this document to complete / update the Equality Analysis each time it has a full review and to contact the Equality Diversity and Inclusion Lead if a full equality impact analysis is required

Equality Impact Analysis Screening Form

Title of activity	Production of Patient Information Policy		
Date form completed	11/09/20	Name of lead for this activity	Heather Emmerson

Analysis undertaken by:		
Name(s)	Job role	Department
Heather Emmerson	Engagement Manager	CEO

What is the aim or objective of this activity?	The object of the policy is to ensure that all literature produced by LCHS is informative, relevant and accessible.
Who will this activity impact on? *E.g. staff, patients, carers, visitors etc.*	Compliance with the policy will make our public facing literature more responsive to the needs of all the community we serve.

Potential impacts on different equality groups:

Equality Group	Potential for **positive** impact	**Neutral** Impact	Potential for **negative** impact	Please provide details of how you believe there is a potential positive, negative or neutral impact (and what evidence you have gathered)
Age	☒	☐	☐	Compliance with the policy will make our public facing literature more responsive to the needs of all the community we serve.
Disability	☒	☐	☐	Compliance with the policy will make our public facing literature more responsive to

				the needs of all the community we serve.
Gender reassignment	☒	☐	☐	Compliance with the policy will make our public facing literature more responsive to the needs of all the community we serve.
Marriage & civil partnerships	☒	☐	☐	Compliance with the policy will make our public facing literature more responsive to the needs of all the community we serve.
Pregnancy & maternity	☒	☐	☐	Compliance with the policy will make our public facing literature more responsive to the needs of all the community we serve.
Race	☒	☐	☐	Compliance with the policy will make our public facing literature more responsive to the needs of all the community we serve.
Religion or belief	☒	☐	☐	Compliance with the policy will make our public facing literature more responsive to the needs of all the community we serve.
Sex	☒	☐	☐	Compliance with the policy will make our public facing literature more responsive to the needs of all the community we serve.
Sexual Orientation	☒	☐	☐	Compliance with the policy will make our public facing literature more responsive to the needs of all the community we serve.
Additional Impacts *(what other groups might this activity impact on? Carers, homeless, travelling communities etc.)*	☒	☐	☐	Compliance with the policy will make our public facing literature more responsive to the needs of all the community we serve.

If you have ticked one of the above equality groups please complete the following:

Level of impact

	Yes	No
Could this impact be considered direct or indirect discrimination?	☐	☒
If yes, how will you address this?		

	High	Medium	Low
What level do you consider the potential negative impact would be?	☐	☐	☒

If the negative impact is high, a full equality impact analysis will be required.

Action Plan

How could you minimise or remove any negative impacts identified, even if this is rated low?
By working to recruit a diverse readers panel
How will you monitor this impact or planned actions?
Review of membership of readers panel
Future review date: March 2023