

Producing Written Information for Patients (Guidance)

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Disclaimer

When using this document please ensure that the version you are using is the most up to date either by checking on the UHB database for any new versions. If the review date has passed please contact the author.

OUT OF DATE DOCUMENTS MUST NOT BE RELIED ON

Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	01/02/2014	20/05/2014	New Document

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1. Introduction

This guidance and its supporting appendices have been developed to ensure that information for patients is appropriate, patient friendly and consistent and follows a corporate style.

The guidance includes:

- A practical guide for developing patient information leaflets (Appendix A).
- The approval process to be followed via the UHB's Editorial Panel (Appendix B)
- Sample, best practice, information leaflets (Appendix C)

The only exception to approving patient information via this guidance will be urgent information developed by Corporate Communications, which will be produced in accordance with policy and guidance.

Research findings show that providing patients with well-written, evidence-based information about their condition and treatment can have a beneficial effect on the outcomes of treatment. In addition patients are more likely to retain important information that will assist them in making informed decisions about their care.

Furthermore, the provision of consistent, well-written, information is an important element in meeting the requirements of both Clinical Governance and Risk Management. Patient Information is an essential form of support to the Fundamentals of Care and the patient's dignity and respect.

The need for high quality information has been a recommendation in several reports including the Kennedy Report, and Health Inspectorate Wales Reports and this has been reinforced by the publication of the Welsh Assembly Government's 'Framework for Best Practice - The Production and Use of Health Information for the Public.'

The Welsh Government's Welsh Language Act and the Health Board's Welsh Language Scheme require all written materials to be produced in both Welsh and English.

2. Guidance statement

The Cardiff and Vale University Health Board is committed to open and effective communications. This is dependent on the establishment and maintenance of clear and effective channels of communication across the whole range of activities. It believes that the communication of good information promotes quality healthcare, offers service users assistance in making informed choices and plays a vital role in supporting staff to provide this information. This may be particularly important for anyone with additional needs, for example, those with impaired mental capacity, hearing or vision

impaired, those who require communication in Welsh or community languages. Information must be tailored to an individual's needs and abilities. It must also be in the easiest and most appropriate form of communication for the person concerned. The provision of consistent, well written and prepared information, therefore, is an important element in meeting the requirements of the clinical and corporate governance agenda.

3. Standards for information and processes

A published review of the quality of individual resources explored the information patients use to support the choices they make and was reported to the Quality and Safety Committee in June 2011. The research highlighted many deficiencies in the information available, and the authors concluded that there is a great deal more to the production of good quality patient information than is commonly assumed. They highlighted three key elements of quality information resources:

- patient involvement in development
- the use of reliable evidence
- consideration of the purpose of the information and the needs of the target audience.

There is no one set of rules applicable to every information resource and development process; nevertheless there are key factors on which consensus has been reached:

Patient information should be:

- **Accurate and reliable** - factually correct and consistent.
- **Accessible** – in a range of formats, effectively disseminated, pitched at the right level.
- **Relevant** - targeted to its audience, users involved in development and production.
- **Evidence based**
- **Specific** - avoid being too broad
- **Current** - with publication and review dates.
- **Readable** - easy to read, informal, active.
- **Clear** - understandable and straightforward, clear who the audience is.
- **Balanced and non-judgemental** - not favouring any particular option.
- **Transparent** - in terms of authorship and sponsorship.

- **Complementary** - supporting the decision making process and the health professional/patient relationship.
- **Peer reviewed** - by relevant health and other professionals; by patients and the public.

4. Definitions

Patient - Service user, client, carer, visitor or other person receiving information provided by the Health Board

Information - Evidence-based written leaflets, verbal or electronic provision of information to inform and support patients

5. Aims

Implementation of this guidance will ensure that patients, service users and carers are provided with timely information on their condition, care and treatment, their medication and, where appropriate, support arrangements.

6. Objectives

- Ensure that patient information meets statutory and UHB requirements
- Apply best practice and evidence
- Establish a robust system for regular evaluation of patient information which engages with clinicians and patients themselves`
- Ensure that patient information, where it concerns treatments, procedures, etc, supports the consent process
- Promote a UHB corporate image

Grouping patient information into the following three complementary elements will assist in achieving these aims and objectives and ensure that all aspects of a patient's experience are considered:

- Clinical Information
- Clinical Management Information
- Organisational Publications

While the type of information in each group will include the following, the author may wish to consider including information which is more wide-ranging.

6.1 Clinical Information – i.e. information that:

- Increases the patient's knowledge of their condition and proposed treatment and their care package. This includes what has

happened, why this has happened and what will/may happen in the future

- Informs consent decisions and facilitates improved compliance with proposed treatment and medication. The Health Board also provides the externally approved EIDO database - evidenced-based, patient-friendly information leaflets which support informed consent
- Promotes correct usage of prescribed medication
- Enables and empowers patients to ask questions about their care
- Facilitates pro-active health and well-being promotion

6.2 Clinical Management – i.e. information that:

Provides help to patients in their attendance/admission through to discharge and community support, including:

- advice on what to bring with them into hospital
- what information will be gathered from the patient
- confidentiality
- an introduction to informed consent and the process involved
- what happens in hospital and/or clinic e.g. visiting times, protected meal times
- transport issues including parking, public transport and ambulance services
- security issues - personal belongings etc.
- what to do if a person has special needs or a disability requiring additional support
- information about waiting times
- how discharge is planned, carers involvement where appropriate and points to be considered
- aftercare arrangements, including who will provide support together with contact details, visiting arrangements

6.3 Corporate publications – i.e. information that:

- informs the population about the range and location of services provided by the Health Board

- gives guidance on how and where to access services
- gives advice on other sources of information e.g. social services or voluntary sector organisations
- facilitates good communication between patients and the Health Board, including advice on raising a concern or paying a compliment

7. Best practice

- To avoid duplication consult the EIDO database and UHB intranet site of leaflets before embarking on the development of new material or revisiting existing publications
- Consult the UHB's [Consent Policy](http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/864/Approved%20CV%20Consent%20Policy%202012.pdf) to be clear about what information needs to be included where the leaflet concerns treatments, procedures, etc -
<http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/864/Approved%20CV%20Consent%20Policy%202012.pdf>
- Use an appropriate tool, e.g. DISCERN (3), Evaluation of Quality Information for Patients, to develop (and appraise) patient information
- Conform to the corporate format and style as set out in the production guidelines (Appendix 1)
- Where possible information should be consistent across the UHB. i.e. one leaflet per topic available on all sites.
- Consider content carefully to ensure future-proofing
- Information should be evidenced-based and incorporate themes from relevant publications and guidance documents
- Ensure multi disciplinary and via the Editorial Panel, patient involvement, in both design and content
- Information should be of suitable quality , i.e. printed rather than photocopied
- Leaflets obtained from a recognised source, e.g. a drugs manufacturer should be reviewed by the Directorate/Unit using the same process as UHB-produced material.
- Funding should be identified from Directorate budgets with the exception of specific corporate leaflets. Where sponsorship is possible appropriate sources of funding guidance should be sought from the Income Generation Governance and Ethical Framework (see link below) and the Sponsorship and Advertising Policy

<http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/864/Income%20Generation%20Governance%20%26%20Ethical%20Framework%20-%20Final%20090312%20-STAND%20ALONE2.pdf>

Appendix A

A practical guide to producing good written information for patients

Introduction

Interacting with the NHS can be daunting for many people who use our services. This guide has been written to help you think about the services you provide so that the written information you produce will be of help to the user.

It is recommended that one person be nominated as the co-ordinator for any new leaflet or an existing document which needs revising/updating. This will avoid any confusion when the final draft is submitted.

Please develop the document in Microsoft Word only and not in Microsoft Publisher as there are compatibility problems across the UHB

Please ensure that you complete the checklist (at the end of this guide) before sending your draft document to Patient Experience

1. Target Audience

Consider your audience and how the information you have written will be received by those reading it:

- Children and young people – ask them what they think about what you are developing. They may prefer to receive information in a text message format
- People with learning disabilities - information is often produced in an easy-read format i.e. using just pictures and approved symbols.
- Where appropriate, other languages and formats should be developed to meet the needs of the reader including Braille, Audio Tape or CD
- Those who support patients, including carers and family members

2. Content

As the purpose of written information is to be supportive it is important to consider the following:

- what local information needs to be included and how this will help the reader
- if the information is about a new service what are the benefits for and the demands on the patient e.g. fasting or arriving promptly at a set time
- local contact details are included covering all sites where the information will be used

- local telephone numbers should state the times they are manned and whether an answer phone facility is available
- reference to any facilities in place to support people with disabilities e.g. text phone for people with hearing impairments
- giving patients/service users the opportunity to provide feedback on how helpful the information has been. You may wish to trial information before publication
- the approved UHB and NHS Wales logos, http://nwww.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253,12978787,253,12978803&_dad=portal&_schema=PORTAL along with the Directorate or Department name must be used as headings (See example in Appendix C)

3. Ease of Reading

- Aim to keep sentences to no longer than 15 - 20 words
- Write in direct language using as “you” or “your”
- Use words that are in common usage
- Ensure technical and medical terms are kept to a minimum and if used, are clearly explained. Abbreviations should be kept to a minimum and explained the first time they are used. e.g. RCT could be Randomised Controlled Trial or Rhondda Cynon Taf!

4. Basic Document Set-Up

Paper

It is recommended that documents are designed in A4 page format and printed locally on black and white laser printers. Tri-fold leaflets should be avoided unless they can be restricted to both sides of one sheet of A4 paper. If you are having documents professionally printed, A5 is a useful size document that lends itself to multiple pages. To avoid reflection, do not use gloss paper; aim for semi-gloss or matte

Type Size

The size of the type (known as point size) is a fundamental factor in being able to read the document easily. A type size of between 12 and 14 point is recommended for most documents. However 14 point is best practice for documents for older and disabled people. Larger print in various sizes above 14 point should also be available on request.

Contrast

The better the contrast between the background and the text, the more legible the text will be. Black text on a white background provides the best contrast. Avoid producing leaflets with the same colour spectrum background and text e.g. dark green text on pale green background. Also be aware that the colours red and green can cause problems for some people. Similarly others find light text on a dark background difficult to read.

Fonts

Use fonts that maximise legibility and readability. Generally, Arial, Tahoma and Verdana are recommended for electronic communications and Times New Roman for print. Avoid italics and underlining and blocks of capital letters as they are all harder to read.

Spacing

The recommended spacing between one line of type and the next is 1.5 to double

Type Weight

Lighter type weights can affect legibility, as readability requires good contrast. Bold or semi-bold weights are recommended for material specifically for people with visual impairments.

Numbers

If you print documents with numbers in them, choose a typeface with numbers that are clear. Readers with sight problems can easily misread 3, 5, 8 and 0.

Word Spacing and Alignment

Keep to the same amount of space between each word. Align text left for maximum legibility. Avoid right aligning or justifying text as the uneven word spacing can make reading more difficult.

Columns

Make sure the margin between columns clearly separates them. If space is limited, use a vertical rule.

Design and Layout

- Keep paragraphs short and use line spacing between paragraphs. Use wide margins and headings. Boxes can help emphasise or highlight important text.

- Images can aid understanding and add interest but should only be used when they add value. Make sure you use alternative text to describe images, so that screen readers can recognise them.
- If images of patients are to be used, appropriate written consent must be obtained, if an appropriate picture cannot be found on the NHS Photo Library - <http://www.photolibary.nhs.uk/>
- Avoid using ampersands, e.g. &
- Avoid fitting text around images if this means that lines of text start in different places making them difficult to find.
- Set text horizontally as text set vertically is extremely difficult for a partially sighted reader to follow.
- Using a question and answer format is helpful if you want to reinforce key messages. Consider using easy read symbols to reinforce understanding.
- Keep headings and page numbers in the same place on each page
- N.B. Contact Media Resources for input at an early stage when developing multiple-page leaflets using columns, illustrations and colour.

5. Approval Process

Once you are happy with your information leaflet, please complete the checklist and send it along with the leaflet (in Word format) by e-mail to:

Patient Experience Facilitator -
(cardiffandvale.patientinformation@wales.nhs.uk)

The draft document will be initially reviewed by Patient Experience to look at its style, impact, content, ease of reading and understanding. Any initial comments or suggestions will be emailed back to you, but if not, your document will be submitted to the next meeting of the Editorial Panel for approval.

The Editorial Panel is composed of patients and experienced members of the public who will review your document and either approve it or ask for it to be returned to you. If it is returned it will be with suggested changes which will be discussed with you.

Once your leaflet has been approved, a date will be agreed for review. It will then be allocated a unique reference number, and returned to you for translation into Welsh. Information must be produced in English and Welsh and where possible within the same document. Guidance on translations can be obtained on the [Interpretations and Translations](http://www.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253,111777442,253_111777444&_dad=portal&_schema=PORTAL) Intranet page.
http://www.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253,111777442,253_111777444&_dad=portal&_schema=PORTAL

You should then publish your leaflet on your directorate/department Intranet page and where appropriate on the Health Board Internet site for public access

Your policy will be entered on to a Patient Information leaflet database, managed by Patient Experience. When the review date is due, you will be sent a copy of the leaflet and asked to update/replace it, going through the same process as before.

6. Advice

If you need advice or clarification on any part of this process please contact the Patient Experience Facilitator, either via the e-mail address above or by phone – 02920 335468

Information Leaflets for Patients

Directorate/Locality Confirmation Checklist – to be completed in full

(Please note - the leaflet will not be forwarded to the Editorial Panel for approval without a completed checklist)

Title of Leaflet/Information Sheet

Co-ordinator of Leaflet/Information Sheet
(person leading its development)

Director of Locality

Specialty

Process Checklist

Please indicate that the appropriate steps have been followed (if not please contact Patient Experience on 029 2033 5468)

	Yes	No
Search for similar leaflets including other Cardiff and Vale UHB leaflets, EIDO Database and Royal Colleges	<input type="checkbox"/>	<input type="checkbox"/>
Guidance read http://nww.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253,105356129,253_105356130&_dad=portal&_schema=PORTAL	<input type="checkbox"/>	<input type="checkbox"/>
Evidence-based research (involve Post Graduate Library where appropriate)	<input type="checkbox"/>	<input type="checkbox"/>
Leaflet/information sheet developed in accordance with guidance	<input type="checkbox"/>	<input type="checkbox"/>
Content agreed by clinical lead/unit manager	<input type="checkbox"/>	<input type="checkbox"/>

If about treatments, procedures etc and to be used
in the consent process, reviewed by Clinical Board

☐☐

Signature

Date submitted to Patient Experience

For Patient Experience Use

Date submitted to Editorial Panel

Reference number of approved leaflet

Approved Leaflets

Yes

No

N/A

Welsh Translation

☐☐☐

Other languages required

☐☐☐

Other formats required

☐☐☐

Added to database

☐☐☐

Rejected Leaflets

Yes

No

N/A

Co-ordinator informed and feedback given

☐☐☐

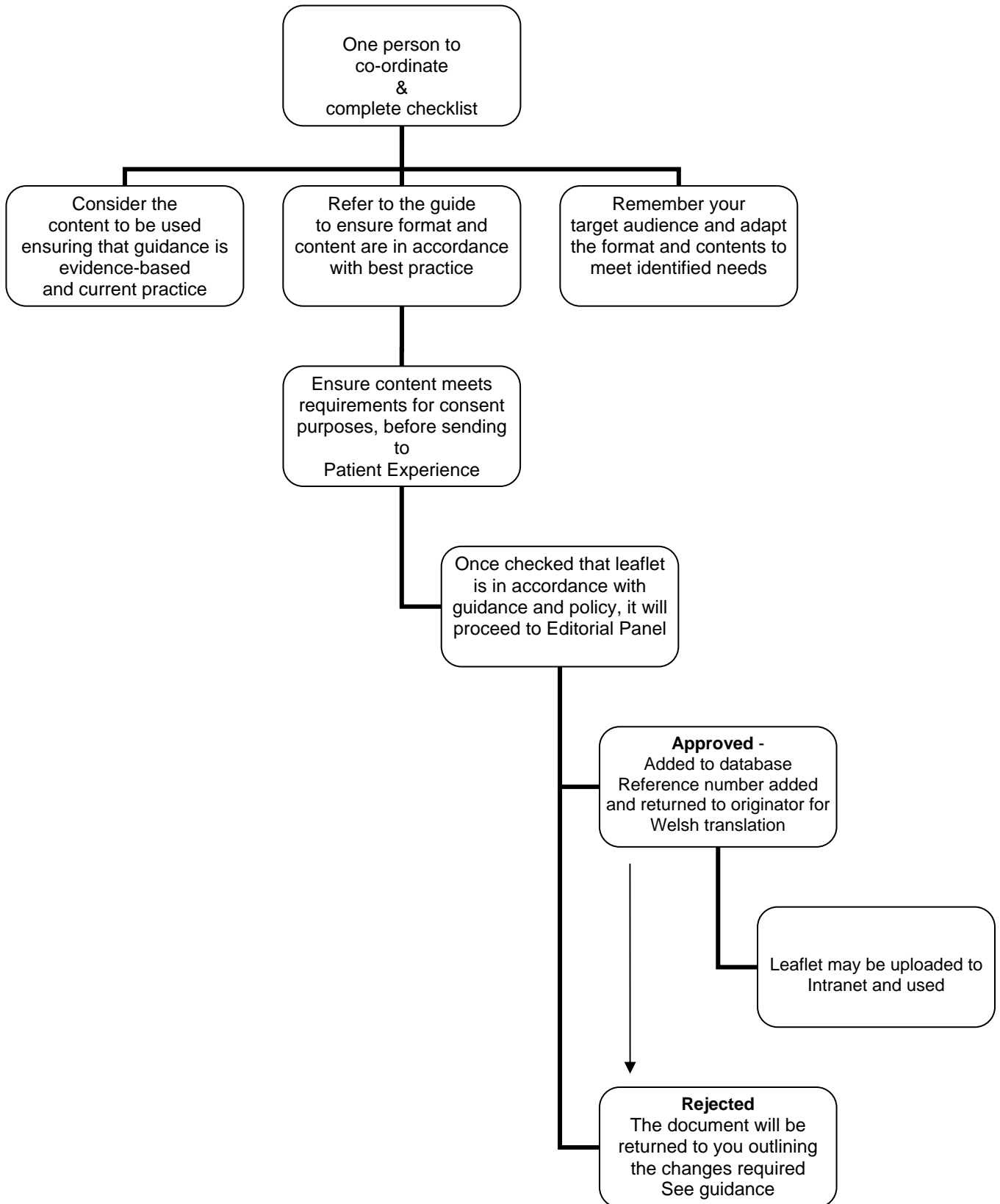
Editorial Panel assistance required

☐☐☐

Leaflet resubmitted

☐☐☐

Approval Process Chart



Appendix C

Sample Information leaflet

Posy Akande

Carer and member of Carers UK

'Carers have long campaigned for recognition, help and support in their unpaid contribution to health and social care. This Strategy is momentous and the accompanying delivery plan demonstrates the Health Board's determination to make a difference for carers.'

Margaret McLaughlin

Cardiff and Vale UHB Carers Champion

'I welcome this Strategy which sets out the Health Board's commitment to work alongside carers, ensure they receive the support and information they need and involve them in decisions about the person they care for.'

Lesley Rapa

GP Carers Champion

'It gives me a great sense of satisfaction to know that my role as Carers' Champion helps those carers who may not have an insight into all of the services available to them.'

Contact Us:

For more information please contact

Sue Barrow

Patient Experience Facilitator

029 2033 5468

Email:

Cardiffandvale.carers@wales.nhs.uk

www.cardiffandvaleuhb.wales.nhs.uk/information-for-carers



carers
IMPORTANT PEOPLE

'Partners in Care'
Carers Information and
Consultation Strategy 2012-2015

GIG
Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

Finding out what carers want

Although carers and the organisations that support them have long been aware of the needs of carers, we know that bodies like the NHS and Local Authorities have sometimes let them down. This new Carers Strategy aims to change that.

To start with we have been listening to local carers' concerns:

- Carers have been part of the working group helping to develop the strategy.
- We sent a questionnaire to over 1000 carers. The responses have given us local information about carers' views and experiences and will be used to measure improvements.
- We asked carers and the people who support them to complete an online survey about what information they want and how they would like to receive it. What they have told us will help with planning training and education for carers.
- We talked with many carers during Carers Week 2012 and at other carers' events and presentations. These opportunities have helped us work out what action we need to take to improve information and support for carers.

What the Strategy is about

- **Identifying** - getting carers to recognise themselves in that role and helping staff to spot carers
- **Informing** - giving carers information that is accurate, appropriate and up-to-date
- **Involving** - carers are consulted with in a timely way, and their knowledge of the cared for person is treated with respect
- **Supporting** - recognising that carers often need support long-term support

The strategy recognises the vital role carers play as our partners in care in Cardiff and the Vale of Glamorgan.

Carers are important people

The next steps

The strategy will cover a 3 year period, from 2012 – 2015.

Over the next three years we intend to take the following action:

- Examine the different needs carers have throughout their time as a carer
- Ensure that all carers can get hold of the information they need when they need it
- Make all our staff 'carer aware' and in particular those working directly with patients and their carers.
- Provide training and education for both staff and carers
- Build on the strong working relationships already established between the Health Board, Local Councils and voluntary sector organisations so that together we can work better to support carers



Posy Akande

Gofalwr ac aelod o Gofalwyr DU

'Mae gofalwyr wedi ymgyrchu ers tro am gydnabyddiaeth, cymorth a chefnogaeth yn eu cyfraniad di-dâl i iechyd a gofal cymdeithasol. Mae'r Strategaeth hon yn bwysig iawn ac mae'r cynllun cyflenwi sy'n cyd-fynd â hi yn dangos penderfyniad y Bwrdd Iechyd i wneud gwahaniaeth i ofalwyr.'

Margaret McLaughlin

Hyrwyddwr Gofalwyr BIP Caerdydd a'r Fro

'Croesawaf y Strategaeth hon sy'n amlinellu ymrwymiad y Bwrdd Iechyd i weithio ochr yn ochr â gofalwyr, sicrhau eu bod yn derbyn y gefnogaeth a'r wybodaeth sydd eu hangen arnynt a'u cynnwys mewn penderfyniadau am y person maent yn gofalu amdano.'

Lesley Rapa

Hyrwyddwr Gofalwyr Meddygon Teulu

'Mae'n rhoi teimlad o foddhad mawr i mi i wybod bod fy rôl fel Hyrwyddwr Gofalwyr yn cynorthwyo'r gofalwyr hynny nad oes ganddynt efallai ddealltwriaeth o'r holl wasanaethau sydd ar gael iddynt.'

Cysylltu â Ni:

Sue Barrow

Hwylusydd Profiad Claf

029 2033 5468

e-bost:

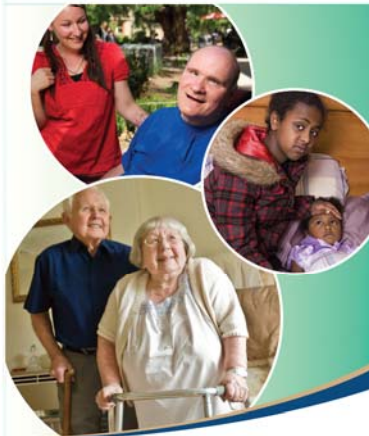
Cardiffandvale.carers@wales.nhs.uk

[www.cardiffandvaleuhb.wales.nhs.uk/
information-for-carers](http://www.cardiffandvaleuhb.wales.nhs.uk/information-for-carers)



'Partneriaid mewn Gofal'

Strategaeth Gwybodaeth ac Ymgynghori i Ofalwyr 2012-2015



Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

Darganfod beth mae gofalwyr eisiau

Er bod gofalwyr a'r sefydliadau sy'n eu cefnogi wedi bod yn ymwybodol ers amser hir o angen gofalwyr, gwyddom fod sefydliadau fel y GiG ac Awdurdodau Lleol weithiau wedi eu siomi. Nod y Strategaeth Gofalwyr newydd hon yw newid hynny.

I ddechrau rydym wedi bod yn gwrandao ar bryderon gofalwyr lleol:

- Bu gofalwyr yn rhan o'r gweithgor i ddatblygu'r strategaeth.
- Gwnaethom anfon holiadur i dros 100 o ofalwyr. Mae'r ymatebion wedi rhoi gwybodaeth leol i ni am farn a phrofiadau gofalwyr ac fe'u defnyddir i fesur gwelliannau.
- Gofynnem i ofalwyr a'r bobl sy'n eu cefnogi i lenwi arolwg ar-lein ynglŷn â pha wybodaeth yr hoffent ei chael a sut yr hoffent ei derbyn. Bydd yr hyn a ddywedwyd ganddynt yn helpu gyda chynllunio hyfforddiant ac addysg ar gyfer gofalwyr.
- Gwnaethom siarad â llawer o ofalwyr yn ystod yr Wythnos Gofalwyr 2012 ac mewn digwyddiadau a chyflwyniadau gofalwyr eraill. Mae'r cyfleoedd hyn wedi ein cynorthwyo i ganfod pa gamau y mae angen i ni eu cymryd i wella gwybodaeth a chefnogaeth ar gyfer gofalwyr.

Beth yw diben y Strategaeth

- **Nodi** - cael gofalwyr i gydnabod eu hunain yn y rôl honno a chynorthwyo staff i adnabod gofalwyr
- **Hysbysu** - rhoi gwybodaeth sy'n gywir, priodol a chyfoes i ofalwyr
- **Cynnwys** - ymgynghorir â gofalwyr mewn ffyrdd amserol a chaiff eu gwybodaeth am y person maent yn gofalu amdano ei thrin â pharch
- **Cefnogi** - cydnabod bod gofalwyr angen cefnogaeth hirdymor yn aml

Mae'r strategaeth yn cydnabod y rôl hollbwysig sydd gan ofalwyr fel ein partneriaid mewn gofal yng Nghaerdydd a Bro Morgannwg

Mae Gofalwyr yn bobl bwysig

Y camau nesaf

Bydd y strategaeth yn cwmpasu cyfnod 3 blynedd o 2012 i 2015.

Dros y tair blynedd nesaf bwriadwn wneud y canlynol:

- Archwilio'r gwahanol anghenion sydd gan ofalwyr drwy gydol eu hamser fel gofalwyr
- Sicrhau bod pob gofalwr yn gallu dod o hyd i'r wybodaeth sydd ei hangen arnynt pan fyddant ei hangen
- Gwneud ein holl staff yn ymwybodol o ofal, ac yn arbennig y rhai hynny sy'n gweithio'n uniongyrchol gyda chleifion a'u gofalwyr.
- Darparu hyfforddiant ac addysg ar gyfer staff a gofalwyr
- Adeiladu ar y berthynas waith gref a sefydlwyd eisoes rhwng y Bwrdd Iechyd, Cynghorau Lleol a sefydliadau'r sector gwirfoddol fel ein bod gyda'n gilydd yn gallu gweithio'n well i gefnogi gofalwyr.