



# **Protocol on the Production of Information for Patients**

(Information provided to patients by NHS Shetland)

## Document history

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Please contact our Corporate Services Department on 01595 743064.

# Information for Patients Protocol for Staff

## 1. Introduction

For the purpose of this protocol the term “patient information” relates to information which NHS Shetland staff provide **to** patients and carers. It does not mean information **about** the patient.

Patient information can take various forms including leaflets, booklets and factsheets, posters, videos and DVDs, audiocassettes, websites, training aids, CD-ROMs and PDF files.

**Patient information** is given to support and supplement verbal communication. It is important to note that some patient information can be targeted at people who may not be ill, such as health promotion advice.

Good patient information is important as it can:

- Remind patients and their carers what they were told by health professionals if, due to stress or unfamiliar language, they forget what they are told.
- Help to ensure patients arrive on time and are properly prepared for treatment
- Help involve patients and their carers in their treatment and condition.
- Clearly outline the risks, benefits and possible side-effects of treatment to ensure that patients have the information needed to make an informed decision.
- Outline what to expect on the patient journey

## 2. Protocol Statement

- NHS Shetland is committed to providing a service that supports and promotes the well-being and safety of patients and staff. All staff employed by NHS Shetland have a duty to adhere to the procedures within this protocol in order to ensure that all patients and carers are provided with accurate, relevant and up-to-date patient information. This protocol complements NHS Shetland’s Accessible Information Policy and should not be seen as a replacement.

This protocol aims to raise the standard of patient information. It provides guidance on:

- The production of in-house patient information.
- The selection of external publications.

### **3. Accountability**

#### **3.1 NHS Shetland is responsible for:**

- Ensuring the provision of accessible, up to date, comprehensive information for all patients and carers.

#### **3.2 Managers are responsible for:**

- Ensuring staff are aware of this protocol
- Ensuring staff have had the opportunity for training on this protocol, where necessary.
- Actively encouraging the use of this protocol.

#### **3.3 NHS Shetland staff are responsible for:**

- Following this protocol and the Accessible Information Policy.

**3.4 The Health Improvement Resource Officer** will work with each Department and Ward in order to identify patient information currently being used. Both internally and externally produced information will be assessed against this Protocol.

The long-term aim is to train staff, enabling each Department and Ward to produce or select information which is compliant with the Protocol.

Through the above process a list of electronic links to all available NHS Shetland patient information will be created. This will be available to all NHS Shetland staff through the intranet.

#### **3.5 It is the responsibility of the author to ensure that:**

- Information is accurate, evidence based and up to date
- Leaflets are consistent with the NHS Shetland Accessible Information Policy
- Leaflets are reviewed as required or at least every two years

#### **3.6 External Publications**

Staff may wish to consider using externally produced patient information.

Health Improvement can support sourcing of patient information through established links with local and national groups. This includes “Help yourself to Health” run in partnership with Shetland Library.

Guidance on the selection of external publications is presented in APPENDIX C.

#### **4. Producing Patient information**

- The procedure to follow when producing patient information. Guidance on producing patient information is presented in the APPENDICES A-D as follows
  - General guidance on writing patient information APPENDIX A
  - Checklists for writing patient information on a) Operations, b) Conditions & Treatments, and c) Services APPENDIX B
  - Guidance for the selection of external publications APPENDIX C
  - Procedure for producing patient information APPENDIX D

#### **5. Education and Training**

- NHS Shetland will ensure that the patient information protocol is included in staff inductions.
- NHS Shetland Health Improvement will provide training on producing or selecting patient information.

#### **6. Monitoring and Review**

The protocol will be reviewed every two years or sooner if the need arises.

This protocol is based on the NHS Western Isles Policy Protocol Procedure Document for Patient and Health Information Policy for Staff (in relation to informing patients and carers).

## **APPENDIX A General Guide for producing patient information**

Whether you are working with patients or the general public, giving the right information at the right time is a crucial part of our work. This guide has been put together to help when you need to produce written information.

### **Why the guide?**

We need to ensure that our written information contains a consistently high standard of information for our patients, which is accessible, clear and easy to understand. It should project a professional image and be instantly recognisable as Board material. How the information is presented reflects on the Board and creates a first impression.

### **Patient information should be:**

- Easy to understand
- Accurate
- Up to date
- Professionally presented
- Relevant to the patient

### **Preparing to write information for patients and the public**

Whatever form your information is going to take whether it is a leaflet, poster, a display etc, you will need to ask a number of questions before you start to ensure your work is going to be as effective as possible. These may also save you time and money.

### **Before you start:**

- Has a need been identified? Are there common questions being asked by patients or the public that could be answered by producing a leaflet?
- Who is it aimed at? (patients, carers, relatives etc)
- What information do you need to convey to your reader **and** what information will they want/need to know?
- Does the Board already produce the information elsewhere? Are you duplicating material that is already in circulation? This may be information produced in-house or by an external organisation.
- Who will be the author of the leaflet and who needs to be consulted on the information that is included?
- Have you discussed the content with staff and patients who will be using the leaflet?
- Have you checked with your line manager that the material is necessary and that there is a budget available to produce it?
- How and where will the information be displayed/given to patients?

## **Who is going to write the information?**

Patient information needs to be evidence-based so it is imperative that someone with a direct knowledge of the procedure, condition or treatment is involved, advises on the content and checks the final draft for accuracy.

## **Writing your patient information**

Once you have answered the questions above, you can begin to draft your patient information. The layout, tone and style of your leaflet will all have an impact on how effectively you communicate your information to your reader.

## **Guidelines on content and style**

Style must be in line with the NHS Shetland Accessible information policy: The following list gives you a quick reference on points to consider for more detailed information refer to the Accessible information policy.

- Make sure the title of the is clear
- Use friendly, everyday language and plain English
- Use clear and concise writing, keeping things brief and to the point
- Use short sentences (an average of 15-20 words)
- Avoid jargon or abbreviations
- Translate or explain essential terminology
- Use friendly language and give the reader a sense of ownership by using words such as 'we', 'you', 'your'
- Ensure information is accurate and up to date
- Be evidence based where appropriate
- To ensure a 'shelf-life' for the leaflet, avoid the use of names of staff where possible and use job titles instead
- Be sensitive to religious, cultural, ethical and gender issues
- Explain where the reader can obtain more information such as useful websites, organisation, Health Improvement etc
- Always give contact numbers
- Think about the questions that the reader is likely to ask. Have you answered them?
- Clearly state the date the information was produced and when it will be reviewed.
- **Checklists for content can be found in Appendix B.**

## **Testing the text**

Ask to check the text and ask for constructive feedback. Draft information should be discussed with patients wherever possible to make sure they will understand the information and message you are trying to convey. **Also check for typing errors, accuracy and grammar.**

## Layout

- Use plenty of spaces so the page looks clean and uncluttered
- Avoid large blocks of text – use short, separated blocks
- Use headings to break up text
- A question and answer format can help break up the text
- Use bullets or numbering to make important information stand out
- Use **bold type** for headings and for emphasis. UPPER CASE letters, *italics* and underlining can make text more difficult to read
- Align all text and sub headings to the left (justified text is harder to read)
- Font size = minimum 12 point. Use 14 point if you are writing information for the elderly or people who are visually impaired
- Use Arial only. Times New Roman is particularly hard to read by visually impaired people and therefore should not be used.
- Do not write text over pictures or a design.

## Logo

The NHS Shetland Health Board logo must appear in the top right hand corner on all information produced. It must not be altered in any way. The Board logo can be downloaded from the intranet <http://shb-extranet/internal/resources/identity/index.asp>

## Paper

Use matt paper if possible. Avoid glossy paper, which creates glare.

## Photography/ Pictures

Pictures and photographs can be useful in supporting the text. They must be relevant and care must be taken when deciding suitability.

If using photographs, pictures containing patients must **not** be used unless the patient has given written consent.

If you are using pictures or diagrams from a third party, make sure you have obtained permission to do so. If this has been granted, please include an acknowledgement in the leaflet.

## Design and printing

If you only use a small number of leaflets annually/ bi-annually, you may be advised that the leaflet will need to be produced in-house as it would not be cost effective to have it printed professionally.



## **APPENDIX B Checklist for writing patient information on:**

- a) operations,**
- b) conditions & treatments, and**
- c) investigations**

### **a. Operations**

- What is the leaflet about and who is it for?
- What is the procedure?
- Why are they having it?
- What are the benefits, risks and alternatives?
- Do they need a general anaesthetic, sedation or local anaesthetic?
- What happens when they arrive at the hospital or clinic, and who will they meet?
- Will they be asked to sign a consent form or is a verbal consent needed?
- What does the procedure involve? How long will it last? What does it feel like?
- What happens after the procedure, pain control, nursing checks, stitches.
- How long will they stay in hospital?
- Going home – do they need someone with them or any special equipment?
- 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 do if something goes wrong?
- When can they start normal activities again, for example, driving, sport, sex or work?
- Who can they contact if they have any more questions?
- Tell people where they can find more information, for example, support groups and websites

### **b. Conditions & Treatments**

- What is the patient information about, and who is it for?
- 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.
- What are the side effects and the risks of getting the treatment or not getting the treatment?
- What are the next steps?
- What can the patient do for themselves?
- Are there any other implications, for example, infecting other people?
- Who can they contact if they have any more questions?
- Say where the patient can find out more information, for example, support groups and websites.

### c. Services

- Describe the service.
- Start at the beginning where the patient would start, for example how they would get there.
- 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 the service available?
- Is there a waiting list?
- How often do you attend?
- Do you need to bring documents?
- Who to contact if they cannot attend?
- What is or not available, e.g. transport.
- Are interpreters needed?
- Are there any costs involved?
- Are there any advantages or disadvantages to be explained?
- Who to contact, telephone number, person and hours.
- Telephone, address and website of the organisation.

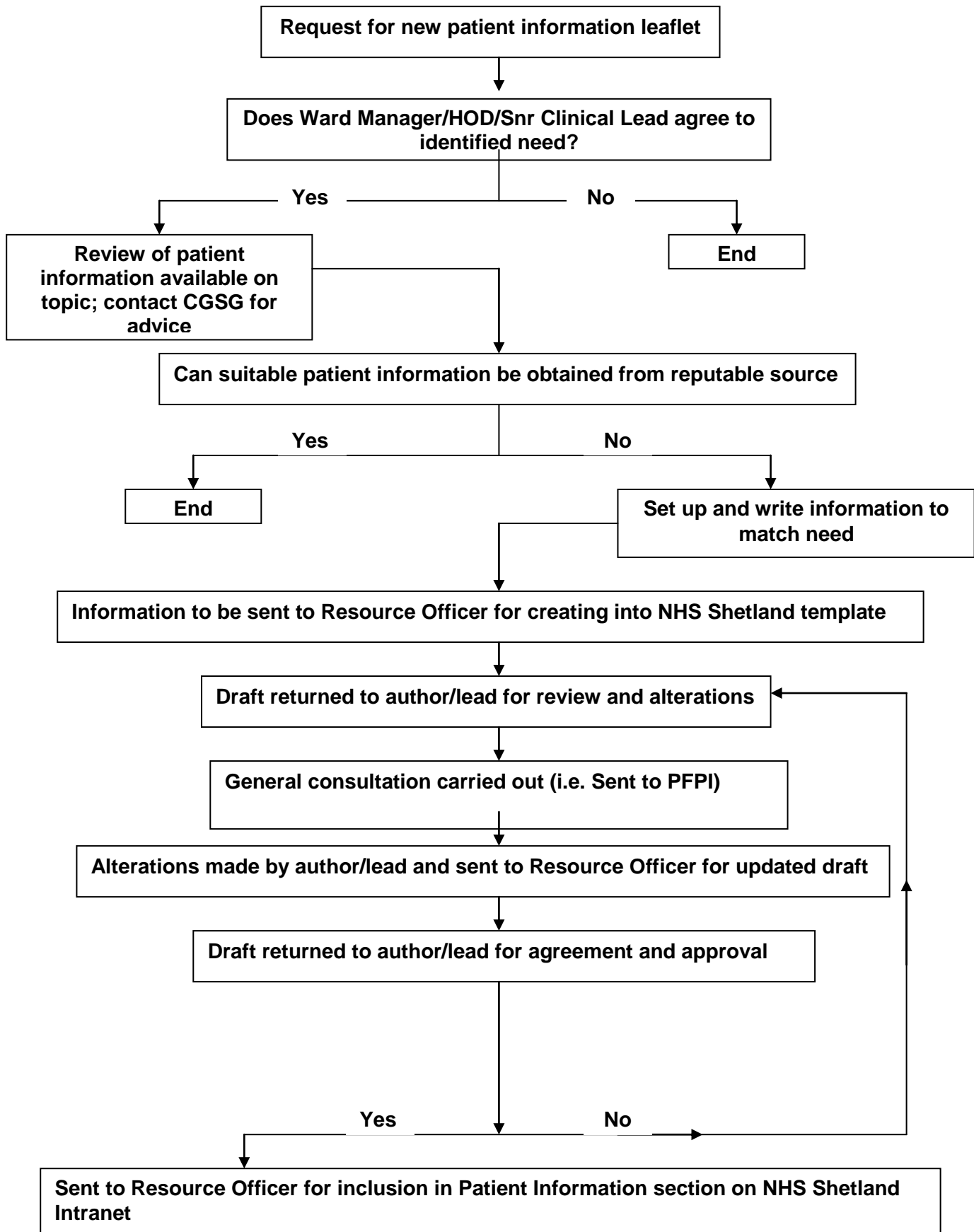
## **APPENDIX C Guidance for the selection of external publications**

There are many publications available from sources outside NHS Shetland but care must be taken when choosing to use these. It is important to assess the quality of any written information given out. It is unlikely that any one publication can meet all the information needs of a patient, but there are certain features that should be present if the publication is to be considered useful and appropriate for making informed decisions.

A good quality publication on patient information will:

- Have clear aims
- Achieve its aims
- Be relevant to its intended audience
- Make clear its sources of information
- Make clear the date of information
- Be balanced and unbiased
- List additional sources of information
- Refer to areas of uncertainty
- Describe how treatment works
- Describe the benefits of treatment
- Describe the risks of treatment
- Describe what would happen without treatment
- Describe the effects of treatment choices on overall quality of life
- Make it clear there may be more than one possible treatment choice
- Provide support for shared decision-making

## APPENDIX D Procedure for producing patient information



# **Protocol for the Production of Patient Information – an Equality & Diversity Impact Assessment**

## **1. General**

The impact assessment of the Protocol on Production of Patient Information of NHS Shetland was carried out by the Health Improvement Resource Officer with support from the Health Improvement Team.

The initial draft findings will be circulated electronically to the Communications Strategy Group and the Public Partnership Forum to allow opportunity to comment, amend and otherwise endorse the final draft report.

The Rapid Impact Assessment was used as the basis for formal impact assessment of this function. A copy of this is attached as Appendix A. A copy of the outcomes from the impact assessment in the format provide by the toolkit is attached as Appendix B. This report provides a translation of the toolkit format into what we believe is a more accessible narrative format.

The Equality and Diversity policy is an existing policy coming under the management responsibility of the Director of Human Resources.

## **2. Aims of the Policy**

The aim of the Protocol on Production of Patient Information is to raise the standard of patient information.

## **3. Evidence and data on the impact of the Function**

In looking to establish an informed basis for assessing the impact of the Protocol on Production of Patient Information on particular communities of people, the Team considered what evidence was available. The recommendations in NHS Shetland's **Equality & Diversity Policy** and the **Accessible Information Strategy and Policy** have been followed.

## **4. Assessment of Impact**

On the basis of all the information available and the collective understanding of the legislation covering the main equality communities of people, the Team reached the following conclusions on the likely impact the current structure and delivery of the Protocol on Production of Patient Information will have on those communities.

### **Race**

It was concluded that there will be positive rather than negative impact on this community of people. The protocol promotes understanding and communication with people from different racial groups.

### **Disability**

It was concluded that there will be positive rather than negative impact on this community of people.

**Gender and Sex**

It was concluded that there will be positive rather than negative impact on this community of people.

**Sexual Orientation**

It was concluded that there will be positive rather than negative impact on this community of people.

**Faith & Religion**

It was concluded that there will be positive rather than negative impact on this community of people.

**Age**

It was concluded that there will be positive rather than negative impact on this community of people.

**Mental Health**

It was concluded that there will be positive rather than negative impact on this community of people.

**5. Need for changes in the Policy**

The team concluded that there was no need for any changes to the Protocol.

**6. Consultation**

The findings of this Equality Impact Assessment will be posted on the Equality & Diversity section of the NHS SHETLAND web site and flagged as available for comment.

Where requested, the NHS SHETLAND Equality & Diversity Lead will meet with organisations, groups or individuals who prefer to debate the content of the report and offer comment on it in a direct exchange.

**7. Monitoring & Review**

Arrangements for monitoring and reviewing the impact, planned and unplanned, of this Protocol on the Production of Patient Information will be put in place as required, following and taking account of what we learn from comments and feedback received on these published findings.

Signed                    ...Peter Ratter.....

Designation            ...Health Improvement Resource Officer.....

Date                      ...29<sup>th</sup> July 2010.....

## Appendix A

### Rapid Impact Assessment Shetland NHS Board

<p><b>Which groups</b> of the population do you think will be affected by this proposal?</p> <ul style="list-style-type: none"> <li>• minority ethnic people (incl. gypsy/travellers, refugees &amp; asylum seekers)</li> <li>• women and men</li> <li>• people in religious/faith groups</li> <li>• disabled people</li> <li>• older people, children and young people</li> <li>• lesbian, gay, bisexual and transgender people</li> </ul>	<ul style="list-style-type: none"> <li>• <b>people of low income</b></li> <li>• people with mental health problems</li> <li>• homeless people</li> <li>• people involved in criminal justice system</li> <li>• staff</li> <li>• people with low levels of literacy, numeracy &amp; differing communication needs</li> </ul>
<p><b>NB The word proposal is used below as shorthand for any policy, procedure, strategy or proposal that might be assessed.</b></p>	<p>What positive and negative impacts do you think there may be?</p> <p>Which groups will be affected by these impacts? <b>All – staff and patients</b></p>
<p>What impact will the proposal have on lifestyles? For example, will the changes affect:</p> <ul style="list-style-type: none"> <li>• Diet and nutrition?</li> <li>• Exercise and physical activity?</li> <li>• Substance use: tobacco, alcohol or drugs?</li> <li>• Risk taking behaviour?</li> <li>• Education and learning, or skills?</li> </ul>	<p>The protocol should have a positive impact on all these lifestyle issues that are already addressed in information that NHS Shetland provides, in that it should make information even more accessible.</p>
<p>Will the proposal have any impact on the social environment? Things that might be affected include</p> <ul style="list-style-type: none"> <li>• Social status</li> <li>• Employment (paid or unpaid)</li> <li>• Social/family support</li> <li>• Stress</li> <li>• Income</li> </ul>	<p>The protocol should help to relieve any stresses caused through lack of information or inaccessible information in that it aims to ensure a high standard for all patient information produced or used by the Board.</p>
<p><b>Will the proposal have any impact on</b></p> <ul style="list-style-type: none"> <li>• <b>Discrimination?</b></li> <li>• <b>Equality of opportunity?</b></li> <li>• <b>Relations between groups?</b></li> </ul>	<p>The protocol should have a positive impact in reducing discrimination by taking into account potential sources of discrimination such as literacy levels of patients. Higher quality of information should lead to improved communication between patients and staff as patients should have a clearer understanding of their conditions, for example, and the services they can expect.</p> <p>If staff have followed the protocol in developing their information, they should have a clearer understanding of what patients really want or need to know.</p>
<p>Will the proposal have an impact on the physical environment? For example, will there be impacts on:</p> <ul style="list-style-type: none"> <li>• Living conditions?</li> <li>• Working conditions?</li> <li>• Pollution or climate change?</li> <li>• Accidental injuries or public safety?</li> <li>• Transmission of infectious disease?</li> </ul>	<p>The protocol should lead to less paper being used in production of information, and fewer leaflets being ordered unless they are absolutely necessary, thus reducing costs for the Board and freeing up storage space.</p> <p>Clearer information may lead to better clinical outcomes for patients; for example, if a patient is able to follow self-care information after an operation, they are likely to recover more quickly, leave hospital more quickly and are less likely to be re-admitted.</p>
<p>Will the proposal affect access to and experience of services? For example,</p> <ul style="list-style-type: none"> <li>• Health care</li> <li>• Transport</li> <li>• Social services</li> <li>• Housing services</li> <li>• Education</li> </ul>	<p>Good and accessible information should help to streamline and make more satisfactory, the service for patients and staff.</p>

<b>Rapid Impact Checklist: Summary Sheet</b>	
<p><b>Positive Impacts (Note the groups affected)</b></p> <p>The protocol should impact positively on all groups.</p>	<p><b>Negative Impacts (Note the groups affected)</b></p>
<p><b>Additional Information and Evidence Required</b></p> <p>None</p>	
<p>Recommendations</p>	
<p><b>From the outcome of the RIC, have negative impacts been identified for race or other equality groups? Has a full EQIA process been recommended? If not, why not?</b></p> <p>No negative impacts for race or other equality groups have been identified and therefore a full EQIA is not necessary.</p>	