Trust Policy

University Hospitals Plymouth NHS Trust

Producing and Managing Patient Information Policy

Issue Date	Review Date	Version
July 2018	July 2021	5

Purpose

This policy sets out guidance for the production and management of patient information within the Trust.

Who should read this document?

All staff responsible for the production and co-ordination of Patient Information, both paper based and electronic.

Key Messages

This document sets out the Trust policy, standards, responsibilities and procedure for producing and co-ordinating patient information in order to achieve consistency in quality of presentation and content.

Core accountabilities	
Owner	Patient Experience & Engagement Manager
Review	Patient Experience Committee
Ratification	Chief Nurse
Dissemination (Raising Awareness)	Patient Services Manager
Compliance	Patient Experience Committee

Links to other policies and procedures

Patient Experience Strategy 2015-18
Interpreting and Translation Policy
Consent to Examination or Treatment

Version History

1.1	October 2005	Ratified by Patient & Public Involvement Group
1.2	April 2008	Reviewed no changes, ratified by Clinical Governance Steering Group
2.1	June 2010	Reviewed no changes, ratified by Clinical Governance Steering Group
3	August 2012	Reviewed in line with NHSLA requirements, new policy format. Ratified by Personal Care Group.
4	March 2015	Reviewed in line with CQC Guidance, ratified by Patient Experience Committee
5	July 2018	Reviewed, templates updated with new logos.

The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to)

age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available on Trust Documents on StaffNET. Larger text, Braille and Audio versions can be made available upon request.

Contents

1 Introduction

University Hospitals Plymouth NHS Trust is committed to providing patients with clear, accurate and relevant information that, wherever possible, is available in both paper and electronic formats that meet the needs of patients, their families and carers. A common format for such documents reinforces corporate identity and ensures that patient information in use is current and reflects best practice.

The effective dissemination, implementation and monitoring of patient information will help improve the quality and consistency of information provided to our patients.

2 Purpose

This document sets out the Trust policy, standards and responsibilities and procedure for producing and co-ordinating paper and electronic patient information in order to achieve consistency in quality of presentation and content.

Good information is important as it can give patients, carers and relatives confidence, reduce anxiety and improve their overall experience. It can:

- remind patients what their doctor, nurse or therapist told them if, due to stress or unfamiliar language, they forget what they were told
- help people to make informed decisions - it gives people time to go away, read the information and think about the issues involved
- help to make sure that patients arrive on time and are properly prepared for procedures or operations
- allow patients and carers to play their part in their treatment and condition

3 Definitions

Patient information will normally fall into one of the following categories:

A) Conditions and Operations

B) Procedures and techniques

C) Practical home care

D) Services and access to services

E) Drugs/medicines

Information will be recorded on a database and reference numbers will refer to these categories.

Author – member of staff who drafts internally produced patient information

Owner – member of staff who sources externally produced patient information

4 Duties

The Process (for internally produced patient information see also Appendix 1)

4.1 Author

When drafting new or reviewing existing patient information produced in- house the author will:

- Be responsible for the accuracy of the content of the leaflet and for reviewing the leaflet, within agreed timescales, to check that the information remains accurate and up-to-date
- Consult other healthcare professionals involved in the management of that condition or procedure
- Refer to current literature/research to ensure information is evidence based, where available
- Write a first draft, ensuring the document is written using plain English, further consideration should be given to Easy Read formats (see Appendix 2 and Appendix 5 – Guidance)
- Check it against this guidance (see Appendix 3 - Checklist)
- Check accuracy of contact details including phone numbers and job titles
- Ask patients / lay person to review the draft patient information (See Appendix 6 - Finding out what patients think)
- Send a draft of the patient information to the Patient Services Department for registration on the patient information database and approval by the Patient Experience Manager
- On approval from the Patient Experience & Engagement Manager ensure the new patient information is available for distribution and ensure that all superseded versions (paper or electronic) are destroyed

4.2 Members of staff who source externally produced patient information (the owner)

When considering the suitability of externally produced information or when providing patients or carers with externally produced information staff will:

- Ensure that externally produced information is reviewed within agreed timescales to check that the information remains accurate and up-to-date
- Review the appropriateness of the information with regard to section 5 of this policy
- Set up a review system to ensure any externally produced leaflets or sources of information given to patients are regularly reviewed and agreed
- Send a copy of the patient information to the Patient Services Department for registration on the patient information database and approval by the Patient Experience & Engagement Manager
- Once approval has been received ensure the patient information is available for distribution and ensure that all superseded versions (paper or electronic) are destroyed

4.3 Patient Services Department

- Check content of internally produced patient information and provide further advice:
  - Checking content in terms of readability (plain English, grammar, tone, etc.)
  - Queries to be referred back to the author for resolution
  - Advise the author about printing and distribution

- Approval of the final version for use

- Allocate a reference number to internally and externally produced patient information and agreed review date

- Register the patient information on a central database and keep an electronic copy. The database will record the following as a minimum:
  - Patient Information title
  - Patient Information publication and review dates
  - Patient Information author or owner
  - Date of Patient Experience Manager approval for publication and circulation
  - Date of archiving
  - Date of destruction

- Ensure an electronic copy of all versions of the leaflet or information are logged on the patient information database and archived on the PPI shared drive. Archived patient information will be kept for a period of time in line with the Records Management Code of Practice 2006 (as amended) (part 2).Once the retention period has elapsed, the information will be destroyed.

4.4 Patient Experience & Engagement Manager

Overall approval for publication of internally and externally produced patient information in both paper and electronic formats to be granted within two weeks of receipt of final draft.

Provide quarterly update reports to the Patient Experience Committee including details of approved patient information

Provide independent advice and assessment of patient information prepared by healthcare professionals ensuring it is produced in keeping with Trust Policy.

4.5 Patient Experience Committee

- Receive quarterly activity reports providing details of approved and archived patient information

- Agree standards for patient information covering a range of formats

- Review the Trust Policy and guidance for producing and managing patient information ensuring it meets National requirements e.g. Care Quality Commission, NHSLA Risk Management Standards

- Monitor the system used for reviewing and monitoring patient information ensuring adequate records of patient information are being maintained

4.6 Patient involvement

Plymouth Hospitals recognises the importance of involving patients in the process of producing patient information and therefore actively encourages staff to do so in the following ways:

- Find out what information patients want

- Ask patients to read information before it is published

- Use patient local groups to provide their own tips etc. when writing about coping with chronic disease

- Listen to and act upon concerns raised by patients about information they receive

- Involve patients themselves when following up survey results, audits, issues raised, complaints and incidents relating to patient information

For more information, including examples of questionnaires see Appendix 6 - Finding out what patients think.

5 Internally Produced Patient Information - Trust Standard / Format

5.1 All patient information in all formats (covering both paper and electronic) should:

- have a title
- include the Trust name and current logo
- be typed in Arial or non-serif font at least 12 pitch
- include relevant Trust Zone (symbol and colour) where appropriate
- be written or recorded using plain English with no jargon
- give consideration to Easy Read formats
- have medical or technical terminology clearly explained
- use simple and relevant illustrations / graphics
- include a reference number which includes the author's initials (allocated by the Patient Services Department)
- have a date of publication and date for review
- Include contacts for further information
- be equality impact assessed (see Appendix 3 - Checklist)
- Include the following statement in bold print and at least 16 pitch.
- be reviewed by a lay person – which can be arranged through the Patient Services Department

This leaflet is available in large print

and other formats and languages

Please contact: …… (name & tel. No.)

5.2 Other formats and languages

University Hospitals Plymouth NHS Trust is committed to making arrangements for patient information to be made available in formats that meet patient's needs wherever possible. For advice about leaflets in other languages, alternative formats such as Easy Read, Braille or audiotapes please contact the Patient Services Department. This should be discussed before the leaflet is published.

5.3 Clinical information should include the following sections:

- introduction/explanation - the purpose of the information
- purpose and benefits of the operation or procedure
- the risks

- any possible alternatives
- what the patient or carer needs to do before and after the operation or procedure
- what happens before the operation or procedure
- how the operation or procedure is done
- after effects and possible complications
- who to contact for more advice (e.g. G.P., Ward)

5.4 Patient information leaflets should be:

A5 size (A4 folded once)
Tri-Fold A4 (A4 folded twice)
Information sheets (A4 not folded)

Templates for patient information sheets and leaflets have been agreed by the Patient Experience Committee (see Appendix 4). The templates are available from the Patient Services Department and are published in the Trust Documents library.

6 Externally Produced Patient Information

All externally produced patient information in whatever format must be registered on the Patient Information Database and approved by the Patient Experience Manager and have:

- have a title
- be typed in Arial or non-serif font at least 12 pitch
- be written or recorded using plain English with no jargon
- have medical or technical terminology clearly explained
- use simple and relevant illustrations / graphics
- include a reference number (allocated by Patient Services Department)
- have a date of publication and date for review

Many patient information leaflets are produced through external sources including
- NICE
- Department of Health
- NHS England
- Professional bodies
- Royal Colleges
- Charitable organisations
- Foundations / societies
- Research companies
- Drug companies

This often seems an attractive option compared to the effort required to produce in-house leaflets. Additionally, externally produced materials may be free of charge.

You should consider the following points:

Does the information tell the patient what will happen locally?

- Conflicting information is confusing for patients and can lead to dissatisfaction, concerns and complaints
- Crossing out and adding notes to make leaflets locally relevant is distracting for patients, can be time consuming for clinicians and leads to a poor standard of patient information leaflet and should not be considered

Does it provide information about tests, treatments, drugs etc. that are used at this hospital?

- Leaflets given to patients attending clinics, departments and wards within University Hospitals Plymouth NHS Trust should contain information about the treatment they will be receiving
- When patients are being transferred outside the Trust to a place where arrangements for treatment may differ, or for treatments that are not available at this Trust, appropriate information should be provided that meets the patient / carer needs

Can you tell how up-to-date the information within the leaflet is? Does it have an issue date or review date?

- There are a number of leaflets externally produced that do not include this information. You should check relevant details with the providers of this information.
- Where there is no visible review date a standard review date of no more than 3 years should be applied

If the information deals with drugs, tests or treatments, do you know what evidence this was based upon?

- Wherever possible, the information provided to patients in leaflets should be built on evidence based practice
- The evidence base is not usually provided on or with the leaflet. If you are concerned, you should contact the supplier to determine this
- Leaflets sometimes make statements such as “based on recent evidence” “research has shown…” You should attempt to determine the validity of these statements

How long will this information be available to you?

Changes in external provider’s situation may mean leaflets become unavailable.

Other considerations

Remember, a great deal of information may be available to the public in a number of places outside the Trust e.g. GP Surgeries, Health Centres, Libraries, Internet.

You should consider carefully whether to use externally produced patient information materials in your department.

Set up a review system to make sure that the externally produced leaflets you use are regularly reviewed and agreed through Trust processes.

Copyright

If you find an existing leaflet which has pictures or text that you wish to use in your leaflet, you need to contact the author(s), organisation or publishers to get their written permission. You will also need to acknowledge them in your leaflet if you do this. The bottom line is that the copyright always belongs with the author(s) of the information.

7 Production of Patient Information

7.1 For information produced in-house

Patient information leaflets and sheets that have been produced in line with this policy can be reproduced by the Trust Print Room.

A master copy of your approved patient information leaflet or sheet can be kept in the Print Room for future reproduction. There is a small charge for this.

7.2 For professionally printed patient information

There is no established funding within the Trust for producing or printing patient information leaflets.

Funding of specialty or department specific information lies with appropriate, service lines and specialties.

Where professional printing or recording is required alternative sources of funding should be considered such as charitable funds or commercial sponsorship, advice should be sought from the Legal Department in these cases.

Sponsorship should not detract from the intention of the patient information and must not overtly promote a product. The patient literature may incorporate a statement such as *"funding for this leaflet has been kindly donated by xyz"* but must not advertise the product/s or service/s of the sponsor. It is the policy of the Trust **NOT** to promote the business activities of any legal advisors, such as firms of solicitors, on patient information.

8 Overall Responsibility for the Document

Patient Experience & Engagement Manager has overall responsibility for the document.

9 Consultation and Ratification

The design and process of review and revision of this policy will comply with The Development and Management of Formal Documents.

The review period for this document is set as default of three years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be reviewed by the Patient Experience Committee and ratified by the Chief Nurse.

Non-significant amendments to this document may be made, under delegated authority from the Chief Nurse, by the nominated owner. These must be ratified by the Chief Nurse.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes.

10 Dissemination and Implementation

Following approval and ratification, this policy will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

The document owner will be responsible for agreeing the training requirements associated with the newly ratified document with the named Chief Nurse and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

11 Monitoring Compliance and Effectiveness

The process will be reviewed by the Patient Experience & Engagement Manager every three years or upon any significant change to national guidance or best practice. This review will evaluate duties, the processes for development of patient information, the list of essential content, the review date and archiving arrangements. It will also include a review of the process for approving the use of and archiving externally produced information.

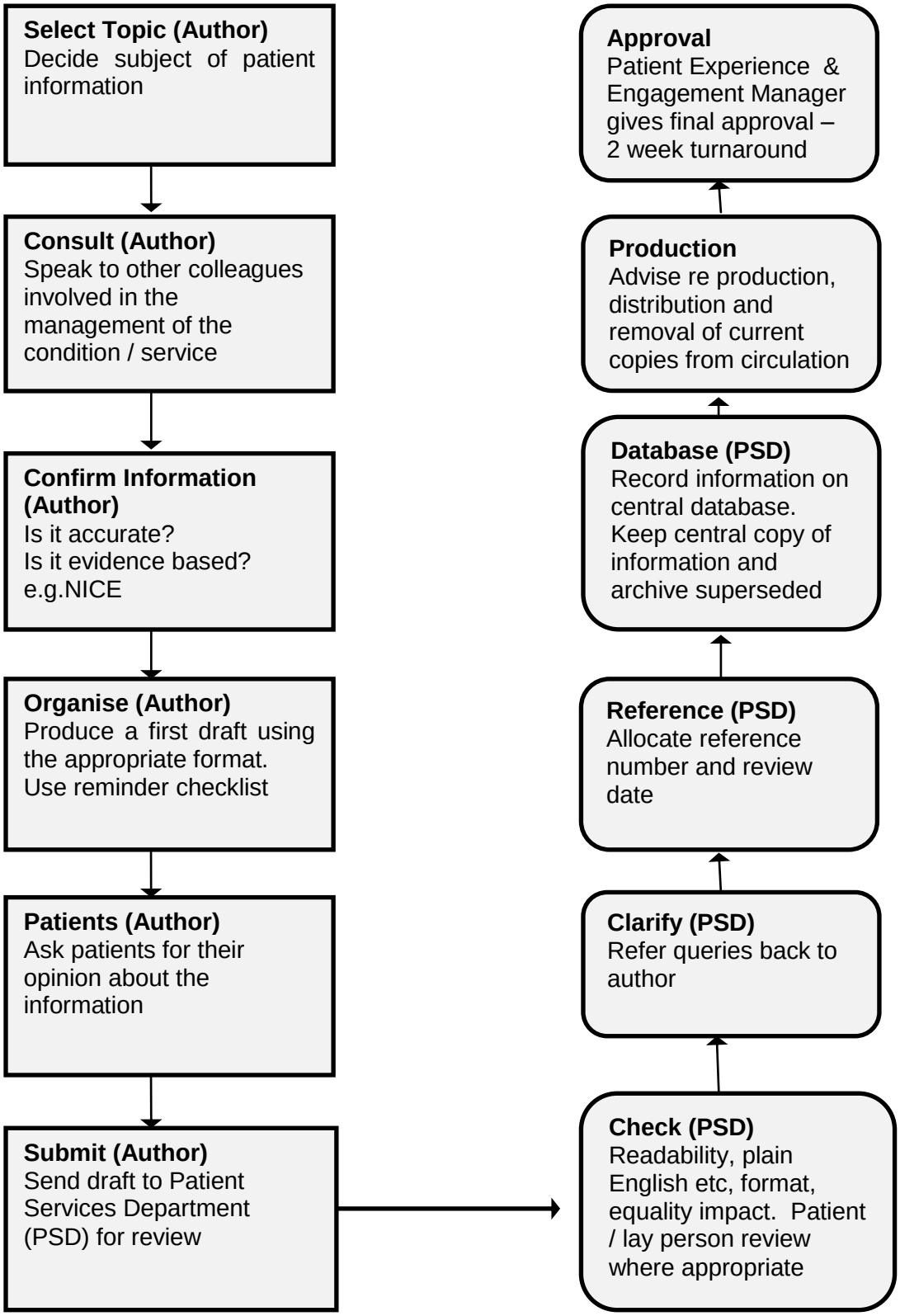
The Patient Services Department is responsible for reviewing patient information presented for publication, to ensure that it is compliant with the requirements in this policy, prior to formal sign off by the Patient Experience & Engagement Manager. Compliance with this policy will be monitored by subjecting all leaflets or sources of information to a quality assurance review prior to publication; this may also include review by a relevant group or committee as part of the ongoing approval process. Non-compliance will be reported to the leaflet author/s or information owners and any required amendments will be agreed and actioned before the leaflet or information is approved.

The Patient Services Department will maintain a record of the review process which will be reporting by the Patient Experience & Engagement Manager on a quarterly basis to the Patient Experience Committee which will include:

- Details of patient information that has been reviewed and published and confirmation that superseded versions have been destroyed with a master copy archived for future reference.
- Details of patient information that has exceeded its review date
- Action taken or planned to improve compliance where necessary

The Patient Experience Committee will monitor the implementation of any actions planned to improved compliance.

Process for Producing Patient Information



General guidance on writing information for patients

- **Use everyday language**
  Avoid jargon and use plain language to make it easier to read/hear.

- **Use patient friendly text**
  Use personal pronouns such as 'we' and 'you'. Do not use frightening language, for example, 'electrodes will be put on your chest'. If it is difficult to avoid using some medical terminology, give an explanation of what it means.

- **Reinforce the information that patients have been told verbally**

- **Avoid instructions**
  For example, don't just say 'do not eat anything for six hours before an operation' - explain why.

- **Be helpful**
  Help people make decisions by giving them facts about the risks, side effects and benefits and any alternatives.

- **Use short sentences** - in general no more than 15 to 20 words long.

- **Use lower-case letters -** where possible
  They are easier to read. Exceptions to this are proper names and the first letter in a sentence.

- **Use present and active tenses -** where possible for example
  Your appointment is on ..... Not, Your appointment has been made for ….

- **Use small blocks of text**
  Do not use long paragraphs - divide them up using headings and new paragraphs.

- A **question and answer format** is helpful to divide up text.

- **Bulleted or numbered points** will also divide up complicated information

- **White space** makes the information easier to read.

- **Large bold font emphasises text**
  Avoid UPPER CASE letters, italics and underlining as they make the text more difficult to read.

- **Numbers from one to nine** are easier to read if they are written in words, and numbers from 10 can be represented as numbers.

- **Use a font size of no less than 12 point**, or larger when appropriate for various alternative formats i.e. font size 16 for Easy Read.

- **Diagrams and pictures** are very effective but remember that most patients and members of the public will not be familiar with medical diagrams. Get advice from the Patient Services Department or ask patients what they think.

Checklist for Producing Patient Information

All patient information should be checked against the following questions before it is sent to the Patient Experience & Engagement Manager:

Readability Checklist - for all patient information

Does the leaflet include?

1. A title ☐
2. Trust name and logo ☐
3. Reference, allocated by the Patient Services Department and identifies the author ☐
4. Date of production ☐
5. Date for review, maximum of 3 ☐
6. years
7. Statement regarding availability of large print, other formats and languages ☐
8. Contact details for further information ☐

Is the leaflet?

1. Typed in Arial or non-serif font and 12 pitch ☐
2. Written in plain English using everyday words including consistency of terms and tenses ☐
3. Easy to understand (medical terminology explained) ☐
4. Clear - instructions or diagrams easy to understand ☐
5. Has the leaflet been reviewed by a lay-person ☐

Equality Impact Assessment Checklist

for all patient information

Impact on the following equality and diversity strands should be considered; age, race, gender reassignment, disability, gender, marriage/civil partnership, sexuality, religion, belief and non-belief.

Communication issues have been dealt with elsewhere in this document.

You are checking here to ensure the information is sensitive to, and meets, patients' cultural and equalities needs. You should aim, wherever possible, to give out positive messages.

As a minimum, check the following:

1. Your graphics and images give out positive messages by showing an appropriately balanced representation of gender, age, gender reassignment, race, belief, sexual orientation, disabilities ☐
2. Avoid using stereotypes, fixed ideas, comments and assumptions ☐
3. Where leaflets relate to a specific group, the facts, terminology and impact have been checked with patients and public from those groups. ☐
4. Use of he/she is avoided ☐
5. Under the heading 'other contacts and sources of support' ensure equality needs are considered. ☐
6. Does the information explain how patients should make staff aware of any requirements relating to equality and diversity e.g. disability access, dietary requirements or religious needs? ☐

For advice regarding equality requirements in patient information please contact the Patient Services Manager and Equality Diversity Leads on extn 37254

Content Checklist - for Clinical Patient Information

Does the information include:

1. An introduction/explanation of the purpose of the information ☐
2. Purpose and benefits of the operation or procedure ☐
3. The risks ☐
4. Any possible alternatives ☐
5. What the patient/carer needs to do before and after the operation or procedure ☐
6. What happens before the operation or procedure ☐
7. How the operation or procedure is done ☐
8. After effects and possible complications ☐
9. Who to contact for more advice ☐

Templates for leaflets and information sheets

The following templates are included:

A5 size (A4 folded once)

Tri-Fold A4 (A4 folded twice)

Information sheets (A4 not folded)

Written patient Information should include (usually on front or back page)

- NHS logo
- Title of the Leaflet
- Department or Directorate where appropriate
- Address
- Telephone number
- PHT Website address
- Date of publication
- Revision date
- Leaflet reference number
- Note about large print, other languages and formats

Acknowledgements Funding
(if relevant)

Ref. Number

This leaflet is available in large print and other formats and languages.
Please contact: *name and contact number*

Date:
Revision date:

TRW.PAS.POL.65.5 Producing and Managing Patient Information Policy

Title of leaflet

Unit/Department Name
University Hospitals Plymouth NHS Trust
Derriford Road
Plymouth
PL6 8DH
Tel: 01752 202082
www.plymouthhospitals.nhs.uk

Leading with excellence, caring with compassion

Acknowledgements Funding
(if relevant)

This leaflet is available in large print and other formats and languages.
Please contact:
name and contact number

Date:
Revision date:
Ref. number:

Title of leaflet

Unit/Department Name
University Hospitals Plymouth NHS Trust
Derriford Road
Plymouth
PL6 8DH
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www.plymouthhospitals.nhs.uk

Leading with excellence, caring with compassion

University Hospitals Plymouth NHS Trust

Unit/Department Name
University Hospitals Plymouth NHS Trust
Derriford Road
Plymouth
PL6 8DH
Tel: 01752 202082
www.plymouthhospitals.nhs.uk

Title of information sheet

Date:
Revision Date:
Ref:

This information sheet is available in large print and other formats and languages. Please contact:

Further Guidance

- Writing about risk
- Using plain English

Writing about risk

Why write about the risks?

- Patients have a right to know what they are letting themselves in for
- Allows patients to make appropriately informed choices about the examinations, tests, procedures and operations offered to them
- Allows patients to give appropriate consent to examinations, tests, procedures and operations offered to them
- Helps avoid litigation issues relating to misinformation

What to write about

When writing about risks, state the known specific risks of the procedure (not just general complications) and their level of harm or effect on the patient.

Examples of specific risks

facial nerve damage, deep wound infection, bleeding from …..,
bowel perforation, damage to the bladder, rejection of …..
wrong patient, wrong body part, wrong procedure
name the actual side-effects and complications

Where possible, quantify the risk in easy to understand terms for example:

There is a 1 in 3 chance that ….. or a high risk of …..
This happens in approximately 1% of cases. 1 in 100 patients or there is a moderate risk of …..
About 1 in 10,000 cases … or there is a low risk of ….

Whilst informing patients of risks, reassure them that we make every effort to reduce the risks and give examples e.g. by pre-op checks, marking the body, checking equipment, checking drugs, training and supervision of staff.

It is important that the patient helps to avoid or reduce risks. Therefore give information that patients can use to recognise complications and take appropriate action to minimise their effects or seek appropriate help and advice should they occur. For example:

What to look out for - and what to do
How long are after effects/complications likely to continue
What can be done to avoid these
What to do if complications arise

For further advice on writing about risk in patient information leaflets, contact the Patient Safety team.

Writing in Plain English

When writing information for patients you should use plain, jargon-free English.

Try to write from the patient's point of view and put yourself in the place of someone who may have little knowledge of what you are talking about.

Be consistent - for example, if you have referred to something as a test early in your leaflet, don't then refer to it as an examination or a procedure in other parts of the leaflet. Similarly, if you refer to ladies as women, continue to do so throughout.

Use everyday words - for example, use the word "before" rather than "prior".

Say "the examination will be done by…." rather than "the examination will be performed by …"

Below are some helpful web addresses.

http://www.plainenglish.co.uk
Plain English Campaign

http://www.plainenglish.co.uk/files/alternative.pdf
A-Z of alternative words

http://www.plainenglish.co.uk/files/howto.pdf
How to write in plain English

http://www.plainenglish.co.uk/files/medicalguide.pdf
Guides, including how to write medical information

http://www.plainenglish.co.uk/files/designguide.pdf
Plain English guide to design and layout

Finding out what your patients think

No matter how much effort you have put into getting it right, remember that the information is for your patients. They will be the best judge of whether it meets their needs.

It might be helpful to ask patients what information they would like to have in a leaflet before you start.

You could let patients know that you are going to be updating and ask them what they do and don't like about the patient leaflets/information sheets currently on offer. Do they have any suggestions?

You should always check with your patients that you have got it right before going to the final print. You can do this by giving out questionnaires, talking directly to individual or groups of patients.

The Patient Experience Manager will be happy to advise on the best way of finding out what patients think of your leaflet.

The following are example questionnaires that you could use.

Your ward/department address

Title of patient information leaflet

Patient's evaluation

We constantly update our information leaflets for patients. In order to help us give information that you need to know, when you need it and in a way that suits you, we like to ask your advice.

Please will you help us by telling us what you thought of the information that you have been given. Your comments will remain strictly confidential.

Please take a few minutes to answer these questions and return them to .....

---

1. Were you given the opportunity to say if you wanted written information about your problem/treatment?

   Yes, I was offered the written information and asked if I wanted it or not ☐

   I was given the written information whether I wanted it or not ☐

   If you did not want the written information that was offered to you, were you told that you could ask for it in future if you changed your mind? ☐

2. Were you given the information leaflet at a time when you needed it?

   Yes, the timing was right for me ☐

   No, I would have preferred to have the information given to me at a different time ☐

   If no, please explain

   ……

   .....…

   .....…….....

   .....

3. Did the content of the leaflet meet your needs?

Yes it explained all of the things that I wanted to know ☐

No, I would have liked to have had some information on ☐
Please give details

……

……

……

There was too much information I didn't need to know about ☐

……

.....……..

4. How easy did you find the information leaflet to read?

It was very easy to read ☐

It was a bit confusing in places ☐

I didn't understand some of the words ☐

I couldn't read it because…….....

.....

5. Do you have any other comments or suggestions about the patient information that you received?

……

.....…….

Thank you for taking the time to answer these questions.
Your comments will help us continue to improve the information we give to our patients.

Please hand this completed questionnaire to……

Before ……

Your ward/department address

Title of patient information leaflet

Patient's evaluation

We like to make sure that the information we give to our patients is clear, informative and relevant at all times. We would be grateful if you could take a few minutes to look at the information leaflet given to you and answer the following questions. A space has been provided for any other comments you may have regarding the leaflet, which will be taken into consideration before producing our final version.

	Yes	No
1. Does the leaflet use everyday language?	☐	☐
2. Is the information relevant?	☐	☐
3. Is the leaflet presented well?	☐	☐
4. Is there a clear explanation/introduction of the leaflet?	☐	☐
5. Does the leaflet clearly explain the operation / procedure?	☐	☐
6. Is the font size large enough to read?	☐	☐
7. Has the medical terminology been explained carefully?	☐	☐
8. If there are instructions, are they easy to understand / follow?	☐	☐
9. Does the information reinforce what you have been told at the clinic?	☐	☐
10. Does the leaflet give other information, resources and support available and how to access this?	☐	☐
11. Does the leaflet let you know if the information is available in other formats (large print etc.)?	☐	☐
12. Does the information given help you to make decisions by giving you facts about the risks, side effects and benefits?	☐	☐

Please use the back of this questionnaire to write any other comments you may have about the leaflet.

Thank you for taking time to complete this questionnaire.
Please leave it at the reception desk before leaving.

Dissemination Plan and Review Checklist — Appendix 7

Dissemination Plan	
Document Title	Producing and Managing Patient Information Policy
Date Finalised	July 2018
Previous Documents	
Action to retrieve old copies	To be managed by the Information Governance Team

Dissemination Plan

Recipient(s)	When	How	Responsibility
All Trust Staff	August 2018	Vital Signs	Patient Services Manager
Patient Experience Committee	August 2018	Electronic	Patient Services Manager
All Care Group / Service Line Management Teams	August 2018	Electronic	Patient Services Manager

Review Checklist

Title	Is the title clear and unambiguous?	Y
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	Y
	Does the style & format comply?	Y
Rationale	Are reasons for development of the document stated?	Y
Development Process	Is the method described in brief?	Y
	Are people involved in the development identified?	Y
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	Y
	Is there evidence of consultation with stakeholders and users?	Y
Content	Is the objective of the document clear?	Y
	Is the target population clear and unambiguous?	Y
	Are the intended outcomes described?	Y
	Are the statements clear and unambiguous?	Y
Evidence Base	Is the type of evidence to support the document identified explicitly?	Y
	Are key references cited and in full?	Y
	Are supporting documents referenced?	Y
Approval	Does the document identify which committee/group will review it?	Y
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	Y
	Does the document identify which Executive Director will ratify it?	Y
Dissemination & Implementation	Is there an outline/plan to identify how this will be done?	Y
	Does the plan include the necessary training/support to ensure compliance?	Y
Document Control	Does the document identify where it will be held?	Y
	Have archiving arrangements for superseded documents been addressed?	Y
Monitoring Compliance & Effectiveness	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Y
	Is there a plan to review or audit compliance with the document?	Y
Review Date	Is the review date identified?	Y
	Is the frequency of review identified? If so is it acceptable?	Y
Overall Responsibility	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Y

Equalities and Human Rights Impact Assessment | Appendix 8

Core Information	
Date	July 2018
Title	Producing and Managing Patient Information Policy
What are the aims, objectives & projected outcomes?	This document sets out the Trust policy, standards and responsibilities and procedure for producing and co-ordinating patient information in order to achieve consistency in quality of presentation and content.

Scope of the assessment
Advice is provided in the policy on writing and producing patient information in a range of formats. Templates and advice is provided stating that the information is available in other formats. The policy recommends that relevant patients and public are contacted when producing patient information. Policy contains a statement saying that it is available in other formats and who to contact. Patient information is reviewed using a checklist and given a reference number prior to its publication. Details of the patient information leaflets are logged onto a database This document has been compiled in line with CQC requirements.

Collecting data	
Race	This is mitigated as the policy can be made available in alternative languages and formats
Religion	There is no evidence to suggest that there is a negative impact on Religion or belief and non-belief regarding this policy.
Disability	This is mitigated as the policy can be made available in alternative languages and formats
Sex	There is no evidence to suggest that there is a negative impact on gender regarding this policy.
Gender Identity	There is no evidence to suggest that there is a negative impact on gender identity regarding this policy, currently data for this area is not collected, due to the current provision on the data collection systems, however, this is an area that is under development.
Sexual Orientation	There is no evidence to suggest that there is a negative impact on sexual orientation regarding this policy. Currently data for this area is not collected, due to the current provision on the data collection systems, however, this is an area that is under development .
Age	There is no evidence to suggest that there is a negative impact on age regarding this policy.
Socio-Economic	There is no evidence to suggest that there is a negative impact on socio-economic regarding this policy.
Human Rights	Data is currently monitored, analysed and published on the Trust website. Areas of concern will be addressed through appropriate action plans. Data from complaints and service user surveys will be monitored and analysed as required.

What are the overall trends/patterns in the above data?	There are currently no trends or patterns in the data that is produced. Data is currently monitored, analysed and published on the Trust website, although there is an issue with the systems collecting all protected characteristics. Areas of concern will be addressed through appropriate action plans. Data from complaints and service user surveys will be monitored and analysed as required. Consideration has been given to NHSLA Risk Management Standards for Trusts.

Involving and consulting stakeholders	
Internal involvement and consultation	The policy has been reviewed and compiled by the Patient Experience Manager. The Director of Nursing has approved the document. The policy has been circulated to members of the Patient Experience Committee and Matrons for consultation.
External involvement and consultation	The policy has been developed in line with CQC Standards. Representatives from Plymouth Healthwatch and Cornwall Healthwatch and patient representatives have been consulted.
Impact Assessment	
Overall assessment and analysis of the evidence	This impact assessment has shown there could be an impact on race or disability groups. However this document can be provided in other formats and languages if required. Data is currently monitored, analysed and published on the Trust website although there is an issue with the systems collecting all protected characteristics. . Areas of concern will be addressed through appropriate action plans. Data from complaints and service user surveys will be monitored and analysed as required.

Action Plan

Action	Owner	Risks	Completion Date	Progress update
Provide document in alternative formats and languages if requested	Claire Jukes, Patient Services Manager	Potential cost impact	Ongoing	When required.
Undertake analysis of service user data by protected characteristics	Equality Lead – Jenny Birchall	Accuracy of data resources	Quarterly or at least on an annual basis	Ongoing

Specific issues and data gaps that may need to be addressed through consultation or further research	Patient information can be made available in alternative languages and formats if requested. . Analysis of data including complaints and survey responses needs to be undertaken on a regular basis