Healthier Communities,
Outstanding Care

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

PATIENT INFORMATION DEVELOPMENT AND DISTRIBUTION POLICY

POLICY

<table>
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<tr><td>Sponsor (Position)</td><td colspan="3">Chief Executive Officer</td></tr>
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<tr><td>Lead Division/ Directorate</td><td colspan="3">Corporate</td></tr>
<tr><td>Lead Specialty/ Service/ Department</td><td colspan="3">Communications Department</td></tr>
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Associated Documents/ Information	**Date Associated Documents/ Information was reviewed**
1. Appendix 3 – Process Flowchart: a) Developing a patient information leaflet (PIL) b) Update existing PIL 2. Appendix 4 – Guide to writing patient/public information leaflets. 3. Appendix 5 – Guidance on leaflet format. 4. Appendix 6 – Example of a leaflet template. 5. Appendix 7 – Comments and complaints feedback form. 6. Appendix 8 – Library and Knowledge Service checklist. 7. Appendix 9 – Approval form (leaflet log). 8. Appendix 10 – Patient/Public evaluation form	1 September 2023.
Template control	October 2022

CONTENTS

APPENDICIES

1.0 INTRODUCTION

1.1 Information is an important part of the patient journey and a key element in the overall quality of patient experience. Quality information improves our communication with patients and their carers, as well as improving the care we deliver to them. Patients have a right and a need to know about their condition, treatment options, and the availability of services. All patients should have access to high quality information at the appropriate time and in an easily accessible format.

Good patient information is important as it can:

- Give patients confidence in the Trust so their overall experience as a patient is improved.
- Remind patients what they have been told by their doctor or nurse if, due to stress of unfamiliar language, they forget what they have been told.
- Allow patients to make informed decisions. It gives them time to go away, read the information and think about the issues involved and the choices available.
- Help to ensure patients arrive on time and are properly prepared for procedures or operation.
- Involve patients and their carers in the treatment process. Research has shown that this can improve the medical outcomes and reduce patient anxiety.

1.2 This policy is intended to act as a framework for the production of clinical and corporate information for patients. Its content is derived from a variety of sources currently in use throughout the NHS but is mainly based on:

- The NHS Long Term Plan
- NHS Identity Guidelines | NHS patient information leaflets
- The NHS Constitution for England (2021)
- NHSLA/Clinical Negligence Scheme for Trusts (CNST) guidelines
- Sherwood Forest Hospitals Policy for Consent to Examination, Treatment and Care (2019)
- NHS Standard for creating health content.

1.3 This framework should be followed for all information for patients produced within the Trust. It may not be completely appropriate for all leaflets (e.g. recipe books or diet sheets) but the basic principles would apply and should still be considered. Any deviations from the policy should be discussed with the Patient Information Officer first.

2.0 POLICY STATEMENT

- To provide clarity and consistency to the process of production, approval, implementation and review of clinical information for patients.
- To set out a framework to ensure that accurate, high quality and understandable clinical information for patients is made available in accessible ways to all those who need it.

- To ensure that the policy in use is current, relevant and has been reviewed within the last two years (in special circumstances, for example where a patient information leaflet is linked to a clinical policy, this can be increased to three years).
- To ensure equality assessment is completed and appropriate action taken to ensure the identification and elimination of inequality.
- To ensure that systems exist to monitor the use of and compliance with agreed policy.
- To avoid duplication of information at different sites.
- To establish a corporate format and ensure all information is of a consistently high standard.
- To involve patients and the public in the process of producing information.

3.0 SCOPE

This policy applies to all staff involved in producing clinical patient information for patients.

Exclusions from the scope
The policy excludes all externally produced information. However, clinical staff have responsibility to use information from reliable sources, for example NICE, the Department of Health, NHS England, Royal Colleges, charitable organisations, foundations/societies, research companies and drug companies.

Corporate information
Corporate information for patients and commissioners includes leaflets that provide generic information about the Trust or its services, supporting the Patient Choice initiatives.

Corporate information is produced by the Trust’s Communications department in line with NHS identity guidelines and the Trust corporate image.

Information is produced in conjunction with the relevant clinician and/or department or service manager and user feedback.

Other departments seeking to produce corporate or generic information should do so in conjunction with the Communications department and in line with this policy. This should also be in line with NHS identity guidelines and the Trust corporate image.

Printing and production of corporate information
This process is to be managed through the Communications department. If this route is unavailable, the Trust’s Procurement department will arrange the appropriate competitive tenders for any design and print work that needs to be done outside of the organisation. The Communications department is responsible for ensuring that corporate information produced meets the Trust’s standards for content and quality.

The style and format of corporate information leaflets should be similar to the style and format of clinical information which uses the Trust's style guide. There will be some exceptions due to the nature of specific target audiences, type of publication (such as annual report, patient magazine etc.) and the marketing nature of much of the material.

In any event it is good practice to publish the name of the originating department together with the length of time the document will be valid and its review date.

Who is our audience?
The Trust provides a range of acute services from King's Mill Hospital, Newark Hospital, Mansfield Community Hospital and the Sherwood Community Unit. The Trust serves some of the most diverse communities in the East Midlands.

4.0 DEFINITIONS/ ABBREVIATIONS

Information for patients – is defined as information about conditions, medication, treatments, tests, exercises, health promotion and services specifically for patients. Information should be given to patients to support and supplement verbal communication by health professionals and should not be used as a substitute to verbal communication.

Patients – includes everyone who uses a service at the Trust as described in section 3 'Scope'. They may not always be ill, for example pregnant women, and health promotion services such as sexual health etc. Therefore, in this context the term patient also includes the public, clients, service users, relatives, carers and guardians.

Modes of delivery – the information is delivered inf forms such as leaflets, booklets, sheets, QR codes, videos and PDF files etc.

Sections 5 – 10 of this policy apply to the development and distribution of clinical information for patients as opposed to corporate Information for patients which is outlined in section 3.

5.0 THE INFORMATION STANDARD

The Information Standard was introduced by the Department of Health in November 2009. It supports the production of high-quality information by organisations having a robust information production process based on best practice to ensure that information it produces meets the needs of its user.

The former assessment and certification scheme is now closed. However, organisations are advised to follow the standard's six key principles and requirements, which all clinical patient information must meet:

- **Information production** – there is a defined and documented process.
- **Evidence sources** – only current, relevant, balanced, and trustworthy sources of evidence are used.
- **User understanding and involvement** – understanding users and user testing information products.
- **End product** – end products are double checked.
- **Feedback** – comments/complaints/feedback are managed appropriately.
- **Review** – both information and process are reviewed regularly.

6.0 ROLES AND RESPONSIBILITIES

Trust's Patient Information Officer (Communications department)

Responsibility for the co-ordination of the in-house development process and monitoring implementation of the policy rests with the Patient Information Officer under the guidance of the Head of Communications. The Patient Information Officer must ensure that the Trust standard template is used in accordance with this policy and that all patient information leaflets are stored on a database, each with a unique reference number. Responsibility also includes archiving leaflets no longer in use.

Communications department

The department must ensure that requests for design/print are completed in a timely manner.

Author

It is the responsibility of the author (or designated representative) to ensure that:

- The need for clinical information for patients is appropriately identified, prioritised, developed, produced and distributed as appropriate.
- Clinical information for patients is reviewed and updated every two years or sooner if needed (exceptions stated in section 2.0).
- Patients and all appropriate health professionals are involved in the development process.
- Collaborative working across specialties is undertaken where appropriate.

Clinical director/manager/head of service

It is the responsibility of the clinical director/appropriate manager or head of service to ratify the necessary patient information, approve the clinical content and sign off the patient information approval form.

Ward manager/department manager

It is the responsibility of the ward managers and department managers to ensure all information for patients on the wards and departments is kept up to date and that the content remains valid.

All staff
It is the responsibility of the individual healthcare workers to distribute current and accurate information. Individuals must work within their own competence, and not give information that exceeds the competence.

7.0 APPROVAL

Identifying the need for new information for patients or revising existing information
When a requirement for new patient information is identified, the initiator must, in the first instance contact the Patient Information Officer for guidance/training and to ensure that the information is not already in circulation to avoid duplication.

Writing new patient information
The author must complete a Trust patient information leaflet log relating to the specific type of information they wish to create. Involvement and consultation from other clinical colleagues across the Trust should take place where appropriate and necessary. Where services are available on another hospital site within the Trust, the author should ensure that the information is consistent wherever possible.

Evidence-based sources of information available within the NHS and externally must be used if relevant. Copyright permissions may be required for using part of the information, rephrasing information or using images and logos from different publications and websites. Authors should record and reference all such sources and obtain any copyright permission.

Evidence used must be reliable and the most up to date. This can include national clinical guidelines or reports, primary research papers, systematic reviews of research, and academic journal articles.

The Trust's Library and Knowledge Service can undertake an evidence search to locate the most up to date, evidence-based resources for authors, and also offers information skills courses on how to access health information using the NHS Knowledge and Library Hub.

Review of text by Patient Information Officer
The Patient Information Officer must ensure the information and supporting evidence is compliant with Trust templates and policy. If the leaflet is not compliant, it will be returned to the author with queries. No further action will be taken with the leaflet until all points have been answered and content is compliant.

Formatting text into Trust leaflet style
The Patient Information Officer must ensure text is in compliant format for patient information. The appropriate style of branding will be used depending on the department and patient group (i.e. general adult, child-friendly, bereavement etc.).

Any diagrams or images and logos will be added by the Patient Information Officer following discussion between the author and Patient Information Officer as to the relevance of the image.

Involvement sign off
The author must complete a patient review with a minimum of three patients and/or members of the public. Any feedback and suggestions from the patient review should be incorporated into the draft information as appropriate. Exceptions to the patient review process must be authorised by the Patient Information Officer. The author must also complete a leaflet log and ensure their clinical director/manager/head of service has signed the form to approve the content of the leaflet. Incomplete forms will be sent back to author thus causing a delay in the approval process.

The Trust's Library and Knowledge Service can also be asked to review leaflets where appropriate.

Approval process
The Patient Information Officer must complete a final compliance check, ensuring the information is complete, correct branding has been applied, evidence has been recorded, there is a readability score of between ages 13 and 16, and all signatures have been obtained before approval. If the above requirements have been met, the leaflet can be approved and signed off for use by the Patient Information Officer.

Accessing/ordering leaflets
Once approved, the Patient Information Officer is responsible for uploading to the Patient Information SharePoint section on the Trust's intranet, and to the patient information library on the Trust's website if applicable. The author will be notified that the leaflet is available for use.

Colour printed copies of the leaflets can be ordered from the Communications department.

Leaflet review
It is important that the Trust reviews all patient information to ensure that it remains current and reflects best practice.

All Trust patient information needs to be reviewed every two years or earlier if there is a specific requirement for this to be undertaken sooner (exceptions stated in section 2.0). The Patient Information Officer will co-ordinate the reviewing process and a new copy of the leaflet will supersede the previous one.

The review of the patient information must commence three months before the review date. The patient information master log, managed and maintained by the Patient Information Officer will be used to indicate when leaflets are due to be reviewed and Patient Information Officer will facilitate the review process.

The Patient Information Officer will contact the author of any patient information that needs to go through the review process for patient information leaflets. Any revised information will require approval from the clinical director/manager/head of service.

Where information is found not to be compliant with the current policy (e.g. if the policy has recently changed or new guidelines have been produced), it will be scheduled for updating as soon as possible. Removing the information may pose a significant risk and an assessment should be carried out before removing the information from use. In updating the information, the process outlined in this policy should be followed. Leaflets that are not compliant must be replaced within a maximum period of three months from identification or the approval of a new policy.

Approved leaflets will then be uploaded to SharePoint - a secure platform that stores all patient information leaflets in a central location. Documents stored in SharePoint are protected from deletion and overwriting and allows users to find the right content at the right time.

Documents will also be uploaded to the patient information library on the Trust's website if applicable.

Archiving
All superseded documents will be stored on a record system as archived documents for audit purposes.

All patient information is supplied with a unique reference number generated by the Patient Information Officer for identification purposes. When a patient information leaflet is updated a new record and identifying number is produced. The patient information master log is updated to reflect the new reference number. This gives clear indication that a patient information leaflet has been superseded.

In addition to this, all patient information documents are held as word and PDF files on the Communications department shared drive, and as PDF files on SharePoint. Most patient information leaflets (where applicable) are also stored in the patient information library on the Trust's internet site.

Conflict of interest
In the event of a conflict of interest in the development of patient information leaflets, where the requirements of the author/specialty are not in line with the Trust's policy, the Patient Information Officer will pursue the matter with the clinical director/relevant manager. If the matter remains unresolved, it will be escalated to the Head of Communications to resolve with the clinical director/relevant manager and then, if necessary, the Medical Director.

8.0 EIDO HEALTHCARE – PATIENT INFORMATION REPOSITORY

EIDO Healthcare is an external patient information repository that can be accessed directly through the Patient Information section on the Trust's intranet.

It has a wide range of patient information leaflets split by specialties and formatted in an A4 style document that can be downloaded and printed for use. All the information leaflets within EIDO have the Trust logo clearly marked at the top together with all the minimum requirements as stated within this policy.

Groups looking to develop new information for patients should review the information on EIDO to see if there is suitable information they can use before creating their own.
The Patient Information Officer is responsible for regular communications about the EIDO Healthcare system to raise further awareness across the Trust in order to maximise its use for those specialties across all divisions.

9.0 MONITORING COMPLIANCE AND EFFECTIVENESS

Monitoring of compliance against this policy will be the responsibility of the Patient Information Officer.

In 2017 a new master log was created by the Patient Information Officer with all the Patient Information leaflets on and their expiration dates. This is used to monitor the review of existing leaflets. New leaflets are also added onto this. This log is held centrally and ensures that the approval and/or review status of a leaflet is understood.

The Patient Information Officer is responsible that this is kept up to date and audits the process every six months to ensure it is working correctly and report back to the Communications monthly meeting in April and October.

Minimum Requirement to be Monitored **(WHAT – element of compliance or effectiveness within the document will be monitored)**	**Responsible Individual** **(WHO – is going to monitor this element)**	**Process for Monitoring e.g. Audit** **(HOW – will this element be monitored (method used))**	**Frequency of Monitoring** **(WHEN – will this element be monitored (frequency/ how often))**	**Responsible Individual or Committee/ Group for Review of Results** **(WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)**
Existing leaflets are renewed in time and new leaflets are produced in keeping with the policy.	Patient Information Officer	Audit	Six monthly	Richard Brown

10.0 TRAINING AND IMPLEMENTATION

The Patient Information Officer will organise and deliver training and awareness sessions where appropriate.

11.0 EQUALITY AND DIVERSITY

The Trust recognises the diversity of the local community and those in its employment. Our aim is, therefore, to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need. The Trust recognises that equality impacts on all aspects of its day-to-day operations and has produced a Single Equality Scheme to reflect this. All policies are subject to an Equality Impact Assessment.

12.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at Appendix 1.
- This document is not subject to an Environmental Impact Assessment

13.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

Evidence Base:

- The NHS Long Term Plan
- NHS Identity Guidelines | NHS patient information leaflets
- The NHS Constitution for England (2021)
- NHSLA/Clinical Negligence Scheme for Trusts (CNST) guidelines
- Sherwood Forest Hospitals Policy for Consent to Examination, Treatment and Care (2019)
- NHS Standard for creating health content
- The Plain English Campaign
- NHS Better Health.

14.0 APPENDICES

1. Equality Impact Assessment
2. Environment Impact Assessment
3. Process flowchart
4. Guidance on writing clinical information
5. Guidance on leaflet format
6. Example of a Trust template
7. Comment and feedback form
8. Library and Knowledge Service checklist
9. Approval form.

APPENDIX 1 - EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Name of service/policy/procedure being reviewed: Patient Information Development and Distribution Policy			
New or existing service/policy/procedure: Existing			
Date of Assessment: 01.09.23			
For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)			
Protected Characteristic	**a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?**	**b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?**	**c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality**
The area of policy or its implementation being assessed:			
Race and Ethnicity	Sensitivity around the use of terms for different ethnicities.	Use of patients/public and Library and Knowledge Service for leaflets.	Aim to increase representation across all protected characteristics in the patient/public and Library and Knowledge Service reviews.
Gender	None identified.	N/A	N/A
Age	Visual or easy read information is better suited to young people. Older people (or those with visibility issues) can benefit from large print text.	Use of patients/public and Library and Knowledge Service leaflets. Process of creating leaflet also includes a readability test. Collaboration with the Trust's learning disabilities nurse specialist.	Aim to increase representation across all protected characteristics in the patient/public and Library and Knowledge Service reviews.
Religion	None identified.	N/A	N/A
Disability	Some disabilities can mean individuals have low reading ages meaning visual information and easy read information is best suited.	Use of patients/public and Library and Knowledge Service for leaflets. Process of creating leaflet also includes a readability test. Collaboration with the Trust's learning disabilities nurse specialist.	Aim to increase representation across all protected characteristics in the patient/public and Library and Knowledge Service reviews.

Sexuality	Sensitivity around the use of terms for sexual preferences.	Use of patients/public and Library and Knowledge Service for leaflets.	Aim to increase representation across all protected characteristics in the patient/public and Library and Knowledge Service reviews.
Pregnancy and Maternity	None identified.	N/A	N/A
Gender Reassignment	Sensitivity around the use of terms for gender.	Use of patients/public and Library and Knowledge Service for leaflets.	Aim to increase representation across all protected characteristics in the patient/public and Library and Knowledge Service reviews.
Marriage and Civil Partnership	None identified.	N/A	N/A
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	None identified.	N/A	N/A
What consultation with protected characteristic groups including patient groups have you carried out? **Spoken to another Trust with a similar policy that is already signed up to the Accessible Information Standard to ensure the processes are correct.**			
What data or information did you use in support of this EqIA? **Information about the Accessible Information Standard.**			
As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments? **None aware of.**			
Level of impact From the information provided above and following EQIA guidance document Guidance on how to complete an EIA (click here), please indicate the perceived level of impact: Low Level of Impact For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.			
Name of Responsible Person undertaking this assessment: Richard Brown			
Signature: R Brown Date: 28.11.22			

APPENDIX 2 - ENVIRONMENTAL IMPACT ASSESSMENT

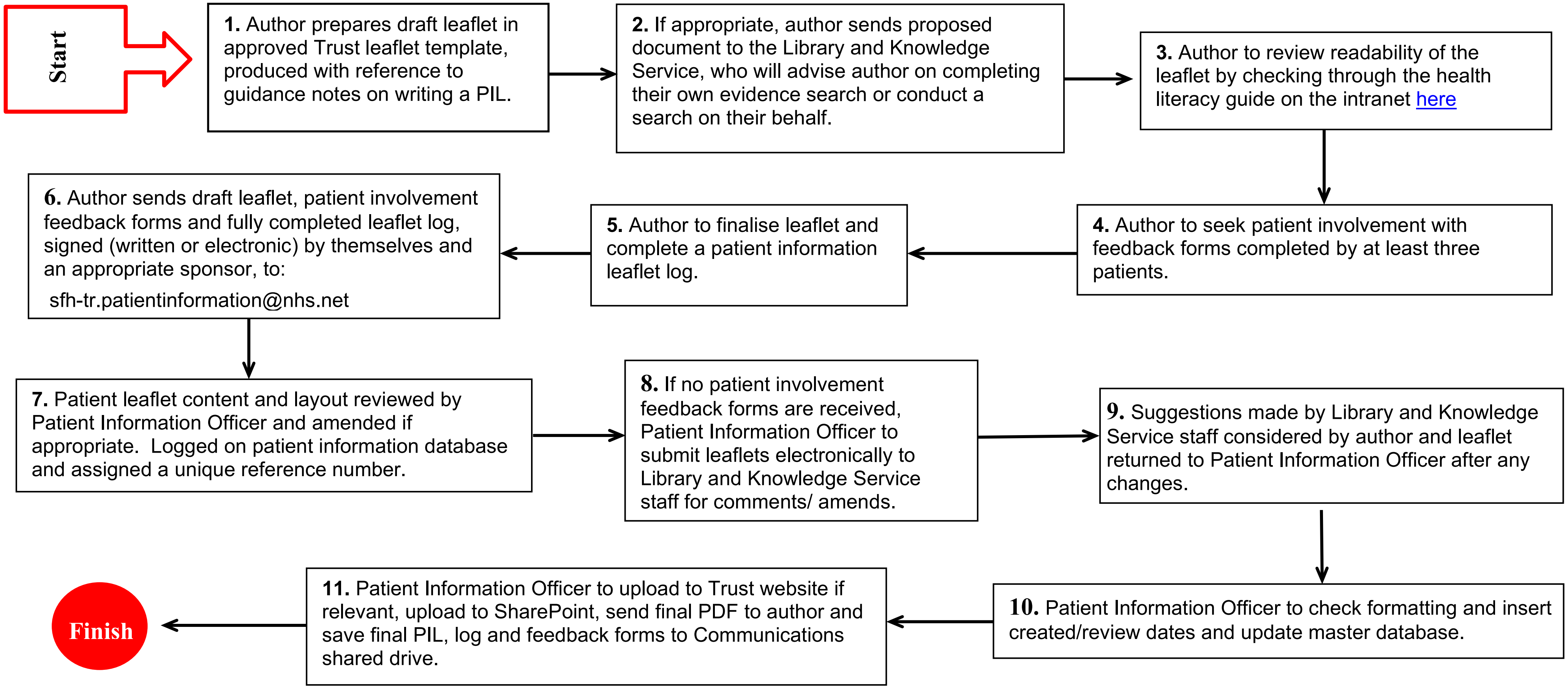
The purpose of an environmental impact assessment is to identify the environmental impact, assess the significance of the consequences and, if required, reduce and mitigate the effect by either, a) amend the policy b) implement mitigating actions.

Area of impact	Environmental Risk/Impacts to consider	Yes/No	Action Taken (where necessary)
Waste and materials	• Is the policy encouraging using more materials/supplies? • Is the policy likely to increase the waste produced? • Does the policy fail to utilise opportunities for introduction/replacement of materials that can be recycled?	N N N	
Soil/Land	• Is the policy likely to promote the use of substances dangerous to the land if released? (e.g. lubricants, liquid chemicals) • Does the policy fail to consider the need to provide adequate containment for these substances? (For example, bunded containers, etc.)	N N/A	
Water	• Is the policy likely to result in an increase of water usage? (estimate quantities) • Is the policy likely to result in water being polluted? (e.g. dangerous chemicals being introduced in the water) • Does the policy fail to include a mitigating procedure? (e.g. modify procedure to prevent water from being polluted; polluted water containment for adequate disposal)	N N N	
Air	• Is the policy likely to result in the introduction of procedures and equipment with resulting emissions to air? (For example, use of a furnaces; combustion of fuels, emission or particles to the atmosphere, etc.) • Does the policy fail to include a procedure to mitigate the effects? • Does the policy fail to require compliance with the limits of emission imposed by the relevant regulations?	N N N	
Energy	• Does the policy result in an increase in energy consumption levels in the Trust? (estimate quantities)	N	
Nuisances	• Would the policy result in the creation of nuisances such as noise or odour (for staff, patients, visitors, neighbours and other relevant stakeholders)?	N	

APPENDIX 3 - PROCESS FLOWCHART

New

Developing a Patient Information Leaflet (PIL)



1. Author prepares draft leaflet in approved Trust leaflet template, produced with reference to guidance notes on writing a PIL.

2. If appropriate, author sends proposed document to the Library and Knowledge Service, who will advise author on completing their own evidence search or conduct a search on their behalf.

3. Author to review readability of the leaflet by checking through the health literacy guide on the intranet here

4. Author to seek patient involvement with feedback forms completed by at least three patients.

5. Author to finalise leaflet and complete a patient information leaflet log.

6. Author sends draft leaflet, patient involvement feedback forms and fully completed leaflet log, signed (written or electronic) by themselves and an appropriate sponsor, to:

sfh-tr.patientinformation@nhs.net

7. Patient leaflet content and layout reviewed by Patient Information Officer and amended if appropriate. Logged on patient information database and assigned a unique reference number.

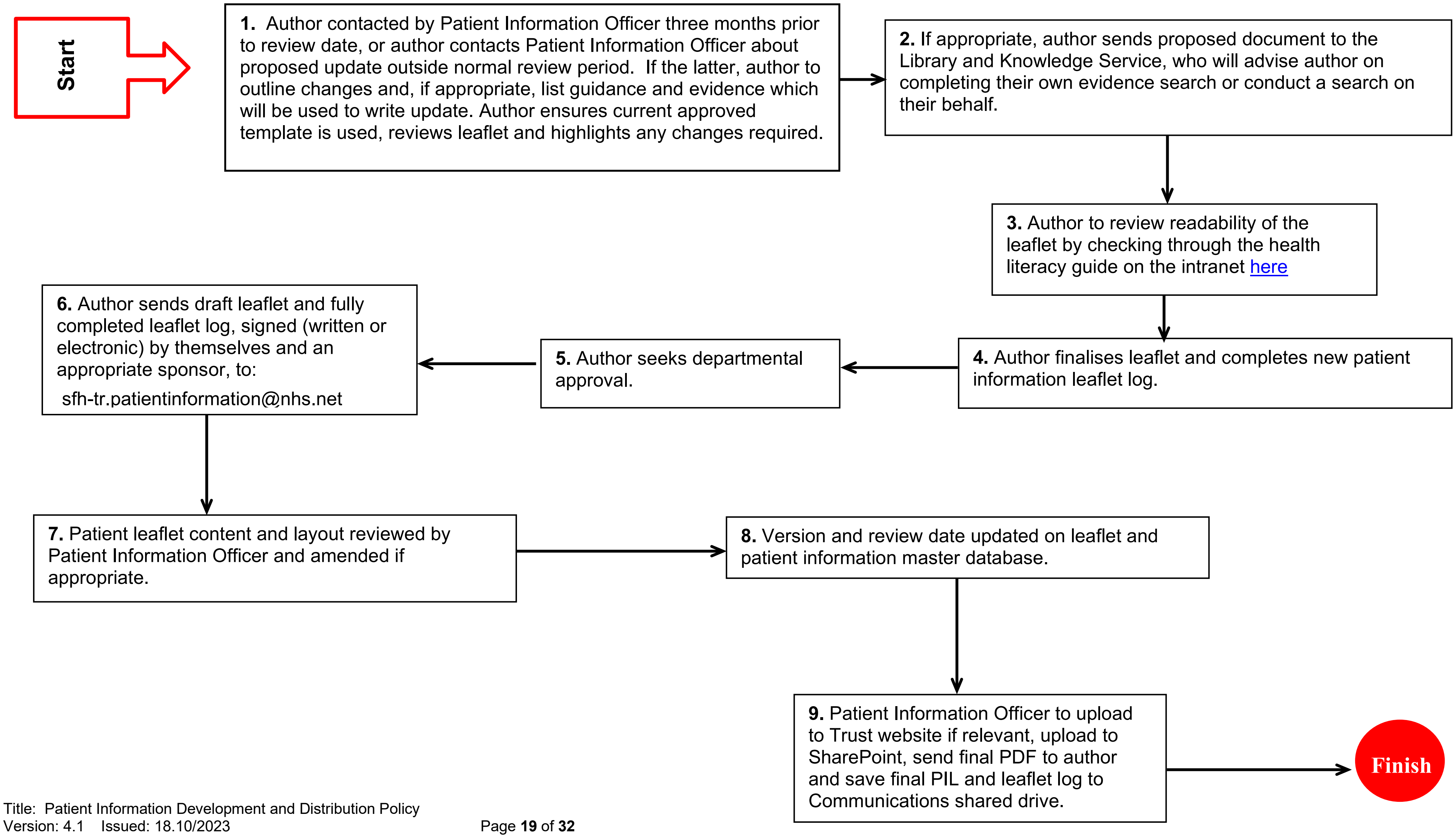
8. If no patient involvement feedback forms are received, Patient Information Officer to submit leaflets electronically to Library and Knowledge Service staff for comments/ amends.

9. Suggestions made by Library and Knowledge Service staff considered by author and leaflet returned to Patient Information Officer after any changes.

10. Patient Information Officer to check formatting and insert created/review dates and update master database.

11. Patient Information Officer to upload to Trust website if relevant, upload to SharePoint, send final PDF to author and save final PIL, log and feedback forms to Communications shared drive.

Update existing PIL



Start

1. Author contacted by Patient Information Officer three months prior to review date, or author contacts Patient Information Officer about proposed update outside normal review period. If the latter, author to outline changes and, if appropriate, list guidance and evidence which will be used to write update. Author ensures current approved template is used, reviews leaflet and highlights any changes required.

2. If appropriate, author sends proposed document to the Library and Knowledge Service, who will advise author on completing their own evidence search or conduct a search on their behalf.

3. Author to review readability of the leaflet by checking through the health literacy guide on the intranet here

4. Author finalises leaflet and completes new patient information leaflet log.

5. Author seeks departmental approval.

6. Author sends draft leaflet and fully completed leaflet log, signed (written or electronic) by themselves and an appropriate sponsor, to:

sfh-tr.patientinformation@nhs.net

7. Patient leaflet content and layout reviewed by Patient Information Officer and amended if appropriate.

8. Version and review date updated on leaflet and patient information master database.

9. Patient Information Officer to upload to Trust website if relevant, upload to SharePoint, send final PDF to author and save final PIL and leaflet log to Communications shared drive.

Finish

APPENDIX 4 – GUIDE TO WRITING PATIENT / PUBLIC INFORMATION LEAFLETS

Research has shown that patients given adequate information about their test, operation or care are less anxious and more satisfied with their care than patients who are not.

Remember that information leaflets are only intended to back up and reinforce verbal information and discussion. They are not a substitute.

This guide is intended to give some general advice about developing written patient information materials.

Does the leaflet make the following points clear?

For all leaflets

- Your target audience
- The aims and purposes of the leaflet
- The title of leaflet on front cover and contact numbers within leaflet if required
- If any additional resources are required in the production of the leaflet - for example additional staff to assist in the production of the leaflet, and so on
- Sources of information (references) used in the production of the leaflet (create a separate reference list)
- Who people can contact if they have any more questions
- Where people they can get further information such as support groups and websites.

About operations, treatments and investigations

- What is the procedure/treatment?
- What are the benefits of the treatment or procedure?
- Possible side effects, risks and complications of proposed treatment or procedure
- Other treatment options
- What happens if no treatment is given?
- What preparation does the patient need, if any?
- Does the patient need a general anaesthetic, sedation or local anaesthetic?
- What happens upon arrival at the hospital or, clinic and who will they meet?
- Will they be asked to sign a consent form?
- What does the procedure involve/how long does it last/what does it feel like?
- What happens after the procedure – pain control, nursing checks, stitches?
- Does it state how the patient will get their results?
- How long will they stay in hospital?
- Follow up arrangements
- Do they need someone with them or any special equipment when they go home?
- What care do they need at home?
- What follow up care is needed - do they need to visit their doctor/specialist nurse?
- What are the possible side effects/adverse effects - what should they look out for and what should they do if these occur?
- Expected pain and discomfort levels and any other advice
- When can they start their normal activities again, such as driving, sport, sexual intercourse or work

Conditions and treatments

- What condition is being described?
- What causes it - or if the cause is not known say so
- Does anything increase the risk, such as age, sex, ethnic origin or a family history or 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 risks and complications?
- What are the side effects and the risks of getting treatment or not getting treatment?
- What are the next steps?
- What can the patient do for themselves?
- Are there other implications, such as infecting other people?

Ward/area specific

- Where to go and who to talk to for more information and to answer questions.
- Description of ward/area
- Location of ward/area
- What to bring and what not to bring
- Ward routines (for example visiting times, restrictions on visitor numbers, protected mealtimes, Hospedia, telephone enquiries, car parking
- Other facilities within the hospital
- Expected length of stay
- What happens when they go home
- Contact details for ward/area
- How to give feedback – compliments or complaints
- How to identify ward staff.

About services

- Description of the service
- Start at the beginning where the patient would start, for example, a leaflet about transport might start with how to book it, with a phone number
- Who is eligible?
- Details of how to access the service
- Is equipment or special clothing needed?
- Where to go
- When is the service available?
- Is there a waiting time, either for booking appointments or when you arrive at the service?
- How often do they need to attend?
- Do they need to bring any documents?
- Who to contact if they cannot attend.
- What is or is not available, such as transport, food and drink facilities
- Are interpreters available?
- Are any costs involved?
- Are there any advantages or disadvantages that need to be explained?
- Who to contact for further information, and when that contact is accessible

- Phone number, address and website of the organisation/service.

Medications

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

Wherever possible involve patients in the evaluation of the leaflet you produce. What do they want to know? How would they like the information presented?

For more information contact the Patient Information Officer on 01623 622515, extension 6927.

APPENDIX 5 – GUIDANCE ON LEAFLET FORMAT

Printing and production

The more inviting, clear and good quality a leaflet looks, the more likely it is that people will read it. All our information must be clearly identified as coming from us with our logo on the front cover to portray our corporate image. This will make it easier for the patient to recognise what is and is not a part of SFH information.

Completed leaflets which departments wish to have printed should be processed through the Communications and the Procurement departments and not directly by contacting external printers. Any costs incurred on such printing will be borne by the respective divisions. If any leaflets are photocopied, they must be of equal quality, and must be within the valid date of the leaflet.

Any exceptions to this need to be approved by the Head of Communications.

A PDF version of each completed leaflet will also be produced and stored on the Intranet and these may be printed by departments using a PC and printer.

The Communications department will only process any requests for printing patient information when it has been checked and approved by the Patient Information Officer for compliance.

Leaflet style and format

- In the first instance, all patient information will be formatted in A4 (depending on content and quantity of text) using the standard Trust template.
- Two colour or full colour may be used at the request of the clinical director/relevant manager but it should be noted that printing these will incur increased costs.
- Any specific requirements or deviations such as colour images and diagrams must be discussed with the Patient Information Officer.
- The template may change at the discretion of the Head of Communications or Chief Executive, in line with the Trust’s branding.

Front and back covers

The front cover must include:

- Trust ‘Information for patients’ front page template.
- Title of leaflet

The back cover must include:

- Date of publication and review date
- Leaflet code or reference number
- The Information Standard logo
- Any copyright permissions (if applicable)

Print guidelines

The following guidelines apply to all information for patients, not just those with reading or sight difficulties.

- Font size should generally be 12 point (minimum) to 14 point. If you are writing information for the elderly or people with sight difficulties always use 14 point or larger.
- Typeface must be Arial.
- It is acceptable to use a dark background with white print (reversed out) for headings or alert boxes, but not for a large section of text.
- Illustrations should be kept simple and drawn as line art where possible.
- Align the text to the left only, with the exception of headings which can be centred.
- Images and full colour photographs are acceptable if they serve a valid purpose but they can increase the cost significantly.
- Do not write text over a busy background on images.

APPENDIX 6 – EXAMPLE OF A LEAFLET TEMPLATE

Please note a separate template for paediatric information is available on request from the Patient Information Officer

INFORMATION FOR PATIENTS

Title of leaflet

Introduction or Aim

Subheading (copy, paste and change)

Contact details
Local information, your department

Further sources of information
NHS Choices: www.nhs.uk/conditions
Our website: www.sfh-tr.nhs.uk

Patient Experience Team (PET)
PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service.

King's Mill Hospital: 01623 672222
Newark Hospital: 01636 685692
Email: sfh-tr.PET@nhs.net

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email sfh-tr.PET@nhs.net.

This document is intended for information purposes only and should not replace advice that your relevant health professional would give you.

External websites may be referred to in specific cases. Any external websites are provided for your information and convenience. We cannot accept responsibility for the information found on them.

If you require a full list of references for this leaflet (if relevant) please email sfh-tr.patientinformation@nhs.net or telephone 01623 622515, extension 6927.

To be completed by the Communications office
Leaflet code:
Created: Month Year / Revised: Month/Year / Review Date: Month Year

APPENDIX 7 – COMMENTS AND COMPLAINTS FEEDBACK FORM

Patient information leaflets

Comments – Complaints - Feedback

Name:
Telephone number/email address/address:
Details:
For office use
Leaflet number and title:
Author:
Sponsor:
Date:
Action (within 14 days):
Outcome/response (for unresolved complaints, escalate to PETs):
Date:
Supporting documentation (emails/letters) from both parties attached? Yes/No

APPENDIX 8 – LIBRARY AND KNOWLEDGE SERVICE CHECKLIST

Library and Knowledge Service checklist for reviewing patient information leaflets

Title of leaflet: ……………………………………………………………………….. No: ……………………………

Reviewed by: ………………………………………………………………………………………………………..

This checklist is designed to assist members of the Library and Knowledge Service to make an objective assessment of any patient information literature that they may be sent to comment on. Comments can be written on this checklist or on the leaflet itself.			
1. Content	**Y**	**N**	**Comments (including if not applicable)**
If appropriate, does the leaflet make a statement regarding the obtaining of references?			
The 'aim' of the leaflet is stated.			
Tone and writing style of leaflet is respectful and caring.			
Jargon, abbreviations and specialist terms are avoided or, if used, explained.			
If appropriate rationale is given for instructions, i.e.do not eat for 6 hours - why?			
Publication is free of racial, gender, religious and sexual stereotypes. Humour is avoided.			
If appropriate is there clear information on what happens after a procedure i.e. driving home, returning to work, heavy lifting, resuming sexual relations etc.?			
2. Reliability	**Y**	**N**	**Comments (including if not applicable)**
Are there any contradictions in requests and instructions?			
If relevant other related information is given i.e. car parking, visiting policy, what to bring, special dietary requirements, preparation prior to visit etc.			
Issue and review dates and version number are clear.			
3. Accessibility	**Y**	**N**	**Comments (including if not applicable)**
Details are given of leaflet being available in other formats i.e. different languages, large print etc.			
Leaflet is written in the appropriate style for the target group.			

If appropriate related information sources and help groups are included.			
If appropriate contact numbers are given for the patient/carer to ask for further information.			
If this leaflet was to be your first contact with the Trust, would your first impression be a positive one?			
Overall, do you feel this leaflet is appropriate for the purpose it is being designed for? **Yes/No** (delete as applicable) Comments:			
Please state any other information that you would like to feed back to the author(s) of this publication:			

APPENDIX 9 – APPROVAL FORM (LEAFLET LOG)

Patient information leaflet log	
Leaflet title	
PIL number	
Name	
Department	
Telephone	
Document author The person responsible for writing the information	
Document sponsor The person responsible for approving the information	
Is this leaflet new or being reviewed? Tick or highlight boxes	New ☐ Due for two year review ☐ Changes required before two year review ☐ If reviewed, please indicate the level of change: No change ☐ Minor change ☐ Major change ☐
Who is the target audience for this leaflet?	Patients (adult) ☐ Patients (children) ☐ Parents/families ☐ Carers ☐ Pregnant women/maternity services ☐
Why has this leaflet been produced?	New policy/procedure/treatment ☐ New department/ward ☐ Self care ☐ Patient feedback/complaint ☐ Healthcare professional defined need ☐ National guidance ☐ Other ☐
Searches for up to date information and guidelines (if relevant)	I confirm that I have liaised with the Library and Knowledge Service, and they have undertaken a search for accurate, relevant and up to date information and guidelines, which I have considered ☐ I confirm that I have undertaken my own search for accurate, relevant and up to date information and guidelines ☐
References Please give references to any literature/policy/ guidelines used in the leaflet	**Example:** NICE, CG92, 'Venous Thromboembolism: Reducing the risk', January 2010 1. 2. 3. **OR** No clinical content ☐ No evidence base ☐
State specialties which have been consulted/ individuals who have been involved	
Patient involvement	I confirm that patients/patient groups have been involved in the production of this leaflet ☐ It has not been appropriate/practical to involve patients in the production of this leaflet for the following reasons:
Is this an easy read leaflet?	Yes ☐ No ☐

Does this leaflet need to be produced in an easy read format?	Yes ☐ No ☐ *If yes, please liaise directly with the Trust's Learning Disabilities Nurse Specialist to produce this, and complete a separate log form*
Will this leaflet be printed?	Yes ☐ No ☐ **PLEASE NOTE: Patient information leaflets must not be photocopied**
This leaflet will be made available to the public on the Trust's website	Under which section should it appear? If it is not appropriate for this leaflet to appear on the Trust's website, please explain why below:
How will this leaflet be made available to patients?	Leaflet rack ☐ SFH website ☐ Sent to patient ☐ Given to patient in clinic ☐ Given to inpatient ☐ Other:
Conflict of interest declaration	I confirm that I or a cohabiting partner DO NOT have any potential conflicts of interest that could arise in the production of written patient information. This includes all employment and business relationships ☐ I declare that I or a cohabiting spouse have a potential conflict of interest (provide details to sfh-tr.patientinformation@nhs.net ☐
Approval of text Please sign and post, or type name if sending electronically	We confirm that the content of this patient information leaflet is current. We approve the content of this patient information leaflet. Author: Sponsor: Date:

Please post this completed form to: Patient Information, Communications Department, Trust Headquarters, Level 1, King's Mill Hospital. Alternatively email to sfh-tr.patientinformation@nhs.net

Please note – your leaflet will **NOT** be approved for use if you do not submit the following evidence with your leaflet:

- List of references if relevant.
- Evidence of patient involvement if relevant (patient information evaluation sheets are available on the intranet).

If you have any questions about completing this form, please contact the Patient Information Officer on extension 6927 or email sfh-tr.patientinformation@nhs.net

APPENDIX 10 – PATIENT/PUBLIC EVALUATION FORM

Patient/public information evaluation sheet

We are currently developing/revising our information for patients and would like to ask you for your opinion regarding the attached information sheet/booklet in light of your recent attendance at the hospital and your overall experience. You do not need to take part in this if you do not wish. Your views are important and the feedback we receive will be used to make the information more helpful for future patients.

Please tick one answer box for each of the questions and write any additional comments in the boxes provided.

Title of leaflet:

1. Do you feel that the written words in the leaflet are clear and easy to understand?

Clear Yes☐ No☐ **Easy to understand** Yes☐ No☐

2. Do you consider that the size of the print in this leaflet is …

Big enough to read easily ☐ Too big ☐

Small but readable ☐ Difficult to read ☐

3. Do you think that the written information in this leaflet contains sufficient detail about this particular condition/treatment?

It contains sufficient detail for me ☐

It contains some detail, but I would like to see more ☐

It does not contain sufficient detail for me ☐

4. Are there any specific words, abbreviations or terms in this leaflet which you would like to see explained in more detail?

Yes ☐ No ☐

Please write down here those words, abbreviations or terms which you would like to see explained in more detail.

5. Do you think that the diagrams and pictures in this leaflet are helpful?

Yes ☐ No ☐

6. Is there any other type of information you feel should be included in this particular leaflet?

Please give details here

7. Overall do you think this leaflet is:

Very well written	☐	Well written	☐
Fairly well written	☐	Badly written	☐

If you have any additional comments you would like to make on this information leaflet, please use the space below.

Thank you for taking the time to complete this and for your help in reviewing/developing this information leaflet.

Please hand in this form to your doctor, nurse or receptionist.