**Policy Title:**

**Executive Summary:**
This policy provides guidance to trust staff regarding the design, production and publication of patient health information, along with the use of patient health information produced by external organisations such as national NHS bodies, healthcare charities, professional groups and/or commercially companies.

**Supersedes:**
Policy on Patient Health Information (ref ECT2048)

**Description of Amendment(s):**
Changes to job titles of responsible officers.
Minor changes to the patient information production process.

**This policy will impact on:** All trust staff.

**Financial Implications:** Continuing cost of specialist EIDO leaflet subscription service. Cost of internal leaflet printing.

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**APPROVAL RECORD**

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**Appendix A** - Patient Information Toolkit – a guide to producing patient information leaflets

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**Appendix C** - Local population information

**Appendix D** - The Information Standard
1. Introduction

1.1 Background

East Cheshire NHS Trust is committed to producing patient health information of a high standard that complies with the recommendations of external agencies and standards by which the trust is monitored, including:

- Nationally and locally-agreed risk management standards
- The Care Quality Commission
- Healthwatch
- The Equality and Human Rights Commission
- The NHS England Information Standard
- NHS Eastern Cheshire Clinical Commissioning Group, Cheshire East Council, Cheshire West and Chester Council.

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, improving the care we deliver to them. Good information gives people knowledge which helps them to make informed decisions about their own health.

The trust has held Information Standard certification since May 2011 which demonstrates that the patient information we produce is clear, accurate, impartial, balanced, evidence-based, accessible and up-to-date.

The trust library carries out evidence research for patient health information products using NICE Evidence as the primary source, www.library.nhs.uk. Other reputable sources are also consulted where appropriate, such as the Cochrane Library, Department of Health, Royal Colleges, official charities and health organisations such as Macmillan, Diabetes UK, NHS Choices, and NICE Clinical Knowledge Summaries. The evidence research carried out by the library will, where relevant, include a search of DUETS (the UK Database of Uncertainties about the Effects of Treatments), www.library.nhs.uk/duets, and any uncertainties or unknowns will be clearly identified and recorded in the evidence report.

The trust is committed to ensuring that patients are offered information that they can understand, in line with the trust’s requirements under the Accessible Information Standard. All patient health information is written as clearly and simply as possible and produced in Arial font at size 12. Information is also available to patients in easy read format, larger print, other languages, and braille on request. Staff should contact the Communications & Engagement Team for advice on 01625 661184, or by email: ecn-tr.PatientInformation@nhs.net

The trust subscribes to the EIDO healthcare patient information system which supports the surgical consent process. EIDO leaflets cover many of the major procedures and operations, have been produced by consultants, are evidence-based and referenced, and are updated every six months. Details of how trust staff can access the subscription-only EIDO leaflets can be found on the trust’s intranet under “Patient Information”. Additionally, a link to free EIDO leaflets for patients and carers can be found here on the trust website at http://www.eastcheshire.nhs.uk/Patients-Visitors/Patient-leaflets.htm
2. Purpose

The purpose of this policy is to ensure a clear and consistent approach to the production of patient health information. This policy, in conjunction with the procedural documents it incorporates, describes the framework required to achieve a consistent standard throughout the organisation.

3. Responsibilities

3.1 The Chief Executive has overall responsibility for ensuring that the trust has appropriate policies and robust monitoring arrangements in place.

3.2 The Director of Corporate Affairs & Governance has the delegated board accountability for ensuring that appropriate arrangements are in place to ensure robust policy governance across the trust.

3.3 The Deputy Director of Corporate Affairs and Governance is responsible for ensuring that systems and processes are in place for the production of quality approved patient information which is clear, relevant, evidence-based, accurate, well-designed, readable, accessible and up-to-date, and in accordance with this policy.

3.4 The Head of Communications & Engagement has overall line management responsibility for the public engagement function, and is responsible for the implementation and monitoring of this policy, and ensuring that the information production system covered by the scope of this policy meets the requirements of the Information Standard.

3.5 The Communications and Engagement Team is responsible for:
- the review and publication of patient health information in the trust
- ensuring patient information leaflets follow the trust corporate style and patient information policy
- maintaining the patient health information database
- ensuring up-to-date leaflets are available on the trust website
- managing the Reader’s Panel (a group of people who voluntarily check draft trust leaflets for general clarity and readability)

3.6 Associate and clinical directors are responsible for ensuring that staff within their directorates are aware of and implement this policy and for bringing any issues which may affect implementation to the attention of the Head of Communications and Engagement.

3.7 All departmental managers, service managers and team leaders are responsible for:
- ensuring relevant patient information is available in their area
- identifying the need for written information
- making staff aware of this policy and ensuring that patient information developed and produced internally by their staff is in line with this policy and associated procedural documents
- ensuring that patient health information available in their department/service is up to date and that information referring to treatments is evidence-based and referenced
• ensuring that outdated information is taken out of circulation and the Communications and Engagement Team notified via ecn-tr.PatientInformation@nhs.net for our records

3.8 **All authors of patient information** are responsible for ensuring that they comply with this policy and associated procedural documents. Authors are responsible for ensuring that patient information relating to treatment or clinical care is evidence-based and should contact the library for advice prior to writing the content. It is the author’s responsibility to keep on file the evidence search report provided by the library and ensure that their leaflets are updated before the allocated review date in order to ensure the accuracy of the information and support patient safety.

3.9 **All staff** are responsible for adhering to this policy and only providing patient health information to trust patients which falls within the requirements of this policy.

4. Processes and Procedures

4.1 **The Communications and Engagement Team** will support staff in using the procedural documents identified in this policy - the Patient Information Toolkit (Appendix 1) and Tips for Producing Patient Information (Appendix 2).

4.2 **Training and awareness** - Staff will be made aware of the policy through Staff Matters and the Infonet. Additionally, the process for developing patient information is accessible via the Infonet here: www.eastcheshire.nhs.uk/information/default.aspx

There are no formal training requirements relating to the implementation of this policy, however when composing leaflets trust staff should:

• Avoid jargon and acronyms wherever possible
• Use short, concise sentences to make the leaflet easy to read for people at all levels of reading ability
• Consistently refer to patients in the second rather than third person, eg “you should attend your appointment”, rather than “patients should attend their appointments”.
• Use a friendly, reassuring and professional tone throughout - try to emulate the tone used in adverts for many pharmaceutical and baby care products

Trust staff are encouraged to utilise further guidance from the Plain English Campaign - this basic guide is recommended: www.plainenglish.co.uk/files/howto.pdf

Staff can also obtain guidance from the Communications & Engagement Team should they have any problems or questions when developing information materials.

4.3 **Using information produced by other organisations** - it is recognised that many organisations provide respected and useful information which will be relevant. It is acceptable to use patient information resources produced by a third party, provided that this information originates from a recognised authoritative body and is referenced as such, for example:

• Department of Health
• Reliable sources such as NHS Choices, EIDO
• Publications that carry the NHS logo
• Publications certified by the Information Standard
  Other government departments and agencies, e.g. Home Office, Food Standards Agency
• Respected charities, e.g. Mind, British Heart Foundation, Diabetes UK, Macmillan Cancer Support

If there is a clear business need for a leaflet produced by another organisation to be adapted with trust/local information, these will have to go through the same process as locally-developed leaflets. If these publications are copyrighted it may not be possible to adapt them locally. Approval must be sought from the organisation in writing by the team/department which wishes to adapt the leaflet and acknowledged in the adapted version.

4.4 **Archiving patient information** - all leaflets will be updated at intervals of no longer than three years or sooner if guidance or practice changes, or if there are changes to trust details.

When a leaflet that has been produced internally by the trust is updated, the expired copy will be saved and the patient information database updated accordingly by the Communications & Engagement Team.

It is the responsibility of managers and team leaders to ensure that leaflets which are out of date or within two months of their expiry date are removed and replaced with updated versions if the information is still required. The Communications and Engagement team should be notified at ecn-tr.PatientsInformation@nhs.net to update the patient information database.

All leaflets except those appertaining to child and obstetric care should be kept for eight years. Leaflets appertaining to child and obstetric care should be kept for 25 years.

5. **Monitoring Compliance with the Document**

5.1 **Measuring performance**

Key performance indicators (KPIs) identified relating to this policy are as follows:

• Achieving and maintaining accreditation by the Information Standard
• All leaflets on the trust website are in date
• Leaflets are reviewed and archived appropriately and this is recorded on the patient information database

5.2 **Audit of Patient Information**

An audit will be carried out annually by the Communications & Engagement Team. Ten patient information leaflets will be selected randomly to assess if the information is within review date, and has been produced in accordance with this policy and procedural documents. An independent person/volunteer will be involved in the audit process. Any corrections will be required to be completed within one month of the audit.

5.3 **Patient Feedback**
All patient health information leaflets produced following the approval of this policy will include text encouraging patients to provide feedback on the leaflet to the Communications and Engagement Team, who will record the feedback and, if no urgent amendments are deemed necessary, supply it to the author of the information at the point of the leaflet’s next review.

If the amendments are deemed to be more urgent the leaflet will be reviewed and re-issued as soon as practicably possible.

5.4 The Information Standard

The accreditation process for NHS England’s Information Standard accreditation scheme which the trust has been awarded ensures an annual self-assessment takes place involving a sample of leaflets to be determined by NHS England.

5.5 Review

This policy will be reviewed on a three-yearly basis by the Head of Communications and Engagement.

6. References

6.1 The Information Standard – link to information on NHS England’s website: https://www.england.nhs.uk/tis/

APPENDIX A

Patient Information Toolkit – a guide to producing patient information leaflets

General points to consider

This toolkit will guide you through the process of creating and updating patient health information leaflets.

Patient health information must be accurate, accessible and produced in a clear and concise format. Further explanation is available via the trust’s Patient Health Information Policy which should be read in conjunction with this toolkit.

Please work through the following steps, and record your decisions for each on the control document below (appendix A).

Please note that leaflets cannot be published without a fully completed control document, including a clinical evidence search number.

Minor changes to patient health information leaflets, such as contact names or numbers, or clinic details, can be made without the need to follow the full process.

Additionally, leaflets which do not contain health information (for example, leaflets providing directions to a department or information on parking arrangements) do not need to follow this
full process but must follow a consistent trust template. Please contact the Communications and Engagement Team for further advice via 01625 661184 or ecn-tr.PatientInformation@nhs.net

Seven-step process to producing your leaflet

1. Do you need to produce or renew the leaflet?

Is the information still required? If not simply advise the Communications and Engagement Team and this can be recorded.

Does the information already exist elsewhere? Many websites and reputable third-party organisations such as NHS Choices, EIDO and many charities and NHS bodies now produce general patient health information which is suitable for our patients

Check NHS Choices here: [http://www.nhs.uk/Pages/HomePage.aspx](http://www.nhs.uk/Pages/HomePage.aspx)

Check the EIDO library via the login details on the trust’s intranet here: [http://nww.eastcheshire.nhs.uk/information/default.aspx](http://nww.eastcheshire.nhs.uk/information/default.aspx)

Other reliable sources include national NHS bodies, other NHS trusts, voluntary organisations, or reputable charities such as Diabetes UK, Macmillan Cancer Care.

If you find a suitable alternative, use that information and direct your patients to it. Please let the communications department know that the original leaflet is no longer necessary and a record can be made of its replacement.

2. Check your evidence

Evidence for any clinical information should be checked at this point to see if what was used last time is still correct and up-to-date. You can either:

- conduct this search yourself using the sources you are aware of, (or using appendix D for guidance) then send your evidence to the library so they can see which resources you’ve used, record your sources and approve the search. This will generate a search number which needs to be recorded on your control document (Appendix A).

or

- send your leaflet draft and control document (appendix A) to the library and ask them to carry out an evidence search for you. Email: ecn-tr.stafflibrary@nhs.net. Again this will generate a search number which needs to be recorded on your control document (appendix A)

3. Identify your target audience and consider equality issues

Before you start to draft your leaflet, think about who exactly it is aimed at – your target audience – and how this might affect the way the leaflet should be written and laid out.

Think about the audience’s particular requirements – factors like their typical ages, genders, emotional state and prognosis, and how this could shape the leaflet. You should also consider what their ‘health literacy’ levels are likely to be, ie what level of existing understanding around health issues and/or their particular conditions you can reasonably expect them to have.
You must also identify any equality issues to ensure your information meets the different needs of individuals and populations. For example, you may need to consider sexual orientation issues so that the information provided supports and encourages lesbian, gay and bisexual people to access the services they need. Use the attached Local Population Information sheet - Appendix C – to help with this.

4. Compose your leaflet

Input your text into the standard trust template which can be found under the ‘Patient Information’ section on the intranet and edit/format it as appropriate. The leaflet is formatted to comply with the Information Standard, so the overall layout, font (Arial) and font size (minimum 12) must not be changed.

Leaflets do not need to include a list of references or evidence sources. The library staff will keep a list of the sources you’ve used instead.

5. Test your leaflet with the people it is aimed at

It is best practice to involve your target audience/end users of the leaflet in its production. If you are able to, share your draft leaflet with five or more patients/users of the specific service the leaflet concerns and take into account any feedback they may have.

You could do this through any patient groups you may have or simply distribute copies of the leaflet in a waiting room or ward and ask patients to review the leaflet while they are there and make a note of verbal feedback. Please note though that it should be emphasised that the leaflet is a draft version and should not be relied on for medical advice.

If you feel it is not possible or you feel it is not appropriate to involve users in the production of the leaflet, please state why in Appendix A

6. Peer review

Ask someone with an appropriate skill set (usually a senior healthcare professional) to read through the contents of the draft leaflet in its entirety to check for accuracy. This could be a colleague at the trust, a contact at a neighbouring trust or someone from a national NHS body or similar institution.

Get confirmation that they have reviewed the leaflet in writing and keep a record of it.

7. Gain leaflet approval from the Communications and Engagement Team

Complete the control document in Appendix A below and send it together with the leaflet to the Communications & Engagement Team by email ecn-tr.PatientInformation@nhs.net - this will act as your manager’s signature on the control document.

The communications team will proof read, check layout and design and add a new review date. They will convert it the document to PDF format, send the finalised copy back to you, send it to the print room and upload it onto the website.
Appendix B - Patient information control document

Please work through the above steps, and use this control sheet to document your actions.

1. Is this information available elsewhere? Have you checked other sources?
   - Good alternative available and adopted □
   - No alternative available □

2. Evidence search – use appendix D
   Conducted by self or library:
   - Search topic:
   - Library evidence search number (get from library):
   - Key words for evidence search:

3. Compose
   Evidence search results considered and amends made accordingly? □
   - Contact telephone numbers correct? □
   - Department named on front page?

4. Who is the target audience and what are their likely health literacy levels?

5. Are there any equality issues? – use Appendix C

6. Date user review with target audience completed?
   - If not completed, reason why:

7. Final version of leaflet approved by Manager/Senior Healthcare Professional
   - Name:
   - Date:
   - Job title:

For Communications & Engagement Team only:

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Readers’ panel required (dependant on whether user review already completed)? Yes / No
Appendix C - Local population information

This information will help you to identify your correct target audience, whether it be patients in general or a more specific demographic, and to tailor your leaflet accordingly. It will also help you ensure that your leaflet is inclusive.

Cheshire East (CE) covers East Cheshire CCG. Cheshire West & Chester (CWAC) covers Vale Royal. In 2011, 370,100 people resided in CE and 329,608 people resided in CWAC.

Age:

East Cheshire and South Cheshire CCG’s serve a predominantly older population than the national average, with 19.3% aged over 65 (71,400 people) and 2.6% aged over 85 (9,700 people).

Vale Royal CCGs registered population in general has a younger age profile compared to the CWAC average, with 14% aged over 65 (14,561 people) and 2% aged over 85 (2,111 people).

Since the 2001 census the number of over 65s has increased by 26% compared with 20% nationally. The number of over 85s has increased by 35% compared with 24% nationally.

Race:

- In 2011, 93.6% of CE residents, and 94.7% of CWAC residents were White British
- 5.1% of CE residents, and 4.9% of CWAC residents were born outside the UK – Poland and India being the most common
- 3% of CE households have members for whom English is not the main language (11,103 people) and 1.2% of CWAC households have no people for whom English is their main language.

Gender: In 2011, c. 49% of the population in both CE and CWAC were male and 51% female. For CE, the assumption from national figures is that 20 per 100,000 are likely to be transgender and for CWAC 1,500 transgender people will be living in the CWAC area.

Disability:

- In 2011, 7.9% of the population in CE and 8.7% in CWAC had a long term health problem or disability
• In CE, there are c.4500 people aged 65+ with dementia, and c.1430 aged 65+ with dementia in CWAC. 1 in 20 people over 65 has a form of dementia.
• Over 10 million (c. 1 in 6) people in the UK have a degree of hearing impairment or deafness.
• C. 2 million people in the UK have visual impairment, of these around 365,000 are registered as blind or partially sighted.
• In CE, it is estimated that around 7000 people have learning disabilities and 6500 people in CWAC.
• Mental health – 1 in 4 will have mental health problems at some time in their lives.

Sexual Orientation:
• CE - In 2011, the lesbian, gay, bisexual and transgender (LGBT) population in CE was estimated at 18,700, based on assumptions that 5-7% of the population are likely to be lesbian, gay or bisexual and 20 per 100,000 are likely to be transgender (The Lesbian & Gay Foundation).
• CWAC - In 2011, the LGBT population in CWAC is unknown, but in 2010 there were c. 20,000 LGB people in the area and as many as 1,500 transgender people residing in CWAC.

Religion/Belief:
The proportion of CE people classing themselves as Christian has fallen from 80.3% in 2001 to 68.9% In 2011 and in CWAC a similar picture from 80.7% to 70.1%, the proportion saying they had no religion doubled in both areas from around 11%-22%.

• **Christian:** 68.9% of Cheshire East and 70.1% of Cheshire West & Chester  
• **Sikh:** 0.07% of Cheshire East and 0.1% of Cheshire West & Chester  
• **Buddhist:** 0.24% of Cheshire East and 0.2% of Cheshire West & Chester  
• **Hindu:** 0.36% of Cheshire East and 0.2% of Cheshire West & Chester  
• **Jewish:** 0.16% of Cheshire East and 0.1% of Cheshire West & Chester  
• **Muslim:** 0.66% of Cheshire East and 0.5% of Cheshire West & Chester  
• **Other:** 0.29% of Cheshire East and 0.3% of Cheshire West & Chester  
• **None:** 22.69% of Cheshire East and 22.0% of Cheshire West & Chester  
• **Not stated:** 6.66% of Cheshire East and 6.5% of Cheshire West & Chester

Carers:
In 2011, nearly 11% (40,000) of the population in CE are unpaid carers and just over 11% (37,000) of the population in CWAC.

Appendix D - The Information Standard

The trust has held the Certificate for the Information Standard since 2011.

The Information Standard is a certification programme for all organisations that produce evidence-based health and care information for the public. It aims to help patients and the public make informed choices about their lifestyle, their condition and their options for treatment and care. More information about the Information Standard is available on the website:

https://www.england.nhs.uk/tis/about/the-info-standard/
To gain the Information Standard certification the trust has had to demonstrate that the systems and methods we use to produce our material are robust and result in information products that are accurate, accessible, impartial, balanced, based on evidence and well-written.

The Patient Information Toolkit and Patient Information Control Document have been developed in accordance with the requirements of the Information Standard.

**Appendix D - Clinical evidence sources**

| National Institute for Health and Care Excellence (NICE) guidance and guidelines |
| NICE Evidence: Other Health Information Resources [www.evidence.nhs.uk](http://www.evidence.nhs.uk) (please specify) |
| The Cochrane Library (Inc. Systematic Reviews) |
| MEDLINE / Pubmed -1946 to date |
| NICE Evidence: MEDLINE 1950 to date |
| NICE Evidence: EMBASE -1974 to date |
| NICE Evidence: CINAHL (Cumulative Index to Nursing and Allied Healthcare) -1981 to date |
| NICE Evidence: BNI (British Nursing Index) -1992 to date |
| NICE Evidence: PsycINFO - 1806 to date |
| NICE Evidence: HMIC (Health Management)1979 to date |
| NICE Evidence: AMED - Allied & Complementary Medicine - 1985 to date |
| Clinical Knowledge Summaries (CKS) |
| DUETS database |
| Other (e.g. NHS patient information sites, specialist societies, charities etc.) Please state: __________________________ |
| Other (e.g. NHS patient information sites, specialist societies, charities etc.) Please state: __________________________ |