Preparation of Information for Patients Procedure

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Preparation of Information for Patients Procedure

1 Introduction

The Tavistock and Portman NHS Foundation Trust (the Trust) is committed to providing information to patients that will assist them to make best use of our services in a way that is easy to understand and follow.

The nature of the clinical services that we offer requires that our patients are fully engaged with their assessment and treatment. For this reason we are committed to providing good written information for both adults and children that sets the nature of the services we offer and the way in which we work. In addition departments are encouraged to prepare their own specific literature to support different areas of service and patient need.

The Trust has a lead clinician for Communications and Patient and Public Involvement. One of the key roles as Communications Lead is to ensure that high quality, accurate and well produced information for patients is available.

2 Purpose

The purpose of this procedure is to ensure all information for patients produced by the Trust is:

- accurate
- easy to read and understand
- has the patient as its focus
- follows the Trust’s corporate identity and guidelines

3 Scope

This procedure applies to all staff involved in the production and provision of patient information, including contractors, voluntary workers, students, locum, and agency staff.
The information requirements of this procedure are intended to cover all modes of delivery whether verbal, written, electronic or audio, and whether in English or any other language.

4 Definitions

Material – refers to information in any media (e.g., leaflets, web pages)

Content – refers to the words used in the material

5 Duties and responsibilities

5.1 Chief Executive

The Chief Executive is ultimately responsible for written patient information; he has delegated day to day responsibility for overseeing the production and monitoring of the quality of information for patients to the Trust PPI and Communications Lead.

5.2 PPI Lead

The PPI Lead is responsible for overseeing the implementation of this procedure and ensuring that information for patients published by the Trust is in line with the requirements of this procedure.

5.3 Patient Information Coordinator

The Patient Information Coordinator is responsible for:

- overseeing and advising on the production of written patient information
- reviewing and editing (as required) documents to ensure consistency in style, arranging for documents to undergo a readability test which will be conducted by staff that have undergone ‘readability’ training
- arranging for ‘out of date’ documents to be reviewed and updated
- archiving copies of withdrawn documents and information in other media

5.4 The Communications Team

The Communications Team is responsible for:
• providing access to expertise and assistance in respect of format and layout of Trust documents to promote consistency of presentation across the Trust
• liaising with the Trust’s chosen publications company for documents that are to be formatted and printed externally
• arranging for ‘out of date’ documents to be reviewed and updated
• storing and archiving all Trust publications in line with Trust procedures

5.5 Directors of clinical directorates

It is the responsibility of the clinical director, or associate, to ensure that:

• The need for information for patients is appropriately identified, prioritised, and developed.
• That approved information is distributed and made available to patients who access the clinical services for which they are responsible
• That patient information is regularly reviewed (at least two yearly) to ensure that it remains up to date, and relevant.
• Staff asked to produce written information for patients with a clinical content have the appropriate knowledge base to undertake the task.
• Within each information source there is information for patients on where further help and advice can be accessed (e.g. web sites, telephone numbers).
• Signing off directorate specific information (with relevant expert advice in the case of clinical information) before passing the draft to the Patient Information Coordinator for final review and production arrangements.

5.6 Staff preparing written information for patients

Staff drafting written information for patients must ensure that

• The information in the document is accurate, and up to date, reflecting the most up to date policies, procedures and arrangements for patient services in the Trust.
• Consider the format and presentation of the materials and ensure that it is suitable for the intended audience (e.g. child friendly
When drafting information with a clinical content have the relevant clinical skills to ensure accuracy of information.

Where access is possible, patients using the service to review and comment on information

Obtain final approval for drafted documents from the respective director.

5.7 PPI Committee

The PPI Committee will be responsible for monitoring the quality of patient documentation across the Trust.

It will be asked to approve the final format of any Trust wide patient information documentation.

The Committee will be required on an exception basis to consider / investigate situations when documentation has prompted questions and or concerns from patients and carers following distribution.

5.8 PALS Officer

The PALS Officer will provide direct support for patients in relation to information, and will arrange for written information to be supplied in alternative formats (e.g. translated) if required. All core patient information documents will include a reference to the PALS office contact details so that patients can receive help and support specific to their needs.

6 Procedures

6.1 Agreeing content

Directorate staff are encouraged to prepare draft written materials for patients that are designed to meet the identified information needs of the patients within the Directorate. New information for patients will be developed in response to an identified need which may have been developed in response to feedback from patient survey, informal feedback, changes to services or other reasons.
Trust approved information for patients documents must contain as a minimum:

- Details of how to obtain further information (e.g. telephone number, website details).
- Details of how to obtain information in alternate formats (generally this will be directing patients to PALS for advice).
- Details of terms used in the document
- When the document refers to treatment or other clinical options it must include details of benefits, risks and alternatives to the treatment option being described.

All written information for patient leaflets and booklets should be submitted in draft form to the Information for Patients Coordinator for review and comment, other senior staff should be consulted according to their expertise. Once the content has been agreed at team level, it needs to be reviewed by the Patient Information Coordinator who will ensure the content is suitable for the next stage.

The Patient Information Coordinator will arrange for the final draft be submitted to a ‘readability’ test undertaken by a member of staff trained in readability tests.

Prior to final approval of new documents the Patient Information Coordinator will take new documents to the PPI Committee and request that they undertake a final readability review (from a patient perspective). Subject to this review being successful new documents will be approved for use.

### 6.2 Design of material

The Patient Information Coordinator will edit the document for house style as required, and will revert to the original author for clarification of any part of the document that is unclear. This will follow the agreed Trust Corporate style details of which are available via the Trust intranet at:


### 6.3 Production of material

The Patient Information Coordinator will work with members of the Communications Team to ensure that the document is formatted in the Trust ‘house style’, this may be done in house or through the Trust’s chosen publishers and printers.
6.4 Publication and dissemination

The Patient Information Coordinator will advise members of the Communications Team where and when material should be delivered; the Communications Team will make arrangements for the distribution of hard copy of the publication in electronic copy.

6.4 Reviewing information for patients

The Patient information Coordinator will arrange for all in-house information for patients to be reviewed every two years or sooner, by the person / team that originally developed the material. The Patient Information Coordinator will keep a register of core Trust information with review dates and will notify team / individual when the document requires review.

All information that is updated should be distributed to relevant departments in the Trust for distribution as required and previous versions of the leaflets archived for future reference (see below).

6.4 Archiving arrangements

The Trust recognises the importance of maintaining an archive of withdrawn documents, particularly documents that describe aspects of clinical care and/or treatment, should they be required in a legal action / complain in the future.

Archiving arrangements are as follows:

- The Patient information Coordinator will retain a register of approved Trust information and a copy of the approved version in electronic and/or paper copy.

- The Patient Information Coordinator will alert the author when the document is due for review (after two years or earlier if circumstances change).

- Once any changes have been made and approved the Patient Information Coordinator will retain a copy of the old version of the document in the archive and ensure that the new document is added to the website for external access, and will circulate final version of the procedure to relevant departments when available.
At the end of the retention period, the Patient Information Coordinator will be responsible for processing material according to the Corporate Records Procedure.

7 Training Requirements

This procedure will be promoted to staff via the Trust intranet, and be brought to the attention of the Directors via the Management Committee. The Patient Information Coordinator will be available to offer expert advice and support to staff producing written information.

8 Process for monitoring compliance with this Procedure

The Trust will monitor compliance with this procedure in the following ways:
• The Patient Information Coordinator will monitor the production of Trust information for patients and report to the PPI Committee any concerns that are raised.
• The PPI Committee will seek feedback from patients on the quality and usefulness for information for patients provided by the Trust through the patient survey.
• The Patient Information Coordinator will provide an update on compliance with this process to the PPI Lead to the MC. By exception any breaches with this process will be reported to the MC via an exception report. The MC will monitor any agreed action plans to address deficiencies.

9 References

Toolkit for Producing Patient Information, DoH 2002

10 Associated documents


Patient Advice and Liaison Service (PALS) Operational Procedure

Corporate Records Procedure

For the current version of Trust procedures, please refer to the intranet.
Archive Procedure

Records Retention Schedule
Appendix A: Equality Impact Assessment

1. Does this Procedure, function or service development affect patients, staff and/or the public?

YES

2. Is there reason to believe that the Procedure, function or service development could have an adverse impact on a particular group or groups?

NO

3. If you answered YES in section 2, how have you reached that conclusion? (Please refer to the information you collected e.g., relevant research and reports, local monitoring data, results of consultations exercises, demographic data, professional knowledge and experience)

4. Based on the initial screening process, now rate the level of impact on equality groups of the Procedure, function or service development:

   Negative / Adverse impact: Low

   Positive impact: Medium

Date completed ...............................................................

Name ..........Jane Chapman..................................................

Job Title  Governance and Risk Lead........................................