Policies, Procedures, Guidelines and Protocols

Document Details	
Title	**Patient and Public Information Policy**, including the Procedure for Producing Patient and Public Information
Trust Ref No	1843-68926
Local Ref (optional)	
Main points the document covers	This policy details the process and importance of developing correct, informative patient and public information
Who is the document aimed at?	Trust managers and/or other Trust staff who produce patient and public information
Author	Chris Hudson, Head of Communications
Approval process	
Approved by (Committee/Director)	Quality & Safety Delivery Committee
Approval Date	15/09/2021
Initial Equality Impact Screening	Yes
Full Equality Impact Assessment	No
Lead Director	Michael Wuestefeld-Gray, Director of Governance/Corporate Secretary
Category	Corporate
Sub Category	None
Review date	30 April 2024
Distribution	
Who the policy will be distributed to	Trust managers
Method	By Policy alert and Trust website
Document Links	
Required by CQC	Outcome 1: Respecting and involving people who use services
Required by NHLSA	No
Other	
Amendments History	

No	Date	Amendment
1	July 2011	New policy for the Shropshire Community Health NHS Trust.
2	October - Dec 2012	Annual review of policy and update – M James
3	May 2013	Review of draft by Emily Peer (Clinical Policies Group)
4	May 2013	Amends by Mathew James
5	Sept 2013	Approval by IG Operations Group
6	Dec 2015	Amends by Andy Rogers
7	July 2016	Reviews and Amends by Andy Rogers and Alan Ferguson
8	September 2019	Review by Chris Hudson
9	July 2021	Reviewed and updated by Chris Hudson

Patient and Public Information Policy

(including the

Procedure for Producing Patient and Public Information)

Contents

Patient and Public Information Policy

1 Introduction to Patient and Public Information

Patient and Public (P&P) information can take various forms including publications such as leaflets, booklets, posters but also other formats including DVDs, CDs, websites and information kiosks.

P&P information can be used to provide:

- information that is available to patients informing them about conditions, treatments, procedures and examinations that are relevant to their condition

- pre and post-operative advice

- information on services provided by the Trust

- guidance on how to make a comment, compliment, complaint or suggestion

- information on health promotion

- information specifically provided for specific groups, such as for carers and families

2 Purpose

Shropshire Community Health NHS Trust (SCHT) recognises the importance of ensuring patient and public information is accurate, concise, clear and contains relevant evidence-based information. This information should help achieve our organisational vision and objectives, as well as embodying the Trust values.

P&P information is an important part of the patient journey and a key element in the overall quality of the patient experience. Good information can give people confidence so their overall experience as a patient is improved, allowing them to make informed decisions about their own health.

The quality and integrity of information produced by SCHT is important because:

- It ensures patients are equal partners in their care by providing them with the knowledge, understanding and confidence to make informed choices about their treatment. Information given to patients also helps to remind them of what they were told by clinicians

- It enhances our reputation with the public, patients, GPs and other agencies and organisations

- Improving patient information is a national priority for the NHS – "Better information, better choices, better health"

- Complies with the NHS Constitution principles and values including:

  - NHS Commitments – "to offer you easily accessible, reliable and relevant information to enable you to participate fully in your own healthcare decisions and to support you in making choices"

- ◆ Patients rights – "you have the right to be given information about your proposed treatment in advance, including any significant risks and any alternative treatments which may be available, and the risks involved in doing nothing"

- Having a process for developing information associated with care treatments and procedures is a requirement of the NHS Litigation Authority's Risk Management Standards

- Poor quality information looks unprofessional and could be a legal risk to individual members of staff and the Trust if the information is inaccurate or misleading

3   Definitions

3.1   Patient information

Is information about conditions, investigations, treatments, procedures, examinations and services specifically for patients, generally given to support and supplement verbal communication.

3.2   Public Information

Any information produced by the organisation aimed at the public in general e.g. service information and health improvement programmes / initiatives.

4   Duties/ Responsibilities

4.1   Communications Department

The Communication and Marketing Team provides support and guidance on the content and publishing of P&P information within the Trust. It works closely with individual directorates and teams to ensure that P&P information is consistent across the Trust and follows national and local corporate identity guidelines. It provides advice on the use of various appropriate and innovative communication methods and is a good starting point for creative input when considering a new project.

Following production of your information, the Communications Team should be sent a final copy for reference on the DATIX library and to encourage sharing of best practice throughout the organisation.

4.2   Records Manager and Quality Facilitator

The Records Manager and Quality Facilitator provides support and guidance in the development and auditing of information publications and gives advice on compliance with relevant legislation, standards, policies and procedures.

4.3   Director and Deputy Directors

Overall responsibility for the development and review of P&P information within their areas sits with the Director of Service Delivery for the Trust and their Deputy Directors. They are responsible for ensuring the development of high quality information and for keeping a register of P&P information within Community Health Services. The development and review of specific

P&P information process may be delegated to named individuals in specific teams (e.g. because of professional or clinical speciality).

4.4 Managers and Team Leaders

Managers and Team Leaders are responsible for ensuring that P&P information developed and produced by their staff are in line with this Policy. They must also ensure that information complies with their directorate / service guidance. They should have an agreed process in place to ensure all patients receive the right information in the right place and at the right time and provide patients with further information if required.

In particular this is vital to ensure people can make an informed choice about their care and treatment.

4.5 Staff

It is the responsibility of all SCHT staff who wish to produce P&P information to adhere to and comply with this Policy, related procedures and guidelines. They should also ensure they are aware of the P&P information that is available and, if providing information to patients and the public, ensure they receive the correct and up to date information.

5 Patient and Public Information

This Patient and Public Information Policy and Procedure provides guidelines on all aspects of developing and producing printed P&P information. However, many of these guidelines, such as those relating to target audiences, writing style are applicable to the production of different types of information (e.g. DVDs Information Kiosks). Areas covered include:

- Identifying the need for the P&P information and who it is aimed at
- Using information produced by other organisations
- Funding
- Distribution
- Writing and style guidelines
- Communicating with different patient groups
- P&P information checklists
- NHS corporate identity guidelines
- Alternative formats
- Consultation and approval
- Design and print
- Review and archiving

6 Using Information Produced by Other Organisations

It is recognised that many organisations provide respected and useful information which will be relevant. If you make use of this information, you

must ensure that you have the permission to use it and that this information originates from a recognised authoritative body, and is references as such e.g.

- The Department of Health

- The NHS Executive

- Publications that carry the NHS logo

- Other government departments and agencies, e.g. Home Office, Food Standards Agency

- Health and Safety Executive (HSE),

- Respected charities, e.g. Mind, British Heart Foundation

Do not use information that overtly promotes commercial products.

See Appendix 1 for further guidance and advice on Using Information Produced by Other Organisations.

7 Related Documents

The following SCHT Trust documents contain information that relates to this policy and can be found on both the Public website and Staff Zone (Intranet):

- Records Management Policy (Policies)

- Records Retention, Archiving and Disposal Policy (Policies)

- Leaflet Templates (Branding and Logos)

8 Dissemination

This policy will be disseminated by the following methods:

- Directors to make their managers and staff aware via the Team Brief process

- Published to the SCHT website

- Inform news article

- Awareness raising by the Communications and Engagement Team

9 Advice and Training

The Head of Communications, Communications Officer and Records Managers are available to give advice and guidance on topics covered in this policy.

Communications Team

Chris Hudson, Head of Communications
Tel: 01743 277658
E-mail chris.hudson2@nhs.net

Anna Chesterton, Communications Officer
Tel: 01743 277658
E-mail: anna.chesterton@nhs.net

Records Management

Gill Richards – Information Governance Manager
Tel: 01743 871998
Email: gill.richards8@nhs.net

Ad-hoc training will be arranged by the Communications Team and / or the Records Manager liaising with the appropriate services or members of staff. A requirement for additional training requirements will be re-accessed when this policy is next reviewed.

10 Monitoring Compliance and Review

10.1 Review

This policy and procedure will be initially reviewed after one year then every three years. The review will be carried out by the Communications Team and Records Manager.

10.2 Compliance Monitoring

Compliance with this policy and procedures will be monitored by the Head of Communications and Records Manager by:

- Carrying out an annual audit of 10 information publications, chosen at random, to assess if they have been produced in accordance with the policy and procedure

- Inviting staff involved in the development and production of information in the previous year to provide feedback on the policy and procedure

- Monitoring of Archive Registers and monitoring checks of archived documentation to assure compliance with the requirements for archiving P&P information

11 References

- NHS Brand Guidelines - https://www.england.nhs.uk/nhsidentity/
- The Plain English Campaign's guide 'How to write plain English' - www.plainenglish.co.uk
- Records Management NHS Code of Practice - https://www.nhsx.nhs.uk/information-governance/guidance/records-management-code/

12 The NHS Constitution - https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england Resources and Links

If you need additional support, the following information resources are also available:

12.1 Publications

- **Producing Patient Information:** gives information on project-management processes and provides a thorough list of resources and possible sources of funding. Can be ordered from the Kings Fund website: www.kingsfund.org.uk/bookshop

12.2   Websites

- **NHS.uk:** the NHS website for health advice and information: www.nhs.uk

- **The Royal National Institute for the Blind (RNIB)** website: has a large section about providing accessible information services: www.rnib.org.uk

12.3 Other

- **The Patient Information Forum (PIF):** a national support group for people who produce or provide high-quality information. PIF run workshops and hold a conference every two years. Contact 020 7688 9208 for details.

- **Plain English Campaign:** an independent pressure group fighting for public information to be written in plain English. Visit their website at www.plainenglish.co.uk for details.

- **The Guardian style guide**, which gives the approach to style used in the newspaper, is on the Guardian website (www.guardian.co.uk/styleguide).

13 Accessibility Standards

Pdf are not the best way to add content to a website; especially when viewing on small screens. It is advised to create content in web format ie html.

14 Glossary

Term / abbreviation	Definition / Explanation
EQUIP	Electronic Quality Information for the Public
GP	General Practitioner
HSE	Health and Safety Executive
P&P	Patient and Public
PIF	Patient Information Forum
PALS	Patient Advice and Liaison Service
RNIB	The Royal National Institute for the Blind
SCHT	Shropshire Community Health NHS Trust

Procedure for Producing
Patient and Public Information

1   Introduction

This procedure outlines the process for staff of Shropshire Community Health NHS Trust (SCHT) to produce Patient and Public (P&P) information that is accurate, accessible and produced in a clear and concise format.

2   Developing P&P Information

The first step is to identify if the P&P information is actually needed. Follow this checklist before you get started:

- Don't waste time and money - check there isn't suitable information already available within SCHT

- Don't reinvent the wheel – check if other NHS trusts or voluntary organisations have examples of good practice that could be used or adapted

- Do explore alternatives – look at websites covering common conditions and treatments, the best option may be to download information from elsewhere – particularly sites like NHS Choices (www.nhs.uk)

- Do talk to your colleagues – the content of any information publication will involve consultation with a wide range of staff, patients and members of the public. You may find it useful to get their views on whether an information publication is needed at an early stage

- Do get approval to produce an information publication from your line manager/budget holder – they will need to approve the necessary funding

- Do consider if an online version only of the information could be made available on the SCHT website – especially if funding is not available to cover print costs

- Does the information link to the Trust vision, objectives and embody the Trust values?

3   Funding

There is no central funding in SCHT for P&P information. Your publication will need to be paid for from your directorate, service or department budget – this funding needs to be approved by an authorised budget holder.

Sponsorship of publications by drug companies and other commercial organisations should be avoided so the integrity of patient information is not compromised.

If funding is not available for design and print, a pdf document could be made available on the Trust website, under the service-specific webpage. In some

cases, for example when the publication concerns a rare condition or a treatment that is not often used, it may be more appropriate to do this.

If the information is solely made available online, the majority of guidance for staff included in this document still applies to ensure quality and integrity. For example, advice on writing style, requirements of clinical patient information, standard text for inclusion in all publications and the involvement of staff, patients and relevant members of the public in the process.

4   Communicating with Different Groups

Answering the following questions should help you identify what kind of information is needed; the content that should be included and how many copies are required:

- Who is your audience – i.e. patients, carers, relatives, GPs, general public?

- What information do they need – i.e. advice, support, in-depth information?

Some areas that you may find useful to consider include:

- Is there anything about your target audience you should consider when producing the information – for example, if aimed at primarily older people, have you factored in the cost of producing a large print publications because it will have more pages?

- If the publication is not for patients but for parents or carers, how will that change the information you produce?

- Is the publication for patients living with a long term or specialist condition who are 'expert patients' with in depth knowledge of their condition? If yes, what are their expectations of the information they receive?

Information should be accessible to everyone as required by the Accessible Information Standard - **www.england.nhs.uk/accessibleinfo**

For further guidance on Communicating with Different Groups see Appendix 2

5   Distribution

Prior to developing and producing a printed document, you need to consider how you will distribute your information so that it reaches the intended audience. In many cases this will often provide more information regarding the format and size required. Some questions to ask include:

- Will staff give the publications to patients when they come for treatment?

- Are there racks available to display the publications in clinical areas? If yes, does this dictate the size and format of your publication?

- Can publications be sent out with appointment letters or emailed to people?

- Will publications be used by clinical staff to discuss a procedure with a patient?

- Where will publications be stored?

- Where will it be displayed on the Trust website? SCHT is committed to improving access to P&P information and all relevant written information should be made available on the website.

Do not leave publications and posters on display which may cause offence to other users of the room. If sensitive information is relevant only to a particular clinic at a location that is used for other purposes, display information at relevant clinic times, exhibit them discreetly or only issue them to those who enquire.

6   Writing and Style Guidelines

The following guidelines have been produced to assist in drafting the text for your publication:

- Style – how to make your publication readable

- P&P information checklists

- Standard features – core information to be included in all information

- NHS corporate identity – our responsibility to maintain the NHS brand. This means that the Trust's default Typefont is Arial. Other fonts can be used for other documents, though this should be agreed with the communications team in the first instance.

6.1   Style guidelines

P&P information will vary depending on who it is for and what it is about. However, there are some general rules and guidelines that you should apply to all written patient information. Key points include:

- Writing it from the person's point of view

- Keeping the language clear and concise

- Avoiding technical descriptions and jargon

- Ensuring the information and facts are accurate and evidence based

- Keeping the tone friendly but authoritative

- Ensuring the layout makes the information easy to read

For more detailed guidance see Appendix 3 - General Guidance on Writing Information for Patients.

6.2   P&P Information Checklists

It is important to check that your P&P information contains all the relevant details required. As well as the General Guidance on Writing Information for Patients (Appendix 3) a number of checklists have been produced to help you in this process. Subjects covered include:

- Publication Checklist – (Appendix 4a)

- Conditions and treatments - (Appendix 4b)

- Medication for patients - (Appendix 4c)

- Operations, treatments and investigations - (Appendix 4d)

- Information about services, e.g. cardiac rehabilitation classes or a GP skin clinic - (Appendix 4e)

- Writing letters to patients - (Appendix 4f)

- A final checklist has been provided for any service wishing to get clinical patient information leaflets ratified by the Clinical Policies Group (Appendix 11)

6.3   Safety Signs

Safety signs, i.e. those that warn or instruct staff or clients about risks to their health and safety, must comply with The Health and Safety (Safety Signs and Signals) Regulations 1996, BS 5378 and BS 5499 (fire safety signs).

If your patient information contains safety signs it must be checked to ensure it complies with the principles of the regulations. Refer to the Safety Sign Checklist (Appendix 5). Please contact the Risk Management Team for further advice and guidance on the use of safety signs.

6.4   Standard Features

Some information must be included in all information publications produced by SCHT.   There is a minimum standard and then further, optional information that can be included if space permits.

If you are writing an information publication, ensure the following is included:

Minimum standard:
   On the front:

- SCHT logo in the top right hand corner (see Appendix 8 for precise guidance)

- Publication title (in a larger font than the rest of the text)

- Target audience (i.e. information for patients, parents, carers)

- Values logo

   On the back:

- The SCHT website address

- Service/department name, address and telephone number

All Information Publications should include:

- Date of production and a review date

- Publication or version number - e.g. Version 3.0

Optional information if relevant

- Patient Advice and Liaison Service (PALS) information

- NHS Choices information

- 'How to find us' map

- Infection prevention and control information – hand gel etc

Templates for documents, such as information leaflets, can be found in the Branding and Logos section of the Staff Zone.

6.5   NHS Corporate Identity Guidelines

All patient information publications must adhere to NHS and local SCHT corporate identity and branding guidelines. Template Patient Information Leaflets are available from the Staff Zone of the Trust website under 'Useful Information' then 'Branding and Logos'. The guidelines cover areas including:

- Use of the SCHT logo – must be in a standard size, colour and position on a publication.

- When working in partnership with other organisations we should ensure the SCHT logo is shown in equal proportion to other identities.

- Typeface – the official NHS typeface is Frutiger, although Arial (which is a more standard font) is the approved alternative to be used within SCHT

- Colour palette – the NHS has a range of approved colours for you to use in your design – see Appendix 7

- Font size – standard body text should be 12 point **in Arial** (NB: 12 point in other fonts may look much smaller!), larger for patients with visual impairments.

For further guidance see: Appendix 6 for a NHS Identity checklist; Appendix 7 – NHS Colour; and Appendix 8 Shropshire Community Health Logo Size Guide.

6.6   Use of Images and Photographs

Images and photographs can add impact to a publication but keep in mind that they may add to the print costs. Poor quality or inappropriate images should not be used as they detract from the quality of your patient information.

Where photographs are taken for use in publications it is important that consent is given not only by the photographer but also by those in the photograph. Where these photographs relate to children or young people then parental consent must be sought. You must use the Consent Form – see Appendix 10. This does not directly relate to staff of the Trust, who have the responsibility to let any photographer know if they do not want to be photographed.

Clip art on leaflets and posters can look unprofessional and should be avoided. It is recognised that in a limited number of cases, selective use of appropriate clip art may be appropriate. For further clarification, contact the Communications Team.

The Trust also has a photo achieve that can be accessed by contacting the Communications Team at: shropcom.communications@nhs.net

You can also submit your own photographs to be added to this archive by contacting the Communications Team.

6.7   Making your Publication Available in Different Formats

SCHT is committed to improving access to information for all groups. Therefore the most appropriate type of material and format should always be considered. For instance, certain groups appreciate messages on DVDs or with limited use of text.

For further guidance contact the communications team to discuss and see Appendix 2 - Communicating with Different Groups.

7   Consultation and Approval

You should gain feedback on the draft text and content of your information publication from a range of staff, patients and relevant members of the public before the final version is printed. When seeking feedback, always give a deadline for comments to be received and following evaluation, incorporate any necessary changes. Tips for successful consultation include:

- Consult members in your clinical area for informal feedback

- If it is relevant ask a person with reading difficulties to read your publication

- Check content does not conflict with other existing information

- Ask patients, carers or patient representatives for their feedback. This may be done informally in your clinical area or through specific patient user groups

- Ensure your text is consistent with the relevant clinical guidelines and meets relevant risk management standards

- If required, seek formal approval from the relevant committee or group in your directorate or service

- Patient and Public information for clinical services, which contains clinical advice should be formally ratified by the Clinical Policies Group

- Once ratified, final versions of Patient and Public information need to be sent to the Communications Team for entry on to the Datix Risk Management System. Once this has happened, a final version of the leaflet will be provided to the service with a Datix reference number and a review date as a PDF document

A simple flowchart relating to the production of patient information leaflets can be found in Appendix 11.

8   Design and Print

You should seek guidance from the Communications Team to ensure the information publication is professionally designed either in house or by an external graphic design company (if funding is available). If you are supplying photos or other images for print publications, ensure they are high resolution and a release form has been completed for patients/ public.   Wherever possible, information publications should be printed rather than photocopied.

Consider the following presentation guidance when producing information for professional layout and printing:

- Supply text as a Microsoft Word/ PDF document in a format agreed with the designer, usually as an email attachment

- Make sure the text is approved to avoid corrections

- Ask the printer to confirm that the resolution of electronic images is appropriate

- Try to use high resolution digital photography and aim to avoid using original prints, transparencies and negatives

- Supply the correct NHS/ Trust logo

- Consider reducing costs by opting for a one or two colour print rather than full (four) colours

- Always ask to see a proof for approval, preferably a printed copy to check colours and check text thoroughly. Any mistakes are your responsibility not that of the designers, printers or any NHS departments with whom you have been working

- Wherever possible provide comments and approvals in writing, normally by email to ensure you have an audit trail

- Mark changes clearly on the proof

- Be clear about how many copies you need. Remember it costs very little extra for a larger print run than it would for a new print job of the same material at a later date. But having lots of leaflets/ documents in boxes not doing anything is a waste of money. So consider this carefully, in-line with your distribution requirements

9   Review of P&P Information

P&P information should ideally be reviewed annually and must be reviewed every three years to ensure that information is up-to-date and relevant. During this review:

- Make sure the information complies with the Patient and Public Information Policy and Procedure

- Check that the information agrees with current best practice guidance

Checking areas where the information is on display:

- Dispose of any information that has become tatty or grubby from frequent handling

- Laminate the information publication to extend its usefulness

Between review dates withdraw any information publications that contain information that becomes out-of-date. Always ensure the team register of P&P information is kept up to date, as well as the central library through the communications, marketing and membership assistant.

10 Archiving

All information publications should be archived following the guidelines set out in the Records Management NHS Code of Practice and the Trust's Records Retention, Archiving and Disposal. Current guidelines on information leaflets give a minimum retention period of six years after the leaflet has been superseded.

Appendix 1: Using Information Produced by Other Organisations

If you are not familiar with an organisation that produced the information you are considering using, the following steps may help you to decide if the advice is objective, and complies with best practice:

- Check the organisation's website for information.

- Telephone or e-mail them seeking the source of their information.

- Ask people who are specialists in the area if they feel that the information is accurate and useful.

- Read the information to assess whether it meets your information requirements and suits the users' needs.

- Compare the content of the information to NHS or other expert guidance.

- Take a pragmatic view about the information's usefulness to its audience, the sensibleness of the advice given and whether it is better than other available publication(s) on the same subject.

- Do not use P&P information if the information it contains could cause harm by giving inappropriate advice or encourages the use of products that do not meet best practice standards.

- It is common for information produced by charities and voluntary organisations to be funded by a commercial company. Before using these, make sure the text is not biased in the interests of the sponsor, e.g. does not recommend the use of their products.

Avoid using information issued by organisations for which:

- You cannot find their website or the organisation using an internet search engine.

- You cannot contact them by telephone or e-mail.

- Were produced by the manufacturer of specific products, the use of which may conflict with best practice guidance on the subject.

- Those produced by service providers outside of the NHS, e.g. private hospitals. Exceptions to this are providers who are contracted by the NHS to provide a service, e.g. BPAS (British Pregnancy Advice Service).

- Were produced by pharmaceutical companies.

Do not use information that overtly promotes manufactured products.

Exceptions to this are:

- Information that advertises, separately from the advice text, a product that will help clients appropriately manage a health problem, e.g. an enuresis leaflet that contains an advert for 'Pampers Bed Mats'.

- Information published by product manufacturers that give simple advice about the safe and correct usage of their products. This is important for medical devices.

If the information was written by another NHS Trust or organisation make sure that the information provided is relevant to your readers. Ensure that the information is up to date (do not take it for granted that all NHS bodies apply strict guidelines to their publications).

If the only information you can find does not meet these guidelines but provides useful advice you must be sure:

- That the advice given is best practice; and

- Products that you would not wish clients to use are not advertised.

This advice may apply to publications that are not quite suitable for the client group, e.g. they are boring, too wordy etc. but they are the only ones available.

Appendix 2: Communicating with Different Groups

Everyone should have equal access to NHS services and materials. When producing information, you need to consider the specific requirements of different groups. To help ensure equality of access, you may need to adjust your messages, modify your tone and present your information in alternative formats.

Different patient groups: Here we include some general pointers on how to accommodate the needs of different patient groups:

- **Patients who are elderly:** Use clear, large print; at least 14 point. Don't use overly simple or patronising language.

- **Patients who are not 'ill':** It may be more appropriate to address patients who do not see themselves as 'ill' as 'clients' or 'service users'. This may include pregnant women or people using social services.

- **Patients who are children:** Always address children as individuals. Use plenty of illustrations and, without talking down to your audience, try to adjust your language to the appropriate age-level.

- **Patients with learning disabilities:** Simplify your text a little, using more symbols and pictures. Use audiotapes and videos to supplement written information, and consult relevant support groups and individuals for additional guidance, hints and tips. If appropriate you may need to consider using Easy Read format for your publication. Speak to the communications team for more information.

- **Patients with hearing difficulties:** Provide written information only; use text phones or British Sign Language interpreters and consult with patient carers.

- **Patients with sight difficulties:** Use clear, large print; at least 14 point. Use audiotapes, electronic text, the Internet or Braille. Avoid reversed-out text, and make sure that the contrast between the text and the background colour enhances, rather than hinders, readability.

- **Patients whose first language is not English:** Provide written text in translation, using a reliable translator. Some languages are spoken and not read, so it is important to check where this applies. Where appropriate, use other media and resources, such as audiotapes, videos and professional interpreters.

- **Patients who have reading disabilities:** Consider audiotapes and videos.

- **Expert patients:** Patients who have long-term medical conditions, such as diabetes or eczema, will usually have a very good understanding of their condition. These patients may need information that is specially researched by experts, or they may need help locating the most reliable and up-to-date information available.

Source: NHS Brand Guidelines,
https://www.england.nhs.uk/nhsidentity/applying-the-identity/

Appendix 3: General Guidance on Writing Information for Patients

When writing information for patients remember the following points:

- **Try to write from the patient's point of view:** Put yourself in the place of someone who may have little or no knowledge of what you are talking about. The exception here is the 'expert patient'; someone who has a long-term medical condition and is very knowledgeable about it

- **Use everyday language:** Avoid jargon and acronyms and use plain language to make it easier to read. As many as seven million people (roughly one in five adults) in England have difficulties with basic literacy and numeracy, but that does not mean you have to be patronising or use childish language

- **Use patient-friendly text:** Use personal pronouns such as 'we' and 'you'. Explain medical terminology

- **Be relevant:** Make sure your information is relevant to and appropriate for the patient group it is aimed at

- **Make sure information is consistent:** Your information should reflect and reinforce other information received by patients, such as letters, leaflets, appointment materials and all information delivered at local clinics

- **Explain instructions:** When asking a patient to do something, such as 'don't eat anything for six hours before an operation', always explain why you are making this request. This will help patients to understand treatment processes

- **Be helpful:** Help people to make decisions by giving them the facts. Such as facts about the benefits, risks and side-effects of treatment options or medical interventions

- **Don't confuse people:** You should avoid discussing several different treatments and conditions in the same publication. Too much information on different subjects could cause confusion. Try to limit your publication to one or two subject areas and associated issues

- **Signpost additional resources:** Always let patients know about other sources of information and support.

- **Be up to date:** Make sure that all the information you provide is evidence-based and up-to-date. You should also provide the most recent contact details for clinics, practices and hospitals.

- **Highlight alternative formats:** Let patients know if the information you are providing is available in other formats, for example in Braille or on audiotape.

Engage your audience - To make your text engaging and easy to read, use the following where possible:

- **Short sentences:** in general, no more than 15 to 20 words long.

- **Lowercase letters:** are easier to read, although uppercase is always required for the first letters of names and sentences.

- **Present and active tense:** will make your text more direct and engaging. For example: 'your appointment is on…', rather than 'your appointment has been made for…'

- **Question and answer format:** will help you to divide up your text.

- **Bulleted or numbered points:** will help you to break down complicated information, and will help patients to digest it.

- **Small blocks of text:** long paragraphs can look daunting on the page; use headings and paragraph breaks to divide up your information.

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

- **Large bold font:** very useful for highlighting and emphasising text, whereas uppercase letters, italics and underlining can make text more difficult to read.

- **Numbers as words:** from one to nine, numbers are easier to read if they are written as words. From 10 onwards, they should be represented as numbers.

- **Font size of at least 12 point (in Arial):** any smaller than this, and text becomes difficult to read.

- **Diagrams and pictures:** can be very effective for illustrating and enhancing text. Make sure that all imagery you use supports our communications principles. You should clearly label all individual pictures and diagrams, but avoid printing over them. And never use clip-art, as this can detract from our professional reputation (It is recognised that printing pictures can be more expensive so selective use of appropriate imagery may be necessary).

You should also ensure that your materials express the NHS core values and principles and follow the NHS main brand guidelines closely.

Additionally:

- Do not use inappropriate or over familiar terminology. Not all mothers like to be referred to as 'Mum' or 'Mom' even by their children.

- Do not refer to all readers as 'he'. Use gender free terms e.g. instead of he/she, use they.

- Do not use or seek advice from commercial manufacturers, drugs companies etc, unless you want to give best practice advice about their products, e.g. medical device user instructions.

- Do not seek or accept sponsorship for your publication from commercial firms.

- If you use extracts from other people or organisation's documents seek their permission to use them.

- If the readers are likely to find it useful, include relevant detailed references for the source documents you used.

- Give details of other sources of useful information.

- For publications include a means of identifying the publication e.g. a reference name or number and date it for review purposes.

- Lay out the patient information in a pleasing manner that is attractive to its readers – not necessarily to you as the producer!

- Do not leave blank pages in publications – readers will feel that a part of the information is missing.

- Pictures must be relevant to the text and appeal to its readers. Avoid simple errors and reflect the diversity of the intended readers, e.g. pictures of only men or women when your target group has both sexes. If the publication is for staff make sure that you reflect the diversity of the staff groups you want to read it. Not all of our staff are men in suits or nurses in uniforms. This kind of error will alienate readers you want to reach.

- Ensure you obtain permission to use any photographs. Not just from the photographer, but if taken at a local event or group, permission will need to be sought in writing from the photograph's subjects (for children or young people parental permission must be sought).

- Make sure that your grammar, spelling, use of capital letters and punctuation is consistent and correct.

- It may be useful to include a glossary of terminology that you cannot avoid using in the publication, e.g. medical or anatomical words.

- The Plain English Campaign provides very useful guidance on the internet at www.plainenglish.co.uk.

- Always get another person to proof read your publication.

- Not everyone can write useful, well laid out publications such as leaflets and notices so seek advice and guidance from the communications team if necessary.

Appendix 4a: Publication Development Checklist

The following checklist will assist in the development of your publication:

Rationale and Responsibility	
Why is the particular publication required? Ensure it does not duplicate local or other local organisational work.	
Is the publication being developed in accordance with or related to regulation and / or legislation?	Give details:
Who is responsible for co-ordinating the ongoing development, implementation and review of the publication? Provide a name.	
Development, Engagement and Consultation	
Who are the key stakeholders and groups involved in the development / engagement / consultation process? Consider who the publication applies to. Ensure relevant expertise is used. Include service users or a wider public group where applicable. Consider seeking advice and guidance from the Head of Communications and the Records Manager.	
Is this publication related to other current publications?	If yes please list:
Content and Evidence Base	
Identify clear, focussed objectives, outcomes.	
Identify what type of source e.g. research, expert opinion, clinical consensus, patient views.	
Relevant reference documents / sites. Ensure the publication is factually accurate, evidence based and referenced.	
Is the publication based on a national publication? If yes, is the local information needed?	List relevant publications:
Approval	
Has an Equality Impact Assessment been completed on the publication, if applicable? This must be completed before the publication is submitted for final approval.	
What group(s) will approve this publication?	

Final approval must be by a SCHT group or committee with the relevant authority to approve the Patient and Public Information – **not the communications team**. Are there other groups that need to be involved in the approval process e.g. specific subject matter experts?	
Dissemination and Implementation	
How will the publication be disseminated to the relevant staff / groups?	
Who are the key people involved in the dissemination and implementation?	
How long will the dissemination process take?	
Is any training required? Consider linking with induction training, continuous personal development and clinical supervision as required.	
Are there any previous versions / out of date publications that need to be removed from circulation?	
Review and Compliance Monitoring	
When does the publication need to be reviewed? Who will carry out the review and monitoring? Ensure publication authors maintain their own register of publications to assist in this process.	
Make sure the publication has been listed on the corporate library of publications (contact the communications, marketing and membership assistant).	List:
Who will be involved in the review and compliance monitoring?	List:
Has a relevant review and compliance monitoring process been identified? Consider developing assurance tools e.g. processes and checklists.	
Is all current content still relevant? Check for new evidence based best practice to be incorporated into the publication.	
Re-approve publication and archive old versions.	

Appendix 4b: Checklist for Information about Conditions and Treatments

When producing patient information about conditions and treatments, you need to consider the following:

- What is the leaflet about?

- Who is it for?

- What condition is being described?

- What causes this condition? If the cause is unknown, say so.

- Does anything increase the risk, for example, age, sex, ethnic origin or family history?

- What are the signs and symptoms?

- Are there any tests or examinations needed to confirm the diagnosis?

- What treatments are available? Give brief descriptions.

- What are the side effects and risks associated with treatment?

- What are the side effects and risks of not receiving treatment?

- What are the next steps?

- What can patients do for themselves?

- Are there other implications, for example, infecting other people?

- Who can they contact if they have any more questions?

- Patients will need to know where they can find more information – for example, support groups and websites.

Source: NHS Brand Guidelines - https://www.england.nhs.uk/nhsidentity/.

Appendix 4c: Checklist for Information about Medication

When producing patient information about medication, you need to consider the following:

- What medication are you describing and what is it for?

- It's important to explain that any information in your leaflet should be read alongside patient information supplied by the medication manufacturer

- How is the medication given?

- How often should it be given?

- What should patients avoid when taking a particular medication?

- What are the side effects? Explain that different people may react differently to the same medication.

- What should people do if the medication is not properly administered?

- You will need to remind patients to tell the clinician who prescribes their medication about any other medication they are taking.

- You will need to provide advice on storing medication, for example, 'out of reach and sight of children', 'in the fridge' and 'out of the sunlight'.

- Where can patients get repeat prescriptions? Provide advice/details.

- It's important to provide a contact telephone number (of the pharmacy, specialist nurse, doctor or NHS Direct) for more information, and for people who have concerns about side effects.

Source: NHS Brand Guidelines - https://www.england.nhs.uk/nhsidentity/.

Appendix 4d: Checklist for Information about Operations, Treatments and Investigations

When producing patient information about operations, treatments and investigations, the following need to be considered:

- What is the leaflet about and who is it for?

- What is the procedure (e.g. type and details of the operation or investigation involved)?

- Why do patients need this procedure? Give the benefits and alternatives where appropriate

- What preparation do patients need or not need?

- Do patients need a general anaesthetic, sedation or local anaesthetic?

- What happens when patients arrive at the hospital or the clinic? Who will they meet?

- Will they be asked to sign a consent form, or is verbal consent required?

- What does the procedure involve? How long does it last? What does it feel like?

- What happens after the procedure in terms of pain control, nursing checks and stitches?

- How long will patients need to stay in hospital?

- Do patients need someone with them or any special equipment when they go home?

- What care is needed at home?

- What follow-up care is needed? Do patients need to visit their doctor?

- What can go wrong? What signs should patients look out for? What should they do if something does go wrong?

- When can patients resume their normal activities, for example, driving, sport, sex or work?

- Who can patients contact if they have any further questions?

- Where can people find more information, for example from support groups and websites?

Source: NHS Brand Guidelines - https://www.england.nhs.uk/nhsidentity/.

Appendix 4e: Checklist for Information about Services

When producing patient information about services, for example, cardiac rehabilitation classes or a skin clinic, you need to consider the following:

- How will you describe the service?

- It might be useful to start your description of the service where the patient would start – at the beginning. For example, a leaflet about transport might start with how to book it (including an accompanying phone number).

- Who is eligible for the service?

- How do people access the service? Provide details.

- Explain where patients need to go and how to find the service in question.

- Are maps needed? If so, provide one.

- When is a service available?

- Is there a waiting time?

- How often do patients need to attend?

- Is equipment or special clothing needed to access the service?

- Do patients need to bring any documents?

- Who should patients contact if they cannot attend?

- What is and isn't available or part of the service? Make a clear distinction.

- Are interpreters needed?

- Are any costs involved?

- Are there any advantages or disadvantages that need to be explained?

- Who should patients contact (include a phone number) and when? Give clear instructions, for example, from 9am to 5pm, Monday to Friday.

- Patients will need the phone number, address and website of the organisation delivering the service.

Source: NHS Brand Guidelines - https://www.england.nhs.uk/nhsidentity/.

Appendix 4f: Checklist for Writing Letters to Patients

When writing a letter containing patient (or general) information, you need to consider the following:

- Is your letter clear and easy to understand?

- Are you using long words when shorter ones will do?

- Is the layout of your letter clear, or is the text blocked together without paragraph indents or breaks?

- Is your text aligned to the left-hand margin? Remember that justified text is more difficult to read for people with visual impairments.

- Are you using Arial typeface?

- Is your letter free from jargon and abbreviations? Don't assume that other people will know what you mean.

- Has your letter been checked for spelling and grammar?

- Have you provided a named contact in case somebody has a query or complaint, or needs to respond to your letter for some other reason?

- Have you provided a direct telephone number, if there is one available?

- Have you provided clear directions or instructions to the reader?

- Have you given a clear explanation or apology where appropriate, for anything that hasn't gone to plan?

- Does the tone of your letter match the NHS values of respect for all, care and professionalism?

- Has your letter been signed by an individual, rather than an Appointments Clerk or Outpatients Department?

Source: NHS Brand Guidelines - https://www.england.nhs.uk/nhsidentity/.

Note: The standard organisational letter template should be used for all letters. Consult your Administration Manager for the local version.

Appendix 5: Safety Sign Checklist
   (extracts from the HSE's Legal Series L64 Safety Signs and Signals)

Prohibition sign – a sign prohibiting behaviour likely to increase or cause danger (e.g. no smoking)

- round shape; and
- black pictogram on white background, red edging and diagonal line (the red part to take up at least 35% of the area of the sign).

| naked flames forbidden | no pedestrian access | no unauthorised access |

Warning sign – a sign giving warning of a hazard or danger (e.g. electricity)

- triangular shape; and
- black picture with at least 50% yellow background.

| general danger | industrial vehicles | electricity |

Mandatory sign – a sign prescribing specific behaviour (e.g. eye protection must be worn)

- round shape; and
- white pictogram on a blue background (the blue part to take up at least 50% of the area of the sign)

| Safety gloves must be worn | pedestrians must use this route | safety helmets must be worn |

Emergency escape or first aid sign – a sign giving information on emergency exits, first aid or rescue facilities (e.g. emergency exit)

In some areas managers may also wish to display signs that meet the requirements of the Control of Substances Hazardous to Health Regulations. This should be done by showing the relevant pictogram and the triangular warning sign for toxic material:

corrosive material   flammable material   explosive material   toxic material

It may also be useful to use the marking tape for dangerous locations to identify physical hazards; e.g. the edge of a step or a low doorway:

Copies of signs can be obtained from the Risk Management department.

Appendix 6: NHS Identity Checklist

Every time we communicate, we are projecting the NHS identity. Letters, leaflets, websites and promotions should all support the NHS values and principles.

When you are assessing a communications project to judge whether it supports the NHS identity, ask yourself the following questions:

The Basics

- Is the NHS logo or your local logotype in the correct position, in its correct colour and at the correct size?
- Does it sit in the right amount of clear space?
- Are the colours chosen from the NHS colour palette?
- Are the typefaces Frutiger or Arial?

NHS Values

Does the communication support the following values?

- **Health:** does it reinforce (or not contradict) our support for health and healthy lifestyles?
- **Care:** does it show respect for the audience and avoid stereotypes? Does the tone of the wording show care and empathy?
- **Professionalism:** does it demonstrate pride in what we are doing? Are we able to challenge poor standards in any existing communications?
- **Efficiency:** is the budget right for the task? Are the tone and style right for the audience you are communicating with?
- **Equality:** does the imagery convey that the NHS is for everyone, e.g. spanning ages and cultures (where appropriate)?
- **Choice and responsiveness:** does it portray the NHS as an organisation that is focused on providing choice and access to information about services, treatment and performance?

NHS Communications Principles

When producing materials for the NHS, you should follow our communications principles to ensure that your work is:

- **Clear and professional:** demonstrating pride and authority in what we do.

- **Cost-effective:** showing that budgets have been used wisely.

- **Straightforward:** avoiding gimmicks and over complicated design or wording.

- **Modern:** portraying the NHS in a way that is up to date.

- **Accessible:** understood by the target audience and easily obtainable and available in other languages, symbols or formats.

- **Honest:** avoiding misleading information or false promises.

- **Respectful:** showing respect for our audience, avoiding unfair stereotypes, acknowledging the different needs of individuals and populations.

Source: NHS Brand Guidelines - https://www.england.nhs.uk/nhsidentity/.

Appendix 7: NHS Colours

The NHS corporate colour is NHS Blue (Pantone® 300), this should be used as the primary colour when designing communications materials. It has a high recognition factor and identifies that the communication is from the NHS.

NHS Blue
Pantone® 300
C100% M43% Y0% K0%
R0 G114 B198

In Microsoft applications e.g. MS Word you can use the Custom Colour option and select: R0 G114 B198 to get **NHS Blue**.

This is supported by a vibrant secondary print colour palette of 13 colours and 10 tints. This will help your designs to stand out and appeal to different audiences.

There is also a colour palette for websites and other electronic media. By using these standard colours consistently, you will help to maintain recognition and trust in NHS communications.

Colour Palette

The NHS print colour palette supports our straightforward, clear and cost-effective style. The range of colours allows for creativity and diversity, while remaining true to the NHS look and feel.

This palette of colours is intended to allow:

- the publication of a variety of leaflets and other printed and online communications;

- the flexibility to develop local literature systems; additional clarity for charts and diagrams;

- interest and appeal for a variety of audiences; and RGB colour variations for electronic presentations.

The palette also allows for degrees of 'corporacy'. Not everything needs to be NHS Blue, but using the same palette across the NHS builds on our overall identity.

It is strongly recommended that the NHS colour palette is used in all NHS communications. If you need to extend the palette range, please ensure that any additional colours are compatible with the originals. Colours such as fluorescents or metallics may be used for special products. However, you must make sure that their use is consistent with the NHS values and principles. Bear in mind that metallic colours should be used with caution, as they appear expensive. They may be appropriate, for example, for communications for special occasions, but make sure you consider how they will be perceived.

Tints

You can use the colours within the NHS colour palette as solid colours or as tints. Palette tints bring greater breadth and flexibility to our range of colours. They are particularly useful when producing diagrams and charts, and allow for more creativity with one-and-two colour communications. The NHS logo and logotypes must never appear as tints.

For further information on NHS Brand Guidelines for Primary Care Trusts: https://www.england.nhs.uk/nhsidentity/.

Colour palette

NHS **Dark Green**	Pantone® 342	C 100% M 0% Y 69% K 43%	R 0 G 107 B 84
NHS **Green**	Pantone® 355	C 100% M 0% Y91% K 6%	R 0 G 158 B 73
NHS **Light Green**	Pantone® 368	C 65% M 0% Y 100% K 0%	R 91 G 191 B 33
NHS **Aqua Green**	Pantone® 3272	C 100% M 0% Y 47% K 0%	R 0 G 170 B 158
NHS **Aqua Blue**	Pantone® 312	C 100% M 0% Y 15% K 0%	R 0 G 173 B 198
NHS **Light Blue**	Pantone® Process Blue	C 100% M 8.5% Y 0% K 6%	R 0 G 145 B 201
NHS **Dark Blue**	Pantone® 287	C 100% M 69% Y 0% K 11.5%	R 0 G 56 B 147
NHS **Purple**	Pantone® 2685	C 100% M 94% Y 0% K 0%	R 86 G 0 B 140
NHS **Dark Pink**	Pantone® 676	C 8.5% M 100% Y 0% K 15%	R 160 G 0 B 84
NHS **Dark Red**	Pantone® 1955	C 0% M 87% Y 43% K 30.5%	R 147 G 22 B 56
NHS **Red**	Pantone® 485	C 0% M 100% Y 91% K 0%	R 216 G 30 B 5
NHS **Orange**	Pantone® 144	C 0% M 47% Y 100% K 0%	R 226 G 140 B 5
NHS **Yellow**	Pantone® Process Yellow	C 0% M 0% Y 100% K 0%	R 247 G 226 B 20

Tint palette

NHS Dark Green	100	90	80	70	60	50	40	30	20	10

NHS Green	100	90	80	70	60	50	40	30	20	10

NHS Light Green	100	90	80	70	60	50	40	30	20	10

NHS Aqua Green	100	90	80	70	60	50	40	30	20	10

NHS Aqua Blue	100	90	80	70	60	50	40	30	20	10

NHS Light Blue	100	90	80	70	60	50	40	30	20	10

NHS Dark Blue	100	90	80	70	60	50	40	30	20	10

NHS Purple	100	90	80	70	60	50	40	30	20	10

NHS Dark Pink	100	90	80	70	60	50	40	30	20	10

NHS Dark Red	100	90	80	70	60	50	40	30	20	10

NHS Red	100	90	80	70	60	50	40	30	20	10

NHS Orange	100	90	80	70	60	50	40	30	20	10

NHS Yellow	100	90	80	70	60	50	40	30	20	10

Appendix 8: SCHT Logo Size Guide

Shropshire Community Health NHS Trust is part of the NHS family. Our identity is important. It affects how people think and feel about the NHS. Our identity is largely shaped by what we do – treating illness and promoting health. But our communications also play an important part in defining who we are.

Across all media and materials, our communications need to express and support our NHS values and principles. At a time of change within the NHS, our communications are essential to helping the public and patients navigate a more diverse healthcare system. Through our communications, we also need to reassure people that NHS standards are being maintained. (NHS Brand Guidelines 2012).

One of the easiest things we can do to help local people understand who we are and what we do is to make sure we use the correct logo on our communications - that way they know who the communication has come from.

You can download JPEG versions of the Trust logo from the Trust logos section on the Staff Zone, as well as download a simple guide on how to use the logo.

You can also find branded templates for letters, posters and presentations.

Appendix 9: Public Relations Photographic/ Video Consent Form

Shropshire Community Health NHS Trust frequently use photographs/ videos of people in publications and on our website, to publicise our services or celebrate special events. These may appear in our printed publications, on our website, or in other formats across broadcast media (i.e. YouTube etc). We may also send them to the news media.

Participant: …………………………………………

Address: ………………………………………………………………………………………

Telephone: ………………………………… **Email:** ……………………………………

Brief description of the photograph taken:

 Date: ………………….   **Location:** ………………………………………….

  Reason/context: …………………………………………………………………………

It has been explained to me and I understand that any photographs taken will be made available for the purpose of promoting the principles and practices of the National Health Service (NHS) and other public sector or not-for-profit health and social care organisations.

I understand that all or part of the photographs may be used in conjunction with other forms of illustration and text within publications, journals, textbooks, advertising and websites. These may go wider than Shropshire and the UK.

I hereby give my informed consent for photographs to be taken and used by the NHS as set out above. I know I will not be paid for allowing the photographs to be taken and used. I am giving this consent freely and without any expectation of more or better treatment from the NHS because of it.

In addition by signing this form I can confirm that (*delete if not applicable):

- I have permission from anyone taking part in the photograph/ vide*
- I have permission from the parents / guardians of any children, young people or vulnerable adults in the photograph*

Name: …………………………… **Signed**: ………………….. **Date**: …………….

If applicable:

Parent/Guardian: ………………. **Signed**: ………………… **Date**: …………….

Note: This consent may be withdrawn by writing to Shropshire Community Health NHS Trust. The Trust gives no guarantee that the photograph/ video will be used.

Photographer: ……………………………………………

Address: ………………………………………………………………………………

Telephone: ………………………… **Email:** …………………………………………

Appendix 10: Patient Leaflets Approval process

Information Leaflet Approval Process	Information Leaflet with clinical information	Information Leaflet with NO clinical information (i.e. accessing a service)	Other leaflets (i.e. national patient leaflets)	Exceptions to the process
	Review guidance set in the Patient Information Policy	Review guidance set in the Patient Information Policy	Conduct colleague/ stakeholder review of content to make sure appropriate	There is no reason to complete a full approval process if the following **non-clinical** changes are made:
	Conduct colleague/ stakeholder review of content	Conduct colleague/ stakeholder review of content	Forward final version to Clinical Policies Group for agreement (via Dr Emily Peer)	• Contact details • Location • Opening/ closing times
	Develop draft leaflet using leaflet template or through discussion with the Communications Team	Develop draft leaflet using leaflet template or through discussion with the Communications Team	After agreement from the CPG, issue to patients.	Simply provide a final, altered version (stating what alterations have been
	Provide draft to Communications Team	Provide draft to Communications Team		made from the previous version) to the Communications
	Following feedback from communications, make any revisions to branding/ presentation	Following feedback from communications, make any revisions to branding/ presentation		Team, who will register the new version on Datix. You
	Forward final draft to Clinical Policies Group for ratification (via Dr Emily Peer)	Provide final draft to Communications Team for registering on Datix await final version back before issuing to patients.		can then issue to

	After ratification, provide final draft to Communications Team for registering on Datix await final version back before issuing to patients.			patients.

Appendix 11: Patient Leaflet Checklist.

This checklist must be completed before and appended to a patient leaflet that needs ratification by the Clinical Policies Group.

Rationale and Responsibility	
Why is the particular publication required? Ensure it does not duplicate local or other local organisational work.	
Is the publication being developed in accordance with or related to regulation and / or legislation?	Give details:
Who is responsible for co-ordinating the ongoing development, implementation and review of the publication for the service?	Provide a name:
Development, Engagement and Consultation	
Who are the key stakeholders and groups involved in the development / engagement / consultation process? Consider who the publication applies to. Ensure relevant expertise is used. Include service users or a wider public group where applicable. Consider seeking advice and guidance from the Head of Communications and the Records Manager.	
Is this publication related to other current publications?	If yes please list:
Content and Evidence Base	
Identify clear, focussed objectives, outcomes for having the leaflet.	
Identify what type of source e.g. research, expert opinion, clinical consensus, patient views has informed the leaflet.	
Relevant reference documents / sites. Ensure the publication is factually accurate, evidence based and referenced.	
Is the publication based on a national publication? If yes, is the local information needed?	List relevant national publications:
Approval	

Has an Equality Impact Assessment been completed on the publication, if applicable? This must be completed before the publication is submitted for final approval.	
What group(s) will approve this publication? Please refer to the Patient Leaflet Approval Process flowchart.	
Dissemination and Implementation	
How will the publication be disseminated to the relevant target audience?	
Who are the key people involved in the dissemination and implementation?	
Is any training required? Consider linking with induction training, continuous personal development and clinical supervision as required.	
Are there any previous versions / out of date publications that need to be removed from circulation?	
Review and Compliance Monitoring	
When does the publication need to be reviewed? Who will carry out the review and monitoring? Provide a name. Ensure publication authors maintain their own register of publications to assist in this process.	
Make sure the publication has been listed on the Datix system for patient information (contact the Communications Team) after ratification.	To be completed after ratification/ approval.
Who will be involved in the review and compliance monitoring?	List:
Has a relevant review and compliance monitoring process been identified? Consider developing assurance tools e.g. processes and checklists.	
Is all current content still relevant? Check for new evidence based best practice to be incorporated into the publication.	
Re-approve publication and archive old versions.	

To access the Clinical Policies Group, please contact Dr Emily Peer on
emily.peer@nhs.net