Wrightington, Wigan and Leigh NHS Trust

Patient Information Policy
TW06

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- Checklist

Author:	Acting PPI Manager
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Wrightington, Wigan and Leigh NHS Trust

Patient Information policy

1. POLICY STATEMENT

This policy provides a statement of intent in order to introduce corporate standards and guidelines for the production of uniform Trust owned information available to patients.

Patient information is any information that is given to a patient or accompanied with an appointment letter. This information must be in the Trust standard format.

All such information leaflets will be instantly recognisable to both patients and staff alike, whilst also being evidence based and compliant with the requirements of the NHSLA

2. SUPPORTING INFORMATION

Extract from DOH “Toolkit for producing Patient Information” (Oct 2002) Information is an important part of the patient journey and a key element in the overall quality of patient experience”. Improving information for patients was a commitment in the recommendation in the Kennedy report (July 2001) and proposal in the NHS Constitution

Good quality patient information can empower the patient in many ways. It acts as a memory aid, or a prompt for further questions about treatment or aftercare. It is not, however intended to be a substitute for face-to-face contact and discussion, but to complement this. It also informs partners, carers and families, so enabling them to empathise more readily with the patient.

It provides a tool for clinicians, nurses and allied health professionals to help guide patients through their treatment path, and to enhance discussion, whilst at the same time allaying any misconceptions and fears.

3. KEY PRINCIPLES

The policy aims to ensure Directorates produce high quality information which:

- Sets out the expected standards to be applied and guidelines to be followed before documents are produced.
- Provides information that is clear, concise, relevant, accurate and in every day language, which meets the standards of the NHSLA and assessed by the membership lay reader panel. The information is available in alternative formats i.e. Braille, audio tape, video tape and languages other than English, in conjunction with local requirements.

- Helps patients and their families to understand their condition and treatment and the standard of services they can expect, whilst promoting the concept of shared decision-making.

- Provides a mechanism for the validation of patient literature by using both service improvement teams and local patient user groups.

- To produce a comprehensive Internet database, showing current accredited information in a simple accessible format (A-Z), which is available to all staff via intranet.

4. RESPONSIBILITIES

4.1 Responsibility of the Divisional General Manager

Has lead responsibility for devising a structure of implementation and audit / review system to ensure accredited information is produced within their division/directorate, and that this remains in line with the Information for Patients Policy and Guidelines.

4.2 Responsibility of the designated member of the Divisional Service Improvement Team

A member designated with " responsibility for Divisional/directorate information for patients" will advise and support authors, however the information evidence base, NHSLA compliance, accuracy and relevance of the information leaflet remains the responsibility of the Author and/or Head of Service/ department commissioning the leaflet. The designated member will send a copy of the minutes of the Service Improvement Team Meeting that the patient information leaflet has been approved at to the Patient Information Administrator.

4.3 Responsibility of the Divisional Service Improvement Team

Will have responsibility for ensuring that all patient Information, produced on behalf of their Division, conforms with Trust guidelines and has involved patient/user input for critical review. This is to be verified by use of the Patient Information Check List. (PICL 1 form is available from the intranet or the Patient Information Administrator).

The Divisional SIT will receive all patient information leaflets in final draft format for appraisal and approval.

4.4 Responsibility of the Patient groups/Lay readers

Patient groups or lay readers will be involved on all information leaflets which inform and or guide a patient through a procedure or treatment regime, in order to provide a process of critical review via comment feedback forms.

4.5 Responsibility of the Divisions and Directorates

Divisions and Directorates are responsible for providing adequate resources to meet administration and production costs.

4.6 Responsibility of the Patient Information Administrator

To ensure that the Trust has a robust and efficient system in place for the development and management of quality, evidence based information systems.

5. GUIDELINES FOR PRODUCING PATIENT INFORMATION

For guidelines on producing patient information please refer to the DOH ‘NHS Toolkit’ for producing patient information, which can be accessed via www.doh.gov.uk/nhsidentity.

5.1 Procedure

- Before producing the leaflet ensure that you have checked with the Patient Information Administrator, PPI Department to ensure there is no duplication of existing leaflets.

- Contact Service Improvement Team (SIT) responsible for Divisional/Directorate patient information if help or advice regarding content is required.

5.2 Design & Content

The following principles are adapted from the NHS Identity Policy, which explains that communications should be as follows:

- Leaflet to be produced in line with Trust Corporate standards. A Corporate A4 Template is available via the intranet site in the patient information section. http://intranet/Patient_Leaflets/PI_Templates.asp

- Minimum 100grm white paper to be used.

- Use Arial font size 14 if possible, but no less than Arial 12.

- If the leaflet is to specifically target the visually impaired, it should be produced on **yellow paper, in black text only, minimum size 16.**

- DO NOT use italics or underlining in any leaflets as these styles make reading difficult for patients with any degree of limited vision.

- Using fewer words, avoiding jargon and keeping to the necessary information, set out in logical manner.

- Using everyday language and current images whilst avoiding acronyms.

- Available to as many people as possible, up-to-date and given to the patient at the appropriate time.

- Blue may be used for headings and black for text.

- Ownership: Division, Directorate, ward name and/or department, title of leaflet (title must be in full not represented by capital letters) and must be clearly displayed on front of leaflet.

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

- Diagrams and pictures are very effective. You should not use clip art, as it does not add to the reputation of a professional organisation. Visit www.nhs.uk/photolibrary to use the NHS photo library.

- Use bullets or numbered points to divide up complicated information.

- Our information should be current evidence based, NHSLA compliant i.e. must clearly include:
    - An introduction to the department/ward and explanation covering the need for the procedure.
    - Any risks, side effects, benefits and alternatives should be clearly explained.
    - After care: any treatments and therapies, which may follow procedure and start on the ward.
    - Clear discharge information.
    - What to expect when the patient goes home, including any possible Allied Health Professionals intervention.
    - Clear contact numbers and times for sources of advice and help, including outside department working times (e.g. Day Cases, Specialist Units etc).
    - Information must be respectful and display sensitivity to the cultural needs of all people without being patronising or using childish language.

5.3 Mandatory Trust Information to be Included

- Leaflet Identification details box

Leaflet number:	Patient Information Administrator will provide at the final version of the leaflet
Name of Leaflet:	Eg ‘Having a colonoscopy’
Date produced:	Month/Year SIT granted approval (eg March 2003)
Review date:	In 2 years time.

- Copy Right disclaimer

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copyright owner

- Research Disclaimer

Research is undertaken to add to the existing scientific knowledge on a particular subject. There are a number of staff within the Trust who conduct Research studies* It is possible that during the course of your treatment you may be asked to take part in a research study, however, you **do** have the right to refuse,and this **will not** affect the care that you receive.

*See the Nat. Research Reg
www.update-software.com/national

- Information covering the Patient Relations Department

The Patient Relations Department provides confidential on the spot advice, information and support to patients, relatives, friends and carers. We will do our best to help you to resolve any concerns you may have about the care you received. We can also give you information on the services provided by the Trust.

If you have a concern or there is a problem, the best way to get it resolved is usually to tell someone there and then. On a ward, talk to the sister or charge nurse on duty. In a clinic, talk to the receptionist or one of the nursing staff. If you want to talk to a senior manager or to someone who has not been directly involved in your care and treatment, we can usually arrange this during office hours. You can also ask to speak to a member of the Patient Relations Department.

Staff in any ward or department will be able to contact a member of the team for you or you can telephone 01942 822376. The Patient Relations Department is open Monday to Friday between 9.00 am and 4.00 pm. Outside of these hours there is an answer-phone service.
If you wish to make a formal complaint you can telephone or write to:

The Patient Relations Manager
Wrightington Wigan and Leigh NHS Trust
Royal Albert Edward Infirmary
Wigan Lane
Wigan
WN1 2NN
Tel 01942 822376

- Information regarding Data Protection

Data Protection

The Trust will endeavour to ensure that your information remains secure and confidential at all times. The Data Protection Act 1998 explains how personal information should be processed and this applies to all information whether held on paper or electronically on computer systems. We must ensure that all personal information is processed fairly, lawfully and as transparently as possible so you:

- Understand reasons for us processing your personal information
- Give your consent for the disclosure and use of information where necessary
- Gain trust in the way we handle your information
- Understand your rights regarding the right to request access about the information we hold about you.

The Caldicott Guardian, who is a senior health clinician, has the role to ensure we meet the highest standards for handling personal information at the Trust.

For further information regarding data protection, please read our leaflet called "Protecting Your Data - How we use your health records" or visit the Information Governance pages on the Trust website.

- Information regarding your NHS Number

Know Your NHS Number, Keep It Safe.

Every person registered with the NHS in England and Wales has their own unique NHS Number. It is made up of 10 digits for example 123 456 7890

Everyone needs to use the NHS Number to identify you correctly. It is an important step towards improving the safety of your healthcare.

Always bring your NHS number with you to all hospital appointments or quote it if you need to telephone the hospital for any enquires. This will allow staff to check that they have the right patient details by checking this against your NHS number.

To improve safety always check your NHS Number on correspondence the NHS sends to you

Ways of finding out your NHS Number

If you do not know your NHS number, contact your GP or local Primary Care Trust. You may be asked for proof of identity, for example a passport or other form of identity this is to protect your privacy.

Once you have obtained your NHS Number write it down and **Keep it Safe**

The six tables above are available as a template via the Patient Information section of the intranet site. http://intranet/Patient_Leaflets/PI_Templates.asp

5.4 Production and Approval

- The completed information leaflet needs to be sent via email to the Patient Information Administrator

- The leaflet will then be sent to 12 lay readers for their comments

- The comments will be shared with the author of the leaflet and any changes or amendments can be made.

- The leaflet should then be submitted to Divisional Service Improvement Team for checking and approval, together with form PI 1 – Patient information Checklist. (Available from the intranet on the patient information section) http://intranet/Patient_Leaflets/PI_Templates.asp

- The Divisional Service Improvement Team to communicate their approval to Patient Information Administrator by sending a copy of the SIT meeting minutes

- Author to send final version of leaflet via email to Patient Information Administrator

- Patient Information Administrator will produce an audio version and large print version of the leaflet. The three versions of the leaflet will then be placed on the intranet.

- Printing, storage and distribution of the leaflet is the responsibility of the Ward/Department commissioning the leaflet.

- **Any patient information that has not been through this process will not be put onto the Trust Internet. Information from the internet will not be accepted**

6. REVIEW PROCESS

- Leaflets need to be reviewed every two years.

- The Patient Information Administrator will communicate to the Service Improvement Team member the leaflets due for review.

- If the leaflet does not need to be altered please complete the Leaflet Review Form (PI 3) available on: http://intranet/Patient_Leaflets/PI_Templates.asp and send to Patient Information Administrator, PPI Dept, RAEI.

- If the leaflet is to be altered, then the above procedure in section 3 will need to be followed again.

- Reviewing and updating of leaflets in line with the ‘Review Date’ shown on leaflet is the responsibility of the identified Divisional / Directorate SIT member. When leaflets are to be reviewed, points for consideration should be:

    1. Continued accuracy of information
    2. Any changes in practice or procedure
    3. Improved evidence base.
    4. Improved diagrams
    5. Changes to location
    6. Telephone numbers
    7. Contact times
    8. Any further information available which will better inform the patient

Notification of changes to leaflet (including new review date) to be lodged with Patient Information Administrator who in turn, will be responsible for timely updating of the database and website.

7. ARCHIVING ARRANGEMENTS

From October 2008 expired paper copies (where available) and electronic copies of Patient Information Leaflets will be archived by the Patient Information Administrator and held in the Patient & Public Involvement Department.

8. HUMAN RIGHTS

In drawing up this policy due regard has been given to the Human Rights Act 1998 and Article 8, the right to respect for private family life would appear to be of particular import.

In this respect it is noted that the rights of the child must be taken into account when consideration is being given to a request by a parent/guardian for disclosure of information relating to the child.

9. EQUALITY AND DIVERSITY

The policy has been assessed against the Equality Impact Assessment Form from the Trust’s Equality Impact Assessment Guidance and as far as we are aware, there is no impact on any Equality Target Group**.** Patient Information Leaflets are available in Braille, Audio, large print and alternative languages upon request

In implementing this policy, managers must ensure that all staff are treated fairly and within the provisions and spirit of the Trust’s Equality Diversity and Inclusiveness Policy.

10. MONITORING AND REVIEW

Monitoring of the effectiveness of this policy will be undertaken by the Patient and Public Involvement Manager. Compliance of the policy is monitored on assessment of each patient information received and is reported via the Patient and Public Involvement Steering Committee. The Committee is chaired by a Non Executive Director of the Trust and includes representation from the statutory Local Involvement Networks (on establishment), Overview and Scrutiny Committee and Voluntary Sector. The Steering Group meet and will monitor the effectiveness of patient information on a quarterly basis. The Audit Sub Committee receives minutes of this meeting.

The Policy will be reviewed every two years at the Quality Board

11. ACCESSIBILITY

This document can be made available in a range of alternative formats, e.g. large print, Braille and CD. For more details please contact the HR Department on 01942 77(3766) or email equalityanddiversity@wwl.nhs.uk

Appendix 1

Glossary

NHSLA	National Health Service Litigation Authority
PPI	Patient and Public Involvement
DOH	Department of Health
NHS	National Health Service
SIT	Service Improvement Team

Appendix 2

References

Department of Constitutional Affairs: Human Rights Act 1998

DOH: ‘NHS Toolkit

DOH: NHS Constitution

NHS Identity Policy

Wrightington Wigan & Leigh NHS Trust: Equality Impact Assessment Guidance

www.nhs.uk/photolibrary