

# Patient Information Policy

This Policy describes the process for developing, producing and reviewing accessible information for patients and carers. It also covers the recording of what patient information has been provided in patient records.

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## Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
Version 4	May 2012	Version 4 has been developed for the new organisation – harmonising and replacing the three former organisational policies which have been electronically archived by the Policy Administrator.
Version 5	October 2014	<p>FYPC Division now puts all patient information through the relevant clinical governance group in line with all other divisions. Necessary changes have been made to the pathway and tracking sheet to reflect this.</p> <p>All reference to the recording of what information has been given to the patient in their medical notes has been removed.</p> <p>Specialist audit about easy read information within the LD division has been aligned with the other divisional audits so has been removed.</p> <p>A statement has been added on page 13 regarding the reliability of the language translation facility on NHS Choices and the number of languages available rose from 53 to 80.</p> <p>All references to NHS Direct as a health information provider have been removed.</p> <p>Authors are now asked to notify communications of when their information will be reviewed by CGG to avoid delays (5.6).</p> <p>All references to an external provider of translation services have been removed as a result of the cessation of our contract with Pearl Linguistics.</p>
Version 6	January 2017	<p>Change to CQC Fundamental Standards.</p> <p>Changes made to reflect the Accessible Information Standard: From 1st August 2016 onwards, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard.</p> <p>The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand and with support so they can communicate effectively with health and social care services.</p> <p>As part of this, it is now an essential requirement to record any difficulty with communication that is due to a disability, impairment or sensory loss in the patient record and to also record what information has been given to the patient and in what format.</p>

		The former toolkit elements of this policy have now been removed and have been added to LPTs Communication Toolkit .
Version 7	October 2020	<ul style="list-style-type: none"> <li>• To include generic email contacts for Clinical Governance.</li> <li>• To reflect that LD services now align with FYPC</li> <li>• To include support offered by patient experience team in co-design</li> <li>• To ensure that authors identify a contact within their service, who can be contacted if information needs to be translated or supplied in a different format.</li> <li>• To ensure that authors identify the web administrator who will upload the leaflet to the relevant webpage if appropriate</li> <li>• To ensure that the accessibility statement appears in the top five languages spoken by our communities.</li> <li>• To include information for patient information produced jointly with UHL</li> <li>• To change checklists to guidance checklists</li> </ul>
Version 7.1 7.2	June 2022 November 23 ext	All email addresses updated to nhs.net

**For further information contact:**

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**Equality Statement**

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

**Due Regard**

LPT will ensure that Due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

- Strategies, policies and procedures and services are free from discrimination;
- LPT complies with current equality legislation;
- Due regard is given to equality in decision making and subsequent processes;
- Opportunities for promoting equality are identified.

**Please refer to due regard assessment (appendix 3) of this policy**

## Definitions that apply to this Policy

<p><b>Patient information or Patient/carer-facing information</b></p>	<p>Information provided to patients/carers which has traditionally been supplied in the following formats (including all translated/converted formats): leaflets, booklets, factsheets or posters about services, conditions and treatments, operations, treatments and investigations, medication and health improvement topics.</p> <p><b>It does not cover</b> information about patients, such as medical or personal information and excludes information on our website and intranet unless the information is a patient information leaflet/poster/ factsheet. <b>Please note:</b> Patient information produced by Leicestershire Nutrition and Dietetic Service (LNDS) is covered by the LNDS Guidelines for producing new resources and not by this policy.</p>
<p><b>Checkers Group</b></p>	<p>A group of people with learning disabilities who check our easy read information and tell us what they understand from it and how it can be improved.</p>
<p><b>Lay Reader Panel</b></p>	<p>A group of members of the public who have volunteered to look at patient information and provide feedback on how easy it is to understand and suggest ways of improving its readability.</p>
<p><b>Stakeholder</b></p>	<p>An individual or organisation with an interest in the subject of the document; E.g. staff, staff side representatives, service users, commissioners.</p>
<p><b>E-newsletter</b></p>	<p>A newsletter circulated to all LPT staff weekly via email and cascaded to staff who do not have access to email.</p>
<p><b>The Accessible Information Standard</b></p>	<p>The Accessible Information Standard aims to ensure that people who have a disability or sensory loss receive information that they can access and understand, for example in large print, Braille or via email together with professional communication support if they need it, for example from a British Sign Language interpreter. The Standard requires organisations that provide NHS or adult social care to:</p> <ol style="list-style-type: none"> <li>1. Ask people if they have any information or communication needs, and find out how to meet their needs</li> <li>2. Record those needs clearly and in a set way</li> <li>3. Highlight or flag the person's file or notes so it is clear that they have information or communication needs and how to meet those needs</li> <li>4. Share people's information and communication needs with other providers of NHS and adult social care, when they have consent or permission to do so</li> <li>5. Take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it</li> </ol>
<p><b>Easy read</b></p>	<p>Easy Read is one way of making information more accessible to</p>

	<p>people with learning disabilities. It is a combination of pictures and easy words.</p> <p>Easy Read is also known as: • Making information easier • Simple words and pictures • Easy Write • Easy Info • Easy Access • Easier to understand information.</p>
<b>Interpreter</b>	<p>A person who translates speech orally in to a different language or into British Sign Language (BSL) or other signed languages – available through Ujala Resource Centre.</p>
<b>Large print</b>	<p>Large print is significantly bigger text – a minimum of 16 point. This may be large enough for people who have some useful sight, but who struggle to read regular print. If you're thinking of producing material in large print for someone, check with them first to see what size of font they are comfortable reading. Some people may prefer audio.</p>
<b>Patient information toolkit (included as part of the LPT Communication Toolkit)</b>	<p>A toolkit <a href="https://staffnet.leicspart.nhs.uk/wp-content/uploads/staff-directory/Communications-toolkit-September-2018.pdf">https://staffnet.leicspart.nhs.uk/wp-content/uploads/staff-directory/Communications-toolkit-September-2018.pdf</a> which includes:</p> <ul style="list-style-type: none"> <li>• general guidance about written information</li> <li>• guidance on producing suitable and accessible information for all regardless of age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.</li> <li>• consent form (including easy read version) for photography, filming or recording for use in internal or external communications</li> <li>• copyright information for staff</li> </ul>
<b>Due regard</b>	<p>Having due regard for advancing equality involves: Removing or minimising disadvantages suffered by people due to their protected characteristics. Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.</p>

## 1.0. Purpose of the Policy

The purpose of this policy is to set out the arrangements for managing the risks associated with patient information and standards for the development of written information for patients to allow them to make an informed choice in relation to their care.

It sets out the steps staff should take when identifying or developing information for patients and provides guidance on best practice.

The policy:

- Provides a documented process for the identification and development of written patient information.
- Supports a consistent approach to the development of that information.
- Aims to raise the standard of written information available to the patient.
- Supports equal access to information.
- Supports compliance with Care Quality Commission (CQC) Fundamental Standards, the Equality Act 2010 and the Accessible Information Standard 2016.

This policy refers to all written patient/carer-facing information that is produced by the organisation.

Core standards for the production of patient information are taken from the National NHS Identity Guidelines <https://www.england.nhs.uk/nhsidentity/>

## 2.0. Summary and Key Points

Information is an important part of the patient journey and a key element in the overall quality of patient and carer experience of the NHS. It plays a significant part in providing patients and carers with the information they need to make informed decisions about healthcare and provide their informed consent. Leicestershire Partnership NHS Trust (LPT) recognises the importance of and is committed to providing clear, meaningful and accurate patient information, which can be provided in the format most accessible to the individual patient.

By providing good patient information, we can:

- help to manage patient expectations
- engage with people and support them to get involved
- ensure involvement of patients/carers/relatives to co-design information is a standard part of the process for every leaflet we produce
- help to make sure that patients arrive on time and are properly prepared for appointments, procedures or operations;
- ensure that patients know how to cancel appointments if they need to;
- remind patients what the healthcare professional treating them has told them if, due to stress or language difficulties, they are unable to remember;
- enable people to make informed decisions, giving them time to go away, access the information that is relevant to them, and think about the issues involved;



- involve patients in their condition and their treatment (research has shown that good information can improve medical outcomes<sup>1</sup> and reduce patient anxiety<sup>2</sup>, and that patients want access to it<sup>3</sup>);
- give patients confidence, improving their overall experience of the NHS.

This Policy aims to satisfy the requirements of the Accessible Information Standard which ensures that people who have a disability or sensory loss (hearing impairment, visual impairment, cognitive impairment, speech difficulty affecting or learning disability) receive information that they can access and understand, for example in large print, Braille or via email together with professional communication support if they need it, for example from a British Sign Language interpreter. The Policy also informs our service users and their carers (where appropriate) about what they can expect from us.

The Standard requires organisations that provide NHS or adult social care to:

- Ask people if they have any information or communication needs, and find out how to meet their needs
- Record that the question has been asked even when it is answered with a negative
- Record those needs clearly and in a set way
- Highlight or flag the person's file or notes so it is clear that they have information or communication needs and how to meet those needs
- Share people's information and communication needs with other providers of NHS and adult social care, when they have consent or permission to do so

Take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it.

This policy sets out the standards and procedures for LPT which will ensure staff are able to comply with all relevant standards and guidance affecting patient information. It provides staff with:

- the pathway any written patient information must follow to achieve compliance with standards.
- Checklists (guidance) of what information should be included

Guidance for each step of the process is contained within the communications Toolkit <https://staffnet.leicspart.nhs.uk/wp-content/uploads/staff-directory/Communications-toolkit-September-2018.pdf> .

### **3.0. Introduction**

This policy outlines the processes for developing, managing and reviewing patient information (patient/carer-facing information) in LPT to ensure consistently high quality and compliance with standards.

It outlines the duties/responsibilities of members of staff involved with the development and review of patient information.

This policy provides the standards which must be achieved and will provide assurance that all patient information which follows the pathway is compliant with all relevant legislation, statutory requirements and best practice.

This policy aims to:

- 1) Ensure all patient information is developed in a standardised way and in a recognisable Trust style and format.
- 2) Address the legislative requirements of the Accessible Information Standard which aims to ensure that people who have a disability or sensory loss receive information that they can access and understand. This may include large print, Braille or via email together with professional communication support if they need it (e.g. from a British Sign Language interpreter) and to have sufficiently long appointments to enable effective communication.
- 3) Ensure patient information is entered onto a central database and held/archived centrally. Patient information will be electronically archived into a 'patient information archive'.
- 4) Ensure all patient information is issued with an identification number.
- 5) Ensure all relevant patient information has gone through an appropriate governance route, providing a rigorous approval process.
- 6) Ensure patient information:
  - is clear, straightforward and consistent with current evidence,
  - is accessible,
  - is honest and respectful and
  - does not discriminate on grounds of age / race / disability / gender / gender reassignment / marriage and civil partnership / religion and belief / ethnicity / pregnancy and maternity / sexual orientation
- 7) Ensure approved patient information is available for staff to print from the internet to hand out to patients/carers.
- 8) Ensure approved patient information is available for patients and carers
- 9) Alert authors/services when leaflets are due for review.
- 10) Ensure all electronic copies of patient information are version controlled, filed and archived with dates recorded of when this happens.

The availability of high quality and accessible information underpins effective communication between staff and patients.

The purpose of providing relevant, up-to-date, accurate and high quality information to patients and carers is to:

- Support people to make informed choices about their care and treatment
- Improve understanding about the services available and their appropriate use
- Support the process of gaining informed consent (written information can support but not replace a dialogue with a patient about their individual care).
- Provide all people who need to use the Trust's services with equal access to information.
- Provide information regarding lifestyle changes/choices.

The information needs of patients and their preferred methods of communication must always be considered by Trust staff when preparing information. In June 2015, SCCI1605 Accessible Information – the 'Accessible Information Standard' was launched. This directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents, where those needs relate to a disability, impairment or sensory loss. The Standard is a legal requirement and applies to service providers across the NHS and adult social

care system. Effective implementation will require organisations to make changes to policy, procedure, human behaviour and, where applicable, electronic systems.

Organisations must follow the Standard in full by 31st July 2016 and complete five distinct stages or steps leading to the achievement of five clear outcomes:

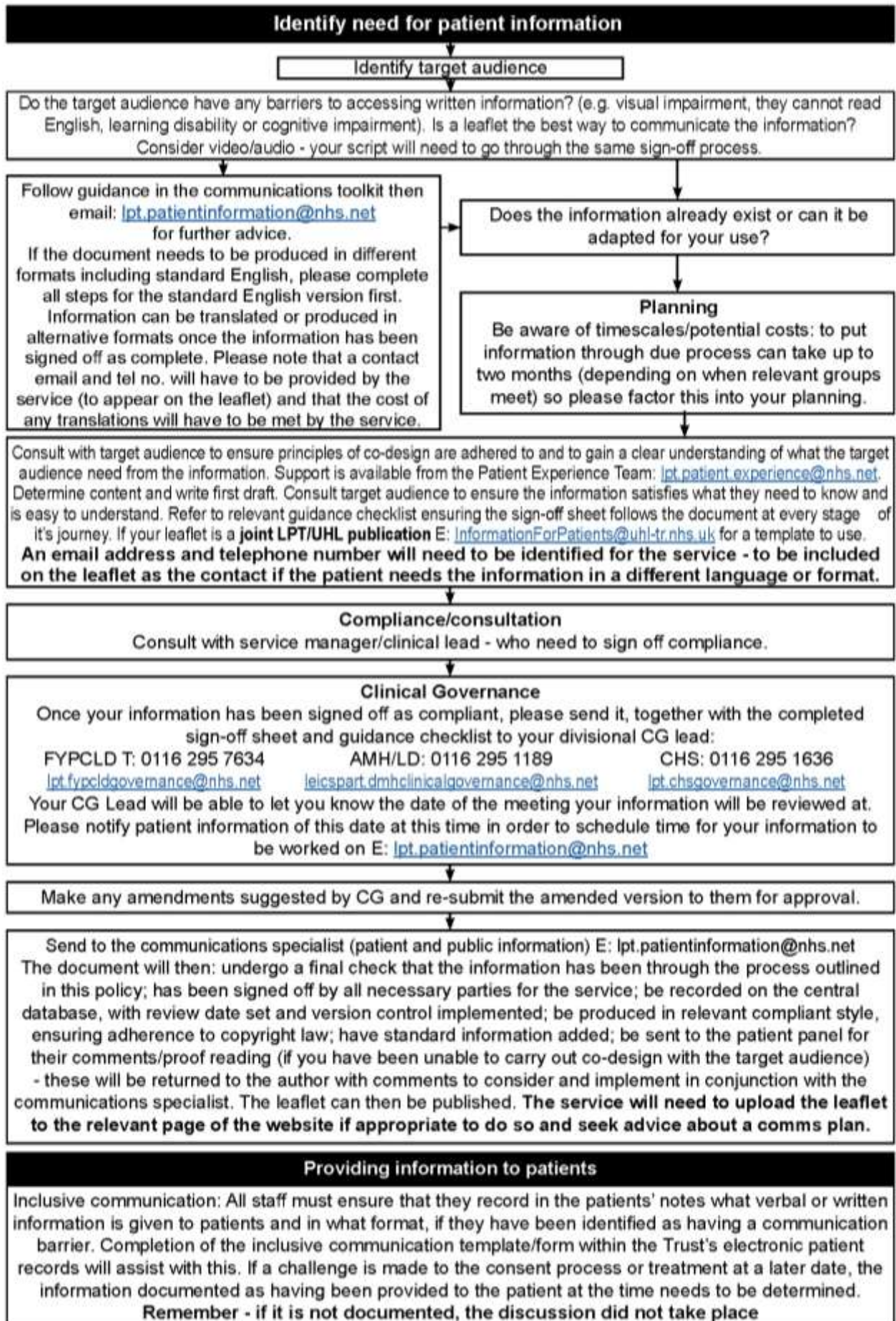
1. Identification of needs
2. Recording of needs
3. Flagging of needs
4. Sharing of needs
5. Meeting of needs

To this end, the following must be recorded in patient records:

- The information given to service users, their families and carers at key points on their care pathway
- The format the information was provided in to meet the needs of the patient
- If a patient information leaflet has been provided to the service user, family or carer to support such discussions, this should be clearly documented in the health care record stating the full title and version number. Where practical a copy of the leaflet should be retained in their record.
- Where a service user makes clear (verbally or non-verbally) that they do not wish to be given this level of information, this too should be documented in their health records.

**Remember, if it is not documented, the discussion did not take place.**

#### 4.0. Flowchart/process chart – originators to note potential costs to service for translations/adaptations (in response to patient need)



## 5.0. Duties within the Organisation

- 5.1 The Trust Board has a legal responsibility for Trust policies and for ensuring that they are carried out effectively.
- 5.2 The Trust Policy Committee is mandated on behalf of the Trust Board to adopt policies
- 5.3 Trust Board Sub-committees have the responsibility for agreeing policies and protocols.
- 5.4 The Trust's Equality, Diversity and Inclusion Patient Experience and Involvement Group will ensure that directorates have sufficient support/advice in their duty to deliver patient information and communications in accordance with the Accessible Information Standard.

This group will provide a clear framework and direction to enable directorates to adequately meet the communication needs of service users (and where appropriate their carers/parents) with a disability, impairment or sensory loss through the following mechanisms:

- Accessible information - information which is able to be read or received and understood by the individual or group for which it is intended
  - Communication support - support which is needed to enable effective, accurate dialogue between a professional and a service user to take place.
- 5.5 Divisional Directors and Heads of Service are responsible for ensuring there is:
    - a robust clinical governance mechanism in place
    - an allocated budget for providing patient information in a different language or format if a patient's communication needs necessitate the need for it.
  - 5.6 Managers and Team leaders are responsible for:  
Ensuring that patient information provided by their team has been developed/reviewed in accordance with this policy and therefore:
    - ensuring that all staff record in the patients' notes what verbal or written information is given to patients and in what format, if they have been identified as having a communication barrier. Completion of the Inclusive Communication template/form within the Trusts' electronic patient records will assist with this. If a challenge is made to the consent process or treatment at a later date, the information documented as having been provided to the patient at the time needs to be determined.
    - is largely compliant with the relevant checklist guidance
    - contains up-to-date, accurate information based on latest evidence/research which reflects current LPT practice and policy
    - identify funding for printing and/or alternative formats as neededManagers, team leaders, clinical leads and divisional governance groups will be responsible for signing off with these initial checks having been made.
  - 5.7 Responsibility of Staff
    - to engage with patients/service users and carers prior to developing any patient information to ensure the principles of co-design are adhered to and that the information we produce is what is needed.



Acceptable methods of engagement are:

- Over the course of a week, ask individual patients at their appointments what information they feel they need (in addition to the information on the guidance checklist).
- Consult with the patient/service user group if there is one.
- Draft the information you think is needed (based on frequently asked questions/ the relevant guidance checklist/anecdotal evidence) and pilot it with the target audience to make sure you cover everything that is needed.

### **Support for co-design/patient involvement**

Support for any co-design/patient involvement is available from the patient experience and involvement team (such as focus groups). Please contact them

E: [lpt.patient.experience@nhs.net](mailto:lpt.patient.experience@nhs.net) or Tel: 0116 295 0830

- identify a trust email address and telephone number (someone within your service) to be included on the leaflet (these will also appear in the translated statements) and will detail who to contact should the patient need the information in a different language or format
- to record in the patients' notes what verbal or written information is given to patients and in what format, if they have been identified as having a communication barrier. Completion of the Inclusive Communication template/form within the Trusts' electronic patient records will assist with this. If a challenge is made to the consent process or treatment at a later date, the information documented as having been provided to the patient at the time needs to be determined.
- identify any information currently in use that is not up-to-date, does not comply with copyright law, is not accurate (does not satisfy this policy) is not appropriate for the target audience and alert line manager
- check whether the information needed already exists/can be adapted with the written permission of the copyright holder
- ensure any patient information they develop adheres to this policy, the general guidance for written information (contained within the communications toolkit: <https://staffnet.leicspart.nhs.uk/wp-content/uploads/staff-directory/Communications-toolkit-September-2018.pdf>), the relevant guidance checklist (Appendices 5.1 – 5.5) and is put through the appropriate governance route – ensuring the patient information sign-off sheet (Appendix 5) is attached to it throughout its journey through the pathway
- identify the need for (and if required and able to, supply) photographs to be used in the publication. Please refer to the Audio and Visual Recordings Procedure.
- the communications toolkit: <https://staffnet.leicspart.nhs.uk/wp-content/uploads/staff-directory/Communications-toolkit-September-2018.pdf> provides a brief overview of copyright law, together with sources of photographs and maps which do not breach copyright law. Please make a note (on the sign-off sheet – Appendix 5) of where any photographs have been sourced from, their reference and the date
- determine any barriers to communication specific to the intended target

audience (for example, people with learning disabilities – need an easy read version and appropriate language and information will need to be included if your information is for children or young people) – meeting accessible information needs

- to inform the review process, clinicians and distributors should ask for target audience evaluation whenever opportunity allows on an on-going basis
- ensure any changes necessary to the information prior to its review date are based on latest evidence/research and are checked for accuracy by a clinician or service manager/team leader and communicated by email to the Communications Specialist – patient and public information: [lpt.patientinformation@nhs.net](mailto:lpt.patientinformation@nhs.net)
- determine how the information will be distributed, by whom, and at what stage of the care pathway (for example: available openly from a rack in waiting area, handed to patient by clinician, posted or e-mailed)
- arrange external printing if necessary – or ensure that any photocopies are of good quality
- record points of dissemination to ensure that previous versions can be replaced when a new edition is released or the information withdrawn for any reason
- give out patient information to patients, their carers or people who use our services and visitors
- undertake any amendments advised by service managers/clinical leads/team leaders/divisional governance groups as part of this policy prior to submission to the Communications Specialist

## **5.8 Responsibility of Clinical Staff**

### **Consent**

- Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered. Consent can be given orally and/ or in writing. Someone could also give non-verbal consent as long as they understand the treatment or care about to take place. Consent must be voluntary and informed and the person consenting must have the capacity to make the decision.
- In the event that the patient's capacity to consent is in doubt, clinical staff must ensure that a mental capacity assessment is completed and recorded. Someone with an impairment of or a disturbance in the functioning of the mind or brain is thought to lack the mental capacity to give informed consent if they cannot do one of the following;
  - Understand information about the decision
  - Remember that information
  - Use the information to make the decision
  - Communicate the decision

### **5.9 Responsibilities of communications specialist – patient and public information**

- to make all staff aware of this policy via e-newsletter and divisional newsletters and ensure its timely review
- to provide advice to authors on how to develop leaflets, offering advice on the minimal requirements (responsibility for writing the leaflet remains with the author)

- to edit text in accordance with lessons learned from previous feedback from the lay reader panel
- to check that the information has been through the relevant governance group and signed off by the necessary parties for each division
- to register patient information and reviews by updating the central patient information database
- to issue a unique reference number to the document
- to ensure a contact (both telephone and email) for the service is included for people who need the information in a different language or format
- to produce artwork in line with divisional, corporate and national styles and branding regulations ensuring copyright law is not breached and accessible information statement is included in top five languages (including email/telephone contact information within the service who will deal with requests)
- to source any photographs or maps not supplied by originator
- to establish, recruit to and maintain the lay reader panel – sending patient information to them for their comments on how easy it is to understand and ensure it is representative of the population the Trust serves
- to liaise/negotiate non clinical amendments with the originating service
- to publish the document electronically and send pdf to originating service
- to administer the database and alert originating services to review dates
- to maintain/document version control and archive previous versions, recording dates when new versions are implemented
- to archive (after a period of 10 years from its 'superceded by' retention date) patient information electronically into the 'patient information archive' folder and to undertake a yearly audit to ensure this is done

#### 5.10 Responsibilities of the reader panel

To provide feedback on how easy the information is to understand and suggest ways to improve its readability. The reader panel will only be consulted if you have been unable to co-design your information with the target audience with support from the Patient Experience Team.

#### 5.11 Responsibilities of the Checkers Group (if re-established)

To check easy read information, to provide feedback on what they understand from it and suggest ways to improve it to make it more accessible. If reinstated, the Checkers Group will test the information after it has been through the process outlined in this policy.

### 6.0. Training needs

There is no training requirement identified within this policy



## 7.0. Monitoring Compliance and Effectiveness

Ref	Minimum Requirements	Evidence for Self-assessment	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
11	To make sure that all information has been signed-off by relevant clinical governance group	5.4/5.5	Consultation with relevant clinical governance lead/co-ordinator	Comms Specialist	Every leaflet
10 13	To ensure that patient records are maintained and show what verbal or written information is given to patients and in what format	5.6	Audit in line with the Record Keeping and the Management of the Quality of Health Records Policy	Records Information Governance Group / Clinical Audit team / Divisions	Annually
14	To ensure patient information complies with divisional, corporate and national styles and branding regulations and that copyright law is not breached and accessible information statement is included in top 5 community languages	5.7	Each leaflet is formatted and every image is checked accordingly	Comms Specialist	Every leaflet

## 8.0. Standards/Performance Indicators

TARGET/STANDARDS	KEY PERFORMANCE INDICATOR
<p>CQC Fundamental Standards</p> <p>3 – Consent: You (or anybody legally acting on your behalf) must give your consent before any care or treatment is given to you.</p>	<p>The healthcare professional to record in the patient record, the information provided and within it's format (appropriate to the needs of the person) to allow for informed consent to be given or denied.</p>
<p>Regulations 9 (3c,3d, 3g) and 10 (2c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Accessible Information Standard 9.3 Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include—</p> <p>C enabling and supporting relevant persons to understand the care or treatment choices available to the service user and to discuss, with a competent health care professional or other competent person, the balance of risks and benefits involved in any particular course of treatment;</p> <p>D enabling and supporting relevant persons to make, or participate in making, decisions relating to the service user's care or treatment to the maximum extent possible;</p> <p>G providing relevant persons with the information they would reasonably need for the purposes of sub-paragraphs (c) to (f);</p>	<ul style="list-style-type: none"> <li>• To ensure checklists are used as guidance when producing patient information</li> <li>• To record in the patient record, the information provided by the healthcare professional and it's format (appropriate to the needs of the person)</li> <li>• To ensure checklists are used as guidance when producing patient information</li> <li>• To record in the patient record, the information provided by the healthcare professional and it's format (appropriate to the needs of the person)</li> <li>• To record in the patient records, the information provided by the healthcare professional and it's format (appropriate to the needs of the person)</li> </ul>
<p>10.2.C having due regard to any relevant protected characteristics (as defined in section 149(7) of the Equality Act 2010) of the service user.</p>	<ul style="list-style-type: none"> <li>• To record in the patient record:</li> <li>• Identification of barriers to communication</li> <li>• Record needs</li> <li>• Flagging of needs</li> <li>• Sharing of needs</li> <li>• Meeting of needs</li> </ul>
<p>Accessible Information Standard</p> <ul style="list-style-type: none"> <li>• Identification of barriers to communication</li> <li>• Record needs</li> </ul>	<ul style="list-style-type: none"> <li>• To record in the patient record:</li> <li>• Identification of barriers to communication</li> <li>• Record needs</li> </ul>

<ul style="list-style-type: none"> <li>• Flagging of needs</li> <li>• Sharing of needs</li> <li>• Meeting of needs</li> </ul>	<ul style="list-style-type: none"> <li>• Flagging of needs</li> <li>• Sharing of needs</li> </ul> Meeting of needs
Quality Schedule QSI-7  To ensure that people who have a disability, impairment or sensory loss receive information in formats that they can understand and they receive appropriate support to help them to communicate in line with the Accessible Information Standard	Reporting showing progress with the implementation plan

## 9.0. References and Bibliography

The policy was drafted with reference to the following:

NHS England Accessible Information Standard

LPT's Record Keeping and the Management of the Quality of Health Records Policy

LPT's Consent to Examination or Treatment Policy LPT's Communication Toolkit

<https://staffnet.leicspart.nhs.uk/wp-content/uploads/staff-directory/Communications-toolkit-September-2018.pdf> – patient information LPT's Inclusive Communication

Guidance

Audit Commission (1993) *What seems to be the matter: Communication between Hospital and Patients*. London. HMSO,

George CF, Waters WE, Nicholas JA. (1983; 28:1193 – 1196) *Prescription information leaflets: a pilot study in general practice*. Br Med J

Bunker TD. (1983; 65: 242 – 243) *An information leaflet for surgical patients*. Annuals of the Royal College of Surgeons of England

## The NHS Constitution

The NHS will provide a universal service for all based on clinical need, not ability to pay. The NHS will provide a comprehensive range of services

<b>Shape its services around the needs and preferences of individual patients, their families and their carers</b>	<input type="checkbox"/>
<b>Respond to different needs of different sectors of the population</b>	✓
<b>Work continuously to improve quality services and to minimise errors</b>	<input type="checkbox"/>
<b>Support and value its staff</b>	<input type="checkbox"/>
<b>Work together with others to ensure a seamless service for patients</b>	<input type="checkbox"/>
<b>Help keep people healthy and work to reduce health inequalities</b>	✓
<b>Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance</b>	✓

## Appendix 2

### Stakeholders and Consultation

#### Key individuals involved in developing the document

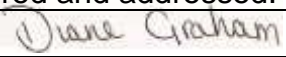

Name	Designation
Di Graham	Communications Specialist, patient and public information
Sam Kirkland	Head of Information Governance

#### Circulated to the following individuals for comment

Name	Designation
Jennie Palmer-Vines	Risk and Assurance Lead
Heather Darlow	Clinical Governance Lead (CHS)
Christina Brooks	Clinical Governance Manager (FYPC)
Alison Kirk	Patient Experience and Improvement Lead
Haseeb Ahmad	Head of Equality, Diversity and Inclusion
Victoria Clarke	Complaints and Clinical Governance Practitioner
Annie Peel	Voluntary Services Manager
Haley Cocker	Patient Experience and Involvement Manager
Cath Hollis	CHS Governance Manager & Patient Experience Link
Kelly-Anne Webster	Therapy Link Worker, LD
Emily Robertshaw	Governance Manager- Patient Involvement/Experience FYPC
Lyn Williams	Head of Mental Health and Wellbeing Services for Older People, CHS City
Julie Border	Speech and Language Therapist
Rachel Travis	Lead Nurse - AMH/LD Inpatient Service
Joan Hawkins	Policy Lead
Linda Elton	Occupational Therapy Assistant, Children's Development Centre
Mark Farmer	Healthwatch Leicester
Healthwatch	<a href="mailto:info@healthwatchrutland.co.uk">info@healthwatchrutland.co.uk</a> <a href="mailto:info@healthwatchleics.co.uk">info@healthwatchleics.co.uk</a>

## Appendix 3

### Due Regard Screening Template

Section 1			
Name of activity/proposal		The development and review of patient information	
Date Screening commenced		March 2020	
Directorate / Service carrying out the assessment		Enabling - Communications	
Name and role of person undertaking this Due Regard (Equality Analysis)		Di Graham – Communications Specialist – patient and public information	
<b>Give an overview of the aims, objectives and purpose of the proposal:</b>			
AIMS: Update of patient information policy			
OBJECTIVES: To ensure that any patient information leaflets produced by LPT have gone through due process to ensure quality and legislative requirements are met. That information provided is up-to-date, clinically accurate, reflects Trust policies, is provided to individuals in the most accessible format for them and that this is recorded in the patient record.			
Section 2			
Protected Characteristic		If the proposal/s have a positive or negative impact please give brief details	
Age		The proposal supports equality in the provision of patient information in the most accessible format to the individual.	
Disability			
Gender reassignment			
Marriage & Civil Partnership			
Pregnancy & Maternity			
Race			
Religion and Belief			
Sex			
Sexual Orientation			
Other equality groups?			
Section 3			
<b>Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please tick appropriate box below.</b>			
Yes		No	
High risk: Complete a full EIA starting click <a href="#">here</a> to proceed to Part B		Low risk: Go to Section 4.	✓
Section 4			
<b>If this proposal is low risk please give evidence or justification for how you reached this decision:</b>			
Implementation of this policy should not have a negative impact on any protected characteristics. It ensures that differing communication needs/barriers to accessing written communication are considered and addressed.			
Signed by reviewer/assessor			Date September 2020
Sign off that this proposal is low risk and does not require a full Equality Analysis			
Head of Service Signed			Date September 2020

## Appendix 4

### DATA PRIVACY IMPACT ASSESSMENT SCREENING

<p><b>Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy.</b></p> <p><b>The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.</b></p>		
<b>Name of Document:</b>	<b>Patient Information Policy</b>	
<b>Completed by:</b>	<b>Di Graham</b>	
<b>Job title</b>	<b>Communications specialist, patient and public information</b>	<b>Date 30 September 2020</b>
<b>Screening Questions</b>	<b>Yes / No</b>	<b>Explanatory Note</b>
<b>1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.</b>	No	
<b>2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.</b>	No	
<b>3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?</b>	No	
<b>4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?</b>	No	
<b>5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.</b>	No	
<b>6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?</b>	No	
<b>7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.</b>	No	
<b>8. Will the process require you to contact individuals in ways which they may find intrusive?</b>	No	
<p><b>If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via <a href="mailto:lp.t.dataprivacy@nhs.net">lp.t.dataprivacy@nhs.net</a> In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.</b></p>		
<b>Data Privacy approval name:</b>		
<b>Date of approval</b>		

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust

## Appendix 5

### Patient information tracking front sheet

(to accompany patient information throughout the pathway)

This form must be completed and attached when any new / existing patient information is created or reviewed.

<b>Title of document being reviewed:</b>	
<b>Date:</b>	
<b>New Patient Information</b> <input type="checkbox"/>	<b>Review of existing patient information</b> <input type="checkbox"/>
<b>Name of author</b>	
<b>Job title</b>	
<b>Division/service</b>	
<b>Target audience and any barriers to accessing written information</b>	
What does the patient information describe? Please tick all appropriate boxes if the patient information is a hybrid (e.g. service leaflet which describes a condition). The relevant guidance checklist(s) must be attached to this document and follow the patient information throughout its journey.	
<b>Condition and treatment</b> <input type="checkbox"/>	<b>Operations, treatments, investigations</b> <input type="checkbox"/>
<b>Service</b> <input type="checkbox"/>	<b>Medication</b> <input type="checkbox"/> <b>Health improvement</b> <input type="checkbox"/>
<b>For completion by author:</b>	
Does the information contain up-to-date, accurate information based on latest evidence/research and reflect current LPT practice and policy? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
<b>Have you included an LPT email address and telephone number</b> (belonging to the service) for people to contact if they need the information in a different language or format (e.g. easy read/Braille) <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
<b>Please provide this email:</b>	<b>Tel:</b>



**Has any material (text/photographs) been taken from another source? Yes  No**   
If yes – have you made it clear what information/images have been used, where they were taken from and on what date? If you have permission to use material – please attach written confirmation of this.

**Have you had service user involvement in the development of this leaflet? Yes  No**   
**If Yes what Service user group supported you?**

**What staff /groups have been consulted in the development of this leaflet?**

**For completion by service manager/clinical lead/team leader:**  
Does the information contain up-to-date, accurate information based on latest evidence/research and reflect current LPT practice and policy?  
**Yes  No**   
**Name of manager/clinical or service lead:**  
  
**Job title:**  
  
Manager signature: .....

**Name of Directorate Governance Group for final sign off:**  
  
**Date information reviewed:**  
  
Are you happy that (subject to amendments suggested by your group) this patient information meets the criteria set out in the attached checklist and is up-to-date, accurate, based on latest evidence/research and reflects current LPT practice and policy?  
**Yes  No**

### Guidance checklist for information about conditions and treatments

Use [NHS Choices](#) as a starting point for getting this information.

- 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.
- How common is it? Provide statistical information if available (but always reference where you got it from and the date - [NHS Choices](#) is a good source)
- 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? As well as explaining the treatment offered in depth, as part of patient choice – we must mention any treatments which may be available elsewhere (i.e. not provided by LPT) and provide details of where more information about these can be obtained from (check NHS Choices)
- What are the benefits of having the treatment?
- What are the side effects and risks/complications associated with treatment?
- What are the side effects and risks/complications 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.

**All other standard items will be included by the Communications Specialist when the patient information is produced including:** logo and relevant branding, phone number, address/website address, date implemented, review date, publication number, edition, and the equal access statement in top five community languages.

### **Guidance checklist for information about operations, treatments and investigations**

Use [NHS Choices](#) as a starting point for getting this information.

- What is the leaflet about and who is it for?
- What is the procedure (eg type and details of the operation or investigation involved)? Provide in depth information - how long does it last? What does it feel like? Where possible include information about what information clinicians will be hoping to gain from this investigation.
- Why do patients need this procedure? Give the benefits and alternatives where appropriate. As part of patient choice – we must mention any procedures/treatments which may be available elsewhere (i.e. not provided by LPT) and provide details of where more information about these can be obtained from (check NHS Choices).
- Explain the benefits/risk and complications of having this procedure/treatment/investigation.
- Explain the benefits/risk and complications of not having this procedure/treatment/investigation.
- 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?
- Is the venue wheelchair accessible? If the procedure/treatment is delivered from a number of sites and any are not accessible, provide a telephone number for people to use if they need to be seen at a site which has wheelchair access.
- Will they be asked to sign a consent form, or is verbal consent required?
- How successful is the procedure usually? Provide statistics if known and always reference their source.
- 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?

**All other standard items will be included by the Communications Specialist when the patient information is produced including:** logo and relevant branding, phone number, address/website address, date implemented, review date, publication number, edition, and the equal access statement in top five community languages.

## Appendix 5.3

### Guidance checklist for information about services

- Patients will need the phone number, address and website of the organisation delivering the service.
- Is the site (where the service is delivered from) wheelchair accessible. If the service is delivered from a number of sites, provide a telephone number for people to use if they need to be seen at a site which has wheelchair access.
- 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 (for example you can refer yourself by.... Or your GP needs to refer you to this service).
- Explain where patients need to go and how to find the service in question.
- Are maps needed? If so, provide one – See communications toolkit.
- When is the service available?
- Is there a waiting time?
- How often do patients need to attend? What if they can't attend all sessions? What impact will it have on their treatment?
- 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? Provide details of who to contact should the service user need an interpreter and when they should make this contact (ie prior to any appointment)
- 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.

**All other standard items will be included by the Communications Specialist when the patient information is produced including:** logo and relevant branding, phone number, address/website address, date implemented, review date, publication number, edition, and the equal access statement in top five community languages.

## Appendix 5.4

### Guidance checklist for information about medication

- 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.

**All other standard items will be included by the Communications Specialist when the patient information is produced including:** logo and relevant branding, phone number, address/website address, date implemented, review date, publication number, edition, and the equal access statement in top five community languages.

### Guidance checklist for information about health improvement

- Aim of the information
- Target audience
- Is this a local resource for a regional or national campaign? Check to see if a template/information for locally tailored information exists.
- Make sure that the information reflects latest thinking and does not contradict national advice/recommendations.
- Who could benefit? Impact on quality of life both immediate and long-term. (extending likelihood of independence / adding life to years...)
- Benefits of taking action/possible consequences of not taking action
- Are there any risks? If so, explain them and how they can be minimised
- Cost savings/implications – include details of possible savings to client and/or cheaper/free alternatives to ensure equity
- Are the individual agencies/authors involved in its production clearly stated on the leaflet?
- Does the leaflet include further contact information (including websites)?

**All other standard items will be included by the Communications Specialist when the patient information is produced including:** logo and relevant branding, phone number, address/website address, date implemented, review date, publication number, edition, and the equal access statement in top five community languages.