

## Patient Information Policy

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## **1. INTRODUCTION**

- 1.1. The policy is based on national guidance contained in 'Toolkit for Producing Patient Information'<sup>1</sup> Version 2.0 published by the Department of Health (DoH) in 2003. It also builds on the framework of the internal document 'Preparation & Distribution of Patient Information: guide for staff' (2003).
- 1.2. Giving patients the right information at the right time is an important part of clinical care and central to the overall quality of their experience.
- 1.3. There are now important new drivers that help ensure that patients have access to high quality information: Standards for Better Health (Core Standard C16)<sup>2</sup>, new risk management standards<sup>3</sup>, Choose & Book, NHS Identity guidelines, etc.
- 1.4. The policy deals with written information about conditions, treatments, procedures, examinations, surgery and services. This can be in the form of leaflets, booklets, single sheets and posters. The policy does not tell staff 'what to write' but provides a guide on how to write and produce information based on what has proven to be effective.
- 1.5. The policy should be followed by all professional staff involved in developing patient information in City Hospitals. It may not be completely appropriate for all leaflets but the basic principles should apply. Whilst the policy does not apply to externally produced information it can be used as a guide to help choose the best available.

## **2. SCOPE OF POLICY**

This policy applies to all members of staff, including locums, agency and staff on honorary contracts and volunteers and patient groups (where appropriate), working within City Hospitals Sunderland NHS Foundation Trust who are involved in developing patient information.

### **2.1 PURPOSE OF POLICY**

This policy aims to:

- Raise the standards of written information for patients, their carers and people who use Trust services, by making sure that all information formats are clear, concise, relevant, accurate and in everyday language; and to
- Assist patients to make informed choices about their care or treatment and help them understand any problems, risks, side effects as well as the benefits of their decisions.

## **3. BENEFITS OF GOOD PATIENT INFORMATION**

Good patient information is important as it can:

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<sup>1</sup> Toolkit for producing patient information, Department of Health (2003)

<sup>2</sup> Standards for better health (July 2004)

<sup>3</sup> NHSLA Risk Management Standards for Acute Trusts (2007), NHSLA

- Give patients' confidence so their overall experience is improved.
- Remind patients what they have been told by their doctor or nurse if, due to stress or unfamiliar language, they forget what they have been told.
- Allow people to make informed decisions. It gives people time to go away, read the information, and think about the issues involved.
- Help to ensure patients arrive on time and are properly prepared for procedures or operations; and
- Involve patients and their carers in their treatment and condition. Research has shown that it can improve the medical outcomes and reduce patient anxiety.

#### **4. ROLES, RESPONSIBILITIES AND DUTIES**

##### **4.1 Board of Directors**

The Board of Directors are responsible for implementing a robust system of Corporate Governance within the organisation. This includes supporting the implementation of this policy and its revisions.

##### **4.2 Chief Executive**

The Chief Executive is ultimately responsible for ensuring effective Corporate Governance within the organisation and therefore supports the Trust wide implementation of this policy.

##### **4.3 Divisional/Clinical Directors**

All Divisional/Clinical Directors who have responsibility for the management of patient care must ensure that this policy is fully implemented within their areas of responsibility.

##### **4.4 Business Managers**

All Business Managers are responsible to their Divisional Director for ensuring the practical implementation of this policy.

##### **4.5 Matrons**

All Matrons are responsible for assisting their Business Manager/Head of Service, Ward/Department Manager in the full implementation of this policy.

##### **4.6 Directorate or speciality clinical governance groups**

Directorate or speciality clinical governance groups have responsibility for:

- Making sure staff follow the Trust **patient information development and approval process** (See appendix 1).
- Prioritising which patient information leaflets are to be developed and ensuring that they are included in Clinical Governance Development Plans.
- Ensuring that there is adequate consultation when developing leaflets, including patients or lay people where practical.
- Making sure that all patient leaflets follow the minimum content requirements, i.e risks, benefits, alternatives etc (see specifically 6.3).
- Making adequate arrangements for access or distribution of the leaflets.
- Approving the final version before corporate approval from the CGSG.
- Undertaking reviews or updates according to the review date or when changes in practice necessitate.

#### 4.7 **Ward/Departmental Managers**

All Ward/Department Managers are responsible to their Business Manager/Head of Service for ensuring the implementation of this policy. They are responsible for:

- Making sure information is given to patients appropriately, i.e at the right place, at the right time, in the right format.
- Assessing whether patients understand the information given to them and have their questions or queries answered. This is vital in ensuring that patients make an informed choice about their care and treatment.
- The provision of information must be documented in the patient's clinical record.
- Discussing with patients their responsibilities for complying with key elements of information or instruction (See Appendix 2).

#### 4.8 **All professional staff**

All professional staff including locums, agency and staff on honorary contracts and volunteers (where appropriate), are responsible for ensuring that the principles outlined within this policy are appropriately applied.

It is recognised staff may need support (whether that be with literacy skills, understanding or emotional support) throughout their involvement. If any employee has special needs or is unable to understand or read the text, then this policy will be explained on a one-to-one / face-to-face basis by a qualified member of staff within the area. All support given will be in confidence.

### 5 **DEFINITION**

For the purposes of this policy, patient information refers to the provision of written information about a patients' condition, treatment, procedures, examination, surgery or receipt of services. This can be in the form of leaflets, booklets and single sheets. Other media sources, ie. use of videototechnology, are not included.

### 6 **A GUIDE TO PRODUCING INFORMATION FOR PATIENTS**

#### 6.1 **Planning**

- 6.1.1 Decide how the process will be co-ordinated in your department. A good way to do this is by having one person leading on the process who consults with a wider group. This person should accept responsibility for leading the development of the leaflet and co-ordinating any reviews.
- 6.1.2 Check what other relevant information already exists in the organisation, or from professional bodies, charitable organisations or outside sources such as CKS (Clinical Knowledge Summaries) at [www.cks.library.nhs.uk](http://www.cks.library.nhs.uk), Prodigy at [www.prodigy.nhs.uk](http://www.prodigy.nhs.uk), and NHS Choices at [www.nhs.uk](http://www.nhs.uk).
- 6.1.3 Consider how the leaflet will be distributed. Will it be available on a rack, handed to the patient, or posted or emailed to the patient. This will depend on who the leaflet is for and will help determine how many leaflets you will want to produce.

6.1.4 Identify funding. The cost of producing patient information can vary. The Trust does not hold a central budget and therefore any budget must be identified by the service or department.

6.1.5 You will need to contact your directorate/specialty Clinical Governance Group who will be involved in approving the final document.

## 6.2 Writing - general guidance for written information

Information leaflet requirements will vary depending on who it is for and what it is about. Appendix 3 a,b,c,d contains more detailed guidance for specific types of leaflets. Information is also available for writing leaflets for 'special' patient groups, i.e. children, those with partial sight (See Appendix 4).

The following is a **general** guide for all written information formats:

- Use everyday language. Avoid jargon and acronyms and use plain language to make it easier to read and don't use patronising or childish language.
- Short sentences – in general no more than 15 to 20 words long.
- Lower case letters, where possible, as they are easier to read. Exceptions to this are proper names and the first letter in a sentence.
- Present and active tenses, where possible, for example, 'your appointment is on...' not 'your appointment has been made for...'
- Bulleted or numbered points to divide up complicated information.
- Small blocks of text. Do not use long paragraphs, divide them up using headings and new paragraphs.
- Large bold font emphasises text. Avoid UPPER CASE letters, Italics and underlining as they make the text more difficult to read.
- Numbers from one to nine are easier to read if they are written in words, and numbers from 10 can be represented as numbers.
- Use a question and answer format to help divide up the text.
- Use patient friendly text. Use personal pronouns such as 'we' and 'you'.
- Avoid instructions without explanation. For example, do not just say 'do not eat anything for six hours before an operation' – explain why
- Do not cover several treatments and conditions in the same leaflet.
- Tell people what other information, resources and support are available
- Be up to date. Give the most recent practice and latest phone numbers.
- Check that information does not conflict with other existing information.
- Include contact details. Check any contact phone numbers by phoning them. Try to use a central number rather than a list of different numbers. If appropriate include other contact details like postal, email and websites.
- Let people know if the information is available in other formats.

## 6.3 Writing – specific guidance for written information

The **essential** content requirements for all patient information leaflets must include:

- **Risks.** Information about risk (or chance) must be presented in a balanced manner. Information can be expressed either as a percentage, a fraction or an odds ratio. The visual presentation of risk information may also be explored, i.e. thermometer scales, crowd figures, bar charts.

- **Benefits.** Achieving the balance of information is important to assist patient choice and decision-making.
- **Alternatives to the procedure / treatment (if appropriate).**
- **Other sources where information can be obtained,** i.e use of trusted and authoritative websites and patient support groups.
- **Date of publication and review.**

## 6.4 Using Images, diagrams and pictures

6.4.1 Images, diagrams and pictures can be very effective in illustrating the text within patient information, however it is important to recognise copyright. In many cases staff are unaware of the copyright issues surrounding the use of images and may use copyrighted works without proper authorisation. Many images in digital format are also legally protected and may easily be tracked by rightsholders.

6.4.2 Two important questions need to be asked about the appropriate use of images:

- Who are the rightsholders
- Do you have permission to use the image and is there an agreement, licence or contract of use to this effect.

The advice for staff developing patient information is to use images only when copyright is granted or acknowledged. If copyright is not known or unclear do not use it.

6.4.3 Images (or 'artistic works') are a type of copyright work. The term covers a wide range of works, including:

- Photographs
- Paintings and drawings
- Diagrams and graphics
- Charts, tables and graphs

They may exist in a digital or a non-digital format. Images are protected for the lifetime of the creator (and for 70 years after his/ her death). Care should be taken to ensure that any use or copying of an image does not infringe these rights, e.g. by cropping an image or amending it in any way.

6.4.4 Images may be copied under 'fair dealing' for private study or research for a non-commercial purpose. This only applies to single copies made for/by an individual.

6.4.5 There are some sources of images which may be used free of charge for 'educational purposes', although a definition of what may or may not be considered 'educational purpose' is unclear. Example sources include:

- FreeFoto.com: 18,000 images in 40 sections and 600 subsections, available for non-commercial use as long as copyright credit is used.
- FreeImages.co.uk: 2,500 photographs which may be freely used or adapted for use on websites or in publications.
- ImageBank: pictures available free of charge with rights cleared for educational use.

- 6.4.6 You should avoid using clip art as it can trivialise an important message and does not add to the reputation of the organisation. A useful resource is the NHS photo library at [www.photolibary.nhs.uk](http://www.photolibary.nhs.uk), you must register first provided you have an NHS email account (eg [name.surname@chs.northy.nhs.uk](mailto:name.surname@chs.northy.nhs.uk) or [name.surname@nhs.net](mailto:name.surname@nhs.net))
- 6.4.7 If you use a photograph you have taken yourself you must make sure any patients or members of the public in the photograph has given consent.
- 6.4.8 If other organisations are involved in your service or initiative, you may want to add their logos to the leaflet. You will need to obtain the correct, print quality versions of these logos from the relevant organisations.

## 6.5 Layout, design and printing

6.5.1 Examples of the trust's leaflet design for 2-fold format (Appendix 5) and A5 format (Appendix 6) are include in the policy.

6.5.2 Leaflet style and format

- Keep to CHS "house colours" of blue and black wherever possible.
- Folded leaflets – size 1/3A4 (DL), six or eight pages, (about 800 or 1200 words but less if diagrams are included).
- Longer leaflets should be produced in A5 size.
- Ideally, the paper should be matt to prevent light reflecting off it.
- Leave space between the paragraphs and do not use too much text.
- Make sure that headings are clear.

6.5.3 Some useful layout and design tips are listed below:

- Font size: 12 point (minimum) to 14 point but if you are writing information for the elderly or people with sight difficulties always use 14 point or larger.
- Use a medium weight sans serif typeface, for example, Arial, Verdana
- Contrast: use a light background (white or cream) with dark print.
- It is acceptable to use a dark background with white print (reversed out) for headings, but not for a large section of text.
- Align the text to the left only.
- Full colour photographs are acceptable if they serve a valid purpose but they can increase the cost by a factor of four.
- If you are having the information professionally printed as opposed to desktop printing or photocopying, using one or two colours can reduce costs. Use more colours can make the document confusing or difficult to read.
- Do not write text over background pictures or a design
- White space makes the information easier to read.

6.5.4 Front and back covers

The **front cover** should include:

- CHS/ NHS logo.
- Title of leaflet, for example, Gastroscopy.

- Department or directorate where appropriate, eg, endoscopy unit, women's health.

The **back cover** should include:

- Date of publication.
- Review date.
- CGSG date of approval.
- Leaflet code. An identifier that refers to the originator, and can be used by the printers.
- Copyright note of organisation.
- Website address- [www.sunderland.nhs.uk/chs](http://www.sunderland.nhs.uk/chs) and [www.nhs.uk](http://www.nhs.uk)

**The back cover should also include the following statement:**

'This information was correct at the time of printing. While the Trust makes every reasonable effort to keep its information leaflets up to date, very recent changes may not yet be reflected in the guidance and you should discuss this with the clinical staff at the time of your appointment'

## **6.6 CONSULTATION**

- 6.6.1 Ask patients or other lay people to assess the information. You can do this through patient groups or with individuals, i.e. the CHS Community Panel (contact the Clinical Governance Department). It is a valuable part of the process and can help you make sure you have got the tone and balance of information right for your audience.
- 6.6.2 Give a final draft to everyone who is interested and set a short deadline for them to respond.
- 6.6.3 The final edit must be signed off by the directorate or speciality Governance Group.

## **6.7 RATIFICATION PROCESS**

Patient information leaflets must be ratified at two levels:

### **6.7.1 Directorate or speciality level**

Directorate or speciality Clinical Governance Groups will be responsible for agreeing the technical content and general format of all patient information before submission to the Clinical Governance Steering Group (CGSG). The relevant Clinical Governance Facilitator may be a useful resource in ensuring that the Trust framework has been followed.

### **6.7.2 Corporate level**

The CGSG is the corporate approval body for all patient information. No in-house leaflets should therefore be used for patients without their approval. The process of submission to the CGSG includes:

- Contact with the relevant Clinical Governance Facilitator to inform them that a leaflet is ready for submission and confirms with them local approval.

- Each leaflet will be added to the agenda of the next available CGSG meeting (which normally takes place on a monthly basis).
- The decision of the CGSG is communicated to the local team and either approval is given and the leaflet is then able to proceed for printing or the local Clinical Governance Group makes changes in response to the comments received.
- If only slight amendments are needed then once these have been made the leaflet may proceed to printing, however if major changes are required then the leaflet will have to be resubmitted. Your Clinical Governance Facilitator will advise on the course of action required.
- Once an approval decision has been made by CGSG this is noted on the back of the leaflet and a date recorded.

## **6.8 PRINTING AND PRODUCTION**

All leaflets and booklets should display a professional image. Whilst it is acceptable to produce low volume leaflets using a PC, any leaflet distributed at more than 500 copies per year should be professionally printed via a suppliers print contract.

## **6.9 REVIEW AND UPDATES**

- The review is an important part of the development and approval process for any printed patient information leaflets (see Appendix 1)
- Directorate or specialties should aim to review patient information material at least every **three** years. However more frequent revisions may be required in light of any new information that becomes available which renders the existing guidance misleading or obsolete.
- The review should be co-ordinated by the local Clinical Governance Group. Any amendments should be agreed by that group and the leaflet re-submitted to the CGSG for approval.
- Always include the date the publication was produced (or reviewed) on the back of the leaflet. This way anyone reading the leaflet can judge for themselves how up-to-date the information is.

## **6.10 DOCUMENT MANAGEMENT**

The Clinical Governance Department is responsible for maintaining a database of all in-house produced patient information leaflets.

- Each leaflet approved by CGSG will be added to the database and given a unique identifier.
- Each entry will have the leaflet attached as a PDF document.
- The database will be able to produce reports at directorate or speciality level
- The database will have a reminder system that will 'flag up' those leaflets approaching their review dates.

## **6.11 MONITORING FOR COMPLIANCE AND EFFECTIVENESS**

6.11.1 The effectiveness of this policy will be monitored by audit / review of the minimum requirements, which include:

- Description of the duties
- Process for the development of patient information
- List of essential content to be included in leaflets
- Reviewing process, including review date
- Archiving arrangements

6.11.2 The audit / review of the minimum requirements will be undertaken by the Clinical Governance Department. The results of the audit will be reported to the CGSG and the Executive Board via the Clinical Governance Update report. The report will identify areas that require improvement.

## **7. PROCESS FOR REVIEW**

This policy will be reviewed after 3 years following approval, or earlier if any significant changes to the patient information process are made. The review, and any revisions, will be carried out by the Clinical Governance Manager.

## **8. REFERENCES**

Department of Health (2003) Toolkit for producing patient information. Department of Health, London.

Healthcare Commission (July 2004) Standards for better health, Healthcare Commission, London.

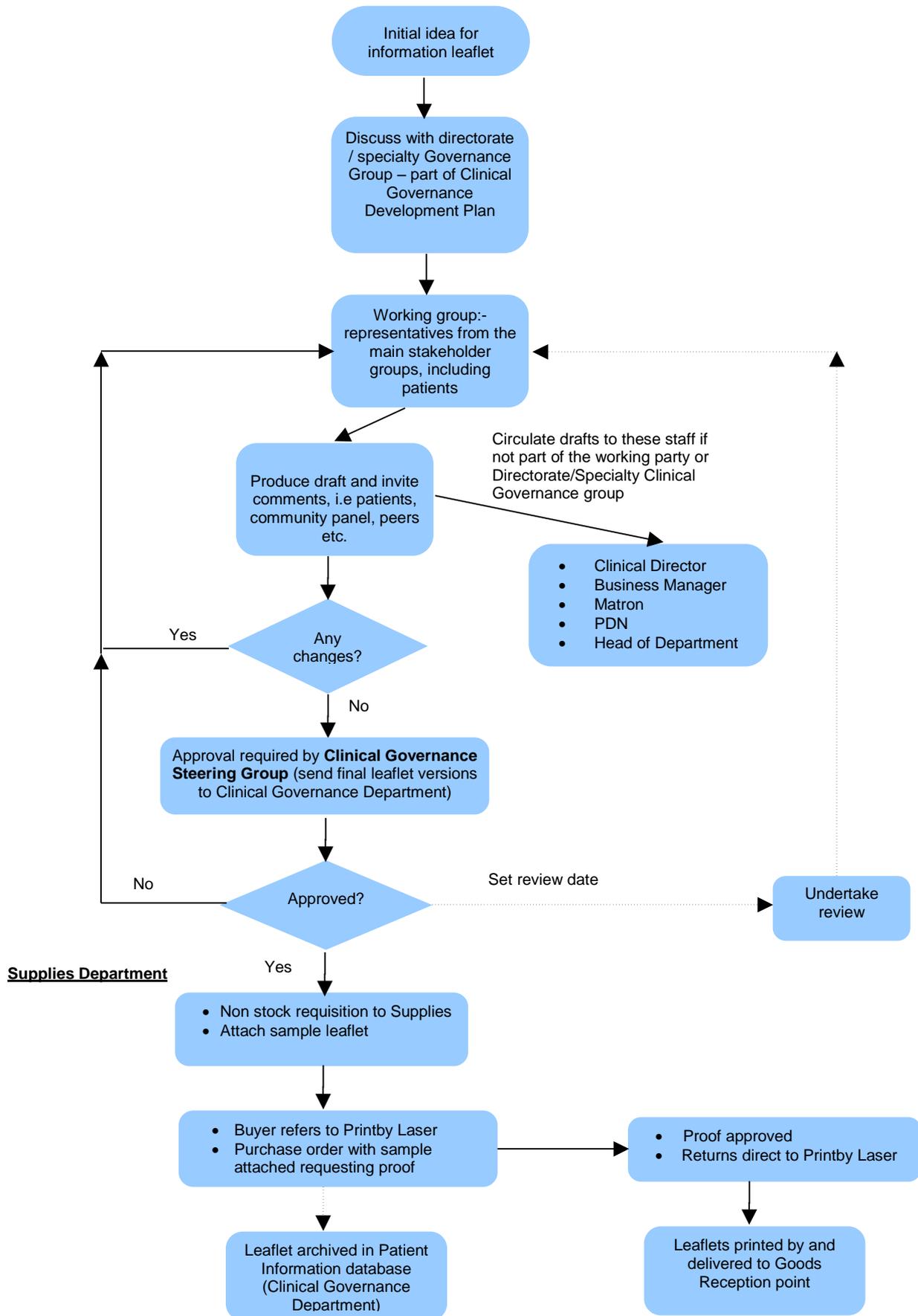
NHSLA (2007) Risk Management Standards for Acute Trusts, NHSLA.

## **9. SUPPORTING DOCUMENTS**

The Patient Information Policy is supported by the following policy.

- Clinical Governance Policy

**The patient information development and approval process**



**Patient's Responsibilities**

For inpatient stays or for procedures that require the patient to make some preparation it may be worth highlighting their responsibilities. This may include the following items.

- Taking xyz medication/ no food etc x hours before attending. If you do not do this we may not be able to carry out the test properly or read the test results / you will need a new appointment etc,
- Maintaining open and candid communication with your caregivers and being completely honest about matters that relate to you as a patient,
- Reporting changes in your condition to those responsible for your care and welfare,
- Patients to advise, in advance, of their mode of communication, i.e British Sign Language, lip reading,
- Following the hospital's rules and regulations affecting your care and conduct,
- Complying with the directions and instructions of your caregivers,
- Honouring and maintaining the confidentiality and privacy of others.

**1 a - Checklist for writing information about operations, treatments or investigations.**

- What is the leaflet about and who is it for?
- What is the procedure?
- Why are they having it?
- What are the risks?
- Give the benefits and alternatives to the procedure or treatment .
- What preparation do they need or not need?
- Do they need a general anaesthetic, sedation or local anaesthetic?
- What will happen when they arrive at the hospital or clinic, and who will they meet?
- Will they be asked to sign a consent form or is verbal consent needed?
- What does the procedure involve? How long does it last? What does it feel like?
- What happens after the procedure – pain control, nursing checks, stitches.
- How long will they stay in hospital?
- Going home – do they need someone with them or special equipment?
- What care do they need at home?
- What follow-up care is needed? Do they need to visit their doctor?
- What can go wrong, what signs to look out for and what to do if something goes wrong?
- When can they start their normal activities again, for example, driving, sport, or work?
- Who can they contact if they have any more questions?
- Other sources where information can be obtained
- Tell people where they can find more information, eg, support groups and websites

**1 b - Checklist for writing information about conditions and treatments.**

- What the leaflet is about, and who it is for?
- What condition is being described?
- What causes it? Or, if the cause is not known, say so
- Does anything increase the risk, for example, age, sex, ethnic origin or a family history of the condition?
- 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 or risks of treatment or not getting treatment?
- What are the next steps?
- What can the patient do for themselves?
- Are there other implications, for example, infecting other people?
- Who can they contact if they have any more questions?
- Where the patient can find more information, eg, groups and websites

### **1 c - Checklist for writing information about services, for example cardiac rehabilitation classes or a GP skin clinic.**

- Describe the service and when is it available?
- Start at the beginning where the patient would start, for example, a leaflet about transport might start with how to book it, with a phone number
- Who is eligible?
- Details of how to access the service,
- Is equipment or special clothing needed?
- Are maps needed?
- Is there a waiting time?
- How often do they need to attend?
- Do they need to bring any documents?
- Who to contact if they cannot attend?
- What is or is not available, for example, transport
- Are interpreters needed? (Note – may need to be booked in advance and appointments arranged around this, if possible)
- Are any costs involved?
- Are there any advantages or disadvantages that need to be explained?,
- Who to contact (phone number) and when
- Telephone, address and website of the organisation

### **1 d - Checklist for writing information about medication for patients.**

- Explain that any information that is given in a leaflet should be read with any patient information leaflet provided by the manufacturer.
- What medication are you describing and what is it for?
- How is it given?
- How often should it be given?
- What should be avoided or added when taking a particular medication, for example, certain foods.
- What are the side effects? Make sure that you mention that everyone is different so may react differently to medication.
- What to do if medication is not given properly.
- Remind patients to tell the clinician about any other medication that they are taking before they receive any new prescription.
- Advice on storing of medication out of the reach and sight of children, in the fridge and out of the sunlight.
- Advice on where to get repeat prescriptions.
- A contact number (of the pharmacy, specialist nurse, doctor, NHS Direct) for more information and to check on any concerns about side effects.

## Writing information for different patient groups

This section gives some general advice on writing information for different patient groups. Recent Government legislation now requires that all public authorities ensure that they do not disadvantage certain groups of people who are in the minority in society. In terms of writing information for patients, the trust has a legal duty to meet the information needs of all patients, visitors and staff.

### 1. Writing for patients with reading and sight difficulties

The Royal National Institute for the Blind (RNIB) **See it Right** campaign has given organisations the tools they need to improve information provision to those who are blind or have poor sight. The following 'clear print' checklist should be used if you are intending to write for patients with reading and sight difficulties.

- Simple and clear typeface is used
- Type size is 12 point or ideally 14 point
- Text is left aligned
- Layout is consistent and logical
- Words are not split between lines
- No large blocks of capital letters
- No italics
- No words are underlined
- No text is laid over the top of an image or texture
- Paper, lamination or encapsulation is not glossy
- Paper is thick enough to minimise the amount of show through from the other side
- Leading is not cramped
- Good contrast between the text and the background
- Line space between paragraphs
- All text is set horizontally
- Adequate gutter between columns
- No information is conveyed solely through the use of images, diagrams or colour

Further information may be available from [www.rnib.org](http://www.rnib.org)

### 2. Writing for deaf people

Writing for deaf people is the same as writing for everyone – you need to make sure that the information you produce is easy to understand. Under the Disability Discrimination Act (DDA), organisations are required to make a 'reasonable adjustment' in the way that they deliver information to the public to make it accessible to everyone.

- Keep sentences and paragraphs short.
- Always substitute short words for long words where possible. For example, say 'use' not 'utilise' and 'buy' not 'purchase'
- Avoid jargon.
- Break up the writing with headings and bullet points.
- Think about using diagrams to replace long written descriptions. Photographs can also be effective, especially if they are real people, not models.
- Writing about deaf people

- Don't say 'the deaf.' Say 'deaf people', 'hard of hearing people' or 'people with a hearing loss'.
- Never use the phrase 'deaf and dumb'. It is negative, outdated and offensive.
- Many people whose first or preferred language is BSL consider themselves to be part of the 'Deaf Community'. Some may describe themselves as 'Deaf' with a capital D, to emphasise their deaf identity.
- Try not to use negative phrases such as 'hearing impaired' or 'partially deaf'. You can say people are deaf, hard of hearing or have a hearing loss.
- Don't use negative terms like 'victim' or 'sufferer'.
- Use accurate terms like 'hearing aid', not 'deaf aid' and 'cochlear implant,' not 'bionic ear'.

Further information is contained in the factsheet “Producing information for deaf and hard of hearing people” available from [www.rnib.org](http://www.rnib.org)

### **3. Writing for people with learning difficulties**

The following information about the words and use of pictures in patient information should be taken into account when writing for people with learning difficulties

#### The words

- Sentences should be kept short. No more than 15 to 20 words
- Each sentence should have one idea
- Words should be in large fonts
- Use full words instead of letters
- Use a glossary at the back of each leaflet

#### Pictures

- Pictures and images should be used to 'break' any text
- Any picture or image should always be near the text
- Pictures or images should show one idea only
- Occasionally it is useful to use jokes and humour

Future information can be obtained in the booklet “How to use easy words and pictures – easy read guide” (Disability Rights Commission, 2006)

### **4. Writing for children and families**

When writing for children and families the general guidelines and process for producing patient information contained in this policy should be followed. However the following points will help make sure that the information is suitable for children:

- Address children as individuals throughout the leaflet.
- Use plenty of illustrations to compliment any text. Illustrations should add to the information, rather than distract from it.
- Adjust your written language to the age of the children and be careful not to use condescending words and phrases.

## **5. Patients whose first language is not English**

City Hospitals has an approved protocol for the use of interpretation and translation services. The protocol can be found on the Information Zone of the Equality & Diversity Intranet page <http://nww.equality.sunderland.nhs.uk/docs/interperationfinaldec07.pdf>

Information within the protocol can be found on:

- Process for requesting translation services for documentation, which could include patient information leaflets, booklets or flyers etc
- Process for requesting translation services – telephone interpreting
- Process for requesting interpretation services – signing – British Sign Language
- Process for requesting interpretation services –face to face interpreting

Any further information about the trust interpretation and translation services can be obtained via the Patient Advice Services (PALS), Tel: 0800 587 6513.

**CHS in-house design (2 - Fold Word template)****TITLE OF LEAFLET  
(16PT ARIAL BOLD CAPS)****PATIENT INFORMATION  
LEAFLET  
(14PT ARIAL BOLD CAPS)****Useful websites**

[www.nhs.uk](http://www.nhs.uk)  
[www.sunderland.nhs.uk/chs](http://www.sunderland.nhs.uk/chs)

This information was correct at the time of printing. While the Trust makes every reasonable effort to keep its information leaflets up to date, very recent changes may not yet be reflected in the guidance and you should discuss this with the clinical staff at the time of your appointment.

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Review date: Oct 2010  
CGSG date: Dec 2007  
Ref:  
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Directorate of (12pt Arial Bold)  
Sunderland Royal Hospital

**General guidance for written information**

Information leaflet requirements will vary depending on who it is for and what it is about. Appendix 3 contains more detailed guidance for specific types of leaflets. Information is also available for writing leaflets for special patient groups i.e. children, those with partial sight (see appendix 4).

The following is a general guide for all written information format:

- Use everyday language. Avoid jargon and acronyms and use plain language to make it easier to read and don't use patronising or childish language.
- Short sentences – in general no more than 15 to 20 words long.
- Bulleted or numbered points to divide up complicated information.
- A minimum of size 12 font.

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"2 Fold Template  
Word Sep 07.doc"

**CHS in-house design (A5 - Word template)**

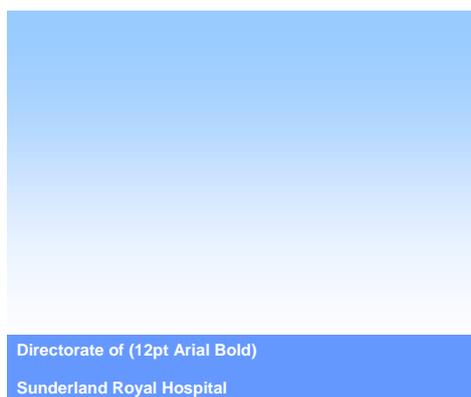
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