PRODUCING PATIENT INFORMATION PROCEDURE

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Consultation (Date and nature of contact)	Patient and Carer Experience Team, Pharmacy Team and Communications Team
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Name of Approving Group **Date of Approval**	Operational Delivery Group 26 September 2023

VALIDITY – Policies should be accessed via the Trust intranet to ensure the current version is used.

CHANGE RECORD

Version	Date	Change details
1.0	*01.11.17*	*Amendment from Policy to Procedure*
1.1	*18.01.19*	*Minor amend for a spelling error.*
1.2	*01.10.20*	*Review of Procedure*
1.3	*26.09.23*	*Reviewed. Pathway updated and minor amends throughout. Approved at ODG (26 September 2023).*

Contents

Pathway for Producing Patient Information

Patient information needs producing/reviewing

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It is an expectation that patients, carers and the public will support with the co-production of patient information. Complete the online co-production form for involving patients, service users and carers with the design/refresh of patient information: https://bit.ly/3Q2Sm8G

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Research the current and latest evidence based information

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Visit Trust online brand centre https://brand.humber.nhs.uk

a) Select appropriate Service template
b) Visit the creating patient information pages to understand how to design and write accessible patient information
c) Use Trust photo library to source photo images

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Send completed draft to the Brand Centre inbox for feedback and approval: hnf-tr.brand@nhs.net

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Patient information to be approved by Service/Division as highlighted on pages 4/5 of the Producing Patient Information procedure

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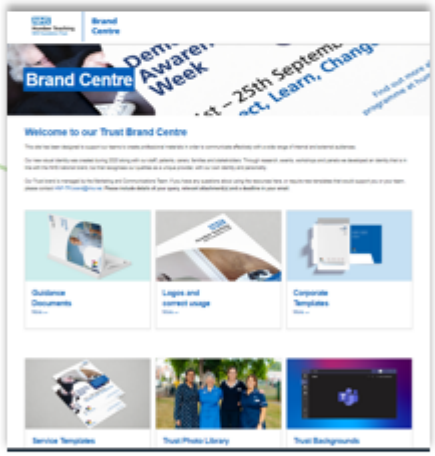
Approved patient information to be forwarded to the Producing Patient information mailbox: hnf-tr.patientinfo@nhs.net

If design is for children and young people refer to the 'Children & Young People Co-production & Participation Toolkit' https://bit.ly/3ry23lz

Refer to the NHS Toolkit for producing patient information at: Layout 1 (england.nhs.uk)



Where a policy is under review and has a patient information leaflet to support, service to present both policy and leaflet at relevant group for discussion and approval. Approved patient information then to be forwarded to hnf-tr.patientinfo@nhs.net

1. INTRODUCTION

Information is a key element in the overall quality of the patient journey and experience. This procedure refers to written and/or electronic information produced about conditions/diagnosis, treatments or the services provided for them.

The Trust standards regarding corporate communication and layout are dealt with separately and therefore this procedure should be read in conjunction with the Trust Guidance on Branding and Identity, which is available on the Trust Intranet and NHS England's Online library of Quality, Service Improvement and Redesign tools Layout 1 (england.nhs.uk).

The procedure also fulfils the NHSLA Risk Management Standard 1.4.

2. SCOPE

The procedure applies to all staff who produce any new or review existing written, auditory or visual information packs for patients for use by the Trust.

3. POLICY STATEMENT

The Trust will ensure that processes are in place for providing information that is reliable, up to date and in the case of patients, assists them in making informed decisions regarding their care. The Trust also advocates that patients are involved in the production of patient information to express what they would like and to test read the information for assurance that it is written in patient accessible language. However, it is recognised that the level of involvement will vary according to the nature of the information being produced, the cognition and willingness of patients to become involved, and the resources available to support the process.

The way the information is delivered to patients and carers, and the timing of the delivery, will consider the needs of the individual and their ability to comprehend the content. Information can take the form of verbal, written or via other media such as audio (MP3). The rationale for this is that not all patients can read, see or understand written information.

Where information has been provided to individuals, this must be clearly recorded in their Electronic Patient Record (EPR). In the case of new medication prescribed within mental health services this must also be recorded on the MDT review documentation template.

4. DUTIES AND RESPONSIBILITIES

Production, Scrutiny and Sign Off of Written and Electronic Information

Scrutiny and sign off of information will take place as close to the point of relevance and production as possible. In this way the process should be quicker, more meaningful and owned by those responsible for operating services.

Nature of Information	Level of Information	Produced by	Scrutiny/Sign-off by
Local Service Description (Appendix 1)	Specific to an individual team	Local team	Responsible Divisional Service Manager
Wider/Specialist Service Description – role, function, purpose, fit with other services (e.g. specialist/specific specialist service)	Specific to a service area	Service Manager	Divisional General Manager

Nature of Information	Level of Information	Produced by	Scrutiny/Sign-off by
Care Programme Approach (CPA)	Specific to CPA	Mental Health Act Clinical Manager	CECC See Michelle Nolan for information
Condition/Diagnosis Information E.g. what is it, what might help, what happens next etc? (Appendix 2)	Definition(s) of Condition(s) and/or diagnoses and relevant information – general overview.	Clinical professional experts in the field (with or through appropriate Clinical Network)	Quality and Patient Safety Group (QPaS)
Treatment Information, Treatment or Therapeutic modality or Intervention or interventional approach (Appendix 2)	Definition(s) of Treatment(s) (Specific and/or General). Risks, benefits and alternatives where appropriate (NHSLA requirement)	Clinical Professional Experts in the field (with or through appropriate Clinical Network)	Quality and Patient Safety Group (QPaS)
Medication Information (Appendix 3)	Medication details, risks benefits, side-effects and alternatives (NHSLA requirement)	Trust Pharmacy Department	Trust Drugs and Therapeutics Committee Trust/Chief Pharmacist
Corporate Function Description, e.g. Complaints and Feedback	How to, contact points, description of process et al	Team responsible for Corporate Function	Responsible Head/Assistant Director of relevant Corporate Function
Trust-wide Information	Trust-wide information for public access and use	Trust Communications Team	Chief Executive (CE)
Professional Standards Information e.g. 'What to expect from a Psychiatrist?'	Information about a profession, it's conduct and standards, what to reasonably expect, what to do if you are unhappy et al	Respective Lead Professional	Allied Health Professional Lead/Operational Delivery Group (ODG)

5. PROCEDURES

The Trust will ensure that processes are in place for providing information that is reliable, up to date and in the case of patients, assists them in making informed decisions regarding their care.

In deciding whether or not there is the need for information, either electronic or written, staff should consider:

- Who the information is for?
- Why it is needed?
- What it is about?

The Trust currently subscribes to the "Choice and Medication" website which can be accessed via the intranet and internet. This includes substantial information regarding mental health conditions and medication and should be referred to wherever possible.

5.1 Information Regarding Service Provision

It is advisable to keep information regarding service provision (team name, location, contact, access, opening hours, confidentiality, what to expect in general terms) separate from information about conditions and treatments (e.g. diagnosis, how the condition presents and progresses, general treatment information and advice).

5.2 Information for Staff Producing Information

Staff producing information for patients will:

- Co-produce patient information; It is an expectation that patients, carers and the public will support with the co-production of patient information. Complete the online co-production form for involving patients, service users and carers with the design/refresh of patient information: https://bit.ly/3Q2Sm8G
- Research the current and latest evidence-based information.
- Refer to NHS England's Online library of Quality, Service Improvement and Redesign tools: Layout 1 (england.nhs.uk).If design is for children and young people refer to the 'Children & Young People Co-production & Participation Toolkit' https://bit.ly/3ry23lz
- Visit Trust online brand centre https://brand.humber.nhs.uk, then:
    - a) Select appropriate Service template
    - b) Visit the creating patient information pages to understand how to design and write accessible patient information
    - c) Use Trust photo library to source photo images Use the checklists in the appendices of this procedure as guidance on producing the information
- Send completed draft to the Brand Centre inbox for feedback and approval: hnf-tr.brand@nhs.net,
- Patient information to be approved by Service/Division as highlighted on pages 4/5 of the Producing Patient Information procedure. Where patients, carers and the public were not involved in the writing stage of the patient information, consult with them to assess the information – this is a valuable part of the editorial process. Consider Patient and Carer Experience Forums, Staff Champion of Patient Experience Forum or Healthwatch East Riding Read Right initiative (contact the Patient Experience Team on hnf-tr.patientandcarerexperience@nhs.net for further information).
- Approved patient information to be forwarded to the Producing Patient information mailbox hnf-tr.patientinfo@nhs.net address
- Communications Team to maintain patient information database and to inform team when review process is due. To provide lead in time for review and refresh process.

5.3 Service Information Review Dates

The review date will be no longer than two years after the production date and sooner if there are national, local or best practice updates. Any nationally recognised service user information approved for Trust use will be updated according to the publishers. The Communications Team will be in touch 6 months prior to the review date to inform you to review your patient information.

6. EQUALITY AND DIVERSITY

Standards regarding equality and diversity are dealt with separately in the Trust Guidance on Branding and Identity as follows:

- NHS England's Online library of Quality, Service Improvement and Redesign tools Layout 1 (england.nhs.uk)
- https://brand.humber.nhs.uk

In addition, all authors of information packs should carry out an Equality and Diversity Impact Assessment (available on the Trust intranet) for each information pack before it is issued.

7. MENTAL CAPACITY

The Trust supports the following principles, as set out in the Mental Capacity Act and has applied them in the development of this policy:

1. A person must be assumed to have capacity unless it is established that they lack capacity.
2. A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.
3. A person is not to be treated as unable to make a decision merely because he makes an unwise decision.
4. An act completed, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.
5. Before the act is completed, or the decision made, regard must be had as to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

While the act does not direct apply to this procedure, the author of any pack should consider the capacity of its intended audience.

8. IMPLEMENTATION

This procedure will be disseminated by the method described in the Policy for the Development and Management of Procedural Documents.

This procedure does not require additional financial resource.

9. MONITORING AND AUDIT

Compliance with the procedure will be monitored in the following ways:

Where patient information is available, individuals participating on quality visits to check information is in date and raise any concerns to the patient experience team. Lead: Governors, executive directors and non-executive directors.

Monitoring of complaints for any concerns in relation to the provision of information will be responded to and any lessons learnt will be shared across the organisation. Lead: Complaints and Feedback manager.

Where appropriate we will work jointly with patients and carers to test patient information to ensure it meets their needs. Where changes are required, we will work in partnership with patients and carers to develop patient information to achieve the desired outcome. Lead: Patient Experience Team

10. REFERENCES/EVIDENCE/GLOSSARY/DEFINITIONS

Department of Health 'Toolkit for patient information version 2' available at
www.uea.ac.uk/documents/246046/0/Toolkit+for+producing+patient+information.pdf
https://brand.humber.nhs.uk
Records Management and Information Lifecycle Policy
Accessible Information Standard Guidance

11. RELEVANT TRUST POLICIES/PROCEDURES/PROTOCOLS/GUIDELINES

https://brand.humber.nhs.uk
Records Management and Information Lifecycle Policy

Appendix 1: Patient Information Pack: Suggested Headings

Page 1: Aims objectives and Purpose of the Services: Contact details, Address etc.

Page 2: Clinical Pathway

- What will happen on admission
- Care and treatment
- What is a needs assessment
- Care planning and reviews
- Ward rounds/ section meetings etc.
- Who'll be looking after me
- Discharge

Page 3: What to Bring / Not to Bring

Page 4: Meal Service Times

- Meal times: where and when
- Choices of food
- Location of menus
- Ordering of food
- Access to hot drinks
- Protected mealtimes
- Nutritional needs
- Eating alone or with others
- Who supplies the Hotel Services
- Cleanliness

Page 5: Visitors

- Visiting times
- Access areas
- Whether they can have a drink
- Infant feeding/breast feeding
- If bringing food please let staff know to make sure so we can keep it in the right conditions

Page 6: Activities/Facilities

- (e.g. art room)
- Cooking of own meals
- Smoking
- Telephones
- Charges – what's free what's not

Page 7: Patient Experience and Feedback

- Quality circle meetings
- Improving the service
- Putting you in control – passports advance decisions etc.
- Equalities
- Complaints/PALS
- Advocacy
- Accreditation/CQC booklets

Page 8: Fire/Health and Safety/Recording food brought in to the unit

Appendix 2: Checklist Conditions and Treatments

- Is the information already available via the Choices and Medication link on the Intranet?
- What the pack 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 and the risk of getting 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?
- Say where the patient can find more information, for example, support groups and websites and include the standard disclaimer as given in the main body of the policy.

Appendix 3: Checklist for Writing Information about Medication

- For Physical Health Medication reliable Patient Information can be found online from https://patient.info/ or Patient Information leaflets can be printed from the electronic medicines compendium (emc). Offer a choice of different medicines (if available) to treat a certain condition and involve the patient on the decision.

- Do not hand out any leaflet from a non-approved website before consulting with the Pharmacy Department.

- 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 who prescribes the medication about any other medication they are taking.

- 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.

- Contact Medicines Information for in depth medicines information or concerns at: HNF-TR.MedicinesInformation@nhs.net