PATIENT INFORMATION PRODUCTION POLICY

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<td>Policy Committee</td>
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<tr>
<td>Date ratified:</td>
<td>27 March 2012</td>
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<td>Approving Committee/Group (Date)</td>
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<tr>
<td>Date Approved by Medicines Management Committee:</td>
<td>N/A</td>
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<tr>
<td>Name and Title of originator/author:</td>
<td>Andrew Cockayne, Head of Patient Experience</td>
</tr>
<tr>
<td>Date issued:</td>
<td>March 2012</td>
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<td>All staff</td>
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<td>Patient Information Group members Patient Assembly</td>
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1 INTRODUCTION

Patients have a right and a need to know about their condition, treatment options, and the availability of services. The provision of information to patients is an essential part of the patient journey, enables patients to be involved in their care, and is a fundamental element in the overall quality of the patient experience.

This policy should be read in conjunction with the Trust’s Corporate Identity Policy (2010), and is based on the principles of the Reputation Framework (2010). It also needs to be read in conjunction with the Trust’s Consent Policy 2010.

- All patient information produced by the Trust will be relevant, accurate, comprehensive, accessible and understandable.
- The Trust will involve patients and service users in the process of producing patient information, from drafting, through testing and seeking feedback.
- Patient information will be current, and regularly reviewed by a document owner.
- The Trust will make reasonable efforts to accommodate the patient information needs of our diverse population.
- The Trust will make reasonable efforts to meet the needs of people with any kind of disability or learning difficulty.
- All those involved in producing patient information are aware of, and comply with the policy statement.
- The Trust will seek and provide assurance by maintaining good records to show acknowledgement of the policy statement and its implications by all those involved in producing patient information.
- Patient information that is made available to service users by the Trust, but is not produced by the Trust, will be from a trusted source. Trusted sources are:
  - NHS Choices
  - Patient Information Prescription Service
  - Any Information Standard accredited body
  - Recognised producers of high quality information with an internal review and accreditation process (eg. British Heart Foundation, Leukaemia Research Fund, Macmillan Cancer Support, etc.)

2 PURPOSE

This policy sets out a framework to ensure that accurate, comprehensive, accessible and understandable patient information is available to staff and patients across the Trust. For the purposes of this policy, patient information refers to all literature produced by Croydon Health Services that is designed to enable service users to make informed decisions about their care.

Croydon Health Services NHS Trust is a provider of high quality, safe and compassionate care for local people. This policy underpins the Five Promises to the People of Croydon as part of our first corporate objective:

To meet the promise ‘You feel cared for’ we will improve the patient experience by active public and patient involvement, information and delivery of personalised, dignified, respectful and compassionate care.

The policy also ensures the Trust is compliant with the Information Standard, which aims to:
- provide an effective way for people to make judgements about information to support their decisions by identifying sources of information they can rely on
- support information producers

State the purpose of the procedural document.
2.1 Scope

This Policy is for:

- Staff who are designated owners of patient information
- Staff who are responsible for patient information in patient areas
- Managers and management teams in directorates who are accountable for the standards set out in this policy
- Anyone involved in the production of patient information on behalf of the Trust, including Service user representatives

Trust publications should comply with the Trust’s Corporate Identity Policy and Guidelines. This Patient Information Policy applies to any information product published by the Trust or available on Trust premises that will help people to make informed choices about their lifestyle, conditions and treatment/care options, including:

Leaflets and factsheets, on specific conditions or treatments provided by the Trust and our partners, that will help people to make informed choices about their lifestyle, conditions and treatment/care options

Any other publication that reproduces a statement that will help people to make informed choices about their lifestyle, conditions and treatment/care options, eg: Audio-visual information (e.g. tapes, DVDs, public display screens), posters and ambient communications, health campaigns, electronic resources on the Trust website

Information products that do not help people to make choices about their lifestyle, conditions and treatment/care options are out of scope of this policy, including, for example:

- Information leaflets and factsheets about process and ways of working (for example, meal times, visiting hours, etc.)
- Appointment/admission letters
- Individual letters to patients regarding their specific condition or care (covered by Data protection and Caldicott guidelines)
- Face to face communications that take place during patient care (Covered by ABC Policy, Being Open Policy, Promises and Service Standards and KSF framework for appraisal and development)
- PALS investigations and Complaint responses
- Signage on Trust premises
- Corporate publications:
  - Website pages that do not aim to help people to make choices about their lifestyle, conditions and treatment/care options
  - Annual report, Quality Account and other publications aimed at informing patients and the public about the work of the Trust.
  - Public consultation documents relating to specific service changes that will impact on patients

This list is not exhaustive.

3 DEFINITIONS

- Patient Information Products (PIPs) are all information products that are within the scope of this policy as defined in 2.1 above.
- The Information Prescription service, hosted by NHS Choices, enables health professionals to pull together information about specific conditions and treatments into a single package which can be printed and given to or emailed to patients.
- The Department of Health’s Information Standard scheme provides a recognised and trusted quality mark that will indicate reliable sources of health and social care information. CHS is committed to compliance with this scheme.

Director of Operations
Responsibility for the co-ordination of the development of patient information rests with the Director of Operations as the lead for Patient Experience. This responsibility will be discharged on behalf of the Trust Management Team, through the Head of Patient Experience, the Directorate Quality Boards and the Patient Information Group.

**Head of Patient Experience**
The Head of Patient Experience will provide updates to the Trust Management Team a minimum of twice a year on compliance with this policy and with the Information Standard, on behalf of the Patient Information Group. The Head of Patient Experience will convene and chair the Patient Information Group, and ensure adequate staff to oversee and co-ordinate the patient information support function in PALS.

**PALS team**
The PALS team:
- Administers the Patient Information Group
- Manages the corporate systems for planning, approval and archiving of patient information
- Provides guidance and training on compliance with this policy and patient information production and distribution.

**Directorate Responsibilities**
- It is the responsibility of the management teams within Directorates to ensure that:
  - Staff in the Directorate comply with this policy
  - The need for patient information is identified
  - Patient information products are available to meet those needs
  - Patient information products are owned by a professional with the appropriate skills.
  - Patient information products are reviewed and updated every three years or sooner if the information becomes out of date or in response to feedback from patients and carers.
  - Obsolete patient information products are removed from use
  - Directorate Quality Boards will provide assurance that these responsibilities are being met.

**Information owners**
Each information product must have an information owner. That person’s responsibility is to ensure that patient information is produced and maintained in compliance with this policy and the appended guidelines.

Information owners must identify the target audiences for each new product, which may include any of the following:
- All patients accessing services provided by Croydon Health Services
- Patients using specific CHS services in hospital and in the community
- Carers and relatives
- Potential users of CHS services

Information owners will consider for each information product:
- the needs of our ethnically and culturally diverse population
- the needs of people with any kind of disability or learning difficulty.

In producing patient information products, information owners must ensure that they source evidence that reflects the most up-to-date clinical evidence, medical research or social research for the information product, and that the resulting product:
- is balanced and reduces bias
- acknowledges uncertainty
- is produced using an explicit process for deriving evidence, including reference to the strategy, search and review dates of the source material
- uses consistent language
- is impartial
Guidance on sourcing evidence can be found at Appendix E: Sourcing evidence for patient information.

It is the responsibility of product owners to ensure that products are reviewed as required and submitted to the Patient Information Group.

Once the patient information product is approved by the Patient Information Group, it is the responsibility of the information owner to ensure that the product is available in all appropriate physical and virtual spaces.

**Information Sponsors**
The Information Sponsor should be a senior clinician or manager who has oversight of the relevant area and can provide a professional check of the information which members of the Patient Information Group are unable to provide.

The Information Sponsor will provide assurance that:
- the Department can resource the information product
- the information product is clinically accurate

**Patient Information Group**
The Patient Information Group is the gatekeeper of information products, and source of expertise in patient information production. The Group reports on compliance with this policy to Trust Management Team twice a year as a minimum, with supplementary reports as required.

Key responsibilities are:
- Advise Directorate leads and information owners on the policy and guidance
- Brief Information Owners on special requirements for different target audiences
- Ensure appropriate service user involvement in the review and production of patient information
- Review and approve patient information products
- Assist Directorate management teams in identifying strengths and weaknesses in patient information provision
- Assist Trust Management Team and Directorate management teams in achieving full compliance with this policy.

Full Terms of Reference can be found at Appendix G.
4 ACCOUNTABILITIES AND RESPONSIBILITIES

Structure for Patient Information (PI) and Information Standard (IS) Compliance

Trust Board
- Overview of compliance with Information Standard (IS) accreditation
- Appoint corporate lead – Directors of Operations

Trust Management Team (TMT)
- Reviews Patient Information Group audits of PI quality and compliance with IS
- Provides half yearly reports to Board
- Appoint senior manager lead - Head of Patient Experience

Patient Information Group (PIG)
- Accountability for compliance with IS accreditation
- Review individual PI products for quality and compliance
- Regular PI audits, report to TMT

Operations Committee
- Overview of operational management of Patient information at Trust level

Directorate Performance Boards
- Accountability for operational management of patient information at directorate level
- Approves individual PI products before submission to PIG

Information Officer
- Administers PIG
- Manages systems, process, archiving for PI Production
- Guidance on IS accreditation, compliance, layout, content

Patient information owners / sponsors
- Identifies need for new/review of PI product, plan resource with Information Officer
- Research evidence, draft copy, layout
- Liaise with Directorate Performance Board and PIG for approval
- Distribution

Additional Expertise on Patient Information Group:
- Head of Patient Experience – involvement, engagement, compliance
- Communications – advice on language and wording
- Library Services Manager – guidance on clinical research and references
- General Manager for Access – systems to ensure patients get information at right stage of their journey
5 PROCEDURE/COURSE OF ACTION REQUIRED

5.1 Desired Outcomes

- Croydon Health Services is recognised as a producer of patient information that is trustworthy, accurate and accessible, by Information Standard accreditation.
- Information products enable patients, carers and other service users to:
  - exercise choice about their treatment and care options; and
  - make informed choices about their health and well-being.
- Through good implementation, Croydon Health Services staff have sufficient support and guidance to enable them to produce patient information that complies with this policy and achieves the aims of the Information Standard.

5.2 Planning of Patient Information Products (PIPs)

All directorates should have written information available to patients for common treatments, conditions, procedures, examinations, surgery and services.

When a need is identified for a new information product, owners must always check whether the information is already available from NHS Choices, Information Prescription Service (IPS), or from trusted third parties.

The Trust will only produce new patient information products when there is no pre-existing trustworthy source of information available.

The purpose of each new information product will be clearly articulated in the associated Patient Information Checklist (Appendix D).

Reasons for planning a new information product may include:

- A new procedure
- A new care pathway
- Previous lack of information available on a given service or procedure
- Feedback on the need for information from users, carers, complaints, etc.
- Recommendations from external assessors, e.g. CQC
- Recommendations from serious incident reviews
- New national guidance
- Other reasons to review products earlier than three years since previous review may include:
  - Changes to evidence base
  - Change to national guidance
  - Change to local procedures
  - Any other trigger that the information officer feels warrants a review.
- Product owners must inform the PALS team of all planned new and reviewed information products, to facilitate central planning, referencing and resource allocation.
- All new or significantly revised Patient Information within the scope of this policy must be reviewed and approved by the Patient Information Group.

5.3 Development of Patient Information Products

The Trust has a clear procedure for the development of patient information which is at Appendix C and available to staff on the intranet.

5.4 Essential Content

As a minimum all patient information products should contain the following:
5.5 Additional Criteria to Meet the Information Standard

In addition to the criteria above, all information products must comply with the following criteria:

- The information is consistent with up-to-date clinical evidence, medical research and social research.
- The product is presented in the most appropriate format for the specified audience.
- Any conflict of interest is disclosed.
- Each product has a consistent layout (i.e., by using a Corporate template).
- There is a clear distinction between personal opinion and evidence-based information.
- If necessary, the product contains specific navigation aids such as contents lists, indexing, and search facilities.
- Any advertising is clearly identified.

These criteria form part of the checklist that authors must complete before submitting new or reviewed information products to the Patient Information Group, Appendix D. Authors, Directorate Quality Boards and the Patient Information Group must be satisfied that these criteria have been met.

5.6 Process for Reviewing Existing or Developing New Information

The patient information flowchart (available on the staff intranet and at appendix C) details the process to be followed by all staff reviewing existing or developing new information. In summary, the following steps should be taken:

- Identification of need and research to identify whether information already exists on NHS Choices IPS or from other trustworthy organisations.
- Identify the budget (include cost code and signatory).
- Inform the PALS team so that they can add the planned product to the central Patient Information Planner and supply a reference number, which must be included on the product and all associated documentation.
- Ensure all relevant information is included.
- Research to source any evidence required as in appendix E.
- Consult patients/carers on content and layout (via face to face surveys, relevant Patient User Group or Patient Assembly).
- Draft reviewed against Information Standard compliance criteria (see Checklist at Appendix D), and approved at relevant Quality Board or other appropriate forum.
- Layout in appropriate corporate template.
- Submit for approval/review by Patient Information Group.
- Once approved, contact Supplies for design and print quotes (if external).
- Identify a lead clinician or senior manager who will be the final signatory.
- Ensure appropriate distribution.
5.7 Submission and Ratification of Patient Information Products

The Patient Information Group, which meets ten times a year, will review and approve all patient information products. Information owners will submit new or reviewed PIPs to PALS for review by the Patient Information Group, as detailed in the flowchart at Appendix C.

5.8 Document Control

As detailed in the flowchart at Appendix C, information owners will inform the PALS team of planned information products. PALS will supply a reference number, which will be added to the product and all associated documents and folders by the information owner. Once drafted, the product will be published and all subsequent revisions made on the Intranet, which will automatically create a version history for each product throughout the production process. [DN we need to confirm details of this with communications]

5.9 Distribution

All staff involved in giving information to patients have a responsibility to ensure that patient information is distributed appropriately in hard copy and electronically, including publication of the final approved copy on the Trust Intranet, and public website if appropriate. Information owners must also ensure that they and other colleagues make the information available to patients at the correct points in their treatment and care as they have detailed in the Checklist (Appendix D). It is the responsibility of line managers to ensure that distribution is managed correctly, with overall accountability resting with the Directorate Quality Board.

5.10 Archiving

Once a patient information product has been given final approval by the Patient Information Group, the information owner will supply the PALS team with an electronic version.

The Patient Information & PPI Manager will publish the information product as a PDF version on the Trust intranet, which will also serve as the information resource archive and update the database to include new information resources.

The Patient Information & PPI Manager will also archive the associated documents including the patient information checklist (Appendix D). The information owner must ensure that all information required to be archived is included in the Checklist, including research strategy and reference to source materials, review comments and feedback.

The PALS team will ensure that information on individual products including review dates is up to date on the central Patient Information Log, stored on the intranet. Clear information must be available on all approved and IS accredited information products across the Trust, and reviews should be planned well in advance. The PALS team will also liaise with NHS Choices to request that newly approved products are added to the national Information Prescription Service.

The Patient Information & PPI Manager will manage and monitor the electronic archiving system and alert the information owner when an information resource is approaching its review date. The resource will either be reviewed and remain in use, or will be withdrawn and so removed by the Patient Information and PPI Manager from the public intranet pages. The file will remain in the online archive but will not be available for download. Old information products will be archived indefinitely. If an old leaflet is required please contact the member of the PALS team responsible for patient information. Copies of leaflets since CHS was established in August 2010 are available on the Trust’s intranet.

Access to the archive is restricted to: PALS members, Patient Information Group members, and Communications staff only.
Information resources withdrawn at their review date should be removed from physical public areas by the clinical team responsible for that area. Spot checks of public information spaces will be undertaken quarterly by either a member or delegate of the PALS team using the Compliance check: information provision in Appendix F.

Information produced by national or other external bodies will not be archived locally. In the case of it being required the publishing body will be contacted by the Patient Information & PPI Manager or the Claims Manager as appropriate.

Other archiving considerations: Copies of leaflets since 2000 are available for reference on CDs in the Communications department.

5.11 Taking Preventive and Corrective Action

From time to time, information may be published which contains errors or which does not fully comply with this policy. This may happen because, for example:

- A member of staff is not fully aware of the policy or the rigorous procedures in place to ensure the accuracy and trustworthiness of all patient information
- An information product becomes inaccurate due to a change in procedures or new evidence emerging.
- A product is not reviewed at the appropriate time, and becomes out of date.

Errors or non-conformities may be identified by a number of channels, including:

- user feedback
- internal audit
- information owners
- information sponsors
- Patient Information Group members

All errors should be brought to the attention of the PALS who will record errors in the Error log in the Patient Information section of the intranet. The PALS team will then assess the magnitude of the error in consultation with the Information Owner/Sponsor and suggest corrective action as appropriate.

The relevant PALS officer will communicate details of any non-conformities to the Information Owners and Sponsors of the products audited at the meeting directly after they are identified. Details of corrective action will then be agreed by the Patient Information Officer and the Information Owners and Sponsors and communicated to the Patient Information Group.

The Patient Information Group will monitor progress towards completing corrective actions will be communicated to.

The Patient Information Group can be called upon to comment on corrective action for errors or non-conformities with dangerous or libellous consequences.

In cases of dangerous or libellous errors or non-conformities:

- Products (both electronic & hard copy) will be removed from circulation,
- relevant staff will be informed of the withdrawal and the need to remove any erroneous or non-conforming products.
- consideration will be given to the need to inform patients who may be in receipt of the incorrect leaflet of the error or non-conformity.

Products containing substantive errors or non-conformities will be put through the review and ratification process as for new or reviewed products.

5.12 Process for Documenting the Discussion and Provision of Information to Patients

The graphic below shows the cycle of production, publication and use of information products. This policy only covers the production and maintenance of the products.
It is each staff member’s responsibility to ensure that their service users are sufficiently informed and involved in their care. It is each line manager’s responsibility is to ensure that this is done well, and their staff are equipped with the tools and the skills to achieve the corporate standards.

5.13 Information Standard Internal Audit

An annual internal audit of compliance with this policy and the requirements of the Standard will be conducted by a member of the PIG using the Information Standard Internal Audit Tool (see Appendix F).

This periodic audit will use the ‘Monitoring compliance of individual patient information (PIP) products with the Patient Information Policy’. The audit will select a minimum of 2 information products for audit and ensure they are compliant.

Any non-conformities will be added to the Error Log and will be treated as any other error or non-conformity (see 1.14 Taking Preventative and Corrective Action, above).

6 TRAINING

This Policy takes effect on 1st January 2012. All non-compliant information products must be reviewed by the Patient Information Group and become compliant by 31st December 2012.

It is the responsibility of line managers to identify the training and support needs of their staff and ensure these are met. The responsibilities of information owners are clearly defined in this policy (section 4) and associated guidance. Individual training and support will be provided by the PALS team to individual information owners are required.

The key guidance and link to this Policy will be disseminated to information owners by Directorate Quality Boards, supported by the following corporate communications:
- Policies and procedures database updated on intranet
- Updated Patient Information intranet page
- Promoted in Trust Briefing and What’s New

A briefing pack, complete with good practice examples, hints and tips for information owners is available on the Patient Information intranet page. Advice is available from the PALS team.

Directorate Performance Boards will plan appropriate staffing levels to resource the production of information, and determine the required levels of competence and skill of information owners.

The Patient Information Group will report on following steps as part of implementation of this policy:

- Identification of patient information needs: complete by December 2011 and annually thereafter (led by Performance & Quality Boards)
- Patient information production: audit a sample of products by Patient Information Group by December 2011 and annually thereafter (led by Head of Patient Experience)
- Patient information provision: quarterly audit by Performance and Quality Boards, starting in Q3 2011-12 (reporting to Patient Information Group)

Each step will be supported by the Patient Information Officer in the PALS team.

The first collated report will be presented to Trust Management Team in January 2012.

All policies should contain a section that outlines any specific training requirements for the new or revised policy.

### 6.1 Equality Impact Assessment

The Equality Impact Assessment for this policy is attached in Appendix A.

### 7 MONITORING COMPLIANCE

Directorate Quality Boards are responsible for monitoring compliance, with audits collated by the Patient Information Group and reported to Trust Management Team. Audits encompass:

- Identification of patient information needs
- Compliance of individual patient information products
- Patient information provision

Pro-formas for monitoring compliance are attached at appendix F.

An annual collated report will be issued by the Patient Information Group to Management team.

A record of all new and revised patient information products presented to the Patient Information Group will be held by the PALS team.

The effectiveness of the information the Trust produces will be measured by:

- Compliance with the DH Information Standard
- Compliance with Care Quality Commission’s standards for informing and involving patients and the public
- NHSLA standard monitoring
- Local patient survey results
- National patient survey results - published annually in Spring by Care Quality Commission
- Patient and carer feedback to services
- Formal complaints

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8 REFERENCES


9 ASSOCIATED DOCUMENTATION

- Consent Policy (2010)
- Health Record Keeping Standards Policy (2010)
- Trust’s Corporate Identity Policy (2010)
- Conflicts of Interest Policy (2010)
- List documents that relate to this document, such as related Trust policies and Procedures.

10 VERSION HISTORY TABLE

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<th>Author</th>
<th>Ratified by</th>
<th>Comment/Reason for change</th>
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<td>Claire Martin</td>
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<td>Formatting post Board approval</td>
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<td>March 2009</td>
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<td>Strengthened monitor, review and archive arrangements in response to NHSLA assessment</td>
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<td>Minor charges requested by Patient Information Group before formal ratification by Governance committee</td>
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<td>Claire Martin</td>
<td>Integrated Governance and Clinical Governance Committee</td>
<td>Minor changes made throughout to meet NHSLA requirements for criteria 4.2.</td>
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<td>Chairman’s action</td>
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<td>4.0</td>
<td>March 2012 Andrew Cockayne Policy Committee Updating in line with DH Information Standard requirements and NHSLA requirements</td>
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**APPENDIX A – EQUALITY IMPACT ASSESSMENT**

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

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<td>• Race</td>
<td>No</td>
<td>The Policy provides guidance on producing information on services and conditions for all patients. Its implementation is supported and guided by the Trust’s PALS team and is based on the principles of clear and appropriate communications, which take into account the different needs of different audiences.</td>
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<tr>
<td>• Disability - learning disabilities, physical disability, sensory impairment and mental health problems</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>2. Is there any evidence that some groups are affected differently?</td>
<td>No</td>
<td>Measured against standards set out in the Trust’s Communications and Engagement Frameworks (October 2007) Patient Information Group reviews new information and ensures it meets these standards. Patients and user group involvement is “built in” to this process</td>
</tr>
<tr>
<td>3. If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>4. Is the impact of the policy/guidance likely to be negative?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>5. If so can the impact be avoided?</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>6. What alternative are there to achieving the policy/guidance without the impact?</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>7. Can we reduce the impact by taking different action?</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>
## APPENDIX B – CONSULTATION TEMPLATE

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Procedural Document's Name:</td>
<td>Patient Information Policy</td>
</tr>
<tr>
<td>2.</td>
<td>Procedural Document Author:</td>
<td>Andrew Cockayne Head of Patient Experience</td>
</tr>
<tr>
<td>3.</td>
<td>Group/Committee Consulted:</td>
<td>Patient Information Group</td>
</tr>
<tr>
<td>4.</td>
<td>Date of Consultation:</td>
<td>August 2011</td>
</tr>
<tr>
<td>5.</td>
<td>Comments Received:</td>
<td>A range of comments and amendments from the Head of Compliance Technical advice on evidence research from the Library Services Manager Patient Assembly: Articulate the role of front line staff in patient information provision Monitoring results of information provision through feedback Better description of context and wider process</td>
</tr>
<tr>
<td>6.</td>
<td>Highlight where policy changed following consultation or state reasoning why comments not incorporated:</td>
<td>All comments incorporated Advice will be incorporated in Appendix E Role of front line staff articulated in Section 5.8 Out of the scope of this policy Included at section 5.11</td>
</tr>
</tbody>
</table>
Patient information production process

1. Identify the need for patient information product (PIP) and research whether already exists elsewhere, e.g.:
   - NHS Choices Information Prescription Service
   - Other NHS organisation (e.g. PCT)
   - Charity/support network

2. Contact relevant organisation to ask for copies/permission to use if necessary.

3. If previous Trust information product exists, revise if appropriate, then submit to PALS for review by PIG.

4. Contact PALS for advice on whether previous Trust or other PIP available electronically or in hard copy.

Preparation (1-6 weeks)
- Identify the budget required (include cost code and signatory).
- Inform PALS of planned new PIP. PALS to add to central planner and supply reference number.
- Identify a lead clinician or senior manager who will be the final signatory.
- Research for clinical/medical/social research evidence.
- Draft and layout in appropriate corporate word template.
- Ensure all relevant information is included and IS criteria are met.
- Consult patients/carers on content (via appropriate Patient User Group or Patient Assembly)
- Complete checklist
- Obtain approval from relevant Quality Board or similar and forward to PALS with checklist and confirmation of approval.

Review (4-8 weeks)
- PALS to review and request any clarification from PIP owner.
- PALS to submit PIP to next meeting of Patient Information Group for approval.
- If leaflet not approved, owner to make amendments as recommended by PIG and re-submit PIP to PIG via PALS.

Leaflet approved by PIG

Production (2-4 weeks)
- Final sign-off by agreed signatory
- If printing internally, arrange printing/photocopying
- If external printing required, contact Supplies for design & print quotes
- Send to Supplies to arrange printing (NB responsibility for approving proofs rests with the author)
- Send final version to PGMC Library and PALS, publish on Intranet patient Information library
- Publish on public website if appropriate, as agreed by author and final signatory
APPENDIX D – PATIENT INFORMATION CHECKLIST

Patient Information Checklist

This checklist must be completed by Patient Information Owners before any new or revised patient information product is submitted to the Patient Information Group. The checklist ensures compliance with the Trust’s Patient Information Policy and the Information Standard.

Department name:

Contact name: Extension number:

Name of patient information product owner(s):

Information sponsor (senior clinician or manager):

Information product name:

Reference number (supplied by PALS team):

Date first published:

Date previously reviewed:

- Scoping
  1. Please confirm that you have read the Trust’s Patient Information Policy and that you are aware of the Trust’s commitment to and the requirements of the Information Standard. (If you require any training or advice as an information owner to ensure compliancy with the PI Policy, please contact the PALS team).
  
  2. What is the purpose of this information resource?
  
  3. What evidence do you have of a need for this resource specifically?
  
  4. Who is the target audience for this information product and how have you identified this audience? Please specify at what point(s) in the journey patients will be given the leaflet and why.
  
  5. Do you have sufficient staff resources to undertake the work required to produce this information product? If not, how will you resource?
  
  6. Do you have sufficient budget to cover any external printing requirements?

- Audience Involvement
  
  7. How have you involved patients and carers in developing or reviewing the information? Please supply evidence of feedback and any changes you have made to your information product as a result.
  
  8. Overleaf is a guide to collecting feedback from users. In addition to any other feedback you gather, please ensure you’re able to provide a summary of responses to the questions listed there.
  
  9. Please make sure that anyone giving feedback is able to be impartial, free from bias and has no conflicts of interest in feeding back on this resource.
Please show the draft leaflet text to a minimum of 10 service users with related conditions and needs. Introduce yourself and explain who the leaflet is for and its purpose and that you would welcome their views. Ask the following questions and record here average scores and summary of views below:

- Do you find the leaflet clear and well-written, in plain English and free of jargon that would make it difficult to understand?
  Yes/No
  If not, please explain why.
  Please highlight any sections of text you do not understand.

- Do you feel the information is presented in the most appropriate format?
  Yes/No
  If not, how could it be improved?

- Do you find it easy to navigate your way round the document?
  Yes/No
  If not, how could it be improved?

- Do you find the information in the document helpful in informing you better so you can make decisions about your treatment and care?
  Yes/No
  If not, please say why.

- Given the purpose of this document, overall do you think it is:
  Poor/satisfactory/good/excellent?

**Conflicts**

10. Is there any clinical, research evidence or commercial conflict of interest concerning the information in your information product, and if so, how have you resolved this?

**Oversight**

11.

a. Is the Information Sponsor is aware of their responsibilities set out in the Patient Information Production Policy (Patient Information Policy – Definitions)?

b. Does the Information Sponsor approve this product? Please give date of approval.

**Content**

12. Does your leaflet include the following (as a minimum):

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Yes/No/Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aims and purpose</td>
<td></td>
</tr>
<tr>
<td>The nature of the condition</td>
<td></td>
</tr>
<tr>
<td>Proposed treatment</td>
<td></td>
</tr>
<tr>
<td>Benefits of the treatment</td>
<td></td>
</tr>
<tr>
<td>Risks of the treatment</td>
<td></td>
</tr>
<tr>
<td>Alternatives to the treatment including the option not to treat</td>
<td></td>
</tr>
<tr>
<td>The information is consistent with up-to-date clinical evidence, medical research and social research (give details how you have established this – see further checklist below)</td>
<td></td>
</tr>
<tr>
<td>Notice that sources of evidence are available by request to the Patient Information Officer (full references should be submitted with this checklist)</td>
<td></td>
</tr>
</tbody>
</table>
The date the information is issued is clearly indicated along with the planned review date.
The product is presented in the most appropriate format for the specified audience
Any conflict of interest is disclosed on the product
Layout in corporate template
There is a clear distinction between personal opinion and evidence-based information
If necessary the product contains specific navigation aids such as contents lists, indexing and search facilities
Any advertising or sponsorship is clearly identified.

### Evidence Research Checklist

Please indicate on the table below the details of your search. If you would like further advice on completing your search, please either refer to Appendix E of the Patient Information Policy – sourcing evidence for patient information or contact Library and Knowledge Services on ext. 3197 or e mail: libraryenquiries@croydonhealth.nhs.uk

<table>
<thead>
<tr>
<th>Search completion date:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Search completed by:</td>
<td></td>
</tr>
<tr>
<td>Search covers period:</td>
<td></td>
</tr>
<tr>
<td>Search terms:</td>
<td></td>
</tr>
<tr>
<td>Database search terms:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Resources researched</th>
<th>Checked</th>
<th>Alert/feed set up for current awareness</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bandolier</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BestBETS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BioMed Central</td>
<td></td>
<td></td>
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<tr>
<td>British Nursing Index</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CINAHL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cochrane Library</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Database of Uncertainties about the Effects of Treatments (DUETs)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department of Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electronic Medicines Compendium</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMBASE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evidence-based decision making in critical care medicine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evidence-Based On Call</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evidence Updates (BMJ)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Google Scholar</td>
<td></td>
<td></td>
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<tr>
<td>Health Business Elite</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HMIC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Map of Medicine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDLINE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>National electronic Library for Medicines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Prescribing Centre</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NHS Clinical Knowledge Summaries (CKS)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NHS Evidence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NICE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Open Grey</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Images

13. Do you have permission for the use of any images or diagrams? Yes □ No □

If no please seek advice from the PALS team before proceeding.

Accessibility

14. Have you identified any special requirements for your target audience? If so what are they?

The Trust supports people whose first language is not English, who may need additional help in reading this information. There is a pre-translated form in the following six languages for people to request the information to be translated:

- French
- Urdu
- Polish
- Turkish
You may wish to consider inserting this form into your leaflet. Please also consider the following points:

- **The needs of the audience**
  Is written format the best way of providing this information? People whose first language is not English may prefer face to face interpreting or a pre-recorded translation instead.

- **Does similar information exist elsewhere in the language of their choice?**
  NHS Choices website offers a wide variety of health related information in several languages.

- **Life span of the information**
  The time and cost of producing translations means the information must be relevant for at least six months, preferably a year.

- **Length of information**
  The cost of translation increases in direct proportion to the number of words. If the information you need to make available is more than four pages of A4 in 12 point text (approximately 1,000 words) consider editing the text to make it shorter.

- **The complexity of the information**
  Translating diagrams, captions etc will incur additional design costs over and above the actual translation.

  For people with **visual impairment**, the form also includes the facility to request large print versions (16 point font, which can be produced at department level) and audio versions.

  Translation forms are returned to PALS, so please contact the PALS team in advance for advice if you are using the form, and so they can pass any requests onto the identified budget holder for action. E-mail: pals@croydonhealth.nhs.uk

Procurement will provide quotes for the translation work using reputable companies.

Once the information has been translated it will be available in pdf form if requested again. The intranet archive can be used to hold previous translations and large print versions so they can be used again without incurring additional costs, as long as the information remains current

PLEASE NOTE: There is no central budget for the production of corporate or patient information so the cost of translation is met by the department offering the service.

Please contact the PALS team if you need advice about providing information for people with **learning difficulties**.

- **Review arrangements**
  Patient information should be reviewed every three years or sooner when research evidence suggests changes in practice or in response to feedback from patients or carers. The Directorate Quality Board, in conjunction with the information owner, is responsible for ensuring that review takes place.

  Any changes must be approved by the Patient Information Group. Previous versions must be withdrawn.

- **Archive arrangements:**
  Once the information product has been approved by the Patient Information Group, please publish the final version of the information product on the Trust intranet, and send the PALS team the final electronic version for archiving purposes. Please agree with the final signatory whether the information product should be published on the Trust’s public website.

- **Sign-off**
Date completed by Information owner:
Date reviewed and approved by information sponsor:
Date reviewd by PIG:
Final sign off date:

The department takes responsibility for having secured the necessary funding to meet the cost of producing (printing) the information, and for any special requirements such as translation or large print.
APPENDIX E – SOURCING EVIDENCE FOR PATIENT INFORMATION

Do we need a new Patient Information Product (PIP)?
Check whether a PIP is already available from NHS Choices or from other trusted third parties such as charities, support networks or national guidance.

If the Trust PIP owner has identified a clear, unambiguous evidence-based national PIP that can be used, then the owner need not undertake the following detailed research procedure.
The Trust will only produce new information when there is no pre-existing trustworthy source of information available.

Already published PIPs
This is a dynamic list which will require frequent updating.

Please send any updates of useful sites to libraryenquiries@croydonhealth.nhs.uk for inclusion in the checklist.

The following sources can be used to identify already published PIPs:
- Charities and specialist organisations – Macmillan, British Heart Foundation etc.
- Expert patient programme http://www.expertpatients.co.uk/
- Map of Medicine http://eng.mapofmedicine.com/evidence/map/index.html
- NHS Choices and Information Prescription Service www.nhs.uk
- NHS Clinical Knowledge Summaries (CKS) http://www.cks.nhs.uk/home
- NHS Evidence www.evidence.nhs.uk
- NHS eLearning Repository http://www.elearningrepository.nhs.uk/

Overview
Patient information products (PIPs) are produced by staff from Croydon Health Services NHS Trust. All PIPs that fall within the remit of the Patient Information Policy need to conform to the requirements of the Information Standard.

Croydon Health Services Library and Knowledge Service has produced this guidance on how to best carry out the process outlined in the Information Standard, clause 9:

9. The information producer shall describe the process they use to select information sources in line with the principles detailed in Appendix A.

The information producer shall describe the process it goes through:
a) To source evidence that reflects the most up-to-date clinical evidence, medical research or social research for the information product.

Patient information products should be reviewed every three years.

Library and Knowledge Service is responsible for providing guidance on sourcing evidence for new patient information products and for patient information products being reviewed. If you need further help or information, contact Library and Knowledge Services on ext. 3197 or e-mail: libraryenquiries@croydonhealth.nhs.uk

Keeping up to date
It is the responsibility of the PIP author to keep up to date with changes in evidence, information and practice that relate to the PIP. The Library and Knowledge Service provides signposting to current awareness and alerting services, and in-house dynamically updated bespoke RSS feeds and training for all staff. ZETOC, the British Library journal table of contents alerting service is available via NHS Athens. It is recommended that authors subscribe and detail their methods of keeping up to date with changes in practice.

It is recommended that the following process is used by all staff to ensure a robust search for evidence to support PIPs.
What is evidence-based practice?
Evidence-based practice (EBP) is an approach to healthcare which advocates that clinical decisions should be based on the best available evidence.

What is evidence?
Evidence of effectiveness should come from systematic reviews of the research literature. EBP recommends a hierarchy of evidence:

- systematic reviews of randomised controlled trials
- randomised controlled trials
- cohort studies
- case-control studies
- case-series
- expert opinion

Sources of evidence from systematic reviews of randomised controlled trials, randomised controlled trials and cohort studies are considered to be stronger evidence than those from lower in the list.

Types of Search Question
- Diagnosis – the identification of an illness or condition
- Aetiology – the cause or origin of a disease or condition
- Prognosis – the expected course of the disease and outcome for the patient
- Therapy – the treatment options for the disease or condition
- Qualitative – understanding social phenomena

Planning your search
Before searching, work out what exactly you want to discover. Can you turn this into an answerable question? Break your question down into the most important concepts and search for those, one at a time. If you are undertaking a comprehensive literature review, be sure to search all the relevant sources of information, and make use of keyword as well as subject heading searches.

The PICO framework is helpful in thinking out a search strategy:

- **P** – problem: who is your patient/population group? What condition are you researching? Think of all the factors which make this patient with this condition unique.
- **I** – intervention: what might be done? This includes therapy (drug delivery, dose and so on) but also diagnostic tests, prognosis and so on.
- **C** – comparison: are you comparing this with another intervention?

Selecting Information Sources
Evidence comprises guidelines; consensus statements; systematic reviews; health technology assessments; policy documents; care pathways; evidence summaries; grey literature; quality standards and known uncertainties.

Literature comprises the evidence plus primary research, on-going trials, and documentation produced by research charities, professional bodies, healthcare providers and NHS Trusts.

Critical appraisal
When you have found the evidence, it is important to consider whether it is relevant to your patient, and if the research methodology is sound. You will need to know about the legitimate use of statistics and how each kind of research works. There are links to critical appraisal resources at [http://www.casp-uk.net](http://www.casp-uk.net)
Evidence sources
This is a dynamic list which will require frequent updating. Please send any updates of useful sites to libraryenquiries@croydonhealth.nhs.uk for inclusion.

Not all specialities will need to check each source of information. Some sources are specific to certain specialities.

When conducting an evidence based search the following sources should be considered and may be used to identify published research. This list is not intended to be comprehensive.

All specialities

- Bandolier http://www.medicine.ox.ac.uk/bandolier/knowledge.html
- Information about evidence of effectiveness
- BioMed Central http://www.biomedcentral.com/
- All original research articles published by BioMed Central are made freely and permanently accessible online immediately upon publication. All research articles in BioMed Central's journals receive rapid and thorough peer review.
- Cochrane Library http://www.thecochrancelibrary.com/view/0/index.html
- The Cochrane Library is a collection of six databases that contain different types of high-quality, independent evidence to inform healthcare decision-making, and a seventh database that provides information about groups in The Cochrane Collaboration
- Database of Uncertainties about the Effects of Treatments (DUETs) http://www.library.nhs.uk/duets/
- UK DUETs draws on three main sources to identify uncertainties about the effects of treatments: patients', carers' and clinicians' questions about the effects of treatments
- Department of Health www.dh.gov.uk
- Evidence Updates (BMJ) http://plus.mcmaster.ca/EvidenceUpdates/
- BMJ Group and McMaster University's Health Information Research Unit provide access to current best evidence from research to support evidence-based clinical decisions.
- NHS Evidence http://www.evidence.nhs.uk/
- NHS Evidence is a service that enables access to authoritative clinical and non-clinical evidence and best practice through a web-based portal.
- NICE www.nice.org.uk
- NICE is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health.
- Open Grey http://www.opengrey.eu/
- Examples of grey literature including technical or research reports, doctoral dissertations, some conference papers, some official publications, and other types of grey literature.
- PubMed comprises more than 21 million citations for biomedical literature from MEDLINE, life science journals, and online books.
- SIGN Scottish Intercollegiate Guidelines Network http://www.sign.ac.uk/
The Scottish Intercollegiate Guidelines Network (SIGN) develops evidence based clinical practice guidelines for the National Health Service (NHS) in Scotland.


TRIP Answers is a collection of clinical questions and answers drawn from a wide number of sources around the world and builds on TRIP’s ten year’s experience of answering clinical questions.


The TRIP Database is a clinical search tool designed to allow health professionals to rapidly identify the highest quality clinical evidence for clinical practice.


Unbound MEDLINE is a service provided by Unbound Medicine, Inc. that includes data and services from the U.S. National Library of Medicine’s MEDLINE® and PubMed® databases.

Google Scholar [http://scholar.google.co.uk/](http://scholar.google.co.uk/)

Google Scholar provides a simple way to broadly search for scholarly literature.

**Specific to your specialty**

Professional bodies such as the Royal Colleges, Chartered Institutions and Associations (e.g. BMA)

**Critical care**

- Evidence-based decision making in critical care medicine [http://www.evidencebased.net/](http://www.evidencebased.net/)
- Provides access to a series of evidence-based recommendations.

The Map of Medicine includes information on: Emergency Medicine, Medicine, Mental Health, Obstetrics and Gynaecology, Oncology, Paediatrics, and Surgery.

**Emergency care**


The Map of Medicine includes information on: Emergency Medicine, Medicine, Mental Health, Obstetrics and Gynaecology, Oncology, Paediatrics, and Surgery.

**Medicine**

- Evidence-Based On Call [http://www.eboncall.org/](http://www.eboncall.org/)
- In this evidence compendia you will find evidence-based summaries of 38 on-call medical conditions.

The Map of Medicine includes information on: Emergency Medicine, Medicine, Mental Health, Obstetrics and Gynaecology, Oncology, Paediatrics, and Surgery.

Nursing

- British Nursing Index – NHS Athens password required
- CINAHL - NHS Athens password required
- Health Business Elite - NHS Athens password required
- HMIC - NHS Athens password required
- The Map of Medicine includes information on: Emergency Medicine, Medicine, Mental Health, Obstetrics and Gynaecology, Oncology, Paediatrics, and Surgery.
- MEDLINE - NHS Athens password required
- PsychINFO - NHS Athens password required

Occupational therapy

- AMED – NHS Athens password required
- OT Seeker [www.otseeker.com](http://www.otseeker.com)

Pharmacy

- EMBASE – NHS Athens password required
- MEDLINE - NHS Athens password required
- National Prescribing Centre [http://www.npc.co.uk/](http://www.npc.co.uk/)

Physiotherapy

- AMED – NHS Athens password required
- MEDLINE - NHS Athens password required

Primary Care

- NHS Clinical Knowledge Summaries (CKS) [http://www.cks.nhs.uk/home](http://www.cks.nhs.uk/home)

The NHS Clinical Knowledge Summaries (formerly PRODIGY) are a reliable source of evidence-based information and practical ‘know how’ about the common conditions managed in primary care.
Staff should review the evidence and literature for relevance. It is the clinicians’ responsibility to read the literature and to make a decision about the information to include within the PIP.

These lists are not intended to be comprehensive. Other sources may be used at the discretion of the searcher / librarian, and in accordance with Appendix A of the Information Standard.

The search checklist (Appendix B) will enable you to take a more systematic approach to your searching. It means you should end up being confident that you have not missed anything important.

**Search Strategies**

Searches will comprise relevant terms taken from keywords from the patient information product, or from a description of the proposed leaflet, using the PICO methodology:

- **Patient** – Who is the treatment/test/other process of care being delivered to?
- **Intervention** – What procedure/agent/manoeuvre is being done to or is happening to the patient/population? An intervention can be therapeutic, diagnostic, managerial, organisational or behavioural, and is characterised as being planned activity. An exposure is an unplanned or unintentional action of an agent, or an unexpected side-effect of an intervention.
- **Comparison** – This helps answer "How much better?" or "Better than what?"
- **Outcome** – How is the effect of an intervention/exposure on a patient/population actually measured? Outcomes can be endpoints in themselves (e.g. smoking cessation) or surrogate endpoints (e.g. biochemical confirmation of absence of nicotine) that indicate progress towards a particular target or goal.

**Search tips**

When deciding which terms to use in your search, remember to use search terms including:

- Synonyms
- Acronyms
- Differences in terminology e.g. Stoma (UK) and Ostomy (US)
- Old/New terminology e.g. mongolism / down’s syndrome
- Brand/Generic names e.g. coumadin / warfarin
- Lay/Medical terminology e.g. stroke / cerebrovascular accident
- Spellings/Plurals
- Use “ “ for phrase searching. Inputting lateral epicondylitis into a search box would result in a search for both words, wherever they appear in the record. “lateral epicondylitis” would search for the words where they appear adjacent to each other, thereby adding focus to the search.
- Use correct bracketing for non-HDAS sources: (COPD or “Chronic Obstructive Pulmonary Disease”) and diagnosis. This should correctly retrieve records with diagnosis and either “Chronic Obstructive Pulmonary Disease” or COPD. Without brackets, the search won’t work properly.
- Use subject headings as well as keywords.
- Check coverage, scope and definition as subject headings may not be defined as you might expect, e.g. the MeSH heading, Surgery is used to index articles on the discipline of surgery rather than surgical procedures, which is indexed under Surgical Procedures, Operative
- Check the thesaurus tree for narrower and more relevant headings
- Use truncation where appropriate: * or *n where n = the maximum characters at the end of a word
- Use combinations using Boolean operators AND, OR, NOT, ADJ, ADJx (words are within the specified number of words (indicated by x) of each other, in any order)
- Do not use sub-headings in the first instance, as this may limit the sensitivity of your search. Use sub-headings, if appropriate, to narrow down a search.
- Use exploded sub-headings, e.g. dt.fs. This will look for Drug Therapy wherever the sub-heading occurs, regardless of the heading to which it has been attached.
If Clinical Queries are available (EMBASE and MEDLINE only), use it to find records that correspond to a specific clinical study category, i.e. therapy, aetiology, prognosis, diagnosis etc. The search may be either broad and sensitive or narrow and specific.

Search filters are based on the work of Haynes RB et al.. These filters have been optimised to retrieve records for diagnosis, therapy, aetiology and prognosis.

For Google Scholar:
- Combine like terms with OR and bracketing - | and OR are the same. (cancer OR neoplasm OR carcinoma)
- Google doesn't require the use of AND. A space between two terms and between operators, except for OR, is treated as an AND.
- Use """" for phrase searching where you want the words to be adjacent to each other, e.g. “chronic obstructive pulmonary disease” site: will restrict to specific domains like .nhs.uk or .ac.uk. You can include multiple domains, e.g. site:.nhs.uk, .ac.uk, .org
- filetype:pdf will restrict results to PDFs, filetype:doc will restrict results to Word documents. It will not accept multiple file types as site, i.e. filetype.doc, pdf.
- -before a term acts as AND NOT and excludes the term. You can use –site:.co.uk to exclude websites in this domain. You can keep excluding terms by adding them to the search string, and re-searching.
- 2004..2009 will restrict your search to a numeric range, in this case, date. Just separate your dates by two elipsis.
- You can also restrict your search to a particular country or to those pages in a specific language
- You can also restrict your search to the terms occurring within the:
  - title (allintitle:);
  - text (allinbody:)
  - url (allinurl:)
    - Add the relevant code to the beginning of your search string.
    - Remember to think of synonyms, alternative spellings and variations on a theme. If (guideline OR pathway) returns too many results, try (“local guideline” OR “local pathway” OR “trust guideline” OR “trust pathway”).
    - If you find a useful document, search it for useful phrases to narrow down the search: “trust lead” “review date” etc.
    - An example of a search may be:
      ("fracture of neck of femur" OR "hip fracture" OR "fracture of hip") (guideline OR local protocol OR local pathway) (hospital OR acute) -agenda -meeting -audit -leaflet -site:.com -strategy -site:.nhs.uk -site:.org.uk -site:.co.uk – newsletter

Search results summary
The results of the evidence or literature search should be set out in the template in the Patient Information Checklist. Evidence summaries should include:

- Name of searcher / requester
- Date search required
- Date of search
- Details of the search request
- Details of the resources searched
- Details of the search terms used
- Guidelines
- If general topic information is sought, just provide the title of the, resource, the abstract, and a link to it.

If the information required is more specific, and buried within a long document or webpage, provide the title, copy and paste relevant extracts underneath, and the full text link below this.

- Evidence-based reviews
- Research studies
- Include bibliographic details, abstract and URL to full-text if available.
## APPENDIX F – COMPLIANCE MONITORING TOOLS

### Information needs audit tool

This tool is designed to systematically review our written provision of information to service users. Each service should complete this annually. An excel version is available for ease of data entry.

<table>
<thead>
<tr>
<th>Name of specialism, pathway, service or procedure</th>
<th>Name of person completing this form</th>
</tr>
</thead>
</table>

Do you routinely provide information products (factsheets, leaflets, CDs, web pages) to patients:

Please list the information products you routinely use:

<table>
<thead>
<tr>
<th>Title</th>
<th>Provided to the patient:</th>
<th>Before – in the post with appointment letter</th>
<th>Before – at the consultation</th>
<th>During – at reception / on arrival</th>
<th>During – with an explanation from the HCP during / at the moment of treatment</th>
<th>After – at reception on leaving</th>
<th>After in the post, eg. With outcome letter</th>
<th>Online – link to specific pages advertised in writing / be email</th>
<th>Online – for general public access by not specifically advertised</th>
<th>Other?</th>
<th>In scope of Patient Information Policy?</th>
<th>IS logo? Y/N</th>
<th>CHS corporate branding? Y/N</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

March 2012 Page 32 of 40
Looking at this suite of publications, where 1 is ‘very well’ and 4 is ‘not at all’, how well will it

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Helps people know in advance what will happen when they see the</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
</tr>
<tr>
<td>health professional</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Informs people in advance what decisions they may be asked to</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
</tr>
<tr>
<td>make</td>
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<td></td>
</tr>
<tr>
<td>Suggests questions that people should ask their health</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
</tr>
<tr>
<td>professional / helps patients prepare questions in advance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tells people what will happen during their course of treatment</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
</tr>
<tr>
<td>Tells people what follow up to expect and why</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
</tr>
<tr>
<td>Gives specific advice based on research evidence, that may</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
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<tr>
<td>inform the service users choice about their treatment or care</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Tells people what danger signals to look out for</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
</tr>
<tr>
<td>Describes any risks of the treatment</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
</tr>
<tr>
<td>Describes the benefits of the treatment</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
</tr>
<tr>
<td>Explains what to do if people have a question, concern or</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
</tr>
<tr>
<td>complaint</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tells people who to contact if they are worried</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
</tr>
<tr>
<td>Signposts to further support, telling them how to enquire to</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
</tr>
<tr>
<td>community and voluntary organisations / access peer support /</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>etc.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Includes a statement about large print / other accessibility</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Once completed, please send this form to the Patient Advice and Liaison Service: PALS@croydonhealth.nhs.uk
Monitoring compliance of individual patient information (PIP) products with the Patient Information Policy

This tool is for use by the Patient Information Group to audit a sample of information products and ensure that standards are being met.

Title of information
Reference Number __________________ Information owner __________________________
Target audience ______________________________________________________________
Reviewing body or bodies ______________________________________________________
Date for next review __________________________________________________________

Does the PI product meet the criteria for the national Information Standard?

  a) The information is consistent with up-to-date clinical evidence, medical research and social research.
  b) Sources of evidence are clearly indicated.
  c) The date the information is issued is clearly indicated along with the planned review date.
  d) Possible treatment/care outcomes are clearly presented.
  e) The product clearly communicates its aims and purpose.
  f) The product is presented in the most appropriate format for the specified audience
  g) Any conflict of interest is disclosed.
  h) Where relevant, alternative treatment/care options are clearly stated.
  i) Each product has a consistent layout
  j) There is a clear distinction between personal opinion and evidence-based information.
  k) If necessary the product contains specific navigation aids such as contents lists, indexing and search facilities.
  l) Any advertising is clearly identified.

Additionally, does it include:

- The nature of the condition
- Alternatives to the treatment including the option not to treat
- Information on how to access urgent care after the procedure (if applicable)
- Information on where to get further information e.g. hospital numbers, help-lines, support groups or websites

What evidence is there that the information meets latest evidence and research?

What evidence is there of patient or carer involvement in developing this information?
Does the design & format meet NHS guidance and Achieving Access for All guidance?

Font and size

Trust template used

Appropriate images

Is the information presented in the most appropriate way for the audience?

Large print

Other languages

Other formats

Actions

None needed

Action at next review

Action within three months

Immediate action
Compliance check: information provision

This tool enables the Trust to audit the provision of information to service users, or “Patient Information” as defined in the patient information policy. The tool is designed for those accountable for compliance (as set out in the policy) to provide assurance. A collated report will be issued by the Patient Information Group to Management team, annually. Public areas include all spaces, physical and virtual, where information is available to service users.

<table>
<thead>
<tr>
<th>Date</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Directorate:</td>
<td></td>
</tr>
<tr>
<td>Department:</td>
<td></td>
</tr>
<tr>
<td>Public area audited:</td>
<td></td>
</tr>
<tr>
<td>Name of reviewer:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total number of information products in the public area</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CHS branded products (with IS logo)</td>
<td></td>
</tr>
<tr>
<td>CHS branded products (without IS logo)</td>
<td></td>
</tr>
<tr>
<td>Made by the hospital but not CHS branded</td>
<td></td>
</tr>
<tr>
<td>Externally produced products (with IS logo)</td>
<td></td>
</tr>
<tr>
<td>Externally produced products (without IS logo)</td>
<td></td>
</tr>
<tr>
<td>NHS branded products (with IS logo)</td>
<td></td>
</tr>
<tr>
<td>NHS branded products (without IS logo)</td>
<td></td>
</tr>
<tr>
<td>Mayday branded products</td>
<td></td>
</tr>
</tbody>
</table>

PTO
Actions as a result of this audit:

Once completed, please send this form to the Patient Advice and Liaison Service:
PALS@croydonhealth.nhs.uk
APPENDIX G – PATIENT INFORMATION GROUP TERMS OF REFERENCE

These Terms of Reference are subject to revision by the Trust Management Team, in accordance with this policy once ratified, and before implementation on 1 January 2012.

Purpose:
To support the production of high quality patient information which meets the standards set out in the Trust’s communications, engagement and accessible information policies and guidance, in line with the Integrated Business Plan.

Objectives:

a) Ensure that all new patient information complements but does not duplicate or contradict existing Trust produced information and information on accredited existing sources such as Information Prescriptions and nationally approved guidance.

b) Ensure that all patient information published has a ‘person centred approach’ with information of the highest possible quality, easily understood and available at the appropriate time.

c) Support the implementation and monitoring of the Patient Information Policy.

d) Ensure that all patient information meets the NHS corporate identity guidelines, and is compliant with nationally set standards (e.g. NHSLA) and local standards (e.g. Achieving Access for All).

e) Ensure that patients have access to good quality information about services that is easily accessible using a wide range of media including the Trust’s website.

f) Ensure that information is clear, consistent, relevant, well designed and has a recognisable ‘Trust brand’ and represents ‘value for money’.

g) To promote staff and public involvement in production of future patient information and ensure that there are mechanisms in place to obtain feedback from patients and staff.

Accountability and Reporting Arrangements:

The group will report to the Trust Management Team via the Head of Communications.

Notes of the meetings are placed on the staff intranet.

Membership:

- Head of Communications (Co-Chair)
- Head of Patient Experience (Co-Chair)
- Deputy Director of Nursing
- Representative of all directorates
  - Community Services (adult)
  - Community services (children)
  - Women and children
  - Planned care
  - Emergency care
  - Diagnostics and clinical support
- Representatives to be senior or clinical manager

- Equality and Diversity representative – One of the six work stream leads to represent all
- Representative from Local Involvement Network (Link)
- Representative from the Patient Assembly
To ensure wide patient and carer involvement new and major revisions of leaflets to be tested on relevant sample of people before submission to the group.

To ensure clinical staff engagement authors invited to attend meetings when their leaflets are being discussed

**Quorum:**
The Group shall be deemed quorate if there is representation of not less than two-thirds of membership numbers which must include the following:

- A representative of all directorates

If members cannot attend, a deputy with the same ability to represent their area of expertise should attend.

All members are required to attend at least six of the 10 meetings per year or send a nominated deputy of equal standing who can make decisions on their behalf.

Other members of Trust staff to be invited to join for specific issues (e.g. leaflet authors).

**Frequency of meetings**
The group will meet 10 times a year – every month excluding August and December.

There is a facility for “virtual” meetings in addition to these meetings, as long as any actions are clearly recorded in the following meeting’s action notes.

**Authority**
The group has authority to challenge issues that will raise the standards of patient information.

**Key tasks**

- To oversee the process for approving new patient information including patient involvement in its development
- To advise authors of existing leaflets on processes for ensuring appropriate user involvement in reviews
- To advise authors on appropriate use of alternative methods of communication including use of the Trust’s own website and the Information Prescription scheme
- To produce guidance for staff who produce patient information including leaflet and letter templates and checklists.
- To ensure patient information provides good quality clinical advice and contains details of any risks regarding treatment or from not following clinical advice and supports informed consent.
- To ensure authors are aware of the need to review all patient information leaflets on a three yearly basis.
- Ensure all new patient information meets the recommendations laid down in the Trust’s “making text accessible” guidance and that consideration has been given by authors to providing it in other formats and languages where appropriate.
- To monitor the Patient Information Policy and carry out an annual review of approved literature to ensure it meets the standards set out in the policy.

**Monitoring Effectiveness**
The annual review will be presented to the Trust Management Team and placed on the staff intranet.

**Key indicators:**

- NHSLA standard 4.1 Patient Information and Consent
- Care Quality Commission Essential Standards for Quality and Safety Outcome 1 Regulation 17 Respecting and involving people who use services
• Care Quality Commission Essential Standards for Quality and Safety Outcome 2 Regulation 18
  Consent to Care and Treatment

**Key Tasks**
List the key tasks of the committee or group

Review of Terms of Reference
These Tore will be reviewed annually by the Group and ratified by Trust Management Team.

**Sub Committee**
None

**Uploading to the Intranet**
The Communications team will take responsibility for uploading puff versions of approved leaflets to the Patient Information library on the intranet. Some leaflets will also be uploaded to the public website where the authors and communications jointly decide this is appropriate.

Ratified Date: 17 March 2011
By: Trust Management Team
Review Date: March 2012