

CONTROLLED DOCUMENT

Patient Information Policy

CATEGORY:	Policy
CLASSIFICATION:	Communications
PURPOSE	To set out the principles and framework for the production and approval of patient information communication materials for the Trust
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Distribution:	
<ul style="list-style-type: none"> • Essential Reading for: 	All clinical service leads, heads of departments, senior managers, senior nurses and those producing patient information
<ul style="list-style-type: none"> • Information for: 	All staff

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1. Policy Statement

- 1.1 The purpose of this policy is to ensure a clear and consistent approach in the production of Patient Information and that all Patient Information produced and distributed by University Hospitals Birmingham NHS Foundation Trust (the Trust) is clear, concise, clinically appropriate, professionally presented and in the appropriate format.
- 1.2 This policy, in conjunction with the associated Procedure for Developing, Reviewing and Producing Patient Information, details a systematic process for producing, authorising, reviewing, monitoring and archiving arrangements for Patient Information.

2. Scope

- 2.1 This policy applies to all generic clinical information and non-verbal advice provided to patients and all staff employed by the Trust who have a responsibility for producing and delivering Patient Information.
- 2.2 This policy applies to all Patient Information created and/or distributed within Trust services by the Trust, excluding Patient Information produced by external charities or organisations.

3. Framework

- 3.1 This section describes the broad framework for the production of Patient Information. Detailed instructions are provided in the associated Procedure for Developing and Producing Patient Information.
- 3.2 The Director of Communications shall approve all procedural documents associated with this policy, and any amendments to such documents, and is responsible for ensuring that such documents are compliant with this policy.
- 3.3 Patient Information is defined as:
 - 3.3.1 Generic information or advice about treatments, procedures, services and conditions. Patient Information can be in any format, including leaflets, booklets, factsheets, posters, audio files or video files (e.g. DVD).
 - 3.3.2 The term 'Patient Information' does not refer to information:
 - a) given verbally through direct contact with patients, carers or relatives; or
 - b) About patients such as personal data or details of an individual's medical conditions.

- 3.4 The Trust's framework for the production of Patient Information consists of the following stages:
 - 3.4.1 pre development of the information;
 - 3.4.2 development;
 - 3.4.3 impact assessment;
 - 3.4.4 drafting;
 - 3.4.5 consultation;
 - 3.4.6 approval;
 - 3.4.7 implementation;
 - 3.4.8 review; and
 - 3.4.9 Archiving.
- 3.5 Patient Information must be used as part of the consent process to support patients' decision-making including risks, benefits and alternatives, where appropriate, as described in the associated Policy for Consent to Examination or Treatment.
- 3.6 All Trust Patient Information must, in accordance with the associated procedure:
 - 3.6.1 be formally approved for use;
 - 3.6.2 be reviewed every two years or earlier to reflect changes in practice;
 - 3.6.3 be printed to a professional standard via an agreed print route; and
 - 3.6.4 Not be photocopied, amended with pen or changed without being approved.
- 3.7 The Document Author will identify the purpose of the information, confirm funding, and produce the information as set out within the associated procedure.
- 3.8 Medical Illustrations will coordinate the authorisation process through Risk & Compliance and Communications and final printing and archiving of documents in accordance with the associated procedure.

3.9 All Patient Information must comply with Trust's requirement for impact assessment which includes undertaking an Equality and Diversity impact assessment.

3.10 Sponsorship of Patient Information

3.10.1 Use of sponsors logos and slogans must comply with Department of Health national corporate guidelines.

3.10.2 Potential sponsorship arrangements must be approved by the Director of Communications.

3.10.3 Any sponsored Patient Information produced must bear the disclaimer:

'University Hospitals Birmingham NHS Foundation Trust does not endorse the products/services advertised in this information'.

3.10.4 Any organisation, product or service which may cause offence, or may bring the Trust into disrepute either directly or through association is strictly prohibited. Certain products and services, including but not limited to the following must not be advertised:

- a) Cigarettes/tobacco;
- b) Slimming products;
- c) Cosmetics;
- d) Formula milk; or
- e) Alcohol.

3.11 All Patient Information which is no longer required must be destroyed and archived in accordance with the associated Procedure.

3.12 Printing of Patient Information

To maintain a high standard of product and to ensure version control, Patient Information must only be printed via:

3.12.1 UHB Printing;

3.12.2 PAID system; or

3.12.3 An external third party approved by Director of Communications.

4. Duties

4.1 Director of Communications

The Director of Communications will:

- 4.1.1 Ensure this policy is effectively implemented and monitored;
- 4.1.2 Be responsible for implementing an annual Patient Information audit;
- 4.1.3 Ensure all Trust-produced Patient Information is written in plain language and adheres to the corporate Trust style;
- 4.1.4 Approve potential sponsorship arrangements;
- 4.1.5 Approve all corporate messages to be published in Patient Information and the Trust website;
- 4.1.6 Ensure that the Communications Department provide advice and support to staff involved in producing Patient Information with regard to appropriate language, content and potential reputational risks associated; and
- 4.1.7 Consider requests for, and approve the use of, external suppliers, charities and third party organisations to produce Patient Information on behalf of the Trust.

4.2 Medical Illustration Manager

The Medical Illustration Manager will be responsible for:

- 4.2.1 Ensuring all new and revised Patient Information is produced in an approved Trust style and format;
- 4.2.2 Ensuring all Patient Information produced complies with the NHS Identity guidelines;
- 4.2.3 Ensuring all versions of Patient Information publications are held by Medical Illustration; and
- 4.2.4 Providing advice and support to staff involved in producing Patient Information regarding appropriate formatting, copyright and the use of images.

4.3 Head of Clinical Risk and Compliance

The Head of Clinical Risk and Compliance is responsible for ensuring that a quality assurance check is undertaken before it is approved.

4.4 Digital Communications Manager

The Digital Communications Manager will be responsible for:

- 4.4.1 Ensuring that, where appropriate, Patient Information is made available via the relevant Trust-managed websites;
- 4.4.2 Ensuring all Patient Information files (e.g. pdfs, audio, video files) on Trust-managed websites have been formally approved and that only the most up-to-date version is available; and
- 4.4.3 Providing details on the Trust website of how alternative formats can be obtained.

4.5 Printing Manager

The Printing Manager will be responsible for:

- 4.5.1 Ensuring only Patient Information which has been approved according to this policy is printed/issued; and
- 4.5.2 Maintaining a record of all requests for supplies of reprints of Patient Information titles.

4.6 Document Author

4.6.1 The Document Author is the single point of contact for a specific Patient Information document. The Document Author is the individual who is responsible for reviewing and updating the Patient Information.

4.6.2 The Document Author will be responsible for:

- a) Ensuring they do not contravene copyright laws and that consent from relevant parties is obtained when using any images, text, diagrams or illustrations owned by others in the production of Patient Information;
- b) Requesting, where necessary, Patient Information to be translated into appropriate formats to meet the needs of the patient cohort;
- c) Ensuring funding is available. Departments involved in the approval process will not be expected to identify funds for the production of Patient Information; and
- d) Ensuring that any Patient Information they provide is the updated version and that all relevant staff use the current version.

4.7 Clinical Service Leads and Departmental Managers

All Clinical Service Leads and Departmental Managers will be responsible for ensuring:

- 4.7.1 All Patient Information (both internally and externally produced) supplied to patients and carers within their department:
 - a) Complies with this policy;
 - b) Is reviewed every two years or earlier if required; and
 - c) Is clinically appropriate and reflects current practice.
- 4.7.2 Patient Information regarding conditions, treatments, procedures, services, medication and any general health information is developed by doctors, nurses, allied health professionals, other clinicians or managers with the appropriate knowledge of the condition, treatment, procedure or service;
- 4.7.3 Patient Information provides information regarding the risks, benefits and alternatives relating to the specified treatment and/or procedures;
- 4.7.4 The content of Patient Information is evidence-based and references appropriate sources; and
- 4.7.5 Sufficient funds are identified for the production of Patient Information.

4.8 Patient Information Coordinator

The Patient Information Coordinator will be responsible for:

- 4.8.1 Co-ordinating appropriate activities to ensure all Patient Information meets the requirements outlined in the associated Procedure;
- 4.8.2 Providing information, guidance, advice, and support to staff on the procedure for developing, reviewing and producing Patient Information;
- 4.8.3 Maintaining a database of current and supportive information resources to be used within and across the Trust, which is regularly updated; and
- 4.8.4 Conducting regular audits in line with the Policy.

4.9 Staff

All staff will be responsible for ensuring:

- 4.9.1 Appropriate Patient Information is offered to patients at appropriate points in their care pathway;
- 4.9.2 All Patient Information supplied to patients at QEHB Divisions is documented in patient notes using the PI reference code; and
- 4.9.3 Adequate supplies of Patient Information are available within their service.

5. Implementation and Monitoring

5.1 Implementation

- 5.1.1 Medical Illustration, Risk & Compliance, and Communications will provide advice and support to staff involved in producing Patient Information about implementing this policy.
- 5.1.2 This policy and the associated procedure will be made available on the Trust intranet site.

5.2 Monitoring

Appendix A provides full details on how the policy will be monitored by the Trust.

6. References

NHS Identity Guidelines. NHS England, (2017)
<https://www.england.nhs.uk/nhsidentity/>

Risk Management Standards. NHS Litigation Authority, (2013-14)
<http://www.nhs.uk>

7. Associated Policy and Procedural Documentation

Patient Information Policy

Photographic and Video recording Consent and Confidentiality Policy

Policy for the Consent to Examination or Treatment

Procedure for Developing, Reviewing and Producing Patient Information

Monitoring Matrix

Appendix A

MONITORING OF COMPLIANCE	MONITORING LEAD	REPORTED TO PERSON/GROUP	MONITORING PROCESS	MONITORING FREQUENCY
Trust-wide audit of Patient Information	Communications/Medical Illustration	Director of Communications Patient Information Group Patient Safety Group	All clinical departments will complete a 'PI audit' and results will be reported to the Patient Safety Group. The audit will also include a check on whether appropriate information has been archived or removed if required to no longer be in circulation Spot checks of all Patient Information in clinical areas will be randomly carried out over the course of a year.	Annual
Compliance with policy	Medical Illustration	Director of Communications Patient Information Group Patient Safety Group	A database of all compliant information is held by the Patient Information Group. Maintaining an up to date database of current and supportive information resources to be used within and across the Trust. To include requests of supplies of reprints of Patient Information.	Quarterly