Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

# Developing Information for Service Users Policy and Guidelines

**This procedural document supersedes: CORP/COMM 5 v. 6 – Development Information for Service Users Policy and Guidelines**

**Did you print this document yourself?**

The Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version. **If, for exceptional reasons, you need to print a policy off, it is only valid for 24 hours.**

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|---|---|
| Executive Sponsor(s): | Karen Barnard, Director of P&OD |
| Author/reviewer: (this version) | Emma Shaheen, Head of ommunications and Engagement |
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| Approved by: | Information for Service Users Group (ISU) |
| Ratified by: | Policy Approval and Compliance Group |
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| Next review date: | February 2024 |
| Target audience: | Trust-wide |

## Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

| Version | Date Issued | Brief Summary of Changes | Author |
|---|---|---|---|
| Version 7 | August 2021 | • Changed Care Group to Division/Directorate | Emma Shaheen |
| Version 6 | 22 November 2017 | • Removed section on Information Prescriptions<br>• Removed all mention of Clinical Audit Department involvement<br>• Removed section on patient letters | Emma Shaheen |
| Version 5 | 6 July 2015 | • Change to the Trust's processes for service user information - needs assessment, production and provision of information<br>• Change to the role of care groups on the responsibility and accountability for identifying information needs, sourcing or producing information resources<br>• All sections revised or re-written<br>• Change on the support to sourcing, ordering and storage of externally produced information<br>• Update on Trust information on the web site and external links<br>• Equality Impact Assessment updated | Emma Bodley |
| Version 4 | December 2010 | • Update of the processes<br>• Update of accountabilities and responsibilities<br>• Update of auditing<br>• Update of archiving<br>• Update of distribution of information<br>• Addition of non-Trust information and web site<br>• Inclusion of translation services<br>• Update of role of Medical Photography and Graphic Design<br>• Merged to appendix 3 and updated appendix 1, 4 and 5 | Lib Jones PPIG |

| | | | |
|---|---|---|---|
| | | • Insertion Patient Information Prescription<br>• Equality Impact Assessment updated | |
| Version 3 | April 2009 | • Trust Group name changed from Information for Patients and Public Group (IPPG) to Patient and Public Information Group (PPIG)<br>• Amendment form added - page 2<br>• Section on 'Producing a Draft' updated page 6<br>• Section on 'Monitoring' added - item 11<br>• Section on 'Archiving' added – item 12<br>• References included – item 15<br>• Appendix 2 updated and name changed to 'Product Portfolio'<br>• Appendix 4 updated and name changed to 'Practical Advice on Writing Information for Patients'<br>• Appendix 5 update | Lib Jones PPIG |

# Contents

## 1. INTRODUCTION

This policy relates to information designed for service users. The term 'service users' includes all patients and clients (whether adult or child), as well as relatives, carers, advocates or supporters.

'Information for Service Users' is defined as generic information or advice about treatments, procedures, services and conditions. It can be provided in all formats e.g. leaflets, posters, audio recordings, DVDs, YouTube films, exhibition materials, websites etc. It also includes the future development of new formats that enable service users to access information more easily.

Trust staff, should where available, point service users to other relevant and appropriate sources of information e.g. from national charities e.g. Diabetes UK and the British Heart Foundation, and from other professional, nationally approved or lay support groups, before developing service user information in house.

By law, the Trust should make sure that all service users, including those who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need.

This policy explains the process and principles that Trust staff should follow when deciding what information should be provided to meet a particular patient's needs, developing information in-house for service users or seeking approval to use externally-produced material.

## 2. PURPOSE

This policy applies to all staff producing information for service users at Doncaster and Bassetlaw Teaching Hospitals NHS FT (DBTH) and covers information in all its forms.

This policy provides a framework for assessing service users' information needs and for providing the relevant information, in partnership with service users. It explains:

- How staff can source externally-produced information, where appropriate.
- The process for producing and providing information that has been produced in-house by Trust staff.

All service users will have different preferences and needs for information, however it is recommended that information should be shared through a face-to-face discussion with an appropriate member of staff or visiting clinician, unless otherwise requested by the service user. Other formats, e.g. leaflets and DVDs, should supplement this discussion as a valuable way of reinforcing and reminding service users of the important information already discussed. This written, audio-visual or web information should be provided as part of a discussion between staff and the service user.

Where in-house information for service users is required the division/directorate are responsible for ensuring that service users have been fully involved in the need for, design of and content of any Trust produced information provided. When submitting new patient information to ISU this

should be supported with evidence of patient feedback. Feedback forms are available on the Extranet to download and share with service users:
https://extranet.dbth.nhs.uk/producing-patient-information/

All Divisions/Directorates are expected to have a clear system in place for maintaining and monitoring an adequate stock of information. This includes preventing the use of out-of-date, photocopied or damaged leaflets. More detail on this appears in the appendices which should be read in conjunction with this policy.

Staff developing information in-house for service users need to produce a high-quality product that will:

- Make sure that the information provided enhances and improves the quality of the service users overall experience, based on service user insight.
- Enhance the involvement of patients, clients and carers in decisions about care, understanding the rationale for (and cooperating with) treatment plans etc.
- Support patients in self-management of their current condition and any minor ailments or chronic disease.
- Ensure patients have confidence in us by providing clear, timely, professional information that ensures they feel well-informed and prepared for their care or treatment.
- Ensure information is readily available on all key aspects of treatment and care pathways, so the patient does not have to know what to ask for, or who to ask when using Trust services.
- Anticipate the questions service users are likely to have, as well as reminding and reinforcing what their health professional has told them.
- Note the need to re-state key facts that a service user may not recall, explaining clinical terms or unfamiliar language.
- Enable a service user to take away or access from home the key facts they need to make informed decisions, based upon time for reflection and consideration.
- Provide clarity to service users on what the Trust can and cannot provide.
- Reduce risks associated with providing inadequate or outdated information to service users.
- All new patient information has been agreed and signed off by the Division/Directorate Quality Group and has been authorised by a senior member of the Division/Directorate.

**Documenting information provided to service users:**
Details of all information handed over to a service user must be documented in their clinical records for future reference.

## 3. DUTIES AND RESPONSIBILITES

**The Information for Service Users Group (ISU):**

### 3.1 ISU

**The remit of ISU is to:**

- Have strategic oversight on all information provided.
- Promote the use of high-quality information in any format throughout the Trust. This includes, but is not limited to, leaflets, websites, DVDs, posters.
- Ensure that all information developed has followed the correct process as outlined in this policy, including archiving.
- Monitor the effectiveness of this policy according to Trust and national requirements by reviewing the evidence from checklists to monitor compliance and providing mechanisms to support any changes required.

### 3.2 Devolved responsibility from ISU to Division/Directorate

- ISU has given devolved powers to the Division/Directorate to assess and address their patient and client information needs.
- The Clinical Governance Lead in each Division/Directorate is charged with this responsibility.
- ISU in turn will receive patient questionnaires from the Division/Directorate as evidence that they have robust systems in place to determine service users' information needs – and that service users have been fully involved in the need for, design and content of any Trust-produced information.
- ISU will also seek assurance:
    - The Division/Directorate have undertaken a review of any externally-sourced information it plans to use or currently uses, to ensure that it is fit for purpose and reflects current practice and the pathways followed by patients and clients using DBTH services.
    - Division/Directorates know and understand the importance of high-quality information provision, and their responsibilities in this area.
    - The Division/Directorate has a robust mechanism to ensure it has adequate supplies of current information
    - The Division/Directorate works with current information only, recognising the system of version numbers on patient information and their responsibility to update in house produced material in a timely manner, based on the dates now included on the leaflets.
    - A Division/Directorate mechanism for timely provision, including if required a checklist for staff to use when handing out patient information and to monitor patient information given, or signposting to information sources
    - Staff know never to photocopy leaflets to give to patients. If a leaflet is used in small volumes then arrangements are made for the current leaflet pdf to be sent to the Division/Directorate for them to print as and when needed.

- The Division/Directorate look at patient information available through EIDO Healthcare. A list of procedure specific patient information is available here: https://inform.eidosystems.com/rcs

## 3.3 ISU membership

ISU is a group; membership comprises the following disciplines and representation:

- Head of Communications and Engagement
- Communications Officer – patient information lead
- Governor – patient perspective
- Pharmacy
- Graphic design
- Patient Experience Team

## 3.4 Virtual quality assurance forum

This virtual forum, membership listed above, reviews draft information, providing comments and recommendations on the format, content and suitability before it is approved and issued to service users.

- The review process covers all new or updated patient information used by the Trust.
- The aim is to ensure good quality of information produced or issued by the Trust meets the policy requirements provided in this guidance and detailed in **Appendix 3**.
- This includes assessing:
  - Suitability for the intended audience and purpose.
  - Coverage of aspects relating to patient experience, to provide support and guidance while using our services and maximise the quality of the patient experience and overall satisfaction.
  - Patient safety and risk management, covering treatment risks, benefits and alternative options, when applicable.
  - Advice on raising questions and concerns including the Patient Advice and Liaison Team.
- The virtual forum will either provide feedback and suggest revisions, or approve the draft materials. This will be coordinated through communications.
- Communications will liaise with the Division/Directorate to agree final information, incorporating feedback ready for production.
- Once the information is approved by ISU and sent to Graphics Department for processing, if any substantial changes are made at this stage by the division/directorate staff then graphic design will send back to ISU to start the process again.

## 3.5 Graphic design

**Graphic design** is responsible for:

- Ensuring that all information produced by the Trust complies with good practice guidelines for design and illustration as outlined in Trust policy PAT/PA 14 and **Appendix 3** of this policy.
- Ensuring that all information produced is in keeping with the latest Trust branding guidelines
- Assisting with the development and archiving of information for service users.
- Hosting an archiving system for the archiving of information for service users.

## 3.6 Division/Directorate and authors of information

Following the formation of the ISU group, the Divisions/Directorates gained devolved powers to develop information in line with the process described in this policy.

- Divisions/Directorates have always had the remit to assess the need for patient information in their services.
- Divisions/Directorates now have devolved powers to develop information in response to service users' needs and those of their services.
- Divisions/Directorates may elect to review information produced by external sources and are encouraged to consider materials from national bodies, such as other healthcare providers, local authorities, the professional colleges, charities, patients' associations, lay and support groups and, if appropriate, commercial organisations.
- The ownership of the copyright for leaflets, audio and visual materials, website content etc, must be established and approval gained for their use by the Trust. (This may be self-evident in some circumstances – for example, where a charity makes information leaflets aimed at service users freely available or available at a cost.)
- All externally-produced materials must be carefully reviewed by the Clinical Governance Lead of the Division/Directorate, or a designated member of the Division/Directorate, to ensure that the content and advice given fits with contemporary practice and the pathway that patients will follow in the Trust and local primary care services.
- If considering materials from commercial companies, care should be taken to review the content and to ensure that there is no conflict of interest or reputational risk – see section 2 of the policy on page 4. Divisions/Directorates must involve ISU in this process.
- The promotion of products and services is an area of potential risk, especially if the topic or item advertised could cause offence, distress or be at odds with the clinical advice being given.
- Divisions/Directorates will need to:
    - Demonstrate that they have a clear arrangement for patient or client involvement in information production. Where appropriate, carers or others may also need to be involved.
    - Supply evidence that service user feedback has been incorporated into the draft information. This can be assumed for information produced by recognised bodies, as listed above.

- Ensure that their Clinical Governance Lead holds responsibility for quality-checking information at the draft stage of a document or other item. This includes: clinical accuracy; suitability; adequacy; service user involvement; risks and benefits; alternatives for treatment or care; and so on.

In addition, Divisions/Directorates are expected to:

- Ensure that all patient information in use is accurate, current, relevant, timely and comprehensive, whilst being accessible and understandable to the widest possible audience.
- Develop information for Trust-wide use wherever possible, rather than for individual sites, to make the best use of resources.
- Consult with all disciplines in the relevant Multi-Disciplinary Team or the clinical team within a specialty and across sites when developing information.
- Review printed materials in a timely manner when their review date falls due or earlier if a revision is required. This will be highlighted to them by the Graphic Design team.
- Be mindful of changes and revise materials accordingly for alterations to services, geography, clinical treatments, national guidance or policies.
- Ensure that all required information in current use reaches all of the target audience.
- Have an effective mechanism to dispose of out-of-date stock held in clinical areas.

Authors and Divisions/Directorates are responsible for communicating any changes or revisions, informing staff a new version of the leaflet has now been produced and replaces previous versions.

Approval of funding and draft documents:

- The Division/Directorate Director or General Manager must approve funding for any materials produced in-house or externally purchased resources.
- Communications and Graphic Design will provide informal feedback and guidance whilst information is at the development stage.
- When the Division/Directorate Clinical Governance Lead has agreed and signed off the proposed resource, the agreed draft is to be sent to Communications for submission to the Virtual ISU Group.
- All patient information produced in house by Trust staff belongs to the Trust and is therefore copyright of the Trust.

### 3.7 Ward and department managers

This group of managers are responsible for ensuring that all information relevant to their area is:

- Visible and introduced or handed to patients, clients or carers.
- The most up-to-date version available, and ensure that potentially out-of-date materials are regularly reviewed, removed and disposed of swiftly.
- Provide copies of service user information resources for audit, if required.

### 3.8 All staff

All staff selecting or producing patient and public information materials, are responsible for adhering to this policy and processes for information production. They are also responsible for communicating effectively with service users, using the information materials available.

## 4. PROCEDURE

### 4.1 Key principles

Printed, audio-visual or web information should never be a substitute for face-to-face communication between the service user and their health professionals. The timing of information and the way it is introduced by the clinician is key to its effectiveness. The aim is to complement and enhance any consultation, care or treatment, reinforcing and expanding on information given verbally. It is also a resource for the service user to return to as the need arises.

All service users must be offered or, if appropriate, directed to easily accessible information that enables them to make informed decisions about their treatment and care. Patients and clients should not have to seek out the right person to ask or source the right literature alone.

The Trust has a legal obligation to ensure that it overcomes and addresses potential communication barriers for people using services. It also has a commitment to actively engage with service users in the production of information. This responsibility is delegated to individual Division/Directorate so they can seek views from service users on what information is required, in what level of detail and in which formats. Further information on this is available in https://www.dbth.nhs.uk/services/library-services/patient-information/accessibility-information-in-different-languages-and-easy-read-format/

The Trust has a commitment to provide patient information free of charge. It recognises that it does not routinely provide information in other languages or in an 'easy read' format where literacy or learning disability is a factor but this can be provided upon request.

### 4.2 Production process

The process for producing information and instructions for authors is outlined in *How to produce information for patients and carers* in **Appendix 3**.
The following checkpoints have been identified within this process:

**Updating/Reviewing**
Information for service users' needs to be reviewed every two years to ensure the content is current and reflects the care and treatment pathways in the Trust. At periodic intervals, Graphic Design will contact the authors or holders of information materials, and inform them which items need reviewing. A reminder is issued one month later. If amendments or new drafts are

not received within three months of the initial contact, the information will be removed from the Trust intranet and internet and ISU will be informed.

Authors who are experiencing delays or difficulties in revising their materials, should liaise swiftly and effectively with communications and/or Graphic Design and will receive advice on the next steps. The Head of Communications & Engagement will oversee this process.

It is the responsibility of each specialty to review information for their service users when the review date is reached. This review process may identify that the information is no longer required, or has merged into another local or national leaflet or document. Authors or subject specialists are responsible for informing the group if practice has changed or new evidence has emerged which requires revised patient information. If earlier amendments or revisions than two yearly are required, revised information should be submitted for approval using the process outlined in the submission process.

When reviews for information used for clinical care and patient treatment have taken place a copy of the document should be logged with the relevant time frame that it was in use.

Division/Directorate specialty staff are responsible for all amendments required as a result of people and department moves, changes to services, national guidelines or policies, changes in treatments or care pathways.

**Essential content**
When possible, the following information is regarded as the minimum that needs to be included in information for service users:

- The risks and benefits of the proposed care or treatment plan.
- What alternative care or treatment options exist for patients.

**Production of notices and signage**
Directional and instructional signage must be identified as temporary or permanent. Temporary refers to a notice having a timescale of less than one month; anything longer is classed as a permanent fixture. Permanent signage is not within the scope of ISU and must be ordered through the Estates Department. A request can be logged via the Estates system which is on The Hive.

Every effort should be made to ensure that temporary signage is appropriate in content and corporate style, and that it is displayed appropriately. In clinical areas, signs and notices need to be laminated for cleanliness and infection prevention.

**Summary of responsibilities in the production process of patient information materials**

| Process | Responsibility of | Checked at |
|---|---|---|
| Need for information | Subject Specialist/Clinical Lead | Registration |
| No duplication of information | Division/Directorate/Graphic Design | Registration |
| Allocation of unique identifier | Graphic Design | Registration |

| | | |
|---|---|---|
| House style and plain English | Communications through virtual readers group | Editing |
| Wider service user and public feedback | Feedback collated by Division/Directorate | Editing |
| Inclusion of mandatory content | ISU | Editing |
| Accuracy of content | Subject Specialist/Clinical Lead | Text proof approval |
| Compliance with good design rules | Graphic Design | Design |
| Overall approval of content and illustration | Subject Specialist/Clinical Lead | Design proof approval |
| Publicising of new information | Division/Directorate | Notification by graphic design |
| Procedure for the production and archiving of patient information | Graphic Design | Closure of annual production schedule / review of information to update |
| Compliance with adherence to policy | Division/Directorate<br>ISU | Graphics have a spreadsheet which lists the number of reviews scheduled and completed, number of new documents produced and number of documents withdrawn. |
| That information is accessible to patients and carers by effective communication and distribution | All staff | Division/Directorate<br>Communications<br>Graphic Design |

## 4.3 Production of Patient Questionnaires/Surveys

We encourage staff to seek service user opinions and feedback on information. A guideline for producing patient questionnaires and surveys can be found on the intranet, on the patient information page: https://extranet.dbth.nhs.uk/producing-patient-information/

## 4.4 Distribution of information

Patient and public information leaflets are on the Trust's website, which is easily accessible for staff via the Trust Extranet.

It is the responsibility of the Division/Directorate specialty leads and department managers to implement a mechanism for ensuring that the most current information is readily available, stored appropriately and that all old and withdrawn information is disposed of.

When reviews of information used for clinical care and patient treatment have taken place a copy of the document should be logged with the relevant time frame that it was in use.

### 4.5 Approving non-Trust produced information

All information for service users, whether produced by the Trust or not, needs to be approved before use. When a Division/Directorate decides externally-produced information materials may be required, they should designate a lead member of staff for the sourcing, selection and processing of this information. The Division/Directorate clinical governance group should approve the purchase or obtaining of supplies, once they are satisfied with the content and quality of the proposed materials.

The ISU group does not need to see and vet all external materials proposed for use but Divisions/Directorates should follow the guidance in this policy on the content and format of information for service users. This guidance is intentionally not prescriptive so that Division/Directorate clinical teams have the flexibility to use a range of literature and other resources, so long as this will safely and adequately meet the needs of their patients.

Divisions/Directorates are advised to routinely reject external materials which are more than two years old, and not to approve these. Subject specialists should be asked to source or produce in-house something more current.

## 5. TRAINING AND SUPPORT

- Detailed guidance of how to produce information for service users can be found in **Appendix 3**.

## 6. MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

| What is being Monitored | Who will carry out the Monitoring | How often | How Reviewed/ Where Reported to |
|---|---|---|---|
| - The number of leaflet reviews scheduled and completed.<br>- The number of new documents produced<br>- The number of withdrawn documents. | Graphic Design | Periodically | ISU Group |

| | | | |
|---|---|---|---|
| - Provision of clinically correct information. | Divisions/Directorates | Periodically | Divisions/Directorates clinical governance meetings |
| - Provision of new information, not already easily available | Divisions/Directorates | ongoing | Monitoring information resources available for patients |

## 7. DEFINITIONS

- **ISU group:** The Information for Service Users Group
- **Patient Information:** information provided in all formats e.g. leaflets, posters, audio recordings, DVDs, YouTube films, exhibition materials, websites etc. It also includes the future development of new formats that enable service users to access information more easily
- **Service users:** includes all patients and clients (whether adult or child), as well as relatives, carers, advocates or supporters.

## 8. EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Impact Assessment Policy and the Fair Treatment For All Policy – CORP/EMP 4.

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, gender reassignment, marriage or civil partnership, pregnancy or maternity, disability, age, sexual orientation, religion or belief. No detriment was identified. (see appendix 4).

## 9. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

- CORP/EMP 4 – Fair Treatment for All Policy
- CORP/EMP 27 – Equality Impact Assessment Policy
- PAT/PA 14

## 10. DATA PROTECTION

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the UK General Data Protection Regulation (GDPR) 2021.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website: https://www.dbth.nhs.uk/about-us/our-publications/information-governance/

## 11. SUMMARY

The policy should be followed each time information is developed, reviewed or when using information produced by an external organisation.

# APPENDIX 1 – DEPARTMENT OF MEDICAL PHOTOGRAPHY AND GRAPHIC DESIGN

**DONCASTER & BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST**
**Department of Medical Photography & Graphic Design**

**What can you expect from us?**

**Information for patients and the public**

Information aimed at service users must be approved by the ISU virtual group before use. Graphic Design will not accept work aimed at service users that has not received approval.

**Seeing your work in print**

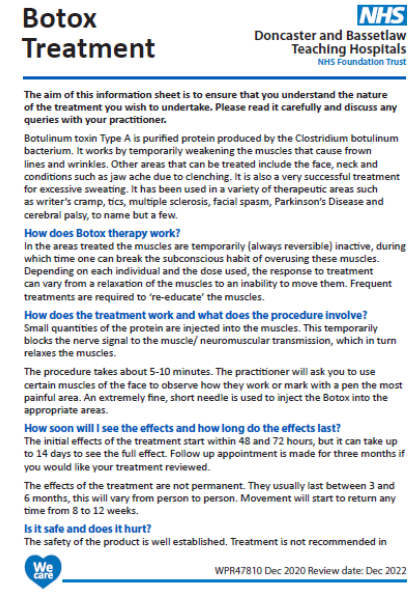
Once artwork has been completed, you will receive an electronic PDF for you to proofread. You may find that some changes have been made to the text you originally supplied, following recommendations by the ISU virtual group. Any such changes are usually just of the written style; the factual content should not have been altered.

You must carefully check the proof – by signing it off, you accept responsibility for it in its entirety.

Printing will only take place when you have returned a signed copy of the print proof or an email confirming approval of it to Graphic Design. **Under no circumstances must proof prints be used as a master for printing**.

# APPENDIX 2 – SAMPLE LEAFLETS

## Sample leaflets



**Botox Treatment**

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

**The aim of this information sheet is to ensure that you understand the nature of the treatment you wish to undertake. Please read it carefully and discuss any queries with your practitioner.**

Botulinum toxin Type A is purified protein produced by the Clostridium botulinum bacterium. It works by temporarily weakening the muscles that cause frown lines and wrinkles. Other areas that can be treated include the face, neck and conditions such as jaw ache due to clenching. It is also a very successful treatment for excessive sweating. It has been used in a variety of therapeutic areas such as writer's cramp, tics, multiple sclerosis, facial spasm, Parkinson's Disease and cerebral palsy, to name but a few.

**How does Botox therapy work?**
In the areas treated the muscles are temporarily (always reversible) inactive, during which time one can break the subconscious habit of overusing these muscles. Depending on each individual and the dose used, the response to treatment can vary from a relaxation of the muscles to an inability to move them. Frequent treatments are required to 're-educate' the muscles.

**How does the treatment work and what does the procedure involve?**
Small quantities of the protein are injected into the muscles. This temporarily blocks the nerve signal to the muscle/ neuromuscular transmission, which in turn relaxes the muscles.

The procedure takes about 5-10 minutes. The practitioner will ask you to use certain muscles of the face to observe how they work or mark with a pen the most painful area. An extremely fine, short needle is used to inject the Botox into the appropriate areas.

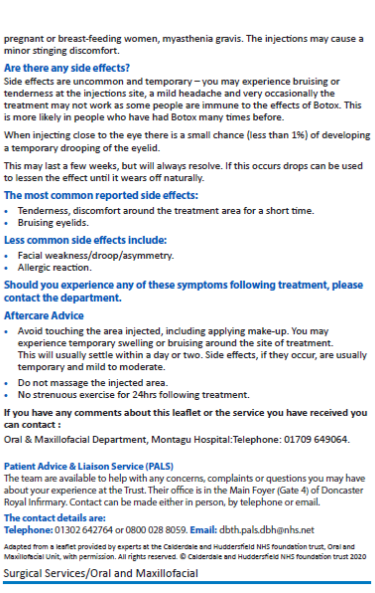
**How soon will I see the effects and how long do the effects last?**
The initial effects of the treatment start within 48 and 72 hours, but it can take up to 14 days to see the full effect. Follow up appointment is made for three months if you would like your treatment reviewed.

The effects of the treatment are not permanent. They usually last between 3 and 6 months, this will vary from person to person. Movement will start to return any time from 8 to 12 weeks.

**Is it safe and does it hurt?**
The safety of the product is well established. Treatment is not recommended in

We care

WPR47810 Dec 2020 Review date: Dec 2022



pregnant or breast-feeding women, myasthenia gravis. The injections may cause a minor stinging discomfort.

**Are there any side effects?**
Side effects are uncommon and temporary – you may experience bruising or tenderness at the injections site, a mild headache and very occasionally the treatment may not work as some people are immune to the effects of Botox. This is more likely in people who have had Botox many times before.

When injecting close to the eye there is a small chance (less than 1%) of developing a temporary drooping of the eyelid.

This may last a few weeks, but will always resolve. If this occurs drops can be used to lessen the effect until it wears off naturally.

**The most common reported side effects:**

- Tenderness, discomfort around the treatment area for a short time.
- Bruising eyelids.

**Less common side effects include:**

- Facial weakness/droop/asymmetry.
- Allergic reaction.

**Should you experience any of these symptoms following treatment, please contact the department.**

**Aftercare Advice**

- Avoid touching the area injected, including applying make-up. You may experience temporary swelling or bruising around the site of treatment. This will usually settle within a day or two. Side effects, if they occur, are usually temporary and mild to moderate.
- Do not massage the injected area.
- No strenuous exercise for 24hrs following treatment.

**If you have any comments about this leaflet or the service you have received you can contact :**

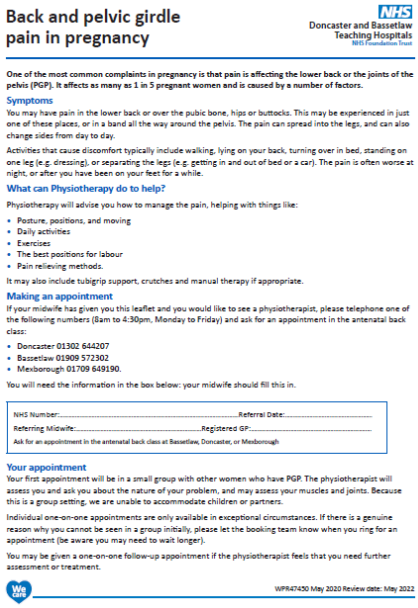
Oral & Maxillofacial Department, Montagu Hospital:Telephone: 01709 649064.

**Patient Advice & Liaison Service (PALS)**
The team are available to help with any concerns, complaints or questions you may have about your experience at the Trust. Their office is in the Main Foyer (Gate 4) of Doncaster Royal Infirmary. Contact can be made either in person, by telephone or email.

**The contact details are:**
**Telephone:** 01302 642764 or 0800 028 8059. **Email:** dbth.pals.dbh@nhs.net



Surgical Services/Oral and Maxillofacial



**Back and pelvic girdle pain in pregnancy**

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

**One of the most common complaints in pregnancy is that pain is affecting the lower back or the joints of the pelvis (PGP). It affects as many as 1 in 5 pregnant women and is caused by a number of factors.**

**Symptoms**
You may have pain in the lower back or over the pubic bone, hips or buttocks. This may be experienced in just one of these places, or in a band all the way around the pelvis. The pain can spread into the legs, and can also change sides from day to day.

Activities that cause discomfort typically include walking, lying on your back, turning over in bed, standing on one leg (e.g. dressing), or separating the legs (e.g. getting in and out of bed or a car). The pain is often worse at night, or after you have been on your feet for a while.

**What can Physiotherapy do to help?**
Physiotherapy will advise you how to manage the pain, helping with things like:

- Posture, positions, and moving
- Daily activities
- Exercises
- The best positions for labour
- Pain relieving methods.

It may also include tubigrip support, crutches and manual therapy if appropriate.

**Making an appointment**
If your midwife has given you this leaflet and you would like to see a physiotherapist, please telephone one of the following numbers (8am to 4:30pm, Monday to Friday) and ask for an appointment in the antenatal back class:

- Doncaster 01302 644207
- Bassetlaw 01909 572302
- Mexborough 01709 649190.

You will need the information in the box below: your midwife should fill this in.

NHS Number:.....Referral Date:.....
Referring Midwife:.....Registered GP:.....
Ask for an appointment in the antenatal back class at Bassetlaw, Doncaster, or Mexborough

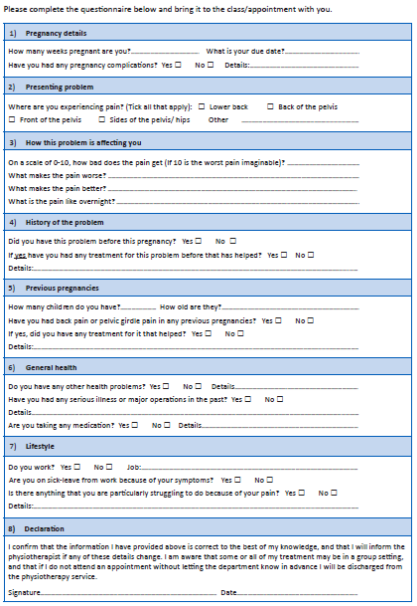
**Your appointment**
Your first appointment will be in a small group with other women who have PGP. The physiotherapist will assess you and ask you about the nature of your problem, and may assess your muscles and joints. Because this is a group setting, we are unable to accommodate children or partners.

Individual one-on-one appointments are only available in exceptional circumstances. If there is a genuine reason why you cannot be seen in a group initially, please let the booking team know when you ring for an appointment (be aware you may need to wait longer).

You may be given a one-on-one follow-up appointment if the physiotherapist feels that you need further assessment or treatment.

We care

WPR47450 May 2020 Review date: May 2022



Please complete the questionnaire below and bring it to the class/appointment with you.

**1) Pregnancy details**
How many weeks pregnant are you?..... What is your due date?.....
Have you had any pregnancy complications? Yes ☐ No ☐ Details:.....

**2) Presenting problem**
Where are you experiencing pain? (Tick all that apply): ☐ Lower back ☐ Back of the pelvis
☐ Front of the pelvis ☐ Sides of the pelvis/ hips Other .....

**3) How this problem is affecting you**
On a scale of 0-10, how bad does the pain get (if 10 is the worst pain imaginable)? .....
What makes the pain worse? .....
What makes the pain better? .....
What is the pain like overnight? .....

**4) History of the problem**
Did you have this problem before this pregnancy? Yes ☐ No ☐
If yes, have you had any treatment for this problem before that has helped? Yes ☐ No ☐
Details:.....

**5) Previous pregnancies**
How many children do you have?..... How old are they?.....
Have you had back pain or pelvic girdle pain in any previous pregnancies? Yes ☐ No ☐
If yes, did you have any treatment for it that helped? Yes ☐ No ☐
Details:.....

**6) General health**
Do you have any other health problems? Yes ☐ No ☐ Details.....
Have you had any serious illness or major operations in the past? Yes ☐ No ☐
Details:.....
Are you taking any medication? Yes ☐ No ☐ Details.....

**7) Lifestyle**
Do you work? Yes ☐ No ☐ Job:.....
Are you on sick-leave from work because of your symptoms? Yes ☐ No ☐
Is there anything that you are particularly struggling to do because of your pain? Yes ☐ No ☐
Details:.....

**8) Declaration**
I confirm that the information I have provided above is correct to the best of my knowledge, and that I will inform the physiotherapist if any of these details change. I am aware that some or all of my treatment may be in a group setting, and that if I do not attend an appointment without letting the department know in advance I will be discharged from the physiotherapy service.
Signature..... Date.....

## APPENDIX 3 – HOW TO PRODUCE INFORMATION FOR SERVICE USERS

**How to produce information for service users**

Providing service users with clear, concise, current and high-quality information enables them to understand their options for care and treatment and what to expect when using Trust services. It also assists patients/carers in working with health professionals to contribute to their own care, or the care of someone else.

High-quality information inspires confidence in Trust staff and our services. Conversely, poor-quality information can be seriously misleading and also reflects badly on our staff and our services.

This appendix guides staff through the process of producing information for service users. It contains hints on writing in plain English, things to consider when selecting images or diagrams, and how to make sure that the information is suitable and accessible to children and families, where appropriate. The communications team welcomes feedback on this guide to achieve continual service improvement in patient information, for the benefit of patients.

**Before you start**

**What information is already available about the subject?**
Contact relevant support organisations, charities, the Royal Colleges etc, or browse their website for any relevant information they produce. Is there a good information leaflet already produced by another agency which may be suitable to use with our patients?

Check the Trust intranet/website pages. Talk to the Head of Communications & Engagement about what already exists in the Trust and elsewhere. When you have collected copies of other information, read it through carefully and decide whether you could use it instead of producing another version.

**What is the information resource about?**
If there is no other information available or you know we need to produce a local version, then decide what it should focus on. Do you need to cover every aspect of an illness or condition or just one part? Remember that if you're writing about a medicine, test, operation or procedure, we have a duty to include information on risks, benefits and alternatives.

**Who is going to be using the information?**
This will influence the content and tone of what you produce. Think about the patients who have this illness or condition or who usually have the test, operation or procedure. All information should be developed for use across the Trust, regardless of site, wherever possible.

**What format best suits the information?**
There are lots of different options for producing information. An information leaflet is not always the best way of getting your message across.

**Will there be a cost?**
If you want your information to be printed or produced in another format, your Division/Directorate will need to approve and provide funding for this. There is no central budget for information for service users and ISU can only support the writing, editing and design parts of the production process.

**Who will draft the information?**
Information should be drafted by somebody with the relevant subject knowledge and expertise. In most cases, this will be somebody in the Division/Directorate or specialty concerned.

While drafting information, you should seek input and feedback from relevant service users so you can make any improvements or adjustments required. The draft should then be shared within your Division/Directorate across sites and clinical governance group and be approved before submitting to ISU.

**Plain English**
All information should be produced in plain English. Keep sentences to a maximum of 15 to 20 words, as long sentences can confuse readers. Avoid using jargon or clinical terminology where possible. If you do have to use technical terms, make sure that you explain these clearly. Advice is available on this. Try and use a conversational style of writing. A good tip is to imagine you are explaining the condition/procedure etc to a family member. Don't feel you have to show off your knowledge or use a formal style.

**Active not passive**
Information seems more friendly and easier to understand if it personally addresses the reader. This means you should use 'active' sentences wherever possible, rather than 'passive' ones. An active sentence is 'We will discuss the operation with you', whereas a passive one is 'The operation will be discussed with you'. Try to limit the number of passive sentences you use.

Use a conversational style as mentioned above: it's good to address the patient/service user individually e.g. "You will receive your results…" rather than "Patients will receive their results…"

**House style**
We have a 'house style', which you should follow for all information produced within the Trust. Using a house style means that we have a consistent look and feel to our information.

**Text approval**
Once you have drafted the information and included patient, client and carer comments, circulate the information to key members of your team for their feedback. We expect you to gain approval from your clinical lead. It is also your responsibility to make sure that the text is correct.

**Images**
You can submit your own images for inclusion to be approved by the Graphic Design Team. You can provide examples from books or websites as a guide, for copyright reasons we may not be able to use them but they can guide us to suitable copyright free images e.g. from the image bank (see below for more details).

**Diagrams**
If you would like an anatomical diagram, please provide graphic design with an example/ sketch. If you would like to see our catalogues of copyright free images, please ask the Graphic Design team.

**Photographs**
You can include photographs in your information, but only if you have gained permission to use them. This includes clinical photographs taken within the Trust. Consent forms and guidance on this can be found in the Trust's Photography & Filming Policy. We do not advise/ endorse individual clinicians photos being used on patient information leaflets.

**Design approval**
The graphic designers will design the layout of any printed information. You will be sent a proof copy to check (either hard copy or a PDF) prior to printing. You need to make sure the clinical lead agrees the final design.

We have to comply with NHS Identity Guidelines which govern the position, size and colour of the NHS logo. The RNIB 'See it Right' guidelines (https://www.rnib.org.uk/frequently-asked-questions) also influence our design, so that the font is clear and of a reasonable size. All information produced for patients, clients and carers at the Trust, is designed using our branding which complies with the above guidance.

**Ensuring information is available to everyone**
Producing high-quality information is only the start of the process. You also need to make sure that it's available to everyone who needs it. We can also advise on display equipment, such as noticeboards and leaflet holders, so please ask. Generally, written materials are most effective if they are personally given to the patient at the right point in a consultation, care or treatment pathway. Having information available in a clinical area, but not incorporating it into a discussion with the patient, is very much less effective in informing and supporting patient choice.

**Intranet and Internet**
Once the design proof has been approved, we will arrange for Acrobat PDF versions of the information to be posted on the Trust website.

If you would like an estimate of costs for printed copies of a leaflet, please ask the Supplies Department. You will need to order your own patient information through your line manager. ISU cannot fund printed copies. If you want to order print copies of older information, please contact Graphic Design first as it may be in the process of being updated. We will ask you to approve any older information before printing in the same way as design proof approval. If changes are required, please mark them clearly on a printout and return to us with your print order form.

**'Automatic' updating of written information**
All leaflets should be reviewed every two years to ensure that information is up to date and reflects treatment at the Trust. At periodic intervals Graphic Design will contact authors (or subject specialists if authors no longer work at the Trust) to tell them which information needs updating within the coming year. Further contact will be made one month later.

**Updating of clinical services web pages**
The 'Information for Patients' section on the clinical services web pages should be reviewed every six months by the Division/Directorate. It is the responsibility of the author or subject specialist to inform us of the following:

*Changes in practice*
If you change the way you do a procedure or policies change, it is your responsibility to inform ISU. The information we produce at the Trust should always comply with national, regional and local policy and should reflect what we expect for a positive patient, client and carer experience. Please tell us immediately of your service's changes, so that we can remove out-of-date information and update it to reflect current service arrangements.

*Superseded information*
When a new version has been produced, you should remove, destroy or recycle all previous copies. It is your responsibility to remove out-of-date information from your ward or department. If you need to know whether information has been superseded by a new edition, please call graphic design.

**Standard questions**
The recommended guidance is that you should produce information in a Q&A style, based on these standard questions. The questions have been compiled with reference to the NHS Litigation Authority mandatory content guidelines and published research.

There are standard questions for each type of information:

**Information about a procedure**
What is the procedure and are there alternatives?
Why do I need this procedure?
What happens before the procedure?
What does the procedure involve?
How long will the procedure take?
Are there any risks? (as appropriate)
What are the benefits? (as appropriate)
What happens afterwards?
What problems could occur afterwards?
How quickly will things return to normal?

**Information about a medicine**
What is the medicine?
How is it given?
Who should not take the medicine?

What are the side effects of the medicine?
Other medicines (interactions)
Important information (storage, missed doses, disposal)

**Information about a condition**
The following questions are suggested content for information about conditions, but it should be noted that not all questions will be relevant.

What is the condition?
What are the symptoms?
How is it diagnosed?
What causes it?
How common is it?
Whom does it affect?
What treatments are available?
What is the outlook?
Is there a support group?

**House style**
Using a house style means that we have a consistent look and feel to our information. The ISU group has agreed the following:

- Calibri 12pt is the Trust's current recommended font style.
- Wards and departments take upper case if they are named in full: e.g. St Leger Ward. When not using their full names, they should be written as 'the ward' or 'the unit'.
- All job titles should be first letter in caps.
- At first use, write the full hospital name and Trust name e.g. Doncaster Royal Infirmary, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust. Within a body of text, use 'the Trust'. We don't use capital H when writing 'the hospital'. Abbreviated versions of hospital names should only be used where you have previously explained them e.g. 'Doncaster Royal Infirmary (DRI)'.
- Trade names for medications or products should not be used where possible, but if unavoidable should reflect the official spelling and style and be followed by ®: for instance, EpiPen®.
- Generic drug names should be lower case.
- Numbers one to nine should be written as words and numbers 10 and over as numerals, unless at the start of a sentence (e.g. 'Ten minutes later…'). When written, the numbers twenty-one to ninety-nine are hyphenated.
- Exceptions to this style for numbers are:
    - Measurements such as 38.5°C or 5mg/ml. Don't put a space before the unit of measurement.
    - Incidence or rates should be written as 1 in 100 rather than 1:100.
    - Where a range is specified and one is over ten e.g. between the ages of 4 and 11.
- Avoid using symbols where possible, except when they form part of a

measurement (e.g. °C). Don't use an ampersand (&) in a sentence – for example, don't write "The doctor will see you & give you your results". The ampersand can be used within a title (e.g. Medical Photography & Graphic Design).

- Don't use hyphens in the words 'inpatient', 'outpatient' or 'daycase patient'.
- Do not use full stops in abbreviations – e.g. Dr, Mr, NHS or DBTH.
- Our style is to include full stops in 'e.g.' and 'i.e.' but not at the end of 'etc' unless it's also the end of a sentence.
- Use sentence case for leaflet titles unless a ward name forms part of it e.g. 'Abdominal wall defects: information for carers' or 'Welcome to The Chatsfield Suite'. (Sentence case means only using a capital at the start of the sentence rather than capitals at the start of each word.)
- Use the 12 hour clock with am or pm as appropriate. Remember not to use full stops in am or pm and do not put a space before them e.g. 'Your child should not have anything to eat or drink after 8am'.
- When writing about a time period, use 'from' and 'to' or 'between' and 'and' rather than a hyphen i.e. 'between 9am and 5pm'.
- Do not mention individual staff members by name, so that information doesn't become obsolete if staff move department or leave the hospital.
- London telephone numbers should be spaced as 020 7405 9200. Regional numbers starting with 01xxx should have the dialling code written in one block without brackets.
- When using a medical term or abbreviation, write it out in full the first time it appears, then add the abbreviation in brackets afterwards. After the first explanation, the abbreviation can be used for the rest of the information. E.g. irritable bowel syndrome (IBS).
- When referring to a website, the address should be written as www.dbth.nhs.uk. You don't need to add http:// to the start of the address.
- References to other publications or leaflets should not be written in italics. You may use a single quotation mark around the title if you think it would otherwise be confusing e.g. "Please refer to the Outpatients Handbook" or "Please read the 'Outpatients Handbook'".
- Instructions for a process or procedure that should be carried out in a specific order and should be formatted as a numbered list. You should use bullet points for other listings where order is less important, but avoid using novelty bullets (i.e. unusual shapes).

## APPENDIX 4 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING CORP/COMM 5V.7

| Policy | Division/Directorate /Executive Directorate and Department | Assessor (s) | New or Existing Service or Policy? | Date of Assessment |
|---|---|---|---|---|
| Developing Information for Service Users Policy and Guidelines CORP/COMM 5v.7 | People and Organisational Development | Emma Shaheen | Existing policy | June 2021 |

**1) Who is responsible for this policy?** People and Organisational Development

**2) Describe the purpose of the service / function / policy / project/ strategy?** The policy explains the process and principles that Trust staff should follow when deciding what information should be provided to meet a particular patient's needs, developing information in-house for service users or seeking approval to use externally-produced material

**3) Are there any associated objectives?** No

**4) What factors contribute or detract from achieving intended outcomes?**
Budget constraints to limit services from produce patient information materials desired In house design team means these constraints are minimised.

**5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief?** No

- **If yes, please describe current or planned activities to address the impact** [e.g. Monitoring, consultation] – N/A

**6) Is there any scope for new measures which would promote equality?** Investment in design resource to produce local alternative format materials

**7) Are any of the following groups adversely affected by the policy?**

| Protected Characteristics | Affected? | Impact |
|---|---|---|
| a) Age | No | |
| b) Disability | yes | Low - alternative format information isn't created locally but national alternatives can be available |
| c) Gender | No | |
| d) Gender Reassignment | No | |
| e) Marriage/Civil Partnership | No | |
| f) Maternity/Pregnancy | No | |
| g) Race | No | |
| h) Religion/Belief | No | |
| i) Sexual Orientation | No | |

**8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box**

| Outcome 1 ✓ | Outcome 2 | Outcome 3 | Outcome 4 |
|---|---|---|---|

**Date for next review: August 2024**

**Checked by: Gill Pickersgill Date: August 2021**