East Sussex Healthcare
NHS Trust

Eastbourne District General Hospital
Kings Drive
Eastbourne
East Sussex
BN21 2UD

Tel: 0300 131 4500
Website: www.esht.nhs.uk

FOI Ref: 26/147

21st April 2026

Further to your recent request for information made under the Freedom of Information Act (FOIA) 2000, I now set out our answers to your specific questions, and any clarifications sought and provided, as follows:

Please provide the following information about the management of patient information leaflets:

1. OPERATIONAL RESPONSIBILITY

The job title(s) of the person(s) or team responsible for the development, production, approval, and management of patient information leaflets (including printed and digital materials).

Approval is managed via the communications team, however individual teams are responsible for the development and production of any leaflets, and the management of approved leaflets is the responsibility of divisional governance teams.

2. DOCUMENT VOLUME AND PRODUCTION

a. **The approximate number of patient information leaflets currently maintained by the Trust**

We do not hold this information - the majority of leaflets are published on the extranet, via the following link (http://nww.esht.nhs.uk/category/patient-information-leaflets/)

b. **The software or system(s) used to produce and manage these leaflets (e.g., Microsoft Word, desktop publishing software, dedicated patient information management systems)**

The majority of leaflets are created in Word and then published as a PDF – occasionally design software may be used, such as InDesign or Photoshop.

3. REPORTING STRUCTURE

The job title of the senior manager to whom the person(s)/team(s) in question 1 directly report.

Chief of Staff.

4. BOARD-LEVEL ACCOUNTABILITY

The job title of the Board-level executive with overall accountability for patient information materials.

Richard Milner
Chief of Staff

5. GOVERNANCE FRAMEWORK

If the Trust has a formal policy or governance document covering patient information leaflets, please provide:

a. The document title and version number

Policy and Procedure for Patient Information - version 3

Please note that we are currently in the process of re-writing and redesigning the process, with more focus on accessible information, among other things.

Please note that it is the Trust's FOI policy to only provide the names of staff that are grade 8a or above, therefore staff that are below that grade have been redacted from the attached policy.

Please also note that we are also applying Section 40(2) to the names of staff that no longer work for the Trust and therefore have also redacted these names from the policy.

I can confirm that we hold this information, but it is exempt under Section 40(2) of the Freedom of Information Act 2000 – Personal Information of third parties. This is because this information may allow the identification of individuals and disclosure would breach the principles of the Data Protection Act.

This is an absolute exemption and there is, therefore, no requirement to consider the public interest.

b. The job title of the Board-level signatory or accountable executive named in that document OR a copy of the policy itself if more convenient

Please see the attached document - '00670_P_Redacted'.

I trust this information is helpful in its detail or explanation however, if you are dissatisfied with the response, then you have the right to request an internal review. If you wish to seek an internal review, please write to the Freedom of Information Team at esh-tr.foi@nhs.net quoting the above FOI reference number, within 40 working days. Please note the Trust is not obliged to accept a request for an internal review after this time period.

Yours faithfully

Freedom of Information (FOI) Team
East Sussex Healthcare NHS Trust
0300 131 4716
Core Hours of Business: Monday to Friday 9.00am to 4.00pm

East Sussex Healthcare
NHS Trust

Policy and Procedure for Patient Information

Document ID Number:	670
Version:	V3
Ratified by:	Policy Ratification Group
Date ratified:	09 November 2021
Name of author and title:	Amy Pain , Patient Experience Lead
Date originally written:	June 2005
Date current version was completed:	October 2021
Name of responsible committee/individual:	Patient Experience
Date issued:	17 November 2021
Review date:	November 2024
Target audience:	All Trust staff
CQC Fundamental Standard	Person-Centred Care Safe Care and Treatment
Compliance with any other external requirements (e.g. Information Governance)	N/A
Associated Documents:	Equality, Diversity and Human Rights Policy Language and Communications Policy (including health advocacy, interpreting and translation)

Did you print this yourself?
Please be advised the Trust discourages retention of hard copies of procedural documents and can only guarantee that the procedural document on the Trust website is the most up to date version

Version Control Table

Version number and issue number	Date	Author	Reason for Change	Description of Changes Made
V1 2005168	June 2005	[redacted]	New document	
V2 2006164	July 2006	[redacted]		
V3 2007021	February 2007	[redacted]		
V3 2009068	April 2009	[redacted]		
V4 2011110 (Policy and Procedure for Producing Patient Information Leaflets)	March 2011	[redacted]		
V1.0 2014279	December 2014	[redacted]	Full review	Process alterations; title review; monitoring table added. Patient & Public involvement added. Appraisal tool removed. Database details altered.
V2.0	July 2018	[redacted]	Full review	Policy amended to reflect changes to the process.
V3	October 2021	Lisa Forward and Amy Pain	Full review	Policy amended to reflect changes to the process.

Consultation Table

This document has been developed in consultation with the groups and/or individuals in this table:

Name of Individual or group	Title	Date
[redacted]	Person-centred Research & Practice Development ESHT	June 2014
[redacted]	Asst Director of Nursing (Professional Practice and Standards)	June 2014
Trust Nursing and Midwifery Group (TNMAG)		November 2014
Rob Toth	Communications Manager	November 2014
Mr Andrew Moody	Consultant Maxillofacial surgeon	June 2014
Gayle Clarke	Specialist Midwife, Practice Development	June 2014
[redacted]	Assurance Manager	June 2014
[redacted]	Trust Librarian	June 2014

[redacted]	Service User	June 2014
[redacted]	Service User	July 2014
[redacted]	Service User	July 2014
Lisa Forward	Head of Governance	July 2018
[redacted]	Patient Experience Manager	July 2018
[redacted]	Patient Experience Volunteer	July 2018
[redacted]	Patient Experience Volunteer	July 2018
[redacted]	Communications Manager	July 2018
[redacted]	Equality and Human Rights Lead	July 2018
	Patient Experience Volunteer	October 2021
	Equality and Human Rights Lead	October 2021

This information may be made available in alternative languages and formats, such as large print, upon request. Please contact the document author to discuss.

Table of Contents

1. Introduction

East Sussex Healthcare NHS Trust (ESHT) is committed to producing patient information of a high standard that complies with the recommendations of external agencies and standards by which the Trust is monitored, including:

- The Care Quality Commission (CQC)
- Healthwatch
- The Equality and Human Rights Commission
- The NHS England Information Standard

This information should be person-centred, clear, concise, and helpful information that is professionally presented in an accessible format to people who use our services and trust staff.

2. Purpose

The purpose of this policy is to ensure a clear and consistent approach to the production of patient information. This policy describes the framework required to achieve a consistent standard throughout the organisation.

2.1. Rationale

Information is an important part of the patient journey and a key element in the overall quality of patient experience. Quality information improves our communication with patients and their carers, improving the care we deliver to them. Good information gives people knowledge which empowers them to make informed decisions regarding their own health.

Patient information can impact on their experience by:

- Improving care and communication with the public and service users
- Remind and back up what information is verbally shared by health care professionals
- It can also be a primary source of information for many people
- Support informed decision making and valid consent
- Help service patients become well informed partners in their own treatment, therapy and care
- Be a tool to enhance patients/ carers involvement and participation in their condition and their treatment.

2.2. Principles

- This policy will offer support for staff in the development, testing and production of good quality information. Development and testing methods should be done in consultation or ideally in collaboration with relevant clinical and non-clinical staff and including service user/groups or other organisations. All patient information is person-centred, clear, understandable and relevant, meeting Plain English standards as well as working towards providing information that is up to date evidence based and contains useful sources of further information and guidance for people.

- Once produced information must be reviewed and updated as needed or as requested by patient experience team.

- All locally developed information is archived for legal purposes.

- Wherever possible, National Patient Information will be adopted for use locally. Examples include; NICE and NHS Choices.

- If staff do not follow the policy patient information will be either temporarily or permanently withdrawn from use. The Trust will not support the introduction or use of patient information that has not been developed and tested as set out here. The use of information produced outside of this policy may pose risks for both service users and the organisation.

2.3. Scope

This policy is applicable to all staff working within ESHT. Patient information may cover the following topics: information about services, specific clinical procedures, conditions, treatments and medication. This policy refers to ‘patient information’ in printed literature format.

3. Definitions

Lead Clinician and/or named author
The person responsible for the producing the information and ensuring it has been written in accordance with trust policy.

Patient Information Group (PIG)
A reviewing and validating group consisting of health care professionals, NHS managers and Patient Experience Volunteers who validate patient information.

Patient Experience Volunteer
A volunteer who has been specifically recruited to act as a representative for patients.

Patient
A person who currently uses or could potentially use services provided by East Sussex Healthcare NHS Trust.

Patient Information
Patient information may cover the following topics: information about services, specific clinical procedures, conditions, treatments and medication.

4. Accountabilities and Responsibilities

The Chief Executive has overall responsibility for ensuring that the trust has appropriate policies and robust monitoring arrangements in place.

Chief Nurse has the delegated board accountability for ensuring that appropriate arrangements are in place to ensure robust policy governance across the trust.

Head of Governance is responsible for ensuring that systems and processes are in place for the production of quality approved patient information which is clear, relevant, evidenced based, accurate, well-designed, readable, accessible and up to date and in accordance with this policy.

Patient Information Group will review information ahead of scheduled meetings or virtual deadlines using specified criteria, provide their specialist knowledge and expertise in critiquing the leaflets for accuracy and legibility, the group will generally act to validate information it receives. On the rare occasion sub-standard information gets through to the group members of the group may decide to make the final decision on whether the leaflet meets the criteria and may defer to validate.

Governance Leads are responsible for:
- Ensuring relevant patient information is available in their area
- Identifying the need for written information
- Making staff aware of this policy

- Ensuring patient information in their area is up to date

Lead Clinician and/or Named Author for all patient information there must be an identified lead clinician and/or author from any profession who will ensure compliance with this policy.

Equality and Human Rights Team will be a contact point for service users who require information in larger font or braille. They will also help with translating into another language if required.

All authors of patient information are responsible for ensuring that they comply with this policy and associated procedural documents.

Administrator for the Patient Information Group or other appropriate forum

- Will receive and log all requests for newly proposed service user information and reviewed information.
- Will check that all associated submission documentation is available with proposed new leaflets for validation returning to sender if incomplete.
- Will send out all new service user information documents and associated submission checklist for consideration to members.
- Will keep an electronic record of all associated paperwork for each submitted document for validation on the shared drive.
- Will place all newly validated information or reviewed information into the shared drive for upload and version control.
-
- Will provide word versions of information documents as requested.
- Will record the validation decisions from the group, communicating validation outcomes to the lead clinician and/or named author.
- Will confirm peer review has taken place as required and that service user involvement and participation has taken place.
- Will proof read the information document on initial receipt for any obvious deviation from set standards and notify the lead clinician / author accordingly.

5. Procedures and Actions to Follow

A ‘Quick overview’ of the process for producing patient information can be found in Appendix D.

Example templates are available on the Extranet. An example of the clinical template is in Appendix E) and the general template in Appendix F.

5.1 New patient information

Before a new or revised patient information document is produced please check the national A-Z (add link) for any suitable patient information available.

Ensure that the information follows trust policy and best standards on producing new service user information by following the Staff Guidance on producing a new patient information document – see Appendix D.

The author should:

- Ensure the correct template is used when updating or creating Patient Information. Word copies can be obtained by contacting esht.patientinformation@nhs.net
- Ensure the patient information is clear, concise (including department contact details should a patient require it) and written using language that will be easily understood. Abbreviations and acronyms should be avoided

- Be responsible for ensuring that all associated submission paperwork is completed and available with a newly proposed or reviewed information document. Associated paperwork includes:
  Newly proposed service user information
  1. Equality and Human Rights Assessment (EHRA) Appendix B:
  2. New information submission checklist for validation Appendix C
- Ensure that the master copy of the information is accessible for the longer term.
- Ensure that the trusts standard format templates are used for all written information documents.
- The author should instigate the review of information at least 2 months before the identified review date, communicating any changes to the Patient Information inbox at esht.patientinformation@nhs.net:.
- Be responsible for organising the removal of hard copies of information that is out of date from circulation, replacing with the up to date information.
- Ensure that the development of the patient information takes into account equality and diversity including recognition of protected characteristics.
- Ensure service user feedback is sought for all new information documents and that a minimum of 3 service users will be asked for feedback. A service user letter template is available Appendix A.
- Be responsible for safe keeping of evidence of service user feedback testing and any other associated documentation relating to the development of the information they are responsible for.
- Ensure peer review has been carried out to test that it is person-centred and the evidence base content in the information
- Ensure that authorship and acknowledgements are fair and accurate.
- Be responsible for informing the Policy Administrator if they are leaving the Trust and ensuring where possible that a new lead clinician/author is identified.
- Be responsible for sourcing funding for written and other forms of information where external printing costs or transcription/reformatting services are identified.
- Be responsible for liaising within their Division and Procurement to arrange for external printing when required.

5.2 Review of current patient information

All patient information is reviewed every 3 years unless there is rationale for an earlier review date.

- The author should amend/update the current version ensuring it is in Trust format (unless national format is necessary).
- When the draft has been finalised, the author should complete the checklist and gain approval from local speciality.
- Once approval has been received the patient information should be submitted to the Patient Information Group for ratification via Email: esht.patientinformation@nhs.net
- If not ratified by the Patient Information Group, the author will receive recommendations for amendments. If the amendments are appropriate, the author can make the changes and then resubmit to the Policy Administrator.
- If ratified, the patient information will be uploaded onto the Extranet with a 3 year review date unless otherwise indicated.

5.3 Management of patient information

Administrator for the Patient Information Group will:

- receive and log all requests for newly proposed service user information and reviewed information. Templates will be sent to proposed author if required.
- check that all associated submission documentation is available with proposed new leaflets for validation returning to sender if incomplete.

- send out all new service user information documents and associated submission checklist for consideration to PIG members.
- keep an electronic record of all associated paperwork for each submitted document for validation on the shared drive.
- record the validation decisions, communicating validation outcomes to the lead clinician and/or named author.
- provide word versions of information documents as requested.
- will place all newly validated information or reviewed information into the shared drive for upload and version control.
- Be responsible for the management of the patient information database.
- document peer review has taken place as required and that service user involvement and participation has taken place.
- proof read the information document on initial receipt for any obvious deviation from set standards and notify the lead clinician / author accordingly.

5.4 Leaflet found in use which has not been validated by the PIG

- The service/specialty concerned will be asked to remove the leaflet from circulation.
- Where appropriate, a new responsible lead clinician/ author(s) will be named and expected to follow the policy.
- All staff have a responsibility to notify the Governance and Policy Administrator esht.patientinformation@nhs.net of any patient information that is currently in use that has not been developed according to this policy.

5.5 Use of Leaflets produced by National/Regional recognised bodies

Information issued (electronically i.e. as a PDF) by recognised bodies such as NICE, Department of Health, Royal Colleges (as examples only) or other reputable sources can be used but must still go via the Trust’s ratification process outlined in this policy. The documents cannot usually be adapted. The permission should be sought form the author and also a request made to add the ESHT logo if possible. This also applies to documents that have been developed by regional/local networks again providing they have not been adapted.

5.6 Adapting a leaflet produced by National/Regional recognised bodies

If a team wish to use a national / regional/ recognised body information leaflet but wish to do so with some changes to suit the local context they must ensure that they adhere to the following points:

- Seek written permission from the organisation concerned who originally produced the leaflet for permission to add additional material
- Submit in Trust format the original and adapted versions for validation, including acknowledgements to the National Organisation/NHS Trust whose leaflet has been altered.

5.7 For patients who do not use English as their first language

If a service user requests written information to be transcribed into another language, staff should contact an approved external supplier in accordance with the Trusts Language and Communication Policy.

In cases where an urgent response is required staff can contact the main switchboard to establish whether a bilingual member of staff with the correct level of proficiency is available. A list of bilingual staff volunteers outlining proficiency levels are kept with main switchboard on both hospital sites.

In addition, the use of a telephone interpreter can be organised though the Equality and Human Rights team and can be contacted via esh-tr.accessibleinformation@nhs.net

5.8 Patients with partial sight or who are blind

Information in Braille or text to audio can be arranged by contacting an approved external supplier in accordance with the Trusts Language and Communication Policy

Text to large font can be arranged by contacting Equality and Human Rights Team who co-ordinate the document being enlarged through an approved external supplier in accordance with the Language and Communication Policy the team can be contacted esh-tr.accessibleinformation@nhs.net

5.9 Patients with a learning disability:

Information in easy read (and using symbols) can be arranged by contacting the Trust's Learning Disability Liaison Nurse. Email: **sxccg.ldltreferralseastsussex@nhs.net**

5.10 Archiving patient information

All patient information will be updated at intervals of no longer than three years or sooner if guidance or practice changes, or if there are changes to Trust details.

When patient information has been produced and updated internally, the expired information will be archived and the patient/ service user database updated accordingly.

All leaflets except those appertaining to a child or obstetric care should be kept for eight years. Leaflets appertaining to child and obstetric care should be kept for 25 years.

5.11 Patient information includes:

- Written information about services specifically for patients and their carers,
- Conditions, treatments, procedures and examinations
- Information for people who may not be ill, such as health promotion information
- Leaflets
- Booklets
- Information sheets
- Posters
- Flyers
- Menus
- Film/videos
- DVDs,
- APPs
- Web pages

5.12 Patient information does not include:

- Personal information about patients (such as medical or personal information found in medical records)
- Clinical guidelines, protocols or procedures
- Information given to patients verbally by health professionals
- Correspondence (letters, emails) about on-going care or appointments.

6. Equality and Human Rights Analysis

All patient information requires an assessment of the impact on equality and human rights including protected characteristics. This is to ensure that no-one is disadvantaged. The template for the Equality and Human Rights Analysis (EHRA) can be found in Appendix B. If there is an

associated policy or guidance for which the patient information supports, then the EHRA for that document can be used to inform the analysis for the information.
Further guidance on how to complete an EHRA can be found via –
http://nww.esht.nhs.uk/corporate/equality-and-diversity/

The Equality and Human Rights analysis for this policy has been completed and can be found in Appendix B. It has considered the potential impact of this document in a manner that recognises the Equality and Human Rights of patients and staff.

7 Monitoring Compliance with the Document

Monitoring Table

Element to be Monitored	**Lead**	**Tool for Monitoring**	**Frequency**	**Responsible Individual/Group/ Committee for review of results/report**	**Responsible individual/ group/ committee for acting on recommendations/action plan**	**Responsible individual/group/ committee for ensuring action plan/lessons learnt are Implemented**
Reviewing leaflets and other written information for appropriate consultation, format and content	PIG-virtual	Guidance checklists	Ongoing	PIG- virtual	PIG- vitual	PIG vitual
Reviewing supporting documentation supplied with submitted leaflets	Governance and Policy Administrator	Submission Checklist	Ongoing	PIG- virtual	PIG virtual	PIG vitual
All leaflets will be captured on the trust leaflets database	Governance and Policy Administrator	Document Search database	Ongoing	PIG virtual	PIG virtual	PIG virtual
Named person within Clinical units to carry our informal checks to ensure all leaflets are listed on the database and approved in accordance with the policy.	Governance Leads	Document search database	Annually	Matrons or named authors	PIG virtual	PIG virtual
Clinical units will be notified when leaflets are due for review	Governance and Policy Administrator	Document Search database	Ongoing	Matron or named authors	PIG virtual	PIG virtual

All leaflets will be archived electronically on the database	Governance and Policy Administrator	Document Search database	Ongoing	Communications Manager	PIG virtual	PIG virtual
All leaflets will be archived on the extranet	Communications Team	Extranet	Ongoing	Communications Team	PIG virtual	PIG virtual

8 References

1. ESHT, Policy and procedure for consent to treatment, examination and care policy and procedure(201)
2. NHS constitution
3. CQC: Guidance about Compliance, Essential Standards of Quality and Safety
4. The Plain English Campaign [online] ‘how to write medical information in plain English’ available at: http://www.plainenglish.co.uk/files/medicalguide.pdf. (accessed 5th July 2018)

Appendix A Service user letter template

NHS
East Sussex Healthcare
NHS Trust

Dear Service User

At East Sussex Healthcare NHS Trust we aim to provide written information that is clear, understandable and helpful. To enable us to do this, it's important we ask service users for their feedback when staff authors are producing new service user information documents.

You have been asked to review the patient information (enter title) and provide some short feedback in the table below.

The information you have been asked to review may describe a procedure, operation, condition you may have had or general information about a service we provide.

The feedback you provide will help the author complete a final version and make changes where necessary.

If you are interested in reviewing further service user information, sent by email, please indicate by ticking the appropriate box within 'contact details' at the bottom of this letter.

Feedback table: (please tick √)

Things you may want to consider about the information:	Yes	No
Is the information clear and in words you could understand?		
Was all the information helpful and necessary?		
Does the information cover the things you feel are important?		

If you answered 'No' to any of the questions in the feedback table above or you wish to provide further comments, please do so in the box below:

Your Contact details:

Name:
Telephone Number:
Email address:
Please add me to the Trusts virtual reading panel ☐ (please tick √)
(the author will return your details to the Patient Experience Lead)

Thank you for your help.

Appendix B – EHRA Form

East Sussex Healthcare
NHS Trust

A Due Regard, Equality and Human Rights Analysis form must be completed for all procedural documents used by East Sussex Healthcare NHS Trust. Guidance for the form can be found here on the Equality and Diversity Extranet page.

Due Regard, Equality and Human Rights Analysis

Title of document: **Policy and Procedure for Patient Information**
Who will be affected by this work? E.g. staff, patients, service users, partner organisations etc. Trust staff, patients, families/carers
Please include a brief summary of intended outcome: All patient information is person-centred, clear, understandable and relevant, meeting Plain English standards as well as working towards providing information that is up to date evidence based and contains useful sources of further information and guidance for people.

		Yes/No	Comments, Evidence & Link to main content
1.	**Does the work affect one group less or more favourably than another on the basis of:** (Ensure you comment on any affected characteristic and link to main policy with page/paragraph number)		
	• Age	No	
	• Disability (including carers)	Yes	Versions can be obtained in larger print, braille for people with sight impairment. See section 4.0 Equality and Human Rights Team and sections 5.9 and 5.10
	• Race	No	
	• Religion & Belief	No	
	• Gender	No	
	• Sexual Orientation (LGBT)	No	
	• Pregnancy & Maternity	No	
	• Marriage & Civil Partnership	No	
	• Gender Reassignment	No	
	• Other Identified Groups	No	
2.	**Is there any evidence that some groups are affected differently and what is/are the evidence source(s)?**	Yes	Where English is not a person's first language, patient information leaflets can be translated. See section 5.8
3.	**What are the impacts and alternatives of**	There would not be consistency of patient	

	implementing / not implementing the work / policy?	information produced
4.	**Please evidence how this work / policy seeks to "eliminate unlawful discrimination, harassment and victimisation" as per the Equality Act 2010?**	Patient information will be accessible to all relevant patients and carers (where applicable) in a format that is required by the individual
5.	**Please evidence how this work / policy seeks to "advance equality of opportunity between people sharing a protected characteristic and those who do not" as per the Equality Act 2010?**	By ensuring that patient information is accessible to all including different formats.
6.	**Please evidence how this work / policy will "Foster good relations between people sharing a protected characteristic and those who do not" as per the Equality Act 2010?**	By ensuring that patient information is accessible to all including different formats.
7.	**Has the policy/guidance been assessed in terms of Human Rights to ensure service users, carers and staff are treated in line with the FREDA principles (fairness, respect, equality, dignity and autonomy)**	Staff are encouraged to include service users in the development of patient information
8.	**Please evidence how have you engaged stakeholders with an interest in protected characteristics in gathering evidence or testing the evidence available?**	A Patient Experience volunteers have reviewed this policy including those with a disability
9.	**Have you have identified any negative impacts or inequalities on any protected characteristic and others? (Please attach evidence and plan of action ensure this negative impact / inequality is being monitored and addressed).**	No

Appendix C Information submission checklist

East Sussex Healthcare
NHS Trust

Submission Checklist for Patient Information

Name of newly developed information:

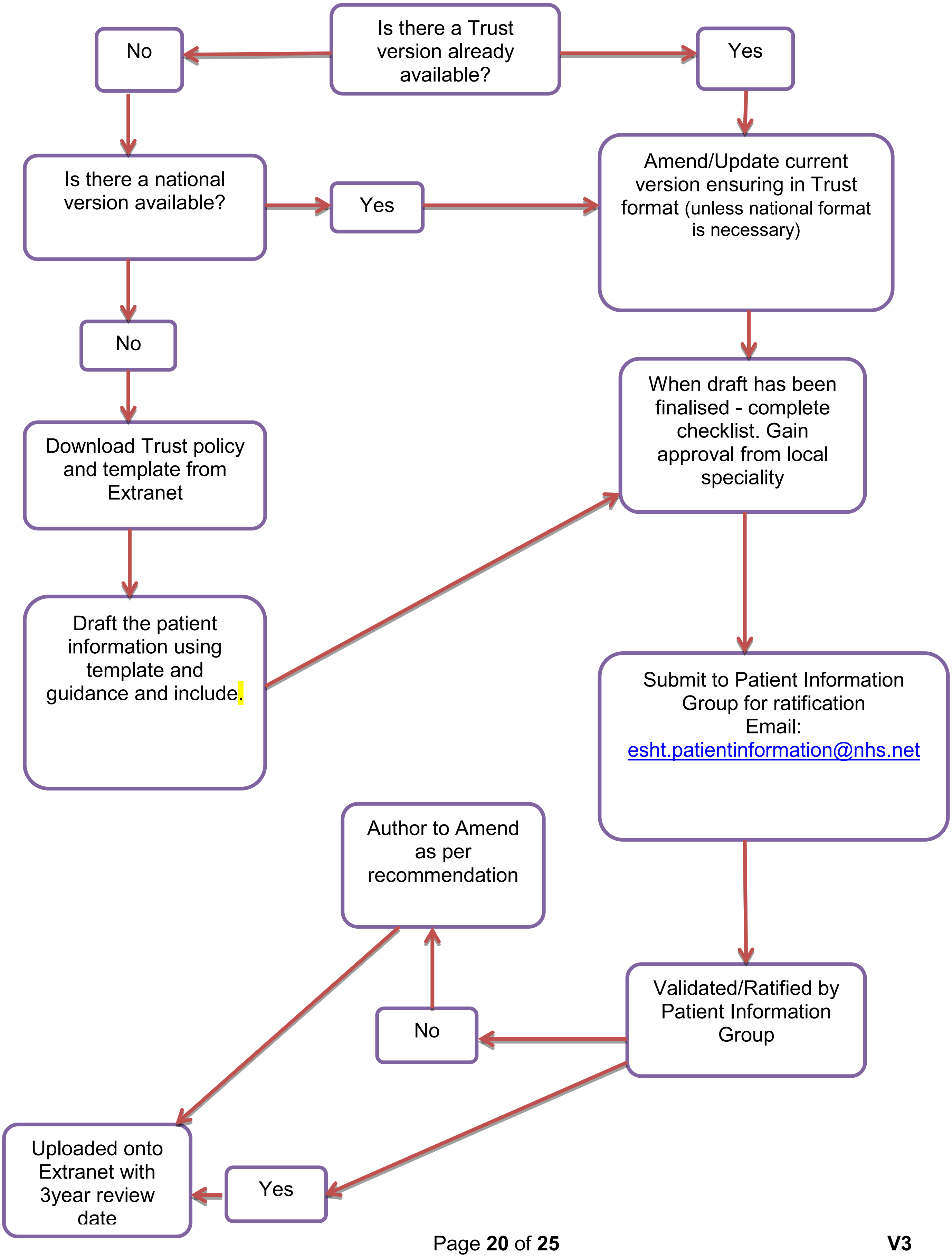
Date of submission for ratification:

Give a brief explanation of why this information is necessary and indicate the target audience:	
Name of lead clinician and/or named author including name of associated Division and Specialty	Author(s) Specialty: Division:
List group membership responsible for development of document (all key disciplines should be involved including patient representatives if applicable)	
Name of person responsible for monitoring compliance and review of the document if multiple authors	
List staff involved in consultation process (all key disciplines should be involved including patient representatives if applicable). Consultation must occur **prior** to submission for ratification	
Do you hold evidence of patient and/or public involvement in the development of the document? This may include copies of completed feedback forms.	Yes / No
Where a clinical specialty is delivered from multiple sites within the trust, is the document applicable to all sites? If not, provide reason for this.	Yes / No
If the information is clinical, explain what methods/sources were used to collect the evidence on which the recommendations are based? Information must be referenced if appropriate.	
If Applicable, have the learning & development	Yes / No / Not applicable

requirements of implementing this document been considered? Have the Learning & Development Team been contacted?	
Date that final draft of information was agreed by clinical specialty/service or trust. Date for review (In house leaflets - initially 12 months and every 3 years thereafter. Trust Corporate Leaflets – every 3 years National leaflets – every 3 years)	Date agreed: Review date:

Appendix D Process for producing patient information

Process for producing Patient Information



Appendix E- Patient Information template (clinical)

Patient Information

East Sussex Healthcare
NHS Trust

Enter the name of the advice/procedure/operation here

What is?

(Explain the procedure)

Why would I need this procedure?

(Explanation)

What are the symptoms that have led to me having this procedure?

(Explanation)

What are the alternatives?

(including the option not to treat)

What are the potential risks and side effects?

(Please include relevant complication rates)

What are the expected benefits of treatment?

In addition to the above mandatory headings you may want to inform the patient of other factors relevant to their treatment. These may include:

What should I do before I come into hospital?

(no need to repeat all the pre-op information)

Where will the procedure take place?

Will I have an anaesthetic?

How will I feel afterwards?

How long will I be in hospital?

What should I do when I go home?

How soon will I be able to resume normal activities?

Will I have to come back to hospital?

When can I return to work?

Consent

Although you consent for this treatment, you may at any time after that withdraw such consent. Please discuss this with your medical team.

Sources of information

E.g. specialist nurse, ward, consultant secretary, self-help group, national bodies or Web site addresses.

Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: 0300 131 4731 (direct line) or by email at: esh-tr.patientexperience@nhs.net

Hand hygiene

The Trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: 0300 131 4434 Email: Esh-tr.accessibleinformation@nhs.net

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

____

Reference

The following clinicians have been consulted and agreed this patient information:
ENTER NAMES AND JOB TITLES (at least one from each site if appropriate)

The directorate group that have agreed this patient information leaflet:
ENTER NAME HERE, IF APPROPRIATE

Next review date:	(leave blank)
Responsible clinician/author:	(the person who will co-ordinate the review + job title)

© East Sussex Healthcare NHS Trust – www.esht.nhs.uk

Appendix F Patient Information template (general)

Patient Information

East Sussex Healthcare
NHS Trust

Enter the name of the patient information here

Use these headings as a guide to what font size/colour you should use for your questions/headings

Enter your answers/explanations in this size font/colour (12 point black)

Note to author: the headings below must be included within all patient information. Please update the sources of information and delete 'consent' where not necessary.

Sources of information

E.g. specialist nurse, ward, consultant secretary, self-help group, national bodies or Web site addresses.

Important information

This patient information is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: 0300 131 4731 (direct line) or by email at: esh-tr.patientexperience@nhs.net

Hand hygiene

The trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: 0300131 4434 Email: Esh-tr.accessibleinformation@nhs.net

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

The following clinicians have been consulted and agreed this patient information:
ENTER NAMES AND JOB TITLES (at least one from each site if appropriate)

The Clinical Specialty/Unit that have agreed this patient information leaflet:
ENTER NAME HERE, IF APPROPRIATE

Next review date: (leave blank)
Responsible clinician/author: (the person who will co-ordinate the review + job title)

© East Sussex Healthcare NHS Trust – www.esht.nhs.uk