

**FORTH VALLEY PRIMARY CARE NHS TRUST**

# **Developing Written Information for Patients Good Practice Guidelines**

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**Review date: November 2003**

## **Acknowledgement**

These Good Practice Guidelines were revised and developed by:

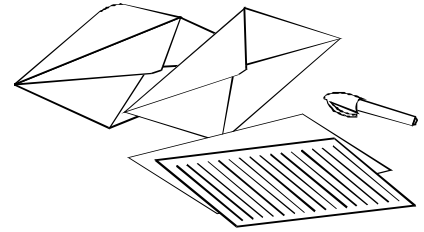
Tayside Primary Care NHS Trust

Forth Valley Primary Care NHS Trust would like to acknowledge the work that has gone into producing these guidelines. The Trust has customised these guidelines to make them applicable for local requirements.

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# Introduction



These guidelines have been developed with the aims of:

- Ensuring that written information is developed to meet a need.
- Ensuring that written information is incorporated into the principles of Plain English, which will allow them to be easily understood.
- Producing and distributing written information in the most effective way.

The guidelines are not exhaustive but provide assistance to staff developing information resources for patients. Much of the guidance can be used throughout all of our writing and not just in information for patients. Checklists are provided to allow authors and others to assess the information.

The NHSFV Health Promotion Liaison group have produced complimentary guidance 'Health Promotion Materials Guidance (Jan 2002) on the use of Health Promotion literature. It is recommended that staff consult these guidelines when developing Health Promotion literature.

## ***Why Develop Information?***

It is well known that people who are anxious and/or ill do not absorb all the verbal information that is given to them. This also applies where large amounts of information are given. Whilst it is acknowledged that written information alone is not very effective, when supplied as reinforcement of a verbal message its effectiveness is greatly increased.

### ***Advantages of written information include:***

- they reinforce verbal information and help people remember it
- they can give more details than you can give verbally
- they can be kept for future reference
- patients can share the information with their family, carer or friends
- that each patient gets the same information

### ***Disadvantages of written information include:***

- they may be used instead of discussion with patients
- they can't be tailored to the needs of each individual patient
- they may not be the best way of giving complicated instructions
- producing a leaflet costs time, effort and money
- the information in a leaflet can go out of date quickly
- people's ability to read varies

# Before You Write Your Leaflet...

There are a few things you need to think about before you start to write your leaflet.

## *The Aims of Your Leaflet*

Having considered the advantages and disadvantages of using a leaflet you will want to consider the aims of your leaflet.

What do you want your leaflet to achieve? Do you wish to increase knowledge and understanding, correct misunderstandings, reduce anxiety, raise awareness about a service or give instructions?

You should bear in mind the limitations of a leaflet, especially in terms of changing attitudes and behaviours.

## *Who Is The Recipient Of The Leaflet?*



Decide who the leaflet is aimed at - this will influence the way you write. Good writing skills involve writing as if you were speaking to the person. You cannot do this if you omitted to define whom the main readers will be. If you anticipate that your target group will include a number of people for whom their first language is not English you should consider translation.

Remember that written leaflets do not suit everybody. You may need to consider other media, i.e. audio or videotape. (see appendix one - Accessible information)

## *Do I Need to Develop a Leaflet*

- Make sure that there is no leaflet in existence, which gives the same information and follows the guidance written here.

Why reinvent the wheel?

- However, if you want to take portions of information directly from other leaflets you must make sure that you have permission from the organisations that produced them.

## *What to Include.*

- Factual information about your topic which is free from commercial bias.
- Acknowledge what it feels like to be a patient.
- Find out from existing patients what they feel is important to know, and in what depth. You might also discover that their priorities about what they need to know are different from yours!
- Consult others, e.g. relatives, other professionals and specialist organisations, Local Health Council.
- Review the literature available to make sure it is evidence based and up to date.

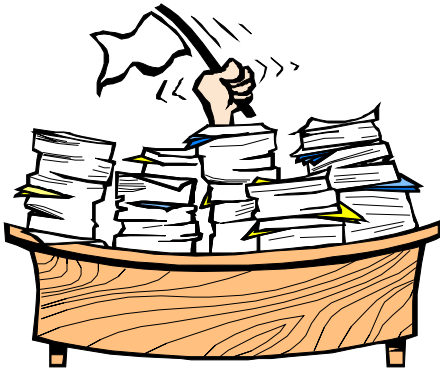
# Developing the Leaflet

Developing the leaflet has five distinct stages:

1. Gathering and sifting the information
2. Writing the information
3. Word processing or desktop publishing the information
4. Ordering the information
5. Designing the layout

The following sections will guide you through these stages.

## *Gathering and Sifting the Information*



The previous section suggested things that you might want to include in your leaflet. Facts can be gathered from many sources, e.g. library, journals, Internet, other people's leaflets. Once you have read all the information sift it in the following way.

- list all the information you have
- divide the information into that which is essential, useful and unnecessary

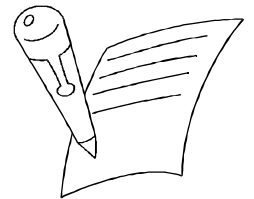
Look at the essential information, does it provide:

- facts/evidence required to meet your aims?  
- if your answer is "no" you need to find and include the missing information.
- information in a language which your reader will understand?  
- if you answer "no" you need to find the same information written in an appropriate way or rewrite the information yourself.

## *Writing the information*

The following points all help you to make reading the leaflet easier.

- Plan carefully before you start writing. Use an outline or a mind map so that you know exactly what you'll be writing about.
- Organise your information into sections, use headings and sub-headings. Use a consistent way of making them stand out from the text, e.g. bold, Italics etc. It is easier and more inviting to read several short pieces. It is also allows the reader to find their way about more easily.
- Use numbers and bullet points when making several points under one heading or sub-heading, it is more inviting to read and will help your writing style.



Numbers are easier to follow, but don't use roman numerals (they're more difficult). Bullet points are most effective where the points are no more than a sentence each.

- Use short sentences, i.e. an average of 15-20 words. Include only one main point in each sentence. Use full stops rather than semi-colons.
- Write as if you are speaking to your reader. Use words like 'we' and 'you' rather than 'patient' or 'the organisation'. Write directly, simply and with the right tone of voice. This will soften the writing, making it more personal. It is also easier to write in this way.
- Use plenty of 'active' verbs. The passive voice is often more difficult to understand, say 'we will do it' rather than 'it will be done by us'.
- Avoid using brand names.
- Use everyday English whenever possible. Avoid jargon and legalistic words, and explain any technical terms you have to use.
- Avoid using shortened forms of names, such as abbreviations or acronyms.
- Avoid unnecessary or unnecessarily long words. Wordiness will not impress your readers or help your writing style.
- A table of contents will be helpful if your leaflet is going to longer than 2 or 3 pages.
- Avoid the use of individuals' names, as any changes will date your leaflet. This might mean reprinting which is not cost effective. It is much simpler to use designation and profession names e.g. Senior Charge Nurse, Physiotherapist.
- Always include the date (month/year) in which the document has been developed or reviewed *and* any order code required to get more supplies.
- Always include the names of the authors or department that produced the leaflet.
- Attach Copyright symbol to the back of the leaflet.

### ***Word Processing or Desktop Publishing the Information***

When using a computer to produce the document bear these points in mind, they will make it easier for people to read. Difficulties with reading is often more to do with the look and layout of the leaflet than the text itself.

- Too much text on a page can be off-putting.
- Columns, which are too close together, can cause confusion.
- Short, clearly separated chunks of text encourage those with reading difficulty to read on.
- The spacing between lines, *leading*, is an important factor in making reading easier. A general rule of thumb is that with 12pt type a leading of 2pt is sensible, line height is 14pt.
- Guidelines have been issued by the Scottish Executive about the use of logo's and fonts within documents. Some guidance is provided below however if you wish more advice please contact the Trust's Corporate Services or Quality Department. This information is accessible from the NHS FV intranet site.



- A contemporary, flexible typeface, Stone Sans is recommended for printed NHS communications, such as stationery, forms, leaflets, signage and vehicle livery.
- Within publications, Stone Sans is ideal for everything from headings and text to diagrams, charts, tables and even technical information.
- If Stone Sans isn't available, the suggested alternative for use on internally produced documents is Arial. Use regular, italic or bold, all of which are universally available on office machines. Similar typefaces include Helvetica, Swiss, Geneva and Univers.

- Font size
  - 10 point is too small for most readers
  - 12 point is recommended for general readers
  - 14 point is commonly used in large print books, also needed for Children and older people.

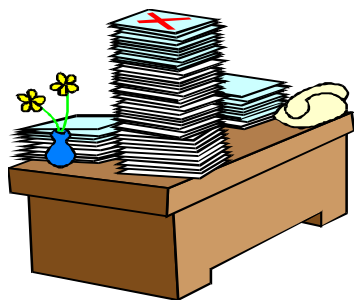
16 point is used, by the RNIB, for partially sighted people.

- In order to convey emphasis there are many tools, e.g. block capitals, underlining, bold print and italics. Generally only two of the options are required to emphasise, **SO AVOID THE TEMPTATION TO USE ALL OF THEM AT ONCE!**

A note about BLOCK CAPITALS - There is a body of evidence that shows that upper and lower case is easier to read than upper case only. The shape of the word is an aid to the reading of it, e.g. Doune, Braco, Denny, Shieldhill, Alloa as opposed to DOUNE, BRACO, DENNY, SHEILDHILL, ALLOA.

- Darker colour papers generally provide more difficult backgrounds for reading, blue and purple are worse than others. For people with a sight impairment it is better to contrast the text colour with an appropriate paper colour e.g. black text on a lemon background.

### *Presenting the Information*



When ordering the information there are two systems that can be used:

- The first system is useful where a chronological progression of events, which are described in the information, take place. Using this system orders the information in that chronological sequence for example, following the patient's journey.

- The second system is used where there is no obvious sequence of events for example:

The reader's priorities are different from the sequence, i.e. a patient is more concerned with what are their chances of having a particular condition *than* which staff they will meet at the clinic.

If you're not sure which to use, speak to some patients / carers and ask their views about priorities.



## *Designing the Layout*

Information layout is crucial to increasing the readership of the document. Many issues need to be taken into account:



- If the information is to be posted the leaflet should fit into the envelope preferably without folding across an area of text.
- The leaflet should be easy to hold while reading, consider size of page. An A5 leaflet is easier to hold than an A4 piece of paper, yet they are both the same size.
- It is easier to read small areas of text, columns are more inviting to read. Think about newspaper columns, they help us to read more quickly.
- Use headings, subheadings and bullet points as mentioned in the section on writing the information.
- The use of clipart pictures and diagrams encourage us to read information. Remember a picture or diagram can say 1000 words.
- Include production date on the leaflet.

## Piloting the Leaflet

### *Methods*

It is essential to pilot the leaflet and gain feedback on the content, layout and achievement of purpose. Piloting before copying or going to print will inevitably save money and time.

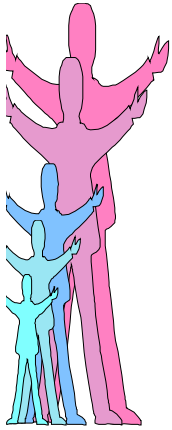
How is this done? Piloting is easily done by asking a sample of users of the eventual leaflet and/or other staff to read and comment. You can allow them to comment freely or you can ask for comment about specific things i.e. did the leaflet achieve its aims? You may need to repeat the pilot if many changes have been made - however, don't fall into the trap of constantly making amendments to the draft and never getting round to publishing the leaflet. It takes 20% of the time to get the leaflet to 80% perfect. Provided you are open to seeking feedback on the leaflet whilst it is in use - you can make amendments at the review.

Where applicable, checks should be made to ensure the information used in the leaflet is legally correct.

### *Readability Scoring*

You will all have read some material, which flowed, was quick and easy to read and was easily understood. Most of us have also read material full of terminology, which is awkward and not readily understood. The plain English tips incorporated in the section 'writing the information' will help you to achieve the former. However there is another factor you must take into account - the ability of your reader. Most people are astounded to know that the average reading age of the British adult is somewhere in the region of 9 years of age. Readability scoring helps us to aim our writing at the largest proportion of readers. Whether you are developing your own materials, or purchasing them, it is important that your target audience be able to read and understand the material. You don't want to be talking over their heads or down to them. To gauge the appropriate reading level you have to know your target audience.

You can assess the readability of the leaflet by computer. When Microsoft Word finishes checking spelling and grammar, it can display information about the reading level of the document, including the following readability scores. Each readability score bases its rating on the average number of syllables per word and words per sentence.



- **Computerised score (Flesch Reading Ease score):-**

This rates text on a 100 point scale, the higher the score, the easier it is to understand the document. In microsoft word;

To display readability statistics:

1. On the Tools menu, click Options, and then click the Spelling & Grammar tab.
2. Select the Check grammar with spelling check box.
3. Select the Show readability statistics check box, and then click OK.
4. Open the document you want to check. Click Spelling and Grammar on the Standard toolbar.

Low numbers of passive sentences are good and a Flesch reading ease score in excess of 60% is desirable. The Flesch reading ease score translated means that:

Score (%)	0-30	31-50	51-60	61-70	71-80	81-90	91-100
% of readers who would understand	4.5	24	40	75	80	86	90

- **Computerised score (Flesch-Kincaid Grade Level)**

Rates text on a U.S. grade-school level. For example, a score of 8.0 means that an eighth grader can understand the document. For most standard documents, aim for a score of approximately 7.0 to 8.0.

## Producing The Leaflet

Should the leaflet be printed or photocopied?

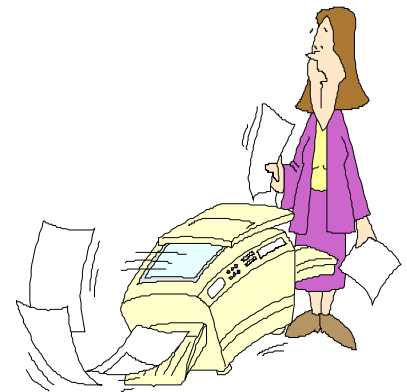
The main factors to consider here are quality of reproduction and cost. Consider the following factors to help you answer this question.

1. How many leaflets will be required per year?

If more than 1000 sheets of A4 paper are required per year then it is usually most cost effective to get them printed.

Between 750 and 1000 sheets of A4 paper, it is most cost effective to get them photocopied at the printers. This form of copying is of much higher quality than that produced by standard office copiers.

Less than 750 sheets of A4 paper, photocopying within the Trust is most cost effective. When photocopying, this should be from the original 'master' copy and not from a second or third generation 'slave' copy.



2. How many colours are to be used, including those in diagrams and pictures?

For every colour used in printing there is an additional charge, therefore using lots of colours can be expensive. However it is possible to get different effects using 'tints' or shades of one colour. Most often two colours are sufficient to provide effect and economy.

Generally, photocopying within the Trust does not allow us to use colour for text or pictures. However, effects can be created using coloured paper.

3. How many pages are there?

The greater the number of pages the more likely it is that the item will need to be printed or photocopied at the printers.

## Distributing The Leaflet.

How the leaflet will be distributed requires thought.

*Specific Ward / Department or Service leaflet.*

This is most likely to be distributed either with an appointment to or on arrival at that ward / department / service.

*Information used Trustwide.*

The most effective way of distributing this information is for a small initial supply to be sent to all those using the leaflet. These people then order further supplies from stock held either by Central Supplies Department or in some other central location.

## Evaluating And Reviewing Information.

All information should be evaluated to determine its usefulness, there is little point continuing to issue a leaflet which is not fulfilling its purpose.

If you need to evaluate a leaflet, assistance can be given from your Clinical Effectiveness/QualityTeam.



Information does change and go out of date, there is nothing more frustrating than a leaflet that tells you what used to happen! **Every leaflet should**

**incorporate a review date when the authors and users should routinely check that the leaflet is in date.**

If changes occur prior to the review date then the review should be brought forward. Unscheduled revisions may be promoted by current affairs, product changes, law changes, new medical findings and patient/carer requests.

## Quality Monitoring

A copy of all leaflets used by a department or base should be submitted to the Trust's Quality Department so that:

- we can identify areas using that information
- a record is kept of all information in use, and to prevent duplication of effort
- we can monitor compliance with these guidelines and provide information to our users on the standards of our leaflets.

- we can offer advice and assistance to authors of leaflets
- other departments can benefit from your work to prevent duplication.

## Further Assistance:

Please contact **your** Clinical Effectiveness/Quality Team for further assistance.

Central Legal Office is concerned with legal authority of information. Their contact details are:

Forth Valley Health Promotion Department, 'Health Promotion Materials guidelines' January 2002

## Suggestions For Further Reading

1. The Basic Skills Agency (1992) *Making Reading Easier* ISBN 1 870741 53 6
2. Mike Lowry (1995) *Knowledge that reduces anxiety, creating patient information leaflets*. P318-320, Professional Nurse, February 1995
3. Bernadette Friend. (1998) *Calling a bed a bed*, p 31-33, Health Service Journal, 5/3/98.
4. **Jenny Secker and Rachel Pollard. Writing Leaflets for Patients, guidelines for producing written information. Health Education Board for Scotland.**

# Appendix One

## *Appendix 1 - Accessible Information*

***There are approx. 1.7 million blind and partially sighted people in the U.K. This is a sizeable client base, which cannot be ignored. Meeting the needs of these people makes good sense.***

*As a Trust we have a legal obligation- following the implementation of Section 21 of the Disability Discrimination Act – to make reasonable adjustments to ensure blind and partially sighted people can access our services.*

*The enclosed information has been designed to enable you to adapt your own information to an accessible format to meet the needs of this client group.*

## **Clear Print Hints and Tips**

### ***Type size***

The size of the type (known as point size) significantly affects its legibility and is one of the most important features to bear in mind. A minimum of 12-point type (which this text is in) should be used for all publications. However the RNIB recommends the use of 14 point to reach more people with sight problems.

### ***Contrast***

The contrast between the background and the type is also extremely important. The better the contrast, the more legible it is. Contrast will be affected by the size and weight of the type.

### ***Typeface***

The choice of typeface is less important than size and contrast. As a general rule, stick to typefaces that people are familiar with and will recognise easily. Avoid italic, simulated handwriting and ornate typeface, as these can be difficult to read.

### **Type style**

Avoid capital letters, as they are generally harder to read. A word or two in capitals is fine but avoid the use of capitals for continuous text.

### **Spacing**

The spacing between one line of type and the next is important. As a general rule, the space should be 1.5 to 2 times the space between words on a line.

## **Type weight**

People with sight problems often prefer bold or semi-bold weights to normal ones. Avoid light type weights.

## **Numbers**

If you print documents with numbers in them, chose a typeface in which the numbers are clear.

Readers with sight problems can easily misread 3,5,8,0.

## **Line length**

Ideally, line length should be between 60- 70 letters per line. Lines that are too long or too short tire the eyes. The same applies to sentences and paragraph lengths, which should also be neither too long nor too short.

## **Word spacing and alignment**

Keep to the same amount of space between each word. Do not condense or stretch lines of type. The RNIB recommends aligning text to the left margin, as it is easy to find the start and finish of each line and keep the spaces even between words (this document has been produced using this format). It is best to avoid justified text as people can mistake gaps between words for the end of the line.

## **Columns**

Make sure the margin between columns clearly separates them. If space is limited, use a vertical rule.

## **Reversing type**

If using white type, make sure the background colour is dark enough to provide sufficient contrast.

## **Setting text**

Avoid fitting text around images if this means that lines of text start in a different place, and are therefore difficult to find. Set text horizontally, as text set vertically is extremely difficult for a partially sighted reader to follow. Avoid setting text over images, for example photographs. This will affect the contrast and if a partially sighted person is avoiding images, they will miss the text.

## **Forms**

Partially sighted people tend to have handwriting that is larger than average, so allow extra space on forms. This will also benefit people with conditions that affect the use of their hands, such as arthritis.

## **Navigational aids**

It is helpful if recurring features, such as headings and page numbers, are always in the same place. A content list and rules to separate different sections are also useful. Leave a space between paragraphs as dividing the text up gives the eye a break and makes reading easier.

## **Printing**

### Paper

Avoid glossy paper as glare makes it difficult to read. Choose uncoated paper that weighs over 90gsm. As a general rule, if the text is showing through from the reverse side, then the paper is too thin. Readability of the printed material will also be improved if black ink is used on cream or pastel paper. If coloured print and paper are used, two shades of the same colour should be avoided, and a light colour should be used for the background.

### Format

When folding paper, avoid creases that obscure the text. People who use screen magnifiers need to place the document flat under the magnifier, so try not to use a binding method that may make it difficult to flatten the document.

# Appendix Two

## Appendix 2 - Leaflet Checklist

Ward / Dept. - \_\_\_\_\_

Date: \_\_\_\_\_

Base: \_\_\_\_\_

Authors of the leaflet: \_\_\_\_\_

Title of the leaflet? \_\_\_\_\_

Is this a new or replacement leaflet? - New/Replacement (*\*delete as appropriate*)

Who will be the recipients of the leaflet? \_\_\_\_\_

<i>Question</i>	<i>Yes</i>	<i>No</i>
1. Have you tested/piloted leaflet with target audience?		
2. Has the information been organised in sections with headings and sub-headings?		
3. Is the information written as if you were speaking to the reader?		
4. Have you used everyday English? Have any technical terms been explained?		
5. Are the names of any individuals included?		
6. Has the date of development / review been included?		
7. Is the font size appropriate for recipients?		
8. Is the line spacing sufficient for easy reading?		
9. Have the tools to convey emphasis been used according to the guidelines?		
10. Does the leaflet use a logical sequence?		
11. Has the layout been designed according to the guidelines?		
12. Is the readability score: - at least 60% (Flesch reading ease)?		
13. Is funding required?		
14. If yes, source of funding?		

How many copies of the leaflet are required per year? \_\_\_\_\_

When will the leaflet be reviewed? \_\_\_\_\_

How will the leaflet be distributed?      with appointments Y/N      on admission Y/N  
    available in waiting room Y/N      Trust internet Y/N  
    other \_\_\_\_\_

Is leaflet available in the following formats? Audio Y/N    large print Y/N    other \_\_\_\_\_

Has a copy of the leaflet and a completed copy of this checklist been sent to Forth Valley Primary Care NHS Trust Quality Department      **YES/NO**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Contact**

**details:**