# Patient & Public Health Information Management Policy

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1. Introduction

Accurate, effective and accessible information is essential for the provision of high quality services and care. It lies at the centre of successful person-centred healthcare, helping people manage their health and wellbeing, and make fully informed decisions on the healthcare they receive.

NHS Greater Glasgow & Clyde (NHSGGC) produces, manages and distributes an extensive range of public/patient health information; it is important that this information is all-inclusive in meeting the needs of our service users and staff.

In this context, public/patient health information (subsequently referred to as patient health information) is defined as information that is provided to patients, carers and families about public health issues, clinical conditions, services, treatments and procedures provided by NHSGGC.

2. Related Policy / Legislation

<table>
<thead>
<tr>
<th>Policy/Strategy/Act</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Rights (Scotland) Act 2011</td>
<td>The Patient Rights (Scotland) Act 2011 requires that we communicate with people in a way that they can understand and that healthcare staff make sure the patient has understood the information given.</td>
</tr>
<tr>
<td>Healthcare Quality Strategy for NHS Scotland</td>
<td>The Healthcare Quality Strategy for NHS Scotland sets out the ambition to deliver the highest quality health care to the people of Scotland through safe, effective and person-centred care.</td>
</tr>
<tr>
<td>2020 Vision for Health and Social Care</td>
<td>The 2020 Vision for Health and Social Care has a focus on prevention, anticipation and supported self-management which requires proactive engagement of patients and carers within care planning.</td>
</tr>
<tr>
<td>Making It Easier: A Health Literacy Action Plan for Scotland</td>
<td>Making It Easier: A Health Literacy Action Plan for Scotland, refreshed by the Scottish Government in 2018, raises awareness of the hidden problem of health literacy and tests ideas for how services can be better designed and how a health organisation can become more responsive to health literacy needs. Addressing health literacy is fundamental to reducing health inequalities.</td>
</tr>
<tr>
<td>The Equality Act 2010</td>
<td>The Equality Act 2010 legally protects people from discrimination in the workplace and in wider society. It sets out the different ways in which it’s unlawful to treat someone.</td>
</tr>
<tr>
<td>NHS Scotland Interpreting, Communication Support and Translation National Policy</td>
<td>The NHS Scotland Interpreting, Communication Support and Translation National Policy provides guidance on NHS Scotland responsibilities to patients and carers who require support from interpreting or translation services.</td>
</tr>
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</table>
3. Purpose of the Policy

The purpose of this policy is to provide a corporate framework which underpins the development of health information and ensures information is effectively communicated in the most suitable format (verbal or written) to inform health decisions, self-management, treatment options, and consent to treatment.

The adoption of this policy will enable NHSGGC to:

- Inform the public on health issues and provide public health advice
- Involve patients and carers in decisions about their treatment
- Prepare patients through informed consent for procedures or appointments
- Remind patients what they were told by healthcare staff
- Ensure patient health information supports a positive patient experience
- Provide information in the most appropriate and accessible format to meet patient needs
- Ensure all patient health information produced is required and is of a high standard in line with current evidence
- Standardise the way that patient health information is produced and managed
- Reduce inefficiency and duplication in the production of resources
- Effectively manage clinical and financial risks associated with patient information

4. Scope of the Policy

This policy relates to all NHSGGC entities including Health and Social Care Partnerships, Mental Health Services, Acute Services and Corporate functions. The provision of patient health information online is expected to comply with this policy.

Inclusions:

- Public Health information – local and national information to enable the population to improve their health
- Clinical patient information – supporting patients to make informed choices in relation to healthcare and treatment options including self-care
- General patient information – materials to support a positive patient experience within healthcare settings

Exclusions:

- Patient specific information such as letters / communications and patient clinical records*
- Public facing communications such as websites, newsletters and patient-facing apps*

*Although out of scope for this policy, services must ensure all information is quality assured locally, and adheres to the NHS Scotland Interpreting, Communication Support and Translation National Policy.

5. Key Principles

The provision of patient health information should build on the interaction between health professionals and patients, and reflect a wider consideration of health literacy issues.
• Information should not be seen as a substitute for face-to-face communication and should complement and reinforce verbal communication. Verbal communication can be supported by telephone or face-to-face interpreting support when required.

• All patients should have timely access to information which enables them to make informed decisions about their treatment and care, and professionals have a duty to check information has been understood.

• NHSGGC has a legal obligation to ensure that it overcomes and addresses potential communication barriers for people using our services and information. Asking the patient how they require the information is the most effective way of identifying the need for alternative formats.

• NHSGGC is committed to actively engaging with patients in the production of patient health information to ensure it reflects Plain English Standards and addresses the needs of patients.

• Patient health information should be commissioned, quality assured and approved by an appropriate clinical lead or clinical group before publication, and should be routinely reviewed and version controlled. The need for new information should be endorsed by senior management in relation to risk management and budget implications.

• All patient health information should be approved by the Clear to All Team before production and publication to ensure effective information management.

6. Accessible Information

As a public authority, NHSGGC is legally required to produce information in accessible formats, to promote equality and eliminate discrimination.

Accessible information is defined as information in a format that can be read, understood and acted upon by its target audience. It includes information produced in languages other than English, Braille, British Sign Language (BSL), audio, large print, and easy read.

Consideration of accessibility needs should be built into the development of all new patient health information, and most appropriate when the information is:

• routinely provided to the whole population and therefore those requiring accessible formats are likely to request it e.g. complaints procedures
• supportive of proactive informed consent for a service to be delivered e.g. immunisation or screening
• deemed core to a healthcare intervention e.g. patient education or clinical pathway
• of direct relevance to people with a need for information in an accessible format (e.g. Learning Disability Services)

7. Patient Health Information Development Process

NHSGGC should only produce information when a need or gap can clearly be demonstrated such as:

• The information is central and particular to clinical pathways within NHSGGC
• Information does not replicate other credible sources of information such as NHS Inform or Public Health Scotland
The information contributes substantially to patient or public understanding of the health issue, health condition or treatment that they may receive.

The development and approval process facilitates this and is outlined in a Standard Operating Procedure for Patient Information (Appendix A), also available through the Clear to All website: (www.staffnet.ggc.scot.nhs.uk/Info%20Centre/AIP/AIP%20Refresh/AIPStartPage.html).

8. Patient Health Information Publication Standards and NHS Brand Identity

Health information must be well written for it to be useful and good design and layout makes complex information easy to use and easy to understand.

All resources should comply with:

- NHSGGC Clear to All Guidance
- NHSGGC or NHS Scotland Brand Identity
- Plain English Campaign Standards
- NHS Scotland Interpreting, Communication Support and Translation National Policy

9. The Clear to All Advisory Group

The Clear to All Advisory Group (C2AG) is a cross system multi-disciplinary group created to provide a single overview arrangement for the management and production of patient health information. The group will ensure:

- All patient health information materials have a clear rationale linked to corporate NHSGGC priorities, clinical risk management and clinical guidance, or support the implementation of the Patients Right Act/ Quality Strategy
- All patient health information materials have been adequately considered in relation to the most effective and efficient format and requirements relating to additional patient needs
- All patient health information materials have met the development, design and production quality assurance requirements
- Best practice in relation to communicating and engaging with patients
- Design and production methodologies are cost-effective and compliant with NHSGGC SFIs
- The development and maintenance of an information management system to enable optimum use of existing resources and maintenance of content quality
- The patient health information development process is considered in relation to resource production management and emerging eHealth developments, national information services and social media opportunities
- The implementation, monitoring and development of the Clear to All Public/ Patient Health Information Management Policy.

10. Roles and Responsibilities

Responsibility for patient health Information is in line with existing organisational governance arrangements:
**Governance**

<table>
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<tr>
<th>Role</th>
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<tbody>
<tr>
<td><strong>Director of Public Health</strong></td>
<td>The Director of Public Health has responsibility for the provision of public health information through the Public Health Resource function and the delivery of accessible information as part of the Board’s equality scheme (A Fairer NHS; NHSGGC 2016-2020) and work of the Equalities and Human Rights Team.</td>
</tr>
<tr>
<td><strong>Board Medical Director / Nursing Director</strong></td>
<td>The Medical Director / Nursing Director have responsibility to ensure clinical governance arrangements are in place across NHSGGC. This responsibility includes ensuring all clinical and care related information is developed in line with appropriate clinical guidelines/standards and is evidence-based, and reinforces clinical practice alongside face-to-face communication and promotes positive care experience.</td>
</tr>
<tr>
<td><strong>Chief Operating Officers / Corporate Directors (Acute Services/ Health and Social Care Partnerships/ Corporate Functions)</strong></td>
<td>The Chief Operating Officers/ Directors are responsible for the operational leadership and management of health services within NHSGGC. Responsibility for general patient health information relating to a specific service or patient experience lies with the lead for the relevant service area. This policy should be implemented in line with existing operational management arrangements.</td>
</tr>
<tr>
<td><strong>Clear to All Advisory Group</strong></td>
<td>The Clear to All Advisory Group are responsible for reviewing the Clear to All Patient / Public Health Information Policy and patient health information produced by NHSGGC. Terms of reference for the group are shown in Appendix B.</td>
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**Leadership**

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<tr>
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<tbody>
<tr>
<td><strong>Budget</strong></td>
<td>A defined <strong>Budget Holder</strong> who provides authorisation for the production of materials and ensures local project management controls are in place, and the resource production pathway outlined in Appendix A has been followed.</td>
</tr>
<tr>
<td><strong>Document Owner</strong></td>
<td>A <strong>Document Owner</strong> who leads the production of health information and is responsible for completing the information planner or amendment planner, following the Public/ Patient Health Information Flow Chart prior to submission to Medical Illustration. Document owners (or subsequent post holders) will maintain responsibility for review requirements every 3 years or as required.</td>
</tr>
</tbody>
</table>
11. Provision of Health Information to Patients, Public and Staff

All staff (regardless of location, grade or profession) have a responsibility to ensure that patients and carers are informed and supported in making decisions about their care, treatment and health and wellbeing by:

- Providing health information in a way that complements face-to-face clinical interactions.
- Determining when an accessible format is required, and making the necessary effort to provide this by following guidance within the Clear to All portal

12. Equality Impact Assessment

This policy was equality impact assessed in January 2021 to determine the impact on any of the nine protected characteristics as defined in the Equality Act 2010.

13. Policy Review

This policy will be reviewed every three years by the Clear to All Advisory Group in consultation with the Corporate Management Team.

12. Monitoring Compliance with the Policy

This policy and the work of the Clear to All Advisory Group will be monitored and evaluated in order to ensure its continued effectiveness. This will include:

- Audit of information management / archive for patient health information produced by GGC
- Audit of Public Health Resource Directory and internal orders
- Monitoring of print procurement
- Audit of compliance including accessible formats.
APPENDIX A: Developing Public and Patient Health information Guidance Sheet

Public and patient information may be needed for NHSSGGC-wide services, for sectors or HSCPs, or for individual services or specialties, where there is no local or national information readily available. They can include information about services, specific medical conditions, investigations, procedures, operations and treatments.

All NHSSGGC patient information should be produced in line with the guidance set out in the Clear to All Public & Patient Health Information Management Policy.

Your Clear to All Advisory Group

Patient Experience & Public Involvement
The PEPI Team helps the Board meet their obligations under the Patients Rights (Scotland) Act 2011, providing support in the production of patient information. Once it has been agreed that a resource is needed, the team provide guidance on patient engagement, and quality assurance in relation to Plain English and patient usability.

Equality and Human Rights Team
The EHRC advise on appropriate formats for those who cannot read standard English. They provide training on the Clear to All Public & Patient Health Information Management Policy and support engagement with those covered by the Equality Act.

Public Health
The Public Health team manage an online publications directory (www.phd.scot.nhs.uk), where users can browse, search, download and order from an extensive range of health and wellbeing, and public health resources. This includes NHSSGGC health information, as well as information from partner organisations such as NHS Health Scotland, NHS Inform, charity and voluntary organisations.

Medical Illustration Services
The service supports patient care, teaching, research and communication through the design and production of high quality patient information. They ensure that projects are visually engaging, accessible and functional in their design, and advise on the most appropriate and cost-effective output.