Buckinghamshire Healthcare NHS Trust

Meeting the general equality duty

Title: Patient information

Which of the three aims is this information relevant to?

Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.

Advance equality of opportunity between people who share a protected characteristic and those who do not.

Foster good relations between people who share a protected characteristic and those who do not.

How does this information help us to show we are paying due regards to advancing equality?

The attached guideline on producing patient information demonstrates how we have embedded equality and diversity into our patient information development and approval process. We are currently in the process of updating this guideline so it is in line with the Access Information Standards.

It is a good example of how we have included both the equality impact assessment as well as the involvement of patients in the development of our leaflets.

Our process concludes with service user approval via our patient experience group (PEG). This group has representation from a range of the protected characteristic groups. The process has been established and working well within the Trust for 9 years. As a result we have seen a significant improvement in the quality and consistency of our patient information leaflets. It helps to maintain consistency of format and standards of content for any new patient information leaflets that we produce; i.e. user friendly and easy to understand.

69 leaflets have been reviewed by our PEG during the period from April 2016 to March 2017.

666.3 GUIDELINES FOR PRODUCING PATIENT INFORMATION	
Version:	2
Consultation:	Patient Experience Group- 19th February 2013
Approved:	Risk Monitoring Group
Date Approved:	14th May 2013
Name of originator/author:	Associate Director Healthcare Governance
Lead Director	Lynne Swiatczak Chief Nurse and Director of Patient Care Standards
Name of responsible committee/individual:	***Divisional Boards:*** hold responsibility for ensuring that the information is factually accurate and compliant with guideline prior to submission to the Patient Experience Group. Or for delegating this responsibility to ***Service Delivery Units*** within the Division. ***Patient Experience Group:*** to endorse/reject approval based on a patient perspective of being user friendly and helpful.
Document reference:	Guideline 666
Date issued:	June 2013
Formal Review date:	**May 2016** *(informal review of PEG approval trial to be conducted 6 months after date of issue)*
Target audience:	All Trust staff involved in the production of patient information
Location:	Swanlive Intranet/Policies and Guidelines/Clinical Guidelines/Healthcare Governance
Contacts: -	
Board Assurance Administrator 01494 734841	Document Controller and Central Database Administrator(for leaflet submissions to PEG)
01296 316042	PALS (for advice about translation services)
01494 734959	Communications (for brand and design guidance)
01494 734405	Head of Membership and Engagement (for submissions to PEG)

Document History

Version	Issue	Reason for change	Authorising body	Date
1	**0**	Author: Tracey Underhill/Savita Bhudia Head of Membership and Engagement/ Patient Information *Guidance based on similar guidelines and good practice produced by Milton Keynes General Hospital. Author Kay Taft*	Governance Committee	12.10.07 *Issued 01.11.07*
1	**2**	Amended in to update guideline in line with organisational changes. *Review date extended to November 2010*.	N/A	Oct 2009
1	**3**	Author: Elizabeth Hollman, Associate Director of Healthcare Governance Minor updates.	N/A	
1	**4**	Review extended to November 2012	Lead Exec Approval	10.11.11
2	**0**	**Formal Review**	**Patient Experience Group** **Risk Monitoring Group**	**19.02.13** **14.05.13**

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1. Introduction

This guidance has been developed to help all Buckinghamshire Healthcare NHS Trust staff in establishing a process that ensures **all** patients, carers and their families receive good quality patient information that is **accurate**, **clear** and **relevant at all stages** of their care pathway in a **format** that meets their needs.

All patient information produced will, following approval, be included on the Trust website for easy access and download by staff, patients and the general public.

To ensure a consistently high quality, a randomised audit of a sample of 5 patient information leaflets produced locally will take place annually by the Patient Experience Manager.

2. Reliability and Credibility

Wherever possible and appropriate, information should be based on best evidence identified from reliable and credible sources. Sources should always be referenced. Some national organisations such as NICE, Royal Colleges, registered charities, e.g. Diabetes UK etc, produce information for patients and wherever possible this should be used reflecting local practice and contact information etc.

The National Institute for Health and Clinical Excellence is the provider of accredited evidence and guidance, which can be found on the Institute's website at www.nice.org.uk
When stating statistics and percentages, NICE should be referred to in order to maintain consistency of information.

Any external patient information used must still follow the approval process agreed by the Trust, detailed in this guidance. The use of this information should be agreed within and across specialty if applicable and registered onto the Trust‟s central database.

When patients do not have clear information, they can feel anxious and confused. Good quality patient information will reduce queries and help reinforce key verbal messages given during consultations.

By following a few simple rules, everyone can produce information that patients will find easy to understand. You don‟t need expensive designs and full colour printing to get your message across. This guide is designed to help you achieve that goal. If you need more help, you‟ll find a list of contacts on the front of this guide.

Under no circumstances should staff sign up to contracts for leaflet provision with sponsors without consultation with the Procurement and Supplies manager, your line manager and the Trust Policy for Company/Commercial Representatives.

3. People with Specific Needs

Patient information needs to be available in a range of formats as patients have different needs. Some examples of these varying needs are patients who may have a sight or hearing impairment, a patient with learning disabilities or those who do not use English as a first language. Consequently the development of patient information needs to consider what alternative formats and styles of information might be needed. Questions such as cultural context and literacy or access to equipment for people who might use audio or video recordings may need to be considered.

3.1. Translation and Interpreting Services

In this Trust, translation and interpreting services are commissioned. Access to these should be in line with Trust policies, using your ward/departmental codes. Translation services may be used to help patients to translate information if English is not their first language. For further advice please contact PALS or the Patient Experience Manager.

3.2. Equality Impact Assessment Scheme

All written patient information needs to be impact assessed using the assessment form (Appendix 2). This must accompany any submission for approval. Please see Section 8, the flow diagram in Appendix 1 of this document, and Appendix 2.

4. The First Steps in Producing Patient Information

You"ve decided that a document is needed to explain a procedure, operation, treatment or perhaps to inform patients on how best to access and use a service. Most patient information is in the form of a leaflet. However, the same basic rules apply for a letter format, audio or video communication for patients. What should your first move be?

4.1. Has the Information already been Produced?

First, check if there is an existing national leaflet that can be used or one in-house or from another NHS Trust that you can rewrite/localise.

If it is another Trust"s leaflet then you should seek consent if you decide to use it and acknowledge the source and authors. Remember to ensure the information is up to date and that the leaflet is localised for contact names and numbers, Trust logo, etc.

If you create a new leaflet, then you have an opportunity to tailor it exactly to the needs of your audience. Identifying your target audience is important. Different audiences will require slightly different approaches. Tailor your approach.

Check internally to ensure there is no risk of unnecessary duplication.

Remember to ensure that any relevant information is evidence based and from a credible and reliable source and reference those sources.

4.2. Templates

All patient information must be placed into the Trust approved templates in the corporate style.

The templates are available electronically from the Intranet. The templates can be accessed using the following link; http://swanlive/corporate-information/leaflets, or they can be found on the Corporate Information page, under the “Communications” and “Our logo and brand” options in the left hand menu. accessible from the Intranet home page through a link on the left hand side.

To use the templates, identify the template of choice, open the document, save it with the title of your choice. You will then be able to type into the template. It is important that you do not alter the formatting used in the template as this fits with the Trusts corporate style. The Document Controller will scrutinise your draft leaflet and may ask you to change the style to keep in-line with the template if necessary.

4.3. Essential Content

All patient information in leaflets or other media must include the following section on infection control (unless specifically agreed with the Associate Director Healthcare Governance that it is not required):

“How can I help to reduce Healthcare Associated Infections?

Infection control is important to the well-being of our patients and for that reason we have infection control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the main entrance of the hospital and at the entrance to every ward before coming in to and after leaving the ward or hospital. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitser. Staff will let you know if this is the case."

All patient information must include the following information:

- Version number
- Issue date
- Review date
- Name of author
- Who to contact for translation

Section 5 in this guideline contains additional information on key content to consider when developing patient information.

4.4. Key Messages

Decide what the key messages need to be.

Usually, responsibility for the content will be shared between you as the author and the clinical teams who are offering expert guidance.

It may help to start by writing down and agreeing a series of bullet points with the clinical team(s), which will then form the basis of the leaflet.

Check this with a range of staff who might be using the leaflets and very importantly, talk to patients and understand their perception of the key messages.

4.5. Seeing Things from the Patient's Perspective

Patient information should be written from the patient"s point of view. You therefore need to:

INVOLVE PATIENTS in the development of your leaflet or patient information. **Do this at an early stage.** Their input and views are invaluable in saving costly mistakes in time and resource. Talk to the patients on your ward or those using your service, ask them what they think and take their concerns on board.

It is our responsibility to ensure patients understand what we want to tell them. Patient input is key to helping us achieve this.

Think about the treatment the patient is about to receive.

Each part of the pathway should be explained, so the leaflet reflects the steps of the journey that the patient may or will take.

If you are not sure how to start, look at a similar kind of leaflet already produced elsewhere in the local NHS.

4.6. Information must be Factual, Clearly Presented and Carefully Checked

Use the Library resources to obtain quality information to support evidence-based healthcare.

Show your ideas to all departments that are involved – and involve users at the earliest possible stage.

Remember to stay focused on patient needs.

5. What Information will a Patient Need?

This will vary with each treatment, but here is a list of items for consideration:

- A clear introduction.
- Why the treatment/operation/procedure is needed and who will do it.
- Options and alternative – treatment/operation/procedure.
- Consequences of non-treatment.
- Where and when it takes place.
- Preparations that may be needed including changes to medication and when.
- How the treatment works and any side-effects.
- Will an anaesthetic be required?
- How long and how often will the treatment be required.
- Benefits and risks (long and short term).
- Side effects and complications (long and short term).
- How the patient will feel: pain/discomfort, pain control.
- When results will be provided and by whom.
- Discharge and follow-up advice (things to be done by patient and professionals and requirement for full or part-time care and by whom).
- Information to support shared decision making, e.g. questions to ask health professionals.
- Equipment/benefits/services available (or where to get this information).
- Where to come – directions, which entrance, map, details of parking charges.

- Times of clinics/services, consequence of missing appointment.
- Contact number for practical information, e.g. change appointment/ask for information, checking that a bed is still available.
- Who to ask for help on arrival.
- What to bring/what not to bring for appointment/procedure/discharge (e.g. clothing, money, personal items).
- Visiting times and visitor‟s information, including information about protected mealtimes to prevent wasted journeys, if applicable.
- General information on help to reduce healthcare associated infections. (This is mandatory under the Core Duty 5 of Hygiene Code of the Health Act 2006 DH.) See Section 4.3.
- Facilities in the hospital (including PALS, provision of food, interpreting services).
- Services for relatives/carers, e.g. information/advice.
- Contact number for nurse or someone else for support on specific disease/operation.
- Discharge and self-help information, e.g. support group numbers.
- Parking permits for relatives of long-stay patients.
- Who to contact for translation or clarity of information.

It is strongly suggested that consideration is given to the need for a disclaimer statement such as:

‘This leaflet explains some of the most common side-effects that some people may experience. However, it is not comprehensive. If you experience other side-effects and want to ask anything else related to your treatment please speak to……telephone number.’

Becoming an informed patient is part of a process.
Written patient information is part of that process.

6. An Easy Read

We use many acronyms and jargon, medical terminology, brand and trade drug names within the health service which must be avoided or fully explained in patient information.

The message must be easy to understand.

Keep your language precise and adopt a friendly style.

Use personal pronouns – “you” and “we” rather than phrases like “Patients are asked to…”

Sentences should ideally be quite short – not more than 20 words. Here are a few useful tips from the Plain English Campaign:

- Present your ideas in a logical order – using a question and answer format.
- List **do’s** rather than **don’t’s**.
- Use a new paragraph for each idea.
- Explain medical terms.
- Avoid what we may think are normal, everyday phrases but may mean nothing to the reader – like 24/7, best practice, stakeholder, primary or secondary care for example.
- Use active verbs. Say “We will send…” rather than “It will be sent..”. The brain processes words this way.
- Avoid legal terms, Latin phrases (like quid pro quo or ad hoc) and created words (like “hospitalised”).
- Keep it short. Why say “In the event of…” when you mean “If….”?
- Use Arial typeface on all documents.
- Never use less than **12 point** – many people have a visual-impairment.

- For older people, select size **14 point**.
- For documents aimed at those with a visual impairment, choose **16 point**.
- Do NOT print or type over pictures – it makes it harder to read.
- Do print on white or pastel coloured paper – it makes it easier to read.
- Ensure numbers are clear – most of the media write numbers from one to nine in words and from 10 upwards as numbers, because they say it is harder to read single digits.
- Align your text to the left – do not justify it. (Toolkit for Patient Information, DH 2003.)
- Do NOT underline words.
- Use **bold** for emphasis.
- *Do NOT use italics*.
- DO NOT USE BLOCK CAPITALS.

Additional guidance can be found in the Trust Good Communications Guide.

7. Using Images

Pictures are not necessary for most documents and leaflets, but sometimes a diagram can help to explain complicated information. Pictures can be useful for patient information designed for those with special needs. The use of images on title pages are prohibited unless the images are crucial to the content of the leaflet.

When using pictures the author must ensure that they do not breach copyright and have obtained consent for images of a patient, staff or member of the general public. For further information please contact the Communications Department.

Do not use clip art as it is not be deemed to be appropriate for a professional organisation. It is not in line with corporate style.

Do not write text over pictures or a design.

Always test these on colleagues and patients first.

The NHS Photo Library is a useful resource of images that can be easily accessed via their website. This is the recommended approach as it provides professional photographs and use of these images avoids difficult issues of consent which you will need to include in any attempt to include your own clinical images.
www.photolibrary.nhs.uk/index.php.

The NHS also has a bank of photographs that can be used free of charge – your Communications Manager can help you with downloading these.

8. Approval Process

8.1. Service Delivery Units (SDU's)

In progression with organisational structure Divisional Boards can delegate responsibility of patient information approval, to the SDU"s/Leads under their Division. It is the Divisional Boards responsibility to ensure SDU"s are aware of their responsibility to approve patient information leaflets. The Divisional Boards must formally minute the note of approval delegation to the SDU"s it covers.

Providing responsibility has been formally delegated by the Divisional Board, the first stage of the Trust approval process is for the Service Delivery Unit (under which the patient information has originated) to approve the information and its Equality Impact Assessment (EIA).

This approval ensures that patient information is accurate, suitable, appropriate and good quality. They will assess the format and whether it is professional and helpful to patients. The SDU can either refer back to the author(s) team for further work or with queries or they can agree it is ready to be submitted to the Patient Experience Group (PEG) for approval. The PEG is a public forum and

documents should be in a „finished stage" before submission. The author(s) must be notified of the outcome within one week.

It is the author"s responsibility to ensure that once agreed by the SDU it is progressed to the PEG for approval. **Please attach the 'Patient Information submission form for approval'** (Appendix 4)**.**

If the information covers services that span more than one Division, the author"s SDU will hold responsibility for the agreement. However, assurance should be provided that other relevant divisional staff have been involved in the consultation and development of the information.

8.2. Clinical Guidelines Subgroup (CGS)

The CGS is responsible for checking that the medicines content of the leaflet is accurate and that the medicines are available on the Trust Formulary. The author should submit the draft patient information to the CGS Chair after Divisional Board approval.

The CGS will refer back to the author(s) with any queries and will notify them of the outcome of the meeting within one week. Leaflets requiring CGS approval must be submitted, in approved Trust format, by the author to the CGS Chair at least four weeks before the date of the next meeting to give enough time for checking. Approved leaflets will be noted at DTC. For contact details please see Appendix 4.

8.3. Final Stage- Patient Experience Group (PEG)

All patient information must be submitted to PEG once they have been approved by the appropriate SDU. The completed EIA and Patient Information submission form should be forwarded to the Document Controller along with the final draft of the leaflet.

PEG endorse/reject approval based on a patient perspective of being user friendly and helpful, which provides a consistent Trust standard. PEG consists of a mix of staff and public and patient representatives from a wide range of community groups. Your leaflet or alternative form of patient information will be shared widely for consultation so must be in a very final draft stage and look professional. All forms of information must be clearly marked DRAFT, with the revision level, date and a reference code, which the Document Controller can advise the author of.

PEG will help to ensure consistency and quality of patient information across the Trust. The group meets on a bi-monthly basis. Patient information leaflets/materials are circulated to the PEG on a monthly basis for review. The PEG review the information and will report back comments by exception to the Document Controller.

In cases where there are comments from three or more PEG members on the same leaflet (excluding comments on basic typo"s, spelling, phraseology and formatting), where it highlights a need for further explanation or review, then the Document Controller will ensure these are returned to a formal PEG meeting for discussion.

Any leaflet/alternative format of patient information that is circulated and approved will be listed on the agenda and noted in the minutes of the formal meeting. For dates please contact the Head of Membership and Engagement.

The author is expected to take account of comments made by PEG and amend patient information accordingly. They will then need to resubmit the patient information to the Document Controller who will confirm the changes back to the author. The patient information is then considered to be finally approved

Use the flowchart (Appendix 1) and resources in the appendices to guide you through the development and approval process.

9. Document Control

Once the document has been finally approved following the process set out in Section 8, it must be submitted by the author to the document controller who will log the new patient information on to the Trust database with the review date. The author must request that the approved document is uploaded to the intranet via the document controller, who will then archive any previous versions.

It is the responsibility of the author to liaise with the document controller for the information to be uploaded onto the Trust website. The document controller will confirm the documents approvals with the Communications Department who will then publish the document.

10. Printing

10.1. Authors should approach the Procurement or Communications Departments to arrange printing. Funding for this must be identified at a local level.

Alternatively, patient information leaflets will be available for downloading and printing from the Trust Intranet and website.

10.2. Please note that photocopying large numbers of leaflets is not appropriate if the printing and clarity of text is poor. This has caused complaints and does not support a professional image, so please avoid wherever possible. If you need to photocopy leaflets please ensure they are clear and legible before giving to patients. White or pastel coloured paper should be used to make it easier to read.

11. Archiving and Reviewing

11.1. Archiving

An archived electronic version of a leaflet will be kept by the document controller for the lifetime of the organisation (Records Management: NHS Code of Practice).

11.2. Reviewing

All patient information must clearly display a published date and a review date on the front cover (usually two years).

As a minimum, all authors/departments/wards must review all information on a bi-annual basis to ensure accuracy and current practice and procedures are reflected.

If practice has changed prior to the review date, the leaflet should be updated and be resubmitted for the formal approval and document control route described above.

Earlier copies of the leaflet must then be taken out of circulation and copies must be sent to the document controller for archiving. Electronic copies should be sent to the document controller. If electronic copies are not available, hard copies should be scanned where possible. It is very important to archive earlier versions of leaflets as they may be required for a complaint or claim and may be required for evidence.

12. Audit and Monitoring of Patient Information Development and Approval Process

The Patient Experience Manager will be responsible for carrying out an annual audit of 5 locally produced patient information leaflets, the results of which will be reported to PEG. The audit will include readability, clarity, content, quality, availability and issue and review dates of leaflets. PEG is responsible for reporting to the Trust Management Committee.

13. Information in Alternative Formats

It is important when producing information for patients that it is made as widely accessible and available as possible.

All patient information must comply with Part 3 of the Disability Discrimination Act (1995). It requires public sector organisations to make their services available to people with disabilities.

This includes the provision of information in appropriate formats. Please see Appendix 3 for material translation checklist.

Alternative formats include a different language, audio, Braille and large print.

If you receive a request for a leaflet in an alternative format, please follow the procedure for the Trust translation/interpreting services and use your department/ ward code. For further advice please contact PALS on ext (110) 6042.

14. References

Buckinghamshire Healthcare NHS Trust (2003) *Patient Information Criteria*, templates (available on intranet).

Buckinghamshire Healthcare NHS Trust (*Production, Approval, Registration and Implementation of Trust-wide strategies and policies BHT Pol 001* (available on Trust intranet).

Centre for Health Information Quality (2000)

Communities and Local Government (2007) „*Guidance for Local Authorities on Translation of Publications*" Communities and Local Government Publications, Wetherby, West Yorkshire.

Duman M & Farrell C. The Poppi Guide. *The Practicalities of Producing Patient Information.* London: Kings Fund Publishing 2000.

Discern Online : *Quality Criteria for Consumer Health Information.* www.discern.org.uk
DISCERN has been designed to help health consumers and information providers assess the quality of written information about treatment choices for a health problem.

DH (2004), *Guidance on developing local communication support services and strategies,* Department of Health: The Equality and Human Rights Group.

DH (2003) *Patient Information Toolkit*. The Department of Health have also published a toolkit for producing patient information, which is extremely useful and covers all aspects of leaflet production.

DH (2006), *Health Act 2006.*

DH (2006) *Records Management: NHS Code of Practice.*

Good Communications Guide (available on the intranet).

Hillingdon Hospitals NHS Trust (2006), Guidelines on Writing and Producing Patient Information.

Mencap (2002) *"Am I Making Myself Clear?"*
www.november5th.net/resources/Mencap/Making-Myself-Clear.pdf

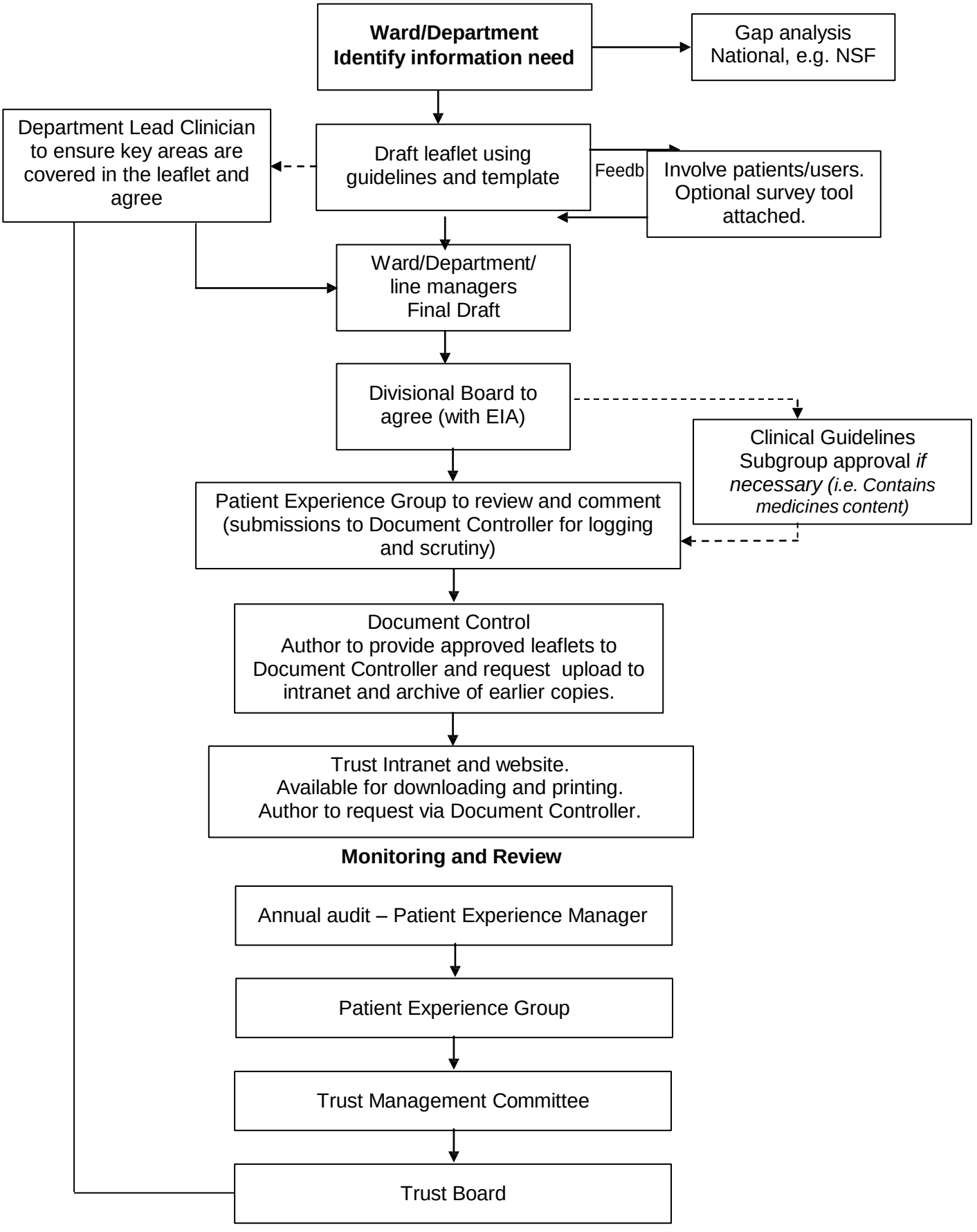
Milton Keynes General NHS Primary Care Trust (2003), *Guidelines of Patient Information: A step by step guide for staff.*

NHS Photo Library: www.photolibrary.nhs.uk/index.php

Plain English Campaign – www.plainenglish.co.uk.
The website also includes guidance on "How to write medical information in plain English", which can be downloaded.

Trust Media Guide.

Appendix 1 Producing Patient Information



Appendix 2 Initial Equality Impact Assessment

Leaflet Title:	
Date of review:	
Reviewed by:	
Service area:	

	Question	YES	NO
1	Is there evidence of higher or lower participation or uptake by different groups of the service described in the leaflet?		
2	Is there an opportunity to promote equality by altering the leaflet?		
3	Are there indications, from consultation with relevant groups, organisations or individuals, that the leaflet may create problems that are specific to them?		
4	Is there evidence that different groups have different needs, experiences, issues and priorities in relation to the leaflet?		
5	Is there evidence or reason to believe that some equality groups could be adversely affected by the content or subject of this leaflet? (e.g. Age, Disability, Sexual Orientation, Gender, Race/Ethnicity, Religion/Faith, Human Rights)		
6	Is there any user, carer or staff concern that any aspect of the leaflet may have an adverse impact on any equality group?		

If any of the questions are answered 'Yes' an action plan must be put into place to address the situation.

Action to be taken	Lead	Timescale

Please create new page as required.

The completed template must be submitted alongside the request for approval by the Service Delivery Unit and PEG.

Appendix 3 Material Translation Checklist

Patient Information (Leaflets)

Is it essential that this material be translated?

1. What is your evidence of a need or demand for this translation?
2. What is your evidence that people will be disadvantaged without this translation?
3. Who is the target audience?
4. Are speakers of particular languages being targets?
5. Are you using the right data to select the languages to translate this material into?
6. Are you confident that people across the relevant communities have the literacy skills to understand this document?
7. Could the information be translated on request rather than proactively?
8. Can you use pictures?

(Adapted from „Guidance for Local Authorities on Translation of Publications" Communities and Local Government Publications 2007.)

Appendix 4 Patient Information Submission Form for Trust Patient Experience Group (PEG) Approval

Title of Leaflet	
Version	
Agreed by SDU/Divisional Board Date	
Equality Impact assessed Date	
Number of patients/carers consulted on draft leaflet (for new leaflets)	
For revised leaflets – list of changes made	➢ ➢ ➢ ➢
Author	
Contact details	
Date of Submission to PEG	
Approved by PEG: YES/NO Date	
If not approved Reasons/Recommendations:	➢ ➢ ➢ ➢
Date of submission form returned to Author/Representative	

Responsibilities and approval process:

Author: Responsible for ensuring that once patient information is agreed by the relevant Service Delivery Unit/Divisional Board, to submit it to PEG for approval and communicate feedback to the SDU.

Clinical Guidelines Subgroup: Responsible for checking that medicines content is accurate and on the Trust Formulary. Contact Maire Stapleton, Formulary Manager, or Susan Felix, Guidelines Administrator, for meeting dates and information.

Service Delivery Unit: Responsible for ensuring that the patient information is suitable, appropriate, and of good quality.

PEG: responsible for approval of the patient information and communicate feedback to author/representative. The group will check for consistency and quality for information across the Trust. PEG meets bi-monthly. For dates, please contact:
Tracey Underhill, Head of Membership and Engagement on Trust email or
Tel: 01494 734405.