



Public – To be published on the Trust external website

Title: Producing patient and carer information

Ref: CORP-0020-v7.2

Status: Ratified

Document type: Policy

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1 Introduction

Providing clear, accurate and accessible information about care and treatment to patients, families, and carers is a key part of their experience with us. It supports patient safety by minimising risk as well as ensuring we provide quality, up to date reliable information which is appropriate to patient's needs. It also provides staff with consistent, easy to use documents and materials.

This policy aligns with and supports the delivery of [Our Journey to Change: the next chapter](#).

This policy provides guidance on how to produce patient and carer information that:

- Is high quality and accessible, helping patients manage their own health and care.
- Provides staff with consistent, easy to use documents and materials that they can share with patient, carers and families.
- Provides assurance to our partners that we are providing high quality patient information..

2 Why we need this policy

2.1 Purpose

- To have a consistent approach to producing and reviewing patient and carer information throughout the Trust.
- To make sure all information given to patients and carers is:
 - good quality, accessible, clear, relevant, evidence based, authoritative, complete and accurate
 - provided in an appropriate format to meet the individual's needs
 - authorised and approved
 - goes no longer than three years without being reviewed

2.2 Objectives

- Provide direction and promote good practice;
- Minimise risk to patients, carers, the public and staff;
- Provide patients and carers with accessible, quality, up to date reliable information which is appropriate to the individual's needs;
- Remove duplication of information;

- Provide staff with consistent, easy to use documents and materials that they can share with patients, families and carers.

3 Scope

3.1 Who this policy applies to

- Staff who write, develop and/or review Trustwide and service specific patient and carer information (called information authors / information owners).
- The communications team, which manages the patient and carer information production and review process.

3.2 Roles and responsibilities

Role	Responsibility
Information author	<ul style="list-style-type: none"> • A member of staff who is producing patient and carer information. • Follow the policy for producing patient and carer information. • Respond to and incorporate (where relevant) feedback, views and comments about information. • Seek approval from the relevant approval group (appendix 3). • Seek approval from the relevant management team if the information is out of scope of this policy.
Information owner	<ul style="list-style-type: none"> • Information owners make sure that information about their service is needed. They may allocate writing / updating information to an information author. • Confirm that new information has been requested and that current information due for review is needed.
Director of corporate affairs and involvement	<ul style="list-style-type: none"> • Lead director responsible for patient and carer information and ensuring compliance with this policy.
Communications manager	<ul style="list-style-type: none"> • Lead management responsibility for patient information, ensuring compliance with this policy, and management responsibility for the communications team.
Communications team	<ul style="list-style-type: none"> • First point of contact for staff wanting to develop patient and carer information. • Ensure staff involved in producing patient and carer information are aware of, and comply with, this policy. • Provide guidance and support for staff who write patient and carer information. • Maintain a Trustwide database of Trust approved patient and carer information. • Manage the information review process.

Heads of Clinical Strategy	<ul style="list-style-type: none"> • To ensure that Trustwide information is approved through the relevant speciality development group (or authorised subgroup).
Managers in each area	<ul style="list-style-type: none"> • Make sure that patients in their care, and their carers, have access to up to date, relevant information. • Make sure that staff are accessing information only from the folder on the T drive or Trust website.



It's everyone's responsibility to make sure the information they give out is accurate and up-to-date. If you notice any information is wrong, or you believe it is unclear or misleading, please email the communications team

tewv.communications@nhs.net

Ensuring information is accessible is also everyone's responsibility. This means using short sentences, keeping it simple and avoiding jargon. There is more information on the communications page of the staff intranet about accessibility.

3.3 What this policy applies to

3.3.1 The types of information which are included in the scope of the policy are:

- Clinical - about treatments, procedures, medication and therapies
- Service information
- General information about procedures, e.g. access to information, how to make a complaint
- Educational information on mental health conditions

Patient and carer information is shared on our trust website. It can also be printed from the website.

Patient and carer information can also include:

- Video content
- Easy read - these leaflets are written in very simple language supported by visual illustrations, which can be useful for people with literacy issues or learning difficulties. They are produced in a recommended accessible font (Arial) at 16 point or higher (the RNIB recommendation for large print).

3.3.2 Alternative formats

Leaflets and factsheets can be requested in alternative fonts and point sizes to meet individual needs. Please email the communications team on tewv.communications@nhs.net

Individuals viewing information online can also adjust their personal settings to view information in their preferred style.

3.3.3 Alternative languages

A professional interpreter should be used for people whose language preference or need is other than English. A copy of the Trust's Interpreting and Translating Policy, along with guidance on how and when to book an interpreter can be found on our trust intranet.

Leaflets and factsheets are not produced in alternative languages as standard. If a translated leaflet is required, requests should be sent directly to Everyday Language Solutions and they will ensure that the department that is requesting the information is invoiced for this.

3.3.4 Audio

Leaflets and factsheets are not produced in audio formats as standard. If an audio format is required, requests should be sent directly to Everyday Language Solutions and they will ensure that the department that is requesting the information is invoiced for this.

If a leaflet is produced in an audio format, please notify the communications team.

3.3.5 Feedback



The most important thing about patient and carer information is that it meets the needs of the people who use it. All Trust approved information now asks people to give us their feedback.

Patients may share their feedback directly with the staff involved in their care. If someone gives you feedback on any of our information, please email it to tewv.communications@nhs.net

3.4 What isn't patient and carer information:

This isn't an exact list, but any information used for the following isn't included:

- Signposting people (e.g. appointment or discharge cards)

- Delivering care or treatment / clinical resources (e.g. workbooks, surveys or assessment documentation)
- Marketing (e.g. promotional material to advertise a service or group like a poster about a carers meeting)
- Video clips produced to support communications / promotional campaigns
- Information for professionals (e.g. how to refer to our services)

However, this kind of information should still be produced within the corporate style guidelines and/or on Trust templates which are available on the communications pages of the staff intranet. If you're unsure, please contact the communications team.

Email. tewv.communications@nhs.net

4 Policy

4.1 Definitions

A list of the terms used in this policy and what they mean.

Term	Definition
Archive	Information can be archived (taken out of the creation / review process) at various stages. If this happens it will no longer be available on the T drive or website.
Change	More significant changes may need to be taken to an approval group. These may include change in national guidance; changes to a policy; commissioning arrangements; changes to medication management.
Digital information	What constitutes digital information is constantly evolving. This may include things like information available on our website. It may also include videos, audio recordings, apps and social media.
Information author	A member of staff who is producing patient and carer information.
Information owner	Information owners make sure that information about their service is needed. They may allocate writing / updating information to an information author.
Patient and carer information	Any information, printed or digital, which is given to patients and/or their families, carers and supporters about our services, care, treatment, conditions. Information can be produced in various formats including leaflets, website content, ward information sheets, factsheets, easy read. Other formats can also be requested
Printed information	Printed information includes things like leaflets, flyers or posters.

Review	Regularly looking at patient and carer information to make sure that it is still relevant and up to date.
Update	If only small factual changes are needed, these may be actioned as an update. Updates do not require governance approval and can be made quickly. They may include things like updating a phone number. More significant 'changes' may need to be taken to an approval group.

4.2 Producing new patient and carer information

It's not always necessary to write new patient information. Staff should first check with the communications team whether any existing information can be used or adapted.

The patient and carer information process is available on the communications page of the staff intranet.

Who	What	Notes
Information author	Email your request for new information with draft text to tewv.communications@nhs.net using this form https://intranet.tewv.nhs.uk/patient-and-carer-information	If you're producing easy read information, also send your images with the text. These are available in T:Trustwide shared> Patient and carer information Consider where the information you want to share may already be to avoid duplication. For information about medication consider signposting to the choice and medication website .
Communications team	Confirm that our trust should produce this information.	Is it already available from an expert organisation e.g. RCPsych, NHS Choices, Public Health England etc.
Communications team	Check if the information, or similar information which could be adapted, already exists.	Current, Trust approved patient and carer information is available on the Trustwide shared drive (T:\Patient and carer information) .
Communications team / information owner	Share request with information owner and confirm that they're happy this information is created.	
Communications team	Give the information a reference number and add to schedule.	If information isn't completed and approved within 3 months of the request date it will be archived.
Communications team	Edit information to reflect the Trust corporate style and return to information author.	
Information author	Share with relevant people within service for comment and inform communications of any amends	Easy read material should be shared with the co-creation networks for consideration.

	that are needed as a result of this.	
Communications team	Make amends and send to information author and information owner, along with template approval form to take to relevant group for approval.	
Information owner	E-mail electronic approval form to communications with approval	
Communications team	Upload the information onto the Trust template and check compliance with corporate style and standards.	
Communications team	Version information on database.	
Communications team	Upload to the Trustwide shared drive and create as a website page.	
Communications team	Email information owner and information author confirming availability. Publicise in weekly staff briefing.	

4.3 Changing existing patient and carer information

Who	What	Notes
Information author	Email the changes you want making to tewv.communications@nhs.net with a note of the information title and reference number.	
Communications team	Assess if this is a small 'update' or a significant 'change'	<p>Updates do not require governance approval and may include an update to: contact details, team information, interventions offered, activity information, facilities information</p> <p>More significant changes may need to be taken to an approval group. These may include change in national guidance; changes to a policy; commissioning arrangements; changes to medication management.</p>
Communications team	<p>If it's an update:</p> <p>1. Make the changes to and reversion the leaflet, replacing it on the T drive and website.</p>	

	2. Re-version the information on the database and update archive date to 3 years hence. Notify information author and information owner that changes have been made and a new version is available.	
Communications team	If it's a change: Make amends and send to information author and information owner, along with approval form to take to relevant group for approval.	We will let you know the outcome from this group.
Information owner	E-mail electronic form to communications with approval	Send to tewv.communications@nhs.net
Communications team	Advise information author of the outcome.	
Communications team	Upload the information onto the Trust template and check compliance with corporate style and standards.	
Communications team	Version information on the database	
Communications team	Upload new version to the Trust-wide shared drive and remove old version. Update the web page with the new version	
Communications team	Email information author and information owner confirming availability and publicise in weekly staff briefing.	

4.4 Regularly reviewing existing patient and carer information

Who	What	Notes
Communications team	Contact information owners three months before their information is scheduled for archive to check if information is still needed.	All information has an archive date. This is three years from the date it was last versioned.
Information owner / author	Confirm that information is needed. If so, review the information and email any changes (or confirmation of no changes) to tewv.communications@nhs.net	If information has not undergone a full review within the indicated time scale it will be archived. Information that has been archived can be brought back into circulation, however this will need to undergo a full review and will need to be signed off by an approval group.
Communications team	If there are no amends to make: Reversion the information to signify a review has been completed. Update the log and replace the existing version with the new on the T drive	The communications team can send you a plain text, editable version of your information if this is needed.

	and relevant web page with the new version details and dates.	
Communications team	If an amend is a small 'update': 1. Reversion and replace the leaflet on the T drive and the website page 2. Re-version the information on the database and update archive date to 3 years time.	If only small factual changes are needed, these may be actioned as an update. Updates do not require governance approval and can be made quickly. More significant changes may need to be taken to an approval group.
Communications team	If it's a change: Make amends and send to information author and information owner along with approval form to take to relevant group for approval.	Approval groups are at appendix 3. We will let you know the outcome from this group.
Information owner	E-mail electronic form to communications with approval.	Send to tewv.communications@nhs.net
Communications team	Advise information author of the outcome.	
Communications team	Upload the information onto the Trust template and check compliance with corporate style and standards.	
Communications team	Version information on the database.	
Communications team	Replace old version with new on Trustwide shared drive and update relevant web page.	
Communications team	Email information author and information owner confirming availability and publicise in e-bulletin.	

4.5 Developing partnership patient and carer information

When patient and carer information is developed in conjunction with a partner organisation, it's important this information is managed in the same way our internally produced documents are, to ensure it is kept up to date.

4.5.1 Where our Trust is the lead

Where our Trust is the lead in producing the information, the process outlined at 4.1, 4.2 and 4.3 should be followed. In addition, the information owner/author must liaise with their relevant counterpart at the partner organisation to agree the content.

4.5.2 Where the partner organisation is the lead

Where the partner organisation is the lead in producing the leaflet, the following process should be followed:

Who	What
Information owner / TEWV contact	Agree the content with the relevant counterpart in the partner organisation.
Information owner / TEWV contact	Send the draft leaflet to the communications team for checking at tevv.communications@nhs.net
Communications team	Check for appropriate style and joint branding (where applicable). Return to information owner with approval form.
Information owner / TEWV contact	Send to relevant group for approval (approval groups are listed at appendix 3).
Information owner / TEWV contact	Agree the final content with the relevant counterpart in the partner organisation.
Information owner / TEWV contact	<ul style="list-style-type: none"> Send the final version of the leaflet to the communications team. Send a link showing where the leaflet will be located on the partners website.
Communications team	<ul style="list-style-type: none"> Allocate a reference number to the leaflet – this will begin with a P to denote it as a partnership leaflet. Add it to the PCI spreadsheet, including the link to the leaflets location on the partners website. Add a copy of the leaflet to the Trustwide shared drive and the Trust website www.tevv.nhs.uk

The procedures outlined at 4.6 (accessing patient and carer information) and 4.6 (printing patient and carer information) should also be followed for partnership patient and carer information.

4.6 Accessing patient and carer information

Only TEWV information available on the [Trustwide shared drive](#) or Trust website www.tevv.nhs.uk should be given to patients, families and carers. Information that is not available on the Trustwide shared drive may be unapproved, archived or out of date.

Information is being updated all the time. To comply with this policy please don't:

- Save copies of patient information to local shared drives or embed files into any documents. Instead identify leaflet references and hyperlink to the website.
- Mass print information and have large a stock of hard copy information.
- Keep a hard copy master version of information which you photocopy.

Unauthorised or unapproved information may be unhelpful, or in the most serious cases harmful.

Patients and carers told us the most important thing to them was that information was current, accurate and given to them when they needed it; they were less concerned with how this was presented and whether it was in an A5 leaflet.

4.7 Printing patient and carer information

Patient and carer information should be printed directly from the [Trustwide shared drive](#)

It should be printed:

- on the Trust A4 template (unless an alternative font size and style has been provided which prevents this)
- in black and white or colour
- double sided (if possible)

You may need to handwrite / overprint / stick on a label with some local, specific contact information into some of our documents eg for your team or service.

The A4 template makes it easier to print information, using any make or model of printer. It also avoids confusion in page ordering of printed documents and reduces time wasted in typesetting documents.

5 Related documents

All documents related to this policy can be found on the [Trustwide shared drive](#) or Trust website www.tevv.nhs.uk

[Interpreting and translation policy](#)

[Interpreting and translation procedure](#)

6 How this policy will be implemented

6.1 Implementation Action Plan

Activity	Expected outcome	Timescale	Responsibility	Means of verification/ measurement
Publication on the trust website	Patient, carers, families and communities can access the policy	Update policy published February 2022	Communications team	Visible on website
Publicised through internal communication channels	Inform staff of the process and provide access to the policy	Ongoing from February 2022	Communications team	Visible in internal communications

6.2 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
None required			

7 How the implementation of this policy will be monitored

	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	No information is on the T drive / website which hasn't been reviewed for longer than three years.	All information has an archive date. This is three years from the date it was last versioned. Communications team contact information owners three months before their information is scheduled for archive to check if information is still needed.	Communications team meetings
2	No information is available on the T drive / website which hasn't been approved by a governance group.	No information is published until the electronic feedback form has been received from the relevant approval group	Communications team meetings

8 References

Producing patient information: How to research, develop and produce effective information resources, The King's Fund

9 Document control (external)

To be recorded on the policy register by Policy Coordinator

Required information type	Information
Date of approval	03 February 2026
Next review date	03 February 2029
This document replaces	CORP-0020-v7.1 policy for patient and carer information
This document was approved by	Executive Clinical Leaders Sub-group
This document was approved	21 January 2026
This document was ratified by	Executive Directors Group
This document was ratified	03 February 2026
An equality analysis was completed on this policy on	26 June 2025
Document type	Public
FOI Clause (Private documents only)	n/a

Change record

Version	Date	Amendment details	Status
7.1	10 Feb 2022	Full three year review. Transferred to new template. Minor amendments made to introduction, alternative languages/formats and to links	Withdrawn
7.2	03 Feb 2026	Full three year review with minor changes including: <ul style="list-style-type: none"> • Roles and responsibilities to reflect current practice; • 'What this policy applies to' updated to reflect current practice; • minor wording changes to reflect current language, systems, governance groups & Structures. 	Ratified

Appendix 1 - Equality Analysis Screening Form

Please note: The [Equality Impact Assessment Policy](#) and [Equality Impact Assessment Guidance](#) can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Corporate Affairs and Involvement
Title	Producing Patient and Carer Information Policy
Type	Policy
Geographical area covered	Trustwide
Aims and objectives	<p>To have a consistent and systematic approach to producing and reviewing patient and carer information throughout the Trust.</p> <p>To make sure all information given to patients and carers is:</p> <ul style="list-style-type: none"> • good quality, clear, accessible, relevant, evidence based, authoritative, complete and accurate • authorised and approved • goes no longer than three years without being reviewed
Start date of Equality Analysis Screening	Dec 2024
End date of Equality Analysis Screening	July 2025

Section 2	Impacts
Who does the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	Patients, carers and staff
Will the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups? Are there any Human Rights implications?	<ul style="list-style-type: none"> • Race (including Gypsy and Traveller) NO • Disability (includes physical, learning, mental health, sensory and medical disabilities) NO • Sex (Men and women) NO • Gender reassignment (Transgender and gender identity) NO • Sexual Orientation (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) NO • Age (includes, young people, older people – people of all ages) NO • Religion or Belief (includes faith groups, atheism and philosophical beliefs) NO • Pregnancy and Maternity (includes pregnancy, women / people who are breastfeeding, women

	<p>/ people accessing perinatal services, women / people on maternity leave) NO</p> <ul style="list-style-type: none"> • Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) NO • Armed Forces (includes serving armed forces personnel, reservists, veterans and their families) NO • Human Rights Implications NO (Human Rights - easy read)
Describe any negative impacts / Human Rights Implications	None
Describe any positive impacts / Human Rights Implications	<ul style="list-style-type: none"> • Provide direction and promote good practice; • Minimise risk to patients, carers, the public and staff; • Our website is designed to be compatible with screen readers. • On a case by case basis we would support patients and carers to access patient and carer information in a format that works for them. • Our interpretation and translation policy ensures that interpreting, translation and British Sign Language needs of patients and carers can be met by our trust. • Provide patients and carers with quality, up to date reliable information; • Remove duplication of information; • Provide staff with consistent, easy to use documents to share with patients, families and carers. • Regardless of a person's protected characteristics, TEWV will ensure that all patients and carers will strive to ensure equality of access to information

Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	See references section
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	yes
If you answered Yes above, describe the engagement and involvement that has taken place	Previously this policy was consulted with wide range of staff and a carer representative during a

	week-long RPIW when policy was developed. At this version only minimal changes have been made to this policy.
If you answered No above, describe future plans that you may have to engage and involve people from different groups	

Section 4	Training needs
As part of this equality impact assessment have any training needs/service needs been identified?	No
Describe any training needs for Trust staff	No
Describe any training needs for patients	No
Describe any training needs for contractors or other outside agencies	No

Check the information you have provided and ensure additional evidence can be provided if asked.

Appendix 2 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

Title of document being reviewed:	Yes / No / Not applicable	Comments
1. Title		
Is the title clear and unambiguous?	Y	
Is it clear whether the document is a guideline, policy, protocol or standard?	Y	
2. Rationale		
Are reasons for development of the document stated?	Y	
3. Development Process		
Are people involved in the development identified?	Y	
Has relevant expertise has been sought/used?	Y	
Is there evidence of consultation with stakeholders and users?	Y	In previous versions – this has minimal updates
Have any related documents or documents that are impacted by this change been identified and updated?	Y	
4. Content		
Is the objective of the document clear?	Y	
Is the target population clear and unambiguous?	Y	
Are the intended outcomes described?	Y	
Are the statements clear and unambiguous?	Y	
5. Evidence Base		
Is the type of evidence to support the document identified explicitly?	n/a	This isn't a clinical policy
Are key references cited?	n/a	
Are supporting documents referenced?	n/a	
6. Training		
Have training needs been considered?	y	
Are training needs included in the document?	n/a	
7. Implementation and monitoring		
Does the document identify how it will be implemented and monitored?	y	

8. Equality analysis		
Has an equality analysis been completed for the document?	y	
Have Equality and Diversity reviewed and approved the equality analysis?	y	
9. Approval		
Does the document identify which committee/group will approve it?	y	
10. Publication		
Has the policy been reviewed for harm?	y	No harm
Does the document identify whether it is private or public?	Y	public
If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	n/a	
11. Accessibility (See intranet accessibility page for more information)		
Have you run the Microsoft Word Accessibility Checker? (Under the review tab, 'check accessibility'. You must remove all errors)	Y	
Do all pictures and tables have meaningful alternative text?	Y	
Do all hyperlinks have a meaningful description? (do not use something generic like 'click here')	y	

Appendix 3 – Patient and carer information review groups

Patient and care information review groups

Trustwide / locality specific	Service	Name of approval group
Trustwide and Local	CAMHS	Clinical Network
Local	Adult	Care Group Speciality Improvement and Delivery Group (sometimes known as Speciality Level Meeting in DTV)
Trustwide	Adult	Clinical Network
Local	MHSOP	Care Group Speciality Improvement and Delivery Group (sometimes known as Speciality Level Meeting in DTV)
Trustwide	MHSOP	Clinical Network
Local	LD	Care Group Speciality Improvement and Delivery Group (sometimes known as Speciality Level Meeting in DTV)
Trustwide	LD	Clinical Network
Local	Health and Justice	Care Group Speciality Improvement and Delivery Group (sometimes known as Speciality Level Meeting in DTV)
Trustwide	Health and Justice	Clinical Network
Trustwide	Profession specific	Relevant Professional Group
Trustwide	Trustwide - general	
Trustwide	Secure inpatient services	Clinical Network