NHS
Greater Glasgow
and Clyde

Accessible Information Toolkit

Contents

INTRODUCTION

This Toolkit is designed to make it easier for staff to develop good - quality accessible information and assess how it is used.

Accessible Information is important and central to the overall quality of people's experience of the NHS.

Accessible information is necessary for:
- informed choice and consent
- to support self management
- to comply with governance guidelines

We are legally required to produce information in accessible formats.[123] Consequently, we need to improve and monitor the information we provide. To help achieve this, we developed this toolkit, which provides guidance on how to develop accessible information.

The Scottish Executive Enterprise and Lifelong Learning Department 2001 reported that[4]

23% of adults in Scotland may have low skills and another 30% may find their skills inadequate to meet the demands of the 'knowledge society' and the 'information age'.

Up to 800,000 adults appear to have very low skills. 500,000 assess their own skills as poor or moderate.

The Toolkit is to support implementation of the NHS Greater Glasgow and Clyde Accessible Information Policy.

1. THE OVERARCHING AIMS OF THE TOOLKIT

- Raise the standard of accessible information for patients, their carers and people who use NHS GGC services to make sure that the material we develop is clear, consistent with NHS GGC guidance, concise, relevant, accurate and in everyday language.
- Raise the confidence of staff to develop quality assured accessible information for patients, their carers and people who use NHS services; good information allows patients and carers to make informed choices about care
- Make it easier for NHS staff to develop information that takes account of the principles of best practice; and
- Make sure information supports our values and communication principles.

1.1   Who is the toolkit for?

The toolkit is for staff that develops accessible information for NHS patients, their carers and the public. This may include members of a Managed Clinical Network or Patient Focus and Public Involvement group, communication managers, clinical staff and patient advice and liaison services.

It is also designed for organisations/companies contracted by NHSGGC to professionally design, print or develop information.

1.2   What information are we talking about?

This toolkit deals with accessible information about services, conditions, treatments, procedures and examinations. This can be in the form of written information e.g. email, websites, leaflets, booklets, single sheets or posters, or information in different formats for people with sensory impairment. There are practical steps on 'how to' develop information for different situations.

It is a guide on how to write and develop information, not 'what to' write or develop.

1.3   Good information is important as it can:

- give people confidence, so their overall experience is improved;
- remind people what they were told, if due to stress or unfamiliar language they forget what they were told by e.g. their nurse, doctor, pharmacist
- allow people to make informed decisions - it gives them time to go away, read, listen to the information and think about the issues

involved; it also assists informed consent
- help to make sure that - people arrive on time and are properly prepared for procedures or operations
- involve patients and their carers in their treatment and condition (research has shown that it can improve the medical outcomes[5] and reduce patient anxiety[6] and that patients want it[7].

1.4 Who is the information for and do you need to develop it?

Remember that written information is not always the best form of communication for some people. Not everyone can see, read or understand written information.

Before you start a project, check what other relevant material exists. Rather than developing your own material it may be possible to use existing publications, such as those produced by charities or other appropriate organisations.

2. **OUR PRINCIPLES**

Our communication must be:

- clear – so it can be understood;
- cost-effective – it is often more cost-effective to arrange printing rather than to photocopy and the quality is better;
- straightforward – using fewer words and keeping to the necessary information;
- modern – using everyday language and current images;
- accessible – available to as many people as possible, avoiding jargon, is up to date and given to the patient, carer and public at the appropriate time
- honest – information should be based on current evidence and consistent with current NHSGGC guidance
- respectful – sensitive to cultural needs, and avoiding stereotypes.

3. GENERAL GUIDANCE ON PRODUCING ACCESSIBLE WRITTEN INFORMATION

All information should be developed, evaluated and reviewed with the involvement of the intended audience. Use suitable Patient Focus and Public Involvement (PFPI) methods to involve appropriate patients, carers and public. It is important that where available your local PFPI staff representative is contacted at the beginning of any patient, carer or public information development. They may be able to provide advice and guidance around progression of its development.

For general information a wide variety of users should be involved in making the information more accessible.

Information will vary depending on who it is for and what it is about. This is a general guide for all accessible information. Appendix 1 contains more detailed guidance for specific types of information.

3.1 When writing information you should remember the following points:

- Use everyday language. Avoid jargon and acronyms, and use plain language to make it easier to read.
- Use user-friendly text. Use personal pronouns such as 'we' and 'you'. Do not use frightening language, for example, 'electrodes will be put on your chest'. If it is difficult to avoid using some medical terminology, such as 'nuclear medicine', give an explanation.
- Information accessed by or given to people within NHS Greater Glasgow and Clyde, should be in context and be consistent with NHS GGC guidance. For example, leaflets and patient information books, see appendix 2.
- Reinforce the information that patients and carers have been told.
- When giving instructions provide supporting information explaining why the instructions are necessary.
- It should help people make decisions by giving the facts about the risks, side effects and benefits.
- It should avoid covering several treatments and conditions in the same leaflet. as it may cause confusion
- Make sure you use the statement on different formats or languages in all publications directed at patients – see website for wording www.equality.scot.nhs.uk
- It should let people know if the information is available in other formats, for example, on audio format.
- It should be up to date and accurate, giving the most recent practice and latest phone numbers.

- Information must adhere to national and local equality guidance. Visit www.equality.scot.nhs.uk

3.2 Making written information more accessible

- User friendly design is simple and uncluttered. This is especially helpful for someone with a sight problem to access service user information online.
- Use plain English in all written information (see next section)
- A font size of 14 is recommended but no less than 12 point
- Use a clear, easily recognizable, san serif font. Arial, Tahoma or Stone Sans are recommended as standard. (This document is written in Arial) Sans Serif fonts are fonts without curly bits like **'this'**.
- Ensure there is adequate space between lines of type. To help people with visual impairment, it should be set to 1.5 to 2 times the space between lines.
- Text should be aligned to the left.
- Lower-case letters, where possible, as they are easier to read. Exceptions to this are proper names and the first letter in a sentence.
- Contrasts- writing should always be a maximum contrast with the background-for example black or blue on white or yellow.
- Colours - use black and white wherever possible; in the exception avoid red or green.
- Use bullet points to divide up complicated information - not numbers.
- Small blocks of text. Do not use long paragraphs - divide them up using headings and new paragraphs
- White space makes the information easier to read.
- A question and answer format is helpful to divide up text.
- To emphasise text, use large **bold lower case** font. Avoid UPPER CASE letters, *italics*, underlining and simulated handwriting, as they make the text more difficult to read.
- Numbers from one to nine are easier to read if they are accessible in words, and numbers from 10 can be represented as numbers.
- Choose an uncoated paper, because glossy paper reflects light and can make it difficult to read the text. Also, if there is text on the reverse side; make sure the paper is sufficiently heavy to ensure that the text does not show through.
- Minimal use of dark background with light coloured txt. Light text against a dark background appears smaller. If this is the format of choice, increase the 'size' and '**weight'** of the typeface.
- Diagrams and pictures are very effective and should be in line with our communication principles. Where appropriate, use them to illustrate the text, remember to label them. Keep illustrations simple and relevant to the text because they can also distract. Do not overlay images, graphics or watermarks with writing.
- Copyright laws should be adhered to at all times. You must obtain patient/public consent if you want to use their photograph.

- Clip art is not suitable, and should not be used.
- Avoid using tables as they can be confusing. Tables cannot be read by computer programmes used by visually impaired people.
- Separate out the different elements of page layout – headings, photos, illustrations, captions and text. Surround important information with space so that it stands out.
- When designing forms remember that people with impaired sight often need a generous amount of space to fill in details that have to be handwritten. 'Tick' boxes need to be enlarged.
- For some people large print documents are specifically required. The needs of individual large print users vary. Wherever possible, ask the reader how they would like information produced. In general a base font size 16 point and above should be used and the typeface should be sans serif for example Arial. The weight of the type should always be in bold. The guidelines described above also apply for large print users.
- Visit www.nhs.uk/syndication/photo.asp (Please insert local web address if relevant) to use the NHS photo library.

3.2.1 Using Plain English

In addition to the font and design issues, using plain English will improve the accessibility of information

- Sentences should be no longer than 15 to 20 words.
- Make sure the average line length is between 7 and 12 words.
- Use present and active verbs, instead of passive ones. For example say 'your appointment is on .' rather than 'your appointment has been made for …'
- Use everyday language, for example, words like "we" and "you" instead of "the patient" or the user".
- Be concise.
- Use clear, helpful headings, with consistent and suitable ways of making them stand out from the text.
- On forms, be sure that the questions follow a logical flow and that there is plenty of space for people to put their answers.
- Avoid jargon, acronyms and abbreviations, use plain language to make it easier to read. If documents have to use jargon, always have a glossary at the beginning. However, for leaflet size pieces of information, explain the jargon within the text e.g. small needle (canula).
- British Sign Language is a language in its own right, with its own grammar and syntax. It is the main sign language used in Scotland.

4. PRODUCING ACCESSIBLE INFORMATION

You need to consider the following stages when producing information.

4.1 The Planning Stage

- How will the process be coordinated in your organisation, for example, by a Planning Group or relevant Patient Focus and Public Involvement group?
- Adhere to national and local policy on producing information for people within NHS GG&C
- Identify the specific information needs from patients, carers, public and clinicians
- Consider whether information should be given in stages, as part of a series or all at once
- Check what other relevant information already exists within NHS GG&C e.g. PHRU.net, Heart, Stroke and Diabetes website see page 14 for details
- Consider how the information will be distributed to patients, carers and public. Will it be available on a rack, handed to the person, or posted or e-mailed? Also, which organisation, group or person takes responsibility for this?
- When and where and how will the information be given. e.g. will it be printed locally and given to the person there and then. The information could be printed and given at a clinic or consultation room in hospital or in primary care setting
- Identify funding – core funding is a sensible way of approaching this. It is often more cost-effective for an organisation to arrange printing leaflets rather than photocopying them, and the quality is better.
- A checklist is provided with this Toolkit

4.2 The Writing Stage

- Consult clinicians, patients, experts, service managers, support groups, and anyone else who is part of the editorial process. Always give a deadline for comments to be returned
- Check that information does not conflict with other existing information, e.g. appointment letters and information that is used or produced by other areas of your organisation and partner organisations
- Check telephone numbers by phoning them. Try to use a central number rather than a list of different numbers.
- Use general names for local contacts, for example, 'cardiac rehabilitation nurse'. If you use a named person, they may leave just when 1000 leaflets have been printed!
- Use general drug names, for example, 'paracetamol' not 'Panadol'.

4.3   The Consultation Stage

- Give a final draft to everyone who is interested, with a short deadline for responses
- The intended audience (e.g. patients) should be involved throughout the process.

4.4   The Printing and Distribution Stage – these stages may be better if separated

- When it comes to the final editing, date the leaflet, choose a template and send it to the printer - if this is your chosen method. Always check the printer's draft before final printing.
- Consider how many leaflets or booklets you need to produce. Ordering a large amount may be cheaper but it is sometimes more wasteful as it can go out of date quite quickly, order 6-12 months maximum production.
- Review and update the information regularly.
- Agree at the beginning of information development an identified person who will have responsibility for information governance.
- Finally, monitor how the information is used. For example, is it handed out and, if so, by whom? Are the leaflets picked up and used for the intended purpose? Who has responsibility for this?

5. CRITERIA FOR COMMISSIONING ACCESSIBLE INFORMATION

Once you have the information, you need to consider how to present it. The clearer, more inviting and of good quality the information looks, the more likely it is that people will read it.

If you are producing your information as a document to pass on to your designer or printer for layout (artwork) and printing, use the following printing and production guidance when commissioning the work.

Remember, it is the responsibility of the person commissioning the work to ensure the designer and printer adheres to local guidelines and policy.

5.1   Supplying Text and Images

- You should supply the text as a Microsoft Word document or similar electronic file with a corresponding print-out.
- The text should be 'signed off' internally to reduce the possibility of having to pay extra charges for last-minute corrections.
- If you are supplying images in a digital format, ask the designer or printer to check that they are the right resolution.
- If you are supplying prints, transparencies or negatives, the designer or printer will need to scan these into the artwork so they need to be good quality to start with.
- You will need to supply the NHS GGC logo. Contact the communications team to get the correct original artwork for your organisation's logotype.

5.2   Briefing on Format and Production

- If you want to use a template, choose which one you want and tell your printer how to access it.
- Paper should be matt, (uncoated), to prevent light reflecting off it.

5.3   Briefing on Layout and Design

The designer and printer must follow NHS Greater Glasgow and Clyde guideline. All our information must be clearly identified as coming from us, with our logo on the front cover. This will make it easier for people to recognise what is and isn't part of the NHS.

The printer should apply the following principles to all documents, not just those for people with sight difficulties.

The font size should be recommended 14 point, but 12 point (minimum). However, if you are providing information for people with sight impairment, you should always use 14 point or larger.

- Use a medium-weight, sans serif typeface, for example, Arial.
- Use a light background with dark print for the best contrast.
- It is acceptable to use a dark background with white print (reversed out) for headings, but not for a large section of text.
- Align text to the left only.
- To reduce costs you could use one or two colours only.
- Do not write text over background pictures or a design.
- Leave space between the paragraphs
- Do not have too much text on the page.
- Make sure that headings are clear.

5.4 Consistent Features

Front cover should include:

- NHS GGC logo
- Title of leaflet, for example, gastroscopy
- Department or directorate where appropriate, for example, endoscopy unit, women's health

Back cover should include:

- Contact information e.g. (web address, telephone number)
- Date of publication and review date
- Leaflet code
- Copyright note of organization
- Statement regarding available in other formats

5.5 Proofing and Printing

- Always make sure that you ask for a proof of your publication to approve before it goes to print.
- If you need to make any changes, mark these clearly on your proof and photocopy it for future reference.
- Be clear about how many leaflets you want to order.
- Check beforehand any extra cost that a printer might make for delivering your leaflets.
- Ensure that the supplier is asked to provide the document in an 'accessible PDF' format. This is different from a basic PDF (Portable Document Format) commonly used by designers to ensure that documents keep their original layout and design when viewed on screen or printed out. A partially sighted person would be unable to

identify any content from a basic PDF.
- Not all suppliers are aware of accessibility issues or know how to produce accessible PDFs. See Appendix 3.

5.6   Support and Resources

Extra support and resources include the following:

- NHS 24 Online (www.nhs24.com) is the NHS website for health advice and information.
- Producing Patient Information (PoPPI Guide) gives information on project-management processes and provides a thorough list of further resources and possible sources of funding. You can order it from the Kings Fund website (www.kingsfundbookshop.org.uk).
- The Centre for Health Information Quality (CHIQ) provides helpful guidelines on producing and reviewing health information on their 'Hi Quality' website (www.hfht.org/chiq). There are also details about their training courses and annual conference.
- The Patient Information Forum (PiF) is a national support group for people who develop or provide high-quality information. They run workshops and hold a conference every two years. Contact 020 7688 9208 for details.
- Plain English Campaign is an independent group.
- Visit their website at www.plainenglish.co.uk for further details and information about their courses.
- The Royal National Institute for the Blind (RNIB) has a large section on their website about providing accessible information services (www.rnib.org.uk).
- www.youthhealthtalk.org
- www.healthtalkonline.org
- www.nhs24.com
- www.communicationforumscotland.org.uk
- www.ltcas.org.uk/index.php?id=17

5.6.1 Learning Disability Support

For general guidance on developing information for people with learning disabilities; www.inclusion-europe.org/uploads/doc/99.pdf
Additional websites/organisations that provide easy read health information for people with learning disabilities.

- www.easyhealth.org.uk
- www.fairadvice.org.uk
- www.rcpsych.ac.uk/publications/booksbeyondwords.aspx
- http://www.scld.org.uk/

5.6.2 Other Useful Website Addresses

- http://hsd.nhsggc.org.uk/content/
- http://www.healthscotland.com/
- http://www.diabetic.org.uk/
- http://www.patient.co.uk/showdoc/23068721/
- http://www.bhf.org.uk/
- http://www.patient.co.uk/
- http://www.pharmweb.net
- http://www.cancerhelp.org.uk/
- http://www.macmillan.org.uk/
- http://www.informationprescription.info/
- http://www.plainenglish.co.uk/
- http://www.abilitynet.co.uk/
- http://www.intouchwithhealth.co.uk/info_pphis.htm
- http://www.hris.org.uk/
- http://www.saifscotland.org.uk/
- http://www.healthinfoplus.co.uk/cmspi/involve/index.aspx
- http://www.polishinformationplus.co.uk/index.aspx
- http://www.communicationforumscotland.org.uk/TFS.html

6. PROVIDING INFORMATION IN ACCESSIBLE FORMATS

6.1   Written Information

As Standard NHSGGC will provide information in the following formats as standard;

- 14 point font size is recommended wherever possible, however, 12 point can be used.
- Plain English (see guideline 3)

These will be provided in house by following the associated guidelines.

On request NHSGGC will provide information in the following accessible formats on request;

- Audio CD
- Braille
- Easy read
- BSL DVD
- Other languages as translated text
- Other formats that meet your specific requirements

6.1.1 Audiotape, CD or Podcast

For individuals or particular communities information may best be provided in an audio format. It is always best to ask in which format information is needed. Audio CD can be purchased from;

Cue & Review Recording Services – Tel: 0141 563 0306 or RNIB (as below)

6.1.2 Braille

Some people prefer information in Braille. Approximately 3% of people who are blind read Braille, so rather than assume Braille is required it is important to ask in which format information is required. It may be that the person would rather have the information in an audio format. Braille can be purchased from:

RNID - RNIB Scotland Transcription Centre, 17 Gullane Street, Partick, Glasgow, G11 6AH
Tel: 0141 337 2955
Fax: 0141 357 4025

Costs (2009) of an A4 page for transcription into Braille and one copy –£20.40. Copy costs for A4 page £0.35 per copy.

Transcription into Audio and one copy - £23.80. Copy costs are £1.95 per copy.

Turnaround time – 3 working days dependent on size of document.

6.1.3 Easy Read/Words and Pictures

Easy read versions are for those with learning difficulty and can also help those with low reading levels and whose first language is not English. Easy read can be purchased from:

FAIR – Tel: 0131 662 1962
Email: paul_mundie@fairadvice.org.uk
Costs for an A4 page with a black and white line drawing is £160. User testing is costed separately.
Layout charges are £45/hour

Common Knowledge (CKUK) – Tel: 0141 429 4912
Costs vary for each resource dependent on the detail required and purpose. This includes user testing.

6.1.4 BSL DVD/Webclip

BSL video is a visual format for those whose first language is BSL. BSL videos can be purchased from:

Deaf Connections, 100 Norfolk Street, Glasgow G5 9EJ.
Tel: 0141 420 2820
Textphone: 0141 429 6878
Email: enquiries@deafconnections.co.uk

Costs (2009) for an A4 page to format as a webclip or DVD - £380
Estimates for multiple pages available. Turn around time approximately 1 week.

6.1.5 Other Languages as Translated Text

See guideline 5.

6.1.6 Other Formats to Meet your Needs

We can also provide formats to specifically meet the needs of patients. The format needs to be ascertained and then sourced. For advice on other formats please contact…………named staff member.

6.2   Electronic Information

If your information is going to be available electronically, e.g. as an email attachment or as a web site download, it must be produced in an accessible electronic format.

Anyone using assistive technology such as screen readers, Braille keyboards or large print display will be unable to read your document if it is not in an accessible format.

6.2.1 What is an Accessible e-format?

Accessibility depends on how well your document is structured and formatted at the start. By applying the 'Styles & Formatting' options correctly and following some basic guidelines, you can make your Word documents accessible to people with a range of different impairments. See Guideline 7: Creating Accessible E Word Documents for details.

6.2.2 Commissioning Accessible Documents

If your information is being produced by a professional designer/printer, ensure that the supplier is asked to provide the document in an 'accessible PDF' format.

This is different from a basic PDF (Portable Document Format) commonly used by designers to ensure that documents keep their original layout and design when viewed on screen or printed out.

A blind or partially sighted person using a screen reader would be unable to identify any content whatsoever from a basic PDF. An accessible PDF would allow them to access both the content and style of your document.
Creating an 'accessible' PDF requires more steps than converting a document to a basic PDF. Your supplier should be able to show that they can do this.

Please note that not all suppliers are aware of accessibility issues or know how to produce accessible PDFs. Here are some web sites which you could pass on for further information:

How to Create Accessible PDFs with Adobe Acrobat 6
www.jimbyrne.co.uk/show.php?contentid=54

AccessIT article: Is PDF accessible?
www.washington.edu/accessit/articles?2

7. GETTING INFORMATION TRANSLATED INTO COMMUNITY LANGUAGES

The following guideline will help you make information accessible in community languages. By community languages we mean languages other than English. This includes British Sign Language (BSL) which is recognised as a language in its own right.

If you need to get information translated into a community language it is important to work out two things at the beginning;

1. Which language is required?
2. What is the best format for providing the information?

7.1 Which Language?

Information on the currently most used, non-English languages across NHSGGC can be found on the website - www.equality.scot.nhs.uk .

This gives information on the top seven community languages, which will change over time. BSL is not included in this list and also needs to be considered.

The language ID cards used for identifying the appropriate language for non-English interpreting will help identify which language is required. These can also be found on www.equality.scot.nhs.uk

7.2 What Format?

It is important to understand that providing written information in another language is not always the best way of helping users to understand. An oral format like audio tape, CD or podcast might be more effective, or the use of DVD or subtitling. Some people may not read their first language. It is best to ask the 'person' which format best suits their needs.

7.3 How to get Information Translated

NHSGGC currently uses a number of companies for getting information translated into other languages. For non-English languages these companies are:

- Prestige Network
  CBC House
  24 Canning Street
  Edinburgh EH3 8EG

Telephone – 0131 272 2723
Email – Scotland@prestigenetwork.com

- EITI Ltd
EITI House
Bridgegate
Howden DN14 7AE

Telephone – freephone – 0800 7317878
Email – hello@languageiseverything.com

For BSL specifically, the following companies are able to provide a translation service onto DVD or as subtitling. They also provide oral translation into audiotape and CD formats.

- Deaf Connections
100 Norfolk Street
Glasgow G5 9EJ

Telephone – 0141 420 1759
Textphone – 0141 429 6878
Email – enquiries@deafconnections.co.uk

8. DEVELOPING INFORMATION FOR CHILDREN AND YOUNG PEOPLE

When developing, evaluating or reviewing any information for children and young people it is crucial they are directly involved throughout the process.

Both groups will have views on:

- What their needs are
- The types of information they would like included
- The readability of the information
- The format in which the information should be made available, and the use of graphics, text etc.

Written information may not be the best format for communicating with children and young people. However when using written information, illustrations can help explain text; making information more understandable. Illustrations should be kept simple as they can also distract from the 'message'. They should be appropriate to the reader. Text should be in plain English.

Information can also be given verbally and visually.

8.1 Children

Address children as individuals, using plenty of illustrations especially if the audience is very young. It is important to adjust the language to the age group being targeted.

8.2 Young People

This age group needs to be addressed differently to adults and children in terms of the content and language used. i.e. it should more detailed than children's information but less detailed than information for adults

8.3 Use of Colour

Colour can make the information more attractive and eye catching. It is important that the background paper contrasts with the text so that it is easy to read. However colour is more expensive to produce and most information is throwaway. Therefore, colour should be used only when it is appropriate, and costs have been agreed by management.

9. PRODUCING ACCESSIBLE ELECTRONIC WORD DOCUMENTS (WITH COMMENTS)

Most documents are now produced electronically and make their way to people in various forms such as email attachments and web site downloads.

In order for these documents to be read by someone using assisted technology such as a speech synthesiser, Braille keyboard or large prints display, it is vital that they are produced in an **accessible** format.

The following guidelines will make your Word documents accessible to people with a range of different impairments.

- Avoid using extremely small fonts and avoid setting large blocks of text in italics e.g. using quotes
- Use styles to add structure to your documents, e.g. use the 'Heading Style' to create headings rather than just making it bold
- Provide alternative labels for all images. To do this, right-click on the image, then select Format Picture. A dialogue box will appear. Select the Web tab, and then add the appropriate alternative text
- Create clear uncluttered pages, with plenty of white space. Use bulleted lists when appropriate as they can be easier to understand than dense paragraphs
- Avoid animated text or flashing/blinking elements – as these can trigger seizures in some people
- Ensure there is good contrast between elements on the page, e.g. text and background colours
- Use the built-in table tools when creating columns of text. Don't use tabs to create tables
- Use descriptive link text for links, when linking to web pages within your documents
- Add space around paragraphs using style formatting options rather than using carriage returns. This is particularly important if you intend to convert your Word documents into your PDF files
- If you have embedded sound files, provide a text transcript of the sound content

9.1 Converting a Word Document into a PDF

A well-formatted Word document can also be easily converted into an accessible PDF file. A PDF (Portable Document Format) file means that your documents cannot be changed and is recommended when placing on websites.

Please note that you need Adobe Acrobat 8 Professional (or newer) to do this.

9.2 Changing your Settings

Once you have changed your settings (points 1-12) you don't have to do this again. For future documents, converting to a PDF will simply involve steps 13-14!

1. Go to Adobe PDF in the menu bar and select Change Conversion Settings

2. Go to the drop down list and choose Smallest file size

3. Select these check boxes:
   - View Adobe PDF results (this will open up the new pdf file after creation so you can check it)
   - Prompt for Adobe PDF file name (this allows you to give the document a unique file name)
   - Convert Document Information
   - (this will carry the Meta information over to the new PDF file)

4. Select these check boxes:
   - Add Bookmarks to Adobe PDF (this will help the user to find sections in your document)
   - Add Links to Adobe PDF
   - Enable Accessibility and Reflow with tagged Adobe PDF (this is the most important checkbox of them all)

5. Click on Advanced Settings

6. Select Compatibility: Adobe Acrobat 5.0 or higher. This is the first version of Adobe Acrobat that can show tagged PDF files

7. Select Object Level Compression: Tags Only

8. Select Auto rotate pages: Collectively by File

9. Select Binding: Left

10. Select resolution: 200 (Choose between 72 and 600 for uploading to a web page - 72 for files that are only likely to be viewed on line/ 600 if the file is likely to be printed off and contains photos and graphics

11. Leave the default page size. (Only change the page size if the file will be printed out on formats other than A4.)

12. Click OK and save the settings as Accessible PDF_XX, with XX replaced by your initials.

9.3 Converting to a PDF

1. Go to Adobe PDF in the menu bar and select and click Convert to Adobe PDF.

2. Save as SAIFaccessPDF_XX

3. The PDF file is now created and opened for you.

9.4 How to Check if your Document is Accessible

1. Go to File and select Properties.

2. Select the tab Description and check that the Meta information for: Title, Author, Subject and Keywords have been carried over.

3. Check that under the Advanced heading you can read Tagged PDF: Yes

4. Click on the Additional Metadata button

5. Add your own title, edit any other information you find you want to change or add to. Click OK. Click OK again to save your changes and leave the Properties window.

6. Move the cursor over the images and make sure that your 'Alternative text' is displayed.

7. Go to View/Navigation Panels/ and select Book marks. See the pane that opens up and check the structure of the document.

8. Go to Advanced in the menu bar and select Accessibility and then Quick Check.

9. Go to Advanced in the menu bar and select Accessibility and then Full Check. Select the Adobe PDF as Checking option/Name and then start Checking.

The report will open up in the left hand side panel. If not you will find the report under View/Navigation Panels/Accessibility Report. Read the report and check if there are any problems.

10. Save your PDF file.

9.5   Help, Advice and Training

The information in this guideline is provided courtesy of The Scottish Accessible Information Forum (SAIF)

SAIF can provide more information and offers short training courses on making E-communication accessible. www.saifscotland.org.uk

APPENDIX 1
Practical Advice on Writing Information for Different Situations

The following subheadings of checklists provide guidance for developing accessible information. It is not an exhaustive checklist and may not be appropriate for every format or different types information, for example, some procedures do not involve the use of an anaesthetic.

1. Checklist for writing information about operations, treatments and investigations

- What is the leaflet about and who is it for?
- What is the procedure?
- Why are they having it? Give the benefits and alternatives where appropriate.
- What preparation do they need or not need?
- Do they need a general anaesthetic, sedation or local anaesthetic?
- What happens when they arrive at the hospital or the clinic, and who will they meet?
- Will they be asked to sign a consent form or is verbal consent needed?
- What does the procedure involve? How long does it last? What does it feel like?
- What happens after the procedure – pain control, nursing checks, stitches.
- How long will they stay in hospital?
- Do they need someone with them or any special equipment when they go home?
- What care do they need at home?
- What follow-up care is needed? Do they need to visit their doctor?
- What can go wrong, what signs to look out for and what to do if something goes wrong.
- When can they start their normal activities again, for example, driving, sport, sex or work?
- Who can they contact if they have any more questions?
- Tell people where they can find more information, for example, support groups and websites.

2. Checklist for developing information about conditions and treatments

- What is the information about, and who is it for?
- What condition is being described?
- What causes it? Or, if the cause is not known, say so.
- Does anything increase the risk, for example, age, sex, ethnic origin or a family history of the condition?

- What are the signs and symptoms?
- Are there any tests or examinations needed to confirm the diagnosis?
- What treatments are available? Give brief descriptions.
- What are the side effects and the risks of getting treatment or not getting treatment?
- What are the next steps?
- What can patients do for themselves?
- Are there other implications, for example, infecting other people?
- Who can they contact if they have any more questions?
- Say where the patient can find more information, for example, support groups and websites.

3. Checklist for developing information about services, for example, cardiac rehabilitation classes or a GP skin clinic

- Describe the service.
- Start at the beginning where the patient would start, for example, information about transport might start with how to book it, with a phone number.
- Who is eligible?
- Details of how to access the service.
- How to find it.
- Are maps needed?
- Is equipment or special clothing needed?
- if necessary where to go for the equipment/clothing.
- When is a service available?
- Is there a waiting time?
- How often do they need to attend?
- Do they need to bring any documents?
- Who to contact if they cannot attend and give contact details.
- What is or is not available, for example, transport.
- Are interpreters needed?
- Are any costs involved?
- Are there any advantages or disadvantages that need to be explained?
- Who to contact (phone number) and when, for example, from 9am to 5pm Monday to Friday.
- Phone number, address and website of the organisation.

4. Checklist for developing information about medication for patients

- Explain that any information given in a leaflet should be read with any patient information leaflet provided by the manufacturer.
- What medication are you describing and what is it for?

- How is it given?
- How often should it be given?
- What should be avoided or added when taking a particular medication, for example, certain foods.
- What are the side effects? Make sure that you mention that everyone is different so may react differently to medication.
- What to do if medication is not given properly.
- Remind patients to tell the clinician who prescribes the medication about any other medication they are taking.
- Advice on storing medication out of the reach and sight of children, in the fridge and out of the sunlight.
- Advice on where to get repeat prescriptions.
- A contact number (of the pharmacy, specialist nurse, doctor or NHS 24) for more information and to check on any concerns about side effects.

APPENDIX 2
General Advice on Writing Information for Different Patient Groups

- Patients who are older adults - Use clear large print, at least 14 point or larger. Do not use patronizing language.
- Patients who are not 'ill' It may be more appropriate to address patients who do not see themselves as 'ill' as clients or service users, for example, pregnant women or people using social services.
- Patients who are children. Address children as individuals, use plenty of illustrations, try to adjust your language to the age and do not talk down to them. Avoid clip art.
- Young people have different communication needs from children and adults. Content and language will be different.
- Patients with learning difficulties. The text needs to be simplified a little, using more symbols and pictures.
- Use audio formats and DVDs. Consult support groups and individuals.
- Patients with hearing difficulties. Use accessible information.
- Use carers, textphones or British Sign Language interpreters, loop system.
- Patients with sight difficulties Use large bold print, at least 14 point or larger.
- Use audio formats, electronic text, the Internet or Braille.
- Do not use a lot of reversed-out text and make sure the contrast between text colour and background colour is easy to read.
- Patients whose first language is not English.
- Use translated text from a guaranteed source where appropriate. Certain
- Languages are often spoken and not read so it is important to check this.
- Where appropriate, use other media (audio formats, DVDs and interpreters).
- Patients who have reading difficulties. Use audio formats and DVDs.
- Expert patients - Patients who have long-term medical conditions, such as diabetes or eczema, will usually have a very good understanding of their condition. The information for these patients may need to be specially researched by experts or they may need guidance on where to find the latest reliable information.

APPENDIX 3
Benefits

The benefits of using this draft toolkit are that:

- They will help people to be clear about their roles in the group
- An agreed level of quality can be planned for from the start
- Delivery can be achieved on time and within budget
- There will be an appropriate amount of control at all levels
- The right people will be involved at the right time
- Dependence on individuals will be reduced
- Clear communication channels will be put in place
- Priorities and the best work sequence will be identified
- Projects can be stopped or restarted when circumstances change minimising detriment to the project
- Projects will be managed to a successful conclusion

APPENDIX 4
Specifically for Long Term Condition Related Patient/Carer Information

The following list is to prompt discussion when developing condition related information; it is neither comprehensive nor exhaustive. A condition may have many different stages, each stage requires due consideration when planning the project.

Do the following need to be included or referenced in the patient information?

- How do I care for myself?
- Changes in condition; what does this look/ feel like, what to do and who do I contact?
- Who to contact for advice about – condition, medication, disability issues, social funding, aids
- Who to contact for advice – money/debt concerns, benefits entitlement, employability or literacy concerns
- Referral and signposting to appropriate services – support services, DVLA
- Lifestyle risk factors e.g smoking, inadequate physical activity
- Diet and its potential effects on the condition
- Psychological effects of diagnosis/access to support
- Information about opportunities to access condition - education
- Information Prescriptions.
- Quality of life issues, employability, monetary advice, benefits maximisation, exercise, housework, sex, contraception, mental wellbeing
- Information for relatives/carers – what do they want/need to know
- Recording of data about patients – information to plan for future services
- Do patients (carers) who have been diagnosed for several years have the same standard of information – thoughts on how to identify this group of patients and carers and how best to raise awareness and share current information, education and training
- Who has responsibility for storing/ordering/ensuring information is kept up to date?
- Give people time to think about what is going to happen or time to make plans. Information should always be given at an appropriate time, not half an hour before a procedure or when people are in shock.

There are other headings that may eventually need added to this list:- long haul flights, falls, etc.

APPENDIX 5
12 Steps to Successful Information Development

Steps	Questions to Ask	Points to Consider
1] Identify the need for Information	What information is needed/wanted by patients/carers/public/staff	May want to know how to get to a clinic, but may need to know how often they will be attending.
	What information do we have already or what information can we get	e.g. Local information, voluntary sector, condition/s specific organisations and other HB areas
	Should the Patient Focus and Public Involvement representative be consulted at this stage	Will guide on most appropriate methods of engaging patients, clients & carers.
	Does the information relate/impact only on your area of work	What will be the implications for other areas or organisations
	Will it involve other areas	e.g. directorates, organisations Primary Care, Acute Care, Community Care, Voluntary Sectors Local Authorities
	Who needs to be involved	Do representatives from different areas or organisations need to be involved
	What about lifestyle or life circumstances advice	Who will provide information on Health Improvement, Employability, Monetary or Benefits Advice
	How does Health Improvement contribute	Who is the Health Improvement lead for this area of work?
	▪ Who will be the key stakeholders ▪ Does the information need to be cross-referenced with other conditions to ensure consistency of advice ▪ The Content section will help you identify the key people.	▪ E.g. Patients and carers, clinicians, clinical nurse specialist, IT, Admin and clerical, quality assurance, equality and diversity officer, organisations specific to the subject. ▪ E.g. Blood Pressure advice for patients with Diabetes or Stroke or CHD

2] Approval Process / Funding Approval	Seek line Manager or other relevant person's approval. If seeking sponsorship it may also be necessary to ▪ Seek advice from the Central Legal Office ▪ State on the information that NHS Greater Glasgow &Clyde does not endorse the company	▪ See Code of Conduct for Staff, ▪ Standards of Business Conduct
3] Patient Focus Public Involvement	Who is your PFPI representative	Your PFPI representative will provide guidance
	How could patient/carer involvement benefit the development of this patient information	
	Who are the most appropriate person/people to involve patients and carers	e.g. PFPI representative, Voluntary sector partner
	▪ How are you going to do this ▪ Will it be a simple one to one discussion or will it require using a number of methods for engaging patients and carers	▪ e.g. group discussions, surveys, focus groups ▪ Check if there is a PFPI framework?
4] a. Content	What is the aim/purpose of the information	e.g. is it to inform about a condition or particular procedure
		Does the title reflect the contents?
	For whom is the information intended	State target audience
	Is it accurate, up-to-date, best practice, evidence based, consistent with NHSGGC guidelines.	Should be able to track/ produce source of guidance
4] b. Impact Assessment	Who is your Equality and Diversity Lead	
	Who is your quality assurance lead	
	Are they key advisors	
4] c. Design Considerations	Does it include NHS GG&C Logo?	Please refer to Accessible Information Policy for comprehensive guidance

	Does it have a reference number to identify the information	
	Does the title appropriately reflect the content clearly and concisely	
5] Accessibility	Is the information for children	Plenty of illustrations, seek advice from appropriate sources
	Is it for young people	Needs of this age group is different from children and adults
	Is it specifically for people with Learning Disabilities or is there a requirement to develop suitable information	▪ Simplified text, more symbols and pictures, DVD's ▪ Contact Learning Disability Lead or Equality Lead
	Is English the first language of the patient or carer	Think about translated versions or other methods-DVD
	What about people with sensory impairment?	Think about Braille, sign language.
	What about complementary therapy	Would referral or access to complementary therapy be helpful? Where does this fit with the condition?
6] Peer Review and Consultation	Does the information make sense to your target group	e.g. No medical jargon, plain and simple language (if appropriate)
	Does it meet their needs	How will you assess this?
	Who will facilitate the consultation	This will depend on the needs of the project
	How wide should the consultation be	e.g. Within your immediate partner organisations or wider
	Who will be your consultation group/s	People not involved with the development process
	Did you factor the required time for consultation in your plans	Consider busy calendars, summer holidays, Christmas and new year
	Who will collate the feedback?	Group participants should be clear of their individual responsibilities.
	Who will be responsible for accepting or rejecting feedback?	Who will have the final say e.g. Expert opinion, patients
	How will the final decisions be communicated to the contributors	This should be discussed and agreed by the group at the beginning of the process.

7] Quality Assurance	What is the quality assurance process for your department and organisation	Advisable to involve quality assurance at the beginning of the project.
	Do you have clear guidance	
	Who is the key contact	
8] Draft, Design Owner Approval		See NHS GG&C Policy
9] Printing		See NHS GG&C Policy
10] Storage and Distribution		See NHS GG&C Policy
11] Library / Database		See NHS GG&C Policy
12] Review		See NHS GG&C Policy

APPENDIX 6
Tales from Experience

The following list is a collation of project experiences.

- A few may be found in 'professional project advice'.
- Identify key stakeholders and managers, no apologies for stating it more than once, this is key for successful outcomes (and sanity of project lead)
- Ensure correct expertise involved (either round the table or advising)
- It needs - demands a dedicated Lead
- Negotiating and organisational skills are a must for the Lead – to manage all the little challenges that emerge along the way.
- Identified admin support (every project requires good admin support)
- Minutes of meetings typed and circulated - same day ideally, but certainly within 72 hours. Otherwise everyone, including the Lead forgets the finer details, and it is good custom and practice.
- There is a need to maintain momentum, so regular meetings according to needs/ size of project. This also provides regular opportunities to build relationships.
- Agree and set timelines, this minimises the potential for slippage. Few projects are completed on time but having an agreed finish date provides focus.
- Agree and ensure clarity of responsibilities – especially important if the lead does not have management responsibility for everyone round the table.
- Agreed objectives
- Quality of patient information can determine success or failure of process e.g. Care Pathway
- Strong line of communications = involving wider teams; including patient groups
- Accountability for Risk Management, ideally everyone should take responsibility for this, with the Lead overseeing and managing. However, experience shows that the Lead usually inherits the responsibility.
- Agree process of how to communicate and disseminate end product
- Attention to detail throughout will save time.
- Pivotal to success------Key People at the Table, solid relationships and effective communication.

APPENDIX 7

Quality Assurance Checklist for Accessible Information	NHS Greater Glasgow and Clyde

Criteria for draft	Yes	No	Don't know	N/A
Identify Need				
Need for information identified				
Key stakeholders were identified and involved				
Funding Approval				
Was funding required				
Patient Focus and Public Involvement				
Was your PF&PI staff representative involved				
Can you demonstrate your PF&PI process				
Content				
Is the information accurate, up to date and consistent with other information e.g. NHS GGC clinical guidelines				
The aim of the information is clearly explained				
The information achieves its aim				
The content reflects the title				
Information indicates for whom it may be useful				
The headings are relevant				
The information flows logically i.e. journey for condition/patient pathway				
If information is appointment related is it clear where people need to go to attend				
The information uses clear and appropriate language and tone				
No gender specifics are used (he/she's don't exist)				
Risks/benefits explained to assist choice, side effects, complications, adverse reactions to treatment				
Are follow up appointments/further treatment information required				
Does it need a glossary of terms				
Does it need a contents page				
Is discharge information and contacts mentioned if appropriate				

Criteria for draft	Yes	No	Don't know	N/A
Does it have a feedback form for user comments				
Does it include space for personal details/notes page for readers to use for questions/notes				
Does it contain clear information on any source organisations used				
Are Contacts/Support Agencies listed				
Does it cater for non-English and people with disabilities, including how to access copies.				
Does it cater for users who have different cultures and religious beliefs				
Impact Assessment				
Did the information require Equality Impact Assessment (EQIA)				
Did the Quality Assurance Lead provide guidance				
Design Considerations				
Does it include NHS GGC Logo				
Is reference number clearly stated for future identification				
Are sentences short in length				
Are Paragraphs short in length				
Variety of text, diagrams and bullets				
No jargon used or if used explained				
Use of bold to highlight text				
Is the text left aligned				
Accessibility				
Did the information need to be produced in different formats e.g. children, people with learning disabilities.				
Review and Consultation				
Did you involve and consult with the target group				
Does it meet the needs of the target group				
Does the information make sense to the target group				
Has a communication process for feedback been agreed				
Does it clearly show the date it was developed				
Do you want to audit/monitor how it is used - so that it may inform future information design and content				

The majority of answers on the Checklist should be Yes or Not Applicable (N/A)

This is Bad Enough

This is bad enough
So please …

Don't give me
gobbledegook.

Don't give me
pages and dense pages
and
"this leaflet aims to explain.. "

Don't give me
really dodgy photocopying
and
"DO NOT REMOVE
FOR REFERENCE ONLY."

Don't give me
"*drafted in collaboration with
a multidisciplinary stakeholder
partnership consultation
short-life project working group*."
I mean is this about
you guys
or me?

This is hard enough
So please:

Don't leave me
oddly none the wiser or
listening till my eyes are
glazing over.

Don't leave me
wondering what on earth that was about,
feeling like it's rude to ask
or consenting to goodness knows what.

Don't leave me
lost in another language
adrift in bad translation.

Don't leave me
chucking it in the bin
Don't leave me
leaving in the state I'm in.

Don't leave me
feeling even more clueless
than I did before any of this
happened.

This is tough enough
So please:

Make it relevant,
understandable –

or reasonably
readable
at least.

Why not put in
pictures
or sketches,
or something to
guide me through?

I mean how hard can it be
for the people
who are steeped in this stuff
to keep it up-to-date?

And you know what I'd appreciate?
A little time to take it in
a little time to show them at home
a little time to ask "What's that?"
a little time to talk on the phone.

So give us
the clarity, right from the start
the contacts, there at the end.

Give us the info
you know we need to know.
Show us the facts,
some figures
And don't forget our feelings.

Because this is bad
and hard
and tough enough
so please speak
like a human
make it better
not worse.

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Equality Impact Assessment (EQIA):

A Brief Introduction

1. Why Equality Impact Assessments (EQIAs)?

Equality Impact Assessments are integral to helping us meet NHSGG&C vision to challenge inequalities by ensuring fair access to, and delivery of, services and better health for all. NHSGG&C is required to carry out impact assessments as part of current equality legislations. How we will do this and how you can get involved is highlighted in this article.

2. What is an Equality Impact Assessment (EQIA)?

An Equality Impact Assessment is a way of finding out whether our existing or proposed 'functions' (such as services or policies) will affect some communities or groups of people differently. Some differential treatment might and could lead to unfair decisions or unlawful treatment. By undertaking an EQIA we should be able to avoid this and also highlight practical challenges as well as areas of good practice.

3. How we will do this and who is involved?

There is a formal process (stages & steps) supported by standardised EQIA's Toolkit (pro-forma & Guidelines). There will be also an EQIA's Team/Group from, and for, each area/service carrying out the assessment.

4. How to decide which function needs to be assessed?

Obviously there are some functions/services that need to be impact assessed sooner rather than later. To help prioritise the service (s) that requires assessment, there are number of factors to consider:

References

1 The Race Relations (Amendment) Act 2000

2 Disability Discrimination Act 2005

3 Disability Equality Duty 2006

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7 Bunker TD. An information leaflet for surgical patients. Annuals of the Royal College of Surgeons of

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7 Scottish Enterprise and Lifelong Learning Department. 2001. Adult Literacy and Numeracy in Scotland:

http://www.scotland.gov.uk/library3/lifelong/alan-00.asp