



Policy for the development, review and archiving of leaflets for service users / carers

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Type of document	Policy	
Target audience	All CWP staff	
Document purpose	This document details the policy regarding the process for development, review, consultation, approval and archiving processes for service user / carer information leaflets within the Trust.	

Document consultation	Communications and engagement team, clinical governance department	
Approving meeting	Patient Safety and Effectiveness Sub Committee	18-Oct-12
Ratification	Document Quality Group (DQG)	6-Nov-12
Original issue date	Feb-06	
Implementation date	Nov-12	

CWP documents to be read in conjunction with	None	
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Training requirements	There are no specific training requirements for this document.	
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Financial resource implications	Yes - Potential resource implication of printing / publishing of leaflets.	
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Equality Impact Assessment (EIA)

Initial assessment	Yes/No	Comments
Does this document affect one group less or more favourably than another on the basis of:		
• Race	No	
• Ethnic origins (including gypsies and travellers)	No	
• Nationality	No	
• Gender	No	
• Culture	No	
• Religion or belief	No	
• Sexual orientation including lesbian, gay and bisexual people	No	
• Age	No	
• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? N/A		
Is the impact of the document likely to be negative?	No	
• If so can the impact be avoided?	N/A	
• What alternatives are there to achieving the document without the impact?	N/A	
• Can we reduce the impact by taking different action?	N/A	

Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted.

If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact.

For advice in respect of answering the above questions, please contact the human resource department.

Was a full impact assessment required?	No	
What is the level of impact?	Low	

Document change history

Changes made with rationale and impact on practice

1. Amends made to comply with NHSLA Level 4
2. Change of author as the communications team no longer has a communications assistant;
3. The reviewing process has been amended to reflect both new and amended leaflets;
4. Archiving arrangements for information given to learning disability patients to be the responsibility of the learning disability service;
5. Approval of leaflets removed from point 2 and added to point 5 “duties and responsibilities”, of which the list of approvers was lengthened and clarified;
6. For guidance on leaflets for people with learning disabilities appendix 5 was added to 2.3 regarding the approval process;
7. 4.2 was amended to reflect the reviewing process for both new and amended leaflets;
8. Appendix one was amended to reflect the new learning disability responsibilities;
9. Appendix two was amended to make it clearer, based on feedback from users of the form;
10. Appendix five was added to reflect the approval process for learning disability leaflets.

External references

References

1. Toolkit for producing patient information - This publication was developed by several groups along with the Department of Health and it provides guidance on how to write patient information. www.dh.gov.uk
2. NHS Direct Online - Can provide advice and information on health, treatments and medicines www.nhsdirect.nhs.uk
3. Plain English Campaign - The website for this independent group provides information on writing using plain English. www.plainenglish.co.uk
4. Easy Info - This website can provide guidance about making information more accessible to people with learning disabilities. www.easyinfo.org.uk
5. The Royal National Institute for the Blind (RNIB) - There is a large section on their website about providing accessible information for people with sight difficulties. www.rnib.org.uk
6. NHS Litigation Authority (2010) NHSLA Risk Management Standards for Mental Health and Learning Disability Trusts

Monitoring compliance with the processes outlined within this document

Please state how this document will be monitored. If the document is linked to the NHSLA accreditation process, please complete the monitoring section below.		NHSLA Standard 6.2 - Patient information				
Minimum requirement to be monitored NB the standards in bold below are assessed at level 2 / 3 NHSLA accreditation	Process for monitoring e.g. audit	Responsible individual / group	Frequency of monitoring	Responsible individual / group for review of results	Responsible individual / group / for development of action plan	Responsible individual / group for monitoring of action plan and Implementation
How information is provided to patients to support their decision making, including risks, benefits and alternatives	Audit	Communications team	Annually	PSESC	PSESC	PSESC
How the discussion and provision of information to patients is recorded	Audit (Health records Audit)	Audit team	Annually	PSESC	PSESC	PSESC
Archiving arrangements for any information given to patients to support their decision making	Audit	Communications team / learning disability service	Annually	PSESC	PSESC	PSESC
How the organisation monitors compliance with the above	As above	As above	As above	As above	As above	As above

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1. Introduction

Cheshire and Wirral Partnership NHS Foundation Trust (CWP) must ensure that it provides high quality, evidence-based information to everyone who accesses its services and to their carers. Information is key to building confidence in the organisation and the services that are provided as well as enabling service users and their carers to make informed choices about their care.

It is important that we provide service users / carers with information about CWP, the services we provide and more specifically their own treatment requirements. Some leaflets are required as part of a policy or may be used as a useful tool for communicating with service users / carers. Leaflets are a good source of further information for service users / carers, in addition to the information provided during consultations and provide contact details for services.

2. How information is provided to patients to support their decision making, including risks, benefits and alternatives

The process for development, approval and production of information regarding care, treatment, procedures, therapies and CWP services should be followed in accordance with [appendix 1](#) and [appendix 2](#). All clinical information leaflets must contain information regarding risks, benefits and alternatives. Information leaflets explaining care and treatment options available to service users must be provided to service users / carers by the healthcare professional(s) involved in their care. This information may be provided at the point of referral to the service, upon admission or during the period of care dependant upon the nature of the leaflet and its purpose. The information enclosed within the leaflet must be fully discussed with the service user / carer to ensure that this supports the decision making process, including outlining the risks, benefits and alternatives. All discussions must be recorded within the service user's health record (paper or electronic).

2.1 Leaflet templates

All information templates are available for each service in A5 and DL (three fold) size in Microsoft Word format. As part of the CWP branding framework, clinical services have specific colours to be used for all documentation to identify which service the leaflets originate. Contact the communications team if in doubt regarding the colour coding of each service unit.

All leaflets must use the CWP templates except for leaflets that have been developed nationally or regionally that CWP has chosen to adopt (e.g. UKPPG medication leaflets). A series of templates have been designed with CWP branding and can be downloaded from the website <http://www.cwp.nhs.uk/commsengage/communications/Pages/Developinginformationleaflets.aspx> in Microsoft Word format. Alternatively, they can be obtained from the communications team on 01244 397400.

Services should complete their own leaflets using these templates although assistance from the communications team in the form of guidance and support can be requested.

2.2 Providing information of other organisations

If a leaflet refers to information of other self-help organisations, the following disclaimer statement must be included:

"The following organisations are independent of CWP, contact details are provided for information purposes only. CWP will not be responsible for any advice or treatment provided by these organisations."

In addition to this disclaimer, it is good practice for teams to initially check the relevance and appropriateness of the other organisations as they see fit. Where relevance or appropriateness is unclear, refer to the Patient Safety and Effectiveness Sub Committee (PSESC).

2.3 Learning disabilities leaflets

For guidance on leaflets for people with learning disabilities please contact the learning disabilities communications officer on 0151 357 7523 or refer to [appendix 3](#) for guidance and [appendix 4](#) regarding the approval process.

3. Providing information

3.1 Guidance on content

CWP provides many different forms of information for service users, carers and staff across its services. This means it is not always necessary to write new leaflets as it duplicates existing work. Before starting to write a new leaflet, the author should check if any existing leaflets could be useful as it may be possible to use them or the detail from them instead of creating a new leaflet. A list of all current leaflets are available on the Trust's website.

[Appendix 5](#) outlines the types of information and content the leaflet author may wish to consider.

3.2 Non-clinical information

These are leaflets that include information on the following types of subjects:

- Inpatient areas;
- Community based services;
- Carer and visitor information;
- General information on the services CWP offers.

3.3 Clinical information to support service users with their decision making

These are leaflets that provide information to service users about their choices / decisions regarding the following:

- Treatments, procedures and therapies;
- Conditions;
- Medication.

To inform these choices / decisions, above, as a minimum the clinical information must include, where appropriate, information regarding the:

- Risks;
- Benefits;
- Alternatives.

The majority of medication leaflets are found on the *choiceandmedication* website <http://www.choiceandmedication.org/cheshire-and-wirral/> which can be accessed via the *choiceandmedication* website icon on the trust intranet / internet homepage. Additional leaflets that support choices of medication are devised in-house by the service lines and approved by the medicines management group in accordance with [appendix 1](#).

4. Distribution

CWP leaflets can be accessed via the website and the latest information is publicised on the public website www.cwp.nhs.uk.

Leaflets can be printed professionally if required and if you have the available resources in your budget. Alternatively they can be produced in-house. Speak to the communications team about prices / considerations or see [appendix 2](#) for procedure.

4.1 How the discussion and provision of information to service users is recorded

The member of staff who has provided information to the service user / carer must record in the patient health record the information that has been given. This should include a summary of the discussion held with the service user / carer and also that the patient information leaflet supporting that discussion has been given to the service user / carer, as appropriate. If the service user has been signposted to the *choiceandmedication* website then this should also be documented.

4.2 The reviewing process for both new and amended leaflets (non-learning disability)

To ensure that all service user information remains meaningful and helpful, there is a systematic approach to the review of all Trust leaflets. The author of the leaflet must ensure meaningful consultation with other staff, service users, carers and lived experience advisors as part of the development process.

This consultation will ensure the validity and accessibility of the leaflet in relation to the intended audience.

When new leaflets are sent to the communications team, the following process is implemented:

- All text is proof read;
- The template is checked for its branding and formatting;
- The leaflet is sent back to the service for a final check and evidence of approval ([appendix 2](#)) is requested;
- A review date (two years from production) is added to the back page;
- A code is allocated and added to the back page;
- Both the date and code are logged;
- The leaflet is converted into a PDF format and uploaded to the website.

All leaflets should be reviewed before the review date that is printed on the reverse. It is the responsibility of the person who submitted the information / the author, to keep the content updated and to submit amendments when needed. When amendments are made the following process will apply:

- The amendments are checked;
- The leaflet is sent back to the service and evidence of approval ([appendix 2](#)) is requested;
- The review date (two years from production) is reviewed and amended on the back page;
- The date is amended within the log;
- The leaflet is converted into a PDF format and uploaded to the website.

If amends are significant, it may mean producing a new leaflet. In this instance the leaflet author must ensure that the old copies of that leaflet are removed from use and replaced with the amended version by informing services.

4.3 Archiving arrangements for information given to service users to support their decision making

When a leaflet is renewed or replaced or the information is updated or amended, it is important that the original version is kept for reference. Following approval (see duties and responsibilities), the communication team will follow the archiving process summarised in [appendix 1](#) and the learning disability team will follow the archiving process summarised in [appendix 4](#). Both teams archive all leaflets and these are held electronically on two separate databases maintained by the communications team and learning disability team, respectively. Any amendments to leaflets are saved as new leaflets rather than replacing older versions. The latest, most recently approved leaflet is uploaded to the website for use by staff and service users / carers.

A record of all leaflets can be viewed by staff within the developing leaflets section of the intranet. This is maintained by the communications and LD service and provides details of all leaflets, their current status (in use, draft etc) and their review date as well as providing evidence of past versions of a leaflet.

5. Duties and Responsibilities

Approval needs to be sought for all leaflets. Please see the list below regarding duties and responsibilities:

5.1 Chief Executive

The Chief Executive is the accountable officer and must ensure that provision of effective information for service users, carers and the wider public is delegated to an appropriate executive lead, as outlined in the executive portfolios.

5.2 Director of Nursing, Therapies and Patient Partnership

The Director of Nursing, Therapies and Patient Partnership has responsibility to ensure that there is effective information available to service users, carers and the wider public to support the clinical standards agenda within the Trust.

5.3 Associate Director or Head of Service

Associate Director or Head of Service approval should be obtained for all non-clinical trustwide leaflets e.g. general trustwide information including patient stories, carers, union learning representation, practice education.

5.4 General Manager

General Manager's approval should be obtained for all non-clinical service leaflets e.g. information about a hospital or unit.

5.5 Clinical Service Manager

Clinical Service Manager's approval should be obtained for non-clinical service specific leaflets e.g. ward information, visiting times, your team.

5.6 Clinical Director

Clinical Director's approval should be obtained for all clinical service leaflets e.g. pathway based, treatments, and procedures.

5.7 All staff

If an information leaflet, or signposting has been provided to the service user / carer this must be recorded in the patient health records.

5.8 Medicines Management Group (MMG)

Please note all medicine leaflets must be approved at a medicines management group (MMG) meeting before they are coded and placed online.

5.9 Head of Communications and Engagement

The Head of Communications and Engagement is responsible for ensuring that a database of all leaflets, codes and an archive system is maintained and that the leaflet is converted into the PDF format and uploaded to the website. A copy of approved leaflets is provided as required to the PSESC. Also includes ensuring that this policy is reviewed and up to date.

5.10 Communications Team

- Will proof read and communicate with the author in relation to any amendments and suggestions to the draft leaflet, ensuring that a final version is uploaded to the Intranet;
- Will follow documented archive process summarised in [appendix 1](#).

5.11 Learning Disabilities Team / LD Communication Officer

- Will proof read and communicate with the author in relation to any amendments and suggestions to the draft leaflet, ensuring that a final version is uploaded to the Intranet;
- Will follow documented archive process summarised in [appendix 4](#).

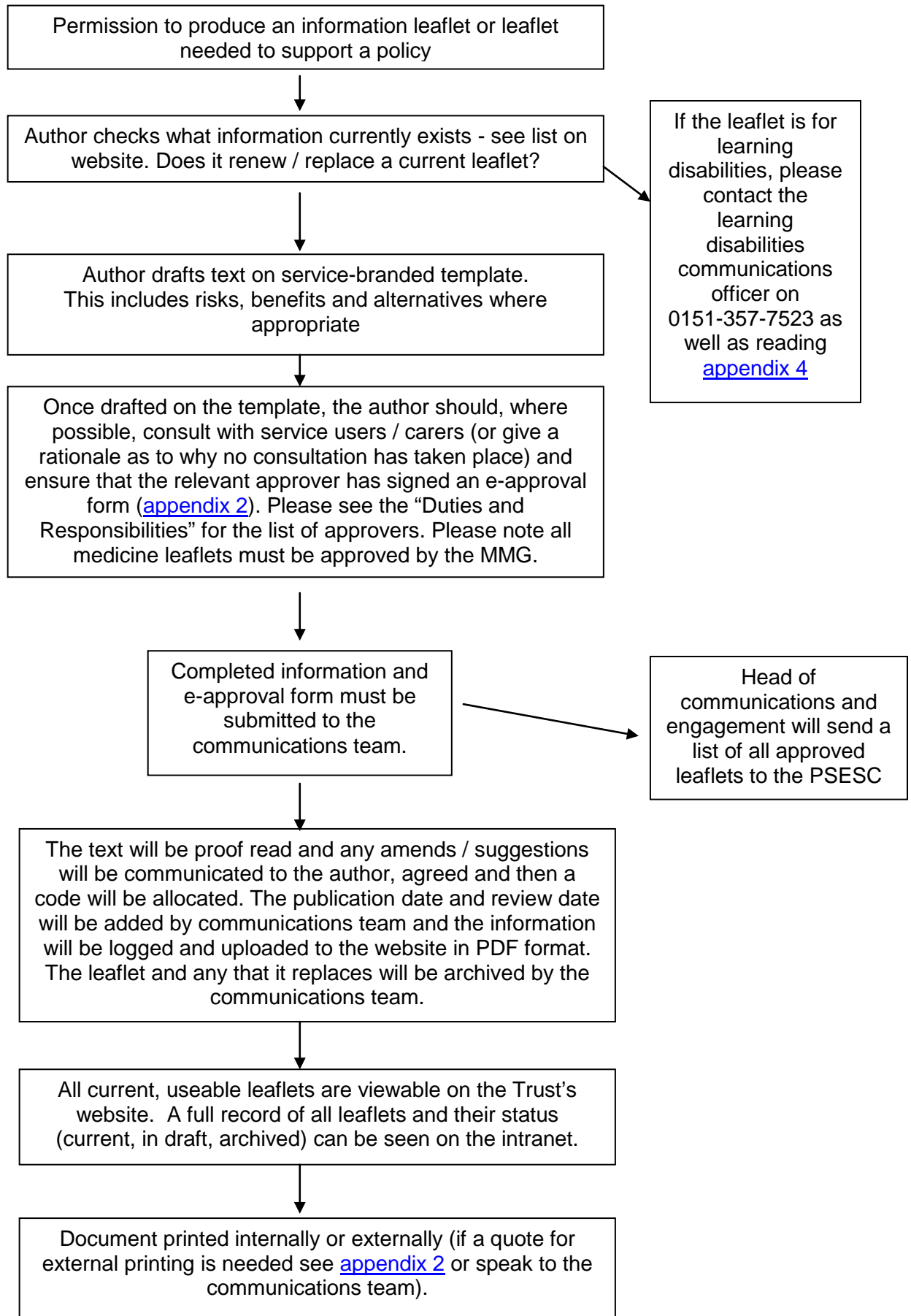
5.12 Information authors

- Ensure that any leaflets given to service users, carers and the wider public are developed, approved and reviewed in line with this policy;
- If appropriate liaises with the LD Communication Officer with regards to developing leaflets.
- Where possible, consult with service users / carers, or provide rationale why consultation has not taken place;
- Ensure that the leaflet has received appropriate approval.

5.13 Patient Safety & Effectiveness Sub Committee (PSESC)

- Is responsible for approval, ongoing review (including review of duties) and receiving reports on the monitoring of this policy, through receipt of reports, work plans and action plans as detailed in this policy.

Appendix 1 - Development, approval and production process for information leaflets



Appendix 2 - Leaflet approval form

Name of the leaflet			
Is it a trust leaflet	Select		
Author		Team / base	
Approver		Date written	
Leaflet version		Leaflet type	<input type="checkbox"/> Clinical <input type="checkbox"/> LD Clinical <input type="checkbox"/> Medicine <input type="checkbox"/> LD Medicine <input type="checkbox"/> Non-clinical <input type="checkbox"/> LD Non-clinical

All clinical / medicine based / non-clinical leaflets must be approved by a relevant approver (see “duties and responsibilities” list) before they can be published by the communications team.

Step one: Is this a clinical leaflet?

- No (move to non-clinical leaflet approval below);
 Yes (please confirm the leaflet contains information regarding all of the following):

	Yes	Not appropriate
Risks	<input type="checkbox"/>	<input type="checkbox"/>
Benefits	<input type="checkbox"/>	<input type="checkbox"/>
Alternatives	<input type="checkbox"/>	<input type="checkbox"/>

Please note that if this is a medicine leaflet it must have been approved at a medicines management group (MMG) meeting. Has this been achieved?

- Yes (please read the text below and then sign your approval):
 No (please seek approval from MMG before continuing)
 No (it is not a medicine based leaflet)

I have read the above named leaflet, fed back any comments on the content, written style and layout and now approve this leaflet. Please sign and move to step two.

Name		Date	
Clinical director signature:			

Non-clinical leaflet

I have read the above named leaflet, fed back any comments on the content, written style and layout and now approve this leaflet. Please sign and move to step two.

Name		Date	
Approver signature:			
<input type="checkbox"/> General manager <input type="checkbox"/> Head of Service <input type="checkbox"/> Associate Director <input type="checkbox"/> Clinical service manager			

Step two: have any service users / carers been consulted?

Yes - Please give details	
No - Please give rationale	

Step three: please send this document along with the leaflet to the appropriate team:

Communications team Please email the leaflet and e-approval form to info@cwps.nhs.uk . For more information please call 01244 397400.	Learning disability team Please email the leaflet and e-approval form to lesley.gledhill@cwps.nhs.uk . For more information please call 0151 357 7523.
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Printing

The communications team can source a competitive quote for you if you wish to print externally. Please be aware that timescales for quotes are a minimum of 2 days once your leaflet has been approved and coded.

Do you require a quote for external printing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Deadline date (if required)	
Quantity		Budget code	
Delivery Address			

Appendix 3 - Producing leaflets for people with learning disabilities

Many people with learning disabilities have significant difficulties understanding written information. Below are some points to consider when writing a leaflet aimed at informing people with learning disabilities? For further guidance, please contact the learning disability's communications officer on 0151 357 7523. You can also follow the steps within [appendix 5](#).

Communication

Giving information to people is all about communication so it is vital that the particular communication needs of people with learning disabilities are acknowledged. This may mean thinking differently about how to make information accessible to this audience or developing more effective formats in which to provide information.

Comprehension

People with learning disabilities often have significant difficulties understanding information presented to them. This includes information which is spoken, written, signed or drawn. It is therefore important to acknowledge that it is always a possibility that only a small part or none of the information may be understood by a person with LD.

Language and concepts

In general, people with learning disabilities have difficulties understanding complex language and abstract concepts. Information is easier to understand if it is presented in concrete terms and with reference to a person's actual life experiences.

Content

The content of any publication can be difficult to understand in terms of topic and the language used, so wherever possible, take this into account and write clearly and concisely.

Ability and support

The differing abilities and available support for people with learning disabilities always need to be considered. For example, not all people with learning disabilities will be able to read and understand an information leaflet and not all people with learning disabilities will have a support network able to help them read and understand an information leaflet.

Confusion and anxiety

There is potential for some people to become confused and / or anxious when presented with information that they do not understand, especially when the information is perceived as being important.

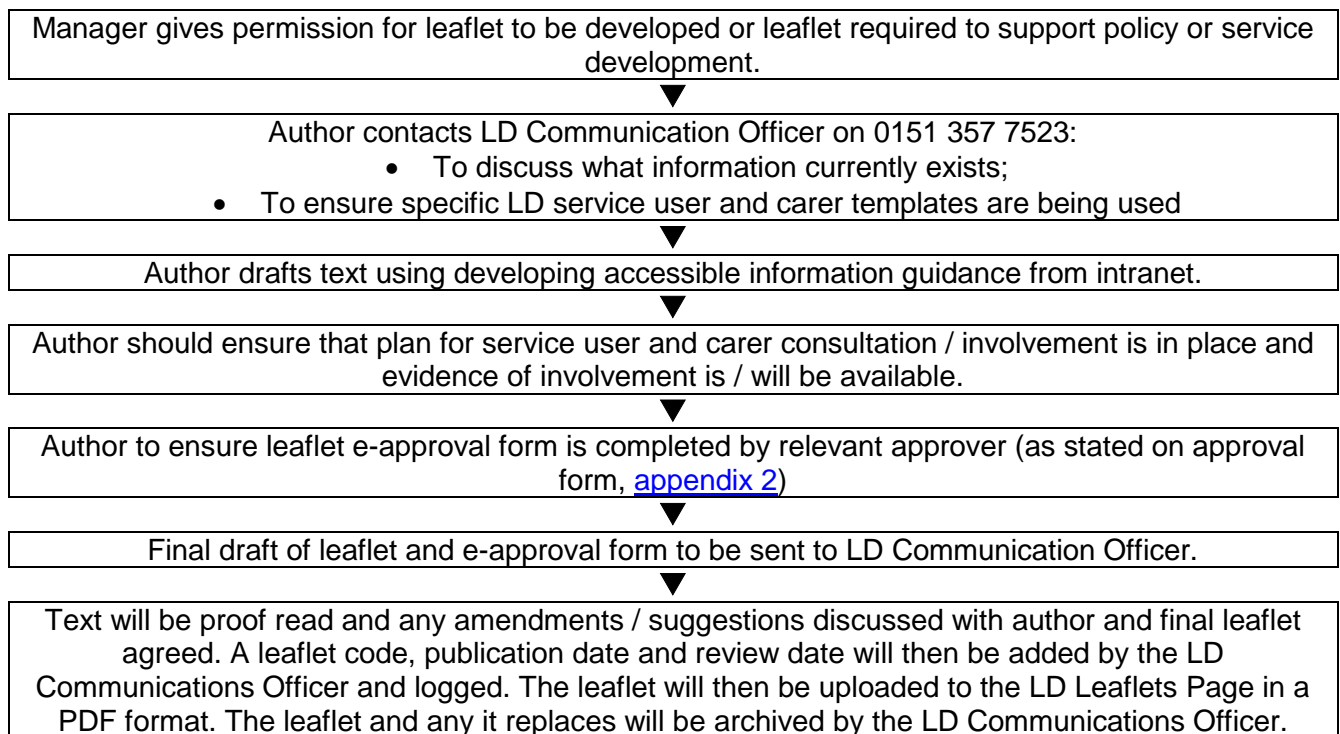
Pictures and symbols

The use of pictures and symbols helps to make information more accessible and easy to understand. Pictures and symbols should be clear, professional in their appearance and demonstrate topics or themes of a concrete nature because abstract concepts are not easily understood. It is important to remember that adding pictures and symbols will not automatically make a piece of information accessible.

Further guidance

Further information and guidance about making information more accessible to people with learning disabilities can be found on the Easy Info website: www.easyinfo.org.uk. There is also a guidance document and checklist available for developing information for people with learning disabilities via the "developing information leaflets" on the staff intranet.

Appendix 4 - Development, approval and production process for learning disability leaflets



Appendix 5 - Guidance on content and presentation of information

Although information can be well written, if it is not presented in the right way, it may not be effective. The more inviting and clear information looks, the more likely it is that people will read it:

- Sentences should ideally be no more than 15-20 words and paragraphs should be one or two sentences long;
- Lower case letters are much easier to read, so only use capital letters for proper nouns like the names of organisations, people, places and trade names - job titles do not need capital letters;
- Make sure you use the same tense throughout your writing - present and active tenses are most suitable e.g. we are helping service users, rather than we have helped service users and try to write using personal pronouns like 'you' and 'we';
- Always keep your audience in mind and remember not to over complicate or over-simplify your writing. Use positive, plain English - avoid using jargon, abbreviations or acronyms and provide explanations where necessary;
- Break up the text by using blank space (small blocks of text, subtitles, bulleted or numbered points, or a question and answer style);
- Only use bold and italics in moderation;
- All text should be in Arial font and preferably size 11 as the minimum font size and a maximum of 14. If you are producing information for people with sight difficulties it is advisable to use 14 point and above;
- Always use a light background with dark coloured text;
- Justify text;
- Use your clinical services line (CSL) / service colour to highlight your titles or important text;
- For information about treatments, procedures or therapies, ensure that information about the risks, side effects, benefits and alternatives to treatments are provided;
- Make sure information is relevant, up to date and in context and give examples of where else information can be accessed;
- Try to avoid names of people, use teams / job titles instead including contact details where appropriate;
- There are some cases where graphics / photographs are very useful e.g. when producing service user information for young people or people with learning disabilities. If used, graphics should always be clear, interesting, look professional and have been given the approval from the owner to use.

There are certain features which must be included on all leaflets. In addition to the artwork, logos, translation information and leaflet details provided on the leaflet templates, the key features include:

- Introduction to the service;
- Contact details (including out of hours);
- Directions and site access information;
- Information about how to give feedback to the Trust.

Before beginning to develop a leaflet you should think clearly about whom the information is for and what information would be useful to that person. Always write from the intended reader's point of view, remembering that they may not have any or much knowledge about the subject matter.

Those leaflets promoting and explaining service lines i.e. Learning Disability, should include how that service supports carers and families, what they can expect and who they can contact for information.

Information for in-patient areas

Authors may want to include details about:

- Service user specific information e.g. leave space to write in the names of their named nurse, associate nurse, ward manager, social worker etc;
- Details about the types of staff who work on the ward / in the unit;
- Ward rounds and when they take place;

- Community / ward meetings and when they take place;
- Facilities for disabled service users and visitors;
- Privacy;
- Medication;
- Meal times;
- Visiting times;
- Facilities available;
- Security information about whether the ward is secure or not as well as the security of personal items;
- Religious needs;
- The Trust's approach to the use of illegal substances;
- The Trust's approach to violence or aggression towards staff;
- Advocacy services;
- Smoking policy.

Information for carers and visitors to in-patient areas

Authors may want to include details about:

- Service user specific information e.g. leave space to write in the names of their named nurse, associate nurse, ward manager, social worker etc;
- Why their relative / friend has been admitted to the ward / unit / facility;
- Contact information for the ward / unit including the names of the ward manager and named nurse (blank spaces can be left for these), the address, telephone number(s) and contact information for other useful organisations such as PALS, Citizens Advice, Saneline and the Samaritans;
- What type of staff work on the ward;
- Visiting times;
- Facilities available for them when they visit as well as for the relative / friend;
- Security of personal items;
- Privacy;
- PALS.

Information about treatments, procedures and therapies

- What is the treatment / procedure / therapy?
- Why are they having it giving the risks, benefits and alternatives?
- Will they need to sign a consent form or give verbal consent?
- What does the treatment / procedure / therapy involve, what will it feel like and how long will it last?
- What preparation do they need / not need for it?
- Do they need a general anaesthetic, local anaesthetic or sedation?
- What will happen after the procedure / treatment / therapy?
- Will it affect their everyday activities e.g. driving?
- What will happen when they arrive at the ward / unit and who will they meet?
- Where can they find more information or who can they speak to if they have more questions?

Information about conditions

- What is the condition being described?
- What causes it?
- What could increase the risk of the condition e.g. age?
- What are the signs and symptoms?
- What tests or examinations can be carried out to confirm diagnosis?
- What treatments are available?
- What are the benefits and risks of the treatments and what are the risks of not having treatment?

- What are the side effects?
- What are the implications of the condition
- Where can further information be found or who can people speak to for more information?

Information about particular services

- What is the service;
- Who is eligible to access the service;
- How are people referred to the service;
- When is the service available;
- Is there a waiting list / how long might it take to get an appointment;
- How often will they need to attend the service;
- What will they need to bring to their appointment;
- What happens if they can't make the appointment given;
- Contact details for the service;
- Where is the service and how to get there including maps, public transport routes etc.

Information about medication

- Explain that any information given should be read with information provided by the manufacturer;
- What medication is and what it is used for;
- How is it given;
- How often it should be given;
- What should be avoided when taking the medication e.g. activities like driving or alcohol / particular foods;
- What the possible side effects are;
- Remind people to tell clinicians about all other medication they are taking, any illegal substances they have been or are taking / using and any allergies that they have;
- Storage advice;
- Advice on where to get repeat prescriptions;
- Travel advice e.g. some medication will need a Home Office licence and this takes up to four weeks to obtain.