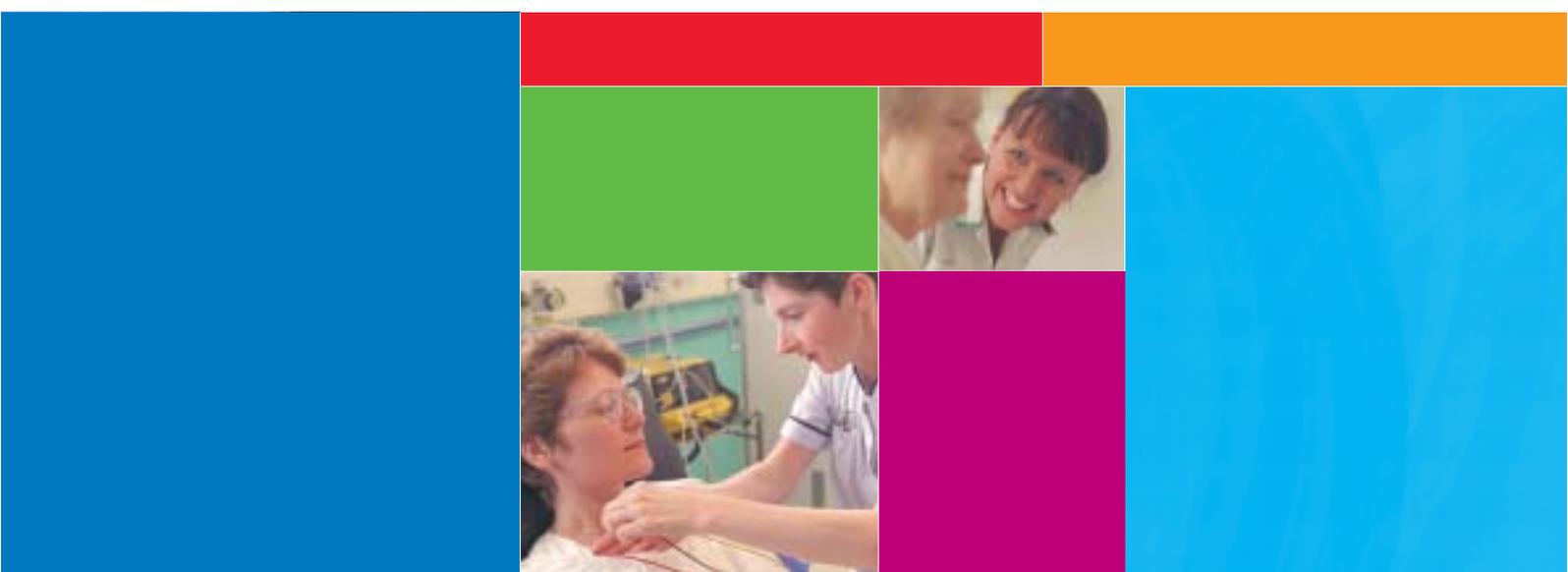


# Toolkit for producing patient information



Version 2.0



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# Section 1

## 1 Introduction

Information is an important part of the patient journey and central to the overall quality of each patient's experience of the NHS. Improving information for patients was a commitment in the NHS Plan (July 2000, chapter 10) and part of the recommendations in the Kennedy Report into the Bristol Royal Infirmary (July 2001, section 2, chapter 23).

We need to improve and monitor the information we provide for patients across the NHS. To achieve this, we have developed a toolkit which includes guidance on how to produce written information for patients and a series of templates. We have designed it to make it easier for the NHS to produce good-quality information for patients and assess how it is used. We have developed the toolkit with the Patient Information Forum (a national group representing people who work in the area of patient information in the NHS and the voluntary sector), the Royal National Institute for the Blind and Plain English Campaign. The Centre for Health Information Quality (CHIQ) assessed the feedback from the consultation on the first edition of the toolkit.

There is more evidence of the importance of information for patients in our Department of Health publication 'Good practice in consent implementation guide' (November 2001, chapter 4).

### The aims of the toolkit

The toolkit should:

- raise the standard of written information for patients, their carers and people who use NHS services to make sure that the material we produce is clear, concise, relevant, accurate and in everyday language, and meets the standards of other large organisations;
- raise the confidence in NHS information for patients, their carers and people who use NHS services as good information allows patients to make choices about their care;
- make it easier for NHS organisations to produce information that takes account of the principles of best practice; and
- make sure information for patients supports our values and communication principles.

### Who is the toolkit for?

The toolkit is for anyone who produces written information for NHS patients, their carers and the public. This may include patient information officers, communication managers, clinical staff and patient advice and liaison services.

It is also for anyone who is responsible for professionally designing or printing written information for patients. Section 2 deals with the specialised aspects of the templates.

### What information are we talking about?

This toolkit deals with written information about conditions, treatments, procedures, examinations, surgery and services. This can be in the form of leaflets, booklets, single sheets or posters. There are practical steps in appendix 1 on writing information for different situations.

This toolkit does not cover information about patients, such as medical or personal information. It is a guide on how to write and produce information for patients, not 'what to write'.

The NHS Learning Zone provides advice on writing letters to patients and some standard templates. You can visit the website at [www.doh.gov.uk/learningzone](http://www.doh.gov.uk/learningzone) for more information. Communication by e-mail should follow the same advice.

Good patient information is important as it can:

- give patients confidence so their overall experience as a patient is improved;
- remind patients what their doctor or nurse told them if, due to stress or unfamiliar language, they forget what they were told;
- allow people to make informed decisions - it gives people time to go away, read the information and think about the issues involved;
- help to make sure patients arrive on time and are properly prepared for procedures or operations; and
- involve patients and their carers in their treatment and condition (research has shown that it can improve the medical outcomes [reference 1] and reduce patient anxiety [reference 2], and that patients want it [reference 3]).

<sup>1</sup> Audit Commission. *What seems to be the matter: Communication between Hospital and Patients*. London. HMSO, 1993.

<sup>2</sup> George CF, Waters WE, Nicholas JA. *Prescription information leaflets: a pilot study in general practice*. Br Med J 1983; 28:1193 – 1196.

<sup>3</sup> Bunker TD. *An information leaflet for surgical patients*. Annuals of the Royal College of Surgeons of England 1983; 65: 242 – 243.

## Who is the information for and do you need to produce it?

This toolkit deals with providing written information for patients, their carers and people who use NHS services, mainly referred to as 'patients' throughout.

You should remember that written information is not always the best form of communication for some people. Not everyone can see, read or understand written information. See appendix 2 for suggestions on other forms of communication for different patient groups.

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

## 2 Our values and purpose

Our values are to:

- improve health;
- provide the best care;
- act professionally;
- work efficiently; and
- treat everybody equally.

Written information for patients needs to support our values and purpose to bring quality and equality to our services.

## 3 Our identity 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, up to date and given to the patient at the appropriate time;
- honest – information should be based on current evidence; and
- respectful – sensitive to cultural needs and all people, avoiding stereotypes.

Visit [www.doh.gov.uk/nhsidentity](http://www.doh.gov.uk/nhsidentity) for full details of the NHS identity policy.

## 4 General guidance on writing information for patients

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

When writing information for patients, try to write from the patient's point of view and put yourself in the place of someone who may have little knowledge of what you are talking about. The exception to this is the 'expert patient' who has a long-term medical condition (see appendix 2).

When writing information for patients, you should remember the following points.

- **Use everyday language.** Avoid jargon and acronyms, and use plain language to make it easier to read. As many as seven million people (roughly one in five adults) in England have difficulties with basic literacy and numeracy, but that does not mean you have to be patronising or use childish language (source: Lord Moser's 1999 report 'A Fresh Start').
- **Use patient-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.
- **Be relevant to individual patients.**
- **Information should be in context** with other information given to patients, for example, letters, leaflets and appointments.
- **Reinforce** the information that patients have been told at the clinic.
- **Avoid instructions.** For example, do not just say 'do not eat anything for six hours before an operation' - explain why.
- **Be helpful.** Help people make decisions by giving them facts about the risks, side effects and benefits.
- **Do not confuse** people by covering several treatments and conditions in the same leaflet.
- **Tell people what other information, resources and support are available.**
- **Be up to date.** Give the most recent practice and latest phone numbers.
- **Let people know if the information is available in other formats,** for example, on audiotape.

To make text more inviting to read, use the following.

- **Short sentences** – in general no more than 15 to 20 words long.
- **Lower-case letters**, where possible, as they are easier to read. Exceptions to this are proper names and the first letter in a sentence.
- **Present and active tenses**, where possible, for example, 'your appointment is on...' not 'your appointment has been made for...'
- **A question and answer format** is helpful to divide up text.
- **Bulleted or numbered points** to divide up complicated information.
- **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.
- **Large bold font** emphasises text. Avoid UPPER CASE letters, italics and underlining as they make the text more difficult to read.
- **Numbers** from one to nine are easier to read if they are written in words, and numbers from 10 can be represented as numbers.
- **A font size** of no less than 12 point (see the print guidelines on page 9).
- **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 and do not print over them. You should not use clip art as it does not add to the reputation of a professional organisation. Visit [www.nhs.uk/syndication/photo.asp](http://www.nhs.uk/syndication/photo.asp) to use the NHS photo library.

See page 9 for more guidance on presenting written information for patients.

## 5 Producing written information for patients

You need to consider the following stages when producing information for patients.

### The planning stage

- How the process will be co-ordinated in your organisation, for example, by a group or an identified individual.
- Agree on a local policy on information for patients with your trust board.
- Identify the need for specific information from patients, carers or clinicians.
- Consider whether information should be given in stages or as part of a series.
- Check what other relevant information already exists in the organisation, or from other outside sources such as NHS Direct ([www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)) or charitable organisations.
- Consider how the leaflet will be distributed. Will it be available on a rack (general services), handed to the patient, or posted or e-mailed to the patient? Also, which organisation, primary care trust, acute trust, nursing home or mental-health trust takes responsibility for this?
- 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.

### The writing stage

- Produce a first draft. Check it against this guidance.
- Consult clinicians, experts, service managers, support groups, patients and anyone else who is interested as part of the editorial process. Always give a deadline for comments to be returned.
- Check that information does not conflict with other existing information, for example, appointment letters and other partners in the NHS.
- Check any contact phone 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'.

### The consultation stage

- Ask patients to assess the information. You can do this through patient groups and it is a valuable part of the editorial process.
- Give a final draft to everyone who is interested and set a short deadline for them to respond.

### The printing and distribution stage

- When it comes to the final editing, date the leaflet, choose the template (see section 2) and send it to the printer. Then 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.
- Review and update the information regularly.
- Make sure patients receive information at an appropriate time, not half an hour before a procedure or when they are in shock. Give the patient or carer (or both) time to think about what is going to happen or make plans.
- Finally, monitor how the information is used. For example, is it handed out and, if so, by whom? Are they picked up and used for the intended purpose?

## 6 Presenting written information for patients

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

If you do not have internal designers, you can use professional designers or printers who may offer design as part of their service. To help you design your material, we have produced templates for you to use if you want to. Your printer can easily set your supplied text in one of the templates set out in section 2.

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.

### Supplying text and images

- You should supply the text as a Microsoft Word document or similar electronic file with a corresponding print-out.
- Make sure that the text has been completely approved internally first 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 your NHS logotype. Contact your communications manager to get the correct original artwork for your organisation's logotype.

### 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 (see section 2).
- The weight of paper should be 130 to 150 grams per square metre (gsm).
- Ideally, the paper should be matt to prevent light reflecting off it.

## Briefing on layout and design

Make sure your designer or printer follows the NHS identity guidelines, whether or not you use our templates. All our information must be clearly identified as coming from us, with our logo on the front cover. This will make it easier for the patient to recognise what is and isn't part of the NHS.

Your printer should apply the following principles to all documents, not just those for people with sight difficulties. A large number of patients using the NHS will be older people, and clear, legible print with the lines well spaced will make documents easier to read.

- The font size should be between 12 point (minimum) and 14 point. However, if you are providing information for elderly people or people with sight difficulties, you should always use 14 point or larger.
- Use a medium-weight, sans serif typeface, for example, Frutiger Roman. If this is not available within your organisation, use Arial instead.
- 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.
- Justify the 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 and do not have too much text on the page.
- Make sure that headings are clear.

## Consistent features

### Front cover

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

### Back cover

- Website address
- Date of publication
- Leaflet code
- Copyright note of organisation

## 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.

## 7 Support and resources

Extra support and resources include the following.

- NHS Direct Online ([www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)) 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](http://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](http://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 produce 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 pressure group fighting for public information to be written in plain English. Visit their website at [www.plainenglish.co.uk](http://www.plainenglish.co.uk) for details about them and 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](http://www.rnib.org.uk)).

## Appendix 1

This section provides practical advice on writing information for different situations. Information should be current and evidence-based.

The following checklists give a list of subheadings that you should consider when putting a leaflet or booklet together. These are not a complete checklist and some things may not be appropriate for certain information leaflets, for example, some procedures do not involve any sort of anaesthetic. However, it will probably be relevant in most cases.

### 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 information about conditions and treatments

- What is the leaflet 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 writing 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, a leaflet about transport might start with how to book it, with a phone number.
- Who is eligible?
- Details of how to access the service.
- Is equipment or special clothing needed?
- Where to go for it.
- How to find it.
- Are maps needed?
- 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.
- 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 writing information about medication for patients

- Explain that any information that is 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 Direct) for more information and to check on any concerns about side effects.

## Appendix 2

This section gives some general advice on writing information for different patient groups. Bearing in mind that all patients should have equal access to services (Disability Discrimination Act 1999), information may need to be presented differently in different formats.

- **Patients who are elderly**  
Use clear large print, at least 14 point or larger. Do not use patronising 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.
- **Patients with learning difficulties**  
The text needs to be simplified a little, using more symbols and pictures. Use audiotapes and videos. Consult support groups and individuals.
- **Patients with hearing difficulties**  
Use written information.  
Use carers, textphones or British Sign Language interpreters.
- **Patients with sight difficulties**  
Use large bold print, at least 14 point or larger.  
Use audiotapes, 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 (audiotapes, videos and interpreters).
- **Patients who have reading problems**  
Use audiotapes and videos.
- **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.

## Section 2

This section provides information on the templates. If you want to use the templates in-house, you need to have Mac or PC versions of Quark Xpress.

If you are going to use the templates, you should consult our NHS identity website at [www.doh.gov.uk/nhsidentity](http://www.doh.gov.uk/nhsidentity) where more in-depth information is available.

### The templates

#### Introduction

We have designed a range of templates to help you produce consistent, high-quality information for patients. These have been produced using actual examples of patient information, taken from a number of NHS trusts around the country. They meet the guidelines of the Royal National Institute for the Blind and the NHS corporate identity.

The range of templates is limited to five standard formats which are illustrated and explained on the following pages. To make sure that the templates are compatible with all printers and to guarantee, as far as possible, good-quality results, they have been designed to be used with Quark Xpress software, which is the industry standard in design for print. They are not produced in Word because it is not a design package. The format which is best for you will depend on what you want to communicate and the financial resources that are available.

## Formats

Templates are available in the following formats.

### A4 one-page poster

(You can get this poster in one colour, two colours or four colours.)

It is suitable for up to 200 words in 12-point typeface.



## A4 four-page leaflet

(You can get this leaflet in one colour, two colours or four colours.)

It is suitable for up to 700 words in 12-point typeface. You can add extra pages to this leaflet to include extra words. The format of these pages should follow that of the centre pages.



This is the first page of a four-page leaflet. It features a header with the Liverpool Central West Primary Care Group logo and the NHS logo. The main heading is "So, What Happens Next?". The text explains the purpose of the draft Health Improvement Programme and invites community input. It includes contact information for the primary care group and a website link. The page is decorated with a colorful bar at the top and a collage of photos showing healthcare professionals and patients.

Liverpool Central West Primary Care Group NHS

### So, What Happens Next?

We want to inform people about this draft Health Improvement Programme, so that if will change and develop in response to local views and needs:

We will be looking at different ways of discussing how to improve health with communities and others, other than just in written form.

We want to seek towards finding the best ways of involving those who are interested in working with us to plan services.

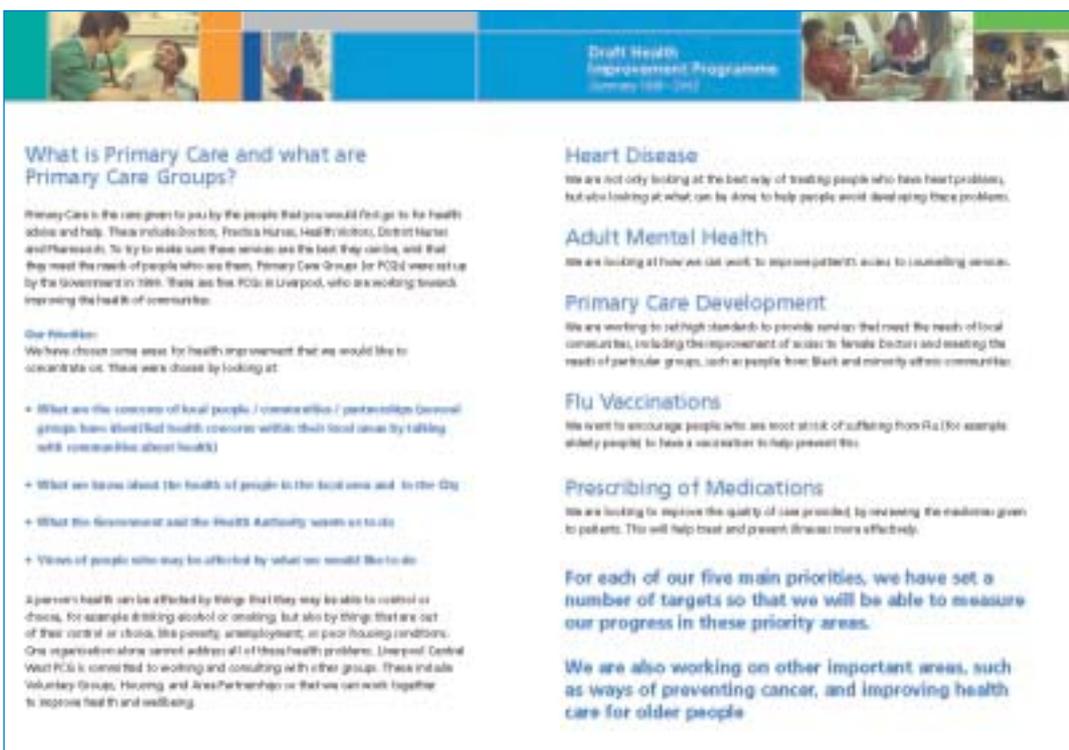
### Have your say:

This leaflet is a summary version of our Health Improvement Programme (Draft). If you would like a full copy of this, or would like to comment on it, please contact us at:

Liverpool Central West Primary Care Group Bigham Road Medical Centre, Bigham Road, Kensington, Liverpool L6 8DW  
Tel: (0151) 282 7640  
Email: [yvonne.ruggeri@liverpool-ha.nhs.uk](mailto:yvonne.ruggeri@liverpool-ha.nhs.uk)

This leaflet was partly funded by Liverpool Health Action Zone and Liverpool Central West Primary Care Group

[www.liverpool-ha.nhs.uk](http://www.liverpool-ha.nhs.uk)



This is the second page of a four-page leaflet. It features a header with the Liverpool Central West Primary Care Group logo and the NHS logo. The main heading is "What is Primary Care and what are Primary Care Groups?". The text explains the role of primary care and lists five main priorities: Heart Disease, Adult Mental Health, Primary Care Development, Flu Vaccinations, and Prescribing of Medications. It also includes a section on "Our Priorities" and a section on "For each of our five main priorities, we have set a number of targets so that we will be able to measure our progress in these priority areas." The page is decorated with a colorful bar at the top and a collage of photos showing healthcare professionals and patients.

### What is Primary Care and what are Primary Care Groups?

Primary Care is the care given to you by the people that you would first go to for health advice and help. These include Doctors, Practice Nurses, Health Visitors, District Nurses and Pharmacists. To try to make sure these services are the best they can be, and that they meet the needs of people who use them, Primary Care Groups for PCGs were set up by the Government in 1991. There are five PCGs in Liverpool, who are working towards improving the health of our patients.

### Our Priorities:

We have chosen some areas for health improvement that we would like to concentrate on. These were chosen by looking at:

- What are the concerns of local people / carers / patients / GP General groups have about their health concerns within their local areas by talking with communities about health?
- What we know about the health of people in the local area and in the City
- What the Government and the Health Authority wants us to do
- Views of people who may be affected by what we would like to do

A person's health can be affected by things that they may be able to control or change, for example drinking alcohol or smoking, but also by things that are out of their control or choice, like poverty, unemployment, or poor housing conditions. Our objectives are to address all of these health problems. Liverpool Central West PCG is committed to working and consulting with other groups. These include Voluntary Groups, Housing and Area Partnership or that we can work together to improve health and wellbeing.

### Heart Disease

We are not only looking at the best way of treating people who have heart problems, but also looking at what can be done to help people avoid developing these problems.

### Adult Mental Health

We are looking at how we can work to improve patient's access to counselling services.

### Primary Care Development

We are working to set high standards to provide services that meet the needs of local communities, including the improvement of access to female doctors and meeting the needs of particular groups, such as people from Black and minority ethnic communities.

### Flu Vaccinations

We want to encourage people who are most at risk of suffering from flu (for example elderly people) to have a vaccination to help prevent flu.

### Prescribing of Medications

We are looking to improve the quality of care provided by reviewing the medicines given to patients. This will help treat and prevent illness more effectively.

For each of our five main priorities, we have set a number of targets so that we will be able to measure our progress in these priority areas.

We are also working on other important areas, such as ways of preventing cancer, and improving health care for older people.

## A5 four-page leaflet

(You can get this leaflet in one colour, two colours or four colours.)

It is suitable for up to 500 words in 12-point typeface. You can add extra pages to this leaflet to include extra words. The format of these pages should follow that of the centre pages.

Central Liverpool NHS Primary Care Trust

### Repeat Prescriptions

Advice to patients

**Did you know that....?**

- Many patients do not tell their doctor when they have stopped taking a medication on their Repeat Prescription slip.
- This can result in stockpiling of medication at home. Do not keep supplies of old medicines. Take any unwanted medication to your local pharmacy where it can be destroyed safely.
- Unwanted medicines worth hundreds of thousands of pounds are returned to pharmacies throughout Liverpool for destruction. These medicines cannot be re-used.
- You can help avoid wastage by only asking for the medicines you need.
- Don't worry - items you don't ask for won't be permanently removed from your prescription. Only your Doctor can authorize an item to be removed from the practice computer system.
- Your repeat/request slip will still be a full list of your regular medication even if you don't order all the items every time.

Repeat Prescription Request Slip  
 Submit to:

www.nhs.uk/anywhere

On your Repeat Request Slip, only enter the items you need this time.

### Repeat Prescriptions

Please help us to help you by following this advice:

- Always use the bar code Repeat Request Slip from your last prescription to order your next prescription.
- Try not to make hand written requests. They may be difficult for the surgery staff to read and you may miss out some important details about your medication.
- Don't leave it until the last minute to ask for a repeat prescription. Allow two working days for us to post your prescription and the doctor to check and sign it.
- On your Repeat Request Slip, only enter the items you need this time. Do this by putting a tick or a cross in the box next to them. If you do not need them this time leave the box blank.
- Check your prescription is correct when you receive it and that all items you require have been issued.
- Your doctor may give you a repeat item for a few months before they want to see you to review your medicines. Take note of when your repeats run out. This usually appears as the number of repeats left or as a date.
- When you have received your last repeat your doctor may ask to see you before giving you any more prescriptions. This allows you to ask any questions you may have about your medicines.
- If you have recently been in hospital your medication may have been changed. The hospital will give you a list of medication that you take when you get home. Make sure that you show this list to the surgery when you ask for your next repeat prescription.
- If you think that you should stop taking a repeat medication, speak to your doctor first.

Check your prescription is correct when you receive it

Allow two working days for us to post your prescription

## DL six-page leaflet

(You can get this leaflet in one colour, two colours or four colours.)

It is suitable for up to 850 words in 12-point typeface.

- The nurse may need to clear saliva from your mouth with suction.
- Sometimes oxygen is given if necessary.
- The examination lasts about 15 minutes.
- Afterwards the gastroscopy is removed quickly and easily.

**After the examination**

- You should rest for at least 30 minutes.
- **If you had a sedative injection** you may be able to eat and drink as soon as you feel able.
- **If you had the local anaesthetic throat spray** you may eat and drink as soon as your swallowing reflex is back to normal (usually after about 20 minutes).
- The doctor will speak to you before you go home and tell you what they have seen. Any biopsy results will take longer.
- A letter will be sent to your GP with the results.

**Going home**

- **If you had the sedative injection** you must have a responsible friend or relative to take you home and stay with you for 24 hours. You must not drive, drink alcohol or operate machinery (including the kettle) for 24 hours following the sedative.

- **If you had the throat spray local anaesthetic** you may drive or operate machinery as normal.
- You may have a mild sore throat, but this will pass and is nothing to worry about.
- You may feel a little bloated from some air left in the stomach. Again this will pass, and you should not need to take any medicine.
- You can eat and drink as normal.

**Are there any risks?**

This examination is very safe. Just occasionally a problem can occur, for example:

**Perforation** - that is a little tear in the wall of the gullet or stomach. This may not need treating at all or it may require repairing with surgery in which case you will need to stay in hospital.

**Any further questions?**

Please phone us and we will be happy to help.

Contact nurse 020 7288 5486  
(Monday - Friday 9am - 5pm)  
www.nhs.uk/anywhere

Date of publication: 07/2016  
Next scheduled review: 04/2018

The Whittington Hospital   
M20 Trust

Department of  
Gastroenterology  
**Gastroscopy**



This information leaflet is for patients who are having a gastroscopy examination. It tells you what is involved, what to expect and any significant risks there may be.

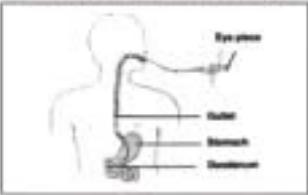
Your appointment is

on \_\_\_\_\_

at \_\_\_\_\_

**What is a gastroscopy?**

- It is an examination of the upper part of your digestive system, the gullet, the stomach and the duodenum (the first bend of your intestine). See the diagram.



- A long, thin flexible tube with a light on the end (a gastroscopy) is passed through the mouth into the stomach. This allows the doctor to see what might be causing your problem.

**Preparation for the examination**

- For this examination to be successful and for the doctor to have a clear view, your stomach must be empty.
- **So it is important to have nothing to eat for 6 hours before your test. You may drink clear water up until 2 hours before your appointment.**

- If you have **diabetes** you will be given specific instructions.
- You can continue to take any medicine you need.
- Please bring any tablets or medicines that you are taking with you (in their containers).

**On arrival at the hospital**

- Please go straight to the endoscopy unit, level 5 in the orange zone. A nurse will meet you there and check your blood pressure and pulse and answer any questions you may have.
- **If you are allergic to any medication, please let the nurse know.**
- Please do not hesitate to ask any questions you may have.

**What does the examination involve**

- The doctor will explain the procedure and ask you to sign the consent form to confirm that you understand the test and agree to go ahead with it.
- You will be asked to remove any spectacles, contact lenses and dentures (if you have them), they will be kept safely.
- The nurse will stay with you throughout the examination.

**After a discussion with the doctor you will have:**

- A local anaesthetic spray (numbing) on the back of your throat.
- Or if you have decided to have the sedation, an injection of sedative into a vein in your hand, to make you relaxed. This may make you sleepy too, but for most patients it induces sleep after the examination, making it a hazy memory.
- or both the above.

**Then:**

- While you are lying comfortably on your side, a small mouthpiece will be placed in your mouth and the doctor will pass a small flexible tube (the gastroscopy) through it into your stomach. This is uncomfortable but not painful, and it will not make breathing difficult.
- Some air will be passed into the stomach to expand it so that the lining can be seen more clearly. This air is sucked out at the end of the examination.
- A biopsy (a small sample of the stomach lining) may be taken during the examination to be sent to the laboratory for more tests. You cannot feel this being done.

**If you are allergic to any medication, please let the nurse know.**

**So it is important to have nothing to eat for 6 hours before your test. You may drink clear water up until 2 hours before your appointment.**



## DL eight-page leaflet

(You can get this leaflet in one colour, two colours or four colours.)

It is suitable for up to 1200 words in 12-point typeface.

**After the examination**

- You should rest for at least 30 minutes.
- If you had a sedative injection you may be able to eat and drink as soon as you feel able.
- If you had the local anaesthetic throat spray you may eat and drink as soon as your swallowing reflex is back to normal, (usually after about 20 minutes).
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**Going home**

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**If you had the throat spray local anaesthetic** you may drive or operate machinery as normal.

**You may have a mild sore throat, but this will pass and is nothing to worry about.**

**You may feel a little bloated from some air left in the stomach. Again this will pass, and you should not need to take any medicine.**

**You can eat and drink as normal.**

**Any further questions?**  
Please phone us and we will be happy to help.  
Contact name: 029 2088 5484  
(Monday - Friday 9am - 5pm)

**Are there any risks?**  
This examination is very safe. Just occasionally a problem can occur, for example:  
**Perforation** - that is a little tear in the wall of the gullet or stomach. This may not need treating at all or it may require repairing with surgery in which case you will need to stay in hospital.

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The Whittington Hospital **NHS**  
Med Trust

**Department of Gastroenterology**  
**Gastroscopy**



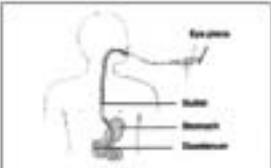
This information leaflet is for patients who are having a gastroscopy examination. It tells you what to expect, what to expect and any significant risks there may be.

Your appointment is  
on \_\_\_\_\_  
at \_\_\_\_\_



**What is a gastroscopy?**

- It is an examination of the upper part of your digestive system, the gullet, the stomach and the duodenum (the first bend of your intestine). See the diagram.



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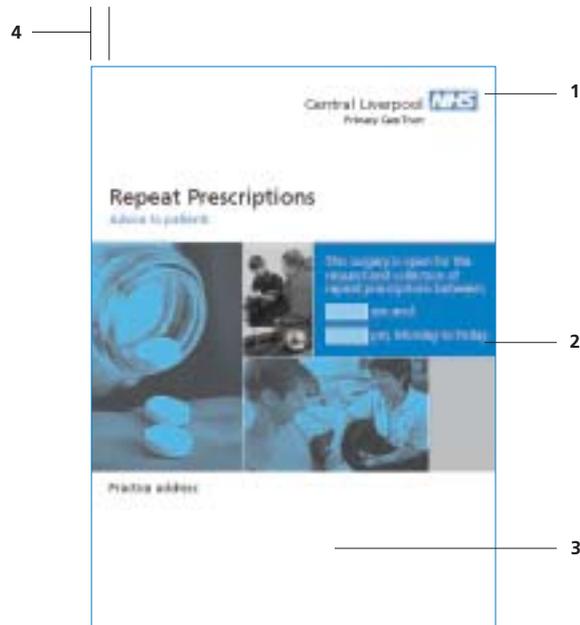
**If you are allergic to any medication, please let the nurse know.**

**So it is important to have nothing to eat for 6 hours before your test. You may drink clear water up until 2 hours before your appointment.**



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