Framework for best practice

The production and use of health information for the public
Framework for best practice
Background
1. Introduction

1.1 This Framework is intended to provide guidance for those involved in the production and use of health information for the public in Wales. The Framework is designed to encourage good practice amongst healthcare professionals and to facilitate future development in the field.

1.2 In the Better Health Better Wales consultation document, the clinical governance consultation document, Clinical Governance – Developing a Strategic Approach and the NHS Plan for Wales Improving Health in Wales there is a clear commitment to developing better and more user-friendly information on health issues. This emphasis on improving the quality of health information is central to the Welsh Assembly Government’s vision of protecting and improving health through better communications, meaningful public involvement and a patient-centred National Health Service (NHS).

1.3 It is essential that everyone has access to accurate, relevant, up-to-date health information. It enables people to actively participate in decisions about their own health and well being and helps tackle health inequalities. Good quality health information helps individuals to make informed choices regarding their health and to develop effective partnerships with healthcare professionals. This in turn contributes to the reduction of health inequalities and facilitates more effective use of finite resources.

2. Aims and objectives

2.1 The aims and objectives of this Framework are:

- to guide planning by providing a framework for best practice and information on practical resources;
- to encourage the development and implementation of health information policy;
- to inform health care professionals from statutory, independent and voluntary sectors;
- to facilitate the development of good practice in the field.
3. Key stakeholders

3.1 There are a number of key stakeholders in the provision of health information for the public:

- the public, advocacy and support groups
- NHS managers involved in quality and clinical governance
- health care professionals
- policy makers and influencers
- royal colleges and professional bodies
- academia
- information professionals
- voluntary sector
- local authorities
- education
- commercial sector
- media.

The target audience for this document is everyone who is involved in the production and provision of health information for the public in Wales.

4. Definition and role of consumer health information

4.1 Consumer health information can be broadly defined as any information that enables individuals or their relatives or carers to make informed decisions regarding health. These decisions may centre around health promoting practices, keeping well, self-treatment or seeking advice and treatment. More specifically, health information can inform people about good health, self-care, specific conditions, screening, treatment options, access to services, what they offer and how they perform.

4.2 Health information for the public is provided by various agencies including the government, the NHS, community services, commercial organisations, the voluntary sector, special interest groups and academic institutions. In addition, information on health issues is frequently obtained from the media (TV, radio, newspapers and magazines) as well as from family and friends.
4.3 The purpose of providing health information will differ according to the producer. Health information can promote autonomy and self-esteem through improved awareness of health-related issues, access to services, illness and disease management, treatment, prevention and screening. Evidence suggests that health information material is central to individuals’ active involvement in decision-making which in turn can increase the effectiveness of treatment. In addition, health information can fulfil a ‘utilitarian’ role, resulting in more appropriate use of finite resources.

4.4 A study was carried out on how health professionals regarded and used various health education leaflets. Findings from this study suggested that respondents believed health information was more likely to be effective if it was used to support or reinforce one-to-one advice from a health professional. Subsequent studies conclude that unsolicited information posted to patients has little influence on reducing consultations. These subsequent studies do not consider variables such as quality of the material, timeliness and setting, neither do they evaluate outcomes like patient autonomy and self-esteem. The results suggest that health information, whether it is printed or accessed via the telephone or electronically, needs to be part of a multifaceted approach in order to be useful.

4.5 The implications for information producers and providers is that whilst the content and presentation of information are key issues, careful consideration must also be given to the context and method of information-giving, and training may be required on these issues.

5. Current health information policy in Wales

5.1 Better Health Better Wales highlights the escalating developments in communications technologies. In particular, it examines the role of new technology media and the telephone in providing health information for the public. This is exemplified by a significant rise in the number of local and national websites, databases and telephone information services now available, for example HOWIS. Other examples include the NHS Direct Wales health information and advice service, which was introduced in Wales in 2000. The continuing rapid growth in consumer health information provision demonstrates the need for a strategic approach which will ensure equity of access and quality, while also recognising the importance of local variations.
5.2 This Framework follows on from a review of consumer health information undertaken for the Welsh Office in 1998. The review included recommendations for the development of a strategic framework and provided a foundation for the ongoing development of health information provision.

5.3 An audit of printed consumer health information materials produced by the Welsh Assembly Government during the 1999-2000 financial year has been carried out. A sample of the material was evaluated by groups of intermediary users (health professionals) and end users (the public). Two key findings emerged from the study:

- evaluation of materials by professionals was ad-hoc and based on personal judgement, rather than the use of formal evaluation tools;
- health professionals’ views did not always concur with the views of the end users.

These findings identify the need for a framework to aid the development of best practice in the field of health information for the public.

6. Health information developments across the UK and Europe

6.1 In England, the National Information Partnership has been established as part of the new English NHS information strategy Information for Health⁹ to promote the use of effective health information through partnership working. In Wales, Better Information – Better Health¹⁰ is the Welsh Assembly Government’s strategic framework for the collection and provision of health information. The document is underpinned by the principles of the White Paper Putting Patients First¹¹, which outlines the Government’s plans for modernising the NHS; Better Health Better Wales¹ which proposes a partnership approach to tackling ill health, and Quality Care and Clinical Excellence¹² which demonstrates the need for improved standards of care and clinical practice.

6.2 The Department of Health and Children in Ireland produced the consultation document Information for Action¹³ in July 2001 which sets out the National Health Information Strategy for 2002-2009. The document takes an inclusive approach to the term ‘health information’, defining it as ‘any health-related data that can be used to help reach a more informed decision about a health-
related matter, whether at the personal, professional or policy level’.

6.3 The Health Education Board for Scotland (HEBS) is in the process of conducting a needs assessment for the development of health information materials for the public. Proposals have also been made for a corporate/strategic approach to publications.

6.4 There are also examples of local initiatives where trusts have set up their own guidelines for producing and monitoring consumer health information (see paragraph 18 – Examples of good practice in Wales). This can be a means of ensuring consistency of quality, sharing information and avoiding duplication.

6.5 On an international level, policy relating to health information provision is increasingly regarded as a key priority. For example, the European Commission has carried out a review of the public health framework, Communication on the Development of Public Health Policy, an element of which considers how access to health information and health advisory services can be assured on a community-wide basis.

6.6 A European study, Towards European Accreditation and Certification of telematics services in health – TEAC-Health, has recommended ways of regulating and certifying health informatics (all forms of automated information systems relating to health care). There are a number of initiatives which promote voluntary codes of conduct, but these are not externally verified at present and are therefore potentially subject to the same sort of manipulation as the information which they set out to regulate. The need for quality criteria for health-related websites has also been identified by eEurope 2002 (see paragraph 15.2 – Web-based information – useful resources).
7. Developing health information for the public

7.1 There has been a rapid increase in the amount of health information available to the public, particularly via the Internet. The information is provided by a variety of agencies and organisations and the quality is highly variable. There is an obvious need to implement guidelines which will govern the provision of consumer health information. It also highlights the requirement for greater awareness and use of evaluation tools amongst health professionals to enable them to assess the quality of health information.

7.2 Much work has been carried out in the UK and beyond on the principles of developing and evaluating good quality health information. This has been undertaken by organisations such as the King’s Fund, the Centre for Health Information Quality (CHiQ), the Health Education Board for Scotland (HEBS) and the Appraisal of Guidelines Research Evaluation (AGREE) Collaboration (see paragraph 17 – Organisations and links). There is general agreement that good quality health information should:

- clearly state its aims;
- be relevant;
- be accurate;
- be accessible, comprehensible and acceptable to its audience;
- help people to identify further sources of information and support;
- help users to judge how reliable the information is.\(^\text{16}\)

The following section, Guidance on best practice, advises on how to achieve this.
Guidance on best practice
8. Key elements of best practice

8.1 This section provides an outline of the development and use of consumer health information. For further information, see section 3 – Useful information and resources.

8.2 If the aim of providing good quality information on health is to become a reality, guidelines on the development and use of such information must be established amongst information providers in Wales (see paragraph 18 – Examples of good practice in Wales).

8.3 Evaluation should be integrated into the entire development process and will involve getting continual feedback from the target audience and intermediary users.

8.4 The key elements of best practice relating to the planning and production of health information are set out below:

[Diagram of a framework showing the key elements of best practice, including Identify needs, Continuous evaluation, Develop and pilot, and Disseminate and use.]

Framework for best practice
9. Purpose

9.1 Why do we need the information?
The purpose of the health information must be clear and explicit. The usefulness and quality of health information cannot be assessed unless the reason for it has been identified.

9.2 Checks must be made to ensure that the information has not already been produced and that there is no-one else better placed to provide it.

10. Identify needs

10.1 Who needs the health information?
It is as important to be clear about the target group as it is about the purpose of the information. The information format, the content and the method of dissemination will be determined by the target audience’s needs.

10.2 The general public, information services, and health professionals are some of the groups who need information to facilitate informed decisions about individual health, whether for themselves, their family or the person they are caring for or advising.

10.3 If more than one user-group is identified as the target for the information, care must be taken to ensure that the content and the presentation will be appropriate and in formats acceptable to all.

10.4 What health information is needed?
Health information for the public should reflect the client group’s perceived needs. The target audience must be consulted to ascertain what it wants, needs and already knows. Information should be evidence-based, unbiased and presented in an accessible format. (See ‘ScHARR’, paragraph 17 – Organisations and links, for more information on evidence-based health information.)

10.5 How to reach users - choosing the medium
The means of communicating health information are varied and strongly linked to users’ preferences and the setting in which the health information will be used. Information providers need to think creatively about accessing hard-to-reach groups. Innovative approaches will be necessary to successfully target groups such as
10.6 When providing health information it will sometimes be beneficial to use a range of information media (telephone, print, web, audio and so on) which complement each other to ensure good access and best use of information.

**Identifying needs**

- who needs the information?
- what are the client group’s perceived information needs?
- how to reach users; how do users access the information?

11. Development

11.1 Content, presentation and method of dissemination will be determined by the target audience. These factors apply whether the health information is generated ‘in-house’ or developed elsewhere.

11.2 Commercial sector information is increasingly used as a cost-effective way of providing health information. Systematic evaluation must be carried out to assess if the promotional dimension dominates or obscures any health message. (See paragraphs 15.2, 15.4 and 15.6 for details of evaluation tools.)

11.3 **Content and currency**

Accuracy is a cornerstone of good quality health information so it is essential that information is based on thorough research and sound evidence. Signposting to further information and support will help to give a balanced picture, without overloading the reader with too much information.

11.4 Accuracy also depends on regular evaluation and updating by health specialists. Health advice and recommendations are subject to continuous change, new thinking and innovative research which need to be reflected in consumer health information. By giving the date that the information was produced and its source, the user can assess the information’s currency.
11.5 Language
Clear and simple language suited to the target group is fundamental to effective communication. Furthermore, the style and tone of language will influence the users’ understanding of the information and its perceived relevance to them. (See paragraph 17 – Plain English Campaign.)

11.6 It is important that consumer health information reflects the multilingual nature of our communities in Wales. Providers of health information to people in Wales must also take into consideration the requirements of the Welsh Language Act 1993. Effective information providers will strive to implement a system of best practice, to be continually updated, rather than applying minimum standards to comply with the Act.

11.7 Cultural and legal context
In providing health information, consideration must be given to all potential users in the target audience, including ethnic minority groups, people with disabilities and those whose first language is not English. This is not simply a language issue – it has implications for the presentation of information, its format and the channels of distribution.

11.8 A sensitive approach must be taken regarding cultural differences. Some cultures may be unfamiliar with the concept of taking positive steps to maintain good health, whilst other cultures may have inhibitions around certain subjects, for example representations of the body. Care must be taken to ensure that the information is not offensive or unacceptable. Alternatives to printed information (which may be mistrusted unless it emanates from within the community) should be considered.

11.9 The Disability & Discrimination Act 1995 states that service providers must make reasonable adjustments to overcome barriers faced by people with a disability of some kind such as partially sighted users or people with hearing impairment, as well as those with learning disabilities. As with the Welsh Language Act, effective information providers will strive to implement a system of best practice, rather than applying minimum standards to comply with the Act.
11.10 **Presentation**
Both content and design will influence the responses to health messages. Effective presentation where content and design interact will produce a beneficial ‘combined effect’ and will have a greater impact than either element in isolation. Similarly, information provided via the telephone needs to take account of key issues such as active listening, effective questioning, needs assessment and boundaries. (See paragraph 15.6 – Telephone Helplines Association.)

11.11 Although the presentational aspects are of great importance, they are often overlooked in the pursuit of the ‘correct’ words. If the words are not presented or delivered in a manner which suits the user group, the health information message will not be communicated. (See paragraph 15.2 – Bobby, World Wide Web Consortium, 15.4 – DISCERN, paragraph 15.6 – Telephone Helplines Association.)

11.12 ‘User-friendly’ presentation of web-based and printed consumer health information requires design that is relevant to the target groups’ needs. Aspects such as format, use of colour and appropriate imagery are instrumental in making the information accessible. Other design factors include the arrangement of information and spacing, good use of typography and sensory factors. Websites are not simply an alternative printing press and consideration should be given to the availability of internet facilities, as well as users’ ability to access a website and to ‘navigate’. (See paragraph 15.2 – Web-based information.)

11.13 Consideration should also be given to the way the information will be used, for example is it likely that the user will want to refer to the information frequently? If they need to refer to it more than once, there are implications for access, for example electronic media are not easily accessible by certain groups.

11.14 **Consumer involvement**
As highlighted earlier, it is essential to ensure that the health information is in tune with the end users’ information needs. The only way to establish this is to involve consumers throughout the process. (See paragraph 16 – College of Health; paragraph 17 – CHiQ, Consumers in NHS Research Support Unit, Kings Fund.) All health information for general public use needs to be piloted with the target audience to ensure it is appropriate. The methods of working and the planning schedule may need adjusting to reflect this. Sufficient
resources should be allowed for this to take place and the method of piloting needs to be appropriate for the topic and context.

11.15 There are several other powerful arguments for consumer involvement such as making communication more effective; making the process of producing or selecting an information resource easier; making effective use of scarce resources.

**Development**

- content and language
- cultural and special group needs
- presentation
- consumer involvement and piloting

### 12. Dissemination and use

12.1 Dissemination means more than compiling a mailing list. In order to ensure effective use of information, careful planning must take place regarding the way it is used, by whom and for what purpose. These elements will have significant implications for the training and professional development of intermediary users. Research\(^6\) has identified the highly variable nature of current practice, varying from the ‘stacks in racks’ approach, to the use of information as part of a professional ‘toolkit’. The evidence base suggests that the latter is more effective, the former is less so.

12.2 If consumer health information is to be used in conjunction with other information, consideration must be given to ensure that the message is consistent across the information sources, and if there are differences, these need to be explained.

12.3 Targeted dissemination systems must be in place across organisations to check that the process for reaching the target groups is effective. The process must be reviewed regularly to ensure that systems are updated.
Dissemination and use

- early planning of dissemination incorporating training
- consistency of message
- regular review of dissemination and distribution systems

13. Review

13.1 The review process must not be confused with pre-testing and piloting which clearly belong to the developmental phase. The review process must seek to establish whether the health information was understood and acted upon – was the purpose achieved?

13.2 The most valuable way of assessing the effectiveness of health information is to ask the target groups and their intermediaries. Be prepared for there to be disparity of views, both within and between groups. From this, the information provider can gain useful insight into how best to address the information needs of the end users. Professionals cannot assume that they know what will work.

13.3 The scale of the review process should be appropriate for the size and budget of the health information being assessed. The type of review will depend on the purpose and needs identified at the outset (see paragraphs 9 and 10). It may take a qualitative or quantitative approach, or be a combination of both. In any event, the process will:

- consult target audience and intermediary users;
- identify what’s effective (or ineffective) and why;
- disseminate findings;
- inform future planning and policy.

Review

- consumer satisfaction and feedback
- appropriate impact monitoring
- inform feedback process
14.1 In order to provide better and more user-friendly information on health, all organisations involved in its production and use need to implement guidelines which ensure that it is useful, relevant and understood by the consumer.

14.2 For consumer health information to be useful, it is important to recognise that people want accurate and up-to-date information on a wide range of health-related topics. The information must be credible, balanced, and based on sound evidence. Systematic evaluation of health information using appropriate tools can ensure that the quality of information provision is consistent.

14.3 The role of the consumer should not be underestimated in the process of health information provision. To be effective, thorough and meaningful consultation must be an integral part of the entire process.

14.4 The health professional is a key stakeholder in the provision of consumer health information. Training and development of health professionals must be an ongoing priority in order to provide a high quality service.
Useful information and resources
This section provides useful information, resources and tools for producing web-based, printed and telephone health information.

15. Tools and guides

15.1 Web-based information - benchmarks

- **purpose** - be clear about the purpose of the website, is it to provide details of available services or information on specific health topics?

- **home page** - this should contain essential information such as contact details and emergency advice (if appropriate)

- **users’ perspective** - take care to ensure that information is presented from the users’ perspective

- **simplicity** - the design of a website should be simple and the language jargon-free

- **currency** - ensure that the website is updated regularly and that the date of the last update is clearly indicated
15.2 Web-based information - useful resources

- **Bobby**
  www.cast.org/bobby

  Programme that can check web pages for accessibility and compliance with the Web Accessibility Initiative (WAI) guidelines. It can also check for compatibility with various browsers and browser versions.

- **BMA Patient Information Award (PIA)**
  www.library.bma.org.uk/html/patinfox.html
  Tel: 020 7383 6060

  Provides information on appraisal process, criteria and checklist for web-based and printed entries to the British Medical Association Patient Information Award. Also gives details of past winners of the award.

- **Department of Health (DoH)**
  www.doh.gov.uk/nhsidentity/index.htm
  Tel: 020 7972 1698/5261/5250 – NHS branding policy team

  This website contains the NHS identity policy, as well as guidelines on producing web-based and printed materials and information on working with hard-to-reach groups.

- **DISCERN**
  www.discern.org.uk

  A useful tool for assessing a broad range of web-based and printed consumer health information. Also provides a guide for information producers on the standards that consumers expect from health information. The DISCERN handbook can be obtained from: Radcliffe Medical Press Ltd, 18 Marcham Road, Abingdon, Oxford OX14 1AA.

- **eEurope 2002 Action Plan**
  www.europa.eu.int/information_society/eeurope/ehealth/index_en.htm

  Focuses on utilising the power of information technologies in the health sector. Provides information on identification and dissemination of best practice and the joint development of relevant benchmarking criteria for eHealth.
• **Information Quality (IQ) Tool**
  http://hitiweb.mitretek.org/iq/

An interactive appraisal tool for evaluating the quality of health-related websites. Mitretek Systems supports The Health Summit Working Group’s ‘Criteria for Assessing the Quality of Health Information on the Internet’.

• **QUICK**
  www.quick.org.uk

Interactive appraisal tool for children to evaluate web-based health information. It uses imaginary examples, quizzes and puzzles to allow young people to explore the concepts around information quality. Many of the examples are health related, but the concepts can be used with any subjects that require information skills.

• **Royal National Institute for the Blind (RNIB)**
  www.rnib.org.uk/access/welcome.htm
  Tel: 0845 766 9999 fax: 020 7388 2034

Advice on communicating with blind and partially sighted people. RNIB’s See it Right booklets offer practical help on how to produce accessible information using a number of different formats.

• **World Wide Web Consortium (W3C)**
  www.w3.org

Information on how to make website content accessible to people with disabilities.
15.3 Printed information - benchmarks

- **purpose** – make sure that the health information meets the user’s needs

- **content** – should be accurate, balanced and evidence-based

- **message** – clear, easily understood and jargon-free

- **use** – evidence shows that leaflets are more effective when used to support a verbal message

- **selection criteria** – are you following the agreed criteria for selecting materials

- **currency** – review content regularly and ensure information is up-to-date

15.4 Printed information - useful resources

- **BMA Patient Information Award (PIA)**
  www.library.bma.org.uk/html/patinfox.html
  Tel: 020 7383 6060

  Provides information on appraisal process, criteria and checklist for printed and web-based entries to the British Medical Association Patient Information Award. Also gives details of past winners of the award.
• **Centre for Health Information Quality (CHiQ)**  
  www hfht org/chiq/appraisals_new.htm  
  Tel: 01962 831900 fax: 01962 831931

C-H-i-Q acts as a central resource for all aspects of patient information, providing practical advice to the NHS and others on the production of good quality information for patients. A means of assessing health information content against explicit quality criteria using guidelines, recommendations and specific topic bulletins.

• **DISCERN**  
  www discern org uk

A useful tool for assessing a broad range of printed and web-based consumer health information. Also provides a guide for information producers on the standards that consumers expect from health information. The DISCERN handbook can be obtained from: Radcliffe Medical Press Ltd, 18 Marcham Road, Abingdon, Oxford OX14 1AA.

• **Department of Health (DoH)**  
  www doh gov uk/nhsidentity/index htm  
  Tel: 020 7972 1698/5261/5250 – NHS branding policy team

This website contains the NHS identity policy, as well as guidelines on producing printed and web-based materials and information on working with hard-to-reach groups.

• **The POPPi Guide**  
  www kingsfund org uk  
  Tel: 020 7307 2400 fax: 020 7307 2801

Produced by the King’s Fund as a guide to improving the quality of health information. The appendices contain sources of specialist information and more technical help.

• **Royal National Institute for the Blind (RNIB)**  
  www rnib org uk/access/welcome htm  
  Tel: 0845 766 9999 fax: 020 7388 2034

Advice on communicating with blind and partially sighted people. RNIB’s See it Right booklets offer practical help on how to produce accessible information using a number of different formats.
15.5 Telephone information - benchmarks

- **training** - the helpline should be staffed by workers with appropriate training and knowledge

- **skills** - staff should use active listening and effective questioning techniques with callers

- **boundaries** - the remit of the service must be clear and staff able to use appropriate strategies to end calls

- **standards** - the service needs to reflect agreed quality standards
15.6 Telephone information – useful resources

- Broadcasting Support Services (BSS)
  www.bss.org
  Tel: 020 8735 5000

  Provides a range of services including short- and long-term telephone helplines, call and contact centre facilities, design and print, new media, Welsh language services and consultancy.

- Telephone Helplines: Guidelines for Good Practice
  www.helplines.org.uk
  Tel: 020 7651 4321

  Guidelines and services for helplines, call centres and all telephone services. Working to promote best practice and achieve the highest quality response.

16. Training

Details of organisations which provide training for health information producers and providers.

- **Centre for Health Information Quality (CHiQ)**
  www.hfht.org/chiq/index.htm
  Tel: 01962 831900 fax: 01962 831931

  Provides health information appraisal training to create an awareness of quality issues for providers and producers of health information. Topics include working with evidence, consumer involvement, and communicating messages clearly. The practical sessions relate directly to these topics.

- **College of Health**
  http://homepages.which.net/~collegeofhealth/
  e-mail: info@tcoh.demon.co.uk
  Tel: 020 8983 1225 fax: 020 8983 1553

  Training, consultancy and information services to promote patient-centred care. Information on research and audit techniques and advice on user involvement.

- **DISCERN**
  www.discern.org.uk

  DISCERN run regular workshops on evaluating print and online information on treatment choices. The workshops are open to professionals and the public and provide a training tool for health professionals to improve communication and shared decision-making skills.
17. Organisations and links

Below is a list of useful contacts for a wide range of subjects relating to consumer health information provision.

- **Appraisal of Guidelines Research & Evaluation (AGREE) Instrument**
  
  www.agreecollaboration.org
  
  Tel: 020 8725 2771 fax: 020 8725 3584

  International collaboration of researchers and policy makers who seek to improve the quality and effectiveness of clinical practice guidelines by establishing a shared framework for their development, reporting and assessment.

- **Centre for Evidence-Based Medicine**
  
  http://cebm.jr2.ox.ac.uk/
  
  Tel: 01865 222941

  The Centre for Evidence-Based Medicine promotes evidence-based health care and provides support and resources.

- **Centre for Health Information Quality (CHiQ)**
  
  www.hfht.org/chiq
  
  Tel: 01962 831900 fax: 01962 831931

  CHiQ provides a range of services and practical advice for information producers and providers through appraisals of information and information services, consultancy and training.

- **Consumer Health Information Consortium (CHIC)**
  
  www.omni.ac.uk/CHIC

  CHIC is a support organisation which provides training, encourages good practice and promotes the principle of free, open access to health information for all.

- **Consumers in NHS Research Support Unit**
  
  www.hfht.org/ConsumersinNHSResearch
  
  Tel: 01962 872247

  The Consumers in NHS Research Support Unit offers information, support and advice on consumer involvement.
• **Doctor Patient Partnership**  
  www.dpp.org.uk  
  e-mail: dpp@bma.org.uk  
  Fax: 020 7383 6966

A charity whose health education campaigns promote positive and balanced messages to the public and health professionals. DPP members play a key role in disseminating campaign information to the public in their area and ensure that national initiatives are promoted on both a regional and local level.

• **Health Development Agency (HDA)**  
  www.hea.org.uk  
  Tel: 020 7222 5300 fax: 020 7413 8900

In partnership with others, the HDA gathers evidence of effective health promotion, advises on standards and develops the skills of all those working to improve people’s health. In addition, the public health advice and learning team provides a high quality knowledge source on public health.

• **Health Education Board for Scotland (HEBS)**  
  www.hebs.scot.nhs.uk/  
  Tel: 0131 536 5500

HEBS provides a comprehensive source of health education and health promotion resources, services and information.

• **Help for Health Trust**  
  www.hfht.org/about.htm  
  Tel: 01962 849100 fax: 01962 831900

Provides consumer health information and a range of quality information services and database products.

• **Health of Wales Information Service (HOWIS)**  
  www.wales.nhs.uk

The gateway to health information, providing access to services including electronic health library, national databases and statistics.
• **King’s Fund**  
  www.kingsfund.org.uk  
  Tel: 020 7307 2400  

An independent charitable foundation whose goal is to improve health through public involvement and cultural diversity.

• **NHS Direct Wales**  
  www.nhsdirect.wales.nhs.uk  
  Tel: 01792 776252 - Elin Lloyd Jones (Health Information Manager)  

24-hour, nurse-led helpline operates to a set of national standards. Offers information on local health services and healthcare advice. It also supports and integrates with other elements of health and social care across Wales, such as GP co-ops, A&E departments and community pharmacies.

• **National Information Forum**  
  www.nif.org.uk  
  Tel: 020 7402 6681 fax: 020 7402 1259  

A voluntary organisation that aims to raise awareness among service providers of the need to make information available to disabled people.

• **Royal Pharmaceutical Society of Great Britain**  
  Pharmacy Healthcare Scheme (PHS)  
  e-mail: enquiries@rpsgb.org.uk  
  Tel: 020 7735 9141 fax: 020 7735 7629  

An independent charity with the principal aim of developing the public health contribution of pharmacy through research, training and education.

• **Plain English Campaign**  
  www.plainenglish.co.uk  
  Tel: 01663 744409 fax: 01663 747038  

Online guides on how to write medical information in plain English and information on website design. Plain English takes into account design and layout as well as language.
• **Patient Information Forum (PiF)**  
e-mail: Tinafunnell@btopenworld.com  
Tel: 020 7788 9208

Promotes the production of quality healthcare information for NHS patients by sharing ideas and experiences.

• **Royal National Institute for the Blind (RNIB)**  
www.rnib.org.uk/access/welcome.htm  
Tel: 0845 766 9999 fax: 020 7388 2034

Advice on communicating with blind and partially sighted people. RNIB’s See it Right booklets offer practical help on how to produce accessible information using a number of different formats.

• **Royal National Institute for the Deaf (RNID)**  
www.rnid.org.uk/html/services_home.htm  
Tel: 0808 808 0123 (freephone) fax: 020 7296 8199  
Textphone: 0808 808 9000 (freephone)

Offers a range of communication services and training courses plus disability solutions for organisations that want to improve their services for disabled people.

• **School of Health and Related Research (ScHARR)**  
www.shef.ac.uk/~scharr/index.htm  
Tel: 0114 222 5454 fax: 0114 272 4095

ScHARR brings together a wide range of health related skills and information. Educational programmes include on-line courses covering evidence-based consumer information and appraisal/use of health information.

• **Scottish Intercollegiate Guidelines Network (SIGN)**  
www.sign.ac.uk  
Tel: 0131 225 7324 fax: 0131 225 1769

Development of clinical guidelines based on rigorous, multidisciplinary evidence. Patients or patient representatives are involved in guideline development to help ensure that they reflect patients’ needs and concerns.
18. Examples of good practice in Wales

- **Gwent Healthcare NHS Trust Patient Information Unit**
  Tel: 01633 238027

  Operating standards for patient information literature produced in-house. Inpatient information booklet received ‘Plain English Award’ 2001.

- **Llandough Hospital NHS Trust Information Centre**
  Tel: 029 2071 5032

  Provides health and health-related information for the public, patients and health professionals.

- **North East Wales NHS Trust**
  Tel: 01978 727463
e-mail: diane.henderson@new-tr.wales.nhs.uk

  Don’t Let the Ink Dry: guidelines for the production of good quality condition-specific patient information and how to share information with other Welsh trusts. Winner of the NHS 50th Anniversary Award.

- **Splash! Guide**
  www.hpw.wales.gov.uk/tools/splash/index.html

  The Welsh Centre for Postgraduate Pharmacy Education was instrumental in the development of this assessment guide for health professionals to appraise and choose the most effective information leaflets.

19. Further reading

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Section 3 - Useful information and resources

20. References


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