EQIP
Ensuring Quality Information for Patients

For further information, please contact:

Beki Moult
Health Information and Language Manager
Great Ormond Street Hospital
London WC1N 3JH

Tel: 020 7813 8558
Email: moultb@gosh.nhs.uk

© Great Ormond Street Hospital, 2004
Revised and updated November 2005
Introduction

Clearly written, understandable information about health, illness, treatment options, and health care services is an important factor in ensuring the involvement of patients and families in decisions about individual healthcare. Written information can help reduce patient anxiety and prevent communication problems between health care providers and patients. However, these benefits may not be achieved if the written information is of poor quality.

Aim of EQIP

The aim of EQIP is to provide a method of assessing in a fair and rigorous manner, the quality of consumer health information according to published quality criteria. EQIP can be used by anyone, although it was originally designed for use by information producers and providers in an audit setting. It can also be used by information producers as a quality check tool as the information is being written.
Limitations of EQIP
EQIP was designed to evaluate all categories of consumer health information. It cannot however, assess whether the information is based on correct or accurate evidence. To assess this requires the assistance of an expert in the particular field covered by the information.

Development of EQIP
In 2000, the Patient Information Group at Great Ormond Street Hospital decided to try to develop a new quality assessment tool for patient information. There were already some tools in existence but they did not satisfy the needs of the group in the context of a large-scale patient information audit.

Quality criteria for patient information were drawn up after consulting published research and framed into questions to be answered. The tool has had several rounds of validation to test whether it works in an audit setting and to check whether the quality criteria included give an adequate measure of quality.

How to use EQIP
The aim of this package is to teach you how to use EQIP confidently. By the end of the session, you should have a clear outline of what information satisfies the quality criteria, and be able to use EQIP confidently to assess a piece of written information and assign it an action category.

Guidance notes on completing EQIP
EQIP has two main sections: reference details and quality criteria questions.

- The reference details enable the user to trace a specific piece of information and also to differentiate between different editions with the same title.
- For each of the quality criteria questions, the rationale for each criterion is given. Examples of answers to be marked, yes, partly or no are also included, along with any additional guidance on answering the question.

Read this guidance alongside the questionnaire to familiarise yourself with the layout of the questions.

- It is helpful to read the entire document before answering the questions to orientate yourself to the subject matter and arrangement of the information.
- If any of the information you need is unclear or missing, write don’t know or d/k in the space.
- If a document has multiple parts covering for example, tests and operations, evaluate each separately and then give an overall score for whether the document satisfies the criterion.
**Reference details**

**Date expert clinician reviewed and agreed**
As EQIP is not designed to assess the currency or evidence base of the information, each piece should be checked by an expert clinician before EQIP is used.

**Reviewer’s initials**
This enables individual reviews to be tracked back to the reviewer. It is also used to double check that a piece of written information has been reviewed independently by two reviewers if necessary.

**Leaflet reference – title, author, date**
The leaflet title should be written in full with no abbreviations, as there could be two leaflets with a similar title. If the information is not apparent, you should insert ‘Don’t know’ or ‘d/k’ in the relevant box.

**Size and colour**
These are used to distinguish between leaflets of the same title or different editions of the same title.

**Category of information**
This is used as a guide to which questions need answering. The last six questions should only be answered if the information is about a test, operation, investigation, procedure, drug, medication or product. Some pieces of information will fall into more than one category, for example a leaflet about the spinal condition scoliosis may have information about the operation to correct it as well. If this is the case, you should tick as many boxes as applicable.

- **Services**: for example, a leaflet about a particular clinic or ward would fall into this category.
- **Discharge or aftercare**: this is information designed to help the family care for the patient once he or she has left hospital. An example of this would be information about looking after a plaster cast, or what to expect after an operation.
- **Condition or illness**: for example, a leaflet about eczema will fall into this category. Most (but not all) leaflets about conditions or illnesses will also contain information on treatment options so you may need to tick the treatment box too.
- **Test, operation, investigation or procedure**: examples of this type of information include: gastroscopy, MRI scan, tonsillectomy, ECG, and laser treatment.
- **Drug, medication or product**: for example, a piece of written information about paracetamol or tubular bandage would fall into this category.
- **Miscellaneous**: you should use this category if the piece of information does not fit into any other category. An example of this would be information about ‘do not resuscitate (DNAR) orders’.
Quality criteria questions

Question 1: Does the information start by telling you what it will cover and cover what it says?

Rationale
It is important to have an introduction or scope note at the start of a piece of written information to explain about the coverage of the information and the intended audience. It can also help staff to select the right information for the patient and family. The title might be descriptive but an introduction or scope note should build on this to give further detail. If the information applies to treatment at one organisation only, the introduction or scope note should make it clear.

Examples

**This leaflet explains about latex allergy, how you can find out which products contain latex and what to expect when you come to Great Ormond Street Hospital for testing and treatment.**

Yes 4
- Sets out the contents of the document clearly
- Document contains information mentioned in introduction
- Relevance to particular organisation highlighted

**This leaflet aims to give you information about pain relief for your child after their operation. It outlines the options available, any side effects they may have, and how you can be involved in your child’s pain management.**

Yes 4
- Sets out the contents of the document clearly
- Document contains information mentioned in introduction

**This booklet explains about the epilepsy surgery programme at Great Ormond Street Hospital and what to expect while your child is being assessed for surgery.**

Partly 4
- Good introduction but if document does not contain information mentioned, it should be scored partly
This booklet is not intended to be comprehensive but to help with the explanation which is provided to families at Great Ormond Street Hospital. The treatment and management of many children will differ in minor or major respects from that which is described here and so it is very important to keep in touch with the nurses and doctors managing your child’s case, because they will always be ready to help.

No 4
- Does not contain outline of coverage
- Give impression of negating use of document

Question 2: Does it use everyday language?

Rationale
It is important to use everyday English in information for patients and families. Too often, health care professionals speak and write in jargon or use overly complicated ways of explaining things, which leads to confusion and anxiety. Where a medical term or unusual word is used, it should always be explained.

Examples

**Haemodialysis is a procedure that cleans and filters your child’s blood. It gets rid of harmful waste products and extra fluid.**

Yes 4
- In everyday language
- Explains medical term

**A stroke is a sudden disruption to the blood supply of the brain. It affects neurological functions – that is, functions which are controlled by the brain, such as movement and speech.**

Yes 4
- In everyday language
- Uses medical terminology (neurological functions) but gives a clear explanation as well
Although localised cases do occur, mainly in the neck, under the arms (axillae) and throat, the majority occur in the mediastinum (T-cell) and abdomen (B-cell). Unlike adults

Partly
- Not in everyday language
- Makes some attempt to explain medical words

‘Metopic synostosis is the fusion of the anterior midline suture with failure of adequate transverse growth in the forehead and compensatory growth posteriorly and laterally leading to trigonocephaly.’

No
- Not in everyday language
- Contains many medical terms
- Makes no attempt to explain medical terms

Question 3: Does it use short sentences of less than 15 words on average?

Rationale
It is important to use short sentences, as it can be confusing to have too many concepts in one sentence. An average of 15 words is considered best. However, clarity of expression is the aim, not achieving a certain word count. It is possible to have longer sentences in which the meaning is clear or much shorter ones that give a confusing message.

Examples
‘Hypospadias means that your child has a problem with his penis.’

Yes 4
- Less than 15 words
- Contains one concept

‘Dialysis is needed when someone’s kidneys stop working properly.’

Yes 4
- Less than 15 words
- Contains one concept

‘We may recommend laser treatment at an early stage if your child has a flat haemangioma as this reduces the redness of the haemangioma and also reduces the risk of ulceration.’

Partly 4
- Contains one concept
- More than 15 words
- Would be better split into two sentences
‘In terms of taking care regarding knocks and bumps and general childhood accidents, it is not necessary to be too protective, a simple knock or bump will not do irreversible harm to the surgery performed.’

No 4
- Contains too many unnecessary words
- Does not explain concept clearly and concisely
- Would be better edited to form one short sentence

**Question 4: Does it personally address the reader?**

**Rationale**
Writing in personal terms can make a piece of written information easier to read. It may also help persuade the reader to follow the course of action suggested.

**Examples**
‘You will be able to stay with your baby and encouraged to continue to feed, care for and play with him or her as much as you want. While the doctors, nurses and play specialists you meet will be very closely involved, they can never be a substitute for you.’

Yes 4
- Addresses the reader as ‘you’
- Addresses carer’s fears and anxieties
- ‘Active’ sentence

‘You may feel that this is an awful lot to learn, but we will make sure you are confident before you go home. Most parents feel like this but with practice they become experts in the care of their child.’

Yes 4
- Addresses the reader as ‘you’
- Addresses carer’s fears and anxieties
- ‘Active’ sentence

‘This will be explained by your nursing and medical staff.’

Partly 4
- ‘Passive’ sentence
- Explains what will happen but in an impersonal manner

‘You will be provided with information about each drug, which will explain such details.’

Partly 4
- Addresses the reader as ‘you’
- ‘Passive’ sentence
- Explains what will happen but in an impersonal manner
It is advised that tiagabine should be taken with food to avoid a rapid increase in the blood concentration, which may increase the potential side effects.

- Does not address the reader as ‘you’
- ‘Passive’ sentence

**Question 5: Is the tone respectful?**

**Rationale**

Some information seems to ‘talk down’ to the reader, which can put him or her off reading any further. The information should be carefully screened for obvious or subtle use of stereotypes or derogatory, discriminatory or patronising language.

**Examples**

‘Try to remember that all the staff are here to help you. They have a great deal of experience and are happy to answer your queries and help you with your child’s care. Working in partnership with the family, we will aim to provide the best and safest care for your child, both here and at home.’

- Encourages involvement
- Not patronising

‘Magic cream’

- Rather patronising in information aimed at adult readers

‘Talking to your child can often distract them from their pain, so can fun things such as massage or play. Lots of cuddles often works wonders!’

- Talks down to the reader
- Last sentence might be seen as patronising

**Question 6: Is the design and layout of the information satisfactory?**

**Rationale**

All information produced by the NHS should conform to NHS Identity and other guidelines. The font should be of an adequate size and novelty typefaces should be avoided where possible. The colour of the leaflet should enable sufficient contrast between the paper and type. The paper on which the information is printed should not be too glossy as this can reflect light, making it difficult for some people to read. The design should not be cluttered and allow easy navigation between sections. Any tables included should be set out in a logical way and be easy to understand.
# Examples

To be filled in by your doctor, nurse or pharmacist before you go home

<table>
<thead>
<tr>
<th>Medication name</th>
<th>Dose (in mls)</th>
<th>How often it can be given</th>
<th>Time of last dose in hospital</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paracetamol 120mg in 5mls</td>
<td>5mls</td>
<td>Four times a day</td>
<td>11am</td>
<td>Pain killer</td>
</tr>
</tbody>
</table>

## YOUR CHILD’S MEDICATIONS

- [ ]
- [ ]
- [ ]
- [ ]

Yes 4
- Clear font
- Not cluttered
- Easy to understand

## What happens afterwards?

Your child will return to the ward after he or she has recovered from the anaesthetic. After an anaesthetic, some children feel sick and may vomit. They may have a headache, sore throat or feel dizzy. These side effects don’t usually last long, are not severe, and are easily treated with medication.

Yes 4
- Clear font
- Not cluttered
- Sections broken up clearly

## When your child gets home

You should call the ward or your GP if you are worried, or if:

- your child develops a fever
- the urine draining from the tubes becomes more cloudy or smelly
- your child is in a lot of pain and pain relief does not seem to help
So what can we do?

We can't stop resistance occurring, but we can do a lot to slow it down and stop it spreading. We must look after the antibiotics we have by using them carefully.

How can we do that?

By not taking antibiotics when we don't need them. We now know that many infections get better just as quickly without antibiotics - in fact, antibiotics don't work against viruses. Remember, antibiotics are not always the answer.

Partly 4

- Novelty font – some people find italics more difficult to read
- Not cluttered
- Sections broken up clearly

No 4

- Font too small
- Chart too small and cluttered
- Not immediately clear what it is representing

Question 7: Does the information contain easy to understand illustrations, diagrams or photos that are relevant to the subject it covers?

Rationale

Any illustrations, diagrams or photos included in a piece of written information should add to or clarify the information. All diagrams should be labelled, using the terms used in the information itself. Photographs can also help to get the message across, but it is better to use ‘natural’ photographs rather than clinical ones, which may be off-putting. It is helpful to include information and a diagram explaining a body system in information about a particular test, operation or condition.
Examples

- Labelled using terms from the document
- Clear diagram

Yes 4

- Relevant to subject matter of document
- Natural photo
Partly 4
- Not very clear diagram
- Labelled using terms from the document

No 4
- Cartoon style – might not be appropriate to subject matter
- Not very clear diagram
- Lack of labels

Document does not contain illustrations, diagrams or photos OR illustrations are for decorative purposes only 4
- Only used to add interest to the text
Illustrations should still be appropriate to subject matter of information

Question 8: Is the information presented in logical order?

Rationale
If a patient follows a particular process when having a test or operation, the piece of written information should reflect that process, with information about the admission before information about aftercare.

Examples

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>What treatment options are there?</td>
<td></td>
</tr>
<tr>
<td>What is leg lengthening?</td>
<td></td>
</tr>
<tr>
<td>The pre-admission clinic</td>
<td></td>
</tr>
<tr>
<td>The operation to fit the frame</td>
<td></td>
</tr>
<tr>
<td>What happens before the operation?</td>
<td></td>
</tr>
<tr>
<td>What does the operation involve?</td>
<td></td>
</tr>
<tr>
<td>What are the risks of the operation?</td>
<td></td>
</tr>
<tr>
<td>What happens after the operation?</td>
<td></td>
</tr>
</tbody>
</table>

- Information follows process of operation

My child is complaining of pain. What can I do?
My child does not want to eat. Should I be worried?
Are there any activities my child should avoid?
When should I contact the hospital or my GP
What happens next?
  - Partly 4
    - Information is mainly in the right order, but one or two sections are out of place

Introduction
Follow up after treatment is stopped
A special note for boys
The purpose of long term follow up
Immediate side effects
Coping with infection
And finally
  - No 4
    - Information follows no logical order at all

Question 9: Does the information have a named space for the reader to make notes?

Rationale
It is helpful for the patient to have a space on a piece of written information to make additional notes or for the nurse or doctor to add instructions specifically for that patient. Checklists and tick boxes can also make a consultation easier for the patient by offering reminders.
Examples

Notes

Yes 4
- This offers a designated space for notes

- How dialysis works
- Equipment and supplies needed
- Setting up the machine (APD only)
- How the machine works (APD only)
- CAPD exchange

Yes 4
- This checklist offers a useful reminder of what the patient and family needs to know before leaving hospital

Instructions for your child
The instructions which are ticked (/) are applicable to your child

[ ] was admitted
[ ] was valid
[ ] have

[ ] The dressing should be changed [ ] [ ]
[ ] The dressing should be removed [ ] [ ]
[ ] The stitches should be removed [ ] [ ]
[ ] The clips should be removed [ ] [ ]
[ ] The stitches are dissolvable and do not need to be removed. They will take [ ] weeks to disappear
[ ] Your child should not get this area wet until [ ] [ ]
[ ] Massage should start on [ ] [ ]

Other instructions:

Yes 4
- This notes page enables the nurse to fill in details specific to the patient
Partly 4
- There is a space on the back page of a leaflet but it is not designated as a ‘notes’ pages
- Patient or carer can still use the space to make notes
- They may not do so unless prompted

There is no space on the piece of information to make notes or checklists
No 4
- Patient or carer will have to use a separate piece of paper to make notes
- They may not make notes unless prompted

**Question 10: Does the document contain contact details for the healthcare services where the reader can receive care or treatment for problems discussed in the document?**

**Rationale**
When a patient leaves hospital, a contact number should be included in a piece of written information so that he or she can talk to someone in person should a problem arise.

**Examples**

If you have any questions, please call the Island Day Unit at Great Ormond Street Hospital on 020 7405 9200 ext 0457 (Monday-Friday, 8am-8pm). Outside these hours, please call the hospital on 020 7405 9200 and ask to speak to the on-call doctor for surgery.

Yes 4
- Contains a clear contact number for the ward and instructions for what to do out of hours

If you have any questions, please call Great Ormond Street Hospital on 020 7405 9200 and ask to be put through to the ward from which your child was discharged.

Yes 4
- Contains clear instructions for contacting the relevant ward
Document contains information on, for instance, surgery and drug therapy, but contact numbers are only given for one section.

Partly 4
  ▪ Difficult for patient or carer to know whom to contact

No contact details are contained in the information

No 4
  ▪ Difficult for patient or carer to know whom to contact

Question 11: Does the document contain the date it was produced?

Rationale
Information can become out of date very quickly. Every piece of written information should contain the year it was produced, and the month if possible. It is good practice to review any piece of information that is over four years old.

Examples

© GOSH Trust July 2005
Ref: 2005F039

Yes 4
  ▪ Clear indication of age of information

© GOSH Trust November 2004
Ref: 2004F038. Reprinted July 2005

Yes 4
  ▪ Clear indication of age of information
  ▪ Shows that information was reprinted, but not revised, in the following year

© Crown Copyright
Produced by Department of Health
LA1/005 16564 PH2 1.4m 1P Sep 99 TR SA (COL)
CHLORINE FREE PAPER

Yes 4
  ▪ Reference number implies date of production

Information does not contain a date

No 4
  ▪ No indication of age of information
Question 12: Does the document give the name of the person or department that produced it?

**Rationale**
The department that authored or authorised the piece of written information should be stated clearly for credibility and accountability.

**Examples**

- **Yes 4**
  - Clear indication of author of document

- **Compiled by the Apheresis Teams at UCLH and GOSH in collaboration with the Child and Family Information Group.**
  - Yes 4
  - Clear indication that information is a collaboration between teams at two hospitals

- **If you have any concerns or problems, please call**
  - Partly 4
  - Assumption that the contact number is the author of the information

No statement of the author of the document is apparent

- **No 4**
  - Little or no credibility other than in the organisation that produced the document

Question 13: Does the document say whether patients and/or their families were involved or consulted in its production?

**Rationale**
It is good practice to involve patients and families in producing information.

**Example**
‘Produced by the Birthmark Unit and the Patient Information Group, with the assistance of the Birthmark Support Group and other parents of children with birthmarks.’

- **Yes 4**
  - Clear statement that patients or carers were involved
Personal Stories

After 12 years, Kayleigh is used to her tracheostomy tube.

Partly 4
- Case studies give patient’s or carer’s view of process
- They may not have been consulted about the document itself

The information does not contain any comments from patients or carers and the author statement does not state that they were involved

No 4
- No clear indication of patient or carer involvement

Question 14: Does it use generic names for all medications or products, instead of, or in addition to, brand names and does it designate brand names as such?

Rationale
It is good practice to use generic names for medications or products in written information to eliminate any suggestion of bias towards a particular company. However, if a medication or product is more well-known by its brand name, it should be included as well as clearly designated as a brand name by using the ® symbol.

Examples
- If the biopsy site becomes painful, you can give ibuprofen (if your child is not asthmatic) or paracetamol, according to the instructions on the bottle.

Yes 4
- Generic names used instead of brand names

Other antihistamines such as Zirtek® or Claritin® may be suitable for an older child or adult.

Yes 4
- Brand names are used but they are designated as such by using the ® symbol
Cryogesic® spray
(Ethyl chloride)

Yes 4
- Brand name and generic name is given

It is quite normal for your child to feel some discomfort for the first 48 hours after his or her operation. Usually paracetamol (Calpol or Disprol) will be enough to relieve any pain but if your child needs stronger medication we will give you some before you go home. If when you get home you feel that your child needs more powerful painkillers, you should call your GP (keep the discharge letter from Great Ormond Street by the telephone).

No 4
- Generic as well as brand names are used
- Brand names are not designated as such
- Does not make it clear that other brands would be suitable as well

If the piece of written information is about a condition or illness, or a test, operation, investigation or procedure, or a drug, medication or product, then the following questions should be answered. If the piece of written information does not cover these topics, the ‘not applicable’ box should be ticked.

Question 15: Does the document address ‘quality of life’ issues like school attendance or reduced mobility?

Rationale
For a piece of written information to be complete, it should address ‘quality of life’ issues that are likely to impact on the patient and family. These could include mention of missing school, reduced mobility situations to avoid, and care needed by the patient or family.

Examples
- You should keep your child away from school or nursery for a week after the operation.
  Yes 4
  - Explains limitations on activities
• Your child should return to school when he or she is feeling well again, but should avoid contact sports until after the outpatient appointment.

  Yes 4
  ▪ Explains limitations on activities

Your child may take time to re-adjust to his or her normal routine after discharge home. In particular, he or she may be more clingy and anxious, have a disturbed sleeping pattern or may temporarily regress in his or her milestones.

  Yes 4
  ▪ Explains potential behaviour changes that could affect the patient and/or carer’s quality of life

  or she can do this. Your child should avoid lifting or carrying heavy objects for at least six months after surgery. If a school bag is heavy, you may need to ask one of your child’s friends to help.

  Partly 4
  ▪ Gives an instruction but does not explain why

No mention is made of any quality of life issues

  No 4
  ▪ Does not give information to support patient and carer once at home
Question 16: Does the document contain details of other sources of information for the reader, such as support organisations or website?

Rationale
Giving the reader further sources of information such as how to contact a support organisation or look at a reputable website is an integral part of providing high quality comprehensive information. However, not all organisations or websites are reputable or reliable so all references to other sources of information should be evaluated by a content expert before being recommended. When mentioning websites, it can be helpful to state the country of origin of the information, as health care can differ from country to country. It can be helpful to add a disclaimer as well.

Examples

Useful Addresses
Children’s Chronic Arthritis Association
47 Battenhall Avenue, Worcester WR5 2HN
Tel: 01905 763556
Website: www.ccaa.org.uk

Yes 4
- Contains all details necessary for contacting the organisation

Is there a support group?
There is no support group for those with diaphragmatic hernia, but the following organisations may be able to help:

Yes 4
- Explains that no specific organisation exists but points reader to other organisations
Disclaimer: The mentioning of a particular support group or website does not constitute an endorsement by GOSH.

Yes 4
- Organisations and website mentioned in written information
- Disclaimer explains that the organisation would not necessarily endorse them as correct or reputable

Food allergy – Food Allergy Network
www.foodallergy.org

Partly 4
- Gives website address but does not state whether organisation is UK based or not

No support organisations or websites are mentioned
No 4
- No guidance towards reputable sources
- Patient or carer may not ask about support organisations unless prompted

If the piece of written information is about a test, operation, investigation or procedure, or a drug, medication or product, then the following questions should be answered. If the piece of written information does not cover these topics, the ‘not applicable’ box should be ticked.

Question 17: Is the purpose described?

Rationale
Information should explain why the test, operation, investigation, procedure, drug, medication or product is needed. This will enable the reader to make an informed choice.

Examples
The catheter is inserted into the bladder through the urethra. It is often used after operations to the urinary system as it allows them to rest while they are healing.

Yes 4
- Explains purpose of procedure clearly
Asparaginase is a drug which is given at the same time as chemotherapy drugs. It is an enzyme which deprives leukaemia cells of essential nutrients so that they die.

Yes 4
- Explains purpose of medication clearly

Actinomycin D is a chemotherapy drug which is used to treat certain types of cancer.

Partly 4
- Does not explain the purpose of medication other than ‘treatment’

No explanation of purpose is included

No 4
- Does not give reader enough information to make a balanced and informed decision

Question 18: Are the benefits described?

Rationale
Information should give the reader a realistic expectation of what benefits (if any) are expected from the test, operation, investigation, procedure, drug, medication or product. Statements about benefit are a compulsory part of the Clinical Negligence Scheme for Trusts (CNST) guidance.

Examples

This type of surgery reduces the length of time your child needs to stay in hospital and leaves little scarring.

Yes 4
- Gives explanation of benefits of procedure
Children who are incontinent (wet) may benefit from this procedure. It allows the bladder to be emptied several times a day, reducing the chance of

- Gives explanation of benefits of procedure

A document contains information on, for instance, surgery and drug therapy, but benefits are only given for one option not the other.

- Gives the reader only some of the information needed to make a balanced and informed decision.

No benefits are described

- Does not give the reader enough information to make a balanced and informed decision.

**Question 19: Are risks and side effects described?**

**Rationale**

Information should give the reader a realistic expectation of what risks are associated with the test, operation, investigation, procedure, drug, medication or product. Statements about risk are a compulsory part of the Clinical Negligence Scheme for Trusts (CNST) guidance.

**Examples**

All treatments carry an element of risk, but this must be balanced against the quality of life without treatment. All surgery carries a small risk of bleeding during or after the operation. Every anaesthetic carries a risk of complications, but this is very small. Your child’s anaesthetist is an experienced doctor who is trained to deal with any complications.

- Gives clear explanation of the risks and side effects of the anaesthetic and operation
There is a risk of bleeding when the surgeon removes the piece of intestine (or stomach). Usually there is only a small amount of bleeding, but if there is a lot, your child may need to be given a blood transfusion.

Yes 4
  ▪ Gives clear explanation of risk of an operation and action needed to correct it

There is a very small chance that the retina of the eye will be damaged during the operation. The eye surgeon can see whether this has happened and treat it during the same operation. This will not leave any mark outside the eye, but usually leaves a tiny scar on the retina. This does not usually affect your child’s vision.

Yes 4
  ▪ Gives clear explanation of risk of an operation and action needed to correct it

**Hair loss:** Your child may lose some or all of his or her hair, or it may become thinner. This is temporary and the hair will grow back once the treatment is finished.

Yes 4
  ▪ Gives clear explanation of side effects of medicine

**You will be provided with information about each drug, which will explain such details.**

Partly 4
  ▪ Explains that there are risks but does not specify them

*Services for <condition> have recently been reorganised so that X and Y are the only hospitals in the UK carrying out these operations. This means that the doctors and nurses*
at these hospitals share a lot of experience when dealing with children with <condition> and their families.’

No 4
- Does not mention risks or side effects at all
- Does not give the reader enough information to make a balanced and informed decision.

Question 20: Are any alternatives described?

Rationale
Information should give the reader a realistic expectation of what alternatives to the test, operation, investigation, procedure, drug, medication or product are available. Statements about alternatives are a compulsory part of the Clinical Negligence Scheme for Trusts (CNST) guidance.

Examples
'The doctor may be able to learn enough about the blood vessels using another type of imaging procedure, such as an MRI or CT scan.’

Yes 4
- Clearly states an alternative

Are there any alternatives?
No. OA and TOF always require treatment, to enable your baby to feed.

Yes 4
- States clearly that there are no alternatives and gives justification for this.

For persistent glue ear, grommets are the treatment of choice. Medical treatment with decongestants or steroids have not been shown to be particularly effective unless there are signs of infection or allergy. Antibiotics can help but only in the short term.

Partly 4
- States alternatives but in a slightly negative way

No alternatives or lack of alternatives are mentioned
No 4
- Does not give the reader enough information to make a balanced and informed decision.
**Scoring the leaflet**

This will be calculated after all the questions have been answered using the following formula:

\[
\frac{((\text{Yes} \times 1) + (\text{Partly} \times 0.5) + (\text{No} \times 0)}{20} - \text{Not applicable}) \times 100
\]

which gives a percentage score

For example, a leaflet on eczema scores 10 ticks in the ‘Yes’ column, 2 in the ‘Partly’, 1 in the ‘No’ column and 5 in the Not applicable column, the formula will read:

\[
((10 + 1 + 0) / 15) \times 100 = 73\%
\]

Once the score has been calculated, this is then converted into an ‘action recommendation’. While each user can set their own ‘action recommendations’ according to their budget and staffing levels, the following are advisable:

- 76 per cent and above – Continue to stock; review in two to three years
- 51 to 75 per cent – Continue to stock; review in one to two years
- 26 to 50 per cent – Continue to stock; begin review now and replace within six months to a year
- 0 to 25 per cent – Remove from circulation immediately

**Additional notes and action required**

This box should be used to make note of:

- Any inaccuracies in typing or spelling
- Any missing information like copyright or date
- Any comments on design and layout