

Clear to All: Accessible Health Information Guidance

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Related policy	NHSGGC Accessible Health Information Policy
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1. Introduction

This guidance supports implementation of the NHSGGC Accessible Health Information Policy.

NHSGGC produces information in many different formats and channels. This guidance supports staff in identifying and responding to communication needs by providing practical advice on accessible information, communication support, translation, and inclusive communication.

The guidance should be used alongside the Accessible Health Information Policy, the Clear to All process and related resources when developing, reviewing or updating patient and public health information.

2. Why is accessible information important?

Effective information and communication are vital to the delivery of high-quality services and care. Many people who access NHS services experience barriers to understanding information. This may be because of a visual or hearing impairment, a learning disability, communication difficulties, literacy needs, a health condition that affects communication, or because English is not their first language. Children and young people may also have age-specific communication requirements.

Accessible information enables people to understand, retain and use information about their health and care. It supports informed decision-making, consent, self-management, participation in care, and equitable access to services.

Providing accessible information does not mean diluting content or simply producing a shorter version. It means presenting information in a way that can be understood and acted upon by the intended audience.

When developing patient and public health information, staff should:

- use plain language and avoid unnecessary jargon where possible
- use clear document layouts and a readable design
- consider accessibility requirements at the outset of development
- ensure information can be provided in alternative formats when required
- consider the communication, language and accessibility needs of the intended audience
- seek support from Clear to All where additional advice is required.

Detailed good practice guidance, including document design principles and accessibility considerations, is provided in Appendix A. Guidance on producing accessible electronic documents is provided in Appendix B.

3. Accessible information in practice

NHSGGC Accessible Health Information Policy covers all written health information provided to patients and the population and includes:

- alternative formats
- translations

Accessible information may be provided in printed and electronic formats and provided through face-to-face, telephone and digital communication.

Production of accessible formats should be considered when information:

- is targeted at the whole population, and accessible formats are likely to be requested (for example, complaints procedures)
- supports proactive informed consent for a service to be delivered, such as immunisation or screening
- conveys messages which have direct relevance to people with a need for information in an accessible format, such as learning disability services.

It is important, however, to be responsive to the needs of patients and anticipate that need by having contracts and processes in place to support accessible information requirements. NHSGGC's process for providing accessible information can be found on the Clear to All webpage [Clear to All - NHSGGC](#).

Clear to All Accessible Information Top Tips (Appendix B) provides guidance to help staff create information that is clear, accessible and easy to understand. The guidance should be used alongside the Accessible Health Information Policy when developing, reviewing or updating documents, publications, patient information and digital content.

4. Who funds accessible information?

The cost of providing accessible information lies with NHSGGC and must not be passed on to patients, carers or members of the public.

Central NHSGGC arrangements support the provision of interpreting, translation and certain accessible formats. Service areas remain responsible for the costs associated with developing, producing and distributing their own information materials, including any accessibility requirements that should reasonably be anticipated as part of the development process. Funding to support resource development should be agreed in advance with the budget holder.

Accessibility should be considered during planning and commissioning. Where information is produced locally, whether internally or through external suppliers, services should ensure that sufficient resources are available to meet accessibility requirements.

For example, where a service chooses to develop a digital resource, video, leaflet series or other communication product, the cost of ensuring that the resource is accessible should form part of the overall project budget.

5. Which formats and languages?

For all written material, the following statement should be included in the document:

If you require this information in an accessible format, such as large print, easy read, audio or braille, as well as any spoken language and British Sign Language, please use the contact details on your patient information leaflet or letter.

This statement **must** appear alongside the spoken language icon linking - via hyperlink or QR code/URL - to translated versions in multiple languages.



To access versions of the language icon and for information on how to request translations or other formats, please go to the [Clear to All web page](#).

6. Minimum standards

Minimum requirements for accessible information, which NHSGGC is working to achieve, have been developed from a variety of sources, including Public Health Scotland and the [NHS Scotland Interpreting, Communication Support and Translation National Policy](#).

Responding to requests

- all requests from patients or carers for information in an accessible language or format must be met within four days
- if this cannot be met, an alternative means to deliver that information would need to be explored, such as a member of staff meeting the patient to ensure they have understood instructions, or by calling the patient through appropriate communication support
- all other requests for translated patient information will be met within 4 weeks

Accessible information standards

- all information must be provided in plain language
- all written information must be provided in an accessible format and language for patients who require it, including community languages and British Sign Language
- all electronic documents must be created in an accessible format (accessible Word documents, PDFs, etc.) to allow modification by people with, for example, sight impairments

Communication and quality assurance

- all information, such as letters and leaflets, must include a variety of ways of making contact with NHSGGC
- all information must be quality assured in accordance with the agreed criteria
- all patients should have their communication or language support needs assessed
- information specifically needs to consider the communication needs of children and young people
- all written translations must be done by a contracted professional translation service. Requests for translation support should be made via ggc.clear.toall@nhs.scot
- [NHS Scotland Interpreting, Communication Support and Translation National Policy](#) does not permit machine/AI software to translate any patient information.

Good Practice

- interpreters should be used to communicate information which is normally given verbally to English Speaking patients. Requests for interpreting support should be made via ggc.interpretingservices@nhs.scot
- local processes should be in place to enable patients and clinicians to provide feedback on their service experiences in their first or preferred language or format (written, spoken, signed, or in Braille, audio, video, and so on). This may require different forms of engagement with staff and patients. Interpreters and translators should also be given the opportunity to feed back on their experiences and provide suggestions on how services could be improved further.

7. Clear to All process and support

A guide to moving through the Clear to All process

1

Plan and draft information – Before you start, check to see if the information already exists on Print On The Web (POTW) **PrintOnTheWeb (TimeHarvest-Server.local)**, Public Health Resource Directory (PHRD)  **HPAC** or NHS Inform  **Scottish health information you can trust | NHS inform**

2

Check your draft – Use readability tools to ensure that your resource is easy to understand. For example, aim for a Flesch score between 80 – 100 on Microsoft Word Doc.

3

Complete the Clear to All Planner – Fill in the Clear To All planner  **Clear to All Patient Information Planner - NHSGGC** and send it to  **ggc.clear.toall@nhs.scot** along with the resource that you have created.

4

Clear to All Quality Assurance Check – The team will review your request and make any changes needed. They may ask for more information before sending on to Medical Illustration.

5

Design and Approval – Once the text is approved, Clear to All will forward your resource on to Medical Illustration for design and formatting. Medical Illustration will source any images you need. They will send you a proof for approval before finalising the resource with an MI reference number and review date.

Support available through Clear to All includes:

Advice, training and guidance

- advice and guidance on accessible information
- support on communication and language support needs
- advice on interpreting, translation and other communication support services
- training and learning resources, requests for support can be found via [Staff Training - NHSGGC](#)

Organisational support

- maintains arrangements with providers of interpreting, translation and communication support services
- supports the provision of centrally funded interpreting, translation and accessible formats where appropriate
- supports services to meet accessibility requirements through established processes and guidance

Quality assurance and feedback

- supports quality assurance arrangements for written information
- promotes accessible feedback and complaints processes
- works with services to improve the accessibility and quality of patient and public health information

8. Roles and responsibilities

Service Lead	A defined Budget Holder who provides authorisation for the production of materials, ensures local project management controls are in place, and confirms that the resource production pathway outlined in the appendix has been followed to: ● ensure that patient and public health information is developed and reviewed in accordance with approved processes and guidance ● ensure that patients and carers are provided with information in a format that meets their communication needs in a timely manner ● ensure that identified improvements to the accessibility and quality of information are implemented. ● ensure that appropriate stakeholders such as clinicians and patients are involved in the development of the resource.
Document Owner	A Document Owner leads the production of health information and is responsible for completing the information planner or amendment planner, following the Clear to All process, before submission to Medical Illustration. Document owners (or subsequent post holders) will maintain responsibility for review requirements every 3 years or as required.
Clinical Sign-off	Patient information that requires a patient to sign for Consent to Treatment must be approved by Clinical Governance. Clinical sign-off should be obtained from the relevant strand of Clinical Governance (e.g., speciality, sector directorate, acute, primary care, or mental health), as appropriate to the content and intended audience.

Appendix A: Good Practice for Accessible Information

Understanding patient needs

- Check the patient or service user's preferred language or format.
- For spoken language, check that the patient or service user can read in the requested language. They may speak one language but read in another. Some spoken languages do not have a written form.
- Not all visually impaired people read Braille. Check beforehand.
- Check the longevity of the information. In some circumstances, using an interpreter to relay information may be more appropriate than commissioning a translated document, for example where information is highly personalised or subject to frequent change.

Producing accessible information

- A good translation depends on a good English language version. This includes cultural sensitivity, accessibility and the use of plain language, all of which help produce a good-quality translation. For example, the English language content of a healthy eating leaflet should reflect a range of cultural food examples.
- Many visually impaired people use assistive technology, so ensure any document produced is available in an accessible electronic format. See Appendix C for guidance on creating accessible PDFs.
- Check that you are using the latest version of the English language document before commissioning a translation. Make sure it remains current, relevant and is not already under review.
- The use of version control, publication dates and regular review arrangements is recommended for all information resources.

Existing resources and copyright

- Check whether existing translations or alternative formats already exist within NHS Scotland before commissioning new work.
- Ensure your Board is the copyright holder. If not, permission may be required from the copyright holder before a translation can be commissioned or produced.

Quality assurance

- The translator should proofread and check their translation. Services should seek assurance that this has been completed.

- Any errors identified within translations should be managed through the translation provider, including any associated reprint costs.
- Once a translation has been produced, healthcare staff should satisfy themselves that the patient understands the information provided. This may require support from an interpreter to check understanding and clarify any points that are unclear.

Information governance

- Ensure compliance with local information governance requirements relating to the transfer, storage and use of information and personal data.

Appendix B: Creating Accessible Information Top Tips

Clear to All: Creating Accessible Information Top Tips

Accessible Information Means: People can read, understand, and act on it.



Remember to:

- ✓ Use everyday language.
- ✓ Use Microsoft Word.
- ✓ Use words like 'we' or 'you' rather than 'patient' or 'user'.
- ✓ Keep sentences short (15-20 words max).
- ✓ Use bullet points to break up text.
- ✓ Consider a question and answer format to divide content.
- ✓ Explain medical jargon (i.e., ophthalmology = eye clinic).
- ✓ Use generic contact details or professional titles instead of individual staff names.
- ✓ Choose easy-to-read fonts (Open Sans, Arial, Calibri).
- ✓ Set all text in 12pt (14pt if possible).
- ✓ Left-align text - equal spacing between words aids readability.
- ✓ Ensure good contrast (i.e., black text on white or yellow background).
- ✓ Use clear, upfront warnings for any content that may evoke distress (e.g. violence, abuse, bereavement).
- ✓ Use person-first language (i.e., 'person who has experienced trauma').
- ✓ Use readability tools - you should aim for a Flesch Reading Ease score between 60 and 100.



Avoid:

- ✗ Unnecessary information - keep it simple.
- ✗ Using Canva or Microsoft Publisher.
- ✗ Abbreviations and acronyms.
- ✗ *Italics*, underlining, CAPITALS or simulated handwriting.
- ✗ Serif fonts (Times New Roman).
- ✗ Complicated tables (hard for screen readers).
- ✗ Text over images, graphics or watermarks.
- ✗ Writing numbers as words (i.e., three thousand and twenty two).
- ✗ Using labels like 'victim' or 'offender'.



Clear to All

Creating clear information for everyone

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Appendix C: Creating accessible PDF documents

Accessibility should be considered from the start of the document development process, rather than added at the point of publication.

Why accessible PDFs matter

Most documents are now shared electronically, including by email and through websites. To ensure information can be accessed by people using assistive technology, documents should be produced in accessible electronic formats wherever possible.

Accessible PDFs can be used with screen readers, Braille displays, text-to-speech software and other assistive technologies. Without appropriate accessibility features, some users may be unable to access the content of a document.

Creating accessible documents

The accessibility of a PDF is largely determined by how well the original document has been structured and formatted.

When creating documents in Microsoft Word:

- use built-in heading styles
- use meaningful headings and sub-headings
- structure content in a logical reading order
- use accessible tables and lists
- include alternative text for images where appropriate
- use clear, descriptive hyperlink text

A well-structured Word document can then be converted into an accessible PDF. For support please contact ggc.clear.toall@nhs.scot.

Commissioning accessible documents

PDFs are commonly used to preserve the appearance of documents when viewed electronically or printed.

When commissioning design or print work, ensure suppliers are asked to provide documents in an accessible or "tagged" PDF format. Creating accessible PDFs requires additional steps beyond standard PDF conversion and suppliers should demonstrate that they can meet accessibility requirements.

Benefits of accessible PDFs

Accessible PDFs enable users of assistive technology to access both the content and structure of a document.

For example, a blind or partially sighted person using a screen reader may be unable to navigate an unstructured PDF. An accessible PDF allows headings, lists, tables and other content to be identified correctly, improving access to information.

Further information

Further guidance on accessible electronic communication is available from the [Making Information Accessible - Disability Information Scotland](#).