

Clear to All Patient and service information planner (REVIEW)



For more information and support, please visit the [NHSGCC Clear to All](#) website.

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| Service Lead: | Document Owner The document owner is accountable for ensuring the information is accurate and reviewed in line with local protocol; changes to the information can only be approved by the document owner. Name: Designation: Email: Contact number: |
| Specialty/Dept: | |
| Division: | |
| Address: | |
| Contact number: | |
| Date: | |

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|-----------------------|--|------------------|--|
| Title of Information: | | | |
| MIS reference: | | Current version: | |

| Information type | | | |
|---|--------------------------|--|--------------------------|
| Clinical condition or procedure specific (Clinical Guidelines) ¹ | <input type="checkbox"/> | Patient aftercare, support and self-care | <input type="checkbox"/> |
| Medication use (Medicines Management Group) ¹ | <input type="checkbox"/> | Carer information | <input type="checkbox"/> |
| Service information or wayfinding | <input type="checkbox"/> | Public health or health improvement | <input type="checkbox"/> |

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| ¹ Named Lead: | Patient information that requires a patient to sign for Consent to Treatment must be approved by your Clinical Governance or Professional Lead. |
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| Amendments: |
|---|
| <input type="checkbox"/> Minor (telephone numbers, contact details, typos, word changes) <input type="checkbox"/> Substantial (new or updated clinical information, change to instructions, content and use) |
| Please list changes with paragraph / page numbers where relevant; a separate Word file or tracked PDF can be supplied if changes are extensive. |

Approved by: Name: _____ Job title: _____