

Clear to All Patient and service information planner (NEW)

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

Title of Information:	
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Service Lead: Specialty/Dept: Division: Address: Contact number: Date:	<table border="1"> <tr> <th style="background-color: #cccccc;">Document Owner</th> </tr> <tr> <td>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.</td> </tr> <tr> <td>Name:</td> </tr> <tr> <td>Designation:</td> </tr> <tr> <td>Email:</td> </tr> <tr> <td>Contact number:</td> </tr> </table>	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:
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Name:							
Designation:							
Email:							
Contact number:							

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"/>

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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How has the need for information been identified? (e.g. clinical incident, complaints, patient feedback)
Please provide detail

Have you checked for other sources for available information? (within GGC, NHS Inform, PHRD etc.)
Please provide detail

Have you engaged with patients, carers or service users on content?
Please provide detail

Accessible formats (other languages, BSL, video, large print etc.)
Assess the needs of your patient group and identify which accessible formats are likely to be required.

Estimated number of patient or service users for information (please state per week, month or year)

Preferred format (Information sheet, leaflet, booklet, poster, electronic distribution etc)
Specific requirements – please provide as much detail as possible:

Approval		
Clinical Lead / Director		
Funding source (if applicable)	Cost Centre:	Department IDA:

/please complete checklist

Clear to All Quality Assurance Checklist

Content	Yes	N/A	Comment
The title of the publication is clear and relevant.			
The aim of the publication is clearly stated and explained.			
The publication provides information on the target audience.			
The publication uses plain and appropriate language and tone for the target audience.			
The information uses headings and subheading correctly and appropriately to aid understanding.			
The information is written in a logical format that describes, for example, the condition, treatment process or patient pathway.			
Gender specifics (he or she) have not been used.			
The information is accurate, up to date and consistent with other information e.g. NHSGGC clinical guidelines.			
The risks and benefits have been explained to assist choice, for example, side effects, complications, alternative options.			
There is clear instruction for appointment-related information.			
There is clear instruction on discharge information and follow-up appointments.			
The publication includes space for personal details and notes.			
The publication contains information on all reference material and source organisations.			
The publication contains local contact information and other support agencies.			
The publication contains a glossary and / or contents page (as required).			
Accessibility/ Service User Involvement	Yes	N/A	Comment
Accessibility check completed.			
Readability check: please state method and score.			
Cultural or individual diversity has been considered.			
A feedback and audit process has been agreed.			

Return completed form to: cleartoall@ggc.scot.nhs.uk