

Roger Silver

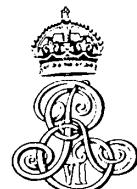
INFO

better information literature  
for hospital patients

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# GUIDE

better information literature  
for hospital patients

# LINES

King Edward's Hospital Fund for London

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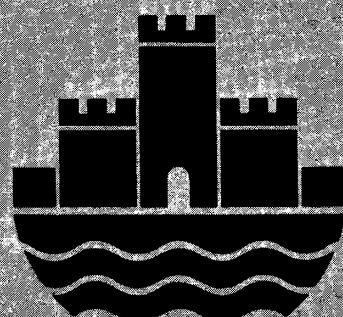
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# Information for patients

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## Castleport General Hospital



Castleport General Hospital  
Silverstrand Avenue, Castleport, Moatshire CA1 2AC

# INTRODUCTION

Most people, when they first hear they have to go into hospital, do not know what will be expected of them before and during their stay. And they have little or no idea what life in hospital will be like.

They may get a booklet or leaflet which tries to tell them, but unless it is clearly written and well presented they may end up feeling even more uncertain.

Much of the printed material given to hospital patients and their relatives is well-meaning but often unsightly and even unreadable.

Managers of hospitals who believe that what they supply – booklet, leaflet, admission letter – is clear and helpful should try it out on their own family or on friends in other walks of life. They should ask for an honest opinion. The test should be carried out among all generations, from children to old people, with, if possible, varying levels of education.

If they discover the material is poor, or know it already, they should give priority to its improvement.

For, apart from giving information, a booklet or leaflet also says something about the hospital and its services.

Indeed, information-giving is itself a service. A number of people interviewed in a study of patients' information literature in Brighton, Sussex, pointed out that when they book a holiday through their local travel agents they do not expect to go away without clear information and instructions.

The motives of travel agents are not, of course, the same

as those of a hospital. Nor are the circumstances. But, whether they are going on holiday or into hospital, people need information, and if their opinion of the organisation is enhanced at the same time, so much the better.

Hospitals too often miss the opportunity to make a good first impression. If the literature they provide is tattily presented, poorly printed, out of date, unhelpful, obscure or ambiguous, they lose the chance to make a favourable early impact – to do something which is not only good for patients but also good for staff because it contributes to their sense of pride in the organisation.

More fundamentally, the material, if it has been badly produced, is likely to fail in its intention to help patients understand what will happen when they are in hospital, to know what to do before and after admission, and to have the confidence which that greater knowledge gives them.

And it will probably fail to explain some of the more common routines and procedures which are essential to the good organisation of the hospital. If patients and their visitors understand them, the day-to-day running of the hospital becomes that much smoother.

There are, of course, some excellent examples of information material in the NHS, but, as any trawl of the literature will confirm, they are few and far between.

The guidelines in the pages that follow suggest how to produce literature for hospital patients which is clear, attractive and, most important, readable.

They are inspired and very much influenced by publications produced, before the NHS reforms, by Brighton Health Authority – publications whose text

became the model for literature produced in a number of other health districts.

Four years ago, it was evaluated by the Royal Institute of Public Administration Consultancy Services (RIPACS) in order to provide the Authority with criteria for producing subsequent literature to meet the needs of patients and relatives.

We are grateful to Brighton Health Authority and the Royal Institute of Public Administration for letting us draw freely on their material.

## **About these guidelines**

It could be argued that the best way to ensure a successful booklet is simply to imitate the best available. We have chosen a more flexible approach.

The guidelines show what information might be included and how some of it might be written and laid out but they leave scope for managers to design and develop their literature according to their own needs and preferences.

This also allows them the pleasure of doing their own thing; not quite writing by numbers, but similar!

The guidelines suggest not only what to say and how to say it, but how to get the material designed, printed and distributed.

They are based on the concept of a booklet with a pocket in the front or back for additional material. This might include individual leaflets, such as

a leaflet for visitors, relatives and friends with information about, for example, visiting times, locations of wards and departments, and how to find out how someone is;

a leaflet for part of the hospital with its own special arrangements for patients and visitors, such as a children's department or maternity unit;

a leaflet giving additional information about public transport services to the hospital.

We have concentrated on the booklet itself, although the leaflets – and indeed any other information material you issue to the public – should be given the same high level of attention and care to detail that you devote to the booklet.

The work should not be regarded as a major literary endeavour. Nevertheless, consistency of style, spelling and punctuation are no less important in this than in any other form of written communication aimed at a large readership.

The guidelines will have served a useful purpose if your booklet does not end up reading and looking something like the text of the imaginary extract (opposite) for patients of the equally imaginary St Ermine's Hospital.

The piece was made up to show how easy it is to slip into inconsistencies, ambiguities, obscurities – and just plain mistakes.

You will be able to spot them all, of course! And you can find confirmation on page 36. If you don't agree, we regret that in this instance the editor's decision is final!

As a patient, you will be feeling nervous about admission to St Ermine's Hospital. Your relatives are bound to feel nervous as well. We can well understand those feelings. They are very common at St. Ermine's.

St. Ermine's, whose traditions date back 100 years or more, has good cause to feel proud of them. They have been the keystone of A Century of Care – a century in which clinical techniques have changed but our standards certainly have not. At St. Ermine's, the **patient always comes first**, and everyone at the Hospital, from Consultants to domestics, are fully committed to this principal.

As a D.G.H. serving a large population in Ermington District Health Authority and beyond, St. Ermine's provides acute services in an extensive range of clinical specialties. These comprise, amongst others, Ophthalmology, E.N.T., Obstetrics and Gynaecology, Cardiology and Oncology, together with an Accident and Emergency Department, I.C.U. and, of course, an O.P.D.

## Dear Patient

You will soon be coming into Castleport General Hospital, perhaps for the first time. A hospital stay may not be particularly enjoyable but we will do all we can to welcome you and make your time with us as easy and as comfortable as possible.

This booklet gives you information about preparing for admission to the hospital and what to do when you arrive. It briefly describes the life of the hospital and how your medical care is provided. And finally it explains the arrangements for going home.

The booklet will not, of course, have all the answers to your questions. The nurse in charge of the ward or the doctor will be pleased to help with other information you may need.

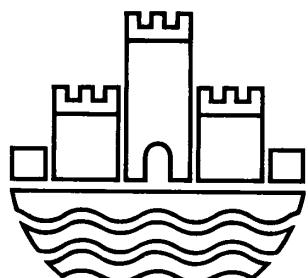
Please let us know if you think there are ways we could improve our services. If you have any comments or suggestions, talk with the nurse in charge or contact me at the address or telephone number given at the end of this booklet.

With best wishes.

Yours sincerely



Jane Ladd  
Hospital Manager



## WHAT TO SAY

At the beginning of the booklet the manager of the hospital, unit or trust should extend a welcome to the person coming into the hospital and explain the purpose of the booklet. For example:

**You will soon be coming into Castleport General Hospital, perhaps for the first time. A hospital stay may not be particularly enjoyable but we will do all we can to welcome you and make your time with us as easy and as comfortable as possible.**

The manager should use the opportunity to invite comments and suggestions. For example:

**Please let us know if you think there are ways we could improve our services. If you have any comments or suggestions, talk with the nurse in charge or contact me at the address or telephone number above.**

Remember also to give the address and telephone number of the hospital elsewhere in the booklet, preferably on the back cover or inside the front cover.

The information in the booklet should be presented in a logical and, as far as possible, chronological sequence, covering:

- 1 Preparing for hospital
- 2 What things to bring into hospital
- 3 What not to bring
- 4 How to get to the hospital
- 5 What to do on arrival at the hospital
- 6 What to do on arrival at the ward
- 7 Life on the ward
- 8 Who's who on the hospital staff
- 9 Visiting times

- 10 Religious services
- 11 Leaving the hospital

**1** In **Preparing for hospital**, advise the patient what to do before coming into hospital. For example:

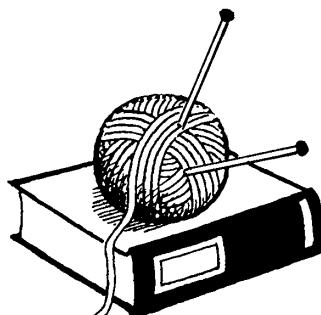
**Contact the Department of Social Security if you are receiving a state pension or any other benefits such as income support or invalid care allowance. Some benefits may have to be reduced during your stay.**

**Arrange, if possible, for a relative or friend to bring you into hospital so that they can wait until you are admitted and take away any clothes or property you won't need during your stay.**

**2** In **What things to bring into hospital**, list personal clothing and toiletries, such as:

- bedjacket or cardigan;
- dressing gown;
- hairbrush and combs;
- handkerchiefs;
- nightdress or pyjamas;
- shaving kit;
- slippers;
- toothbrush and toothpaste;
- towels.

You might add a few other items which will be useful and, in some cases, essential, such as:



- day clothes;
- hair dryer;
- a small amount of money to buy newspapers and other things from the hospital shop or trolley;
- coins for the telephone;
- writing paper, envelopes, postage stamps;
- books, magazines, puzzles, and so on.

Some hospitals suggest sanitary towels/tampons for women and, for people having operations on their feet, slippers or shoes which can be cut because normal footwear will not fit.

The list of things to bring into hospital might also include items of information, such as:

- National Insurance number, if known;
- address of local Department of Social Security office;
- name, address and telephone number of next-of-kin or nearest friend.

In this same section, you should stress to the patient the importance of bringing into hospital any medicines and tablets he may have been taking. For example:

**To help us decide the best course of treatment we will need to know exactly what medicines you have been taking.**

Ask the patient to bring in any special card which gives details of current treatment – a steroid, diabetic or anticoagulant card, for example.

Finally, remind the patient to bring in his order book if relatives or friends cannot deal with any social security benefit he is getting.

**3** In **What not to bring**, list alcohol, clothes that will not be needed, valuables, and large sums of money. Since one person's large sum is another person's petty cash, it might be wise to suggest a limit of £5 or £10. Advise patients who have to bring in jewellery or other valuables to hand them to the nurse for safe keeping.

**4** In **How to get to the hospital**, give details of:

- trains in the hospital's catchment area serving the



town in which it is situated;

- buses which go to the hospital, and their service numbers;
- road directions for people travelling by car;
- car parking facilities at or near the hospital.

Avoid including information that might change in a few months, such as train or bus times.

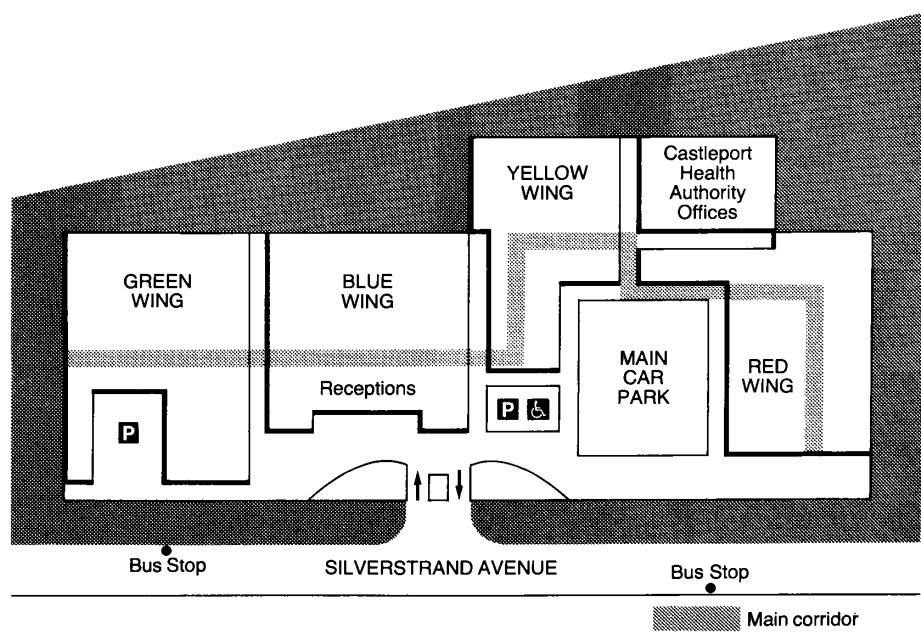
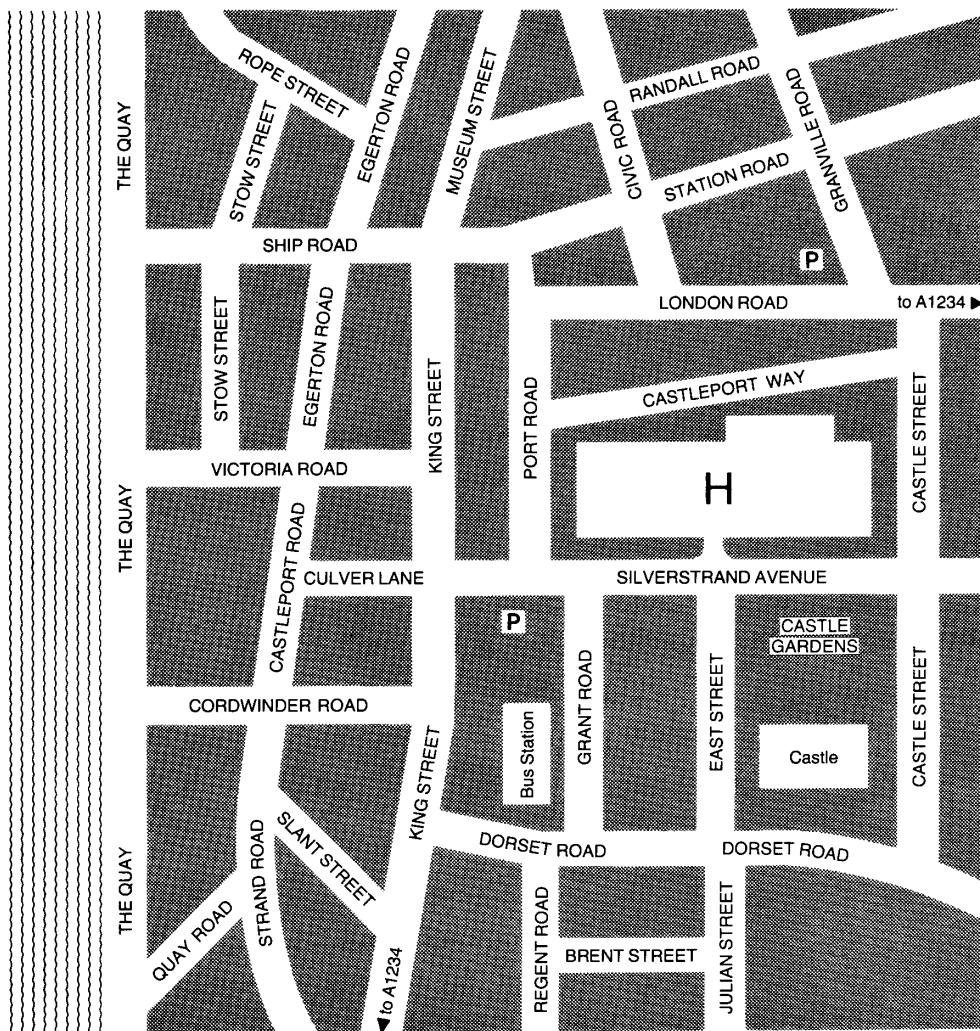
Mention the hospital car service and ambulance transport if they are relevant.

A simple, diagrammatic map showing the location of the hospital and giving the sort of information mentioned above should be included here, or on the back of the booklet, or in a separate leaflet accompanying the booklet.

Here, or in another part of the booklet, or in a leaflet, there should also be a map showing the way round the hospital. This, too, should be simple and diagrammatic.

The map giving the location of Castleport General Hospital is clear and shows its position in relation to important landmarks.

The map of the hospital should not attempt details unless it is produced in large format and included, say, in a pocket at the front or back of the booklet. A map of the size here should indicate basic information such as the location of the hospital reception and enquiry desk and the position of the main blocks or wings of the hospital. Good signposting – and helpful staff – should do the rest.



**5** In **What to do on arrival at the hospital**, refer to the patient's admission letter giving the name of the ward. Encourage him to arrive on time, but warn that delays can happen. For example:

**We will try to make your admission as easy as possible, but delays and changes sometimes happen because we have to admit other people as emergencies.**

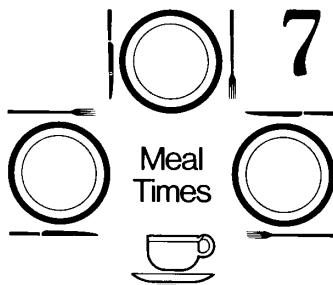
**6** In **What to do on arrival at the ward**, say that a nurse or ward clerk will meet the patient.

Patients are usually given a plastic identity bracelet with their name and possibly hospital number, to be worn while they are in hospital. Mention these points here.

There may be things that patients should tell staff as soon as they arrive. Include the main ones. For example:

**Please tell the staff if you**

- have been taking any medicines;**
- need someone to deal with your pension or other benefits;**
- require medical certificates while in hospital;**
- have valuables or clothes to be stored away;**
- would like a relative or friend to bring in your own TV, transistor radio or cassette player;**
- need an adaptor or other plug for your electric shaver or other electrical appliances.**



**Meal Times**

**7** In **Life on the ward**, cover such points as the hospital day, medical information, the question of consent to an operation, meal times, the availability of different menus for religious or medical reasons, and facilities such as newspapers, books, ward shopping, hairdressing, telephones, banking, and the handling of personal problems.

Assure the patient that medical information is treated as strictly confidential by the staff and that it will be passed to no-one except the family doctor without permission. Encourage the patient to ask questions. For example:

**Please ask the doctor or nurse in charge if you want to know anything about your condition, or about the treatment or medicines you are receiving. If you are in pain or discomfort at any time, please let them know.**

Give further assurances that personal anxieties can be discussed. For example:

**Social workers at the hospital can help you or your relatives with any personal problems which may arise as a result of your stay in hospital. If you want to discuss any anxieties or difficulties about social security benefits, about your work or family life, or how you will manage when you are discharged, please ask the nurse in charge to arrange for you to see a social worker.**

Smoking should be discouraged, but it has to be recognised that many patients will want to smoke. Suggest that they find out from the nurse in charge where they can go to smoke.

It may be worth suggesting that coming into hospital offers a chance to give up smoking, but many patients can do without a heavy dose of health education at this time.

Help patients to distinguish different members of staff and to understand their jobs. Summarise the responsibilities of different doctors. For example:

**Everyone who comes to the hospital is under the care of a consultant specialist. Under his direction**

**are a number of doctors. One of them will be responsible for your day-to-day care, will visit you regularly to see how you are getting on, and will prescribe treatment.**

**8** In Who's who on the hospital staff, describe the uniforms of the various staff patients will encounter most often during their stay. Use illustrations if possible.

In a teaching hospital, the booklet should point out that the hospital trains doctors as well as nurses and other staff. Mention the patient's right to say no to having medical students attending the patient with qualified doctors. For example:

**You may be asked if you would mind medical students being there while you are examined. If you do mind, or if you want a private conversation with a doctor, please feel free to say so. No one will be offended.**

**9** In Visiting times, draw attention to any leaflet which is available for visitors, and to any other sources of information, such as notices in the local press.



**10** In Religious services, explain the arrangements offered and give the whereabouts of the chapel.

Make it clear that the religious faiths of all people are respected in the hospital, not only those of major Christian denominations.

**11** In Leaving the hospital, give a checklist of things to remember. For example:

- Ensure you have any medicine you may need.
- Ask the nurse in charge or ward clerk for any medical certificates you may need.
- Let your local Department of Social Security office know when you will be discharged so that your benefits can be readjusted if necessary.
- If you belong to a contributory scheme like the Hospital Savings Association, send your certificate to the admissions officer who will send it on.
- Make sure you know the date and time of your follow-up outpatients appointment if you have one.
- Make arrangements for someone to take you home. An ambulance will take you only if your hospital doctor says this is necessary.
- Remind whoever is collecting you to bring clothes for you to go home in, and please check that you do not take home any hospital property.

## HOW TO SAY IT

Above all, a booklet for hospital patients should be readable. Sentences and words should be as short as possible. They should avoid jargon and officialese.

The importance of friendly, readable literature should not be underestimated. Printed literature enables people to study the information in their own time and use it to check up on things whenever necessary.

You can use readability tests to find out whether the information is comprehensible to the maximum number of people.

Various tests are available. For example, take a random extract of three hundred words – or the whole text if it is not too long – and

- Work out the average number of words in each sentence.
- Work out the average number of words with three or more syllables per hundred words, but ignore combinations of one- or two-syllable words which form a single word, such as 'nevertheless'; verbs in which the endings -ed or -es form the third syllable, such as 'created' and 'assesses'; the theme words of your subject if they have three or more syllables, such as 'information literature'.
- Add the numbers together.

Your score should be about 32 or below if you have written readable and comprehensible text.

People who speak little or no English should ideally have literature in their own language. This is definitely worthwhile for the main linguistic minority groups in

your area. They need information about coming into hospital even more than English speakers since they are likely to start off knowing little and to be unable to find out more.

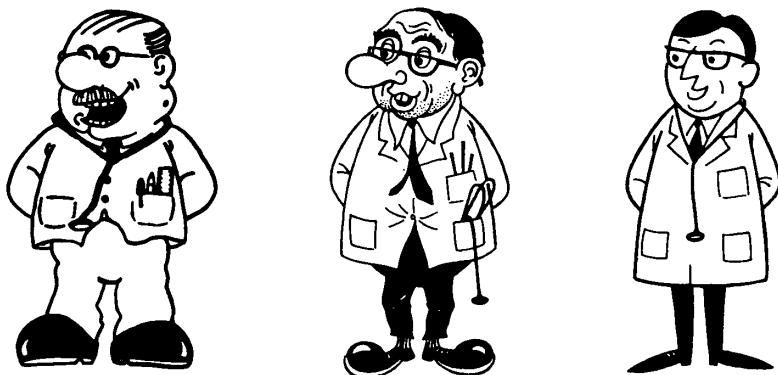
Alternatively, other arrangements may have to be made to help them through interpreters. If none is available you could try using English-speaking relatives, friends, or volunteers such as link workers in hospitals.

Ideally, hospitals should have interpreters for main groups.

## Illustrations

Cartoons are sometimes used to try to make a booklet more lively and enjoyable, and highlight particular points for the reader. But beware. Not everyone shares the same sense of humour, even at the happiest of times; and going into hospital is not one of them.

The figure on the right is drawn in a neutral but skilful style.



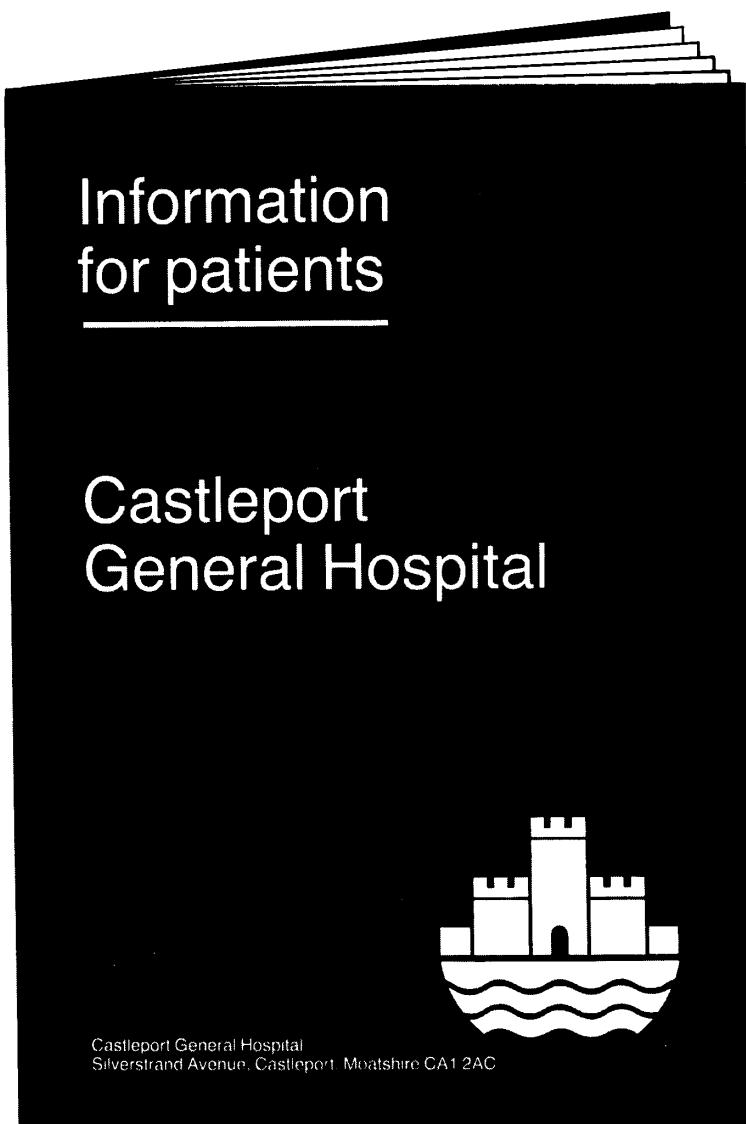
If you decide to use cartoons have them drawn by a professional artist if possible; enthusiastic amateurs rarely have the skills to put across points with subtlety or in a way which strikes a happy balance between seriousness and frivolity.

If the cartoons are not likely to work, it is worth considering a less risky alternative such as simple illustrations which serve to break up the text but usefully highlight things which need to be emphasised.

Photographs are also of questionable merit, unless they are by a first-class photographer. To a public conditioned largely to colour, average black-and-white pictures in a booklet can look dull; and coloured photographs send the cost of the booklet shooting up. They may also give a glossy, misleading impression of the conditions at the hospital. However, photographs of babies or children, even in black and white, can look appealing, and there may be a case for using them.

## **Presentation**

Most booklets are printed with black text on white paper, but an additional colour (blue, red, green, for



example) can be used to brighten the appearance of the booklet without raising the price excessively. Reversing the design illustrated on page 4 so that black becomes white (as opposite) produces a distinctly different cover at no extra cost.

There is a great temptation to look for advertising to offset the cost of the literature. In principle, this is an admirable idea. In practice, advertisements distract the eye and the mind from the main text. They also inflate the size of the publication and therefore the postage costs (see page 34).

Advertisements are not always easy to obtain, and care has to be taken over advertising of some products which may be potentially harmful to health.

Having one advertiser, or preferably a suitable sponsor, is the best solution.

We take pride in our ability to meet every occasion with tasteful and thoughtful floral tributes. Over the years we have established a reputation for a sympathetic understanding of the bereaved.

# Floral Tributes

We invite you to call and see the quality of our designs and the excellence of our blooms which come to us on the very day of picking. We know how to say it with flowers and how to comfort you and yours in an hour of need.

**Garden of Rest Flowers**  
16 Castleport Road – Tel: Castleport 6778

Some advertisers or sponsors may be less suitable than others.

## DESIGN AND PRINTING

Just giving the text of your intended booklet to a printer and leaving him to produce it is not enough.

A printer, left to his own devices, will produce a competent piece of printwork, but it will probably be safe and unimaginative and look like his previous pieces of printwork unless he is given clear specifications and instructions.

The best thing to do is to engage a graphic designer. This may seem a luxury, but a designer, apart from enabling the client to produce a professional job, will help to ensure value for money, especially if he knows from the outset how much or how little you can afford. Obtain the names of two or three graphic designers and look at the work they have done. The public relations department at the regional authority will usually be able to recommend good designers.

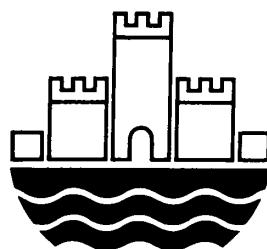
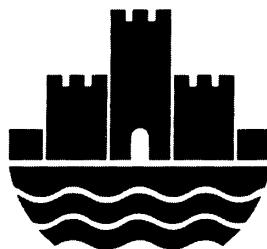
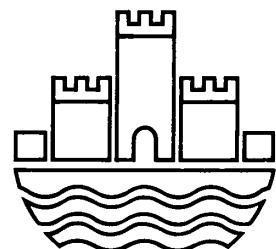
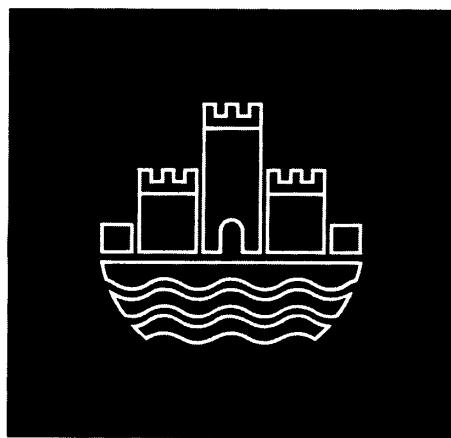
A printer will also be able to help with some names. Yellow Pages give information under 'Designers – advertising and graphic', and printers' names will be found under 'Printers and lithographers'. Arts colleges or technical colleges will sometimes take on design work, but the pressures of the syllabus mean that students are not always as fast as commercial artists – and they may be a trifle too avant-garde!

If you feel you cannot afford a designer, bear in mind that a printer, in giving you an estimate, may also be using a designer or layout artist, and this will be reflected in his charges. If you still decide you cannot afford a designer, these guidelines will help you to some extent, and you will be in a better position to brief a printer satisfactorily.

## Briefing

The designer, assuming you decide to use one, will visit you to discuss your needs. He will want to know:

- who will be reading the booklet – in this case, patients and their relatives or friends;
- what size and how long you want the booklet to be;
- whether you want it to be printed in one colour or more (black counts as a colour);
- whether you want illustrations;
- whether your hospital has any logostyle, symbol or 'house' colours such as the castle in the Castleport booklet;
- the dates when you want the booklet to be completed and delivered.



Four ways of treating the same piece of graphic design, all in one colour.

You should ask the designer to provide an estimate for his work. This will cover three things – design, typesetting and artwork (see below).

If you are approaching more than one designer, do not necessarily accept the lowest estimate. Choose the designer you are most comfortable with and the one who, judging by the other work in his portfolio, you feel will sympathetically interpret your ideas and requirements.

You should work out at this stage how many copies of your booklet you will need.

You should make a number of other decisions at this stage, too – about the size, the layout and the typefaces you will use. They can make or break a booklet.

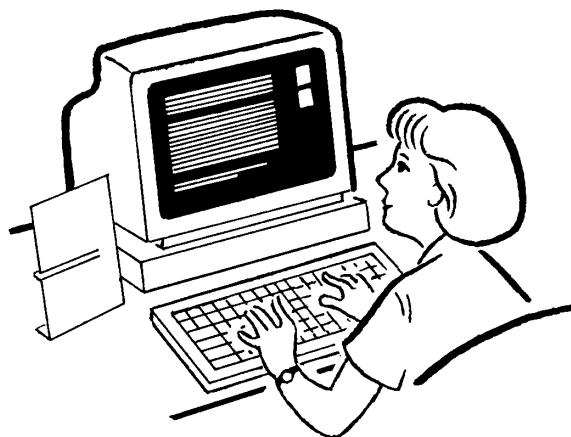
Most of the successful patients' booklets are A5 in size. A5 is a format which lends itself to good design as well as the convenience of the user – not too small, not too big. A smaller size than A5 makes the booklet more convenient for pockets or handbags and for envelopes, but it means possibly twice as many pages and gives the impression of a thicker and therefore longer document.

The layout of the text will also influence readability. Headlines should be brief. Lines should be well spaced. Paragraphs should be short.

When it comes to considering what typeface to use, you should bear in mind that a large number of the people reading the booklet will be elderly. A small typeface will mean more words to the page and possibly, though not necessarily, fewer pages and therefore a financial saving. But the savings are nothing compared with the waste in producing a booklet which many people cannot read without difficulty.

The size of the typeface which you are now reading is 11 point. It is called Goudy Old Style and is a serif face. Serif faces are thought to be marginally easier to read than sans-serif faces, although these are widely used.

The next two pages contain samples of six popular typefaces, all widely available. The first three are serif faces, the others sans-serif.



## CENTURY OLD STYLE

Contact the Department of Social Security if you are receiving a state pension or any other benefits such as income support or invalid care allowance. Some benefits may have to be reduced during your stay.

Arrange, if possible, for a relative or friend to bring you into hospital so that they can wait until you are admitted and take away any clothes or property you won't need during your stay.

## PLANTIN

Contact the Department of Social Security if you are receiving a state pension or any other benefits such as income support or invalid care allowance. Some benefits may have to be reduced during your stay.

Arrange, if possible, for a relative or friend to bring you into hospital so that they can wait until you are admitted and take away any clothes or property you won't need during your stay.

## TIMES

Contact the Department of Social Security if you are receiving a state pension or any other benefits such as income support or invalid care allowance. Some benefits may have to be reduced during your stay.

Arrange, if possible, for a relative or friend to bring you into hospital so that they can wait until you are admitted and take away any clothes or property you won't need during your stay.

## HELVETICA

Contact the Department of Social Security if you are receiving a state pension or any other benefits such as income support or invalid care allowance. Some benefits may have to be reduced during your stay.

Arrange, if possible, for a relative or friend to bring you into hospital so that they can wait until you are admitted and take away any clothes or property you won't need during your stay.

## GROTESQUE

Contact the Department of Social Security if you are receiving a state pension or any other benefits such as income support or invalid care allowance. Some benefits may have to be reduced during your stay.

Arrange, if possible, for a relative or friend to bring you into hospital so that they can wait until you are admitted and take away any clothes or property you won't need during your stay.

## UNIVERS MEDIUM

Contact the Department of Social Security if you are receiving a state pension or any other benefits such as income support or invalid care allowance. Some benefits may have to be reduced during your stay.

Arrange, if possible, for a relative or friend to bring you into hospital so that they can wait until you are admitted and take away any clothes or property you won't need during your stay.

## Design



The first job of the designer, after you have briefed him, is to come up with a 'visual' impression of how the booklet might look. This is one of the most important stages in the creative process. It is a necessary one if you are to be able to visualise the final product and feel happy that it will meet your requirements.

It may be useful to test the visual on a few people – perhaps 20 or so patients – just to make sure you and the designer are on the right lines.

### Information for patients

#### Castleport General Hospital

Castleport General Hospital  
Silverstrand Avenue, Castleport, Moatshire CA1 2AC

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#### A visual and the finished artwork

If people do not like what they see, ask them what it is they don't like – the colours, say, or the layout. They may find it difficult to articulate their objections, but the designer should be able to interpret them and act accordingly. You have a right to expect that. If you share

other people's reservations, the designer has probably come up with a poor design. He should not charge you for going back to the drawing board. He may, however, charge you if his design is a faithful representation of your original brief.

Avoid gimmicky design. The literature should be designed to outlast trendy styles. It can still look bright and attractive without going over the top.

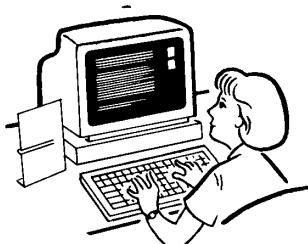
The visual will indicate the shape and size of the booklet, the colour or colours to be used, the layout and the typeface.

Once the visual is approved, the designer can help to draw up specifications for printing so that you can obtain estimates for the cost of the booklet from printers.

With the design approved, the words written and the illustrations (with any captions) prepared, the text is then typeset.

## Typesetting

The designer has the text typeset to fit the layout.



It is not his job to check the manuscript. He may in passing spot glaringly obvious errors in what you have written. So may the typesetter. But it is your job to check the text – word by word and comma by comma. Corrections later can be very costly.

Proofs of the typesetting will be made available. You should check them thoroughly for spelling or punctuation mistakes. If the mistakes are yours because, by omission or error, they were in the text you supplied, you will be charged for putting them right. These are called authors' corrections and can prove very expensive. If they are mistakes by the typesetters, there is, of course, no charge.

In the case of an increasing number of designers, an alternative, if you have word processing facilities, is for you to provide a soft disk which the designer can convert into type in the style and format chosen for the booklet. This cuts out the separate typesetting stage.

Discuss this with the designer at an early stage as he will probably suggest trying a test disk to ensure that your text can be converted.

The designer will also need to know the make of your computer or word processor as well as the name of the software you are using.

## **Artwork**

With typesetting approved, the graphic designer assembles all the material on a flat board ready for the printer. This is the artwork. It will be in black and white, but marked to show where coloured areas, if any, will appear.

Check the artwork for any wrongly positioned paragraphs or pages and make sure that the positioning of any illustrations is clearly shown. For more complicated jobs, such as any full-colour work, it may be worth asking for a proof copy of the whole booklet before it is printed. There is an extra charge for this.

Depending on the size and complexity of the project, it can take days or weeks to prepare artwork. This needs to be borne in mind when deciding the completion and delivery dates.

## **Printing**

The more copies of a booklet you print, the cheaper will be the cost of each one.

The quantity will depend mainly on the number of new inpatients expected in the coming 12 or 24 months.

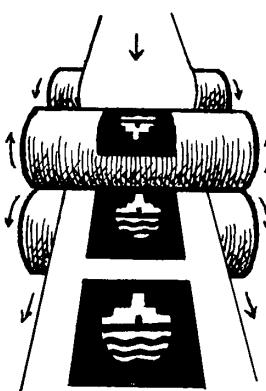
In working out the print run you will also need to consider how long it may be before any of the information will need changing or updating.

It is a false economy to print half now and half in the next financial year. It costs much more to put work back on the printing machines than to complete the job in one print run.

The main elements of the production costs are: plate-making (making printing plates from the artwork); setting up (fitting plates to machines); printing (printing and paper) and finishing (guillotining pages to size, fitting pages to the cover, possibly coating the cover, and fitting any pocket it may have).

Printers, when asked to give an estimate, need to know:

- the number of pages;
- the type of paper to be used for the cover and for the inside pages;
- the weight of paper and whether it should be artpaper (shiny) or cartridge paper;
- the method of fixing the pages to the cover;
- additional requirements such as a pocket;
- the colour(s) of ink and the number of colours;
- the number of booklets to be produced;
- where and when they are to be delivered.



Using two colours rather than one may add about ten per cent to the cost of production. Having a pocket in the booklet can increase the cost by 30 per cent.

An important factor in the design and printing is the postage costs (see next section).

## DISTRIBUTION

Various staff will have responsibility for sending or giving out information literature. They include admissions clerks, medical records officers, medical secretaries, bed bureau staff and ward clerks.

People being admitted from the waiting list should receive their booklet when they are sent their admission letter.

Remember that the total package – booklet and contents, admission letter and envelope – must weigh less than 60 grams for minimum first-class and second-class postage. The following combination would be safely inside the limit:

	grams
Booklet cover	(160 gsm*) 12.8
16 pages of text	( 90 gsm) 21.15
Relatives' leaflet	( 90 gsm) 5.4
Children's leaflet	( 90 gsm) 5.4
Admission letter	( 90 gsm) 5.4
Envelope	7.6
Ink	2.0
	<b>54.75 gm</b>

\* grams per square metre

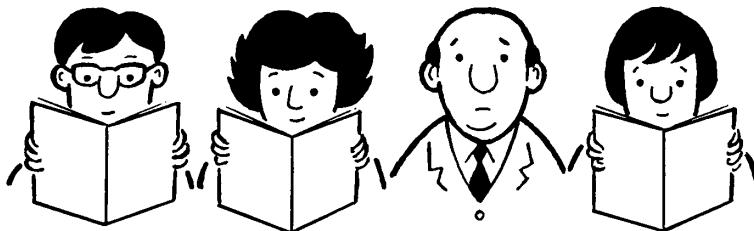
Some patients are booked to come into hospital at very short notice after seeing a consultant in an outpatient clinic. They should be given the booklet then. It provides a useful excuse for a clerk or other member of the staff to reassure patients about their admission.

Patients admitted as emergencies can obviously not be given the booklet or other literature beforehand. Although the booklets are less relevant for them, they

still provide a lot of useful information. They can be given to patients when they are ready to take in what is being said to them.

The RIPACS study in Brighton recommended that, despite the very high proportion of patients receiving the booklets, the public should still be made more aware of them. RIPACS suggested advertising the booklets in GPs' surgery waiting rooms, clinics, outpatients' departments and, possibly, chemists' shops and Citizens' Advice Bureaux.

Snap surveys should be undertaken regularly among patients to find out how many of the people who should receive the literature are actually getting it.



As a patient, you will be feeling nervous<sup>1</sup> about admission to St Ermine's Hospital. Your relatives are bound to feel nervous as well. We can well<sup>2</sup> understand those feelings. They are very common at St. Ermine's.<sup>3</sup>

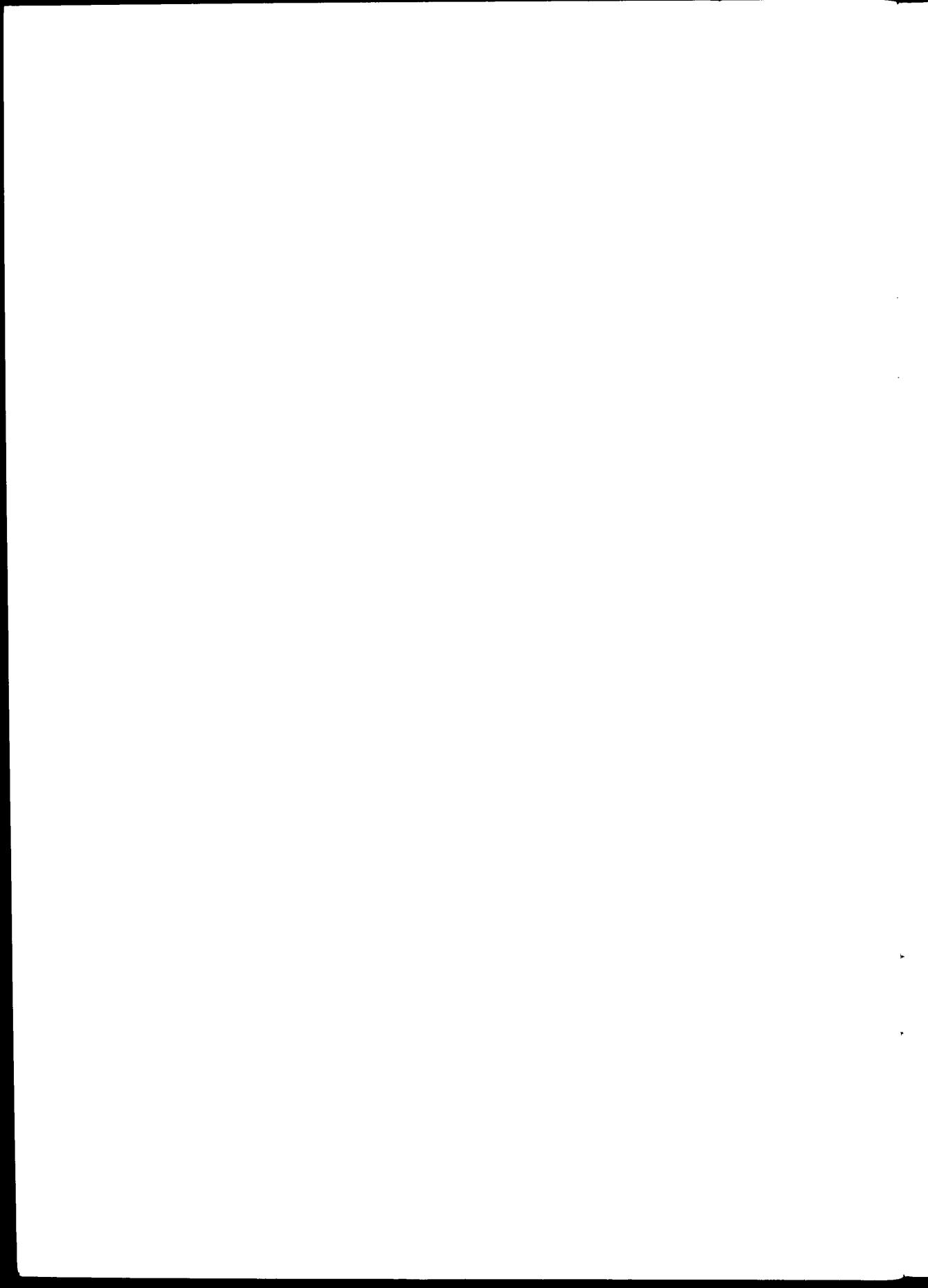
St. Ermine's, whose traditions date back 100 years or more,<sup>4</sup> has good cause to feel proud of them.<sup>5</sup> They have been the keystone of A Century of Care<sup>6</sup> – a century in which clinical techniques have changed but our standards certainly have not.<sup>7</sup> At St. Ermine's, the **patient always comes first**,<sup>8</sup> and everyone at the Hospital,<sup>9</sup> from Consultants to domestics,<sup>10</sup> are<sup>11</sup> fully committed to this principal.<sup>12</sup>

As a D.G.H.<sup>13</sup> serving a large population in Ermington District Health Authority<sup>14</sup> and beyond, St. Ermine's provides acute services in an extensive range of clinical specialties.<sup>15</sup> These comprise, amongst others,<sup>16</sup> Ophthalmology,<sup>17</sup> E.N.T., Obstetrics and Gynaecology, Cardiology and Oncology, together with an Accident and Emergency Department, I.C.U. and, of course, an O.P.D.<sup>18</sup>

- 1 Avoid negative thoughts. Patients are likely to be nervous already; they don't want it confirmed in writing.
- 2 Repetition: two 'wells' in the space of four words.
- 3 Be consistent: is 'St' to have a full stop or not?
- 4 Give actual age or say '100 years and more'.
- 5 Proud of what? The traditions or the years?  
'St Ermine's has good cause to feel proud of its traditions, which date back 100 years ...' is better.
- 6 '... keystone of A Century of Care': impressive but meaningless.
- 7 It is hoped that standards would have changed.
- 8 Bold lettering is useful for headings but in text may lay stress on one point to the detriment of others.
- 9 Take care with capitals: 'Hospital' does not need one.
- 10 'Consultants' with a capital and 'domestics' without says something tactless about domestics. 'Domestic staff' is better than 'domestics'.
- 11 The subject 'everyone' should be followed by the verb 'is'. If you think 'is' screeches, write 'all the staff' instead of 'everyone'.
- 12 A common howler – always committed by other people! 'Principle' is correct.
- 13 Avoid abbreviations without explanations. If used, they look less cumbersome without full stops.
- 14 People do not live in an authority; they live in the area it covers or serves.
- 15 Will readers know what 'acute services' and 'clinical specialties' are?
- 16 There may be 'others' in *addition* but these specialties are not *amongst* them.
- 17 An 'h' has absconded from ophthalmology.
- 18 A confusing mixture of long words, capitals and abbreviations. As a famous matron once said: 'We never used abbreviations in my days at UCH.'









**Everyone determined to improve health care, from student nurse to government minister, recognises that patients are entitled to better information.**

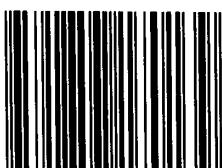
**People going into hospital as inpatients obtain some of their information from a booklet or leaflet issued by the hospital. From this they may get their first impressions of what kind of service to expect. The way the information is written and presented will make them feel more – or less – confident.**

***Guide Lines* explains how to produce information literature that helps them to understand what will happen when they are in hospital and know what to do before and after admission. It gives a practical, step-by-step description of the different stages of production, from deciding the content and writing the text to printing and distribution. And it shows where things can go wrong – all too easily!**

**Roger Silver is director of communications at South West Thames Regional Health Authority. He was public relations manager at North East Thames RHA from 1987 to 1989 and before that was head of marketing and public relations at South East Thames RHA. He previously worked on *The Guardian* and other newspapers. He is a former chairman of the National Association of Health Service Public Relations Officers.**

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