Crystal Clear

Making health and social care information easier to understand

July 2018

What was the project about?

We wanted to look at how easy it is for patients and the public in Buckinghamshire to read and understand important health and care information. Many people now get their information from webpages. But it's clear from the number of published leaflets and documents that these are still important ways of communicating.

We think as many patients and members of the public as possible should be able to easily understand:

- leaflets and other patient information items
- documents which are published by the main health and care organisations so patients and the public can see how they are performing and what their plans are.

So we chose 15 different leaflets and documents to look at. A few each from Buckinghamshire Healthcare NHS Trust, who have a lay panel in place that reviews patient information leaflets, the Buckinghamshire Clinical Commissioning Group, and Buckinghamshire County Council.

We decided to limit the scope of the report to general readability. We therefore didn't look at whether these organisations complied with NHS England's *Accessible Information Standard*. (This standard is for "people who have a disability, impairment or sensory loss".) We also didn't cover the needs of people that don't speak English as their first language.

How did we judge readability?

We assessed the readability of each of the 15 items using the Flesch-Kincaid readability test. There are other readability tests. This one is included in the Microsoft Word software when reviewing spelling and grammar. It gives an indication of how easy it is for people to get to grips with any text.

Here's an example of the information available via a Word spellcheck:

Readability Statistics					
Counts		**Averages**		**Readability**	
Words	1219	Sentences per Paragraph	3.0	Passive Sentences	4%
Characters	6866	Words per Sentence	17.4	Flesch Reading Ease	44.6
Paragraphs	54	Characters per Word	5.2	Flesch-Kincaid Grade Level	11.0
Sentences	45				

Table 1 - Microsoft Word Readability Statistics

Figure 1 - Readability Statistics screenshot from Microsoft Word

The higher the Flesch reading ease score the better. Scores above 60 are said to be plain English.

We then asked one of our expert volunteers with experience in plain English writing to see if the readability of each item could be improved.

What background information is there about readability?

We found research which shows:

- 43% of adults (aged 18-65) do not have good enough literacy skills to routinely understand health information (Rowlands, et al., In progress)
- around 5 million adults in England wouldn't pass an English GCS and have literacy levels at or below those expected of an 11-year-old (Okolosie, 2016)
- something like 7 million adults can't read or understand simple instructions or labels such as on medicine bottles (Patient Information Forum, 2016)
- half the population would be unlikely to understand cancer information brochures routinely used in hospital settings (Manning & Dickens, 2016).

We also took account of the following benchmarks:

- the average reading age of the UK population is 9 years old (See A Voice, n.d.)
- The Sun is written for people with a reading age of 8 (See A Voice, n.d.)
- The Guardian is written for people with a reading age of 14 (See A Voice, n.d.)
- NHS Direct (now NHS Choices), which is certified under the NHS England Information Standard, has a reading age of 10 (Oxford Brookes University, 2016)
- The Guardian recommends Charlie and the Chocolate Factory by Roald Dahl for 8-10 year olds (The Guardian, 2011)
- most adults in England are in the 11-14 year old reading age group (Health Education England, 2017).

What did we discover?

When we looked at the 15 leaflets and documents:

- one had a 'plain English' readability score
- of the other 14 items scored:
  - 4 were "fairly difficult"
  - 6 were "difficult"
  - 4 were "very difficult"

All these items could be amended to improve readability or could be made more accessible by adding a simple summary at the beginning.

We also wanted to identify some examples of good practice. We looked on the three organisations' websites for examples of high readability leaflets. Two we found were:

- [A guide to early help for families](#) (reading ease 67.1)
- [Head injury: advice to parents and carers of children aged under 16 years](#) (reading ease 81.0).

And the three organisations have clearly put effort into making their websites accessible.

What are the main issues?

We found some items were structured in a complicated way. In other cases, the items used difficult words or long/complex sentences, or were impersonal. Others assumed people know or understand things that aren't necessarily common knowledge among the target audience.

We felt that the leaflets didn't always seem to think through the needs and capabilities of their target audience.

We have shared our detailed comments with the three organisations. Here are just a few examples. In some cases we've suggested alternative wording.

A leaflet said:

> "If you feel your concerns have not been resolved satisfactorily, will guide you through [our] complaints process and provide you with information about external independent services who can assist you if you wish to make a formal complaint."

We suggest:

> *"If we can't help sort things out, we can tell you how else to complain."*

A leaflet said:

> "Waiting times and length of stay may vary depending on the treatment. Many of the treatments given are prepared in pharmacy on the day that they are due and made individually for each patient. Some treatments cannot be made until you have arrived for your treatment. The nurses work hard to minimise the stay but there is often a waiting time for patients prior to receiving their treatment."

We suggest:

"Our nurses know you will want to spend as little time at the hospital as possible and they work hard to achieve this. The time you spend will depend on what sort of treatment you are having. Many treatments need to be made up specially for each patient after you arrive and this can mean you will have to wait a while before the treatment starts."

A document said:

> "In the event of delayed discharge, you may be transferred to your referring hospital or hospital in your own area of residence. Social Services may be requested to seek an interim Nursing Home placement."

We suggest:

"Sometimes we will be ready to discharge you but there are delays. If this happens we may need to take one of the following actions:

- *transfer you to the hospital where you were a patient before coming to Stoke Mandeville;*

- *transfer you to a hospital in the area where you live;*

- *ask social services to arrange for you to stay in a nursing home for a short while."*

The executive summary of a finance report to a public meeting said:

> "Planned and Unscheduled Care worsened by [£x million] as result of triangulation with [xxx], further deterioration in the [xxx] portfolio as a result of additional [xxx] activity above forecast and the creation of a contingency to cover further pressures."

A public strategy document said:

> "We will improve the experience of services for all residents including key transitions through the life course by: working closely with Children's Social Care and Learning and engaging early with services users, carers, families and providers to inform planning and commissioning, and to ensure the timely sharing of data and intelligence."

A consultation paper said:

> "[X organisation] wishes to ensure that all the opportunities within the currently funded essential and advanced service elements of the community pharmacy contractual framework are fully utilised to ensure maximum health gain for our population."

Our conclusions

We know patients and the public are being asked to:

- take more responsibility, both for their own care and for looking after themselves so they avoid getting ill; and
- get more involved in the development of services (known as co-production).

To achieve this, as many people as possible need to be able to read and understand health and care advice, information and other material.

In assessing readability, we think it fair to separate out two categories:

- leaflets and other materials aimed directly at informing patients, and
- documents produced, in part at least, to consult or inform the public about what these healthcare organisations are doing.

The former should be in plain English. However, it may be too difficult and take too long to write the latter in plain English. Instead, these documents should have some form of short, jargon free, easy-read summary. We believe such a summary would also help busy health and social care professionals.

Charitable and other organisations often produce patient/public information which pay close attention to readability. These can cover subjects covered by Bucks publications. It seems possible that administrative time could be saved by using and adapting good quality leaflets and guidance produced by others rather writing them afresh (if that is what is done).

Our recommendations

We recommend that Buckinghamshire Healthcare NHS Trust, the Buckinghamshire Clinical Commissioning Group, and Buckinghamshire County Council should ensure the following:

1 Anyone **writing** leaflets and other material aimed at informing patients:

- applies the Flesch-Kincaid readability test in Microsoft Word or a similar readability tool. Although not a definitive measure of readability, this will give a good indication. Any draft patient leaflet that doesn't score 60 or more on Flesch-Kincaid should be reviewed for readability."

- when starting to write a leaflet, asks themselves three simple questions (see appendix 1 for more): What sort of people make up the target readership? What's the leaflet trying to achieve? What do intended readers want or need to know?

2 Key documents for public meetings, consultation documents, and published policy documents, all have an easy-read summary at the beginning.

3 Anyone **approving** leaflets and documents for publication has readability training.

4 Anyone **writing** leaflets and documents for publication is given short, simple written advice and confirms they have read it. We think internal guidance available to help these officials is often too detailed and too complicated. Officials who write documents are experts in their field but not necessarily experienced in writing for patients and the public. They often will not have time to spare from their main work to become writing experts. Appendix 1 contains a two-page advice note which the three organisations might want to consider using.

5 Anyone **writing or approving** a leaflet or document for publication looks at the Plain English Campaign's A to Z of alternative words.

6 If digital versions of folded paper leaflets are made available for online viewing, they are re-formatted. Simple changes so the text follows in order should be enough.

What are we doing?

We welcome being consulted on public/patient information material. We will continue to offer comments where we have the resources to do so, but we hope this report will help to raise levels and mean that there is less need to comment on individual items.

We will continue to focus on ensuring that all our communications are in plain English.

We will monitor future publications issued by Buckinghamshire County Council, the Buckinghamshire Clinical Commissioning Group and Buckinghamshire Healthcare NHS Trust. We will consider whether we need to issue further progress reports.

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Appendix 1

Three steps to a good leaflet

1 Decide who you want to read it

It sounds obvious. But the type of people you want to read and understand your leaflet should influence what information you include, how much, and how you write it.

Here's 5 possible categories of reader:

- member of your profession or work colleague
- someone who has been to university
- an 'ordinary' member of the public
- someone with learning difficulties
- other (e.g. a child, or member of the public who knows about the subject).

Decide who to pitch it at if you have a variety of readers.

Have a picture in your own mind of a typical reader. It might be: your aunt/uncle Jo[e] ; a 15-year old doing GCSEs at school ; or Chris a 19-year old trainee firefighter and partner Sam a 20-year old insurance claims handler.

2 Decide what the purpose of the leaflet is

Leaflets can be to put over a message. Or they can be just to provide information. Or they can be a bit of both.

Make sure the message or messages are clear and prominent. Put the information in a structure that's logical for those who will be using it.

3 Decide what your readers want or need to know

Do they want or need an overview, or lots of detail, or practical advice or what?

Try to focus on what is essential to say and avoid the temptation to write everything you know about the subject.

Eight Top Tips for Clear Writing

Know: the average reading age in the UK is 9 years old. The Sun writes for a reading age of 8.

Assume: if more people read and understand the leaflets, there should be fewer queries, less anxiety and more involvement by patients and the public.

It's <u>not</u>: about dumbing down, being patronising, or not saying what needs to be said.

1 use everyday words

- "the majority of" ✗
- "most" ✓

2 use short sentences

3 **if it is essential to use technical words, explain** –

- "twins are more likely to require medical intervention (vacuum/ventouse)" ✗
- "this might be using a form of suction (vacuum/ventouse)" ✓

4 **be straightforward**

- "facilitate the healing process" ✗,
- "help you get better" ✓

5 **be personal**

- "it is possible" ✗
- "you can" ✓

6 **check what you've written:**

- try reading it out loud: does it sound like you would speak to a patient?
- test it against the Microsoft Word reading ease (Review>Spelling & Grammar). Is the score over 50? It should really be over 60 or 70 for the general public

7 **less is more** – fewer words and shorter leaflets are more likely to be read.

8 **long documents need an easy-read summary** at the beginning.

Don't say:

> "Laser resurfacing of facial skin to reduce post-acne scarring is an established technique requiring the skills of an experienced laser surgeon."

Say (although it's longer):

> "If your acne has caused scarring this can be reduced by a laser treatment. This treatment removes the outer layers of the skin and encourages new skin to grow. It needs to be done by an experienced laser surgeon, but is a well-used method."

Don't say (although the readability score is good)?

> "In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser. Staff will let you know if this is the case."

Say:

> "Sometimes you will be asked instead to wash your hands with soap and water."

Don't write

A complex five-page paper for a public committee without an easy to read summary at the beginning.

If you require this report in an alternative format, please contact us.

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