

**Improving health literacy to reduce
inequalities and enhance patient
experience**

Welcome and introduction

Facilitated by Saffron Cordery

Context setting

Dr Mike Oliver – health psychologist

Case study – Manchester University NHS Foundation Trust

Simon Watts – public health consultant, Manchester University NHS Foundation Trust

Case study – South Tyneside and Sunderland NHS Foundation Trust and North East and North Cumbria ICB

Ryan Swiers

Reflections from NHS England

Abdul Hamied – deputy director, healthcare inequalities improvement programme, NHS England

Panel Q&A

Facilitated by Saffron Cordery

Final reflections

Facilitated by Saffron Cordery

Close of event

- Please note, this event is being recorded
- Please keep your camera on wherever possible
- If you lose connection, please re-join using the link in your joining instructions or email health.inequalities@nhsproviders.org
- Please ensure your microphone is muted during presentations to minimise background noise
- We will come to questions during the panel Q&A
- Please feel free to use the chat box to ask questions
- If you would like to ask a question audibly, please use the raise hand function during the Q&A section and we will bring you in
- Any unanswered questions will be taken away and answered after the event
- You will receive a link to an evaluation form at the end of the day, please take the time to complete it, we really do appreciate your feedback.

Health Literate Organisations



2nd December 2024

Dr Mike Oliver



In this section

- What is organisational (and system-wide) health literacy?
- What is health literacy for people?
 - What does it feel like and what does this mean?
- What can be done?
 - Health literacy meets organisational change management

What is organisational health literacy?



Organisational Health Literacy

The degree to which organisations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

What does a health literate organisation do?



A health literate organisation makes it **easier for people to find, understand, and use information and services to inform health-related decisions and actions for themselves and others**. It does this by prioritising clear written and verbal communication, as well as creating an environment and culture that recognises the importance of this subject. A health literate organisation helps people to:

- Access the right services at the right time
- Navigate health services
- Attend appointments (right time, right place, prepared for the appointment)
- Engage with disease prevention e.g. cancer screening, immunisation
- Understand when they need help and feel confident accessing it on time
- Communicate better with health staff (as a result of better shared decision making discussions)
- Avoid unhealthy behaviours (e.g. abuse of alcohol, unhealthy eating, smoking)
- Engage in healthy behaviours (follow a good diet, strive for a healthy weight, take part in physical activity)
- Understand labelling and how to take medicines correctly

Why become a Health Literate Organisation?

Enabling the core purpose & features of ICSS



Promoting health equity & tackling health inequalities



Improving organisational effectiveness and efficiency (finances)

Improving patient safety & reducing preventable deaths



Improved health outcomes for service users & patients



Tackling waiting lists

Reducing inappropriate use of A&E



Reducing DNAs

Increasing medicine compliance and reducing wastage



Enabling personalised care

Underpinning shared-decision making & informed consent



Increasing self-management & preventative health behaviour



Underpinning behavioural science

What is personal health literacy?



Personal Health Literacy

The degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

Organisational Health Literacy

The degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

Why is personal health literacy important?



Limited health literacy is linked with unhealthy lifestyle behaviours such as:

- poor diet
- smoking
- lack of physical activity

Limited health literacy is associated with:

- increased risk of morbidity
- premature death

People with limited health literacy are:

- less likely to use preventive services
- less likely to respond well to public health campaigns
- less likely to successfully manage long-term health conditions
- more likely to use emergency services
- more likely to incur higher healthcare costs

The scale of the issue

Estimated prevalence of low health literacy and health numeracy **Sunderland**

Percentage of the population aged 16-65 that are BELOW threshold levels of health literacy and health numeracy

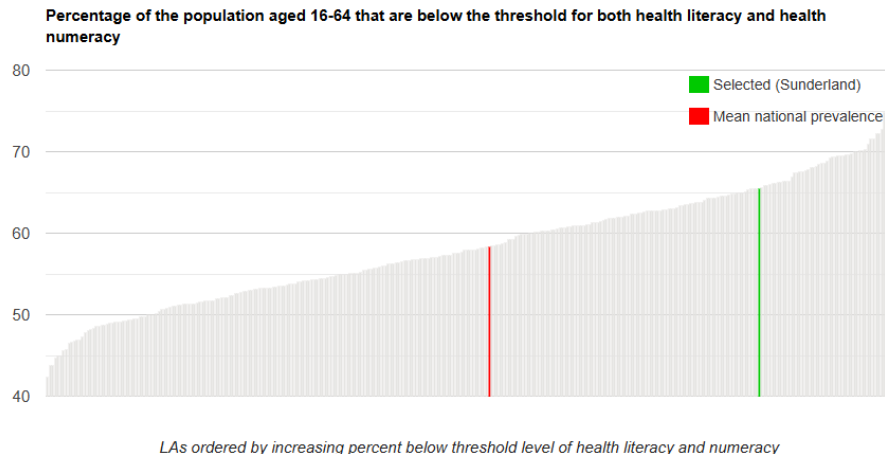
65.49%

This represents an estimate of the prevalence of LOW health literacy and health numeracy for the chosen Local Authority. It indicates the percentage of the population aged 16-65 who would likely have difficulties in understanding or interpreting health information.

IMPORTANT: the prevalence measure is an estimate derived from a statistical model. It should not be taken as a precise measure. Like all modelled estimates, it reflects measurement and modelling issues. Each local authority will also contain areas that will have higher or lower prevalences. The estimates apply only to the 16-65 age group.

Summary information on the modelling approach is given on the Methods tab above.

The mean national prevalence of the population aged 16-65 that are below the threshold for both health literacy and health numeracy is 58.3%; for health literacy alone, the mean national prevalence is 38.66%.





What does it feel like?

A word or two on Covid and Health Literacy



Asymptomatic

Herd immunity

PPE

PCR Test

Antibody

Antigen

Epidemiologist

R number

Omicron

Viral load

Social distancing

Super spreader

Bubbles

Viral shedding



ONS COVID-19: Your test results

Thank you for taking part in the COVID-19 infection survey run by the University of Oxford and the Office for National Statistics (ONS) in partnership with IQVIA.

If you are confused or worried about your test results, please see the information below and section “Your results and how they will be used” at <https://www.ons.gov.uk/cis>

The blood sample taken on 29/09/2021 from the participant born on XX/06/19XX was positive for antibodies.

Please do not assume you cannot get COVID-19 again; see below for more details.

Whatever your test results, if you develop COVID-19 symptoms now or in the future, it is very important that you follow the current guidance, particularly around isolation for you and your household. Do not wait for the results of any tests done in this survey. Your GP has not been told this result.

Every time you test positive for COVID-19 on a swab test in the survey, your national testing programme will contact you. You do not have to self-isolate every time you test positive on a nose and throat swab – please tell them that you are part of the ONS and University of Oxford COVID-19 Infection Survey and they will be able to give you the correct information about self-isolating.

As with all lab tests, the tests done in this study are not perfect, so both false-positives and false-negatives are possible. A false-positive result occurs when a test suggests someone has COVID-19 and/or antibodies when in fact they do not. A false-negative result occurs when a test suggests someone does not have COVID-19 and/or antibodies when in fact they do.

ONS COVID-19: Your test results (updated)



Dear Michael

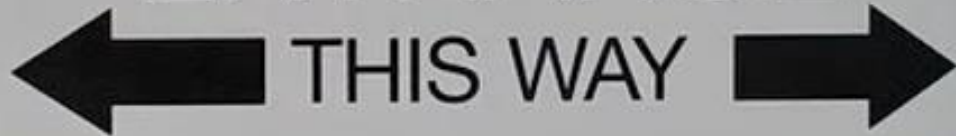
The throat and nose swab taken on 22/02/2023 from the participant born on XX/06/19XX was negative for COVID-19 (no current infection).

Whatever your test results, if you develop COVID-19 symptoms now or in the future, please follow the current guidance. Do not wait for the results of any tests done in this survey. Your GP has not been told this result.

As with all lab tests, the tests done in this study are not perfect, so both false-positives and false-negatives are possible. A false-positive result occurs when a test suggests someone has COVID-19 and/or antibodies when in fact they do not. A false-negative result occurs when a test suggests someone does not have COVID-19 and/or antibodies when in fact they do.

Asymptomatic COVID-19 Testing

ENTRANCE



KEEP
LAMBETH
SAFE



Lambeth

Administration



Dental Clinic



Chiropody



Occupational Therapy



Physiotherapy



Radiology



Burns Unit



Missed appointment

A practising GP recounts the story of a patient in a deprived inner-city practice. The patient was a lifelong smoker with a persistent cough and worrying chest signs. The GP was concerned so she gave him a form (the system for X-rays in that area) and advised him to go to X-ray as soon as possible. She arranged to see him 2 weeks later by which time she would have expected to have received the X-ray report. The patient attended 2 weeks later as planned, and the GP asked him if all had gone ok with the X-ray as she was surprised not to have seen a report.

The patient then looked very embarrassed, shuffling his feet and said that he had gone to the hospital, had not found X-ray department but was too embarrassed to ask, so he went home without having the X-ray.

Considering both personal and organisational health literacy:

1. Should we expect the patient to have known that the radiology department is where you go for an X-ray? Should we have expected him to have had the confidence to ask for directions?

Or

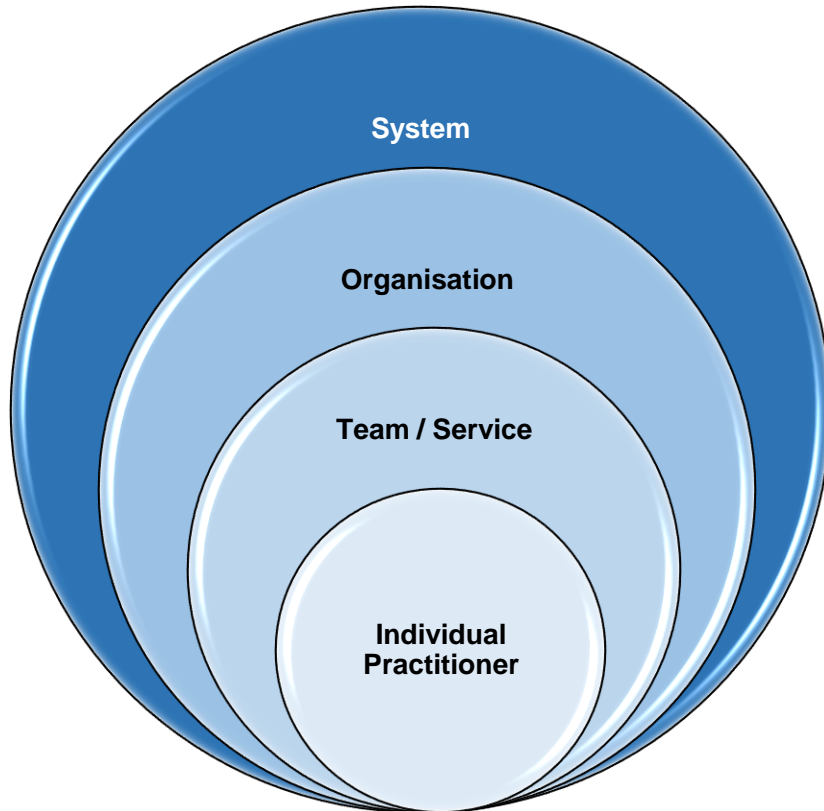
2. Should the hospital have had clear, understandable signage? Should the hospital have trained people (whether employed or volunteers) to routinely help people to navigate their way around the hospital?





What can we do?

Part 1: A mature health literate system



The healthcare system locally/nationally recognises the importance of health literacy as a component of addressing health inequities. The system provides leadership, resources and support to enable healthcare organisations to become more health literate.

Organisations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others. They are supported in this by the healthcare system within which they operate.

Teams put health literacy at the heart of the way they support their service users. Team leaders actively encourage team members to become confident and capable of becoming more health literate in how they support service users. Teams are supported by their organisation in doing this.

Healthcare practitioners know what health literacy is and how important it is. When they communicate, whether verbally or in writing, they do so with health literacy in mind. Practitioners are supported in doing this by their team and organisation.

How do you become a health literate organisation?



Health Literate Organisation

Leadership commitment & policies

Co-production & service user engagement

Staff awareness & ways of working

Written communication

Verbal communication

Physical layout

Evaluation & continuous improvement

Health Literate Organisation

COLLABORATE

Leadership commitment & policies

Co-production & service user engagement

Staff awareness & ways of working

Written communication

Verbal communication

Physical layout

Evaluation & continuous improvement



Team

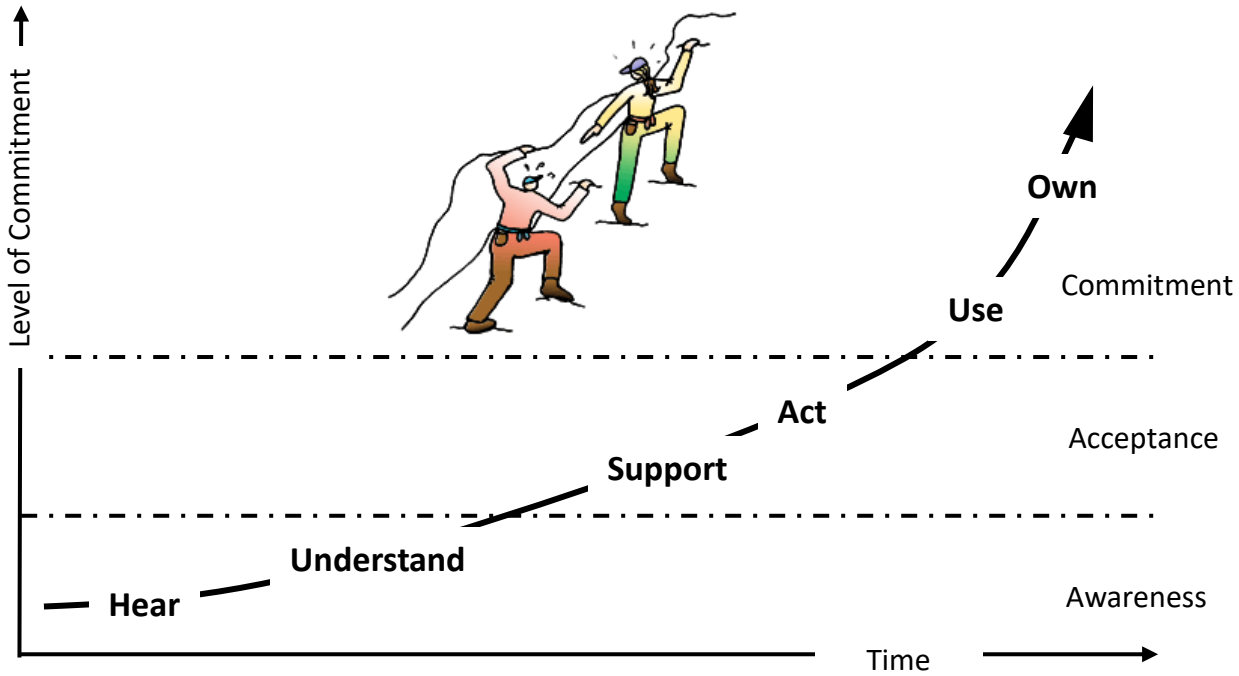


Department



Organisation

Gaining commitment to a new way of working...



“You never receive a complaint about a letter that is too easy to read”

“As a healthcare professional, it is relevant just about every time you open your mouth”

“Tackling health inequalities is hard – but the exciting thing about health literacy is that we can do something about it - now.”

Manchester NHS Foundation Trust: Becoming a Health Literate Organisation



Simon Watts

Consultant in Public Health

Simon.watts@mft.nhs.uk

Health Literacy as a Barrier to Access in Manchester

3 in 4 (73%) residents aged 16-64 would likely have difficulties in understanding or interpreting written health information that included numbers (61% for England)

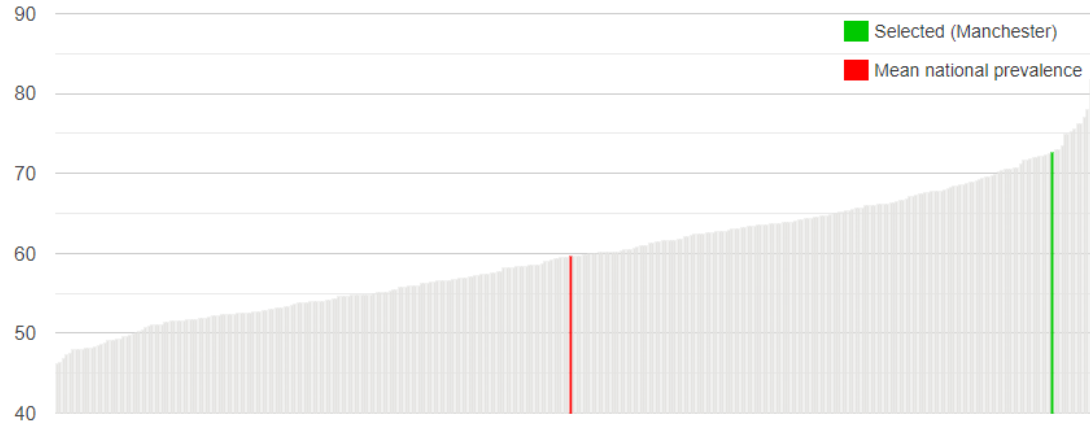


Half (54%) would likely have difficulties in understanding or interpreting just the written part of health information without numbers (43% for England)



Source: Health Education England, based on Skills for Life data (2011)

Percentage of the population aged 16-64 that are below the threshold for both health literacy and health numeracy



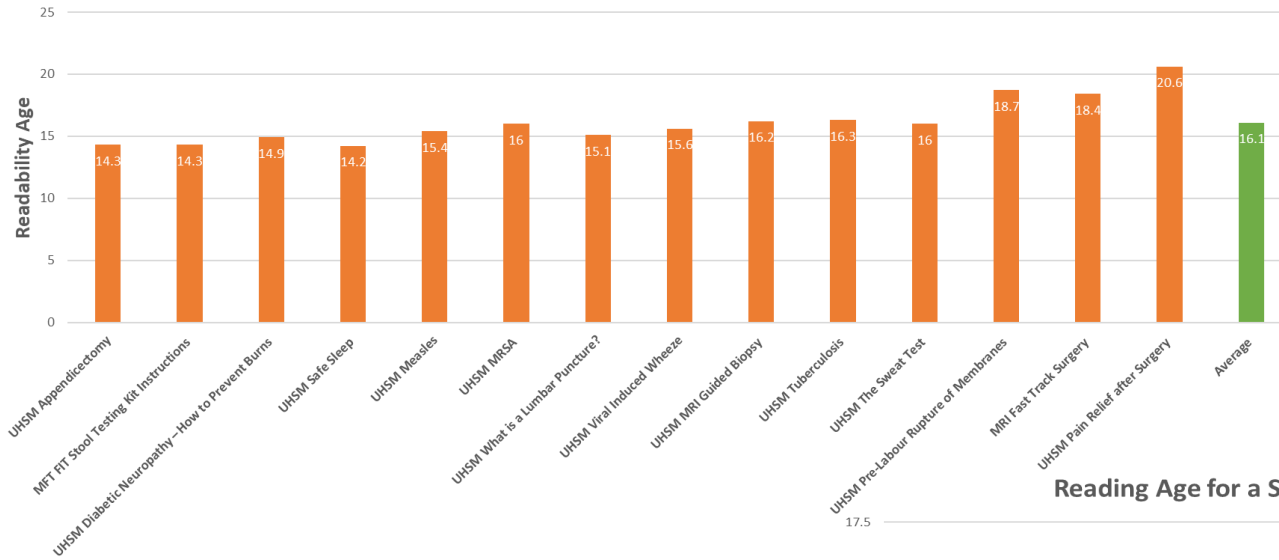
LAs ordered by increasing percent below threshold level of health literacy and numeracy

Healthcare providers communicating in a way that patients don't understand is a cause of health inequalities.

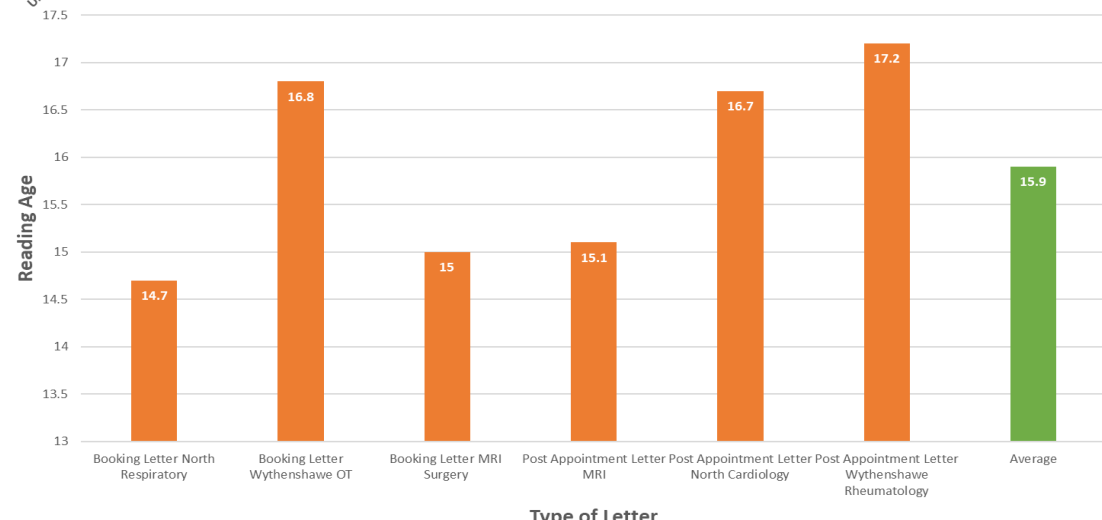
Consistent feedback from communities that we need to do better at communication – common source of complaints and PALS responses; raised regularly at participation sessions about improving access.

Written communication but also verbal; not everyone feels confident to say when they don't understand something or say "no" when they are asked "do you understand?"

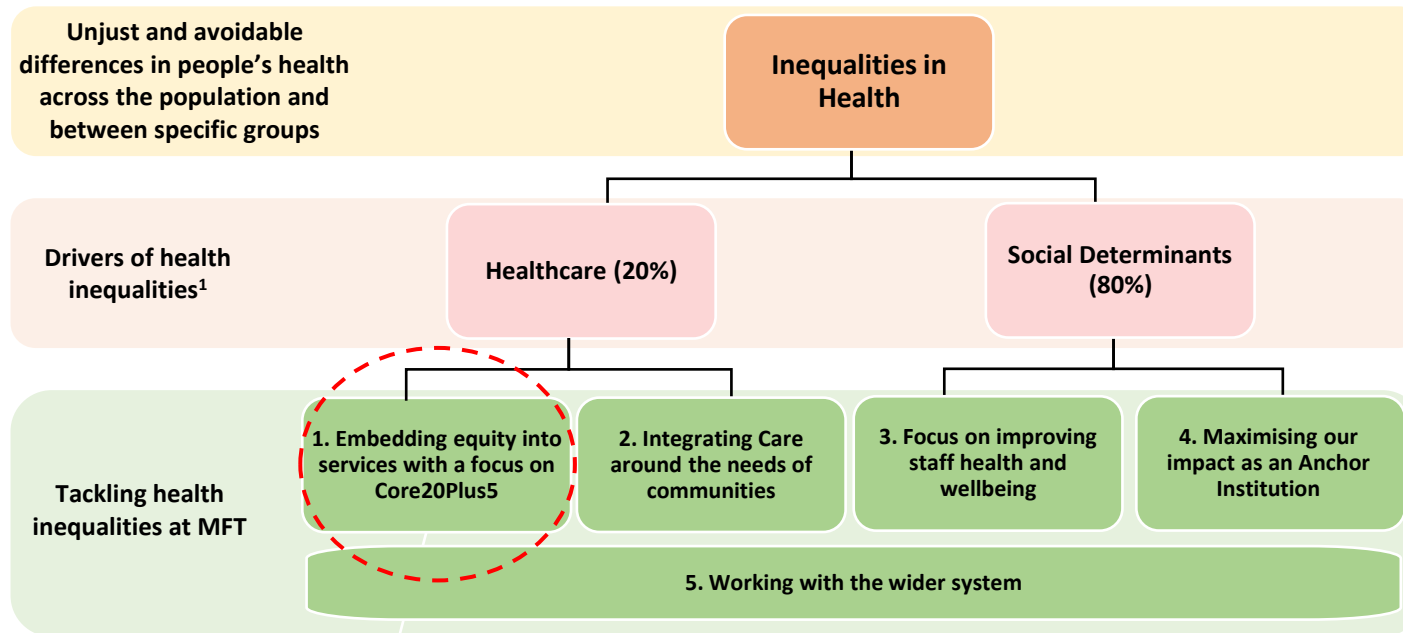
Reading Age for a Sample of MFT Patient Leaflets



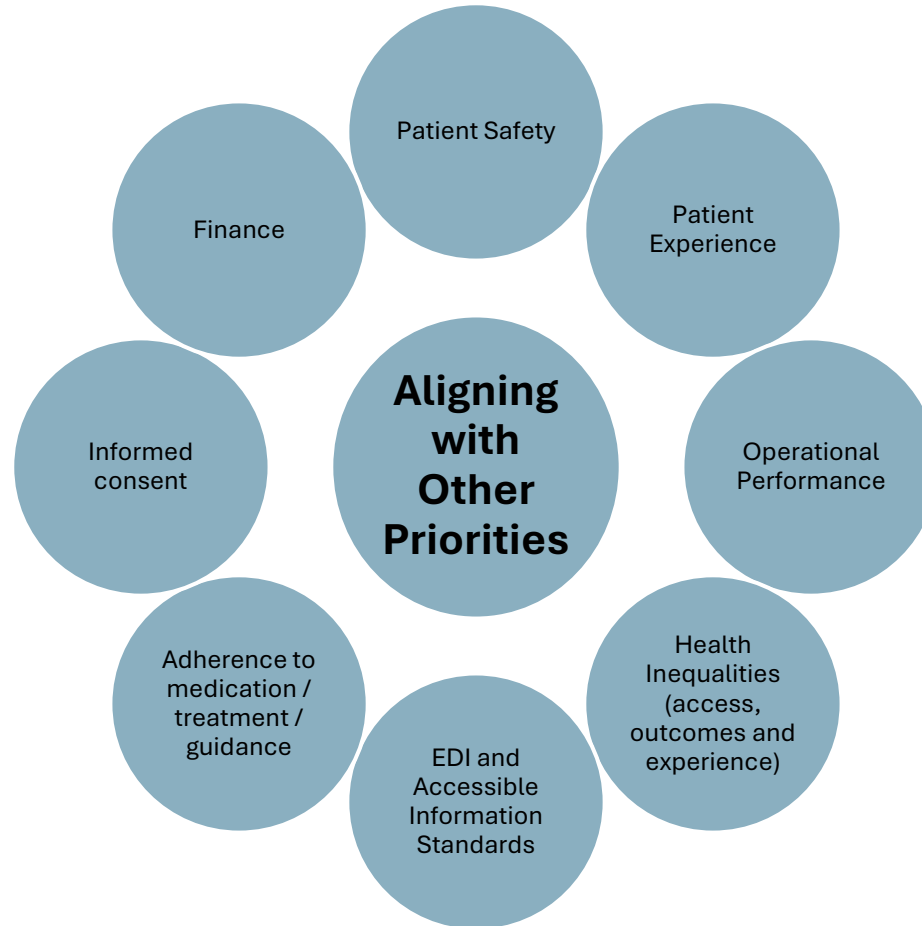
Reading Age for a Sample of MFT Letters to Patients



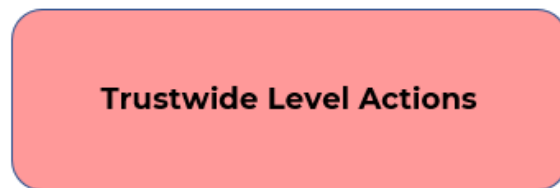
Aligning with our work to reduce Health Inequalities



1. Source: Institute for Clinical Systems Improvement – Going Beyond Walls: Solving Complex Problems (2014)



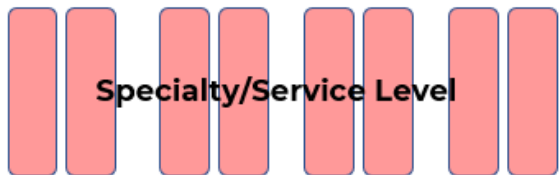
Embedding an Organisational Approach to Health Literacy



- Appointment letter templates and gatekeeper process
- Gatekeeper process for new leaflets to include health literacy focus
- Health literacy in mandatory training / induction
- **Embedding Health Literacy in Trust governance and providing a framework for improvement**
- MyMFT interface
- **Resident engagement / co-design groups**
- Agree common principles for letters from clinicians to patients
- Guidance on website content to improve consistency



- **Incorporate health literacy focus/actions into annual plans**
- Staff awareness and training
- Leadership / accountability for this work at site level
- **Site wayfinding and signage**



- **Identify a health literacy champion in each service/specialty**
- Reviewing/updating existing specialty specific leaflets and letter content
- Clinician generated letters
- Review and update website and content
- Taking a resident engagement / co-design approach to all the above

Approach to change management and culture change



From this

to this

efw
M22 5AR

Date: 01/02/24

MRN: 206366
NHS No: Missing
R0A02//

Dear Felicia BYE

In England, NHS patients have the right to request to move to a different hospital to receive their care/treatment if they have been waiting longer than 18 weeks.

As the NHS continues to recover from the COVID pandemic, we are initially contacting all patients who have been waiting over 40 weeks and inviting them to be considered to move hospital and receive earlier care/treatment. You have been identified as a patient who has been waiting over this period of time.

Think about - initially - at first

Many patients may be deemed clinically appropriate to move provider, however in not all circumstances will we be able to identify alternative capacity to facilitate a move. Should you wish to be considered to move hospital, please submit your details via <http://www.pidmas.nhs.uk>. For those who so not have access to technology, please contact the NHS Telephone Support Line on 0345 4506 166.

what does it mean

situation condition

what does it mean

Upon receiving your request, this will be reviewed and the next step will be communicated to you.

be in contact

Yours sincerely,
Cardiology, Manchester Royal Infirmary

Dear @NAMEPREFERREDFULL@

We are trying to see you as soon as possible and understand you have been waiting for a long time.

Because of this long wait, we can help you in getting earlier treatment at another hospital if you agree.

If you want to know more please visit: <http://www.pidmas.nhs.uk>

If you can't use this link, please call the NHS Telephone Support Line on 0345 4506 166.

Once you have filled in your details we will call you.

From this

to this

Saint Mary's Hospital

Information for Women

Induction Of Labour – Information For You

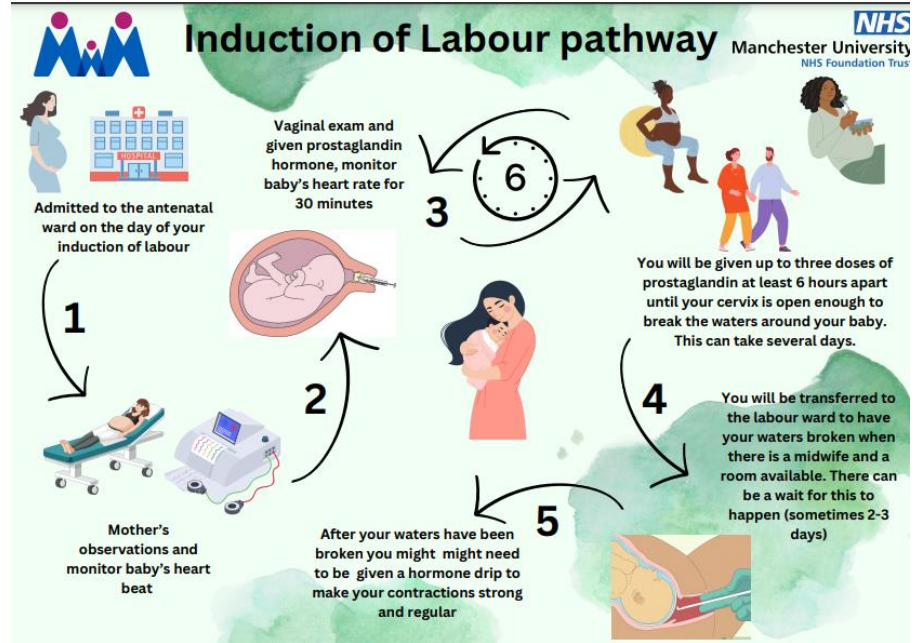
Induction of labour process:

Prostaglandin tablet (Prostin): If your labour is induced in hospital you will be admitted to the antenatal ward C3 at St Mary's at Wythenshawe or ward 65 at St Mary's Oxford Road Campus. Your heart rate, blood pressure, temperature, breathing rate and oxygen levels will be checked. The midwife will feel your tummy to check which way your baby is lying. Your baby should be in a head first (cephalic) presentation. Your baby's heart rate will be recorded on an electronic monitor (CTG). You will then have an internal examination. If it is not possible to break your waters a Prostin tablet will be gently inserted into the vagina. The tablet releases a hormone slowly over 6 hours. Repeat doses of the tablet may be required. These can be given every 6 hours up to a maximum of 3 doses. If you are experiencing contraction type pains or we are concerned about your baby's heart monitoring trace (CTG) then there may be a delay in the next dose being given. Inserting the prostaglandin tablet may be uncomfortable and you may experience soreness in and around the vagina. You may start to feel mild or painful tightenings before effective contractions start. This is the normal process so please do not worry, we have different options of pain relief to offer and your midwife will discuss this with you. Having prostaglandin tablets involves several internal examinations and it can take up to three days for the cervix to soften and open enough for your waters to be broken. Once you get to the point where your waters can be broken, there can be an additional wait on the antenatal ward for a bed to become available on the delivery unit. Having your waters broken happens on the delivery unit and how busy the delivery unit is will determine how long you wait. This can be an additional wait of 24 to 48 hours. If the wait is more than 48 hours in one maternity unit but there is a bed available in another maternity unit within MFT, you may be asked if you wish to transfer to the other maternity unit to continue the induction process. You can remain mobile, bath or shower and eat and drink as usual whilst on the ward during the induction process.

Prostaglandin pessary (Propess): If you are suitable to have your labour induced at home (Outpatient Induction of Labour) then this is the method you will be offered. You will be asked to attend the Antenatal Assessment Unit (AAU) or the Day Assessment Unit (DAU) prior to your induction of labour for an ultrasound scan of your baby. Once this has been performed, providing all remains well with yourself and your baby, you will then have your observations recorded, your baby's heart rate will be monitored and then you will be offered a vaginal examination to gently insert the pessary. You and your baby will then continue to be monitored before being discharged home to await events. At the Wythenshawe site, the prostaglandin pessary will be inserted during a visit to the Day Care Assessment Unit. At the Oxford Road site, you will attend Ward 65 and have the pessary inserted whilst there. You will be monitored following this and if everything is reassuring you will be able to go home.

At home you can do all normal activities, eat, drink, have a walk, take a bath, go to sleep etc. If your contractions start, your waters break, you have any bleeding, feel unwell or you are concerned about your baby's movements, then you will be asked to call triage who will advise you accordingly. If after 24 hours you have not gone into labour, you will return to the hospital. You will be offered an examination and the pessary will be removed. If we are able to break your waters at this point then the delivery unit will be informed and you will await a bed becoming available – you may be able to go home again whilst you wait to have your waters broken. If your cervix has not changed enough to be able to break your waters, then you will be offered prostaglandin tablets as outlined above. You will need to remain in hospital for these.

Cervical Ripening Balloon Catheter: This is another method to induce your labour. At present this is mostly offered to women who have had a caesarean section in the past. A thin tube is gently inserted into your cervix. This has a



Division of Imaging

Information for Patients

Magnetic Resonance Imaging (MRI)

What is an MRI scan?

MRI stands for Magnetic Resonance Imaging.

It is a painless medical scan of your body, which uses large magnetic field and radio waves to produce a picture of your body. A piece of equipment, called a 'coil', is placed next to your body to receive the small signals given out by your body to make the images that doctors can use to treat you.

MRI uses non-ionising radiation and so is considered safe for most patients.



(Image of a typical MRI scanner)

Important Information

The scanner uses a powerful magnet, it is important therefore that you complete the safety questionnaire. This should have been sent to you with your appointment letter. Please ensure you have read and understood it fully, in order to avoid any unnecessary delays.

On arrival a member of staff will review your safety questionnaire with you. It is important that you can answer any safety questions staff may have in the department. If you require an interpreter or have any communication difficulties, please contact the department, as we are unable to allow family members or friends to interpret for you.

If you have any metal implants, such as a cardiac pacemaker, neural stimulator or diabetic pump please contact the department before the scan date, as you may not be able to have an MRI scan.

If you are pregnant or think you may be pregnant, please contact the department.

What happens during a MRI scan?

After reporting to reception, you will be greeted by a member of staff.

- A trained specialist called a radiographer will perform your MRI scan.
- You may be asked to change into a hospital gown.
- You might be asked to remove certain items of clothing and jewellery.
- The person completing the procedure will ask you to confirm some details including date of birth and review your safety questionnaire

During the scan you will have to lie flat within the scanner. This is a 1.5 metre tunnel, which is open at both ends. If you suffer from claustrophobia you may require a light sedative, which can be obtained by you from your GP, and brought with you for the scan.

The scan is very noisy, and you will be given some headphones or ear plugs to wear. You can bring your own CD if you would like to listen to some music (NB this is not possible with some scans. The department staff will be able to advise you).

Occasionally you may be given an injection during the scan of special MRI dye into a vein in your arm.

If you are to be given the dye, a small amount of your blood may be taken to assess your kidney function.

The radiographer will monitor you during your scan and you will be able to talk to them through an intercom if you need assistance or feel unwell.

Having a Magnetic Resonance (MR) scan



An MR scan uses magnets and radio waves to produce high resolution imaging of the body. As it does not use radiation, the risk from the scan itself is low. It can be dangerous for people with metal objects/devices in their body to have an MR scan, we will ask you some questions to make sure you are safe before we do the scan. Appointments will vary in length between 30 minutes to 2 hours.

-  Before you come for your appointment, please complete the safety questionnaire and hand it in when you arrive.
-  Please do not wear jewellery when you come for your appointment.
-  **Please No Children**
There are no childcare facilities. Please do not bring children unless you have another adult with you that can look after them.
-  When you arrive, we will confirm your identity and you may be asked to put a hospital gown on.
-  You may need to have a small needle in your hand or arm to insert a small plastic tube (cannula). This is only needed if you need an injection of contrast (MR dye) to make the picture clearer.
-  You will have to lie down during your scan, either on your back or your front.
-  MR scans can be very noisy so you will be given headphones or ear plugs to wear.
-  When the scan has finished you may be asked to wait in the waiting room for 10 minutes while the images are checked. You will then be able to go home.
-  The doctor that sent you for your scan will contact you when they have your results.


There is more on the other side

to this

Important information about your scan



Please call us on the appropriate number below, Monday to Friday 8:00 am – 5.00 pm if:

- You have answered yes to any questions in the top box of the safety questionnaire.
- You suffer from claustrophobia.
- You require patient transport.
- You require an interpreter. Please be aware that your family or friends cannot act as an interpreter.
- You are aware that your health care professionals usually have difficulty putting in a cannula or taking blood.

Trafford General Hospital and Altrincham General Hospital (0161) 746 2772 and (0161) 746 2001
Royal Manchester Childrens Hospital (0161) 276 8601 and (0161) 276 6083
Withington Community Hospital and Wythenshawe Hospital (0161) 291 5678
North Manchester General Hospital (0161) 720 2260
Manchester Royal Infirmary (0161) 276 8601 and (0161) 276 6083

If you wish to provide feedback following your scan please use the QR code below.



To view this document electronically or to view it with a white background scan the QR below.



Predicted the reduced size will save >£200k over 5 years + ?any savings from reduced DNA rates?



HEALTH LITERACY

DID YOU KNOW THE UK AVERAGE READING AGE IS 9?

- 3 out of 4 patients struggle to read information that includes numbers and text
- 2 out of 4 patients don't understand information that only includes text

DON'T FORGET TO CHECK FOR UNDERSTANDING

"To make sure I have explained everything, could you tell me what you have heard today?"

WHEN WRITING CLINICAL LETTERS:

Use **active** text rather than **passive**. For example,
"The hospital **will send you** the test results within a week

NOT

"The test results **will be sent to you** by the hospital within a week"

For training:



NHS
readability
tool:




Manchester University
NHS Foundation Trust



HEALTH LITERACY

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Evaluation

Strong evidence base to support Teach back/chunk and check

Evaluating a hospital-based approach

- Ran two workshops in the autumn.
- Pre and post workshop questionnaire for all attendees
- Staff focus groups pre, post and 6 months post
- Aim to write up for publication in the new year



Pipeline

- ED – the extent to which discharge/safety netting advice is understood
- In services where we have made improvements e.g. letter changes, leaflets, staff training – has there been any impact on performance? E.g. did not attends, patient satisfaction, clinic start times.

Lessons Learned So Far

- This agenda lands well with clinical staff, particularly as a tangible way of taking action on health inequalities
- **Emphasis on providers to get this right and take ownership**, rather than a focus on individual literacy levels (that said there are interventions we can develop to improve personal health literacy)
- It's not rocket science but it's not easy – organisational and cultural change
- Challenge in proving what has had the most impact
- Knowing where to start and starting somewhere
- Balance of bottom-up vs top down

What next

- Continue to embed within culture at MFT – long game
- System wide approach in Greater Manchester – reduce duplication and share resources
- Primary care
- ~~Health~~ Literate Public Sector Organisations – talks to the wider determinants of health; streamlining benefit applications, housing advice etc.



South Tyneside and Sunderland
NHS Foundation Trust

Health Literacy- a universal precaution

Ryan Swiers

Consultant in Public Health – South Tyneside and Sunderland Foundation Trust

Lead for Health Literacy – North East and North Cumbria Integrated Care System



Where we are ...



What are health inequalities?

- Differences in health across groups within a population.
- Unfair
- Systematic
- Avoidable

The social determinants of health



Diagram courtesy of the Institute for Future Studies, Stockholm

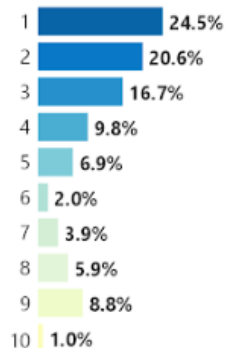
Why do they matter here?

South Tyneside

Local deprivation profile

% of LSOAs in each national deprivation decile

MORE DEPRIVED



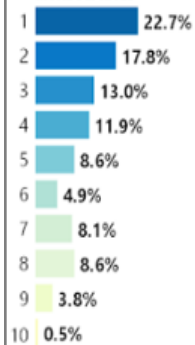
LESS DEPRIVED

Sunderland

Local deprivation profile

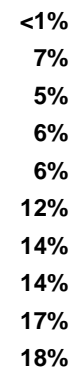
% of LSOAs in each national deprivation decile

MORE DEPRIVED



LESS DEPRIVED

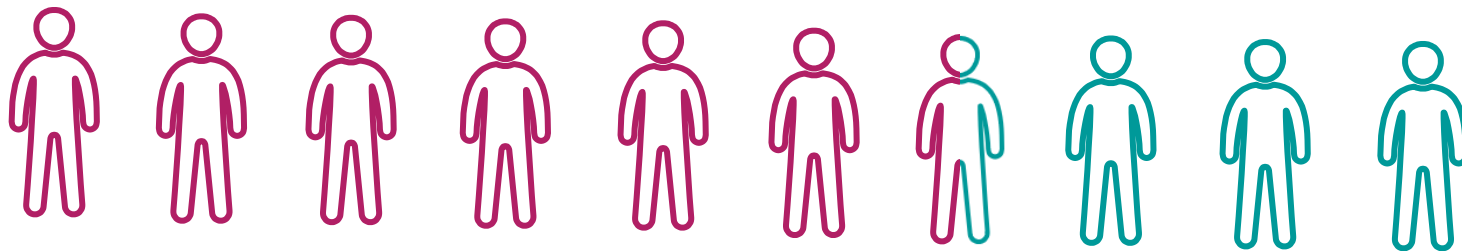
Oxford



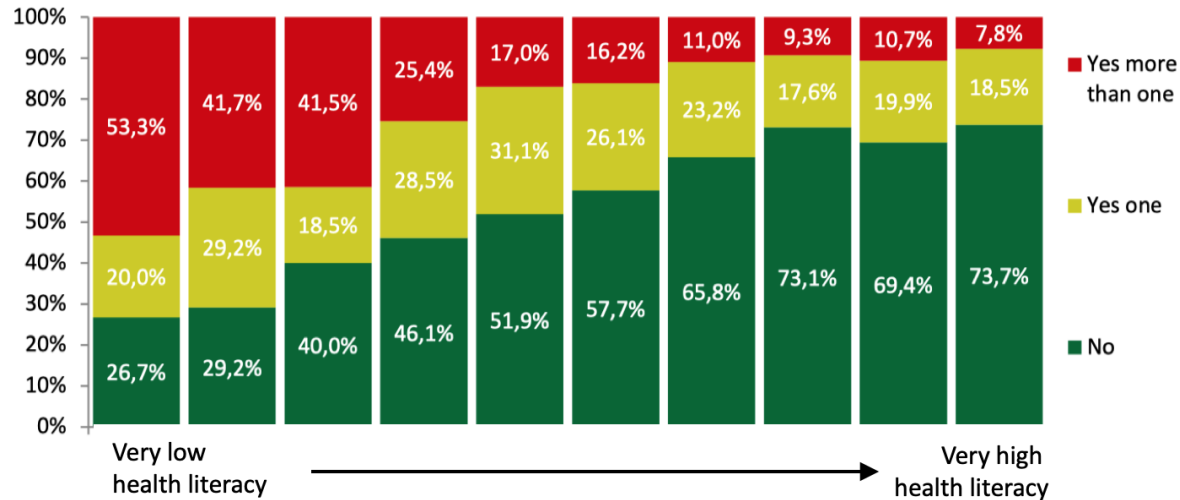
Why do they matter here?

65%

of local people find it hard to understand health information that contains words and numbers



Long term conditions and health literacy



People with low health literacy are more likely to

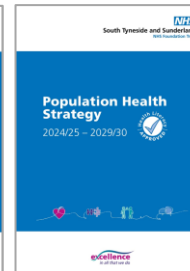
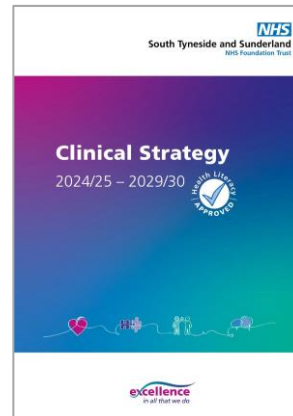
...

- die younger
- have long term conditions
- miss appointments more often
- find it hard to take medication correctly
- feel worried and angry
- struggle to look after their own health

How do we solve it?



Senior level buy in



What our community said ...

“It would scare me.”

“Daunting.”

“Reassuring.”

“More human.”

“That big block of text in the middle ... that would stop me from coming back.”

“Speaking more normally means I’m more likely to ask questions.”

Changes based on evidence

Before

What is Chronic Fatigue Syndrome?

Chronic Fatigue Syndrome (CFS) is a health condition with the primary symptom of fatigue (that has been present for at least 4 months), which is not due to ongoing exertion and not substantially relieved by rest.

Reading age 15 years

After

What is Chronic Fatigue Syndrome?

Chronic Fatigue Syndrome (CFS) is a long-term health condition. The main symptom is feeling very tired all the time.

Signs you may have CFS

- You have been feeling very tired for more than 4 months.
- Feeling tired even though you have not been doing physical work or exercise.
- You rest but it doesn't help.

Reading age 9.5 years

Making lasting change – to processes



Quick guide to writing leaflets

This quick guide is to help you write your patient leaflet. It tells you what to think about before you start. It gives tips on how to write in a simple way. It gives advice on layout, formatting and checking your leaflet. For more end or ask the [Health Literacy Team](#).

Before you start

- Does it already exist? Check with the [Clinical Effectiveness](#) team.
- Think about your audience – What do they need to know?
- Purpose – Write the aim or purpose of the leaflet in 4 words.
- Key points – Write down key points that the leaflet needs to cover.
- Headings – Give each key point a heading, ideally with a sub-heading.

Tips for writing

- Use every day language – Write as if you were talking to a friend.
- Avoid jargon and acronyms – Medical words are difficult to use. Explain them first then put them in context. For example, 'The needle will go in your vein (intravenous)'. Use short, simple words – Instead of the majority alternative word sheet to help.
- Aim for a reading age of 10 – Check readability statistics (Kincaid Reading Grade of 9 or lower). (Select)
- Use short sentences – No more than 15 words. Use short paragraphs – No more than 4 sentences.
- Use bullet points or numbered lists – Try to have 4 or 5 points.
- Use the active voice – 'your appointment is on...' is better than 'an appointment has been made for...'
- Use lower case letters – They are easier to read. Use capital letters for the first letter in a sentence.
- Numbers – Write numbers in figures such as 11, 15, 20, 30, 40, 50, 60, 70, 80, 90, 100.
- Tone – Use I, we and you so you are speaking to the patient. Use professional, respectful and inclusive language.

Health literacy checklist

Before starting your leaflet	<input type="checkbox"/> Check with Clinical Effectiveness to see if it already exists If it doesn't... <input type="checkbox"/> Download the standard Trust Leaflet template
Title	<input type="checkbox"/> Does it describe the leaflet topic? <input type="checkbox"/> Is it in simple language?
Purpose	<input type="checkbox"/> Does it have a clear purpose? <input type="checkbox"/> Is the purpose written in 1 or 2 sentences at the start? <input type="checkbox"/> Does the leaflet meet the purpose?
Sections	<input type="checkbox"/> Is the leaflet broken down into small sections? <input type="checkbox"/> Are the sections in a logical order? <input type="checkbox"/> Has only relevant information been included?
Headings	<input type="checkbox"/> Does each section have a heading? <input type="checkbox"/> Are the headings relevant? <input type="checkbox"/> Are the headings written in simple language? <input type="checkbox"/> Have you tried to make the headings into questions?
Simple language	<input type="checkbox"/> Have you used as simple words as possible? <input type="checkbox"/> Does it sound as if you were talking to a friend? <input type="checkbox"/> Have you tried to use as few medical words as possible? <input type="checkbox"/> Have all medical words been explained simply first? <input type="checkbox"/> Are all acronyms explained in full first?
Tone	<input type="checkbox"/> Does it talk directly to the person? (Use I, we and you) <input type="checkbox"/> Does it sound warm and professional? <input type="checkbox"/> Is language inclusive ?
Readability	<input type="checkbox"/> Have you checked the readability statistics in Word? <input type="checkbox"/> Is it reading grade 6 or lower?
Short sentences	<input type="checkbox"/> Is the average sentence length lower than 15? (You can get this from Word readability statistics .)

Making lasting change – training

	Before	After
How would you rate your understanding of health literacy?	★★★	★★★★★
How would you rate your understanding of writing simply?	★★★	★★★★★

Does it make a difference? (evaluation)

Empowering

“I felt like I could follow it on my own and manage things without needing to come back all the time.”

Shared decision making

“I like it when they explain things simply and clearly. It makes me feel like I’m part of the conversation.”

Better experience

“Shall I tell you, I would feel a little bit loved if the dietitian gave me that.”

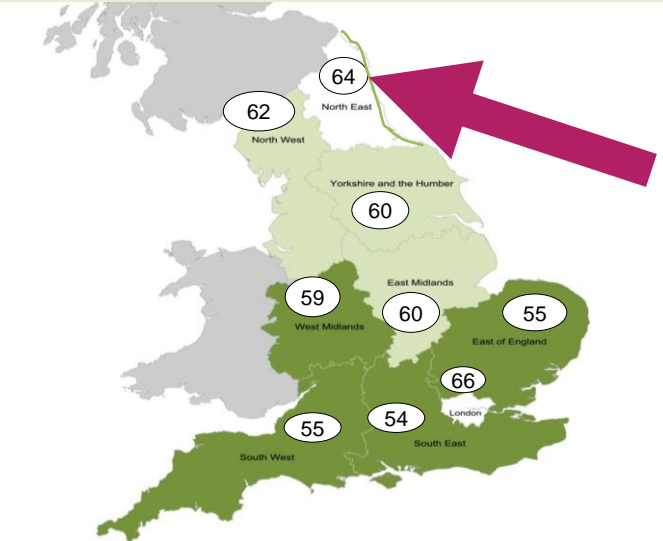
Reduces pressure on staff

“The leaflets help patients take more control over their own care. They’re less likely to come back with the same questions or problems, which means less pressure on us.”







North East and North Cumbria region



% adults aged 16 to 65 who find it hard to understand health information that contains words and numbers



North East and North Cumbria ICS health literacy work plan

-  Involve local people
-  Set up a team
-  Make a work plan
-  Find out what's already happening
-  Set up a network
-  Work on patient pathways

-  Work with Estates
-  Develop training
-  Make a toolkit
-  Get other organisations to sign up to health literacy
-  Develop a set of standards
-  Check how well we're doing

Pathways

	Bowel screening
	Complaints
	Targeted lung health checks
	Maternity care
	Housing support



Training

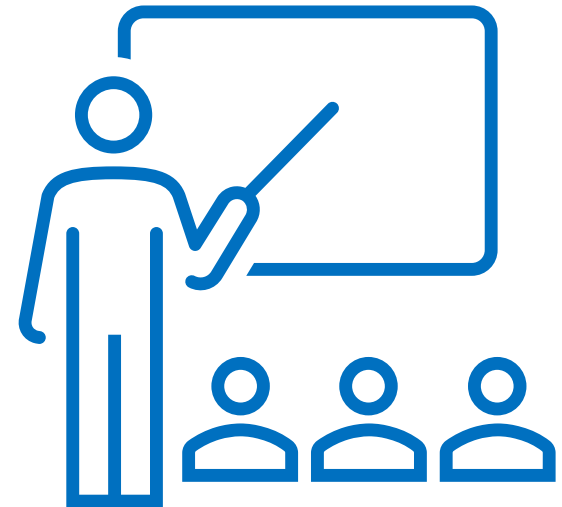
Train the trainer

Mastery training

Bespoke training for teams

Monthly 1 hour training (x3)

Online videos



Grants

Over 70 applications

8 initiatives funded with 2 others supported by the team




Up to £6000 each

NHS, Local authorities, Voluntary and Private sector

Health information videos, developing literacy skills, culturally tailored materials, online tools to support staff write simply



Working the same way across the region

	Standards
	Toolkit
	Community of practice
	Training



Growing the evidence base for health literacy in practice



- 1 systematic review
- 1 scoping review
- 1 evaluation (logic) model
- 2 international conference posters
- 4 evaluations of interventions in practice
- 5 conference presentations

So far....

- By the end of the year expect to have trained over 1000 staff.
- Changed processes in our Trust and other organisations.
- All new STSFT strategies given our HL watermark.
- Assessed and revised over 1000 written documents.
- Rolling programme of community engagement (over 1000 conversations so far).
- Developed a range of support tools.
- Added to the growing evidence base.
- Continued support until 2026-27 at least.

Award nominations





Thank you



Ryan Swiers



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<https://northeastnorthcumbria.nhs.uk/our-work/workstreams/health-and-prevention/regional-health-literacy-team/>



South Tyneside and Sunderland
NHS Foundation Trust



**North East and
North Cumbria**

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NHS England

Abdul Hamied -deputy director, healthcare
inequalities improvement programme

HEALTH

INEQUALITIES

Panel Q&A

2 December 2024



slido

Please download and install the
Slido app on all computers you use



**What support do you need
to help you take a focus on
health literacy within your
work?**

① Start presenting to display the poll results on this slide.

Book now

Can we talk about Race?

Webinar event | Tuesday 10 December 2024 , 10.30am – 12.00pm

This webinar focuses on how leaders are enabling conversations about race and talent management involving staff, patients, and communities in these. The aim of the session is to help leaders recognise that advancing race equality is a critical part of leading change and increase understanding of the lexicon of race so they can speak authentically and recognise the practical actions they can take as trust leaders.



Scan here to access our upcoming events

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Please take five minutes to complete our evaluation.



Scan here to access our evaluation

Visit our website

Discover further topics on how to address health inequalities including:

- Anchor institutions
- Partnership and system working
- Approaches for reducing health inequalities
- Embedding prevention



Scan here to access our website

Thank you for attending

Your feedback helps us shape future events.



Scan here to access our evaluation