



**Regional Audit  
of cancer patient information in Northern Ireland**

**Project Initiation Document – Version 4  
Version 3 signed off by steering group**

**This version:  
reflects amendments to plan overview (discussed at meeting 19/01/09)  
reflects appendix additions**

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## 1 Purpose of the project

This audit will provide understanding about the current range, quality and provision of information in Northern Ireland. It will be used to inform the development of a strategy to ensure that people affected by cancer have equitable access to high quality information. As a first audit, this project is partly concerned with developing an **audit design** that can be applied to other disease sites and patient groups.

Aims include:

- a) To audit the provision of key information at important points in the cancer journey, and to make informed recommendations for improvement
- b) To audit the quality of patient information resources produced by Northern Ireland providers, and to make informed recommendations for their improvement
- c) To develop a model for audit that will assist healthcare providers assess the quality of their patient information provision
- d) To involve patients and the public meaningfully in the project, through partnership working with the NICaN Patient & Public Involvement Forum
- e) To develop PPI members to be able to form a readers' panel for involvement in the development of new patient information resources

## 2 Background

Policy documents including Cancer Services: Investing in the future (Campbell Report, 1996) and Partnership in Caring (2000) highlighted the importance of accurate local information for patients with cancer and palliative care needs. The Cancer Control Programme (2006) recommends a strategy to ensure a coordinated approach to the provision of high quality, accessible and accurate information which is in line with regionally agreed quality standards.

The Cancer Service Framework project team has recognised the need for inclusion of a regional patient information standard in the framework and Trusts will be required to actively monitor this. The framework is expected to be launched in 2009.

This project will enable the development of a model for evaluating patient information provision for use across all disease sites. It helps understanding of the quality of the patient experience and seeks to extend active user-involvement into formal service evaluation.

A diagram is provided below to show the two strands to the audit, the personnel involved and the funding arrangements.

**Audit of Provision:**  
 Against agreed standards  
 Information pathway based.  
 ... forming a basis of re-audit with development of additional information pathways, in line with CSF.

**Audit of Resources:**  
 Against Agreed Standards  
 - Samples from NI/local patient information producers. Eg. UCF, Action Cancer, HSC Trust, CSA...  
 ...forming the basis of a readers' panel for resources developed in the future.

**Patient Info Audit**

**Personnel**

**Funding:**  
 GAIN £18,255 - agreed

**Project Steering Group**

**Data Collection, Analysis and Reporting.**

- multidisciplinary
- regional
- statutory + voluntary
- patient/representation
- Audit leadership

Audit design input

**III. Employed Data Collection (Clinical improvement nurse)**  
 To: Collect each Trust's Data  
 - Formal Trust protocols to follow

**II. Employed Audit Facilitator**  
 To: Facilitate focus groups etc  
 Analyse Data  
 Assist with drafting of reports

**I. PPI**  
 To: Collect data – by reviewing/auditing individual resources  
 - Training as part of PPI development work

### 3 Objectives

- a) To establish an understanding of current information provision across statutory and voluntary organisations, including points of information provision.
- b) To audit written patient information resources and provide information producers with feedback and recommendations on their resources.
- c) To support the monitoring of information pathways adherence.
- d) To inform the development of a patient information strategy for Northern Ireland.
- e) To support patient-centred care. This is through ensuring patients are offered appropriate information at the relevant times to support and give them control.
- f) To raise awareness of efforts to coordinate patient information provision across the region.

### 4 Scope

A cancer patient's information experience can span verbal communication, written resources, resources in other formats e.g. audio, video, interactive. This audit will focus primarily on **written** information in line with the patient information pathways being developed regionally and nationally and on **verbal** communication as an essential means of informing patients. The detail of provision and uptake of information in other formats will not be actively sought however where discovered, this will be recorded.

The audit will focus on provision to **adult** patients. This is because there are regional and national information pathway developments for adults that can inform the audit standards.

Patients will be identified at **3 - 4 months post diagnosis**. Involving patients at this stage is expected to encompass their information experience through primary care and referral, tests and investigations, diagnosis, treatment and treatment decisions, information and support including signposting and referral to other services. While the audit will be carried out in NHS settings, we are aware that some patients may have experienced some elements of their pathway in a private setting, and indeed that information is both sought and taken up in settings outside the health service.

Two disease sites will be included in this audit. The selected tumour sites are **Colorectal** cancer and **Breast** cancer. These sites should enable a reasonable volume of patients to be included in the audit with a 3-4 month lapse since their diagnosis. Colorectal patients at 3-4 months post diagnosis could potentially capture some advanced disease information and later elements of the patient information pathway, including Palliative treatment.

Other higher volume disease sites were considered. For lung cancer, there may be difficulties identifying suitable volumes of patients at 3-4 months post diagnosis. For prostate cancer, patients at 3-4 months post diagnosis may be 'watchful wait' patients making them difficult to access at this time. For gynaecological cancers, the range of cancers within the group and the varying pathways cross hospital sites could make it difficult to identify sufficient numbers for the study within the time frame available.

## **Practical considerations**

### Patient questionnaire and focus groups

Potential patients shall be identified at Chemotherapy Units with the assistance of the Chemotherapy nurse and/or Clinical Nurse Specialist. Their understanding of their diagnosis should be established at the outset – any patients who do not know/realise/accept that they have cancer should not be asked to continue participating.

Of the potential patients identified, at least **30 patients per Trust across both disease sites** (aiming for equal split) should be provided a questionnaire for quantitative responses and which will include an invitation to participate in a focus group to provide qualitative feedback. 15 patients will provide a reasonable sample size however more participants may be achievable, depending on the design of the questionnaire. The patients' charts will be studied by the Clinical Improvement Nurse for written evidence of information provision. It may be appropriate to seek CNS's notes for patients if they hold their own notes.

In order to encourage participation and honesty from patients, it is important that the questionnaires are anonymous, and that the patient questionnaire response cannot be 'matched up' to notes.

Focus groups will be arranged for patients who agree to participate. These focus groups may be opened to additional participants identified through support organisations or alternatively separate focus groups could be organised for these individuals.

### Staff

Staff will be asked to provide qualitative feedback about information provision in their setting. Existing groupings of staff should be used where possible e.g. regional breast care nurses group.

### Auditing written information resources

A mix of disease site-specific resources and generic resources produced by Northern Ireland providers (including HSCNI) will be included in the audit of written information resources. This exercise will require a parallel approach with

- (i) clinicians involved in assessing the quality of clinical content and
- (ii) people affected by cancer assessing the relevance, layout, accessibility etc of any given resource. This will be enabled and supported through clinical audit work being developed through the regional Patient and Public Involvement Forum.

The audit tools will be informed by the toolkits, standards, guidelines in this document's appendices.

## **5 Deliverables/products**

Each Trust will be provided with an individual report on their information provision and any recommendations.

Each individual producer of patient information resources (including Trusts) will receive a report on the quality of their resources and any recommendations.

A regional report and recommendations for improving patient information provision will be written and communicated widely. This will be used to inform a regional strategy. The staff focus group work will feature in this report.

The Project Plan and an evaluation will be written to inform future patient information audit.

Please see also the Project Plan which includes Outcomes.

## **6 Constraints**

- a) Constraints include having to use convenience audit of casenotes (to avoid cost of pulling notes) – this prevents following the patient through the system.
- b) There is potentially a huge scope for an audit of patient information – this first audit can only cover so much.
- c) The newness of regional and national patient information pathways, and most not having been developed yet.
- d) Project timescale and budget as with any project.

## **7 Assumptions**

It is assumed that HSC Trusts will support their staff and patients' participation in the audit.

## **8 Business benefits**

- a) Auditing regionally offers efficiency, consistency, coordination and comparability.
- b) The model will provide the basis for ongoing Cancer Services Framework standard monitoring for patient information provision.
- c) Auditing patient information provision allows for the identification of poor practice and use of inappropriate materials.
- d) Any improvements as a result of the audit may help reduce the risk of patients not availing of support that is essential to their well-being (physical, financial, social and psychological).
- e) Any improvements as a result of the audit may reduce the risk of unnecessary anxiety and distress caused by poor quality information provision. Any action due to audit results could be used to identify opportunities to improve informed choice about treatment and care.

## 9 Preliminary risk assessment

- a) Holidays are likely to impede progress especially data collection – this will require good planning and contingency time.
- b) Recruitment delays and difficulties– this could be minimised by the host organisation recruiting internally.
- c) People affected by cancer not being willing to take part – this could be alleviated by engagement with the NICaN PPI forum, wider awareness raising, stakeholder engagement and support, nurse collecting data (sensitivity), and appropriate timing (3-4 months post diagnosis)
- d) The project could run over budget (this risk is mainly based on staff costs). This will be minimised by overall project cost control, planning, monitoring and communication, and contingency arrangements having been considered.
- e) The project is late – this risk can be minimised by frequent and structured communication and agreed responsibilities
- f) The audit is poorly designed – the audit tools will be piloted. Meaningful involvement from the Project Steering Group, links and openness with the wider network will be strived for, with comments and concerns welcome from all concerned.

## 10 Quality expectations – see end pages

- a) The process of designing the audit is robust.
- b) The audit model is suitable for ongoing use with the introduction of the CSF.
- c) There is consistency in reviewing against the standards.
- d) Data protection/confidentiality is adhered to.
- e) There is good communication during project, openness.
- f) Patient & Public Involvement is meaningful.
- g) The PPI training has positive feedback.
- h) PPI members give positive feedback after any exercise they are involved in.
- i) There is a positive relationship forged between NICaN and Trust audit departments.
- j) The analysis and report are meaningful and useful.
- k) The reports are in Plain English.
- l) The project is delivered on time.
- m) The project is delivered within budget.

## 11 Project plan

### Main stages, deliverables and timescales

The timeframe reflects the detailed planning needed for the audit, the lead-in time required to identify participants and the organising of these focus groups. There is also potentially a large volume of patient information literature to be reviewed. The timeframe and scope of this strand will depend on the PPI clinical audit panel work.

There does not appear to be a lot of information about other similar projects, however we have used the following example to inform our expectation of the timeframe.

12 months is consistent with the approach undertaken during *Evaluating the 'Cancerbackup Network Patient Information Project 2004-2006': users' experiences of patient information delivery across a cancer network (2006)*.

Please see the table overleaf.

## Overview of project plan

The relevance of each activity to each of the 2 strands of this audit is indicated in the two columns headed 'Clinic' and 'PPI'

Overview	Stage	Clinic	PPI	Activity	Who	When	Outcome
Preparation	1	Yes, both		Project steering group convened	DS	Aug/Sep 08	Project initiated
	2	Yes, both		First steering group meeting to agree project approach	Steering Group	Sep 08	
	3	Yes		Develop audit tools for Clinic setting strand (SG input)	DS AQ AP MMcM	Sep – End Oct	PID including timescales is approved
	4		Yes	Develop audit tools for PPI panel strand (SG input)	DS AQ AP MMcM	Sep – End Oct	
	5	Yes, both		Communication to raise awareness of the project across all Trusts and PI Forum	DS	Immediately on PID sign off	Audit tools are approved
	6	Yes, both		Assurance of Data Protection principles	AQ	Throughout stage 3	Awareness promoted throughout all relevant hospitals
	7	Yes, both		Project Initiation Document signed off by Steering Group (circulated by email)	DS/ Steering Group	Mid/End Oct (by email)	
	8	Yes		Appointment of data collection nurse	SHSCT AP AQ	In post Sep 08	
	9	Yes, both		Appointment of audit facilitator	SHSCT AP AQ	In post Dec 08	Appointments made
	10		Yes	PPI panel development including recruiting members and induction	DS JMcc +	Sep08–Mar09	
	11		Yes	Develop database for PPI panel strand data gathering	DS AQ	By Mar 09	Databases developed
			Yes	Test PPI panel strand questionnaire	DS JMcc +	By end Oct 08	
	13		Yes	Host PPI panel training for this project	DS JMcc +	Mar 09	
	14	Yes		Develop database(s) for clinic setting data gathering	Clinical Impr Nurse AQ	Sep – End Oct	(PPI panel developed) PPI panel trained

Overview	Stage	Clinic	PPI	Activity	Who	When	Outcome
Data Gathering	15	Yes		Undertake pilot audit in clinic setting	Clinical Improvement Nurse AP AQ	Oct 08?	Outcome of the pilot project is communicated to Steering Group
	16	Yes		Provide feedback to Steering Group and amend audit tools, if appropriate	Clinical Improvement Nurse AP AQ	Oct 08?	
	17	Yes, both		Initiate Honorary Contracts for Clinical Improvement Nurse	AQ	Sep 08	Approval of the final audit tools
	18	Yes		Organise dates/times of site visits	Clinical Improvement Nurse	Sep/Oct08	Data gathering completed in all Trusts
	19	Yes		Brief clinic managers	AP/DS AQ ?	Sep/Oct 08	
	20	Yes		Organise availability of hospital charts prior to site visit	Clinical Improvement Nurse AP AQ	As needed?	
	21		Yes	Undertake audit of resources (PPI panel strand)	DS JMcC +	Apr 09	
	22	Yes		Undertake audit of provision within individual Trusts (clinic setting strand)	Clinical Improvement Nurse AP AQ	Oct08/ Mar09	
23	Yes, both		Analysis of audit data	Audit Facilitator	Dec08/ Jun09	Data analysis is completed.	
Analysis	24	Yes, both		Presentation of findings to Steering Group	Audit Facilitator	Jun 09	Presentation of findings to Steering Group

Overview	Stage	Clinic	PPI	Activity	Who	When	Outcome
Development and implementation of recommendations	25	Yes, both		Agree and make recommendations for improvement	Steering Group	Jun 09	Agreed recommendations
	26	Yes, both		Notify/present findings to Trust directors/managers, regional Patient Info Forum and/or NI Cancer Charities Alliance, NICaN Board/ CSF framework team? / ... ?	DS	Jun 09	Acknowledgement of strengths of current practice
	27	Yes, both		Trusts develop their Quality Improvement Plans, including prioritisation of proposed recommendations, share with Steering Group	Trusts via Lead Cancer Nurses	By Sept 09	Awareness raised of project findings, recommendations and improvement plans among stakeholders
	28	Yes, both		Steering group meet to discuss Quality Improvement Plans and to close project	Steering Group	Sept 09	Quality Improvement Plans developed by Trusts.
	29	Yes, both		Final report to NICaN Board and GAIN, with recommendation for timescale of re-evaluation	DS on behalf of Steering Group	End Sep 09	Final report to GAIN and NICaN Board
	30	Yes, both		Roll out of Quality Improvement Plans at Trust level	Trusts via Lead Cancer Nurses	From Sept 09	

## 12 Roles and responsibilities and organisational structure

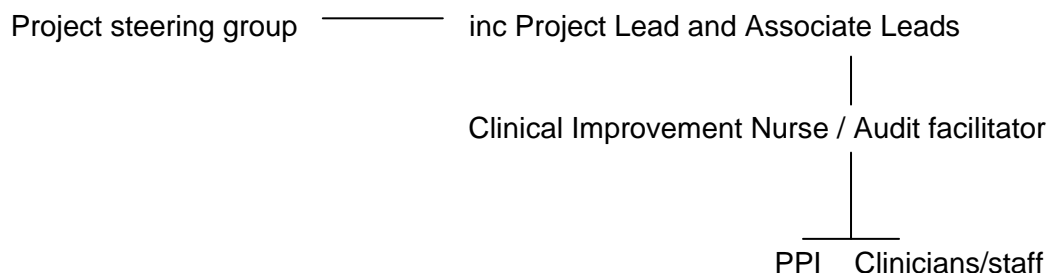
### Steering group members' roles and responsibilities

Area of responsibility	Who is responsible	
	Clinic setting strand	PPI panel strand
1. Develop Project Initiation Document	Danny Sinclair with Leads	
2. Project planning	Danny Sinclair with Steering Group	
3. Develop Project Plan	Danny Sinclair with Steering Group	
4. Notify Trust CXs, lead nurses	Danny Sinclair	
5. Notify Trust audit departments	Lead Nurses (own Trust)	
6. Developing audit tools	Subgroup of steering group	Subgroup of steering group
7. Secure appointments	Alison Porter and Anne Quinn	
8. Secure honorary contracts	Anne Quinn and Danny Sinclair	
9. Delivering project specific induction training to PPI panel	Not applicable	Danny Sinclair and Janis McCulla
10. Facilitating data collection by PPI panel	Not applicable	Danny Sinclair, Janis McCulla, Audit Facilitator
11. Undertaking data collection	Clinical Improvement Nurse	PPI panel
12. Collating data (transferring to database)	Clinical Improvement Nurse/Audit Facilitator	
13. Undertake data analysis	Audit facilitator	Audit facilitator
14. Project monitoring	Leads	
15. Budgetary monitoring	Alison Porter and Anne Quinn	
16. Ensuring project needs are met	Leads via steering group	
17. Quality assure project outcomes	Steering group	
18. Produce progress reports	Danny Sinclair with Associate Leads	
19. Advise steering group of any deviation from project plan	Danny Sinclair	
20. Support dissemination of information	Danny Sinclair	
21. Disseminate information to own constituents	Steering group	
22. Producing final report	Leads	

**Nb: This list is not exhaustive and will be revised to suit the needs of the project.**

- Project Lead = Danny Sinclair
- Associate Leads = Margaret McManus, Alison Porter, Anne Quinn

Organisational structure:



The Audit Facilitator will assure the quality of data collected by arranging spot checks of a sample of Trust written records/written resources. Acceptable error margin will be agreed during the design of the audit.

The Regional Coordinator for Patient Information will spot check data/findings quoted in the final reports against the data collected.

### Communications

Communications of this PID/Project Plan, meeting notes and final reports will be done by information being placed publicly on the NI Cancer Network website. Notifications of new material and updates will be made to:

- GAIN
- NI Cancer Charities Alliance
- NICaN Regional Coordinator for Patient & Public Involvement
- NICaN Board
- NICaN regional groups as appropriate
- NICaN Patient Information Forum

### 13 Financial/budget requirements

The Guidelines and Audit Implementation Network (GAIN – [www.gain-ni.org](http://www.gain-ni.org)) have agreed funding of £18,255 to be paid incrementally.

This was bid for on the following basis:

Cost of posts including employer's costs	£15,255.
Postholders' travel and subsistence expenses:	£1,000.
Reimbursement to patient representation and hospitality for focus groups:	£2,000.

GAIN declined to provide funding for a laptop for the project.

**Macmillan Information Materials Guide (2003)**

**Information topics from template cancer information pathway monitoring form**

(adapted from Appendix 15)

Pathway (stage)	(Information topics)
General concern about cancer and cancer prevention	<ul style="list-style-type: none"> <li>• Guidance on healthy living and cancer prevention</li> <li>• Information on early signs and symptoms of cancer prevention</li> </ul>
Symptoms discovered	<ul style="list-style-type: none"> <li>• Reassurance and advice to seek help</li> <li>• Information concerning the signs and symptoms of cancer</li> </ul>
Goes to G.P./Routine Screening	<ul style="list-style-type: none"> <li>• Information about screening procedures/tests as required</li> </ul>
Referral to local hospital or cancer centre for further tests/results of screening investigations	<ul style="list-style-type: none"> <li>• How to get to the hospital and what to expect during investigations</li> <li>• When and how the results will be given</li> <li>• Psychological support for patient and carers/family</li> <li>• Signposting to the information and support network</li> </ul>
Receives diagnosis	<ul style="list-style-type: none"> <li>• Information about their cancer – treatment available and prognosis</li> <li>• Psychological support for patient and carers/family</li> <li>• Sign-posting to the information and support network</li> </ul>
Referral for treatment – sees oncologist/surgeon for diagnostic/treatment options discussion	<ul style="list-style-type: none"> <li>• Further investigations to stage the cancer</li> <li>• Treatment planning</li> <li>• How to get to the clinic and orientation to this environment</li> <li>• Information concerning further investigations and staging procedures and treatment planning phase</li> <li>• Staging information if appropriate</li> <li>• Sign-posting to the information and support network</li> <li>• Psychological support for patient and carers/family</li> </ul>
Treatment	<ul style="list-style-type: none"> <li>• End of treatment review</li> <li>• Cure/continuing treatment</li> <li>• Information on the aims of treatment, how it works and side effects, plus self-help techniques</li> <li>• Information on effectiveness of treatment and further treatment options</li> <li>• Referral to support available in primary care</li> <li>• Signposting to the information and support network</li> <li>• Psychological support for patient and carers/family</li> </ul>
Long-term monitoring and follow-up	<ul style="list-style-type: none"> <li>• Relapse</li> <li>• Continuing treatment</li> <li>• Palliative care</li> <li>• What now? Information</li> <li>• Managing long-term side effects</li> <li>• Isolation at end of treatment and fear of recurrence</li> <li>• Signposting to training and information on self-help techniques and self-management/Expert Patient programmes</li> <li>• Signposting to primary care team, palliative care team, information and support network.</li> </ul>

**Quick reference guide to the DISCERN criteria**

A good quality publication about treatment choices will:

1. Have explicit aims
2. Achieve its aims
3. Be relevant to consumers
4. Make sources of information explicit
5. Make date of information explicit
6. Be balanced and unbiased
7. List additional sources of information
8. Refer to areas of uncertainty
9. Describe how treatment works
10. Describe the benefits of treatment
11. Describe the risks of treatment
12. Describe what would happen without treatment
13. Describe the effects of treatment choices on overall quality of life
14. Make it clear there may be more than one possible treatment choice
15. Provide support for shared decision-making

**NHS Toolkit for producing patient information (Version 2.0, 2003)**

**(a) Checklist for writing information about operations, treatments and investigations**

1. What is the leaflet about and who is it for?
2. What is the procedure?
3. Why are they having it? Give the benefits and alternatives where appropriate.
4. What preparation do they need or not need?
5. Do they need a general anaesthetic, sedation or local anaesthetic?
6. What happens when they arrive at the hospital or the clinic, and who will they meet?
7. Will they be asked to sign a consent form or is verbal consent needed?
8. What does the procedure involve? How long does it last? What does it feel like?
9. What happens after the procedure – pain control, nursing checks, stitches.
10. How long will they stay in hospital?
11. Do they need someone with them or any special equipment when they go home?
12. What care do they need at home?
13. What follow-up care is needed? Do they need to visit their doctor?
14. What can go wrong, what signs to look out for and what to do if something goes wrong.
15. When can they start their normal activities again, for example, driving, sport, sex or work?
16. Who can they contact if they have any more questions?
17. Tell people where they can find more information, for example, support groups and websites.

**(b) Checklist for information about conditions and treatments**

1. What is the leaflet about, and who is it for?
2. What condition is being described?
3. What causes it? Or, if the cause is not known, say so.
4. Does anything increase the risk, for example, age, sex, ethnic origin or a family history of the condition?
5. What are the signs and symptoms?
6. Are there any tests or examinations needed to confirm the diagnosis?
7. What treatments are available? Give brief descriptions.
8. What are the side effects and the risks of getting treatment or not getting treatment?
9. What are the next steps?
10. What can patients do for themselves?
11. Are there other implications, for example, infecting other people?
12. Who can they contact if they have any more questions?
13. Say where the patient can find more information, for example, support groups and websites.

**(c) Checklist for writing information about services,  
for example, cardiac rehabilitation classes or a GP skin clinic**

1. Describe the service.
2. Start at the beginning where the patient would start, for example, a leaflet about transport might start with how to book it, with a phone number.
3. Who is eligible?
4. Details of how to access the service.
5. Is equipment or special clothing needed?
6. Where to go for it.
7. How to find it.
8. Are maps needed?
9. When is a service available?
10. Is there a waiting time?
11. How often do they need to attend?
12. Do they need to bring any documents?
13. Who to contact if they cannot attend.
14. What is or is not available, for example, transport.
15. Are interpreters needed?
16. Are any costs involved?
17. Are there any advantages or disadvantages that need to be explained?
18. Who to contact (phone number) and when, for example, from 9am to 5pm Monday to Friday.
19. Phone number, address and website of the organisation.

**(d) Checklist for writing information about medication for patients**

1. Explain that any information that is given in a leaflet should be read with any patient information leaflet provided by the manufacturer.
2. What medication are you describing and what is it for?
3. How is it given?
4. How often should it be given?
5. What should be avoided or added when taking a particular medication, for example, certain foods.
6. What are the side effects? Make sure that you mention that everyone is different so may react differently to medication.
7. What to do if medication is not given properly.
8. Remind patients to tell the clinician who prescribes the medication about any other medication they are taking.
9. Advice on storing medication out of the reach and sight of children, in the fridge and out of the sunlight.
10. Advice on where to get repeat prescriptions.
11. A contact number (of the pharmacy, specialist nurse, doctor or NHS Direct) for more information and to check on any concerns about side effects.



<b>How do you rate -</b>	<b>Reader Score and Comment</b>
<p><b>Appropriateness?</b> (Think of who the information is aimed at. Age, gender, level of detail, lifestyle, tone, literacy level required)</p>	<p>(1 - very suitable for target audience)    (3 – Moderate)    (5 – unsuitable)</p> <p>Score: 1 -----2 -----3 -----4 -----5</p>
<p><b>Graphics</b> (Use of pictures/graphics. Appropriate to information content e.g. charts, illustrations cartoons etc)</p>	<p>(1 – excellent illustrations relevant to the text)    (5 – no or very limited illustrations)</p> <p>Score: 1 -----2 -----3 -----4 -----5</p>
<p><b>Currency</b> (Is the information current? Is there a publication date?)</p>	<p>(1 – up-to-date information, with a date given)    (5- very dated information – not current)</p> <p>( 3 – moderately current information)</p> <p>Score: 1 -----2 -----3 -----4 -----5</p>
<p><b>Balance</b> (Pros/cons, advantages/disadvantages given, uncertainties given)</p>	<p>(1 – Excellent discussion and balance of information)    (5 – biased information, with no discussion)</p> <p>(3 – Moderate. Addresses some good and bad points)</p> <p>Score: 1 -----2 -----3 -----4 -----5</p>

How do you rate -	Reader Score and Comment
<p style="text-align: center;"><b>Layout</b></p> <p>(Simple, logical structure. Clear information e.g. contents table)</p>	<p>(1 – excellent layout, easy to follow) (5 – poor layout, unclear structure and flow)</p> <p style="text-align: center;">(3 – moderately clear format)</p> <p>Score: 1 -----2 -----3 -----4 -----5</p>
<p style="text-align: center;"><b>Font</b></p> <p>(legibility of colour, size of print)</p>	<p>(1 – Perfect size, very visible) (5 – Poor – would prove difficult for most people)</p> <p style="text-align: center;">(3 – legible for most people)</p> <p>Score: 1 -----2 -----3 -----4 -----5</p>
<p style="text-align: center;"><b>Contacts</b></p> <p>(Are further contacts/sources of help provided? Websites/other organisations)</p>	<p>(1- excellent contacts and further sources given) (5 – No reference to other contacts)</p> <p style="text-align: center;">(3 – Some guidance to other information sources)</p> <p>Score: 1 -----2 -----3 -----4 -----5</p>
<p style="text-align: center;"><b>Gaps</b></p> <p>(Particularly in relation to professionals reading the Information – is there information omitted that you feel should be included?)</p>	<p>(1 – Full spectrum of information provided) (5 – extensive information missing)</p> <p style="text-align: center;">(3 – Some areas require expansion of information)</p> <p>Score: 1 -----2 -----3 -----4 -----5</p>

Ideas	Comment
(Has reading the information prompted any questions you would ask medical staff? Or wish to have further information on. Could there be expansion on any of the topics covered)	
<p align="center"><b>Publication Score</b></p> (the sum of scores for each question)	/50

- 10 – 24 = Excellent Publication
- 25 – 39 = Moderately good with room for improvement in some areas
- 40 – 50 = Poor publication, many areas lacking

Please return to: Margaret McManus  
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 BT9 7AB