

If you have any questions, please contact:

Danny Sinclair

Patient Information Coordinator

Or

Janis McCulla

Patient & Public Involvement Coordinator

Telephone: 028 9056 5860

Email: nican.office@hscni.net

www.cancerni.net/readerspanel



Readers Panel

making information better
for people affected by cancer

Introducing NICaN Readers Panel
and inviting you to become a member

Introduction

We are Northern Ireland Cancer Network (NICaN). We bring together people who work in cancer services. This is to try to make things better for people affected by cancer.

“Patient & Public Involvement” is one of the strengths of our work. Patients and the public working with us mean that the issues that are important to patients and their families are at the centre of what we do.

Anyone can be involved. If you have received a diagnosis of cancer, have a family member or friend affected by cancer, or are simply interested in helping shape the cancer services of tomorrow, then you can be involved.

Our Readers Panel is one way you can be involved. It is made up of patients and members of the public helping make sure that we have good information for people affected by cancer.

Perhaps a leaflet could include other helpful information. Maybe the words are hard to understand. You can help us get it right before we use it.

How does it work?

When we write new information, we post a copy out to you. This is while it is still ‘draft’ (in other words, while it can still be changed).

We ask you to read the information and fill in a form about it. The questions are simple but your answers are really important. They help us understand if the information is good or if it needs some changes.

You post your form back to us (freepost) in the envelope we provide.

Will it cost me anything?

No. We post the leaflet, form and an envelope out to you. We use freepost so you don’t need to add a stamp.

What if I don’t have time?

You don’t have to take part every time we send you information. You don’t have to tell us why. And if you want to stop being a member of the Readers Panel, you can just let us know.

How do I join?

Joining the Readers Panel is simple. Send us your details and we will send you your first leaflet to try out. If you have any questions after that, give us a call.

Your name

Your address

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Postcode.....

Email address (if you have one)

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Telephone number (if you have one)

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Please tear off, fill in and post this form to us at the address overleaf. Use an envelope so that we can keep your information confidential.

