



## Information Production Policy

**Signature**  
*Karen Friett*  
Chief Executive

A handwritten signature in black ink that reads 'Karen Friett' in a cursive style.

**Signature**  
*Anita Wallace*  
Chair

A handwritten signature in black ink that reads 'Anita Wallace' in a cursive style.

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## Contribution List

Key Individuals involved in developing the document

Name	Designation
Karen Friett	Chief Executive
Anita Wallace	Chair
Ruth Yeeles	Trustee

## Circulated to the following individuals for consultation

Name	Designation
Denise Hardy	LSN Nurse Advisor, Trustee
Professor Peter Mortimer	LSN Medical Advisor
Ros Lam	Hon. Sec.
Philippa Laughton	Trustee
Jenny Richardson	LSN Administrator

### 1. Introduction

- 1.1 The Lymphoedema Support Network (LSN) recognises that good quality patient information is central to self management.
- 1.2 The LSN is committed to providing quality information that aims to empower patients, carers and relatives to make choices and better manage their condition.

### 2. Purpose

- 2.1 To ensure that LSN patient information is consistently developed and produced to the highest standards, in a well presented style that is easy to understand.
- 2.2 LSN information will contain accurate content reflecting current best practice.
- 2.3 To ensure that the LSN continues to meet Information Standard requirements.
- 2.4 This policy will describe a systematic process for developing, reviewing and producing LSN patient information.

### 3. Scope of the policy

- 3.1 This policy is intended to:
  - Raise and maintain the standard of information produced by the LSN for patients, carers and others using it.

- Define information, describing what it is and what it is not
  - Identify those involved in producing and/or ratifying information
  - Provide a framework for the development of new information and the review and monitoring of existing information.
  - Raise awareness of the process for developing, reviewing and monitoring LSN information.
- 3.2 This policy applies to all staff, volunteers and others involved in producing information – including external authors.
- 3.3 The types of information included in the scope of this policy include – LSN fact sheets, LSN DVDs, information sheets, clinical articles in LymphLine and information contained on the LSN web site.
- 3.4 Whilst the LSN endeavors to ensure all information, in all formats is accurate, appropriate and fit for purpose areas not covered by the scope of this policy include information given to individual members via email, telephone or letter; LSN briefing notes and the LSN members’ newsletter, LymphLine.

#### **4. Duties**

- 4.1 All information produced within the LSN should be sent to the information editor (Anita Wallace – Chair) who will manage the ratification process and give final sign off of each piece of information.  
 - *information production flow chart can be viewed in Appendix 1*
- 4.2 The process for approving additional information requests can be viewed in *Appendix 2*.
- 4.3 Authorship of the information will be with the LSN. Authors and contributors will be identified by job title, name and location in order that the correct person can be approached when review or update is required.
- 4.4 Information will be reviewed every two years or if the information is identified as being no longer best practice.  
 - *Current patient information produced with review dates can be viewed in Appendix 3*  
 - *Information review process – Appendix 4*

#### **5. Definitions**

- 5.1 Information is defined as information about conditions, treatments, procedures and examinations specifically for patients.
- 5.2 Information whilst it might be **for** patients is **not** information **about** patients.

- 5.3 As well as being information for patients 'Information' also includes information produced for those who do not live with the condition but are at risk of developing it or who are a carer or who are interested in the condition.

## **6. Information production process**

- 6.1 Everyone producing or involved in the production of LSN information will have access to this policy and the information production flow chart and other accompanying material.
- 6.2 All information produced under the LSN 'banner', bearing our logo and falling within the scope of this policy, will go through the procedures outlined in this policy.
- 6.3 LSN Patient information will be developed by doctors, nurses, allied health professionals or others who have appropriate knowledge and experience of dealing with the condition.
- 6.4 Authors and those ratifying content of patient information must ensure that it reflects current best practice and, where available, is evidence based.
- 6.5 LSN information is designed to assist with self management and to supplement, not replace, individualised medical/nursing/specialist care.

## **7. Accessibility**

- 7.1 The LSN believes in fairness and equity and values diversity. Requests for our information in alternative languages or formats are dealt with on an individual basis. As a small charity the cost of translation of materials is prohibitive and not justified by the number of requests received. However, the LSN will take all reasonable steps to find practical solutions to individual requests.

## **8. Sponsorship/Conflict of interest issues**

- 8.1 As a registered charity the LSN is reliant on financial support from industry colleagues, however, this will in no way influence the content of any patient information. All sponsorship will be clearly identified on the individual piece of information. No company or product will be given preferential representation based on sponsorship. See also the Corporate Sponsorship Policy.
- 8.2 It is recognised that, whilst it is LSN procedure to invite the leading experts in particular areas of lymphoedema management to be involved in producing information, these individuals and groups may have a financial interest in promoting such equipment/techniques or products. All authors

will be asked to declare such interests prior to work commencing and a note will be held in the information production file. Further, all such information will be subject to the review of the LSN Medical Advisor and any contents viewed to be 'advertising' or biased will be removed.

## **9. Audit**

- 9.1 The LSN monitors compliance with this policy, associated procedures and Information Standard in order to identify and correct areas of non-conformity and to ensure the effectiveness of the processes and associated training.
- 9.2 The LSN Chief Executive is responsible for carrying out the internal audit.
- 9.3 Audits will be carried out against this and associated LSN policies/procedures and the Information Standard requirements. The frequency will be annual or earlier if triggered by a complaint.
- 9.4 Documentation is maintained to record the outcome of the audit, including details of non-conformity, corrective actions, responsible people and timescales.
- 9.5 Audits are reviewed to verify corrective measures have been instigated.
- 9.6 Outcomes of audits are presented to Editor and Board of Trustees.
- 9.7 An annual review of the systems supporting this policy and the Information standard will be instigated and carried out in the first quarter of each year. This review will consider if the systems are functioning, if the policies and supporting procedures are working well and being complied with and reviews of any complaints received. The outcome of this review will be presented to the Trustees along with any suggestions for alterations to Systems, Policies or Procedures to address challenges raised.

## **10 Complaints**

- 10.1 The LSN considers feedback from all parties to be a positive influence for change. All those raising questions or complaints will be treated with respect.
- 10.2 All complaints/queries will be processed within two weeks of being received, where reasonably practical.
- 10.3 The process for dealing with complaints/queries can be viewed in *Appendix 5*.

- 10.4 A central register of all complaints received will be maintained by the Chief Executive and all complaints and their outcome will be reported to the Board of Trustees.
- 10.5 In the unlikely event that a major error is discovered or if practice changes significantly the document/s concerned will be immediately removed from our booklist/clinic order form and hard copies destroyed. A risk analysis will be carried out by the Editor and Chief Executive to decide on further action to minimise negative impact on patients/users, such measures may include notification in LymphLine, notification on the LSN website and/or notification sent to clinics that have purchased the document.

This policy will be reviewed two years from the date of ratification.

Other documents that may be viewed in association with this policy:

- Corporate Sponsorship Policy
- Guidelines for authors
- Information roles and responsibilities
- Information Standard Policy statement
- Website Linking Policy

### **Appendices**

Please contact the LSN office for details of the appendices.