



England

# Health Literacy

North East and North Cumbria ICB

Health Innovation North East and North Cumbria



# House Keeping

- If you have any questions throughout the webinar, please use the Q&A facility.
- If we are not able to answer your question during the session, please email the relevant person / team.
- If you need to take a break at any time, please feel free to do so
- Speaker presentations will be circulated following the event
- The webinar will be recorded and shared
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England

# Professor Bola Owolabi MRCGP FRSPH

Director – National Healthcare Inequalities  
Improvement Programme, NHS England

4 March 2025

Healthcare inequalities improvement programme  
[england.healthinequalities@nhs.net](mailto:england.healthinequalities@nhs.net)

# What is health literacy?

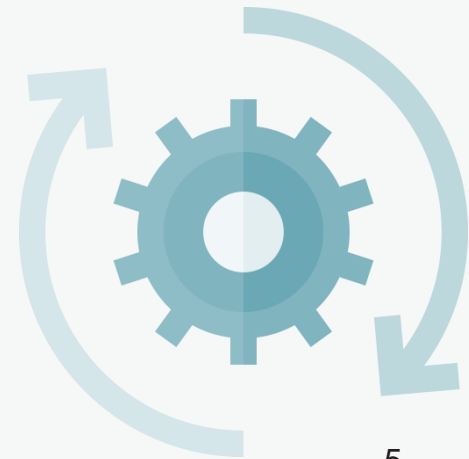
“

The personal characteristics and social resources needed for individuals and communities to **access, understand, appraise and use information and services** to make decisions about health  
*World Health Organisation*

“

A **two sided issue**, comprising both an individual's **ability to understand and use information** about their health and care, and a 'systems issue', reflecting the **complexity of health information and the health and care system** – NHS England

# Context and case for change





## Lord Darzi's Independent Investigation of the NHS

“The impact of the deterioration in access and the challenges around quality of care have not been felt equally. As we have seen, there are important disparities in almost all aspects of care. The ‘inverse care law’ seems to apply: that those in greatest need tend to have the poorest access to care.”



# Health inequalities and health literacy

Our vision is exceptional quality healthcare for all, ensuring equitable access, excellent experience & optimal outcomes.

## In England:

4 in 10 adults struggle to understand health information that contains words.

6 in 10 adults struggle to understand health information that contains words and numbers.

**A strong social gradient** - both influenced by and influencing inequalities in access, experience and outcomes for Core20PLUS communities.

## The potential impact of low levels of health literacy:

- Poorer outcomes across a range of health indicators
- More likely to have lifestyle risk factors for ill health
- Less likely to engage with preventative programmes
- Higher levels of illness and preventable premature mortality
- Difficulty managing long term conditions
- less likely to adhere to medication regimes effectively.

# Costs of poor health literacy

In 2014–15, US research estimated the economic cost of poor health literacy to the NHS in England as between **£2.95 bn and £4.92 bn per year** (Public Health England, 2015).

A survey by the Patient Information Forum and Ipsos found that half of adults in the UK are struggling to access trusted health information, and **8 in 10 adults agreed that access to trusted health information would help them manage their health.**

A Health Foundation study of 9,000 people with long term conditions found those who felt confident to manage their health had **18% fewer GP visits and 38% fewer A&E visits.**



## Key findings

Half of adults in the UK are struggling to access trusted health information.



1 in 10 adults in the UK have been affected by misinformation, rising to 1 in 5 for ethnic minorities.

8 in 10 adults in the UK agree access to trusted health information would help them manage their health.



1 in 6 say adults in the UK say their views are not taken seriously by their health professional. This rises to 1 in 4 for ethnic minorities.

Only 1 in 10 adults with long term conditions in the UK are signposted to patient organisations, yet these are highly trusted by their users.



2 in 3 adults in the UK state independent verification of health information would increase trust.

There is already recognition of the PIF TICK among the UK population.

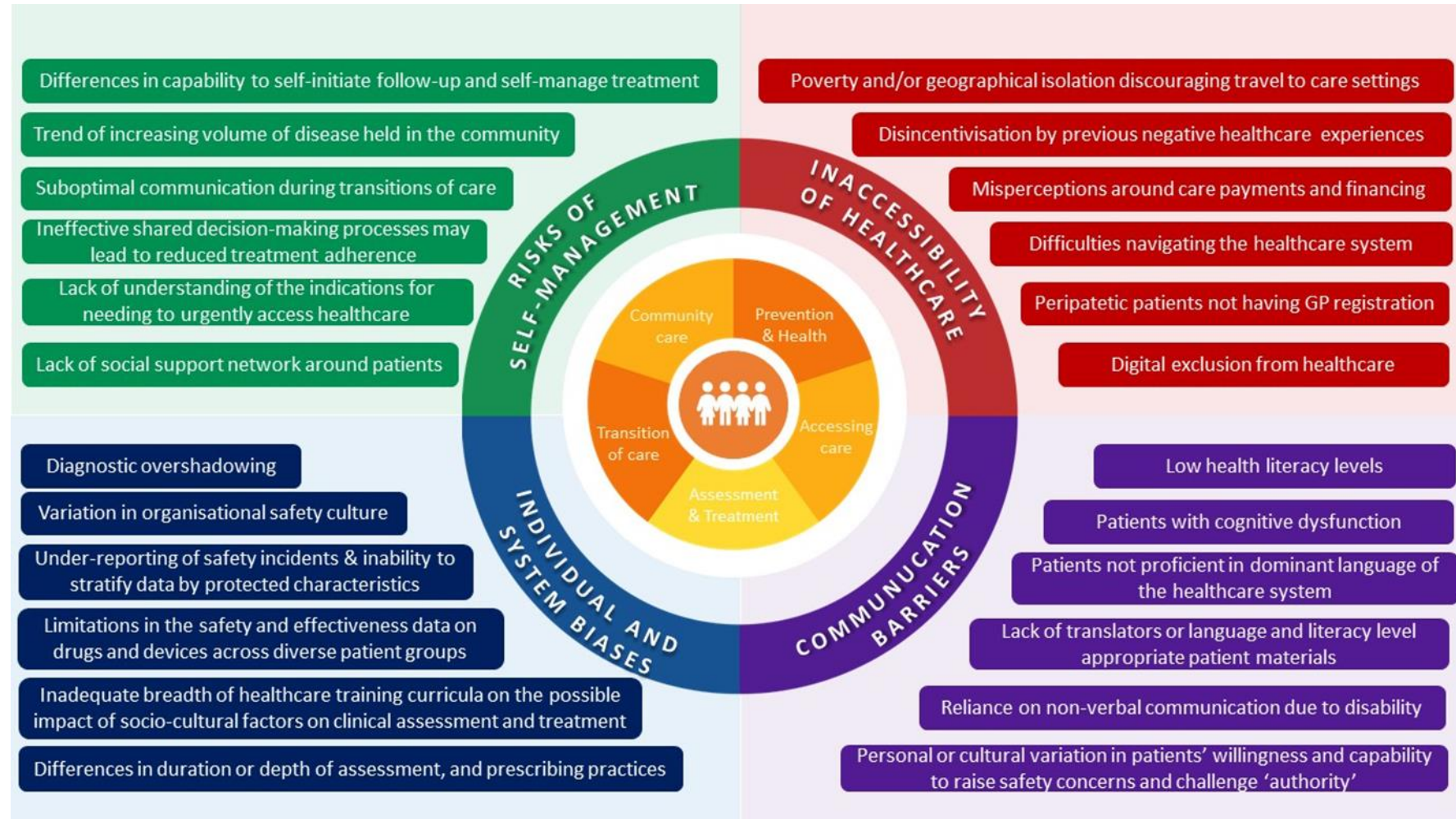




# Patient safety is intrinsically linked to healthcare inequalities.

## Driving action

- Evidence is growing that **patient safety incidents are experienced unequally**.
- Disproportionate harm from healthcare further compounds the existing social or economic disadvantage of these patient groups, thereby **exacerbating health inequalities**.
- Viewing health inequalities through the **lens of patient safety** presents an avenue for tangible action on health inequalities for which healthcare professionals and systems have a **clear responsibility** write *Cian Wade and colleagues*



# Patient safety is intrinsically linked to healthcare inequalities.

## Intersection between health literacy and community language translation

- With 1 million people in the UK unable to speak English well, this represented a significant challenge for the NHS and one that can result in poorer healthcare outcomes as well as serious patient safety concerns, ultimately contributing to healthcare inequalities across our society.
- [The Health Services Safety Investigations Body \(HSSIB\)](#) investigated **safety implications of patient communication** being generated solely in English and opportunities to address this risk.
- HSIB recommended that **NHS England develops and implements a standard for healthcare providers on supplying written appointment information in languages other than English.**
- NHS England has completed a strategic review and options appraisal to identify **how NHS England can support improvements in the commissioning and delivery of CLTI services.** This is now being progressed by way of a framework for NHS action on **Community language translation and interpretation (CLTI)**

### HSIB makes the following safety observations

#### Safety observation O/2023/219:

It may be beneficial if the 'preferred written communication method' field of the Personal Demographics Service system is completed for patients who require written communications in a language other than English.

#### Safety observation O/2023/220:

It may be beneficial if NHS trusts identify mechanisms to appreciate the language needs of their patient demographic and adjust the written communications accordingly.


#### Safety observation O/2023/221:

It may be beneficial to clarify the roles and functions of national organisations in supporting the health inequalities landscape.

#### Safety observation O/2023/222:

It may be beneficial for NHS healthcare providers to incorporate the NHS Service Standard into agreements with third-party developers of electronic clinical investigation booking systems.

[Investigation report: Clinical investigation booking systems failures - written communications in community languages](#)

The background features a large blue vertical rectangle on the right side. At the top, there are three horizontal bars: a light gray one on the left, a dark blue one in the middle, and another light gray one on the right. In the bottom left corner, there is a teal-colored rounded rectangle.

# Creating change: Opportunities

# Adoption of the NHS inclusion health framework

## Intersection between health literacy and community language translation

### People in inclusion health groups include:

- People who experience homelessness
- People with drug and alcohol dependence
- Vulnerable migrants and refugees
- Gypsy, Roma, and Traveller communities
- People in contact with the justice system
- Victims of modern slavery
- Sex workers
- Other marginalised groups

### They are likely to have the following experiences in common:

- Discrimination and stigma
- Violence and the experience of trauma
- Poverty
- Invisibility in health datasets

### Which results in:

- Insecure and inadequate housing
- Very poor access to healthcare services due to service design
- Poor experience of public services
- Poorer health outcomes

In October 2023, NHSE published *A national framework for NHS – action on inclusion health*. This framework focuses on the role that the NHS plays in improving healthcare and is based on five principles for system action on inclusion health, addressing issues which are common across inclusion health groups.





# Mobilise community assets and embed digital inclusion approaches

The [framework](#) is designed to help NHS staff enable and encourage **greater access to and improved experience** of healthcare, and increased adoption of digital approaches where appropriate.

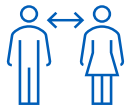
## Recognising that:



**Digital inclusion is a whole-of-society issue**, requiring collaboration at different levels and across sectors

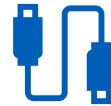


It is essential that the NHS maintains **non-digital healthcare and access routes** to complement digital offerings



**User-centred or human centred design** is essential for development of great, inclusive digital approaches

**Mobilise community assets** - [Tackling digital exclusion and health literacy: How libraries can help bridge the gap](#)



Access to devices and data

e.g., provision of data enabled devices working with partners



Accessibility and ease of using technology

e.g., follow tips in [Creating a highly usable and accessible GP website for patients](#)



Skills and capability

e.g., develop of tools/ scripts or support to enable NHS staff to explain the purpose and benefits of tech



Beliefs and trust

e.g., promote use of lower-risk transactional appointments to try-out digital services



Leadership and partnerships

e.g., join up between health inequalities and digital transformation leads, develop digital inclusion strategy or a section within digital strategies



# Building awareness among healthcare staff

## Multiplying opportunities for intervention

Evidence suggests that health literacy interventions at both system and practitioner level can impact positively upon health behaviours and health outcomes in those with low health literacy

Developing accessible  
written communication

Routinely offering help  
in accessing health  
information

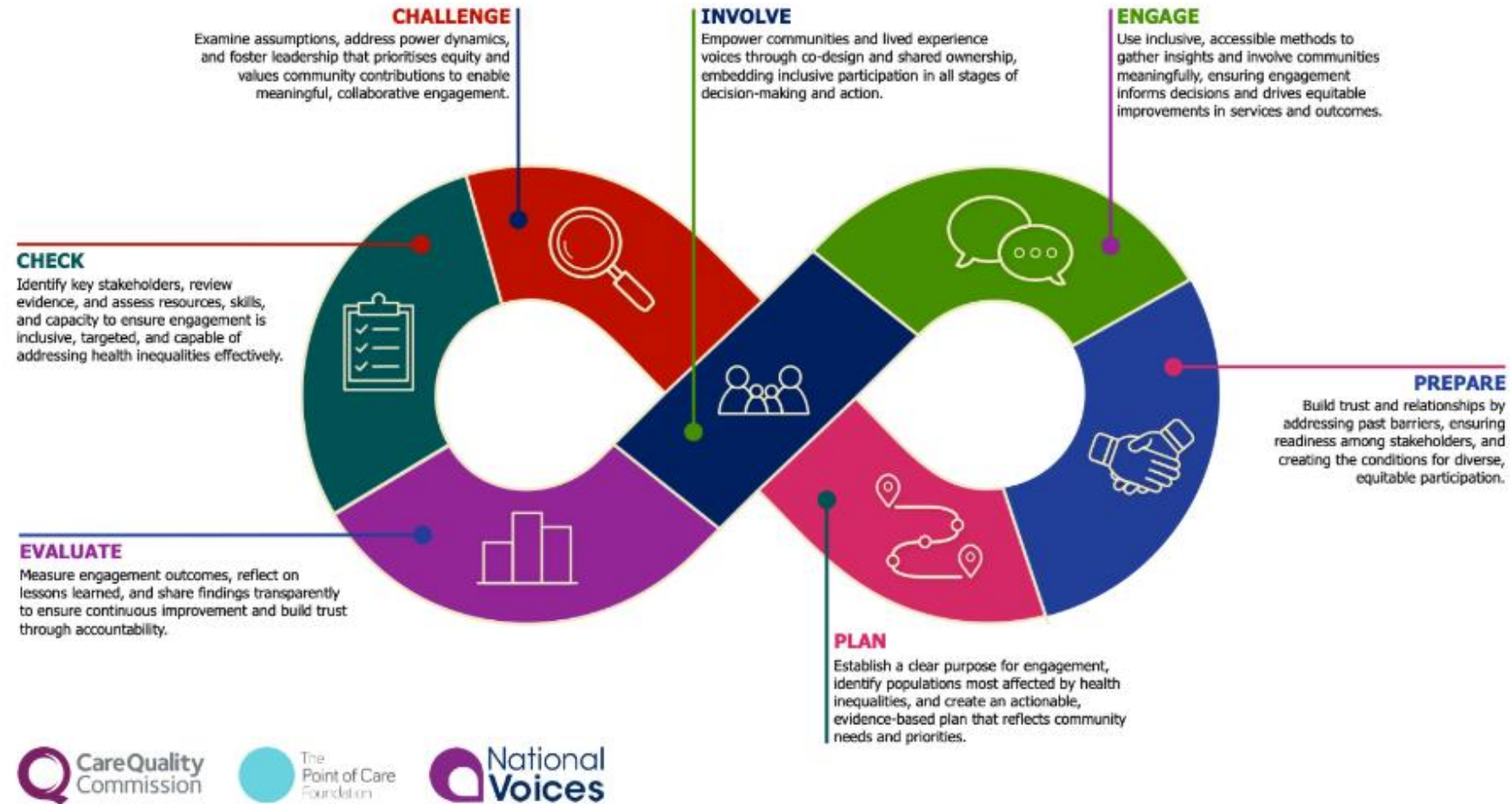
Use of specific  
techniques e.g. 'chunk  
and check' or 'teach  
back'

Reducing assumptions  
made about what has  
been understood

Seek feedback about  
clarity of information

# CQC framework: Addressing health inequalities through engagement with people and communities

- The self-assessment and improvement framework is **designed to support improvement – not assurance**.
- It supports your ICS to have honest conversations, discover learning, and develop **practical actions to improve how you tackle health inequalities** through partnership with people and communities.
- Unlike other engagement tools, this **framework is focused on health inequalities**. It specifically supports ICSs to engage people and communities in reducing health inequalities, **in line with the national Core20PLUS5 approach**



# Community Languages Improvement Framework for NHS action

## Key emerging themes

- In 2023, **NHS England undertook scoping exercise** to understand the most appropriate national interventions to enable **equitable and improved experience for people needing access to translation and interpreting services**.
- In December 2024, South Central and West CSU delivered and **Interim report to develop a national community languages improvement framework for review** and feedback.
- The report provides the **basis for moving into the design of the Improvement Framework**, which is expected to be published at the start of the **2025-2026 financial year**.
- NHS England is **currently socialising draft themes** and actions for the community language framework with National Programme Directors.





# Who are we?



Ryan Swiers  
Consultant in  
Public Health



Emma Davidson  
Strategic  
Manager



Lorna Dawson  
Health Literacy  
Specialist



Leanne Kirkup  
Health Literacy  
Trainer



Tracey Garbarino  
Health Literacy  
Trainer

# **Rate your Health Literacy knowledge**

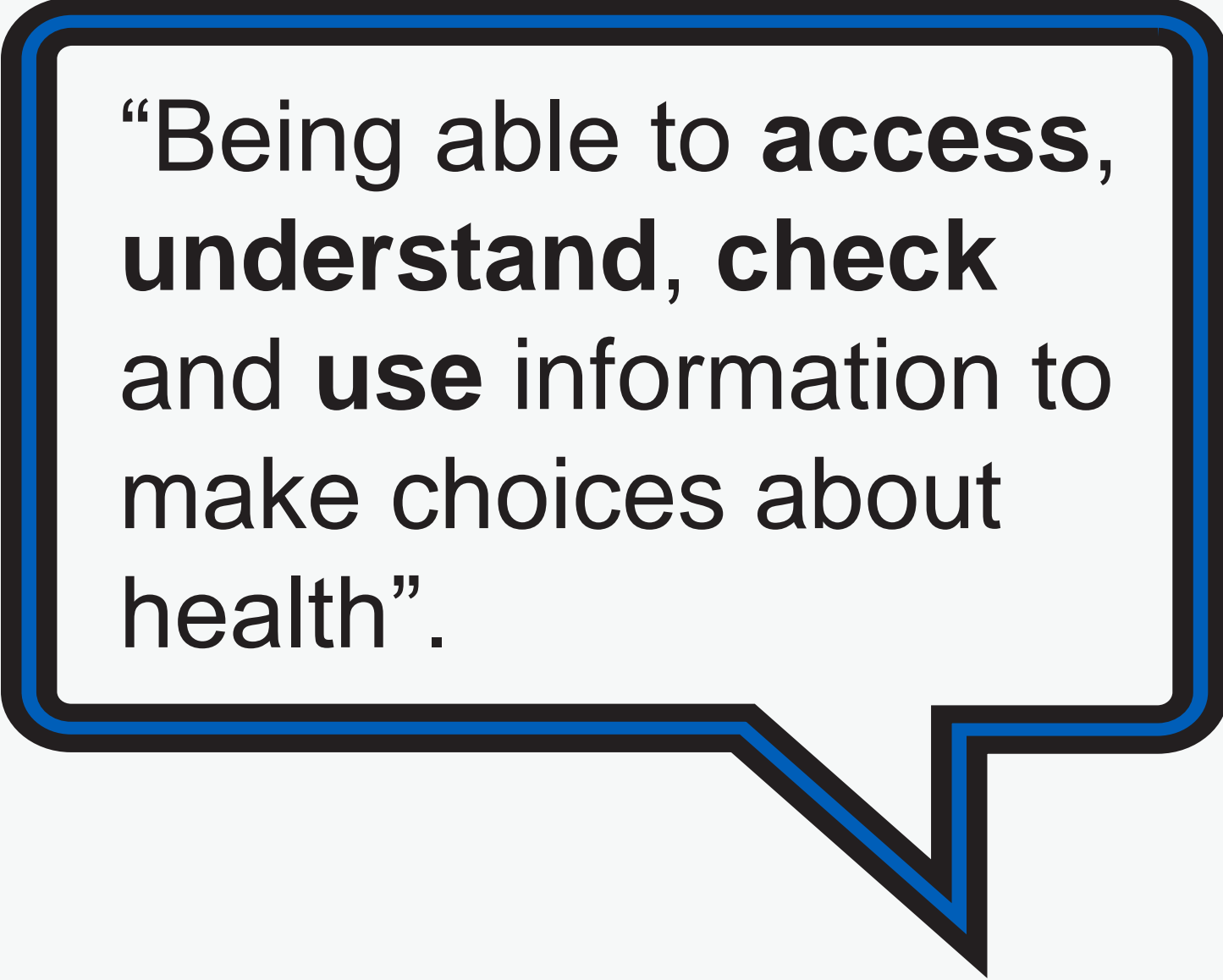
# **What is health literacy?**

# Please read the text below and explain it

## ***WHO hrinagtion fo Haetlh Lhtijaht***

*Haetlh Lhtijaht repwhinfhy teh kanhitve nda amcnhg dhunjj whcih Imiihtine teh ktnhiation nda nthibt fo mngyhiiehhub ot gain ennfy y to, unmnghitij nda nwo laftination ni sway wcihh pronhoa nda palmtain doog haetlh.*

*Haetlh Lhtijaht implies teh neguuaiment fo e levbel fo lehyydoo, personish skueills and conkirruhwq ot take mentiy ot imporve lpontfus nda comnbvuh haetlh bye changing pejndffi lefenuhk nda living netriotion. Thus, Haetlh Lhtijaht means muter thin bein abble ot read pawpleygs nda make ayyneffints. Bi imporvishing orjyh's brrcid ot haetlh instuflitin, nda there capuncityr ot sue ti effeclitilly, Haetlh Lhtijaht si critical ot empowerment.*



“Being able to **access**,  
**understand**, **check**  
and **use** information to  
make choices about  
health”.



# Individual skills.

## Functional

Basic reading, writing and numeracy skills to understand health information and system

## Interactive

Skills to pick out the information you need, discuss it and apply it to different situations

## Critical

Being able to analyse information, work out if it is reliable and if it applies to you

# Health Literacy in healthcare

Literacy level	In a health setting, adults at each literacy level will be able to:
That of a typical 5–7-year-old (Literacy entry level 1)	<ul style="list-style-type: none"><li>• Understand pictures on a health promotion poster</li><li>• Read and understand 'way in' and 'way out' signs but not entrance or exit signs</li><li>• Tell a doctor they don't feel well, but not describe types or levels of pain</li></ul>
That of a typical 7–9-year-old (Literacy entry level 2)	<ul style="list-style-type: none"><li>• Understand the words on a simple poster, such as 'smoking is bad for you'</li><li>• Understand the words of a routine appointment letter, but not necessarily the numbers</li><li>• Tell a clinician in simple language about the type and level of pain they have</li></ul>
That of a typical 9–11-year-old (Literacy entry level 3)	<ul style="list-style-type: none"><li>• Understand the words on a more complicated poster and simply worded leaflets</li><li>• Understand a short, formal letter, note or form. Undertake a call to 111</li><li>• Describe types and levels of pain in more detail.</li><li>• Understand what they've been prescribed by a clinician</li></ul>
Lower grade GCSE - grade 1 - 3 or F – D (Literacy level 1)	<ul style="list-style-type: none"><li>• Understand more complicated information, e.g. health promotion information on diet, or simple clinical information if delivered with help and support</li><li>• Confidently describe types and levels of pain</li><li>• Understand simple spoken instructions, but not the importance of following them or ability to clarify what they've been told</li></ul>
Higher grade GCSE - grade 4 -9 or C – A* (Literacy level 2)	<ul style="list-style-type: none"><li>• Understand and interpret more complicated health information, as above</li><li>• Volunteer information about pain without being asked</li><li>• Ask simple questions to understand why a particular course of treatment has been prescribed</li></ul>



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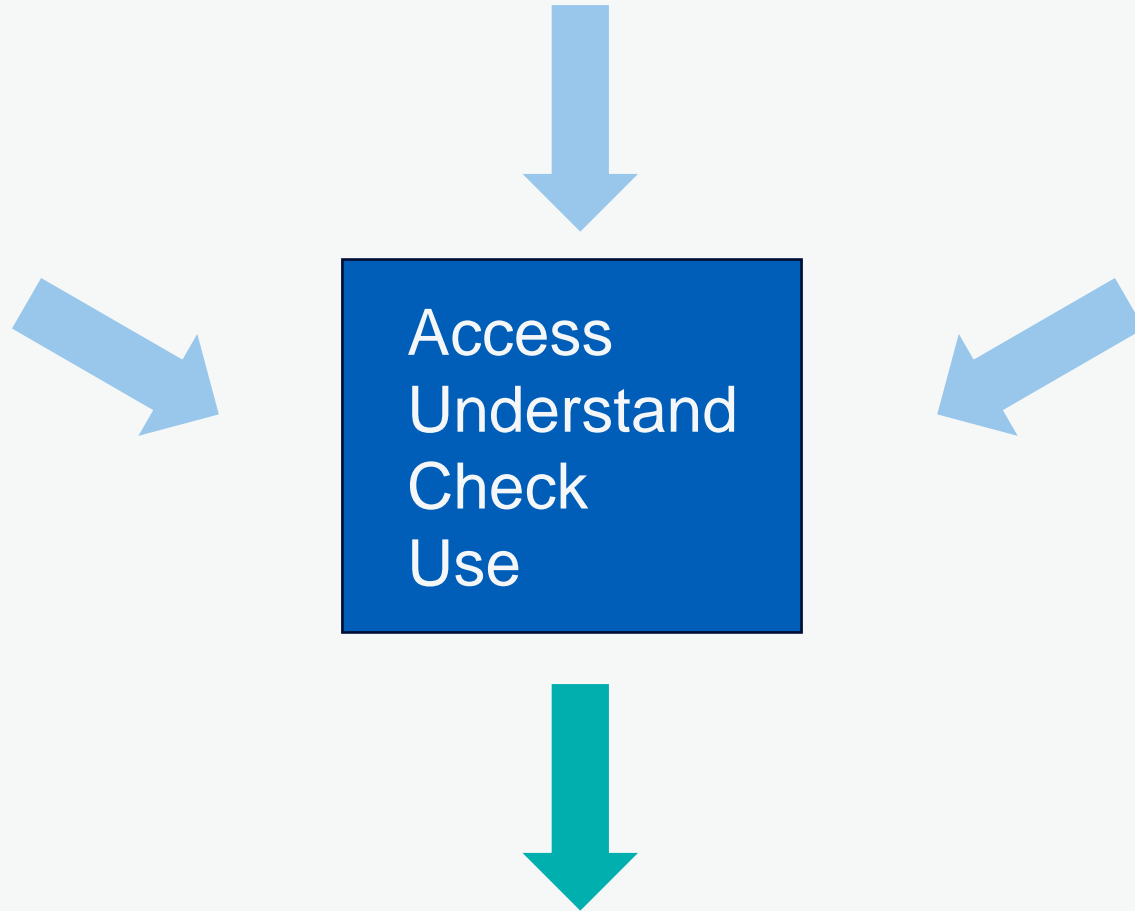
Society and environment

Personal  
characteristics

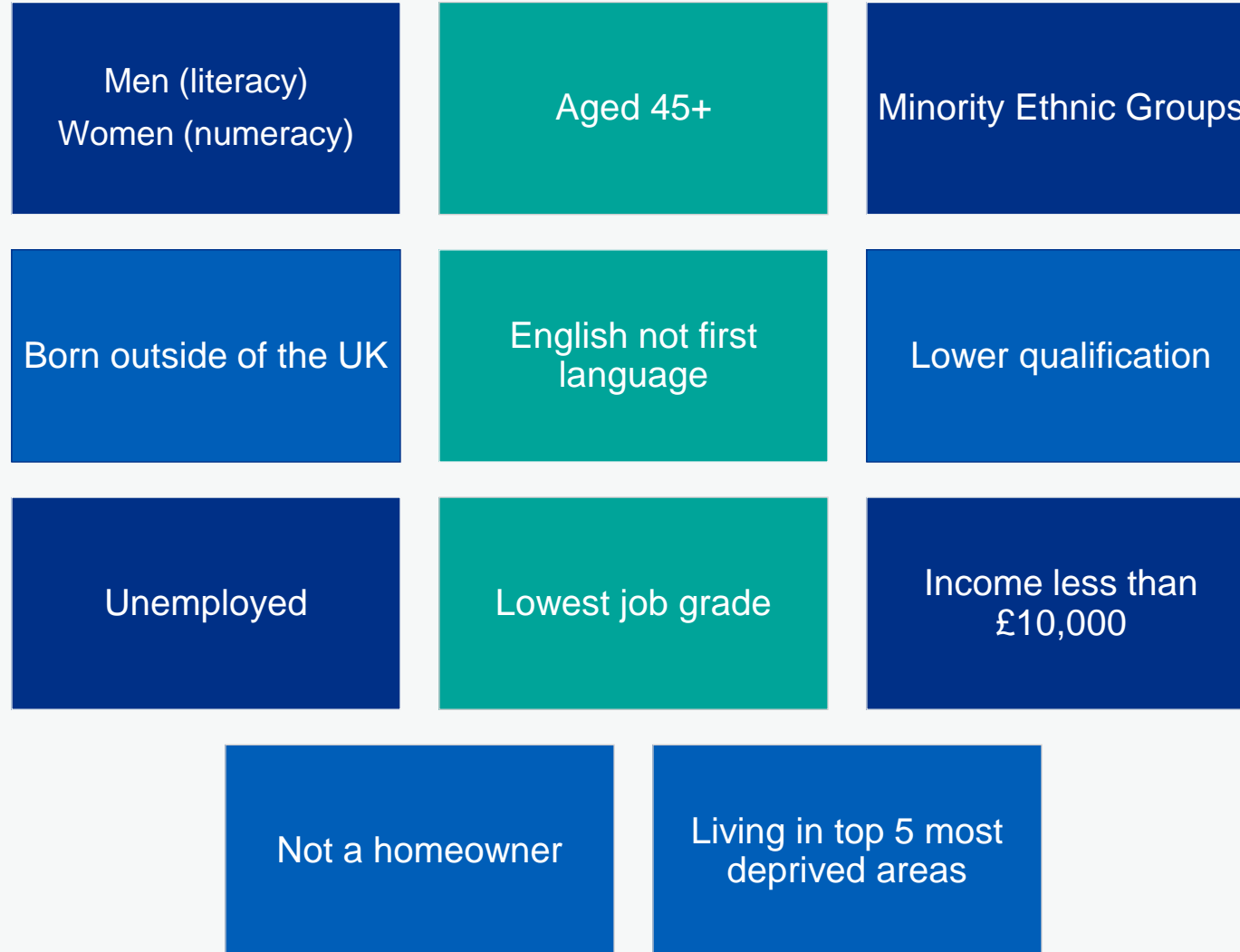
Social  
resources

Access  
Understand  
Check  
Use

To make informed decisions  
about health

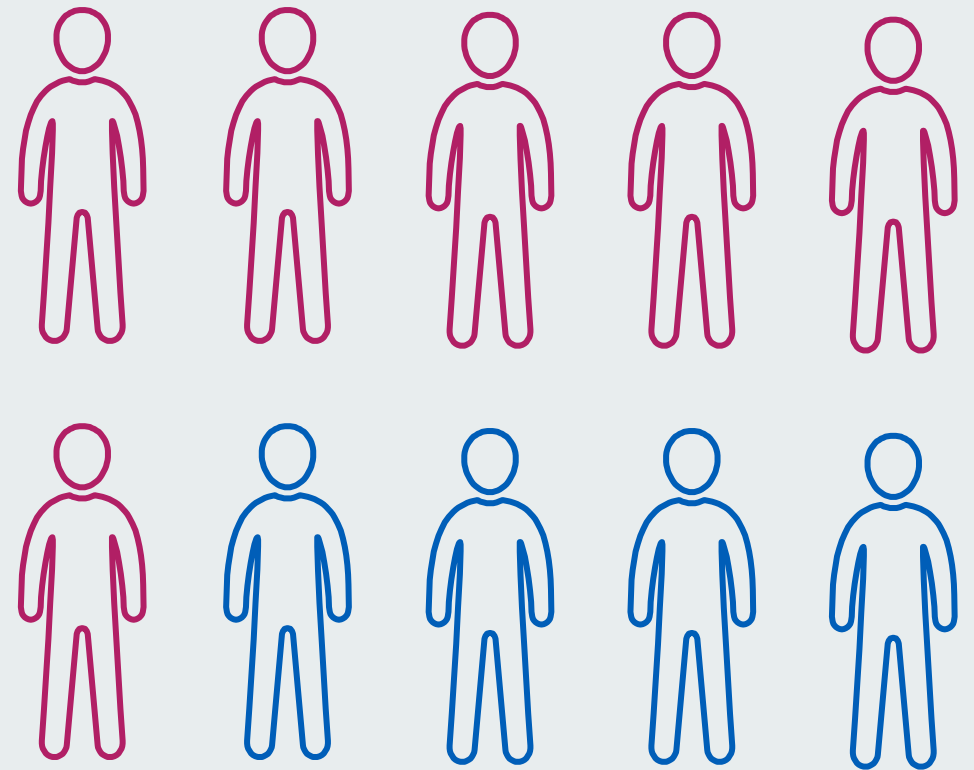


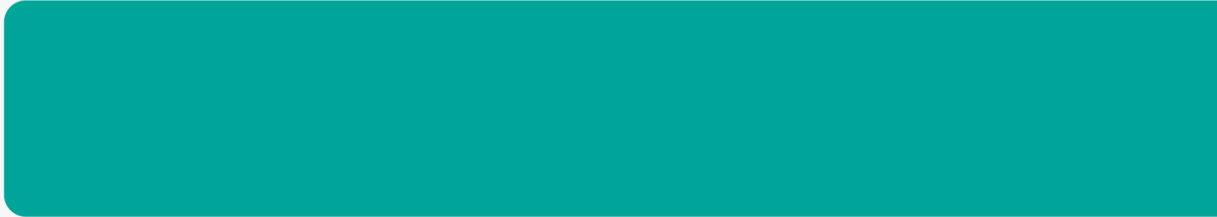
# There are groups of people who are more likely to be affected by low health literacy




# 58%

of adults in the UK find it hard to understand health information containing words and numbers





Health literacy can affect  
everyone



**What support  
do you need  
to make a  
change?**

Health literacy toolkit questions





# Why is it important?

## **... for patients and the public?**

Adults who have low health literacy, and their children and families, suffer the worst health outcomes in society.





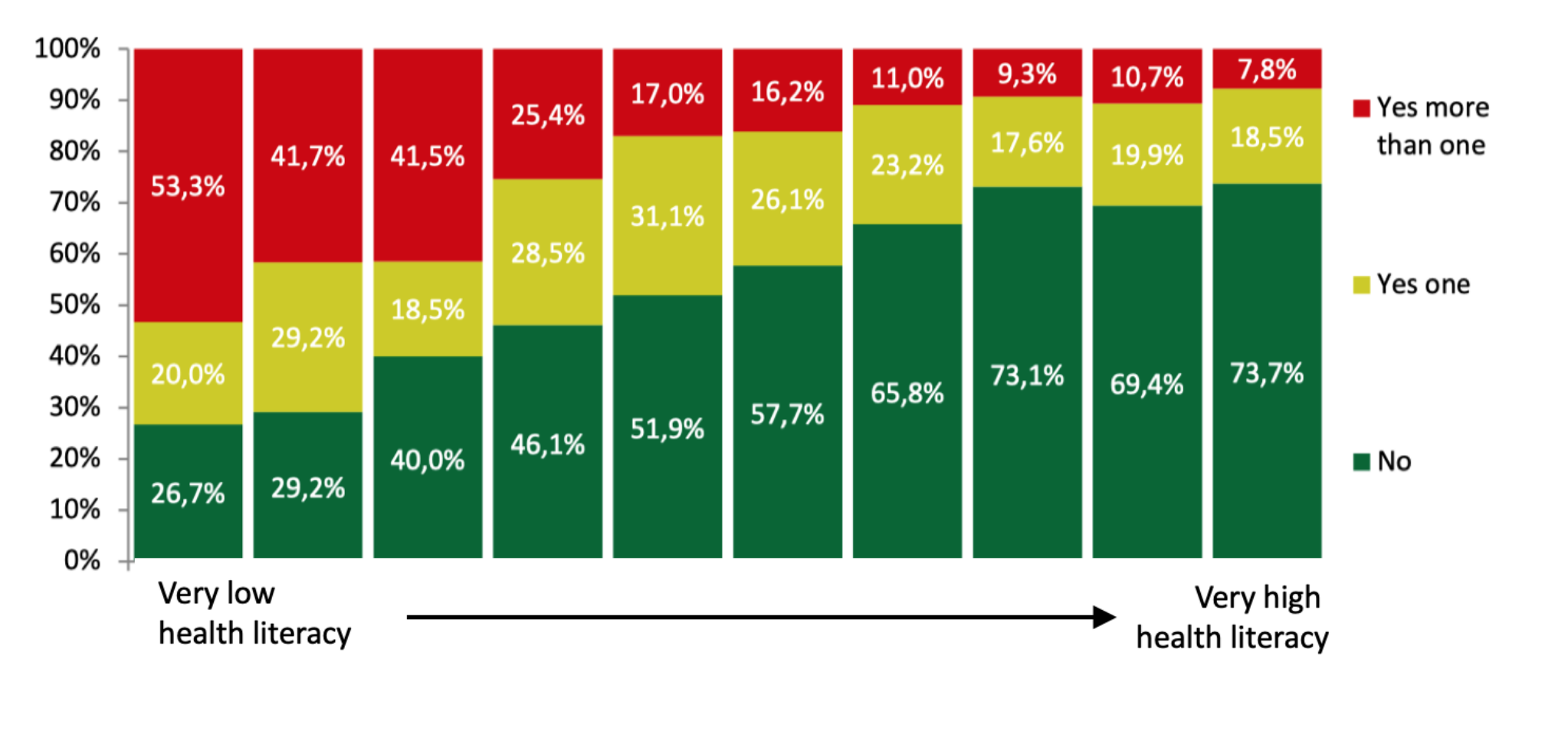
## People with low health literacy are more likely to ...

- 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





# Health literacy and long-term health conditions



## ... for staff?

Low health literacy can affect:

- Staff workload
- Staff morale
- Job satisfaction
- Quality of care
- Safety of care



## ... for organisations?

- It costs
- It's a safety issue
- Services are not used correctly
- It puts pressure on the system
- It contributes to health inequalities



# What are health inequalities?

Differences in health across groups within the population.

- Unfair
- Systematic
- Avoidable

## The social determinants of health



Diagram courtesy of the Institute for Future Studies, Stockholm



# Why do they matter?

- Public sector equalities duty
- NHS Long Term Plan
- Core20PLUS5
- NICE guidance on shared decision making
- Darzi Review/10 year health plan

## The social determinants of health



Diagram courtesy of the Institute for Future Studies, Stockholm



Reduce inequalities

Empower citizens

Important factor in improving  
health outcomes



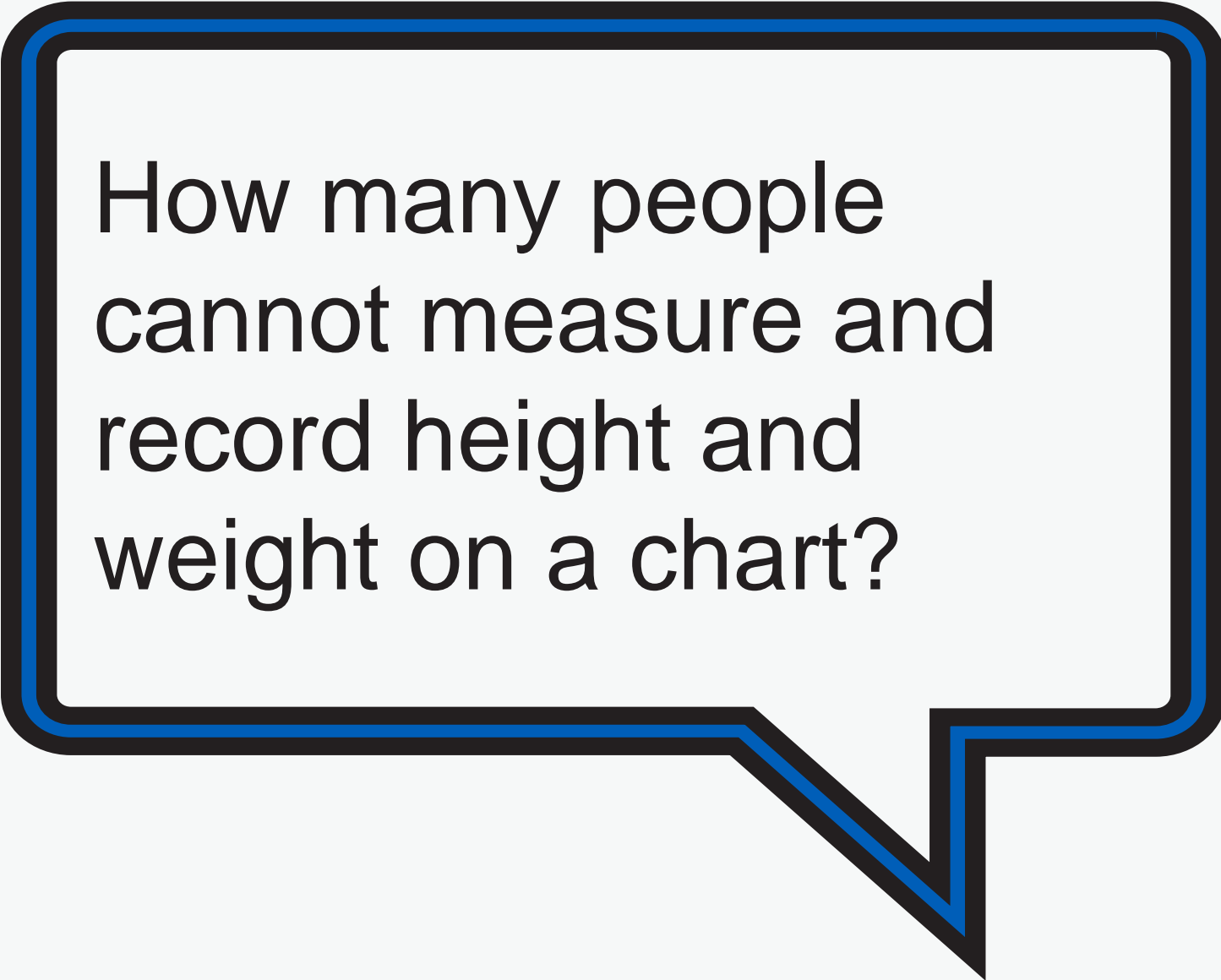
Do you know...



The average  
reading age of  
adults in the UK?



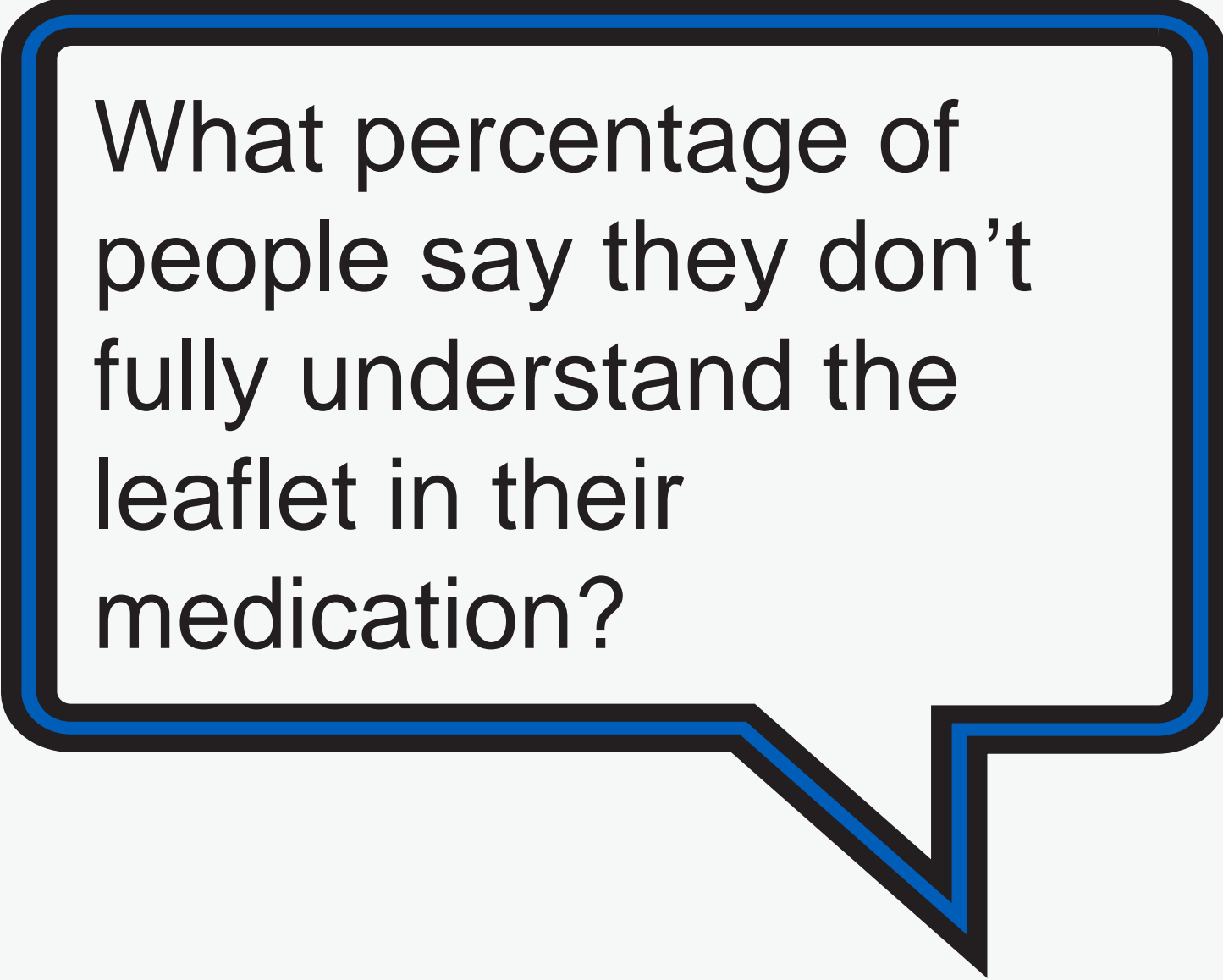
**9 to 11 years old**



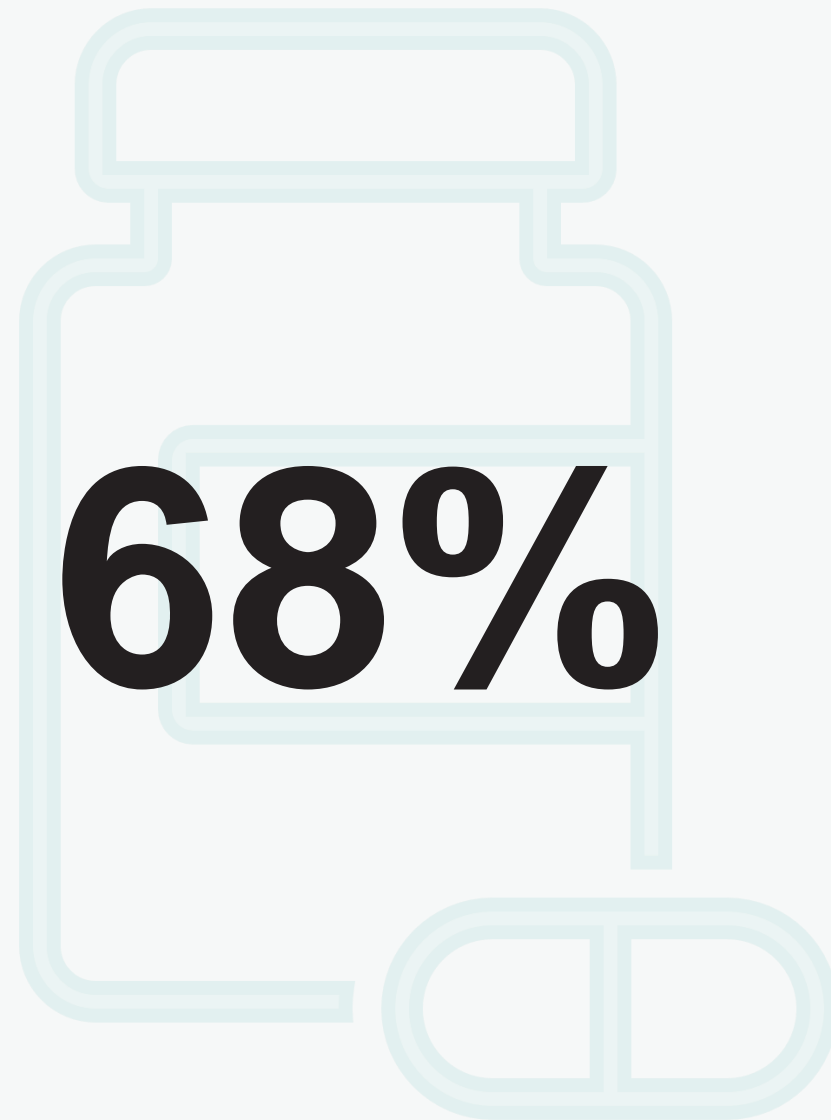
How many people  
cannot measure and  
record height and  
weight on a chart?

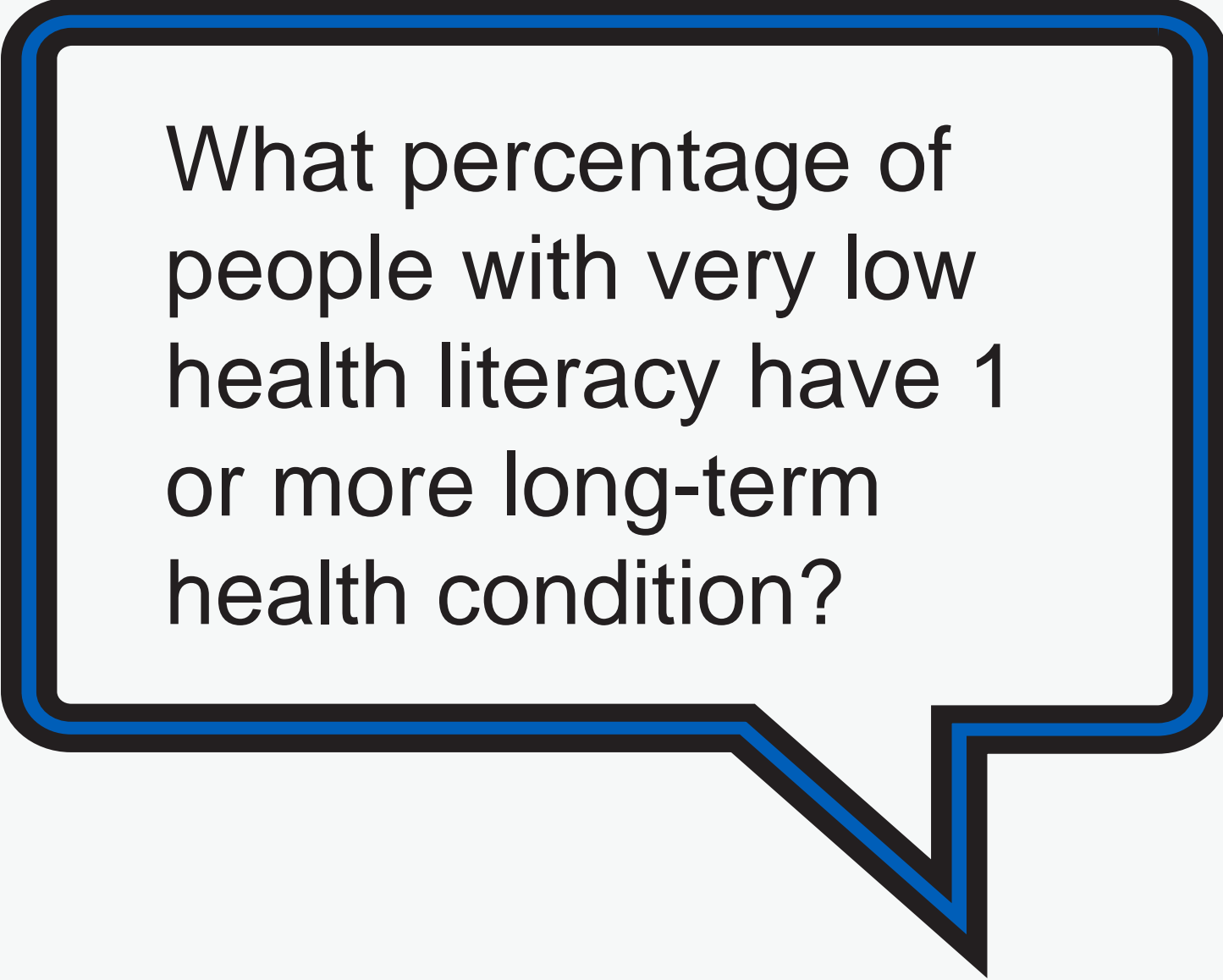


**6.5 million**



What percentage of people say they don't fully understand the leaflet in their medication?



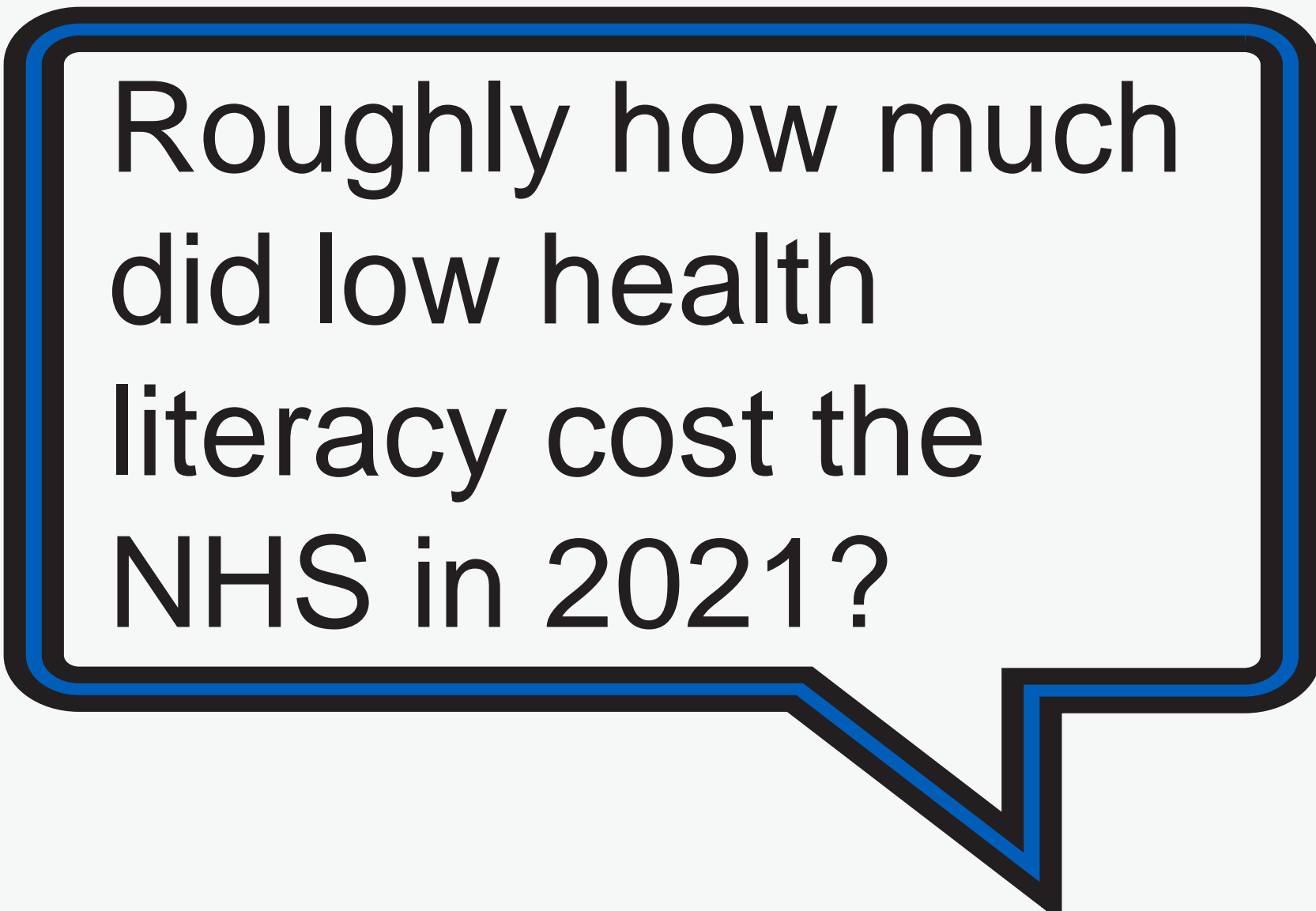


What percentage of people with very low health literacy have 1 or more long-term health condition?



**73%**






Roughly how much  
did low health  
literacy cost the  
NHS in 2021?



**£5.3 to £8.8 billion**



Do you think  
this needs to  
change?

# What can we do about it?





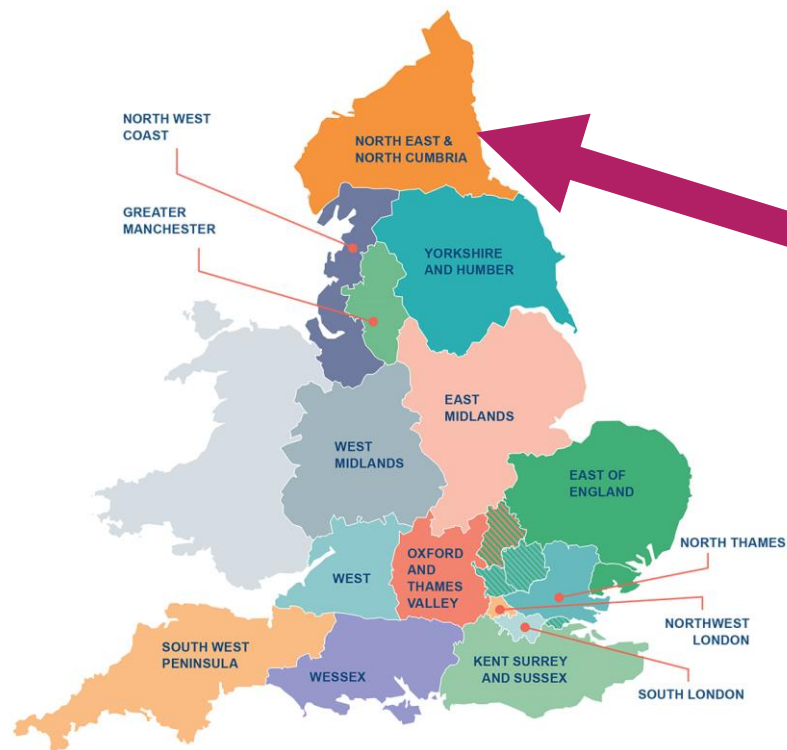
South Tyneside and Sunderland  
NHS Foundation Trust

# Health literacy at South Tyneside and Sunderland NHS Foundation Trust

**Lorna Dawson**  
Health Literacy Officer



# Where we are ...





# Our local people

- Have worse health.
- Die younger.
- Have fewer years of good health.
- 1 in 3 have a long term health condition.
- Live in an area of high deprivation.



[50 stunning photos of Sunderland fans in 2022 - From Trafalgar Square to Wembley: gallery](#)

# Our local people

65%

find it hard to understand health information that contains words and numbers.



[50 stunning photos of Sunderland fans in 2022 - From Trafalgar Square to Wembley: gallery](#)



# The first step: a health literate vision

Old	New
<p><b>OUR VISION</b></p> <p>To deliver nationally recognised, high quality, cost effective, sustainable healthcare for the people we serve, with staff who are proud to recommend our services.</p> <p>Reading ease = 30.9 (Difficult/Confusing) Grade level = 14.9 (18-21 years)</p>	<p><b>Our vision</b></p> <p><b>Excellence in all that we do.</b></p> <p>Reading ease = 94.3 (Very easy) Grade level = 2.3 (7-8 years)</p>



# Getting senior buy in



We rewrote  
800+  
health leaflets  
at reading age  
9 to 11  
years

# Is it really a problem?

## How we write now

### **What is Chronic Fatigue Syndrome?**

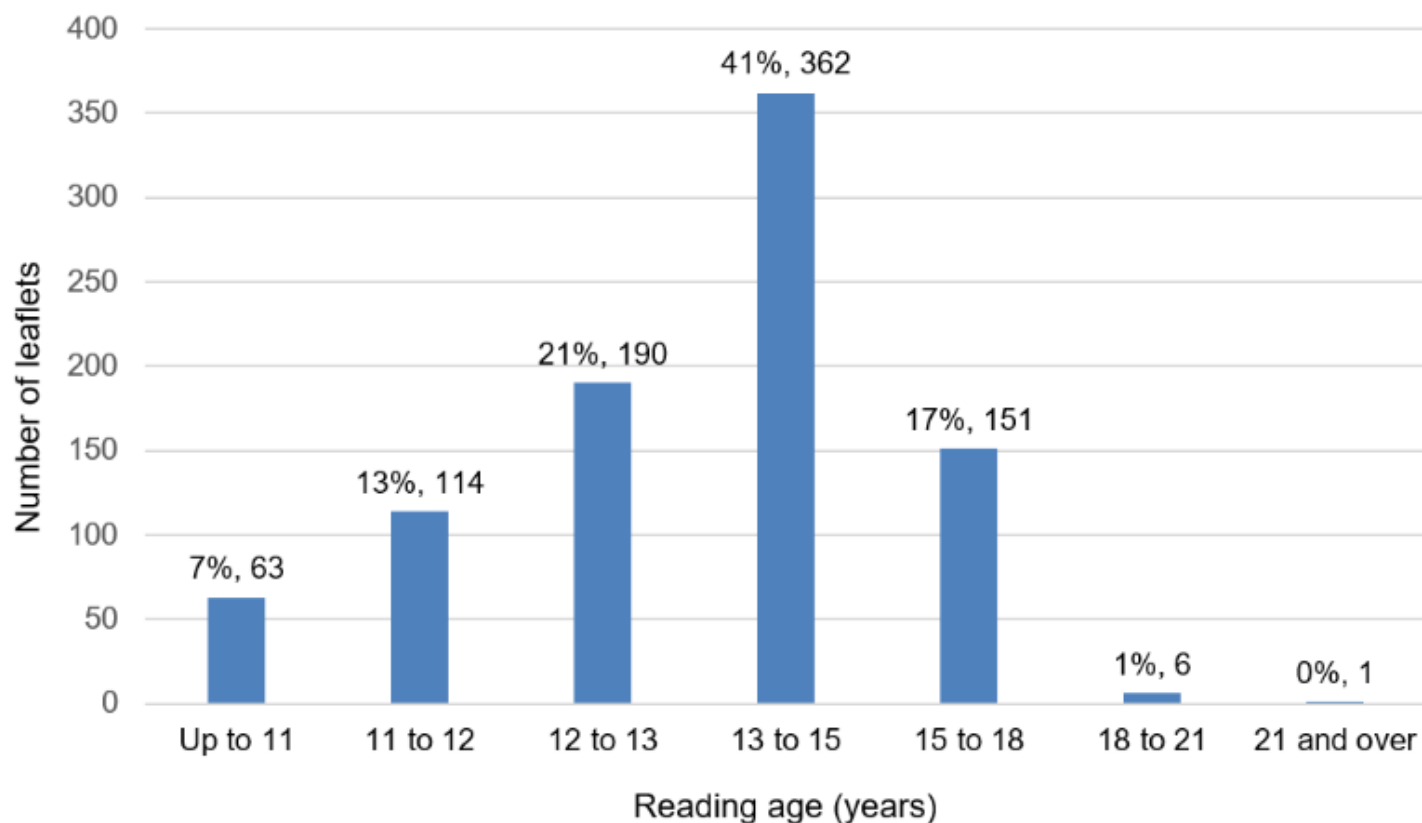
Chronic Fatigue Syndrome (CFS) is a health condition with the primary symptom of fatigue (that has been present for at least 4 months), which is not due to ongoing exertion and not substantially relieved by rest.

Reading age 15 years



# 93%

leaflets written at reading age 11 or higher



# What did they say?

Daunting

It sends you into a panic.

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

# What did local people think?

**94%**

said there weren't any medical words that didn't make sense.

**97%**

said it didn't make them feel talked down to or offended.

**93%**

of the **3%** that did feel talked down to, said they would still follow the advice.

# What did local people say?

Straight to the point 'no waffle'.

Layman terms so people can understand. Hasn't got any medical terms. Using words that you don't understand makes you feel worried.

Clear language – nothing highfalutin.

Easy to follow.

Boring.  
Easy to read.

# What kind of changes did we make?

Splitting up sentences and paragraphs

Changing jargon to everyday words

Adding headings

Using 'you' or 'we'

Writing at a reading age of 9 to 11

## 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 extremely tired all the time.

### Signs you may have CFS

- You have been feeling extremely 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.

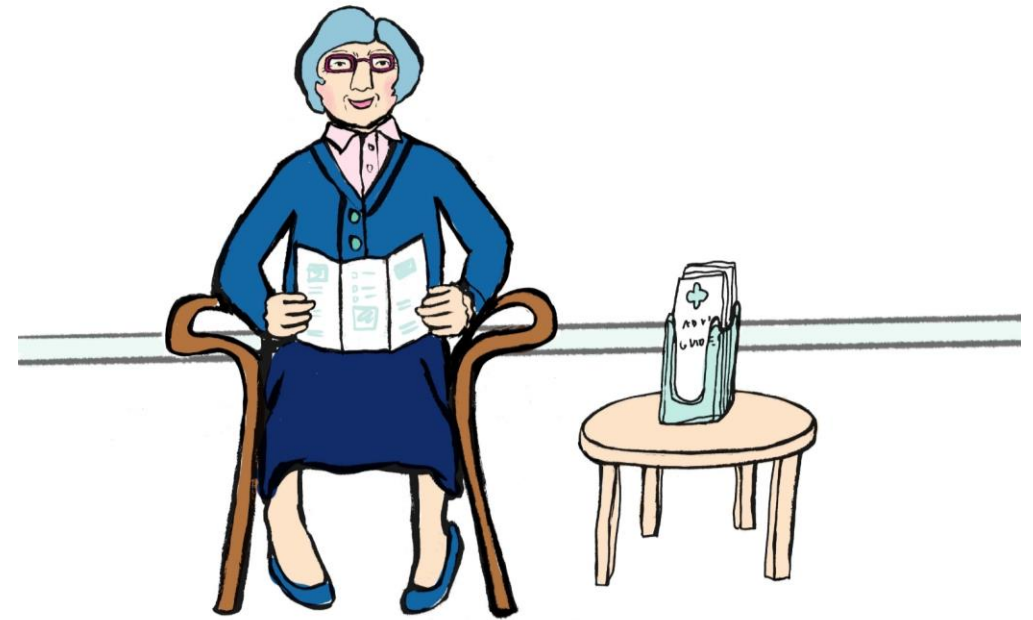
Reading age 9.5 years



Does it make a difference?

Clearer information  
is empowering

“They made it  
really Simple, but  
I didn't feel like they were  
talking down to me”



It helps with shared  
decision making

"If we don't  
understand the  
words we can't be  
involved"



It helps patients  
have a better  
experience

"When I understand  
what's explained I  
feel more confident  
and less embarrassed  
about asking questions"



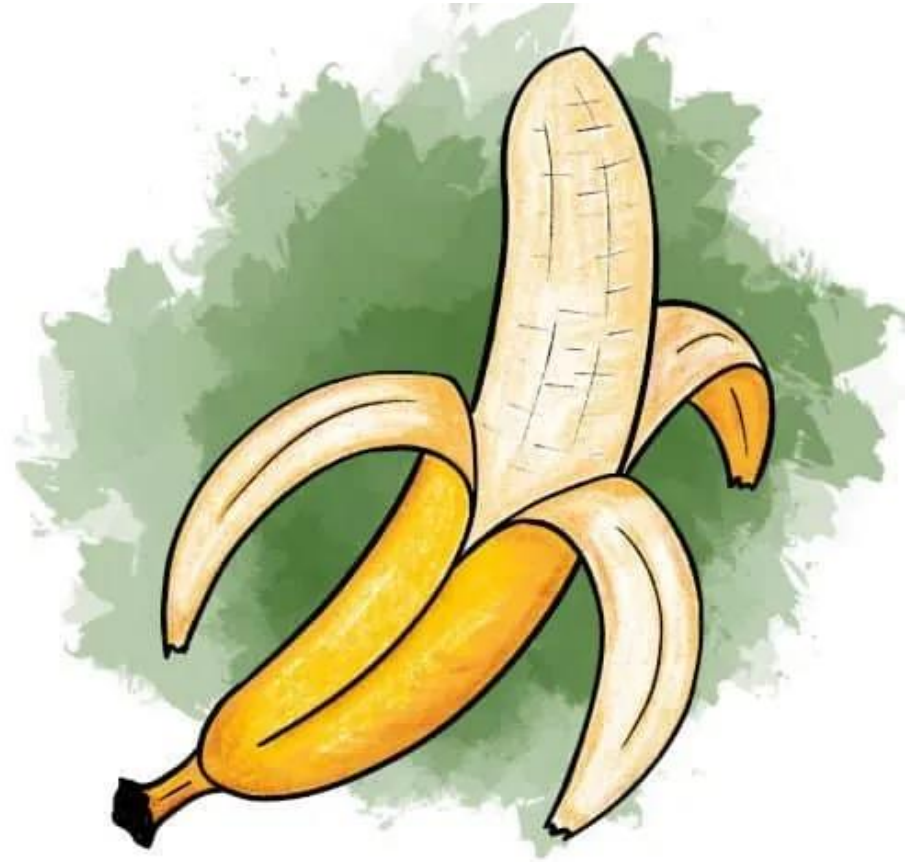
It reduces pressure  
on staff

"Clearer instructions  
means less Pressure  
on us"





It can make care  
safer



# Award nominations





# Making lasting change

# Health literacy now part of the leaflet process



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**South Tyneside and Sunderland NHS Foundation Trust**

**General Enquiries (Main switchboards)**

Sunderland Royal Hospital: 0191 565 6256

South Tyneside District Hospital: 0191 404 1000

Website: [www.stsft.nhs.uk](http://www.stsft.nhs.uk)



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We try hard to keep our information leaflets up to date. This information was correct when we wrote it. It may not include very new changes. Staff will tell you if anything has changed and check that you understand at your appointment. You should ask if you are unsure about anything.

Publication Date: November 2023

Review Date: November 2026

Ref: STSFT/1495

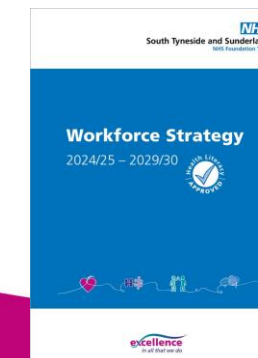
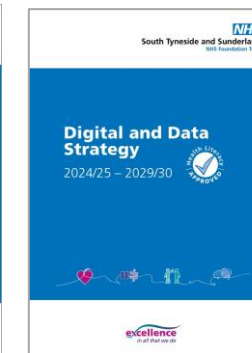
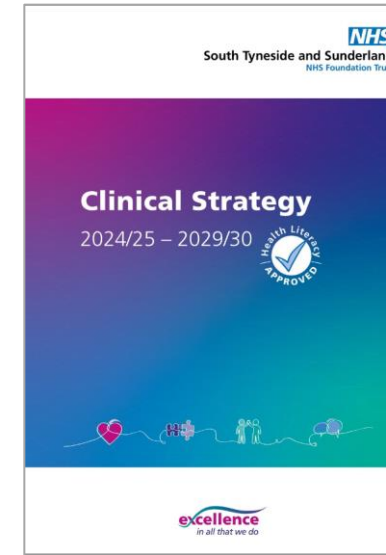
# Trust strategies

All 8 written at reading age 9 to 11.

6 out of 8 say they will do health literacy.


## Example from Patient Safety and Quality Strategy


Goal 4: We will make sure we communicate clearly and explain things in a simple way.





**South Tyneside and Sunderland**  
NHS Foundation Trust

Information on managing respiratory illnesses 

Important information on SEPSIS 

Right Care Right Person / Missing Patient 

STS Staff Intranet

What are you looking for?



NHS mail



Winter Vaccination Programme



Home

About our Trust

Our Services

Pathway to Excellence

Population Health

CQC

# Health Literacy

What is health literacy?

Writing

Who we are

Training

Further resources

# Health literacy at ...

Trust

Place

ICS





**South Tyneside and Sunderland**  
NHS Foundation Trust

# Thank you

[stsft.healthliteracy@nhs.net](mailto:stsft.healthliteracy@nhs.net)

**excellence**  
*in all that we do*

# **What are we doing in the North East and North Cumbria?**

**Our region:**

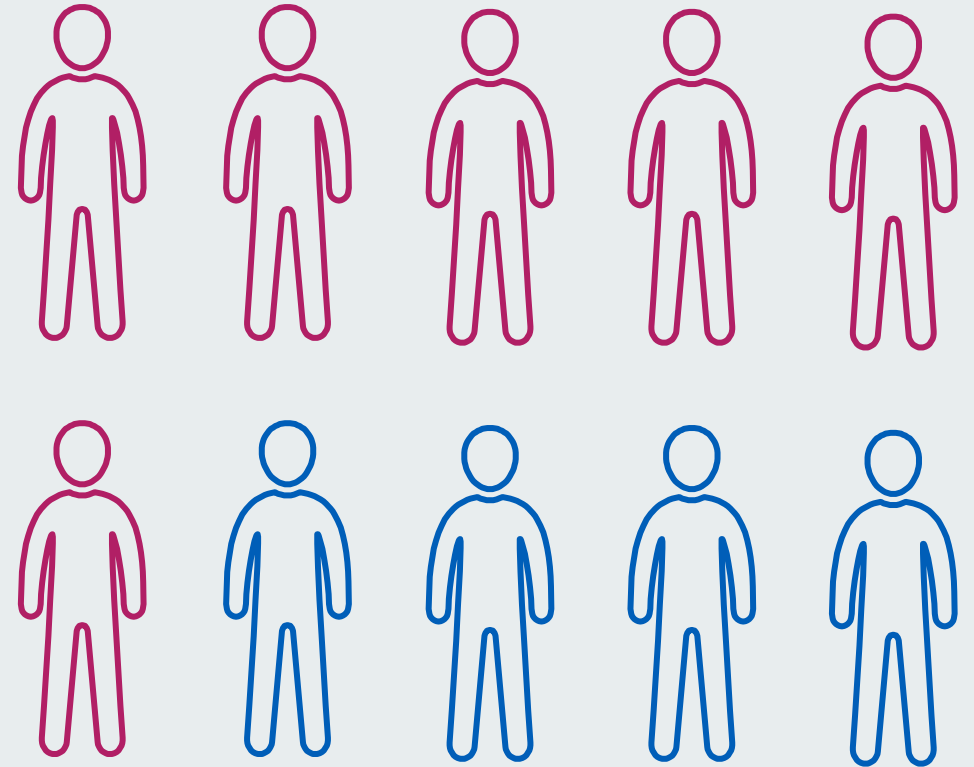
**North East and  
North Cumbria**



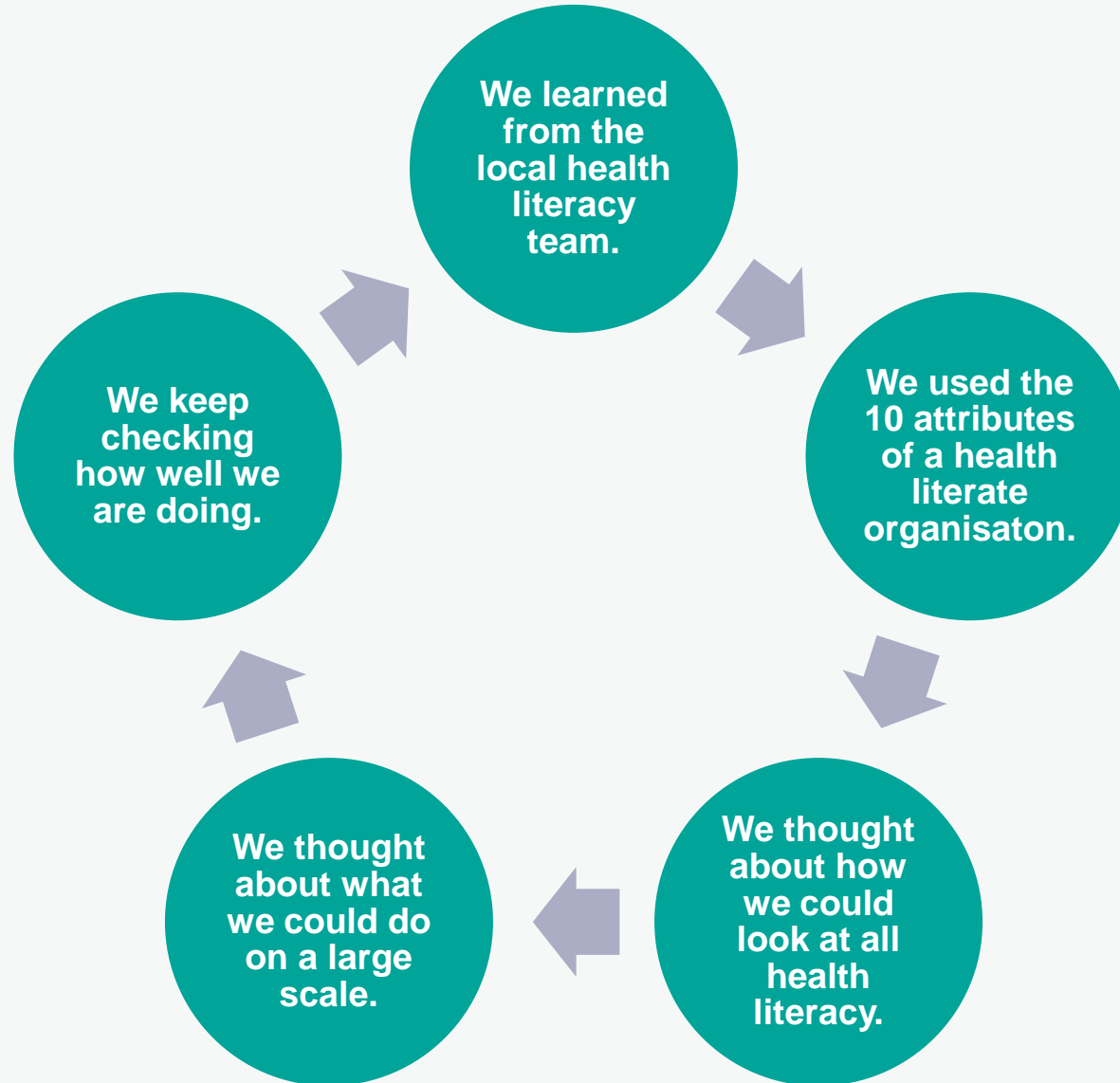


# 62%

of adults in the North East and North Cumbria find it hard to understand health information containing words and numbers



# How did we come up with our work plan?



# What does our work plan look like?



## Set up a team

- Health Literacy Lead
- Strategic Manager
- Health Literacy Specialist
- Health Equity Co-Ordinator
- Health Literacy Trainers
- Health Information Assistant Editors



# Develop training



- Monthly training sessions.
- Bespoke training – tailored to meet the needs of teams.
- Targeted training as part of pathways.
- Mastery level training
- Creating our own local training videos
- Started to introduce health literacy into the curriculum
- We have trained over 1300 people from over 45 organisations
- Train the trainer programme coming soon!

# What are people saying about our training?

**I have found your input and support invaluable. It's completely changed the way I approach patient facing material.**

**That was phenomenal, thank you so much. It's so important. We all need to hear about this.**

**This is such an important topic. Are they teaching it at universities? It needs to be in our inductions and added to curriculums.**

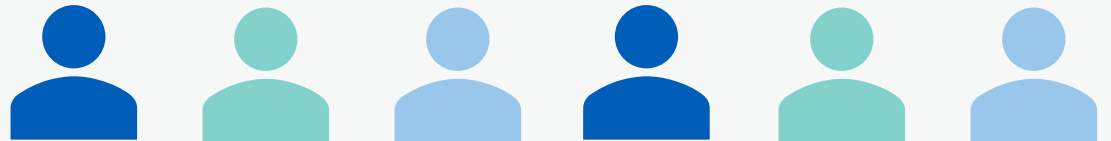
# Involve local people

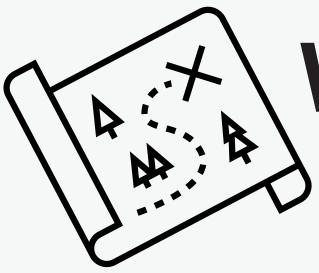
We speak to community groups regularly to get feedback on what we're doing.

We try to speak to people most affected by health literacy.

We are using best practice from Manchester to pilot using students to get feedback on written information.

We are linking with organisations who do community engagement to find out how we can work together.





# Work on patient pathways

What is the patient journey?



What is happening at the moment?

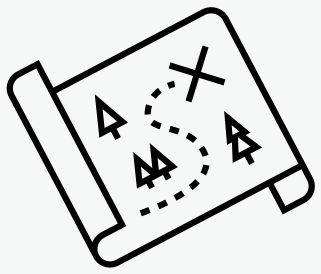


What needs to be changed?



Making and embedding the changes





# How did we choose the pathways?

- ☒ Working with people who want to work with us.
- ☒ Things that a lot of organisations could adopt.
- ☒ At least 1 in each part of the region.
- ☒ In different types of organisations.
- ☒ Would impact a lot of people.
- ☒ Link to Core 20 plus 5.
- ☒ Places where we could make lasting change.



# North of Tyne Bowel Screening pathway

## What we have done.

- Mapped patient journey from pre-invite for FIT test to colonoscopy.
- Observed first outpatient appointment, including environmental assessment.
- Focus on local documents. These have been rewritten and are in use.
- Delivered targeted health literacy training to the team.
- Collected supporting data.
- Next steps – evaluation and feedback to national team.

# North of Tyne Bowel Screening – before example

## Low Residue Diet.

Roughage adds bulk to the stools and is encouraged as part of a healthy diet.

However!



A low residue (low fibre) diet is easier for your gut to digest.

A low fibre diet may be recommended to help improve your symptoms, or to help you prepare for an investigation.

In general, you will need to avoid high fibre foods, particularly foods with skins and seeds.

If you are not sure whether you may eat a certain food please contact us for advice.

0191 282 3400 (RVI)

<u>Food Group</u>	<u>Foods Allowed</u>	<u>Foods to Avoid</u>
<b>Vegetables</b> 	Potatoes (skinless white or sweet). Peeled vegetables, well cooked/ mashed texture. E.g. turnip, squash, parsnip. Tomato puree & Passata, avocado. Aubergine (no skin)	<u>All seed, pips, tough skins</u> Potato skins. Raw vegetables/salad. Chinese vegetables: pakchoy, bean sprouts, bamboo shoots. Corn, coleslaw, baked beans, yam,
<b>Fruits</b> 	Canned skinless fruit such as peaches, apricots. Apple sauce. Fruits if the skins, pips and membranes are	Fruits with seeds, tough skins, or membranes. Dried fruit. Berries. Prunes.

# North of Tyne Bowel Screening – after example

## Why do I need to change what I eat before my colonoscopy?

Fibre is an important part of a healthy diet. But fibre stays behind in your bowel instead of being digested. We call this, and other bits of food that get left behind, "residue".

Residue can make it harder for us to see everything we need to when we do your colonoscopy.

To make sure your bowel is clear, you must start eating a low-residue diet **7 days** before your procedure.

This booklet tells you what kinds of foods are fine for you to eat, and which ones you should not eat.

## Vegetables



All vegetables must be cooked. Boiling is better than roasting, because it breaks down the fibres better.

Remove all seeds, pips, stalks and skins from vegetables before you cook them.

Make sure your vegetables are cooked well – the softer and smoother the better. For example, mashed or pureed vegetables are good.

✓ You can have...	✗ Do not eat...
Peeled white or sweet potatoes	Seeds, pips or skins
Well-cooked soft vegetables like:	Raw vegetables
aubergine, beetroot, broccoli, carrot, cauliflower, squash, parsnip, turnip (all skins removed)	Salad vegetables like lettuce and other leaves
	Tomatoes (fresh or tinned)
	Pak choi, beansprouts, bamboo shoots

# What did people say about the rewritten information.....



**It explains it  
all better.**



**I like the columns with  
the tick and the cross.**



**Easier to understand**



# Fibroscan (liver scan) pilot

## What we have done.

- Pilot for County Durham Drug and Alcohol Recovery Service.
- We mapped out the patient journey.
- Developed new information including patient information leaflet, appointment letter, text message, directions and script for single point of contact worker.
- Worked with a lived experience group.
- Delivered targeted health literacy training.

# Fibroscan (liver scan) pathway – examples

## I can't read this document

Call your GP if you need this in:

- another language
- easy read
- large print
- audio

## Introduction

### Why do I have this leaflet?

Your doctor thinks a liver scan will be helpful for you. A fibroscan is a simple way for us to do this.

This leaflet will tell you:

- what a fibroscan is
- why we use them
- how it works
- what happens next

### What is a fibroscan?

A fibroscan is a simple and quick way to check your liver. It uses soundwaves to see 2 things:

1. if you have scarring on your liver
2. how much fat is in your liver

### Why am I being offered a fibroscan?

Your doctor may offer you a scan if:

- you just had a liver blood test
- you are at risk of fatty liver
- you are at risk of liver scarring

### Are there any risks?

There are no risks. It doesn't enter your body and shouldn't hurt. If you feel uncomfortable let us know.



County Durham Drug and Alcohol Recovery Services offer a range of free and confidential drug and alcohol support to people living within County Durham.

## Locations

81 - 88 Whinney Hill, Old Elvet, Durham, DH1 3BQ  
03000 266 666 - Option 1

1 Station Road, Consett, DH8 5RL  
03000 266 666 - Option 2

Saddler Street, Bishop Auckland, DL14 7BH  
03000 266 666 - Option 3

Bede Way, Peterlee, SR8 1AD  
03000 266 666 - Option 4

Horden, Peterlee, SR8 4NU  
03000 266 666 - Option 5



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## Having a Fibroscan (Liver Scan) Information and Advice





# Fibroscan (liver scan) pathway – example information



**Having a Fibroscan  
(Liver Scan)**  
**Information and Advice**

County Durham  
drug and alcohol  
recovery  
services

## Before the scan

### How should I get ready for the scan?

#### Food and drink

You must not eat anything for three hours before your fibroscan.

You can drink small sips of water or clear fluid until your scan. Please do not drink large amounts. This could stop us from doing the scan.



# Editing

- We do this as part of pathways and project work.
- We get a lot of ad-hoc requests.
- We offer support to individuals and teams when they want to try to write simply.
- So far ..... over 80 documents re-written / developed.

## What else are we doing...

- Developing health literacy standards and toolkit.
- We have launched a health literacy grant scheme.
- We are working with University of Sunderland to evaluate our work.



# What have we learned?

- People want to make a change.
- It makes a difference to patients.
- It's not something we can ignore.
- The importance of “buy-in”.
- Long term culture change takes time.
- Important to know what is happening now.

**Thank you**

[stsft.nenchealthliteracy@nhs.net](mailto:stsft.nenchealthliteracy@nhs.net)

[Regional health literacy | North  
East and North Cumbria NHS](#)

The background features a large blue vertical rectangle on the right side and a teal vertical rectangle on the bottom left. At the top, there are horizontal bars in light grey and dark blue.

# **Training and resources to help you make a change**

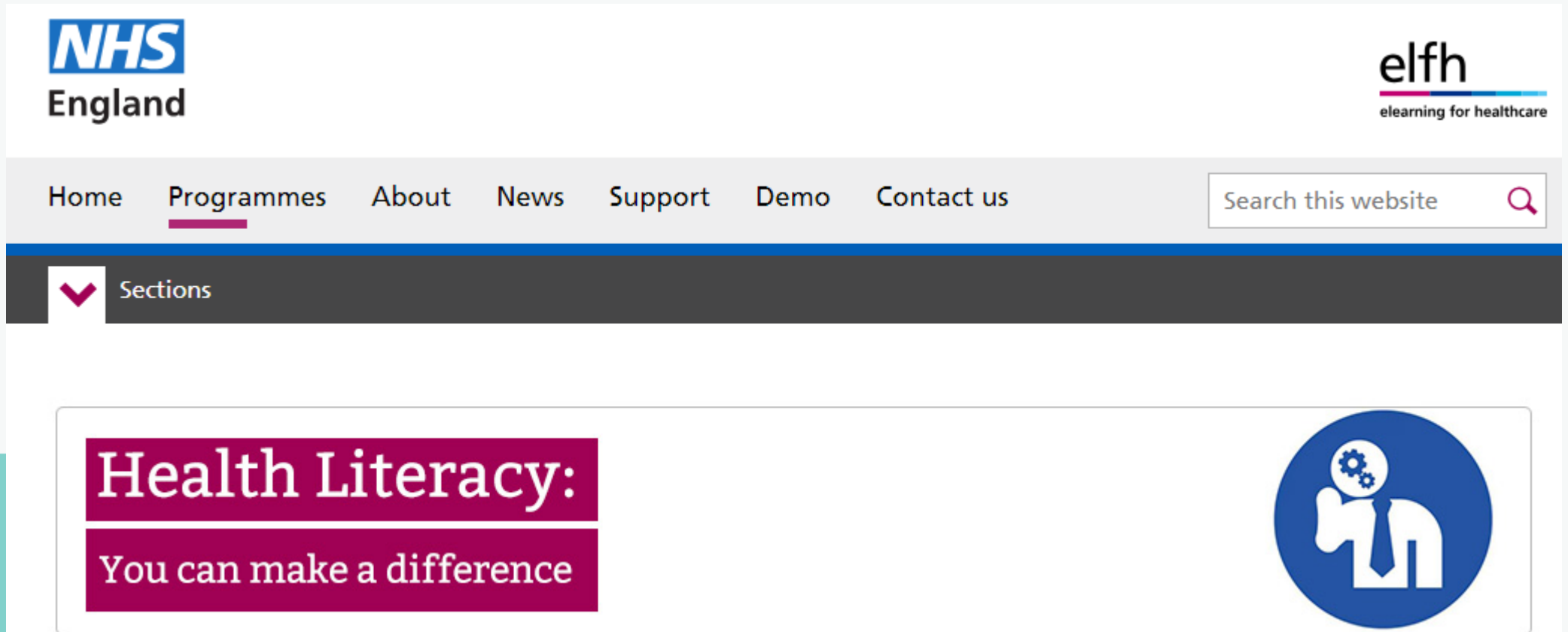
# Summary

- Changing jargon to everyday words
- Breaking things down
- Writing at a reading age of 9 to 11 years.
- Using simple words.
- Speaking simply using chunk and check and teach back
- Ask your service users



# E-Learning

# Resources



The screenshot displays the NHS England website interface. At the top left is the NHS England logo. At the top right is the 'elfh' logo with the tagline 'elearning for healthcare'. Below the logos is a navigation bar with links: Home, Programmes, About, News, Support, Demo, and Contact us. To the right of the navigation bar is a search box labeled 'Search this website' with a magnifying glass icon. Below the navigation bar is a dark grey bar with a downward arrow icon and the text 'Sections'. The main content area features a large banner with a maroon background on the left containing the text 'Health Literacy: You can make a difference' in white. On the right side of the banner is a blue circular icon depicting a person in a white shirt and tie, holding a gear.

**NHS**  
England

elfh  
elearning for healthcare

Home Programmes About News Support Demo Contact us

Search this website

Sections

**Health Literacy:**  
You can make a difference

# Regional website

# Resources



North East and  
North Cumbria

[About us](#) ▾ [Our work](#) [ICP](#) ▾ [Here to help you](#) [Get involved](#) ▾ [News](#) ▾ [Contact us](#)

## Regional health literacy

### What is health literacy?

Health literacy is about people being able to understand health information. It's about us making it easier for them to do this. It's talking to patients using everyday words. It's writing to them in a way that's clear. This helps our patients make informed choices about their health.

# Library services

# Resources



# Geodata tool

# Resources



[Home](#)



## Health Literacy: Prevalence Estimates for Local Authorities

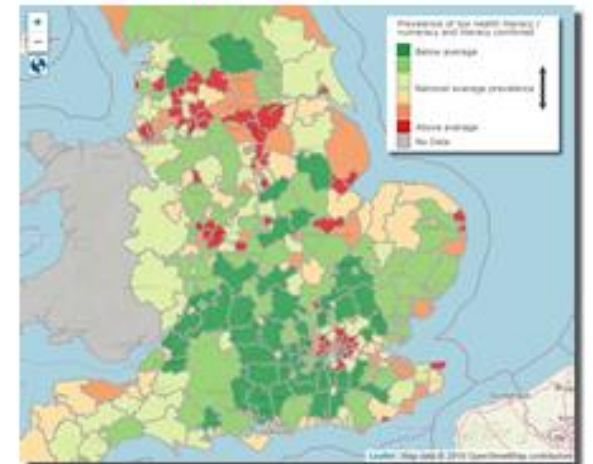
Choose dataset to view:

- ☒ Health literacy alone
- ☐ Health literacy and numeracy combined

Enter Local Authority:

e.g. Basildon

Or view national map:



# Readability tool

# Resources

NHS MEDICAL DOCUMENT READABILITY TOOL

CLEAR TEXT

Type or paste your document here

×

Welcome to the NHS Document Readability Tool

The average reading age of adults in the UK is 9 to 11 years old. The information we write often has a higher reading age than this. This tool helps you write in a simple and clear way for the average UK reading age.

**How to use this tool**

Copy and paste text that you have written into the tool and make edits. Or start writing something new directly in the tool.

Use the options on the right hand side to find out the reading age of your text. Also find out what might make your writing hard to read.

MORE INFORMATION

Readability

?

Estimated UK Reading Age

0

?

Average reading time

0

?

Include medical terms in reading age scores

☒

Analysis Options

?

Show complex sentences

☒

?

Show passive sentences

☒

?

Highlight complex words

☒

?


Highlight long words


☒

Metrics

# A to Z of NHS writing

# Resources

 Digital service manual

Search 

[NHS service standard](#)[Design system](#)[Content guide](#)[Accessibility](#)[Community and contribution](#)

[Home](#) > [Content guide](#)

Standard for creating health content

How we write

Voice and tone

**A to Z of NHS health writing**

Inclusive content

Health literacy

How to write good questions for forms

Numbers, measurements, dates and time

## Content guide

# A to Z of NHS health writing

Words and phrases we use to make our content about health and the NHS easy to understand.

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#)

[U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)



The screenshot displays the FutureNHS website interface. At the top, a blue header contains the FutureNHS logo and navigation links: Home, My Dashboard, and My Workspaces. A search bar is located on the right. Below the header, a left sidebar lists various resources: Events - Future and Archive, Event Calendar, Forum, What is health literacy?, RightCare Health Literacy Scenario, and Health Literacy Resources. The main content area is titled 'Health Literacy - North East and Yorkshire Community of Practice'. It features an illustration of a group of people sitting in a room, with a doctor standing and presenting. Text on the left side of the illustration states: 'This community of practice is here for us to share thoughts, plans and activities to build health literacy and simplify systems across the North East and Yorkshire.' On the right side of the main content area, there are three orange buttons: News, Forum, and Events - Future and Archive.

# Training

## Health Literacy Awareness

- 1 hour of Health Literacy awareness
- Facts and figures
- Brief “what can we do”

## Skills

- How to write simply
- Speaking simply

## Mastery

- Usually for communications teams or writers
- More advanced with theory
- Watermark training



# **Rate your Health Literacy knowledge**



# What will you do now?

The screenshot displays the FutureNHS website interface. At the top, a blue header contains the FutureNHS logo and navigation links: Home, My Dashboard, and My Workspaces. A search bar is located on the right. Below the header, a left sidebar lists various resources: Events - Future and Archive, Event Calendar, Forum, What is health literacy?, RightCare Health Literacy Scenario, and Health Literacy Resources. The main content area is titled 'Health Literacy - North East and Yorkshire Community of Practice'. It features an illustration of a group of people sitting in a room, with a doctor standing and presenting. Text on the left side of the illustration states: 'This community of practice is here for us to share thoughts, plans and activities to build health literacy and simplify systems across the North East and Yorkshire.' On the right side of the main content area, there are three orange buttons: News, Forum, and Events - Future and Archive.

## Equality and Health Inequalities Network

The Equality and Health Inequalities Network is a national network of researchers, practitioners and policy makers working to reduce health inequalities. We are currently looking for new members to join our network.



### Our vision



- To reduce health inequalities
  - To improve the health of the most disadvantaged
  - To ensure that everyone has the opportunity to live a healthy life
- Our vision is to see a world where everyone has the opportunity to live a healthy life. We are currently looking for new members to join our network.

### Our mission

Our mission is to reduce health inequalities and improve the health of the most disadvantaged. We are currently looking for new members to join our network.

### Board members

-  Dr. Jane Smith, Chair
-  Mr. John Doe, Vice Chair
-  Mrs. Sarah Brown, Treasurer
-  Mr. David White, Secretary

For more information, please contact us at [info@ehinetwork.org](mailto:info@ehinetwork.org)

# Evaluation survey

**1. How did you find the National Health Literacy Webinar  
(5 - Very satisfied, 1 - Very dissatisfied)?**

**2. Did the event and agenda meet your expectations?**

- Yes
- No

**3. Please tell us your top 3 highlights of the day.**

**What support  
do you need  
to make a  
change?**

Health literacy toolkit questions



---

## Thank You



**@nhsengland**










**company/nhsengland**



**england.nhs.uk**

# Updated corporate palette

You will find most of these colours, or tints of these colours, in the default “Theme” options in your colour palette

	<b>Headline text colour</b> NHS Black R35 G31 B32 #231F20
	<b>Headline level 2 text colour</b> NHS Dark Grey R66 G85 B99 #425563
	<b>NHS Pale Grey</b> R232 G237 B238 #E8EDEE
	<b>NHS Blue</b> R0 G94 B184 #005EB8
	<b>NHS Aqua Blue</b> R0 G169 B206 #00A9CE
	<b>NHS Bright Blue</b> R0 G114 B206 #0072CE
	<b>NHS Aqua Green</b> R0 G164 B153 #82D1CB

<b>Chart palette (and supporting colours)</b>		
	<b>NHS Blue</b> R0 G94 B184	#005EB8
	<b>Chart Grey</b> R221 G225 B228	#DDE1E4
	<b>NHS Dark Blue</b> R0 G48 B135	#003087
	<b>NHS Blue tint</b> R153 G199 B235	#99C7EB
	<b>NHS Dark Grey</b> R145 G158 B168	#919EA8