**FORM N**

**PING checklist and submission form for new patient information**

**Thank you for submitting your information to PING. A completed version of this form must accompany every new piece of information submitted for review. This enables us to satisfy the requirements of the Care Quality Commission (CQC), should they conduct an inspection of our patient information.**

**Only information that has been approved via the PING process should be given to patients, in accordance with the trust policy. If you have any further questions, please feel free to contact the patient information manager on 020 8725 2717.**

**Before you submit your information, you must ensure that:**

(please tick to indicate that this is true of your submission)

you have checked that there is no other information available within the Trust that is the same as the proposed information or similar enough to be used in place of the proposed information.

no external organisations, such as charities/other NHS trusts, have produced information on this topic that would be suitable or could be adapted for this purpose.

you have shared your draft information with:

your manager

the person(s) who gives the treatment or performs the procedure/investigation

your departmental pharmacist if there is any reference to medicine

the divisional governance board

at least two patients have reviewed the draft and given written feedback (where patients are unable to complete the review themselves, a parent or carer will suffice), and you have actioned any comments made (please save this feedback to satisfy random inspection by the CQC.

no clip art has been used and you have written permission from the copyright owner if diagrams or images have been used.

your information is evidence-based and references are provided.

any patients photographed have given their written consent.

you have considered equality and diversity issues relevant to this publication.

you have acknowledged any externally produced information upon which more than 40% of the content of your leaflet is based.

**Please now complete the information below and overleaf.**

|  |  |
| --- | --- |
| **Name of main author:** |  |
| **Job title for main author:** |  |
| **Contact number for main author:** |  |
| **Leaflet title:** (in full) |  |
| **Leaflet audience:** (patients/relatives/carers/parents) |  |
| **Division that the leaflet will sit under:** |  |
| **Department that the leaflet will sit under:** |  |
| **Has the leaflet been approved by your line manager**? (If yes, please name and copy into this email. If no, please seek approval and forward correspondence.) |  |
| **Does the leaflet include any medicines information?** (If so, you must include the name of the pharmacist consulted) |  |
| **Who else has been involved in the development of this leaflet?** (This must include the person(s) who gives the treatment or performs the procedure/investigation.) | **1)**  **2)**  **3)**  **4)**  **5)** |
| **Have you involved at least two patients/service users in the development of this leaflet and incorporated their comments where appropriate?** |  |
| **Is the leaflet based on a clinical guideline?** (If not, please disclose the evidence base for the content) |  |
| **Surgical procedures**  If your publication provides information about preparation for surgery (e.g. fasting instructions or information about anaesthetics) or information about what happens in recovery after surgery, please ensure that you have consulted the relevant persons to ensure that information is correct. | I confirm I have consulted and have gained written approval from:  **1)**  **2)**  N/A My publication does not contain any reference to pre/post-surgery. |
| **Does the leaflet impact on any other service within the trust?**  (for example, a leaflet on eating safely with kidney disease would affect both renal and dietetics services) |  |

PLEASE TICK THIS BOX IF YOU DO NOT WANT THE LEAFLET TO APPEAR ON THE WEBSITE: □