Content and legibility of outpatient appointment letters

ABSTRACT — Objectives: To assess whether outpatient appointment letters can be read by visually impaired people and to examine the information they contain.

Design: Postal survey of hospital outpatient departments in England and Wales.

Main outcome measures: Royal National Institute for the Blind (RNIB) guidelines for print size and weight, colour contrast between paper and print and use of capital letters; checklist of items of information contained.

Results: We asked 295 hospital trusts for copies of their outpatient appointment letters, and received 158 samples. In 87% the print size was too small to be read by visually impaired people. All used contrasting paper and print colour, but 13% used too light a print weight. Twelve percent used capital letters throughout which are harder to read than lower case lettering. Information content was variable. Twenty letters specifically designed for low vision clinics were assessed separately; all used adequate print size and weight, but 55% used capitals throughout.

Conclusions: Most outpatient appointment letters are not easily read by visually impaired people. Important items of information are omitted from some letters.

For many patients, the outpatient appointment letter is their first contact with a hospital and so it is important that it is easy to read. Eleven percent of NHS hospital appointments are missed each year, and the Department of Health estimates that each failure to attend costs the NHS £50. Some non-attenders may have died, got better or their circumstances may have changed. Others may have been unable to read or understand the appointment letter inviting them to clinic. Visually impaired patients may have to ask a sighted person to read the letter for them, thus compromising confidentiality. In 1987 there were an estimated 959,000 visually impaired people in Great Britain.

The information contained in outpatient appointment letters needs to be clear and comprehensive. Special instructions such as ‘bring a urine sample’ are important for certain clinics, whilst general information, eg how to get to the hospital, is necessary for all departments.

We have investigated whether letters inviting patients to outpatient clinic could be read by visually impaired people, and whether they contain appropriate information.

Method

We examined the readability of print and information content of the outpatient appointment letters sent to

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patients in England and Wales. We asked the outpatient services manager of every trust listed in the 1996 Medical directory for samples of the letters they send to patients, particularly those attending departments of ophthalmology, diabetic medicine and care of the elderly, since these clinics could be expected to have a high proportion of visually impaired patients. If these departments issued different letters, we asked for examples of these as well as any standard correspondence. After eight weeks, we sent reminders to those who had not responded. Specialist trusts, such a psychiatric or paediatric services, were excluded from the study.

The sample letters were examined for legibility against the guidelines published by the Royal National Institution for the Blind (RNIB). We analysed the print for the use of contrast (between type and paper), type or point size (Fig 1), type weight (light, medium or bold), and typeface or style of lettering (Fig 2). We also recorded the use of capital letters and the design and layout of the letter.

In previous studies, readability scores, such as the Gunning FOG index, have been used to evaluate patient information leaflets and consent forms, despite questions
Readability standards

- sans serif typeface
- minimum point size 14
- medium/bold type weight
- contrast between print and paper colour
- good spacing between lines of type
- limited use of capital letters
- simple and clear layout

Information

- date/time/place with map if possible
- type of clinic
- consultant's name
- possibility of seeing other doctors/students
- bring medications including non-prescription drugs, creams, eye drops, inhalers etc
- bring clinic specific items, e.g. urine sample, spectacles
- how to change the appointment
- how to get there (hospital transport, public transport, private parking)
- money (for prescriptions, refreshments etc)

Fig 3. Suggested checklist for patient correspondence.

about their validity. However, a paragraph of 100 words of continuous text is required to calculate such scores, and this is rarely present in an appointment letter. We therefore chose not to use a readability score but instead compiled a checklist of relevant items (Fig 3).

Results

We approached 295 trusts: 174 replied, with 158 providing sample letters. Sixteen of the 174 respondents were unable to help: eleven were reviewing their outpatient correspondence, two felt that their letters were too poor to be included in a survey, one declined due to pressure of work and two declined without giving a reason. We recognise that the response rate of 59% was fairly low, but felt that a third mailing would be unlikely to improve this further.

We received more than one sample clinic letter from 143 trusts, but as their additional letters were similar in style and format, we chose to analyse just one representative letter from each. Letters for outpatient appointments at departments of diabetic medicine and care of the elderly were of a style and format comparable to standard letters from other departments, although some sent separate information sheets in large print. Twenty letters designed specifically for ophthalmology or low vision clinics, which were different in style and format from the standard, were assessed separately.

Some trusts sent us patient information leaflets that contained general information on hospital facilities, car parking etc., though these were not formally assessed because we did not request leaflets in the survey; this may have made our assessment of information provided artificially low in some cases.

Discussion

Legibility of print (Table 1)

The RNIB recommends 14 point as the minimum print size for material for partially sighted readers. Plain sans serif typefaces (such as arial and helvetica) are preferable to the more complex serif typefaces, although this factor is less important than print size. Of more importance is type weight (light should be avoided) and good contrast between print and paper colours (black print on yellow paper is thought to be the best combination). Furthermore, RNIB guidelines state that lower case letters are easier to read than capitals. Layout needs to be simple and clear, with reasonable space between lines and paragraphs. Most of the letters examined in this study fell short of both RNIB readability standards and those suggested in our checklist in Fig 3.

The letters designed specifically for visually impaired people were closer to RNIB standards than the general letters (Table 2), although most used upper case throughout. One trust sent an information sheet in bold type and large print (point size 16) to those attending the ophthalmology department, but its standard appointment letter had normal print weight and point size 12. However, partially sighted people also attend outpatient clinics of other specialties, so good readability standards should be the aim for all such correspondence.

| Table 1. Print details of the 158 standard letters examined. |
|---------------------------------------------------------------|
| Print detail | Letters with detail No. (%) |
| Print size | |
| <14 point | 138 (87) |
| >14 point | 20 (13) |
| Print weight | |
| light | 21 (13) |
| medium | 113 (72) |
| medium/bold (mixed) | 15 (9) |
| bold | 9 (6) |
| Typeface | |
| sans serif | 73 (46) |
| serif | 85 (54) |
| Use of upper case | |
| upper case throughout | 19 (12) |
| mixed | 88 (57) |
| Contrast (print/paper) | |
| black print on white paper | 154 (98) |
| black print on yellow paper | 4 (2) |
Table 2. Print details of the 20 letters designed specifically for ophthalmology or low vision clinics.

| Print detail                           | Letters with detail No. (%) |
|----------------------------------------|-----------------------------|
| Print size ≥ 14 point                  | 12 (60)                     |
| Bold print                             | 9 (45)                      |
| Sans serif typeface                    | 11 (55)                     |
| Upper case throughout                  | 11 (55)                     |
| Mixed upper and lower case             | 3 (15)                      |

Content (Table 3)

The content of outpatient appointment letters depends on the needs of individual clinics. However, general information (such as how to cancel or change an appointment) should be clear in all letters – some of those who default may have misunderstood how to do this or may have been unable to use the methods provided. The most common instruction was to telephone, but not all patients have telephones and hospital switchboards are often busy. Some of the letters in our sample had a tear-off reply slip, which seems a sensible alternative.

It is also important that instructions to bring medication are clear. Eye drops, inhalers, creams etc are often not brought as patients may think that ‘medicines’ refers only to tablets. Specific reference to non-prescription medications should, then, also be included, as many potentially important drugs are now available over the counter at pharmacists. Also, prescriptions issued in outpatient clinics can often only be redeemed in the hospital pharmacy. If letters advise those patients not exempt from prescription charges to bring enough money for their medications, they will be more likely to comply with recommended treatment.

Finally, a clear indication of the specialty of the clinic and the name of the consultant is also helpful, particularly as some patients attend more than one department. Where appropriate, prior warning that they may see a different member of the team avoids distress in the clinic and allows the patient to ask specifically to see the consultant if possible.

Conclusions

The style and content of outpatient appointment letters is variable and most of those examined in this study would not be readable by visually impaired patients. It was not possible to examine whether there was any relationship between the quality of the appointment letter and the rates of non-attendance, but this is an area worthy of further study. Full information presented clearly on a single sheet of paper may improve the efficiency of clinics, making the service easier to use, which patients have a right to expect.

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Table 3. Analysis of information contained in the 158 sample letters.

| Useful information                          | Letters containing this information No. (%) | Comments                                                                                      |
|--------------------------------------------|--------------------------------------------|------------------------------------------------------------------------------------------------|
| Day/time/place of clinic                   | 158 (100)                                  | − Having given appointment times using the 24-hour clock, one letter gave a 6-line explanation of its working |
| Procedure if unable to attend              | 146 (92)                                   | − 127 asked patient to telephone; 11 had minicom or loop facilities for the hard of hearing; 8 provided tear-off reply slips |
| Type of clinic                             | 121 (77)                                   | − 12 referred to prescription drugs only                                                   |
| Instruction to bring medications           | 105 (66)                                   | − Not necessary in some departments                                                       |
| Instruction to bring a sample              | 102 (65)                                   | − Essential for some disabled and elderly people                                          |
| Name of consultant                         | 101 (64)                                   | − 14 mentioned pay-and-display; 2 noted that parking was restricted; 2 gave details of public transport |
| Provision of hospital transport            | 48 (30)                                    | − Avoids confusion when attending a named consultant clinic                                |
| Provision of car parking                   | 34 (22)                                    | − Patient’s charter makes specific reference to the right to choose whether or not to take part in the training of medical students |
| Possibility of seeing a different doctor   | 32 (20)                                    |                                                                                                |
| Possibility of medical students in attendance | 20 (13)                                 |                                                                                                |
| Money requirements                         | 13 (7)                                     |                                                                                                |
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