

Name of document: NHS Leeds Acronym Buster
Who requested patient reader feedback?
 Adam Stewart, Engagement Officer, NHS Leeds West CCG

Patient reader group - Feedback Report

Brief

A request was made for patients to feedback on a document that has been developed to help people understand the various acronyms and abbreviations that are used in the NHS. Many patients and staff have fed back occasionally that there are often many acronyms and words to be considered 'jargon' used in meetings and discussions. Where we do our best to avoid using these wherever possible, sometimes it is unavoidable. Occasionally explanations of these abbreviations can distract from the focus of a meeting or discussion. Patient champions have requested something that would help them know what said abbreviations are referring to. With this in mind a first draft of an 'acronym buster' was created.

Patients were sent the acronym buster and covering email which outlined the purpose of the document and what we were looking for. They were asked to comment on the document from a patient perspective, looking at formatting, how easy it was to read, whether anything was missing and how suitable it is for other people in the community. The email was sent to NHS Leeds CCG Patient Network members who are signed up to participate in the reader group work. We received **twelve** responses.

Responses

1	<p><u>Feedback:</u></p> <ul style="list-style-type: none"> • Thanks for the 'jargon buster' which I found useful. All of the acronym's I use are there (and lots more that I don't). • The only two comments I have are: <ul style="list-style-type: none"> ○ There is no date or version number on the document - always useful to have. ○ The list is extremely comprehensive and I wonder whether some of the acronyms listed are totally necessary e.g. IP for InPatient though am not sure how you would go about deciding which to include and which could be removed!! • A support document giving a brief description may be useful but perhaps only for the more widely used acronyms as some are self-explanatory as they stand. • By the way I did like the descriptors as to what each was defined as i.e. organisation etc.
2	<p><u>Feedback:</u></p> <ul style="list-style-type: none"> • Prog. - program is wrong - the spelling is programme

	<ul style="list-style-type: none"> • WHO - World Health Organisation has been misspelt in the list • CAT Scan - is not on the list of acronyms • I agree that a document to explain what the least common acronyms refer to would be a good idea, e.g. DBS - Disclosure and Barring Service - what does it mean?
3	<p><u>Feedback:</u></p> <ul style="list-style-type: none"> • Such a leaflet will be very helpful but by no means exhaust all of the acronyms. I know because some years ago I started one for LTHT.
4	<p><u>Feedback:</u></p> <ul style="list-style-type: none"> • I opened the first local NHS document which was to hand - the Public Summary of the STP, and found the following acronyms not in your list: <ul style="list-style-type: none"> ○ CEO - Chief Executive Officer. ○ CVD - Cardiovascular Diseases. ○ MI - Maximising Independence. ○ ADHD - Attention Deficit Hyperactivity disorder. ○ CAS - Clinical Advice Service. ○ PURMs - Pharmacy Urgent Repeat Medication service. ○ AHSN - Academic Health Science Network. ○ GIRFT - Getting It Right First Time. ○ NDPP - National Diabetes Prevention Plane. ○ NMC - New Models of Care (although you did have this one as Nursing and Midwifery Council. ○ CT – computed tomography (scan) • I was just about to throw out another couple of documents from the NHS - Engaging local people: A guide for local areas developing STPs and the Care data Engagement Plan when I spotted a few more: <ul style="list-style-type: none"> ○ HEE - Health Education England ○ 5YFV - 5 Year Forward View ○ VCSE - Voluntary, Community and Social Enterprise ○ CVS - Council for Voluntary Service ○ CSU - Commissioning Support Unit ○ VCFS - Voluntary, Community and Faith Sector ○ LMC - Local Medical Committee ○ CAB - Citizens Advice Bureau ○ PRG - Patient Reference Group ○ HSCIC - Health and Social Care Information Centre ○ LCC - Leeds City Council
5	<p><u>Feedback:</u></p> <ul style="list-style-type: none"> • I have some ideas - <ul style="list-style-type: none"> ○ ICT - Intermediate Care Team

	<ul style="list-style-type: none"> ○ EDAN - Electronic Discharge Advice Note ○ PCAL - Patient Care Assessment(s) Line ○ PDSA - Plan - Do - Study – Act ○ SPUR - Single Point of Urgent Referral ○ STAR - Skill Team Active response ○ SMR - Standardised Mortality Rate <ul style="list-style-type: none"> ● These are all the one's I noted that were used in the groups I have attended, they don't appear to be in your list. ● Otherwise, it is an excellent shot at getting things sorted – well done!
6	<p><u>Feedback:</u></p> <ul style="list-style-type: none"> ● I have now looked through the document & I think the format and what's included are fine & it would be very useful. ● A few e g PRG seem to have (proj) after them but that's not in the definitions should these be Prog or does this mean project which is missing ? ● Most of the categories are definitions that are easily understood but I wonder if people might find it difficult to appreciate difference between a Group & a Programme so would a definition of a programme be of help?
7	<p><u>Feedback:</u></p> <ul style="list-style-type: none"> ● Great idea.....Looks very useful! ● Visually it's a bit of a "solid" block and not easy to read. A bit more spread would help. ● Content wise, only two suggestions, both which have come up for me in the last 24 hours:- <ul style="list-style-type: none"> ○ AQP - Any Qualified Provider. ○ COPD - Chronic Obstructive Pulmonary Disorder.
8	<p><u>Feedback:</u></p> <ul style="list-style-type: none"> ● Excellent !!! Thanks for taking the time to do this which will be the most useful hand out ever given as I will now feel included when attending your meetings! ● The use of acronyms is so endemic in your organisation and I long since realised that getting to grips with these was essential .I did ask for a list when joining so in the absence of this started to make my own by asking as I was encountering these (very irritating for both of us!). ● Of course as someone outside the organisation , I would much prefer " regular speak " but long since realised this would never be! Your organisation will not change to accommodate the needs of "outsiders "! ● So once again very well done and this will be much used and is very appreciated.

	<ul style="list-style-type: none"> • Observations : <ul style="list-style-type: none"> ○ Just need to add on the Top Heading - Doc - Document ○ Nothing missing (from my limited knowledge) • Whilst I feel the format is fine if you would like to change this for easy reference: <ul style="list-style-type: none"> ○ Use a different colour for each of the headings matched with the acronym, for example, Dept - Department use blue then make A&E in blue. Or, leave accident and emergency in black then put (dept in blue). ○ Terms - Terminology in green then make CPA in green or leave care programme approach in black then put (term in green). ○ Carrying on with different colours for each heading .Not sure how this would look , you may need to experiment if you decide to try this, as would not want to have a migraine reading it! • The next logical step would be another helpful document with a short explanation of terms, were this to be possible.
9	<p><u>Feedback:</u></p> <p>A few observations:</p> <ul style="list-style-type: none"> • Strictly speaking, the majority of these are abbreviations not acronyms. • Professional bodies (e.g. BMA) are included but not regulators (e.g. GMC). • Layout is reasonably clear with a decent size font. • Include VCF – Voluntary, Community and Faith (sector). • You were absolutely right to consider a support document that would explain each item in a little detail. I think it is essential. A simple one line explanation would suffice. I'm not sure whether it would be better to include this in the original document or a separate one. It is simpler to have one document but not at the expense of making it too complicated or unwieldy.
10	<p><u>Feedback:</u></p> <ul style="list-style-type: none"> • Consider adding links to sites where relevant for electronic versions.
11	<p><u>Feedback:</u></p> <ul style="list-style-type: none"> • Check some of the definitions and make sure they are correct: <ul style="list-style-type: none"> ○ BNF (doc)? ○ GPSI (org)? • Add in ICT – Intermediate Care Team. • Is DNR meant to be DNAR? • Add SPUR – Single Point of Urgent Referral to go with SPA. • Check spelling WHO definition is spelt wrong.

Feedback:

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- Gosh, where do you start? There are so many how do you capture all of them.
- It is only when I am reading something then I am puzzled when I do not understand it.
- I think you have got most of them:
 - PFI (funding)
 - Healthwatch
 - RM – Registered Midwife
 - CALIBRE
- Since the CCGs are being restructured there may well be more?
- There are also the ones used by hospital staff, where do you start and stop?

Key Points for Consideration

- **Language used (is it easy to understand?):**
 - Check the spellings through the document.
 - Are the definitions understandable? Consider adding definitions for these.
 - Consider the formatting of the document, is there are way to make it clearer? Colourise the definitions to help differentiate.
- **Is there any information missing?**
 - Add in additional acronym suggestions from the feedback given. Review whether all acronyms currently included are totally necessary.
 - Add in a date and version number to the document.
 - Include links to relevant online sites/documents where needed.
 - Add the definition '*doc.*' it seems to be missing.
 - Consider including regulators abbreviations (e.g. GMC).
- **Is it suitable for other people in our community?**
 - Put together the 'support document' that helps explain what these abbreviations mean so that those not well versed in NHS jargon have a better understanding of they mean.

Report completed by:
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