

Reader group - Report

V1.0

Name of resource:

Home Ward Frailty service patient information leaflet (and card)

Who requested reader group feedback?

Leeds Community Healthcare - Community Matron

Date of activity:

Open for comment from 26 August to 9 September 2025

What is the reader group?

The reader group is made up of patients, members of the public and staff who review patient literature and help us improve the quality of the information we produce.

Evidence suggests that involving patients and members of the public can help us to produce more effective literature and information.

We share documents, leaflets and other resources through our Leeds Involving You network, and seek feedback from patients, carers and the public about:

- the need for and purpose of the document / leaflet
- the format and content
- how we share and evaluate our materials

Brief – what is the purpose of the resource?

Patients and carers / relatives told the Home Ward Frailty service team they did not have enough information about the Ward and what it involves. There were many questions surrounding the service that needed clarifying.

The leaflet and card are being designed for patients and their families / carers to:

- ensure they are well informed about the Home Ward service,
- know what to expect during and after discharge,
- understand how the Home Ward fits in with existing services,
- provide helpful contact phone numbers, and
- give 'safety-netting' advice in the event of deterioration.

Who's been involved in developing this resource?

The Home Ward Frailty service team have developed the leaflet and card, taking into account patient feedback, complaints and incidents.

The reader group was invited to comment on the leaflet and card, aimed at providing helpful patient information. The reader group was asked to consider the formatting of the resources, how easy they were to understand, whether anything was missing and how suitable they were for other people in our local communities.

How did the reader group respond?

We received **29** responses from the reader group.

We, and the Home Ward Frailty service team, would like to thank everyone who took the time to review the leaflet and card, and provide us with their very detailed thoughts and comments:

“Massive thanks to the readers for providing such detailed and constructive feedback for our new Home Ward patient information leaflet.

I would like to provide your readers with some of our own feedback regarding how this helped us develop the leaflet.

There were plenty of positive comments, which we appreciated. I will therefore focus on the comments which suggested a change was needed.” LCH Community Matron.

You can view the full feedback from the reader group in the last section of this report at page 5.

You can view the original documents that were submitted to the reader group by clicking on the links below:

<https://www.healthandcareleeds.org/reader-group/>

The final documents, amended after feedback from the reader group, can be found by clicking on the links below:

<https://www.healthandcareleeds.org/reader-group/>

You said, we did

The table below highlights the main areas of improvement identified by the reader group. The column on the right highlights the changes that will be made to the document based on the group's feedback:

Reader group comments	Actions taken / responses
Photographs: Some feedback stated that the photographs were very standard, perhaps due to budget. They often did not reflect the "frail" person as many of the patient's appeared well. They also lacked diversity.	The photographs are taken from existing stock as we do not have the resources to take new ones. We are now reviewing the photos considering the feedback, to ensure they are more reflective of our usual patient population, more diverse and reflect the many different members of our team (such as therapists or health care assistants etc.)
Language: Feedback stated that the leaflet could be a bit "wordy" at times, using terms that were not basic enough and may not be understood by some members of the public. The word "frailty" was disliked often as people felt it needed more explanation or was inserted unnecessarily within the Home Ward (frailty) title too many times. Additionally, there were some grammatical errors which were pointed out and suggestions it should be written in a different language.	The word "frailty" has been explained in more detail. After the first page of the title, it has been removed from the rest of the leaflet when referring to the Home Ward. Historically, patients have not liked the term "frailty," but it reflects the weaker / more vulnerable elderly patient and is now a long-term condition by itself. The Home Ward requires patients to be frail to be accepted on to its service, therefore it is important to have this word in the leaflet and in the title on our service. Previously, the "Home Ward," was called "the Virtual Frailty Ward" which patients did not like either, therefore it was changed to make it clearer. The grammatical errors were also corrected, and sentences made more concise and understandable. For example, "sputum" was changed to "samples," and HFCNS to "Heart failure specialist nurse." Thank you for pointing out. We also hope to have the leaflet printed in different languages once the initial one is finalised.

Carer's role: Feedback made it clear that we had not adequately addressed how the Home Ward involves and supports informal carers, including those with lasting power of attorney (LPA).	This was something that we had originally felt very important to include but realised we needed to put in more information in the leaflet. We therefore put in a new section specifically for informal carers, discussing how the HW would support them, appreciating their role in keeping the patient at home. Also, a support number for Carers Leeds was added. LPA was addressed also.
Timing of support: Feedback suggested it was not clear how many visits a patient could expect from the Home Ward and for how long the care would continue.	We reviewed the leaflet to ensure this was clearer on what to expect, and who will be visiting. We emphasised that the Home Ward is a short-term intervention and what will happen after this. Feedback suggested that the Home Ward may not always fulfil the expectation to visit patients at home. Others suggested it may be a new service. We wanted to clarify the Home Ward is a national initiative to avoid hospital admission and in Leeds has been running for around 5 years. We only visit patients at home. They are not expected to attend a clinic as they are patients that ordinarily should be in hospital and are usually quite unwell / housebound.
Phone numbers / areas: Feedback suggested we make the phone numbers bolder and identified these are very important to people. Additionally, there was uncertainty on how people would know which area of Leeds they were in (N,W,S) and why there was no East area.	Leeds Community Healthcare has always divided the city into 3 main areas (North, West, South) and the East is either part of the North or South. We have made it clearer that the matron will explain to patients which area they fall into so they can use the correct phone number.

Report on responses to:

Patient information leaflet for Home Ward Frailty Service Team,

Leeds Community Healthcare

September 2025

Purpose of the resource:

To ensure patients and their relatives are well informed about the Home Ward service and what to expect during and after discharge. To understand how the home ward fits in with existing services. Also to provide contact phone numbers, and safety netting advice in the event of deterioration.

The leaflet comes in a booklet, but also there is a small laminated card which we intend to give to patient's alongside this which highlights the main points/ contact details for the Home Ward.

Survey Responses

Who did we hear from?

In total, twenty-nine people responded to the request, shared through the Involving You Network Reader Group. Two people provided their feedback by email (included at the end of this report), but twenty-seven respondents completed the online survey.

The main body of this report relates to the answers provided through the online survey.

What did respondents tell us?

Initial impressions

1. Is it clear who the leaflet is for, who it is from and what it is about?

All 27 respondents provided positive responses. A summary of the responses (generated by Chat GPT) is as follows:

The leaflet is generally clear, well-organized, and easy to understand, effectively explaining its purpose and audience. Some suggest improving consistency in tone and adding information for carers and those with Health Power of Attorney. The longer leaflet is clearer about target groups. Overall, it's informative and helpful.

Responses included the following comments:

Yes, the leaflet is very clear as to who it is for and what it is about. I didn't know about the Home Ward.

It's clear who it's from and what it's about. It isn't clear who the leaflet is for because the language moves between addressing the patient as 'you' which is informal and at other places the formal use of 'person receiving care'. Maybe the leaflet should be for family/carers and the briefer card should be for the patient?

In the longer leaflet, this is clear as the age group and conditions are clearly set out. I don't think this is the case with the shorter leaflet.

The leaflets are well put together and it is clear who it may relate to and what it is about.

Yes – it's clear, informative and well laid out. It explains what the Home Ward is, who it's for, and what people can expect. That really helps to set the scene straight away.

Yes, although I don't hear a lot of elderly people using the term FRAIL or FRAILITY.

Yes, I felt it was fairly self-explanatory. However, I cannot see a section referencing how carer or anyone with HPOA would be consulted. As it is aimed at the frail it is very likely they have a carer and may have set up HPOA. My husband is not quite, at 82, in the frail category but I am his registered carer and also in have HPOA. Perhaps a paragraph on this needs to be added.

Yes. Like that explains what the home ward is. I have never heard of it, and I am in and out of hospital quite a bit.

I think it is a very good, well thought out leaflet. It appeared to me to be very clear who it was intended for and what organisation had prepared it.

Yes ...all the information a service user needs to understand this process also explained in simple terms not too much jargon.

2. Is the design eye catching?

Twenty-three people responded positively with only two respondents saying 'No'. A summary of the responses (generated by Chat GPT) is as follows:

Most respondents find the design colourful, clear, and easy to follow, with effective use of colour and layout making it attractive and user-friendly. Some appreciate the consistency with other leaflets. A few feel it's plain or a bit text-heavy, suggesting more visual elements could improve it. Overall, the design is seen as approachable and easy to read.

Responses included the following comments:

It's okay. The layout is straightforward and follows through easily. I expect finance is the reason for the very standard photographs.

Yes, it is, especially the different use of colours

Colourful and well played out

Yes – using boxes to separate each section, makes it easy to read

I like the design of the longer version of the leaflet. It is easy to follow, and the colours are easy on the eyes.

Yes (I'd call it user friendly)

I found it easy on the eye, looked friendly and not too official

It looks professional and easy to follow, though a little text-heavy in places. Adding more colour boxes or icons to highlight key information (like phone numbers or “red flag” symptoms) would make it more eye catching and easier to skim.

Yes, I found it attractive and easy to read

Yes, I like the large headings & font/colours used

The one with more colour was more eye catching and put the information into useful groups.

It's how realistic the service is what is important

It is. I like the colourful format. I know it's intended for patients and their carers as well as their families-but many people this applies to will not have this support-so this design makes it easier to read and to follow the steps.

It matches the other leaflets which I like – consistency.

3. Do you have any other comments about your first impression of the resource?

Twenty-five people provided responses to this question. A summary of the responses (generated by Chat GPT) is as follows:

Overall, the resource is viewed positively – clear, informative, and reassuring, especially for those unfamiliar with the Home Ward. Some find it a bit long or wordy and suggest simplifying language / adding pictorial versions for those with limited literacy or English. A few highlight a need for clearer info for carers. Some concerns were raised about accessibility, funding, and 24-hour care availability. Generally, it's seen as a valuable and well-thought-out resource.

Responses included the following comments:

I think it's very good. I didn't know about Home Ward and so the information was excellent.

I think the language can be improved. It's often quite 'clunky' and there are a lot of words! One simple example is that references to hospital could simply say '...cared for safely at home instead of in hospital' whereas the current sentence reads 'cared for safely at home instead of going to the hospital' There are two references to 'the hospital' – just 'hospital' is fine. I don't think it's helpful to put (Frailty) every time the

title of the Home Ward is used. Just Home Ward is fine once the full title has been positioned at the start of the leaflet. The word is used at least 8 times and I'm sure most patients and carers are already very familiar with it. I understand that it's the correct title but this is a leaflet for patients (but see comments in 1).

Too long with information overload.

If client has limited reading skills or English not first language, would it be possible for a more pictorial one?

I think it is excellent.

Clear and informative document.

Nice big print.

Easy to follow.

Again, I think there is more information in the longer version of the leaflet and what resources are available should the patient need extra help or if their condition deteriorates. Other pathways to access support are included and it clearly gives information that if additional care at home is needed, the patient may have to pay for this. I believe it is important to make this clear, so patients know what to expect.

Probably two of the best leaflets I've seen.

My first thought is that it feels reassuring and helpful. It answers a lot of the questions patients and families might have. The tone is friendly, though some medical words (like "sputum" or "Heart Failure CNS") might need a simpler explanation.

I think 'Medicine for the Elderly' is better than Geriatrics as a term.

It's a good idea, should free up more hospital beds sooner.

Only those reference need for section on how carers and those with HPOA (Health Power of Attorney) will be consulted. As you are dealing with an aging population, more will be couples or families who have arrangements in place that need to be considered, and the people involved or at least informed.

Think it's good. Like the ease of seeing the emergency contacts.

Is this an additional investment? If so, how much? Leeds community cannot care for the already community care of patients. I know of a 91 year old person in Leeds 15 where she has to be collected and taken to the GP to see the District nurses as we are told they are too busy.

I am fully supportive of home care, which is properly organised and properly provided. However, I am a little concerned that the care will only be available from 8am-8pm. If someone is patient in hospital or resident in a care home-there is

someone on site 24 hrs. I have no idea how this could be achieved with this scheme-but it would be the ideal.

Content

4. Is the language easy to understand?

All respondents provided an answer to this question. A summary of the responses (generated by Chat GPT) is as follows:

Most respondents find the language clear, simple, and patient-friendly, with appropriate explanations of medical terms. Some suggest clarifying a few specific phrases and terms (like “checking your observations” or “dosette box”). A few highlight the importance of providing versions in other languages or formats for accessibility. Overall, the language is considered easy to read and understand by the majority.

Responses included the following comments:

I found the leaflet and card easy to understand and I think most people will understand it. It is fairly large print and easy to read.

Again, there are a lot of words in this resource. Not unexplained medical terms but I wonder if a bit more clarity in the section titled Who will look after me would be useful. That list of staff may be slightly misleading – these team members are not there in the Home Ward. They may be available as and when needed? I found that slightly confusing.

Personally, I find it easy to understand.

The language used is patient friendly with appropriate use of medical terminology and explanations provided where required.

Pg 2 “checking your observations”. I do not know what this means. Is there another simpler way of describing it? Pg 4 I have never heard of a dosette box. Can this be explicitly described?

In the longer version of the leaflet, I believe for someone with good command of the English language, yes, it is. Additionally, it gives information that the leaflet can be provided in other languages or larger print. I believe this is important as the people for whom the leaflet is designed may not speak English or they may have other communication barriers. Giving them access to the information is important so they can make informed choices.

Yes, everyday simple language.

Both were easy to understand and very clearly set out in logical paragraphs.

Mostly yes. The leaflet uses a friendly tone and speaks directly to the reader. Some clinical words (e.g. “sputum”, “Heart Failure CNS”) may not be familiar – a short explanation or simpler wording would make it clearer.

Maybe replace frailty with something more easily understood.

Simple basic language, very understandable.

I had no problems with any of the language, and I am 77 years old.

I found it easy to read & understand.

Yes – everything very easy to understand yet not patronising.

Yes, but nothing we didn’t know already and supposedly what the community services should be providing already.

I think it is very understandable – I assume it will be produced in other languages and formats?

5. Is the language sensitive and sympathetic?

All respondents provided an answer to this question. A summary of the responses (generated by Chat GPT) is as follows:

Most respondents feel the language is sensitive, sympathetic, and person-centred, using a caring and supportive tone without being patronizing or judgmental. The use of “you” is appreciated for making it feel personal and reassuring. Overall, the language is seen as appropriately compassionate.

Responses included the following comments:

I agree that the language is sensitive and sympathetic where it needs to be.

Not really.

Yes, it reads well.

Yes, the language is sensitive.

Appropriate and proportionate.

Person centred use of language.

Yes, talks to the person rather than the patient.

Without referring back to the leaflets, I believe it does.

Yes, and yes – I found nothing offensive nor irritating.

Very sympathetic, not patronising or judgemental in any way.

Yes. It uses “you” throughout, which feels more personal and reassuring. The tone comes across as caring and supportive.

Yes, but still need to understand why the community team are promoting this as new. There is nothing to say that you will come to the patient, so will the patient be expected to try get to a place where the physio is working from which people already struggle to do as well as waiting weeks and weeks for an initial appointment.

I am not someone who has a problem with the word patient. But I do know some people object to this – and I think the leaflet has managed this well in its wording.

6. Are there any errors in spelling, accuracy, or grammar?

All respondents provided an answer to this question. The main comments are shown below:

On page 4 of the leaflet there is a word missing from the part which says What happens if I need palliative care? The word ‘be’ is missing from the second sentence i.e. Your care will then be provided ...

Pg 2: Section ‘Support at Home’ This needs rephrasing for clarity. Or just enclose the words “from Age UK Leeds” in brackets.

Page 1, (What are the benefits?); 3rd bullet point; I’d prefer to read “lessening the risk of reduced independence” rather than “reducing the risk of reduced independence” (i.e. avoiding using derivations of the word “reduce” twice).

Page 2, (How will I be monitored and checked). Instead of the word “exam” I’d prefer to use the word examination (exam has connotations of sitting at a desk with a pen and exam paper!)

I didn’t spot any spelling or grammar errors. A few sentences are quite long and could be shortened to make them easier to follow, but nothing incorrect.

Not that I could obviously see-although there is an entry in the emergency list that suggests if you are unconscious or have fainted you should go to A&E. That would be difficult if you were on your own when that happened and you were still unconscious.

7. Does it tell the patient everything they need to know? What other questions might the reader ask?

All respondents provided an answer to this question. A summary of the responses (generated by Chat GPT) is as follows:

Most respondents feel the leaflet is clear, comprehensive, and provides sufficient information. It explains the service, who it’s for, what to expect, and how to get

support. Many felt it answered all their questions and would encourage contact with the service.

Responses included the following comments:

I can't think of anything else the patient would need to know.

I think it does. It has been written from a clinical perspective. It could be a different leaflet altogether with a more homely vocabulary but maybe that would be the purpose of a card for the patient?

You make reference to "other health professionals" – some may ask "such as?"

The document is clear and provides sufficient information to someone who will be using the service.

How do I know if I am classed as South, North, West, and what if I live in East Leeds?

In the longer version of the leaflet, there is a lot of information for the patient to understand what the service can provide and who is involved. It also gives information about alternative pathways if the support from the Home Ward may not be the best for the patient. It gives information that staff will support the patient to access the alternative pathways to support, for example end of life palliative care. I feel that including how long the team is involved is important as it may take longer than two weeks for a patient to regain their independence. This is dependent on the reasons their health is not good and their treatment options. Will this be something that the team will discuss with individual patients?

I found it answered all my questions and would encourage me to contact the services if I thought I might need them.

It covers most of the key things well – what the Home Ward is, who is eligible, what to do if unwell, and who provides care. A couple of extra questions a reader might still ask:

"How do I know if I qualify for the service?" (a clearer reminder of the criteria up front would help).

"What happens after the Home Ward finishes – will someone check on me?" (this is included, but could be made more prominent for reassurance).

The Summary does not mention criteria for using the service.

No – doesn't say if they have an acute problem eg UTI – can this team be used? Also, when it says after observations – what are they monitoring? Is this service review for future care?

It seems to, except... But again, needs some manner for patient to give registered permission to allow carer to call on their behalf. I add this from personal experience

as my husband has difficulty dealing on telephone and I have to do this. We have registered this permission with GP and always refer hospital clinics to it.

I think it was good. It explains the service and what to expect. Contact numbers were clear and when to be concerned by health.

Yes – I believe it does – also for the carer. Although someone will need to highlight whether the patient is North, South or West – as this is not clear which area they will be in. The telephone numbers don't stand out (if you are just quickly looking) (Although states on page one they are end of leaflet). I like the smaller leaflet – it shows all details in quick form.

There is a lot of basic information on the leaflet. I think it would be difficult to cover all questions that could be asked – just because the leaflet needs to be succinct and easy to read. Too much information could mean a lot of important information could be missed when reading this. Possibly a separate sheet with FAQ may help to cover additional questions that may crop up – but I don't think the actual leaflet should be too overloaded.

Usually the frail like seeing people & ask will my family still be allowed to visit.

8. Is there a contact name and number for queries?

Twenty-six people responded positively to this question, including the following comments:

Yes – although the staff member may need to circle which team the person is under to make it clear

Yes. In both leaflets there are contact numbers. There is also contact number for out of hours support. There are also numbers to contact if things are not going as well as expected and the patient needs more support.

I don't see a contact name, but a name is unnecessary – the contact number is sufficient.

Yes – the numbers are there and clear. Putting them in a coloured box would make them stand out more.

Should be bolder

Yes, there are several for different situations and needs

Yes, a clear section on each leaflet

Yes – maybe this can be a little larger (Larger leaflet)

9. Are there links to other information, useful websites etc.?

All 27 respondents answered this question, with 18 people saying Yes, and a mixed response from the remainder:

Yes, there are links to websites but the people this is intended for may not have access to the technology required.

I do not recall seeing any links to other information or useful websites. It may be helpful to include links to information concerning the specialist practitioners who will be supporting delivery of this service.

Only saw one link.

I can only recall the link to the community healthcare from the leaflets.

The links would be useful if I had the means and ability to access websites.

None

No, not relevant in this situation.

Didn't see any, but are they needed on this leaflet.

Hadn't noticed. Certainly phone numbers.

You appear to be just promoting other charities.

10. Do you have any other comments about the content of the document?

Twenty-five respondents provided an answer to this question. A summary of the responses (generated by Chat GPT) is as follows:

The document is generally well-received, with comments highlighting its clarity, informativeness, and helpfulness. Some suggestions for improvement include making the document more accessible by providing information in other formats or languages, simplifying the language for broader understanding, and adding references to carers and their involvement.

There are also comments about the need to explain certain terms like "frailty" and to consider shortening some phrases to save space. A few responses express doubts about the document's impact and the effectiveness of the services described.

Overall, the document is seen as thorough and well-structured, but it could benefit from trimming repetition and making key sections more visual.

Responses included the following comments:

I think it's easy to understand and clearly gives all the relevant information.

Doubtful it will be read.

A helpful and informative leaflet.

No information availability in regards to access to this document in other formats or languages.

Pretty clear. I was not aware of this service.

Does “frailty” need to be explained? Do you need to always say HW (frailty) team – could it be shortened to save space / words? Do you really need to say trainee community matron?

I prefer the longer version of the leaflet and believe there is more useful content in it.

I found it useful and reassuring that I could be managed at home where possible.

Overall, it's thorough, reassuring and well structured. It might feel a little long for some patients, so trimming repetition and making key sections (like urgent warning signs and contact details) more visual would help. The idea of a short, laminated card alongside the leaflet is excellent and will make the information much more accessible.

I think more clarity is required to distinguish between Hospital Ward and Home Ward e.g in the last sentence of 'What are the Benefits' Ward is used twice.

Unfortunately, there are those educated to a lesser degree. Try and keep the wording easier for all to understand without being patronising.

Very well thought out.

Only that it needs some reference to carers and their involvement.

Unfortunately, I don't have any confidence in what is being said other than ticking boxes. Is this on top of the support already available in the Community? Do you have to be still taken to a place where the healthcare professional works? Is there still the long waiting lists to see the healthcare professional? I'd expect you to say there is nothing different and it's the same support what is supposedly there already.

Great service and support.

Layout

11. Is the design of the resource accessible?

All respondents provided an answer to this question. With most people giving positive feedback:

Yes, in respect of the text colours. Plenty of space on the page.

It's okay. Very standard and that's fine.

Crowded

There is a lot of writing. Print is bigger so fills up page.

Yes, I like the design and the colours as it is easy to read and understand.

Well laid out document with suitable use of different coloured text.

Very easy to read, lots of contrast.

I don't mind the colours. I believe they are easy on the eyes.

Yes, any colour contrast is fine.

I found it to be well set out, not cluttered and easy on the eye.

The text is clear and there's good contrast between background and text. The layout is clean with headings and sub-headings. Some pages feel a little text-heavy, so adding more white space or breaking up longer sections would improve readability.

I like the layout; the boxes really help stopping it being overwhelming.

Yes. Obviously looking at it on a screen which helps clarity, but contrast is good.

Clear, well laid out & easy to read.

Yes. Engaging and groups info nice and simple.

Large one – very informative – but numbers hard to find if in a hurry. Smaller one – great.

I think the design works well – I like the separate colour blocks listing issues and who to contact should any of these arise (apart from the unconscious or fainting one).

All looks great and eye catching.

I think the main font could be darker for a better contrast.

12. What do you think of the images / photos used?

All respondents provided an answer to this question. Almost all the responses were positive:

Yes, the images are appropriate.

Appropriate and proportionate.

Appropriate use of photographs and images. Suitable for those the document is aimed at.

The 'clients' don't look frail, they look pretty healthy, robust and happy! Would your target readers identify with them?

Easy to interpret.

All 3 patients in the photos look quite well – should at least one of the photos be a bit more representative of the population (e.g. older, frailer?) Could a photo show a different member of the MDT eg an OT rather than just nurses?

Yes, it is. Is there a similar provision for younger patients? For example, those with life limiting conditions who may not necessarily need to be treated in hospital because the condition can be managed at home?

The images seemed very suitable.

There aren't many images. While that keeps the focus on information, one or two supportive, people-focused images could make it feel warmer and more approachable for patients and families.

Simple and basic, perfect.

They are pleasant, but honestly the patients do not look in the least frail so could create impression that the services is for a wider section of patient than it is.

The information supplied is what most people expect already but don't receive it.

13. Is the resource offered in an alternative format?

Twenty-six people answered this question and provided mostly positive responses:

No information provided to enable a response to this question.

Yes. Could it be also online with a URL?

Yes, in the longer version of the leaflet. I have not noticed this in the shorter version.

Yes (clearly indicated).

Yes, it says so. However, it might be useful to have other means by which it can be accessed besides contacting a member of staff.

Yes – the leaflet clearly says it can be made available in Braille, large print, audio or other languages. That's very important and reassuring.

No, and no other language options that I can clearly see.

Yes, the A4 leaflet is.

Didn't notice.

Braille

I had to look again to check this – because it wasn't immediately obvious this would be the case.

14. Do you have any other comments about the layout of the document?

Twenty-five people provided a response to this question, most of whom had nothing more to add. A few people provided additional comments:

Too cluttered.

I prefer the longer version of the leaflet. I'm not sure it will be user friendly if it is left as A4 size.

I found it very logical and answered the questions I had.

The information is well organised, but the phone numbers and urgent warning signs could be made more prominent by putting them in coloured call-out boxes. This would help readers find them quickly in an emergency.

Three quarters of the document is what people already know except a new number which will probably go to answer phone due to the high number of calls.

No, I generally like this leaflet a lot – compared to other NHS leaflets which are often too flat and too wordy and seem to be more aimed at the professionals rather than patients and carers.

Great information document.

15. Other comments

A handful of respondents provided some additional comments:

A worthwhile document but needs pairing down.

I think it is a good thing to do as most frail patients feel their ability to function and complete daily activities deteriorate when they have a hospital stay. Most say it is because they are in bed or sitting not doing much. So, if a patient is at home, and can do some daily activities, they will continue to maintain a degree of independence and not become weaker.

It's reassuring to know that the resource exists.

The name Home Ward was very good, having both meanings.

Overall, it's a really useful resource that answers key questions and feels supportive. With a few small tweaks (simplifying a couple of terms, breaking up text, and highlighting urgent information), it will be even more patient friendly. The laminated quick-reference card is a great idea and will be especially handy for patients and carers.

I think HOME WARD and FRAILTY is too much. Maybe just use one or the other. At the beginning describe the word frailty in the text. Then maybe refer to it as HOME WARD throughout the rest of the leaflet?

Only some sort of reference that makes clear registered carers and holders of HPOA will be involved.

A lot of information dressed up as different to what is supposed to be offered already with the exception of a phone number.

Email responses

In addition to the responses received through the online survey, two email responses were also received, providing the following feedback:

1. What happens if I need palliative care.” The word “be” is missing.
The information is very thorough and covers everything a patient could need to know (as far as I can tell!)

However, I can't imagine a target patient reading all of it or searching through it if they have a need. Perhaps a list of the most likely needs with directions where to find the relevant information could make it more user friendly for its target audience.

2. I felt the leaflet and card explained the Home Ward clearly with appropriate plain language. In places I felt sentences could be improved, though I didn't feel these were a major issue:

What are the benefits

Would 'avoiding being admitted to the hospital' sound better as 'avoiding admission to hospital'?

If 'reducing the risk of reduced independence' were reworded 'decreasing the risk of reduced independence' it would get rid of the double use of a 'reduce' word in the sentence.

The sentence 'to ensure a plan is put in place for after their time at the ward' might read better as 'to make a plan for after their time at the ward'.

How will I be monitored and checked?

Could 'exam' be 'examination'?

What should I do if I feel unwell?

Should the comma in 'You have stopped, or are passing, less urine than usual' be after 'less'?

My only other comment is that there is no racial diversity amongst the photographs.