NHS

Staffordshire and Stoke-on-Trent
Integrated Care Board

PEOPLE'S PANEL

HEALTH LETTERS SURVEY

June 2026

Introduction

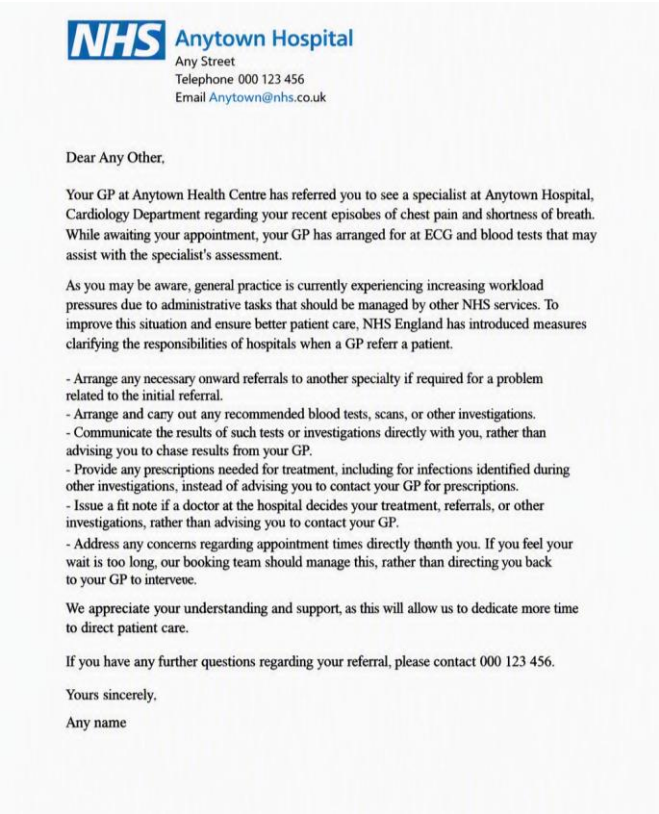
Introduction

Staffordshire and Stoke-on-Trent Integrated Care Board is leading a programme to help NHS clinicians and managers, and patients and the public become more health literate.

According to the World Health Organisation,[1] health literacy is the ability to access, understand, and use health information to make informed decisions about your well-being. It is more than just reading a pamphlet; it involves critical thinking to manage long-term conditions, navigate healthcare systems, and avoid misinformation.

We wanted to understand how well local NHS providers communicate with patients and members of the public, so shared a brief survey with the People's Panel – thank you if you responded!

We also shared two example letters from NHS service providers – one before it had been reviewed and edited to make it clearer to understand, and one after.



NHS Anytown Hospital
Any Street
Telephone 000 123 456
Email Anytown@nhs.co.uk

Dear Any Other,

Your GP at Anytown Health Centre has referred you to see a specialist at Anytown Hospital, Cardiology Department regarding your recent episobes of chest pain and shortness of breath. While awaiting your appointment, your GP has arranged for at ECG and blood tests that may assist with the specialist's assessment.

As you may be aware, general practice is currently experiencing increasing workload pressures due to administrative tasks that should be managed by other NHS services. To improve this situation and ensure better patient care, NHS England has introduced measures clarifying the responsibilities of hospitals when a GP referr a patient.

- Arrange any necessary onward referrals to another specialty if required for a problem related to the initial referral.
- Arrange and carry out any recommended blood tests, scans, or other investigations.
- Communicate the results of such tests or investigations directly with you, rather than advising you to chase results from your GP.
- Provide any prescriptions needed for treatment, including for infections identified during other investigations, instead of advising you to contact your GP for prescriptions.
- Issue a fit note if a doctor at the hospital decides your treatment, referrals, or other investigations, rather than advising you to contact your GP.
- Address any concerns regarding appointment times directly thamth you. If you feel your wait is too long, our booking team should manage this, rather than directing you back to your GP to intervee.

We appreciate your understanding and support, as this will allow us to dedicate more time to direct patient care.

If you have any further questions regarding your referral, please contact 000 123 456.

Yours sincerely,

Any name

NHS Anytown Hospital
Any Street
Telephose 000 123 456
Email Anytown@nhs.co.uk

Dear Any Other,

Re: Your referral to Cardiology at Anytown Hospital

Your GP has referred you to the Cardiology Department at Anytov lospital because you have recently had chest pain and shortness of breath.

This letter explains:

1. what has been arranged,
2. what you need to do next, and
3. who to contact if you have questions.

What happens next:

We have arranged for you to have:

- an ECG, and
- **blood tests.**

These tests will give the cardiology specialist more information before your hospital appointment.

We will contact you with the date, time, and location for these tests. Please attend these appointments if you can. If you cannot attend, please contact Greenfield Health Centre as soon as possible so we can rearrange them.

What is an ECG?

Please:

- wait for Anytown Health Centre to contact you about your ECG and blood tests;
- attend your ECG and blood test appointments when they are arranged;
- wait for Anytown Hospital to contact you about your cardiology appointment;
- keep taking any regular medicines unless a healthcare professional tells you otherwise;
- seek urgent help if your symptoms get worse.

If you have any questions, please contact **Greenfield Health Centre** on 000 123 456.

Yours sincerely.

Example NHS letter before review

Example NHS letter following review

[1] https://www.who.int/news-room/fact-sheets/detail/health-literacy

Delays in receiving NHS Letters

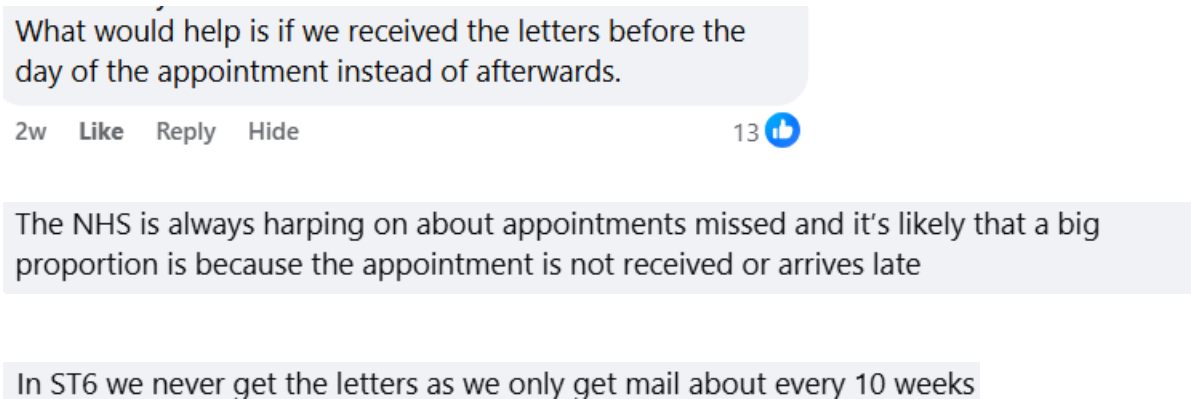
A significant number of respondents used the survey, email, and social media channels to highlight a wider issue beyond health literacy: **letters often arrive late, and in some cases after the appointment date has passed**.

Social Media themes

Comments on social media received a high volume of likes, suggesting that postal delays are a common and widely recognised problem. Respondents to our social media posts described:

- **Appointment letters arriving after the appointment date**, making it impossible to attend.
- **Concerns that late letters contribute to missed appointments**, despite reminders from the NHS about the importance of attending.
- **Very infrequent postal deliveries in some areas**, with some residents reporting they receive mail only every few weeks.
- **Uncertainty about whether key letters—such as waiting list review letters—are ever received**, leading to anxiety about being removed from lists without knowing.
- **Long waits for results letters**, including examples where people were still waiting several weeks after tests.

Overall, these comments indicate that **timeliness of communication is a major barrier to accessing care**, separate from the clarity or readability of the letters themselves.



Extracts from social media comments

Timeliness of NHS letters will be examined in more detail through a **People's Panel survey** running in August and September. This follow-up work will capture clearer evidence on how often letters arrive late or not at all, and the impact this has on people's ability to access care.

Approach

The survey was co-designed with the Staffordshire and Stoke-on-Trent Integrated Care Board (ICB) and shared with the People's Panel in May and June 2026.

Each questionnaire included a unique survey ID. This helped us understand who had responded, and allowed responses to be linked to demographic profiles for further analysis (such as age, location, or health condition).

Technical testing of the survey

As part of the design process, the questionnaire was tested as follows:

1. a structured in-house testing plan was used to assess the survey's design, logic, and overall operability
2. piloting with five survey testers (non-panel members), who checked and reported on areas such as usability, complexity of wording
3. software tools were used to assess fatigue and accessibility scores, ensuring the survey was user-friendly and inclusive.

Fieldwork

The survey fieldwork period was as follows:

- 21 May 2026 – email invitation to all panel members
- 31 May 2026 – email reminder to all panel members who had not completed the survey
- 12 June 2026 – final email reminder to all panel members still to complete the survey
- 16 June 2026 – survey closed.

Panel promotion and recruitment took place during the fieldwork period. New members joining the panel during this period were given the opportunity to participate in the survey.

Who we spoke to

Email invites	Responses	Response rate
2979 Delivered	**721 Completed**	**24% Completion**

Prize draw
As a thank you for taking part, all completed questionnaires were entered into a prize draw to win one of two £50 Love2shop vouchers. The draw was held in June 2026, and two lucky panel members received their £50 vouchers by email, ready to spend online or on the high street.

Technical notes

Percentages and number of responses per question
Due to rounding, not all percentages shown may equal 100%.

n= When shown in this report, '*n=XX*' indicates the number of responses received for a given question.

Respondents' comments
Several questions gave the option for respondents to explain further the reason for their answer. Where a comment may potentially identify a respondent, specific provider or clinician, these details are redacted.

All free-text responses have been lightly edited for spelling accuracy only; otherwise, they are presented verbatim to preserve the respondent's original wording and intent.

We have included only a selection of comments and the main themes in this report. Panel members submitted more than 4,000 free-text responses, and many repeated similar points — particularly for questions such as *"What is the letter about?"*. To keep this report clear and accessible, we have summarised the most common themes and provided representative examples. A full list of all comments received is available in the separate spreadsheet accompanying this report.

The People's Panel

Staffordshire and Stoke-on-Trent Integrated Care Board People's Panel is a digital group of just over 3,000 local residents (as of June 2026) from across Staffordshire and Stoke-on-Trent.

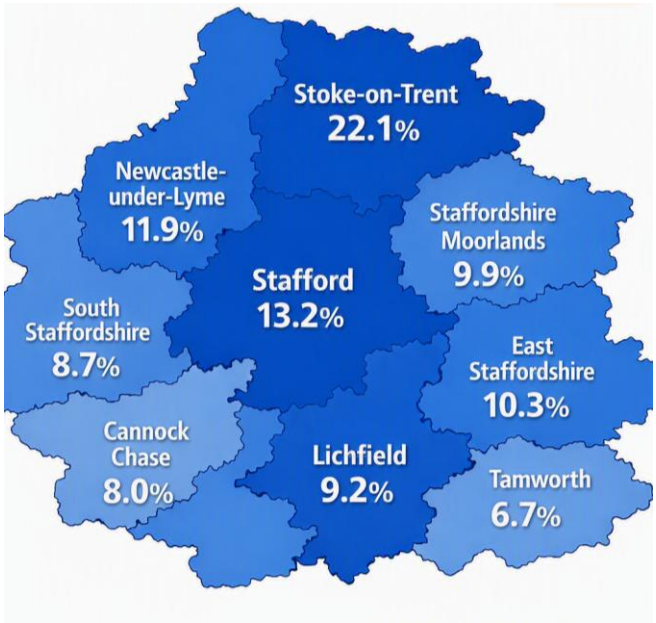
Members are asked about their experiences and to share their views about health and care services through online surveys; their responses help to shape decisions about health services that affect their community.

How it works

• Several times a year, members are sent surveys about local and national NHS topics
• a newsletter is sent four times a year, with updates on healthcare changes and actions we have taken as a result of panel feedback
• taking part is always voluntary. All responses are published anonymously in reports of findings on the Integrated Care Board (ICB) website. These reports are shared with system partners, who can also access them via the ICB website. A new 'You said; we did' section has also been added to the ICB website, outlining the actions taken following feedback from panel members.

Our current panel membership closely matches the population profile of Staffordshire and Stoke-on-Trent, based on Office for National Statistics (ONS) 2021 Census data.

Panel membership will differ from smaller to larger areas of Staffordshire and Stoke-on-Trent, and representation of areas. Larger districts will show proportionally higher levels of participation, while smaller areas will show proportionally lower representation.



Breakdown of the People's Panel as of June 2026

Survey, data analysis and report production undertaken by Direct Data Analysis Ltd, who run the People's Panel on behalf of the Integrated Care Board.

Direct Data Analysis Ltd
Brampton Business Centre
10 Queen Street
Newcastle-under-Lyme
ST5 1ED

Email: enquiries@direct-data-analysis.co.uk
Tel: 0800 0996 422

Executive summary

Executive summary

Respondents found **Letter Example 2** significantly clearer, calmer, and easier to act on than **Letter Example 1**. The revised version improved understanding, reduced anxiety, and provided practical next steps. Letter 1 was widely described as **confusing, overly long, bureaucratic, and lacking clear instructions**, while Letter 2 was praised for **plain English, structure, headings, and actionable guidance**.

Understanding & Clarity

- **Letter 1:** Only **10%** found it *very easy* to understand; **51%** found it *difficult or very difficult*.
- **Letter 2: 56%** found it *very easy*; only **5%** found it *difficult or very difficult*.

Respondents said Letter 1 lacked a clear main message, mixing referral information with NHS administrative detail. Letter 2 clearly communicated referral confirmation, required tests, and next steps.

Instructions & Next Steps

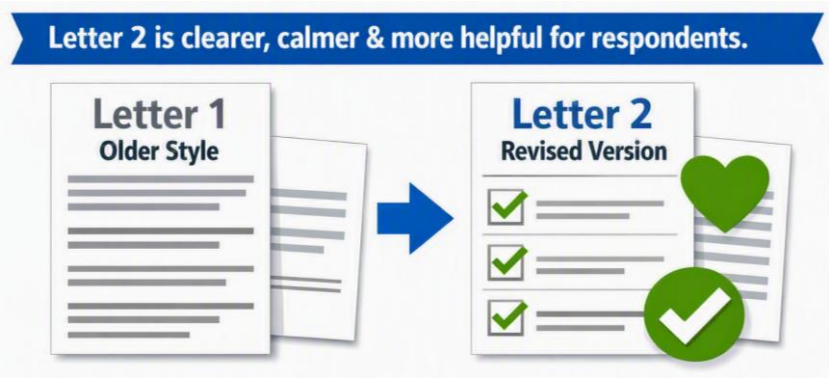
- **Letter 1:** Only **9%** said instructions were *very clear*; **47%** said they were *slightly clear or not clear at all*.
- **Letter 2: 60%** said instructions were *very clear*; only **3%** found them unclear.

Letter 2's step-by-step sections ("What happens next", "What you need to do now") were repeatedly praised.

Helpfulness in Understanding Referral

- **Letter 1:** Only **24%** said it *fully* helped them understand their referral.
- **Letter 2: 81%** said it *fully* helped.

Letter 1's lack of timescales, unclear responsibilities, and absence of reassurance contributed to confusion.

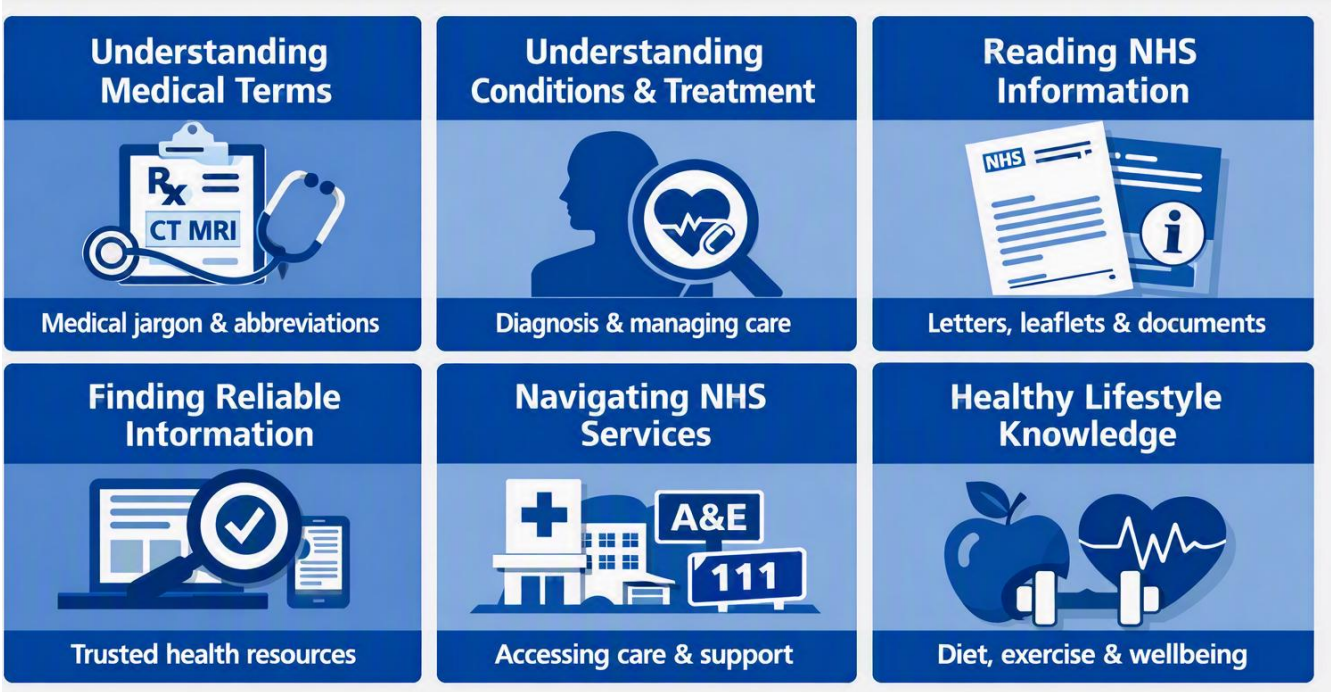


Survey findings

What does "health literacy" mean to you?

Health literacy is a term that people may understand in different ways. We were interested in what it means to panel members, based on their own experience and views.

Below are the most common themes used by 688 respondents to describe their understanding of health literacy.



Theme	Frequency of mentions	Example Quote
Understanding medical terms	142	"Understanding medical terms."
Understanding your condition & treatment	118	"Understanding your medical conditions."
Reading NHS information	94	"Letters or leaflets with information in GP surgery/hospital."
Finding reliable information	63	"Being able to access and understand reliable, medical information."
Navigating NHS services	51	"Ability to access services when we need to."
Healthy lifestyle knowledge	47	"Understanding about living a healthy lifestyle to ensure a long life."
Understanding test results & documents	41	"Written record about my health, test results, details of my medical records."
Understanding medication & instructions	38	"Understanding how to use medication."
Plain English / avoiding jargon	36	"Writing in a way that all people understand without too many long complicated medical terms."

Understanding health systems	33	"A basic understanding of health issues and how the health system works."
Digital literacy for health	29	"Being able to understand the information on the NHS app."
Understanding symptoms & when to seek help	27	"Knowing when to seek medical help."
Understanding lifestyle impacts	25	"Knowledge of how my lifestyle affects myself and others."
Understanding diagnosis	23	"My diagnosis being understandable as a layman."
Ability to make informed decisions	22	"To make informed decisions."
Understanding spoken terminology	20	"Being able to understand what a medic is saying to you."
Understanding health records	18	"Health records including notes and test results."
Understanding public health information	17	"Leaflets and information about health."
Understanding services & who to contact	16	"Know who to contact when something is not right."
Jargon as a barrier	15	"It's a bit of silly jargon!"

This table shows the top 20 themes identified in respondent feedback. Each comment could relate to more than one theme, so counts reflect how often each theme appeared rather than the number of respondents.

Understanding of health literacy

Health literacy is about how easy it is for people to find, understand, and use health information. It includes letters, test results, appointment instructions, online information, as well as leaflets, signs and check-in facilities when you attend appointments or collect prescriptions.

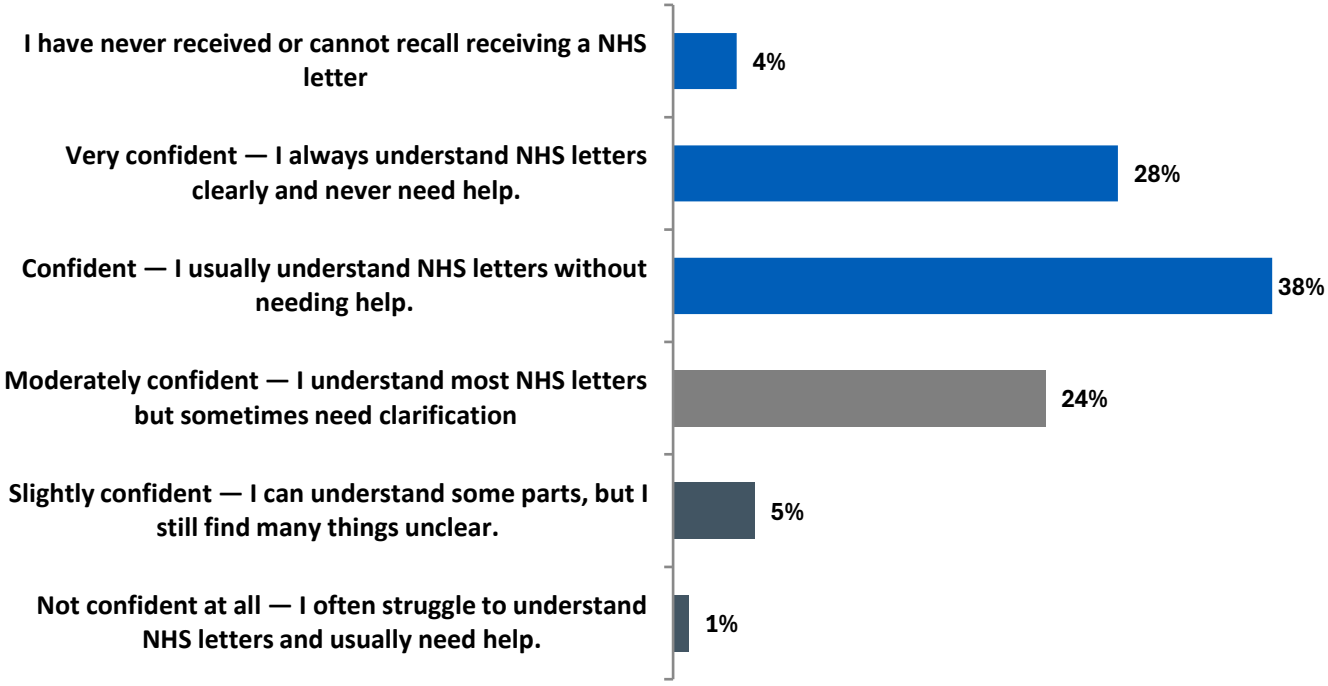
We want to understand:

- How people interpret NHS letters
- What makes information confusing
- What helps people understand next steps
- How to design clearer, more accessible letters

This will help us improve:

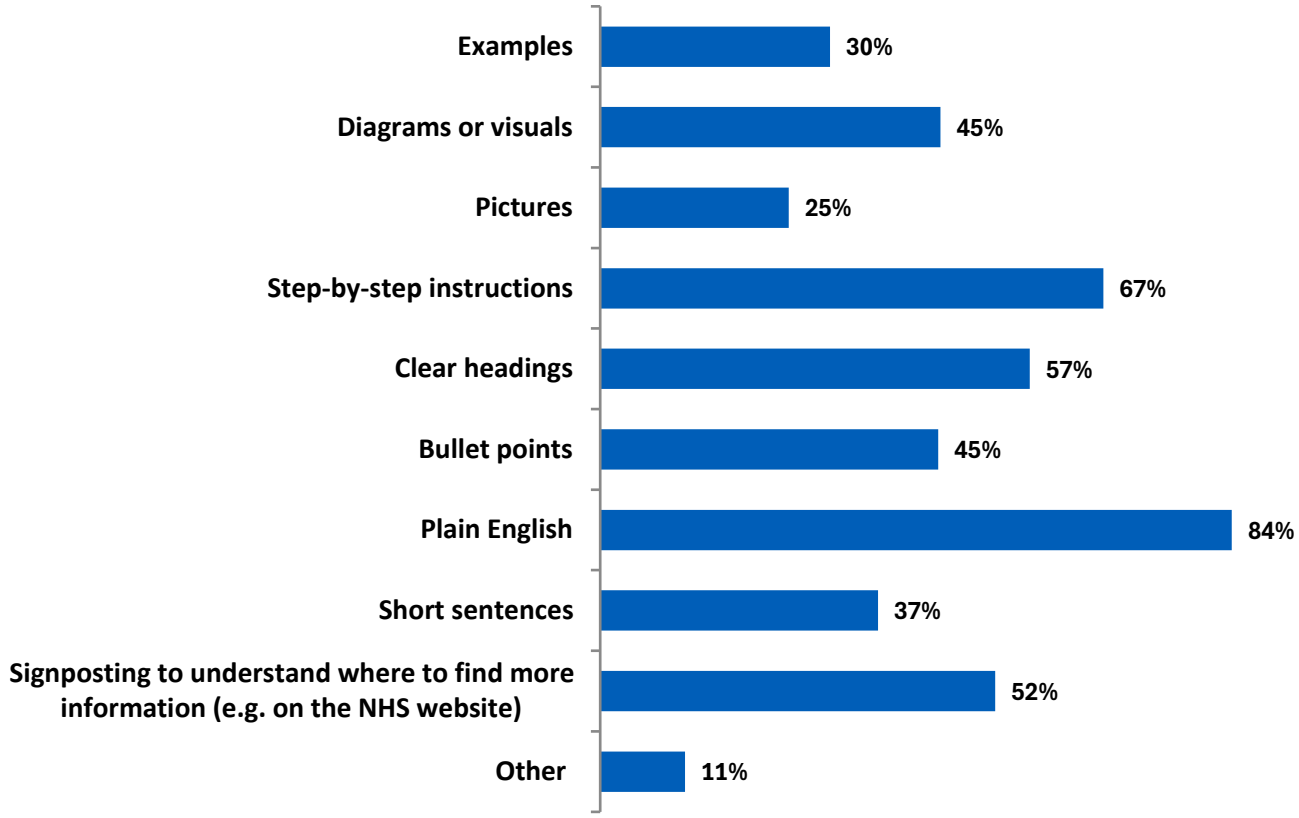
- Information included in referral letters
- Appointment information
- Test result explanations
- Instructions about what to do next

How confident do you feel reading NHS letters?



N=695

What makes health information easy to understand?

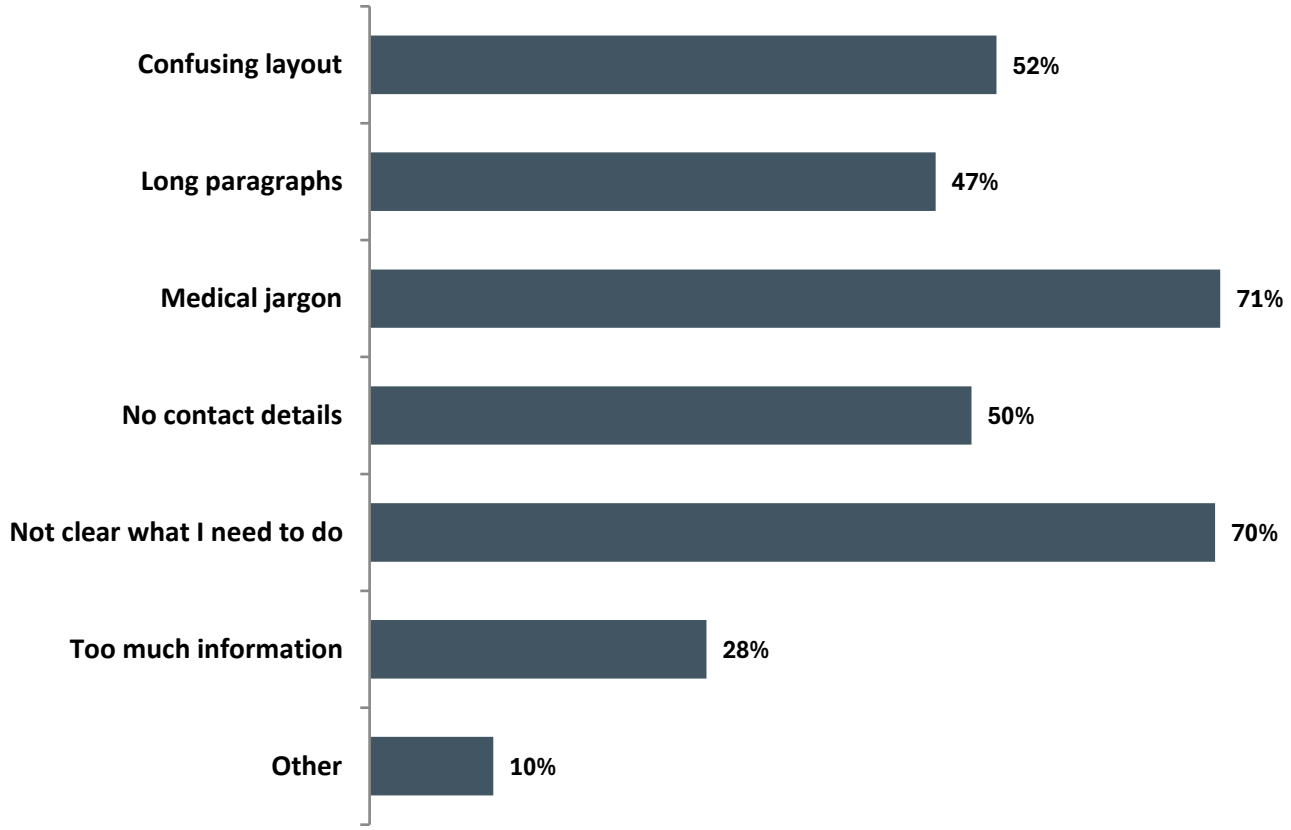


Respondents could select more than one option. N=677

Where respondents selected "Other", their free-text explanations consistently clustered into three main themes: Accessibility, Clarity, and Contactability.

- **Accessibility** — formats, readability, translations, digital options.
- **Clarity** — plain language, explained terminology, simple structure.
- **Contactability** — clear routes to speak to someone when needed.

What makes health information difficult to understand?



Respondents could select more than one option. N=670

Where respondents selected "Other", their free-text explanations consistently clustered into three main themes: Clarity, Accessibility, and Consistency & reliability.

- **Clarity** — people want clear explanations, defined terms, correct grammar, meaningful detail, and explicit next steps.
- **Accessibility** — people need formats they can read, understand, and physically access, including larger fonts, spacing, audio, email, and simpler digital pathways.
- **Consistency & reliability** — people need letters that arrive on time, contain correct information, match clinical conversations, and include contact details that actually work.

NHS Letter Examples

This section of the report includes two examples of NHS letters with questions about each one. The first is an example of a letter sent to patients before it has been reviewed by the health literacy team. The second is an example of a letter sent after it has been reviewed by the health literacy team.

Both letters were shown to People's Panel members to understand how layout, tone, clarity, and structure affect patient understanding. The examples illustrate how small changes—such as headings, plain English, and clear instructions—can significantly improve accessibility and confidence.

Letter Example 1

NHS Anytown Hospital
Any Street
Telephone 000 123 456
Email Anytown@nhs.co.uk

Dear Any Other,

Your GP at Anytown Health Centre has referred you to see a specialist at Anytown Hospital, Cardiology Department regarding your recent episodes of chest pain and shortness of breath. While awaiting your appointment, your GP has arranged for at ECG and blood tests that may assist with the specialist's assessment.

As you may be aware, general practice is currently experiencing increasing workload pressures due to administrative tasks that should be managed by other NHS services. To improve this situation and ensure better patient care, NHS England has introduced measures clarifying the responsibilities of hospitals when a GP referr a patient.

- Arrange any necessary onward referrals to another specialty if required for a problem related to the initial referral.
- Arrange and carry out any recommended blood tests, scans, or other investigations.
- Communicate the results of such tests or investigations directly with you, rather than advising you to chase results from your GP.
- Provide any prescriptions needed for treatment, including for infections identified during other investigations, instead of advising you to contact your GP for prescriptions.
- Issue a fit note if a doctor at the hospital decides your treatment, referrals, or other investigations, rather than advising you to contact your GP.
- Address any concerns regarding appointment times directly thenth you. If you feel your wait is too long, our booking team should manage this, rather than directing you back to your GP to intervene.

We appreciate your understanding and support, as this will allow us to dedicate more time to direct patient care.

If you have any further questions regarding your referral, please contact 000 123 456.

Yours sincerely,

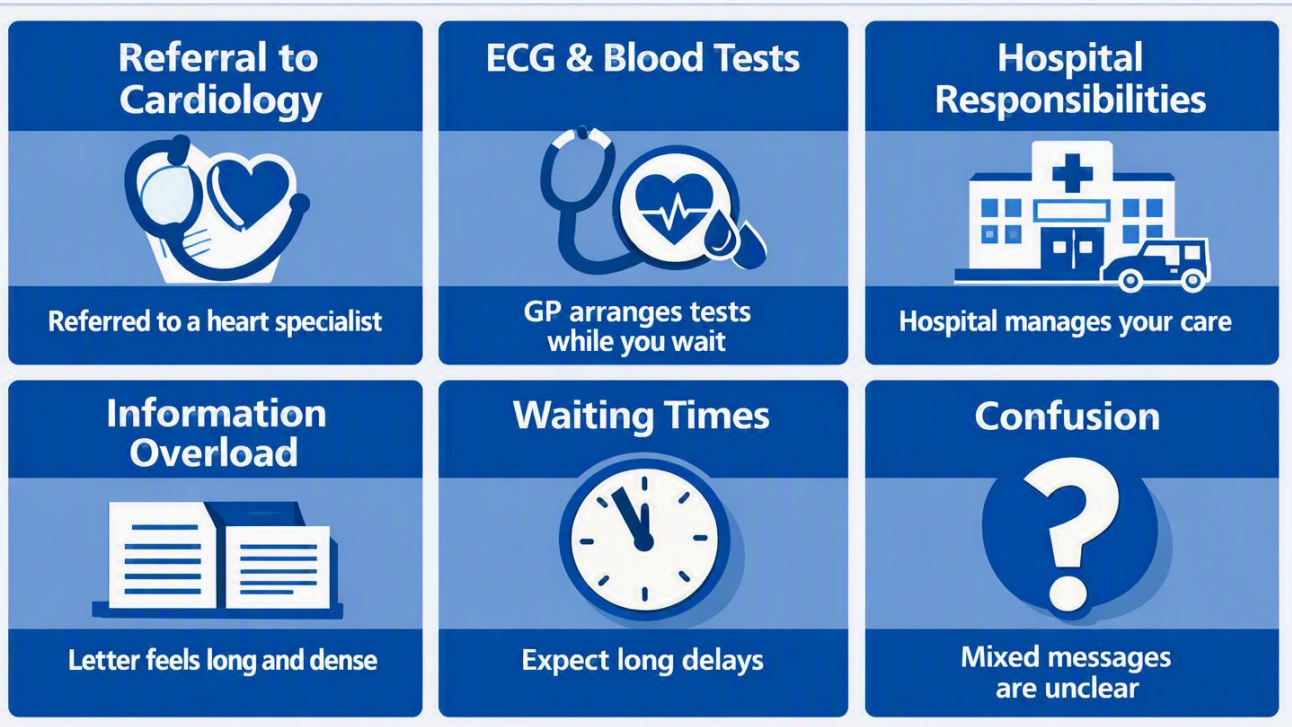
Any name

What do you think is the main message of letter example 1? If you do not know what the main message is, please tell us in your response.

The main message of **letter example 1** is essentially **unclear** — and that is the problem respondents repeatedly highlighted. Based on the themes gathered, the letter does **not** communicate a single, strong, easily understood core message. Instead, people pick up fragments: referral, tests, delays, responsibility changes, warnings, and procedural information.

The letter *appears intended* to tell the patient they have been referred to cardiology and that certain tests (ECG and bloods) will happen before the appointment — **but this main message is not clear**.

The main themes identified from 585 respondents are shown below.

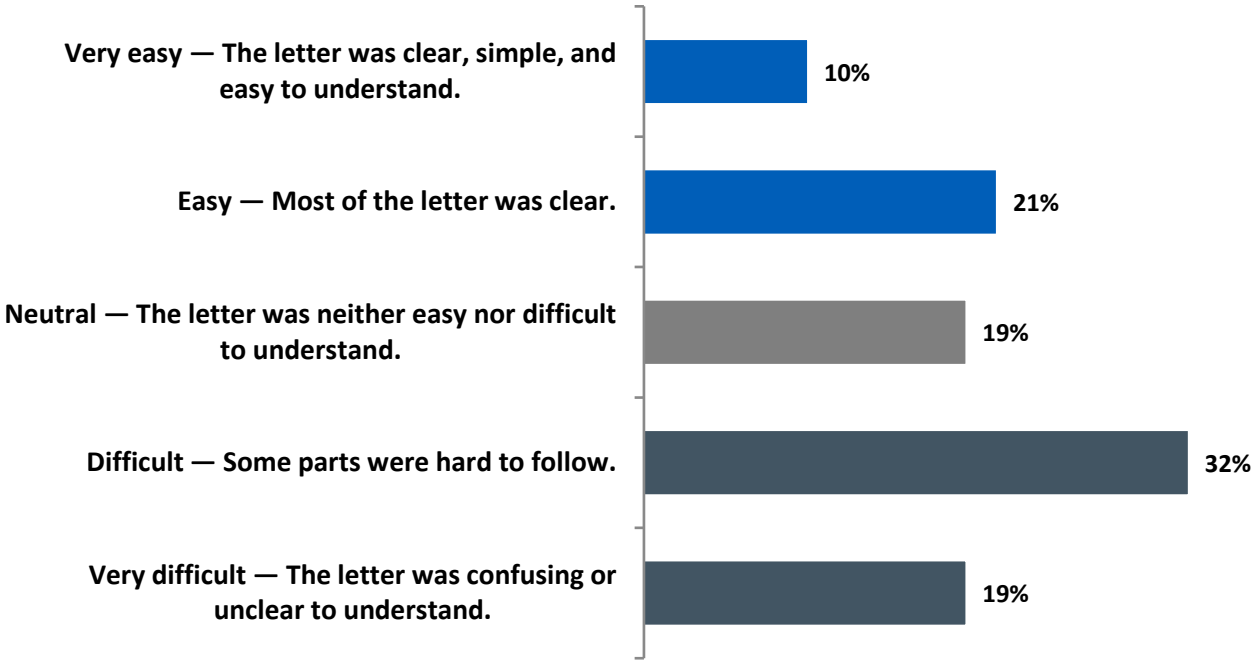


Theme	Frequency of mentions	Example Quotes
Referral to Cardiology	310	"You have been referred to a specialist in cardiology." / "Referral for chest pain and shortness of breath."
ECG & Blood Tests Before Appointment	261	"GP will arrange ECG and blood tests while waiting." / "Referral for an ECG and blood tests."
Hospital vs GP Responsibilities	240	"Hospital will take responsibility for your care." / "Once referred, it's out of your GP's hands."

Information Overload	212	"Far too much unnecessary information." / "I got lost in the waffle."
Delays & Waiting Times	179	"There will be a delay in your treatment." / "Expect long waits for tests."
Confusion / Mixed Messages	160	"Letter is confusing and contradictory." / "I'm not sure what it means."
Clarity of Main Message	142	"Main message should be clearer." / "Hard to tell what the letter is about."
Tone of Letter (Impersonal / Bureaucratic)	130	"Sounds like admin talk, not patient care." / "Too procedural."
Responsibility Transfer to Hospital	119	"Hospital now responsible for all care." / "GP has handed over responsibility."
Need for Simpler Layout	110	"Needs headings and bullet points." / "Too much text on one page."
Lack of Appointment Details	98	"No date or time given." / "Unclear when ECG will happen."
Overworked NHS / Excuses	95	"Lots of excuses about being busy." / "We are too busy to deal with you."
Need for Contact Information	92	"Include a phone number for queries." / "Useful to have direct contact."
Patient Anxiety / Reassurance Missing	85	"No reassurance for anxious patients." / "It felt cold and clinical."
Responsibility Clarity Between Teams	80	"Who does what isn't clear." / "Mixed messages between GP and hospital."
Need for Plain English	75	"Too complex for average reader." / "Should use simpler words."
Positive Clarity / Easy to Understand	71	"I thought it was very clear." / "Easy to understand for me."
Lack of Safety Netting	65	"No advice if symptoms worsen." / "No safety netting in place."
Responsibility for Tests	60	"Hospital arranges tests." / "GP handles ECG before referral."
Need for Empathy / Human Touch	55	"Letter lacks warmth." / "Needs more patient-centred tone."

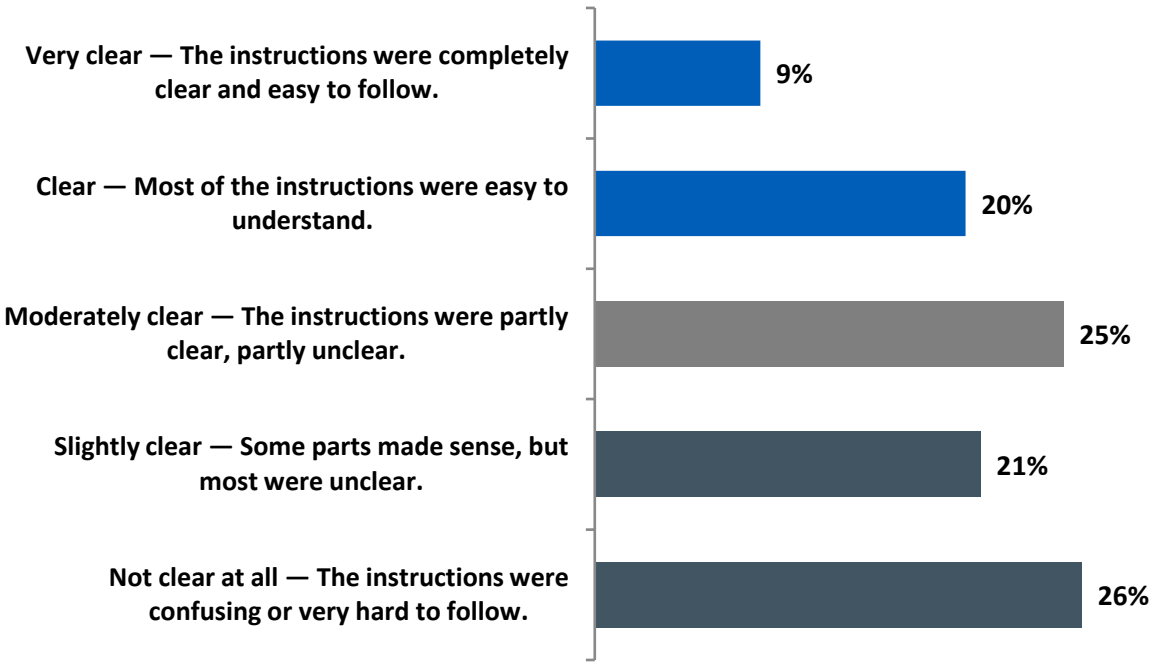
This table shows the top 20 themes identified in respondent feedback. Each comment could relate to more than one theme, so counts reflect how often each theme appeared rather than the number of respondents.

How easy was the letter to understand?



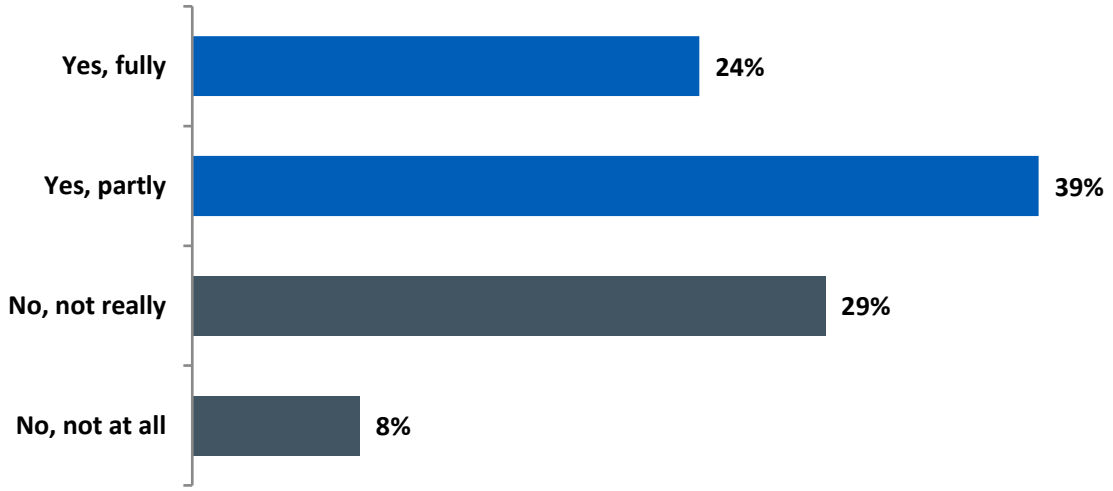
N=614

How clear were the instructions in the letter?



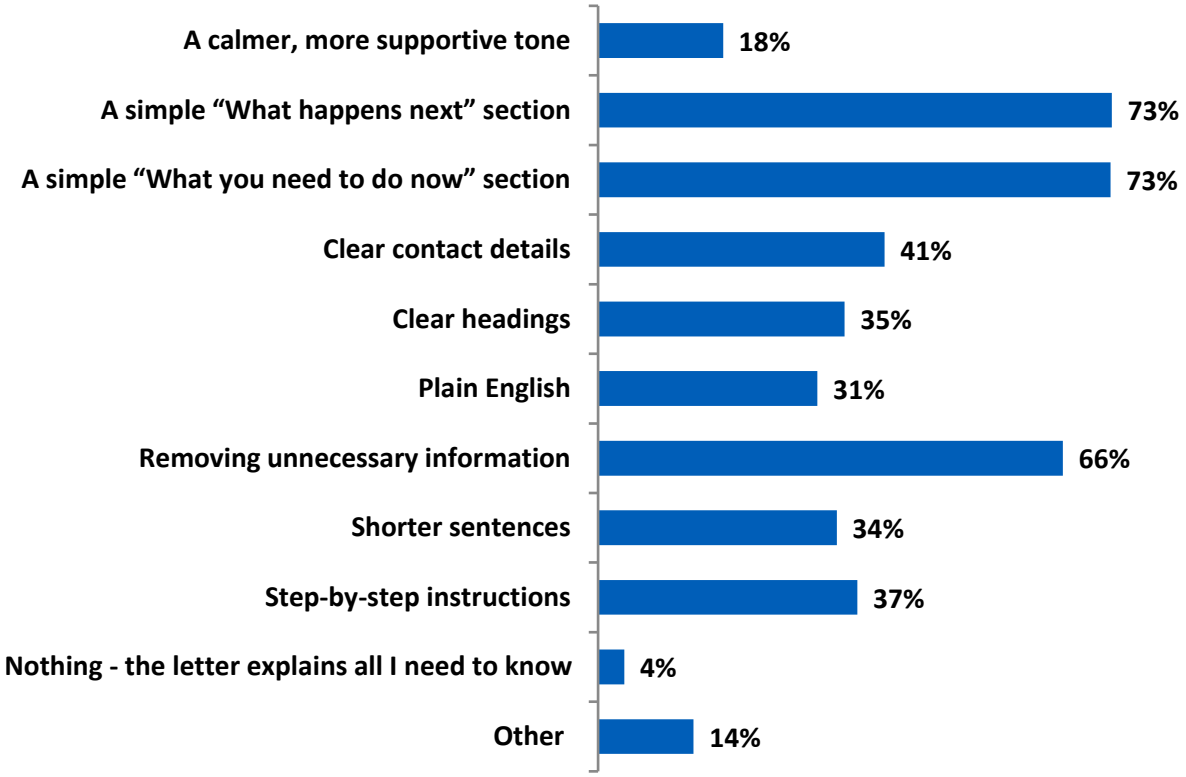
N=613

Did the letter help you understand your referral?



N=616

What would make the letter clearer?



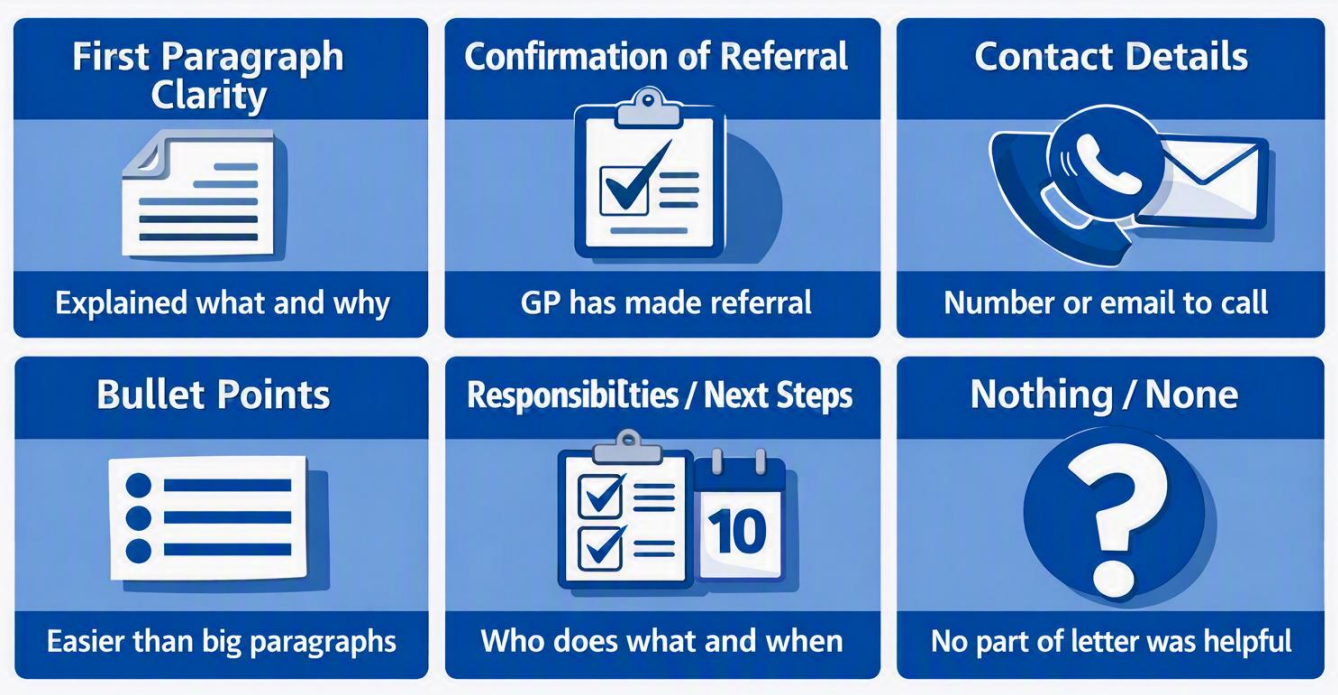
Respondents could select more than one option. N=616

Other responses: Respondents found the letter too long, crowded and complex, with poor spacing and small font. They want short, clear, accessible information focused on what happens next: who will contact them, expected timescales, and actions if nothing happens. Unnecessary organisational detail should be removed in favour of a simple, patient-centred layout.

What was the best part of the letter?

The **most positive comments cited the clear, early reassurance and practical information**. Respondents most often highlighted the opening explanation, **confirmation that the referral had been accepted**, and the **inclusion of simple contact details** and structured bullet-point guidance. These elements made the letter easier to understand, reduced anxiety, and helped people know what would happen next.

The main themes identified from 544 respondents are shown below.



Theme	Frequency of mentions	Details
First Paragraph Clarity	165	Clear explanation of referral reason and next steps.
Confirmation of Referral	142	Reassurance that referral has been made and accepted.
Contact Details	88	Telephone or email contact for questions.
Bullet Points / Structure	64	Easier to read than long paragraphs.
Responsibilities & Next Steps	59	Clarity on who does what and what happens next.
Nothing / None / No Best Part	56	No part of the letter was helpful or clear.
Hospital Responsibilities	47	Appreciation for clarity about hospital's role.
Tests Mentioned (ECG/Bloods)	42	Value in seeing what tests will be done.
Referral Reason	39	Clear statement of why the referral was made.
Waiting Times / Delays	35	Concern about long waits or delays.
Acknowledgement of Receipt	33	Confirmation that referral was received.
Clarity of Language	31	Simple, jargon-free wording appreciated.
Reassurance / Care Ownership	29	Comfort that hospital is taking responsibility.
Layout / Presentation	27	Comments on visual clarity and formatting.
Information Overload	25	Too much text or irrelevant detail.
Tone / Empathy	23	Desire for a more supportive, human tone.

Referral to Specialist	21	Clear identification of specialist or department.
End Paragraph / Closing Line	19	Appreciation for closing reassurance or contact info.
Letter Length / Complexity	17	Letter felt too long or hard to follow.
Visual Identity / NHS Branding	15	Recognition of NHS logo and official look.

This table shows the top 20 themes identified in respondent feedback. Each comment could relate to more than one theme, so counts reflect how often each theme appeared rather than the number of respondents.

What was the worst part of the letter?

Respondents identified opportunities for improvement, with feedback most often pointed to **length, dense layout, unclear instructions**, missing practical details, and a **tone that felt defensive or impersonal**. These issues combined to create confusion, reduce accessibility, and left many readers unsure what the letter was asking them to do next.

The main themes identified from 551 respondents are shown below.

Theme	Frequency of mentions	Details
Too long / wordy	168	Overwhelming length and dense text made letters hard to read.
Unnecessary information	142	Excess detail about NHS systems and responsibilities confused readers.
Poor layout / formatting	121	Lack of spacing, headings, and structure created a "wall of text."
No clear instructions	115	Patients didn't know what to do next or who to contact.
Missing timescales / appointments	108	No indication of waiting times or next steps.
Defensive or blaming tone	96	Language about workload pressures felt unprofessional or dismissive.
Responsibilities confusing	89	Unclear division between GP and hospital roles.
Bullet points / lists unclear	84	Long or poorly formatted lists reduced readability.
Irrelevant NHS admin detail	78	Patients uninterested in internal NHS explanations.
No contact details	74	Missing phone numbers or emails for follow-up.

Too much jargon / acronyms	68	Technical terms made letters inaccessible.
No personalisation	63	Letters felt generic and impersonal.
No empathy / human tone	59	Cold, bureaucratic language discouraged engagement.
Confusing responsibilities section	55	"Who does what" unclear; patients unsure who to call.
No clear outcome / next step	52	Readers couldn't identify what would happen after referral.
Layout too dense for accessibility	49	Difficult for dyslexic or visually impaired readers.
Too much repetition	46	Repeated explanations made letters tedious.
No reassurance / clarity of purpose	43	Patients wanted confirmation of referral and reassurance.
Font size too small	39	Readability issues for older or visually impaired patients.
No headings or sections	36	Lack of structure made navigation difficult.

This table shows the top 20 themes identified in respondent feedback. Each comment could relate to more than one theme, so counts reflect how often each theme appeared rather than the number of respondents.

Letter Example 2

NHS Anytown Hospital
Any Street
Telephone 000 123 456
Email Anytown@nhs.co.uk

Dear Any Other,

Re: Your referral to Cardiology at Anytown Hospital

Your GP has referred you to the Cardiology Department at Anytown Hospital because you have recently had chest pain and shortness of breath.

This letter explains:

1. what has been arranged,
2. what you need to do next, and
3. who to contact if you have questions.

What happens next

We have arranged for you to have:

- an **ECG**, and
- **blood tests**.

These tests will give the cardiology specialist more information before your hospital appointment.

We will contact you with the date, time, and location for these tests. Please attend these appointments if you can. If you cannot attend, please contact Greenfield Health Centre as soon as possible so we can rearrange them.

What is an ECG?

An **ECG**, also called an **electrocardiogram**, is a quick test that checks the electrical activity of your heart.

Small sticky pads are placed on your chest, arms, and legs. These pads are connected to a machine that records your heart rhythm. The test is painless and usually only takes a few minutes.

An ECG can help doctors check for things such as an irregular heartbeat or signs that your heart may be under strain.

What you need to do now

Please:

- wait for Anytown Health Centre to contact you about your ECG and blood tests;
- attend your ECG and blood test appointments when they are arranged;
- wait for Anytown Hospital to contact you about your cardiology appointment;
- keep taking any regular medicines unless a healthcare professional tells you otherwise;
- seek urgent help if your symptoms get worse.

When to get urgent help

Call 999 immediately if you have chest pain that:

- does not go away;
- feels like pressure, tightness, squeezing, burning, or indigestion;
- spreads to your arm, neck, jaw, stomach, or back;
- happens with shortness of breath, sweating, feeling sick, being sick, or feeling light-headed.

You may need urgent treatment in hospital.

If your chest pain comes and goes, or you are worried but it is not an emergency, please contact **NHS 111**, your GP, or seek medical advice.

Who to contact:

What you need help with	**Who to contact**
Your ECG or blood tests arranged by your GP	Anytown Health Centre: 099 999 9999
Changing your ECG or blood test appointment	Anytown Health Centre: 099 999 9999
Your hospital cardiology appointment	Anytown_ Cardiology Department: 000 123 4567
Hospital waiting times	Anytown_ Cardiology Department: 000 123 4567
Tests, scans, or investigations arranged by the hospital	Anytown_ Cardiology Department: 000 123 4567
Results of tests arranged by the hospital	Anytown_ Cardiology Department: 000 123 4567
Prescriptions or fit notes recommended by the hospital	Anytown_ Cardiology Department: 000 123 4567
Chest pain or shortness of breath that feels urgent	Call 999
Symptoms that worry you but do not feel like an emergency	NHS 111, or Anytown Health Centre

After the hospital has seen you

Once Anytown Hospital has accepted your referral, the hospital team will usually be responsible for arranging any further cardiology tests, scans, prescriptions, fit notes, onward referrals, and results linked to your hospital care.

This helps avoid delays and makes sure you receive information from the team responsible for that part of your care.

If you are unsure who to contact, please call Anytown Health Centre on **000 123 4567** and we will help direct you to the right service.

Yours sincerely,

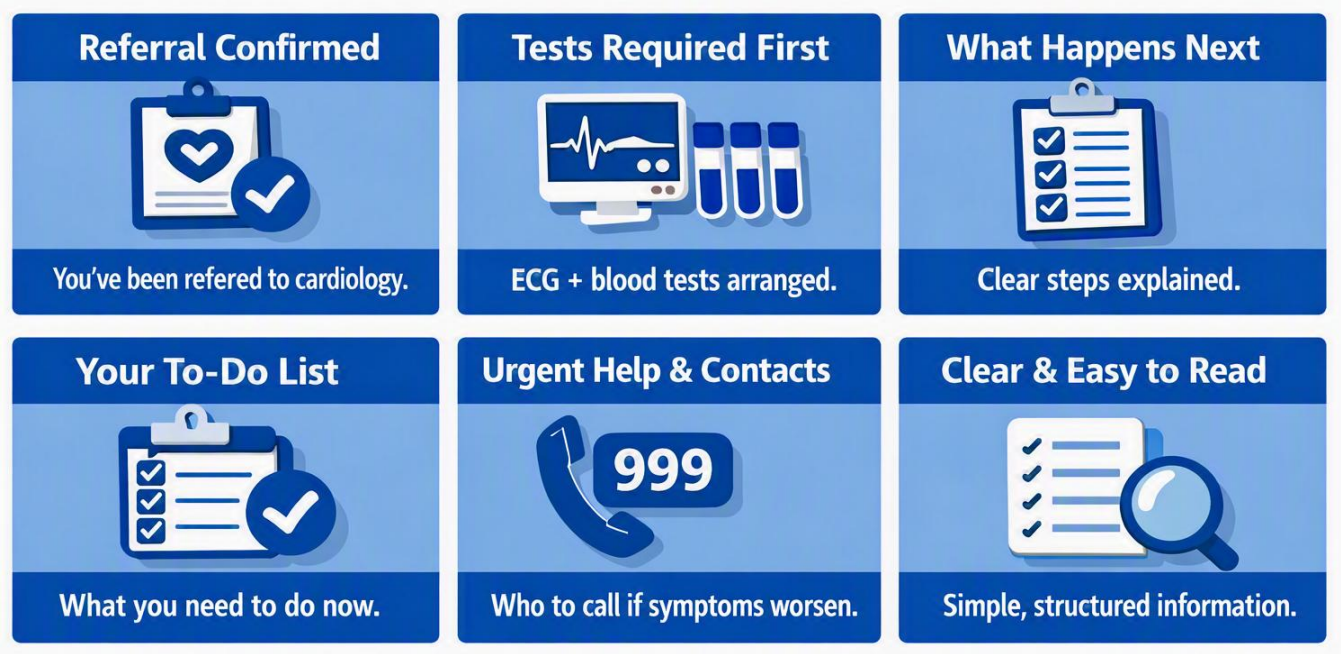
Any name
Patient Coordinator
Anytown Health Centre

What do you think is the main message of letter example 2? If you do not know what the main message is, please tell us in your response.

Respondents' comments noted the **clear** and **reassuring** main message: the patient's cardiology referral has been confirmed, **essential tests will be arranged** before the appointment, and the letter sets out what happens next and what the patient should do in the meantime.

Comments consistently highlight improved clarity, supportive tone, practical instructions, and clear contact routes, making the purpose of the letter easy to understand.

The main themes identified from 563 respondents are shown below.

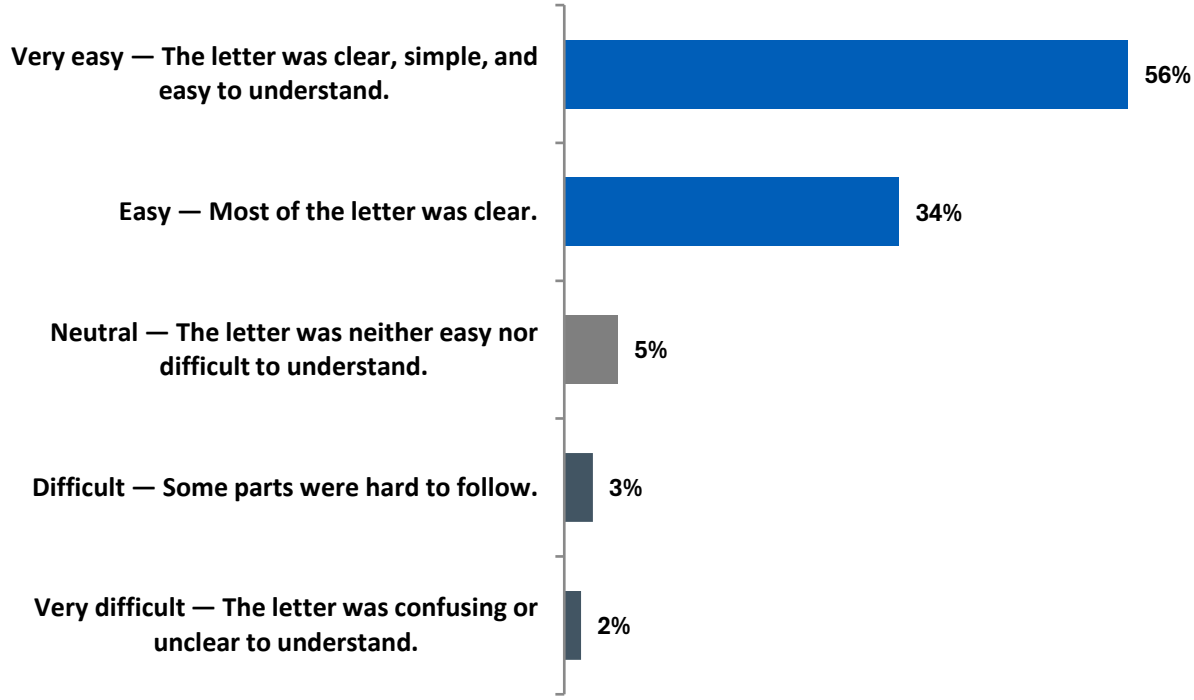


Theme	Frequency of mentions	Example Quotes
Referral Confirmed	167	"Referral to cardiology."
Tests Required First (ECG & Bloods)	143	"ECG and blood tests arranged."
What Happens Next	121	"Next steps listed."
Patient Instructions	118	"Instructions as to what I need to do next."
Urgent Help & Contacts	112	"If you are experiencing severe chest pains call 999."
Clarity & Layout	98	"So much clearer."
Appointment Awaited	87	"Await to hear from the hospital."
Reason for Referral	83	"Referred for chest pain and shortness of breath."
Supportive Tone	79	"We care about you and your condition."

Too Much Information	74	"Far too much unnecessary information."
Contact Details Clarity	69	"Who to contact if you get worse while waiting."
Timescales & Waiting Info	63	"Include waiting times and contact points."
Emergency Guidance	59	"Call 999 if chest pain worsens."
Reassurance & Empathy	56	"Very precise, everything you need to know to erase any worries."
Responsibility & Next Steps	52	"Who does what and who you can contact at each stage."
Readable Format	49	"Short sentences and paragraphs."
Follow-Up Tests	46	"Blood tests and ECG arranged before appointment."
Hospital vs GP Roles	43	"Hospital will contact you to arrange assessment."
Patient Journey Overview	41	"Overview of expected patient journey from beginning to end."
Accessibility & Font Size	38	"Writing is too small… use of bold helps define information."

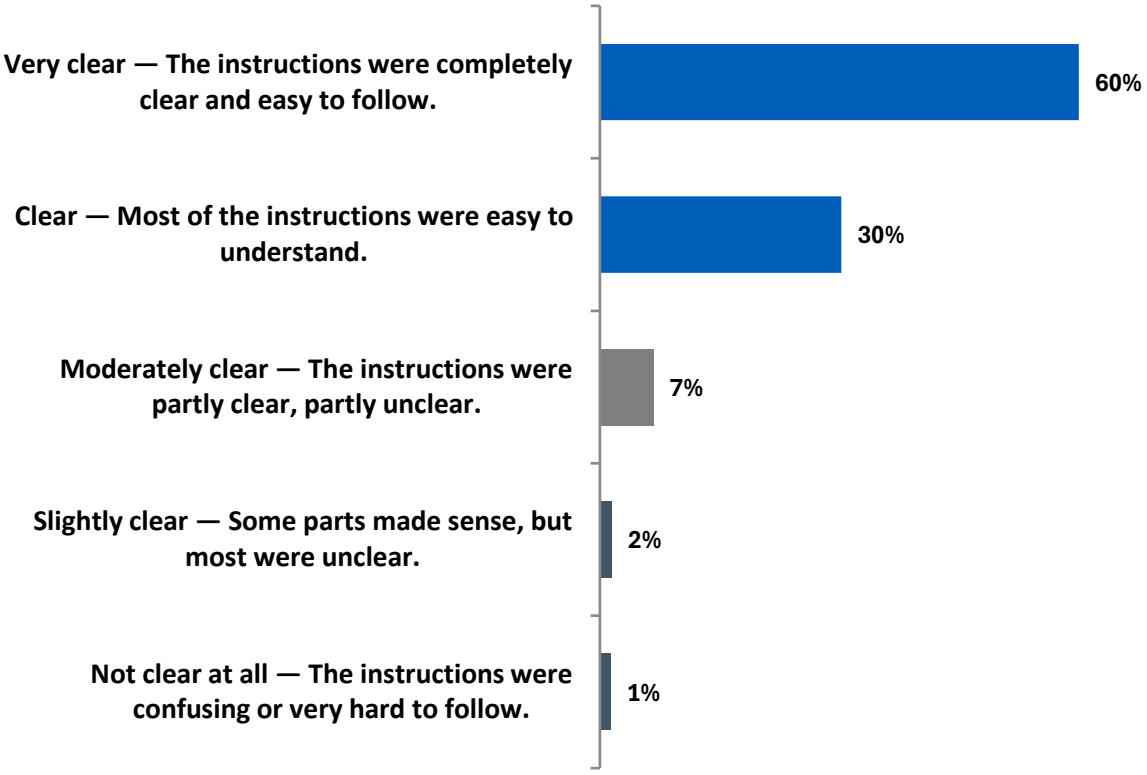
This table shows the top 20 themes identified in respondent feedback. Each comment could relate to more than one theme, so counts reflect how often each theme appeared rather than the number of respondents.

How easy was the letter to understand?



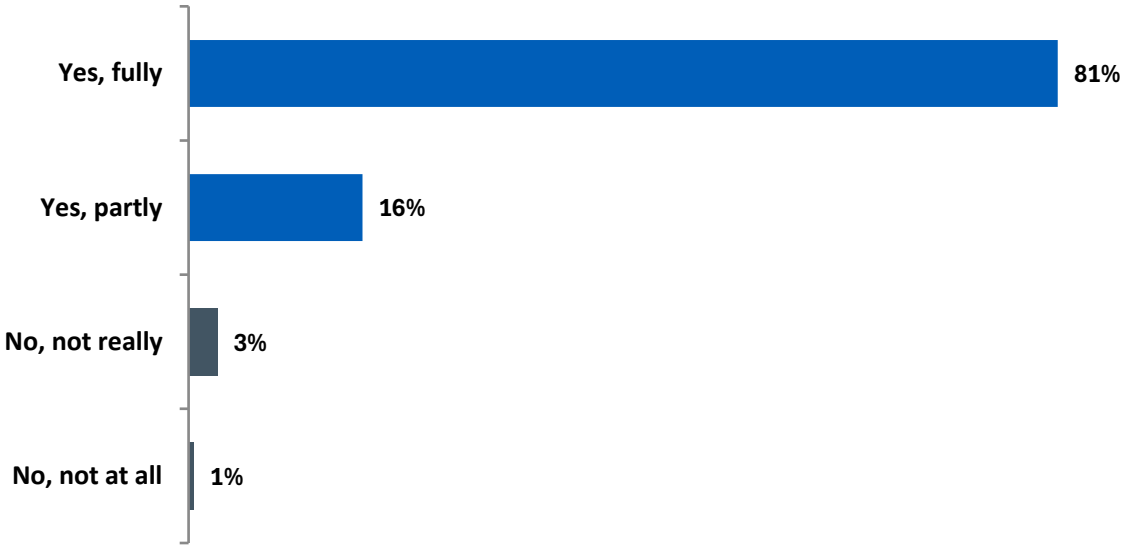
N=593

How clear were the instructions in the letter?



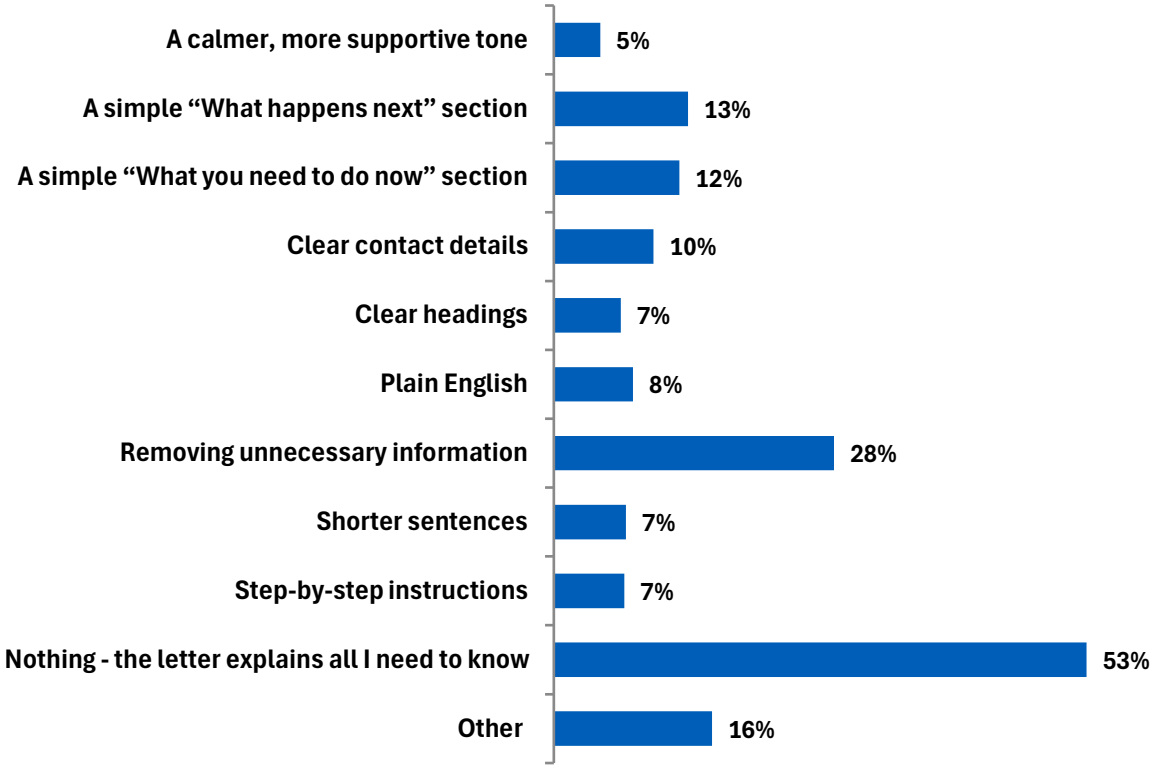
N=594

Did the letter help you understand your referral?



N=595

What would make the letter clearer?



Respondents could select more than one option. N=586

What was the best part of the letter?

The **best-rated parts** of the letter were those that made it **clear, structured, and easy to act on**. Respondents valued plain English, logical flow, and short, well-spaced sections that reduced effort and improved understanding. Features such as **clear layout**, **headings**, **step-by-step guidance**, and **bullet points** were consistently praised, alongside reassuring elements like **referral confirmation** and accessible **contact details**.

This section summarises the top themes people identified as the strongest parts of the letter, with counts showing how often each appeared in feedback.

Feedback for this section was provided by 530 respondents.

Theme	Frequency of mentions	Details
Clear layout & headings	210	Most frequent — praised for bold headings, spacing, and logical structure.
Clarity of information	185	Plain English, short sentences, no jargon, easy to understand.
What happens next	160	Clear explanation of referral pathway and next steps.
What you need to do now	145	Step-by-step instructions, bullet points, numbered lists.
Contact details	131	Who to contact, when, and for what — reassurance and accessibility.
Referral confirmation	115	Reassurance that referral has been made and accepted.
Explanation of tests	106	Clear description of ECGs and other procedures.

Ease of reading	95	Short paragraphs, spacing, and readability for visual impairments.
Reassurance tone	92	Supportive, calm, and confidence-building language.
Use of bullet points	86	Preferred over long paragraphs; improves clarity.
Step-by-step structure	80	Logical order guiding the reader through the process.
Emergency guidance	75	Clear instructions on when to seek urgent help (999/111).
Plain English	69	Avoiding medical jargon, using everyday language.
Visual accessibility	65	Layout suitable for dyslexia, ADHD, or visual impairment.
Concise writing	60	Short, direct sentences without unnecessary detail.
Logical flow	55	Information presented in a natural, sequential order.
Tone of voice	52	Friendly, non-blaming, and patient-centred tone.
Comprehensive information	45	All relevant details included without being overwhelming.
Accessibility of contact options	41	Multiple ways to reach support (phone, email, etc.).
Consistency across sections	35	Uniform style and clarity throughout the letter.

This table shows the top 20 themes identified in respondent feedback. Each comment could relate to more than one theme, so counts reflect how often each theme appeared rather than the number of respondents.

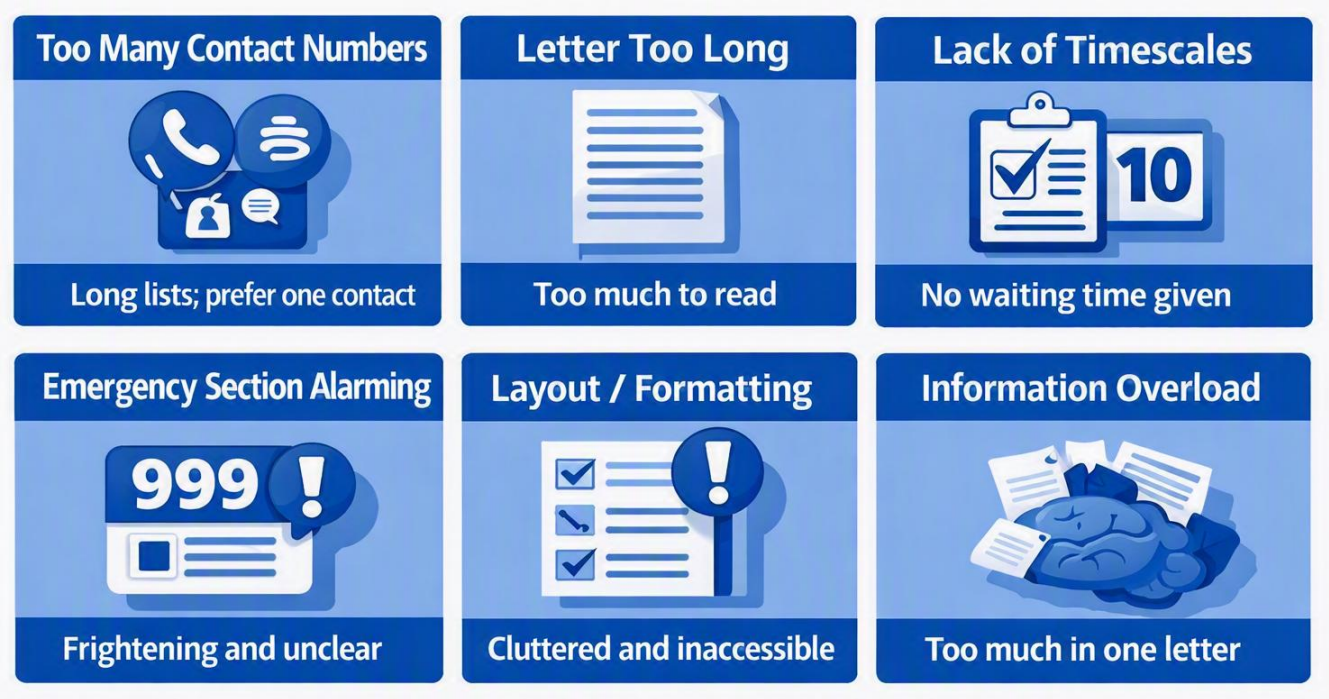
What was the worst part of the letter?

Respondents criticised the letter for being overwhelming, confusing, or anxiety-inducing.

Feedback consistently pointed to structural issues—such as **too many contact numbers**, **wordiness**, **information overload**, and **poor layout**—that made the letter difficult to navigate. Patients also raised concerns about missing or unclear essentials, including **timescales**, **next steps**, and **contact responsibility**. Emotional impact was another strong theme, with several respondents describing the tone as **alarming**, **patronising**, or lacking **reassurance**.

Together, these issues show that the letter's complexity and presentation often affected understanding, increased anxiety, and reduced respondents' confidence in what patients needed to do next.

Feedback for this section was provided by 498 respondents.



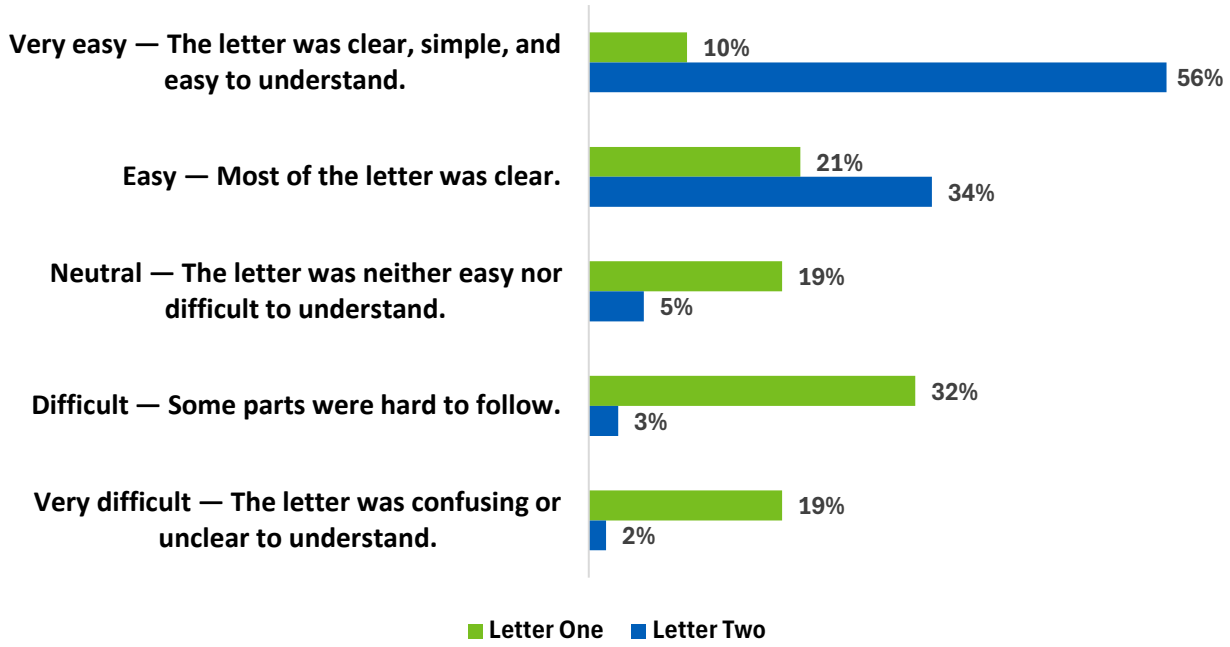
Theme	Frequency of mentions	Example quotes
Too many contact numbers	122	"Too many phone numbers. Have one point of contact."
Letter too long / wordy	112	"It was far too long."
Information overload	95	"Too much unnecessary information."
Lack of timescales	70	"No timeline was indicated."
Emergency section alarming	65	"The 999 warning was very concerning."
Layout / formatting issues	60	"Information too clustered together."

Unclear contact responsibility	55	"Not clear who to contact."
No appointment date/time	51	"No appointment date!!!"
Repetition / duplication	45	"Repetition again and again of that phone number."
Unnecessary detail about tests	40	"The ECG explanation was unnecessary."
Accessibility / readability concerns	38	"Text printed on white background – not good for neurodivergent brains."
Confusing referral explanation	35	"It suggests that there is a referral and then says 'if your referral is accepted'."
No clear next steps	33	"After the hospital has seen you. Feels a bit vague."
Too much detail at end	30	"Too much unnecessary information at end of letter."
Font / typeface issues	28	"Font type. Not the clearest."
No named contact or signature clarity	25	"Couldn't read the name of the person signing the letter."
Too much medical explanation	22	"Having to start explaining what is ECG."
Scary or patronising tone	20	"It appeared somewhat patronising."
No reassurance / anxiety triggers	18	"Lack of reassurance to people without medical knowledge."
Too much in one letter / should be separate leaflet	17	"Better if had separate info sheets."

This table shows the top 20 themes identified in respondent feedback. Each comment could relate to more than one theme, so counts reflect how often each theme appeared rather than the number of respondents.

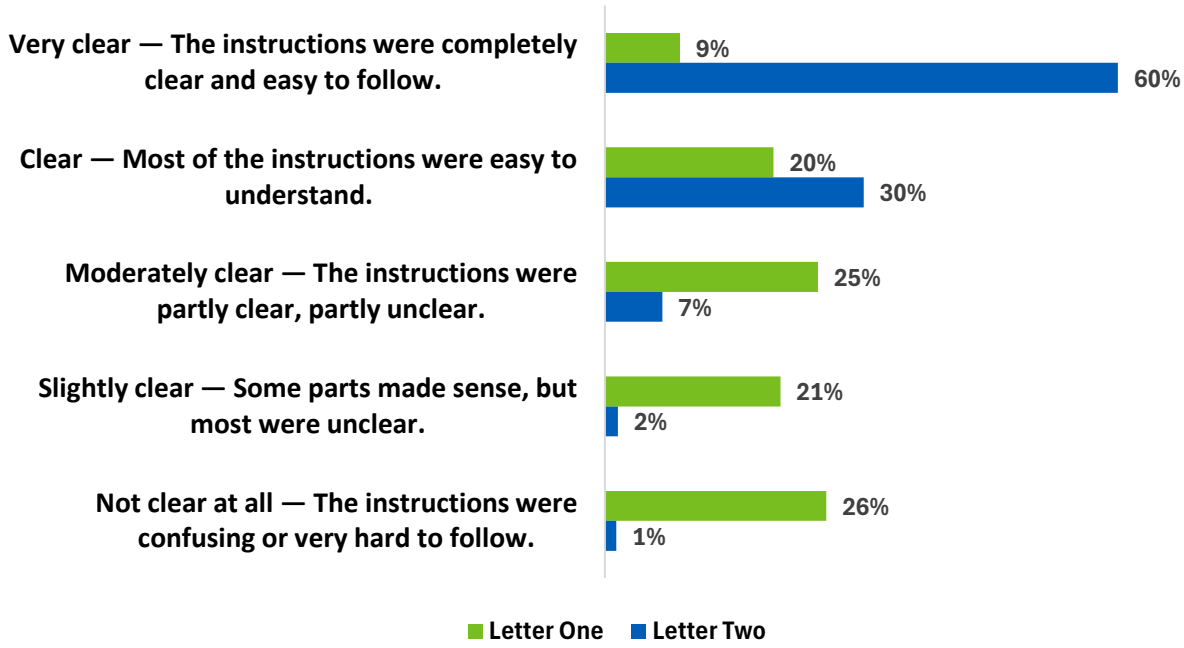
Comparison of letters 1 and 2

How easy was the letter to understand?



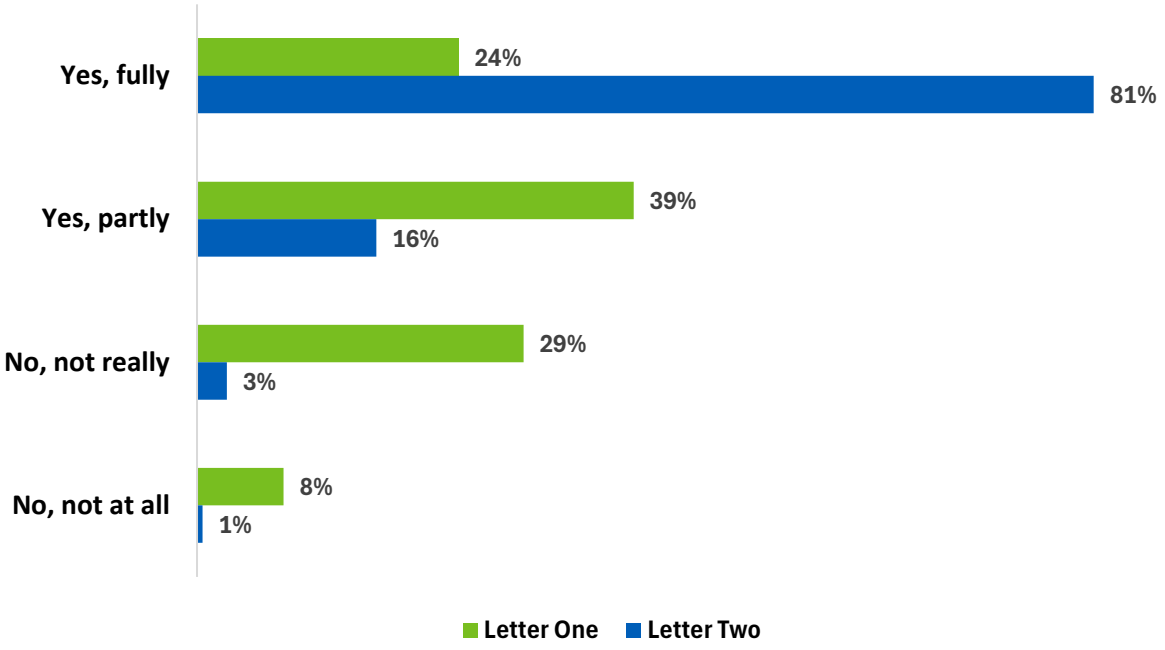
Letter 1 - N=614, Letter 2 – N=593

How clear were the instructions in the letter?



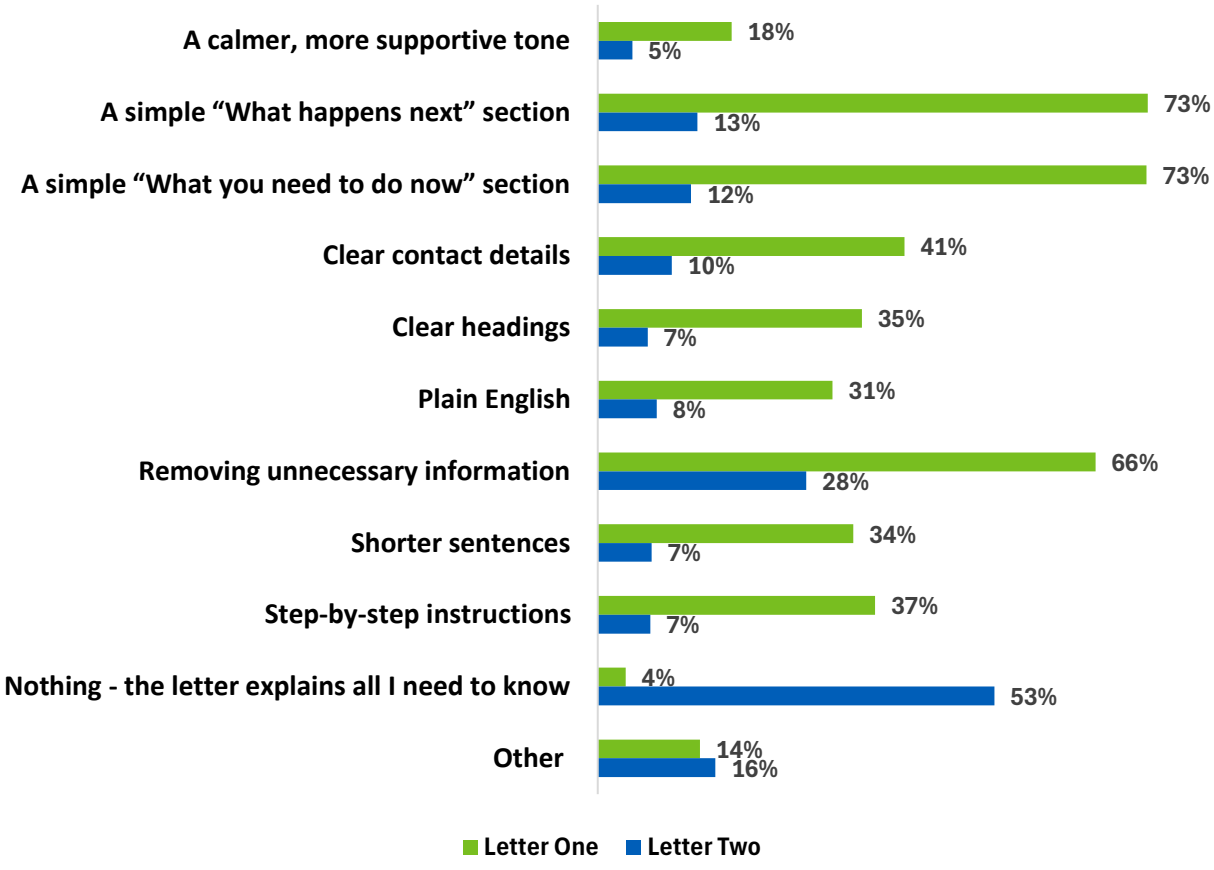
Letter 1 - N=613, Letter 2 – N=594

Did the letter help you understand your referral?



Letter 1 - N=616, Letter 2 – N=595

What would make the letter clearer?

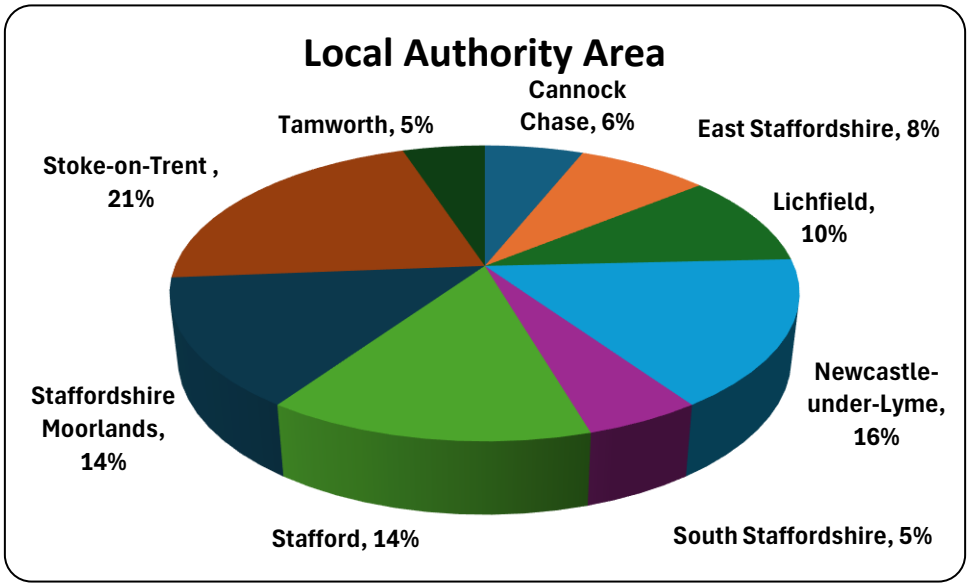


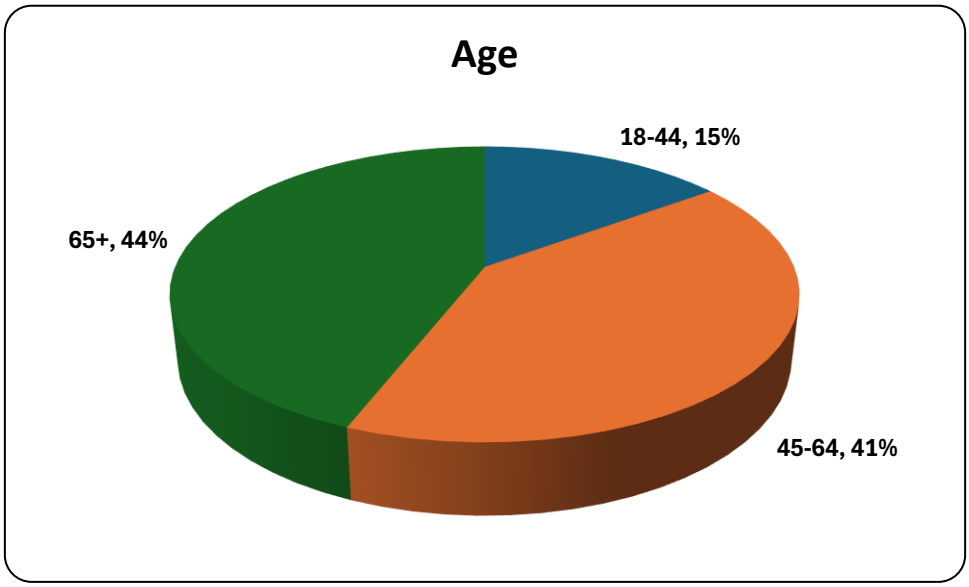
Letter 1 - N=616, Letter 2 – N=586

Respondent profiles

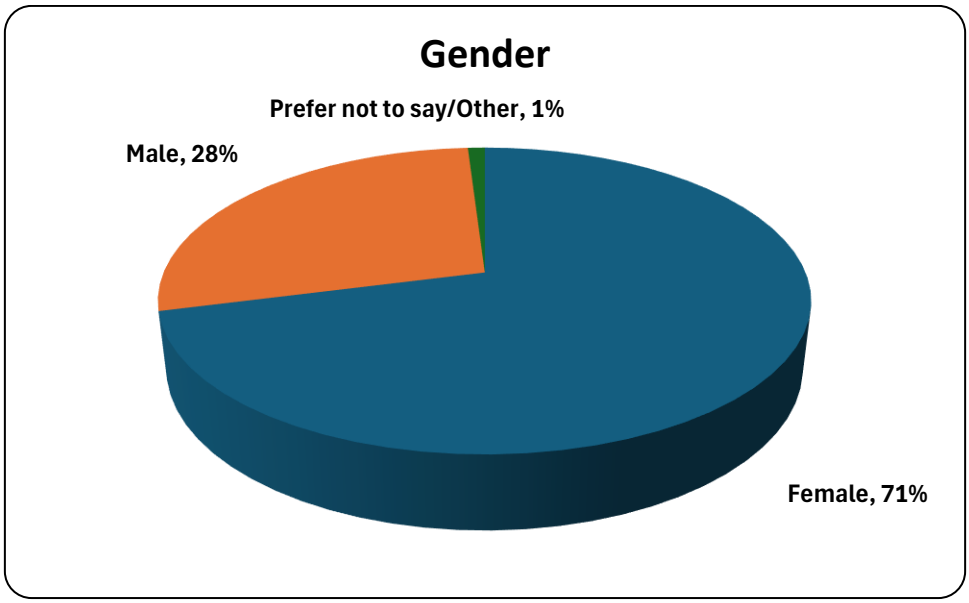
Demographics of the People's Panel are broadly representative of the profile for Staffordshire and Stoke-on-Trent (ONS 2021 Census data for Staffordshire and Stoke-on-Trent). [2]

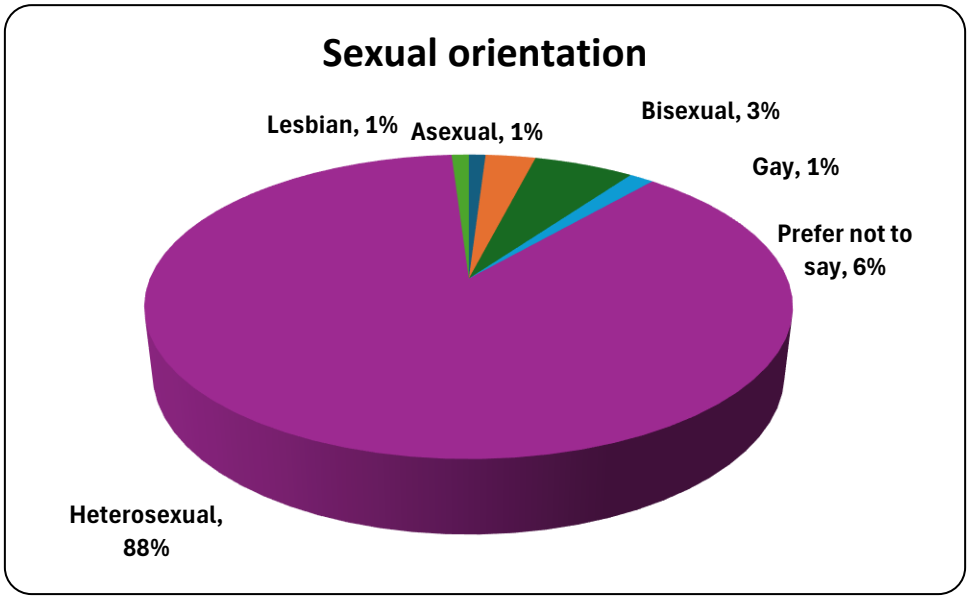
Breakdown of the 721 panel members who responded to the survey.

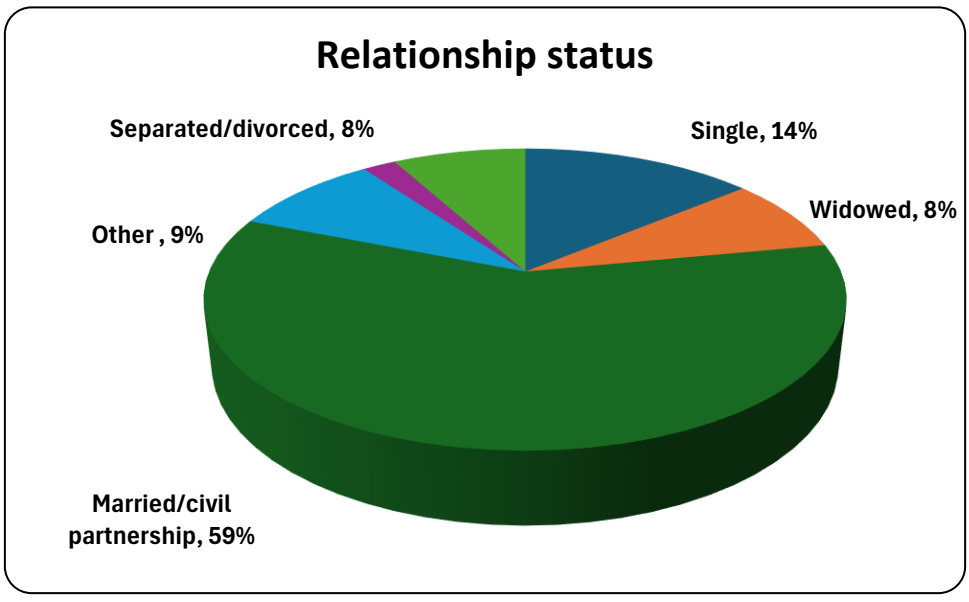


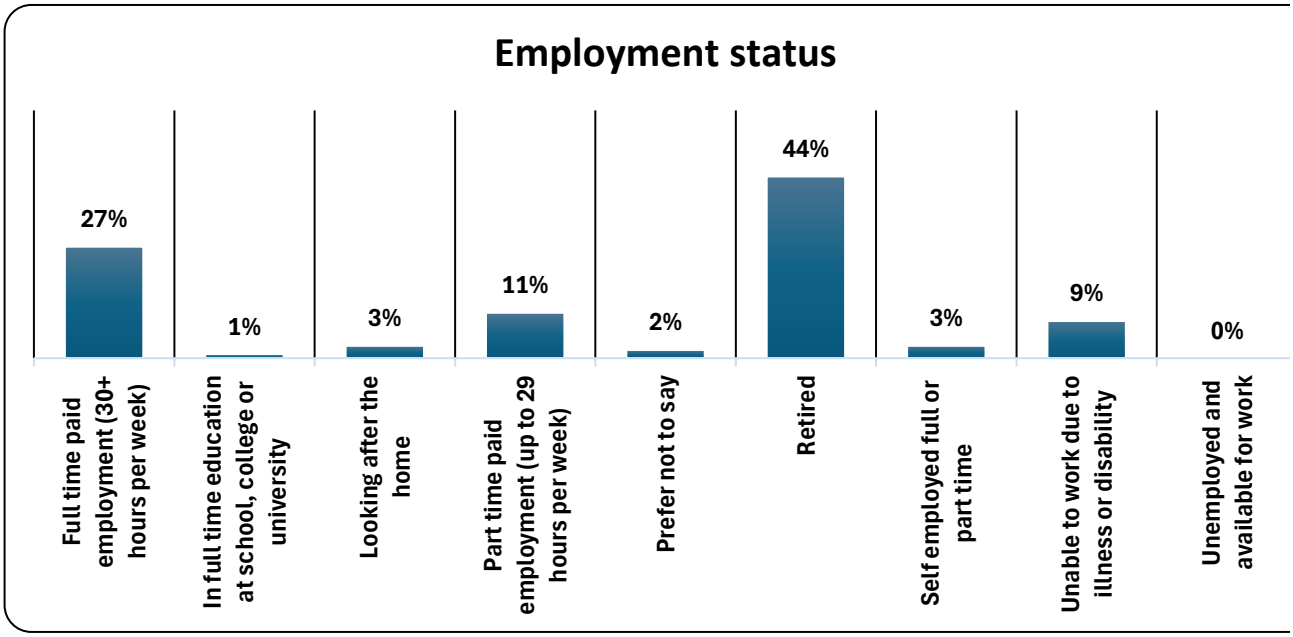


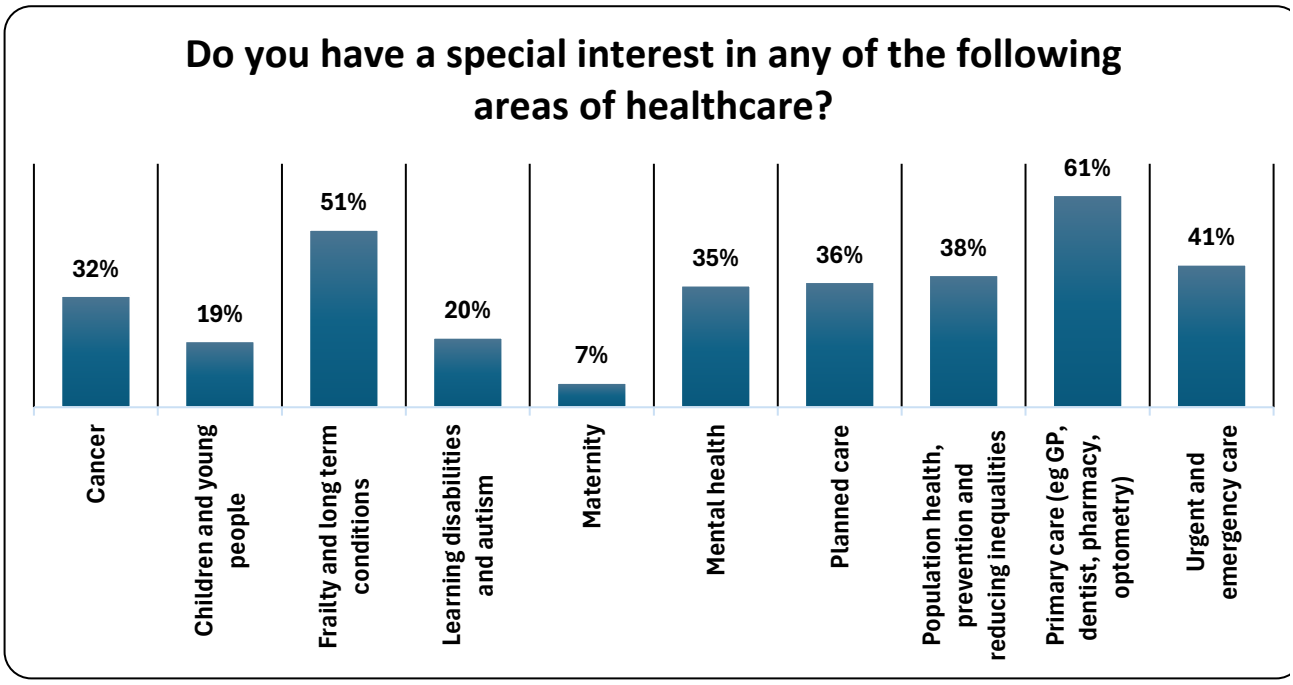
[2] Staffordshire and Stoke-on-Trent have separate ONS Census data


Gender
Prefer not to say/Other, 1%
Male, 28%
Female, 71%

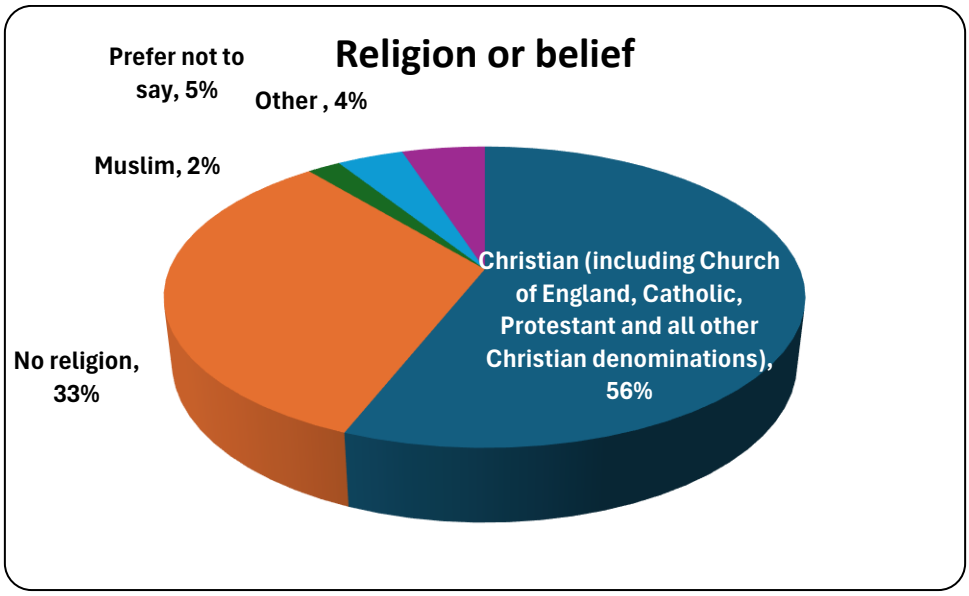

Sexual orientation
Lesbian, 1%
Asexual, 1%
Bisexual, 3%
Gay, 1%
Prefer not to say, 6%
Heterosexual, 88%

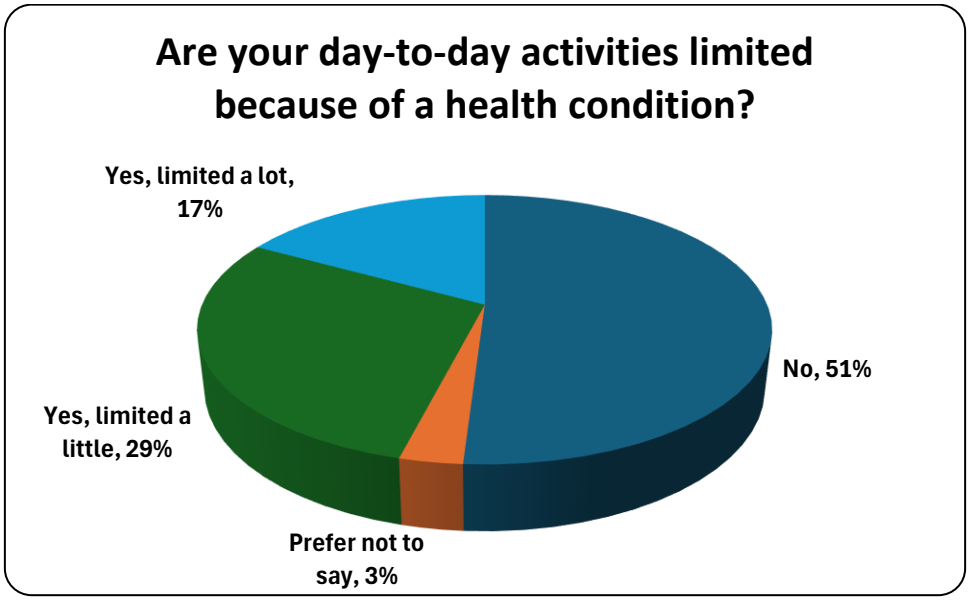

Relationship status
Separated/divorced, 8%
Single, 14%
Widowed, 8%
Other , 9%
Married/civil partnership, 59%

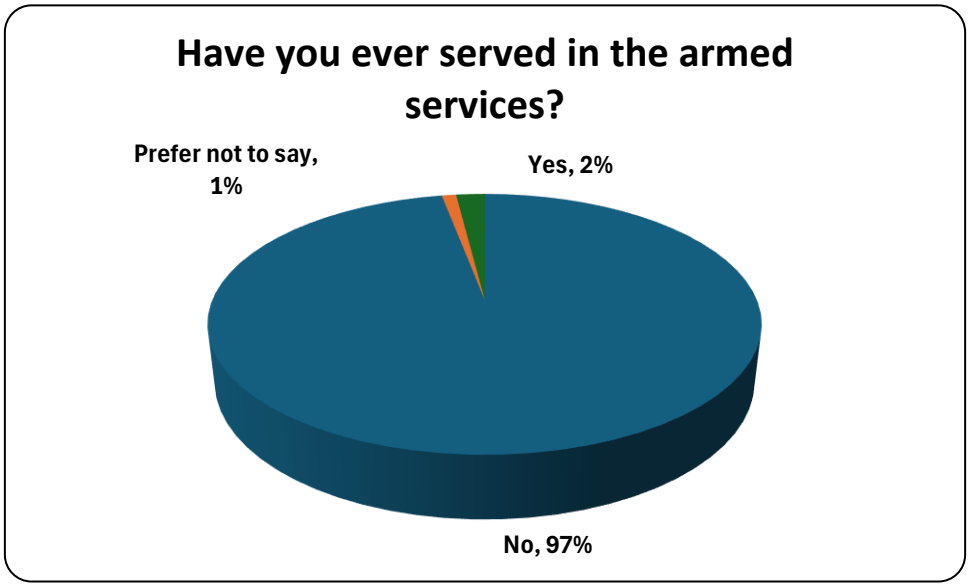


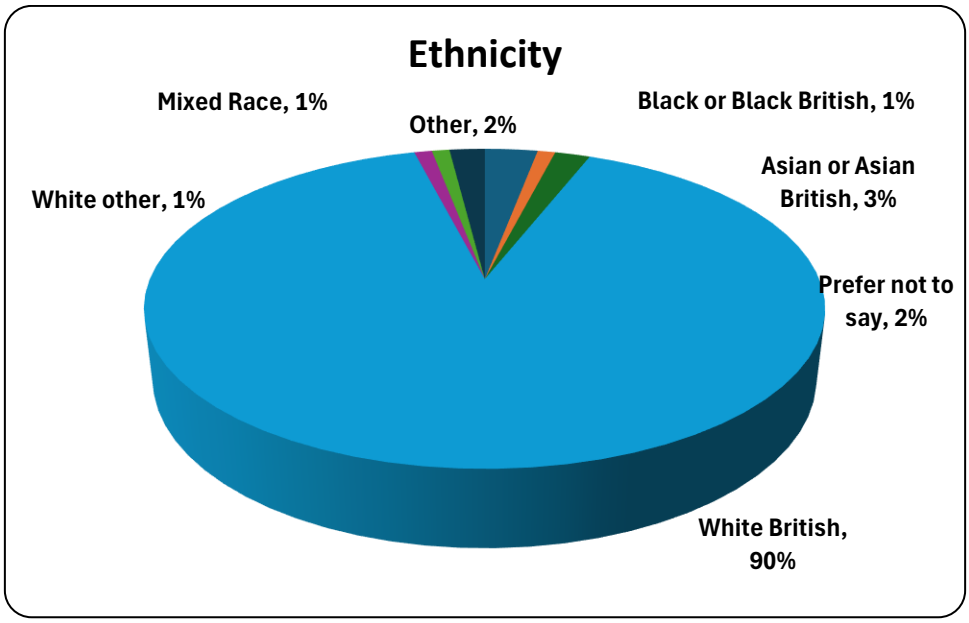


Special interest data is for members signing up to the panel from June 2023.
Respondents could select more than one area of interest


Religion or belief
Prefer not to say, 5%
Other , 4%
Muslim, 2%
Christian (including Church of England, Catholic, Protestant and all other Christian denominations), 56%
No religion, 33%


Are your day-to-day activities limited because of a health condition?
Yes, limited a lot, 17%
No, 51%
Yes, limited a little, 29%
Prefer not to say, 3%


Have you ever served in the armed services?
Prefer not to say, 1%
Yes, 2%
No, 97%


Ethnicity
Mixed Race, 1%
Other, 2%
Black or Black British, 1%
Asian or Asian British, 3%
White other, 1%
Prefer not to say, 2%
White British, 90%