



Dear Sara

Following our meeting in January and the discussion re changing the recommendation on reading age in the NHS Content Manual, we are writing in support of maintaining the existing recommendation.

To support our policy position, we asked information leads in our member organisations to complete a short survey developed with our Health Literacy Expert Panel and invited experts. We received 93 responses from information leads in charitable, NHS and private sector organisations.

Key findings as follows:

- 95% supported our policy to aim for a reading age of 9-11
- 59% of organisations have a formal policy on reading age, 43% aimed for 9-11, 16% aimed for 12-14). A further 24% had other measures to support the use of plain English.
- When we asked individuals responding about their own practice, a higher proportion were aiming for a target reading age when developing content.
 - 68% aim for a reading age (48% 9-11 and 19% 12-14)
 - 19% used style guides or other measures to ensure content is written in plain English.
- Making information as accessible as possible was given as the main benefit of setting a target reading age (83%). Providing consistency for the team (47%), providing guidance to external writers (22%) and guidance for medical advisors (15%) were identified as other benefits.
- Readability tools were used by 56% of respondents. The Hemmingway App is the most popular tool, used by 38%, followed by Microsoft Word's readability checker (30%). Grammarly was used by 12% and SMOG 10%.

Given the results of the survey (a full summary is attached) we strongly recommended that the target reading age of 9-11 is maintained.


One of PIF's strategic aims is for health information to be as inclusive as possible. The most recent research tells us that 43% of the population lack literacy skills to understand health information. The authors of this research, Professor Gill Rowlands and Professor Joanne Protheroe, have signed this letter in support of maintaining the existing recommendation on behalf of Health Literacy UK.

Both PIF and Health Literacy UK support the objective of universal precaution and aim to make health content accessible to all. With that in mind we jointly recommend the reading age recommendation in the content manual is maintained.

Regards



Sophie Randall, Director, Patient Information Forum



Joanne Protheroe, Professor of General Practice, Research lead Health Literacy UK



Gill Rowlands, Professor of General Practice and Policy Lead, Health Literacy UK

PIF Reading age survey - Results Summary

PIF's guidance to aim for a target reading age of 9-11 for health information has strong endorsement from member organisations, according to the results of a survey carried out last month.

We asked information leads in our member organisations to complete a short survey developed with our Health Literacy Expert Panel. We carried out the survey in response to a challenge to our recommendation. We received 93 responses.

- 95% supported our policy to aim for a reading age of 9-11
- 59% of organisations have a formal policy on reading age (43% aimed for 9-11, 16% aimed for 12-14). A further 24% had other measures to support the use of plain English.
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 - 68% aim for a reading age (48% 9-11 and 19% 12-14)
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- Making information as accessible as possible was given as the main benefit of setting a target reading age (83%). Providing consistency for the team (47%), providing guidance to external writers (22%) and guidance for medical advisors (15%) were identified as other benefits.
- Readability tools were used by 56% of respondents. The Hemmingway App is the most popular tool, used by 38%, followed by Microsoft Word's readability checker (30%). Grammarly was used by 12% and SMOG 10%.

The most popular reason for using the tools was to sense check and improve work. Comments included 'they help me focus on readability, particularly when I'm writing something complex.', 'they are good for people who don't feel they have a natural ability to simplify their language', 'offers a third party, objective assessment of the information,'

Consistency was seen as another benefit, 'consistency across the team,' 'consistency across different editors', 'lots of prompts for writers and editors to improve readability'.

Providing feedback or challenge to others was another important benefit: 'useful to show medical staff what we mean when they look at a piece of information. Most do not realise how low the reading age needs to be to ensure it is accessible to most people.'

'I believe it was the fact that 14 of 15 documents I reviewed for (local) Healthwatch failed to reach a Flesch Kincaid score of 60 that made the Trust, CCG and Council sit up. For good or ill, it is often a perceived objective metric that works best in influencing senior management to sit up and take notice.'

Respondents were also clear on the limitations of readability tools, 'very useful guide, when used intelligently', 'they give a quick indication of how easy text is to read, but I always use them as part of my toolkit'. Most respondents include wider user testing of text to check suitability for the target audience. They also recognised that including medical words, naming medications or giving financial/benefits advice in text often made it impossible to meet the targets they set.

Respondents found it difficult to assess the impact of their reading age policies. Most rely on user feedback from reader panels, user testing and general feedback that information is clear and easy to understand. Others use digital analytics to track engagement with content or specifically seek feedback on this issue. Only one respondent was able to demonstrate a hard impact: response to invitations to Covid vaccination clinics increased by 10% after 'we simplified the literature.'

PIF's guidance remains to aim for a reading age of 9-11 where possible. Our recommendation is based on the skills level of the population, research on [health literacy](#) and the principle of universal precaution. We recognise health literacy is situational and people can struggle to process information when they are unwell or have just had a serious diagnosis.