



Accessible Information Standards Policy

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1 Introduction

1.1 Background

The Accessible Standards mandatory requirements came into force on 31st July 2016 (following a period of consultation), and implementation is required by all organisations that provide NHS or adult social care. The standard was introduced to ensure that all information about a service is provided in a form that is appropriate to anyone with a disability or to those who may have impaired sensory loss (sight, hearing, etc.). The standard aims to ensure that people are able to read, receive or understand all the necessary information about a service (i.e. accessible information), or they are provided with the assistance of someone, such as a sign-language interpreter, who will enable them to do so (i.e. communication support).

The standard is not applicable to people whose main language is not English or those who have a preference for a method of communication, such as email. It also does not apply to someone who lacks the mental capacity to understand or has low literacy or learning difficulties. This policy **MUST** be read in conjunction with the latest NHS documents referenced at the end of this policy, where detailed and more extensive guidance can be found.

1.2 Policy

The practice will undertake all the mandatory requirements of the standard and the Governance Coordinator will be responsible for ensuring compliance across the organisation. Compliance will relate not only to policies and documentation in all forms but also to the behaviour and skills that are required of all staff.

The standard has five distinct steps that must be addressed:

- 1) Identification of needs
- 2) Recording of needs
- 3) Highlighting (flagging) those needs
- 4) Sharing the needs
- 5) Meeting the needs

The practice will therefore:

- Ascertain from all patients, either opportunistically or on initial registration, if they have any special accessibility needs in respect of communication with the practice, and how best to meet them.
- Record those needs on the clinical system using the necessary read codes.
- Highlight, by way of an alert on the clinical system, that the person has specific needs and how to respond to those needs.
- Share with other NHS organisations or Social Care providers what the individual's needs are and how they wish them to be responded to, on those occasions where the practice is in communication with those outside bodies. Patient consent to share information must always be obtained.
- Do whatever is necessary to ensure individuals receive information that they can access and understand, or provide them with communication support.

2 Identification of needs

The practice will not trawl the clinical system to identify patients who may have Accessible Information needs (NHSE Guidance 2015 paragraph 7.1). However, it is important for all staff to proactively ask for the necessary information should it be apparent that any individual has Accessible Information needs.

New patients must always be asked if they have relevant needs, either through being always given the 'New Patient Questionnaire' on first presentation at reception or at their new patient check. Existing patients must always be questioned by the staff member they are speaking to, should it become apparent that they have communication needs and there is no alert in place on the clinical system. Staff must ensure that communication preferences are noted appropriately.

The Governance Coordinator will ensure that the practice website contains clear signposting and appropriate downloadable documentation, or that this is available on request, for patients who have communication needs. They should also ensure that a large-print (or high-contrast on yellow paper) poster is visible in reception/waiting room(s).

All staff will make appropriate arrangements for the individuals to discuss their communication needs privately, should they wish to do so, and also that sufficient detail is obtained. Recording simply 'deaf' will not be sufficient as the individual may not use signing, may not be able to read or write, or may use a hearing aid.

3 Recording and flagging of needs

The Clinical Admin Team and Coders will ensure that the necessary read-coding of communication needs is added to the clinical records of existing patients, and also that the data for new patients is added on registration.

They will also ensure that the appropriate on-screen alert is operating and that it includes information on the preferred communication channel or which communication support is needed.

As patients may have signed up for online access to their own records, and subject to Data Protection Act 1998 safeguards, such systems:

- MUST enable an individual to review the data recorded about their communication and information needs and request changes if necessary (where there is a need to do so).
- SHOULD enable an individual to record their own communication and information needs, using this system, where appropriate.

4 Sharing needs

Clinical members of staff are responsible for ensuring that when a patient is referred to any other NHS or Social Care organisation, they are asked for permission to share their communication needs with the other organisation. This permission is gained through the new patient registration form. A template for consent is given in Appendix 3 of this policy, should no alternative method of consent be available through the clinical system.

In the event that the patient cannot read/sign a form, then proof of informed consent will need to be obtained in any alternative formats.

Administrative/ secretarial staff who process referrals or correspondence must ensure that consent, in whatever form it has been obtained, is transmitted onward.

5 Meeting patient needs

Guidance from NHS England contains considerable detail concerning the way that individual needs can be accommodated. For example, it would be considered good practice to include a 'standard line' as part of all

correspondence to encourage people to contact the service if they have any information or communication needs. For example, "If you would like this letter or information in an alternative format (for example, large print or easy read), or if you need help with communicating with us (for example, because you use British Sign Language), please let us know. You can call us on 01903 243351 or fill in the form on our webpage on the Accessible Information Standard."

A search of the clinical read codes to identify communication needs is not a requirement. However, an annual search of the most likely read codes may assist in understanding current levels of 'unmet need' for accessible information and communication support. This may also indicate the level of support the practice might anticipate having to provide.

The practice will ensure that a 'hearing loop' is available throughout the premises or that a portable loop is available. The practice will also ensure that the current contact details for access to properly qualified persons who are registered interpreters for deaf-blind persons, or who use sign language and other assisted communication methods are available in reception. The practice will ensure that only persons who are registered interpreters, properly qualified, insured and DBS checked to Enhanced Disclosure level are used.

6 Deaf/Hearing Impaired Patients

The practice will uphold the following procedure to allow deaf/hearing impaired patients to make an appointment:

1. The patient will contact the surgery to book an appointment using the SignLive application, the website or with the help of a relative/carer.
2. The reception team will note the appointment is for a deaf/hearing impaired patient and will carry out the following process:
 - Ask the patient, relative or carer what the patients communication needs and preferences are.
 - Ask whether the appointment is urgent or routine; if the appointment is urgent, ask if the patient will be accompanied by a hearing person and if not, inform the patient that the SignLive application may be used and check the availability of the British Sign Language (BSL) receptionist.
 - Offer to book the patient a BSL interpreter and advise the patient that the booking of the service will be confirmed by text or letter.
 - Make a note of the patient's impairment on the booked appointment for the clinician's awareness, explaining whether an interpreter will be provided and how the patient will need to be collected from the waiting room.
 - Whilst the front door is closed due to the COVID-19 pandemic, patients will be asked to ring the surgery bell (to the left of the front door) four times in quick succession. This will signal for the reception team to open the front doors and check the patient in for their appointment. A sign advising patients of this will be added to the front door.
3. The clinician will ensure they are wearing a clear visor whilst masks are necessary due to COVID-19, to ensure the patient can lip read if this is their preference.

7 Information governance issues

The practice Information Governance Lead must ensure that the operation of the practice policy on data sharing is appropriate, and makes the necessary references to the Accessible Information Standard policy.

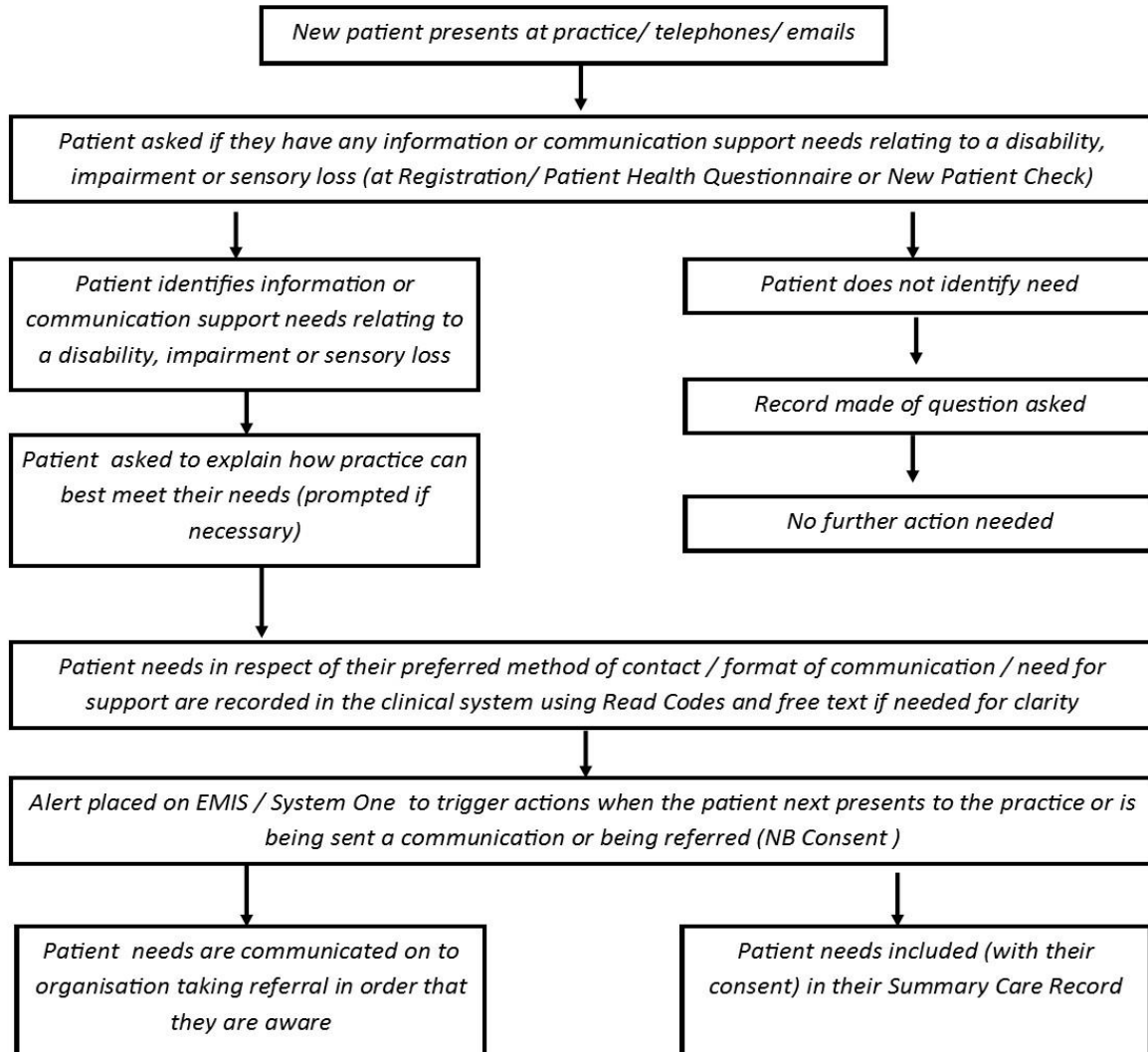
Detailed guidance and references used:

SCCI1605 Accessible Information Specification

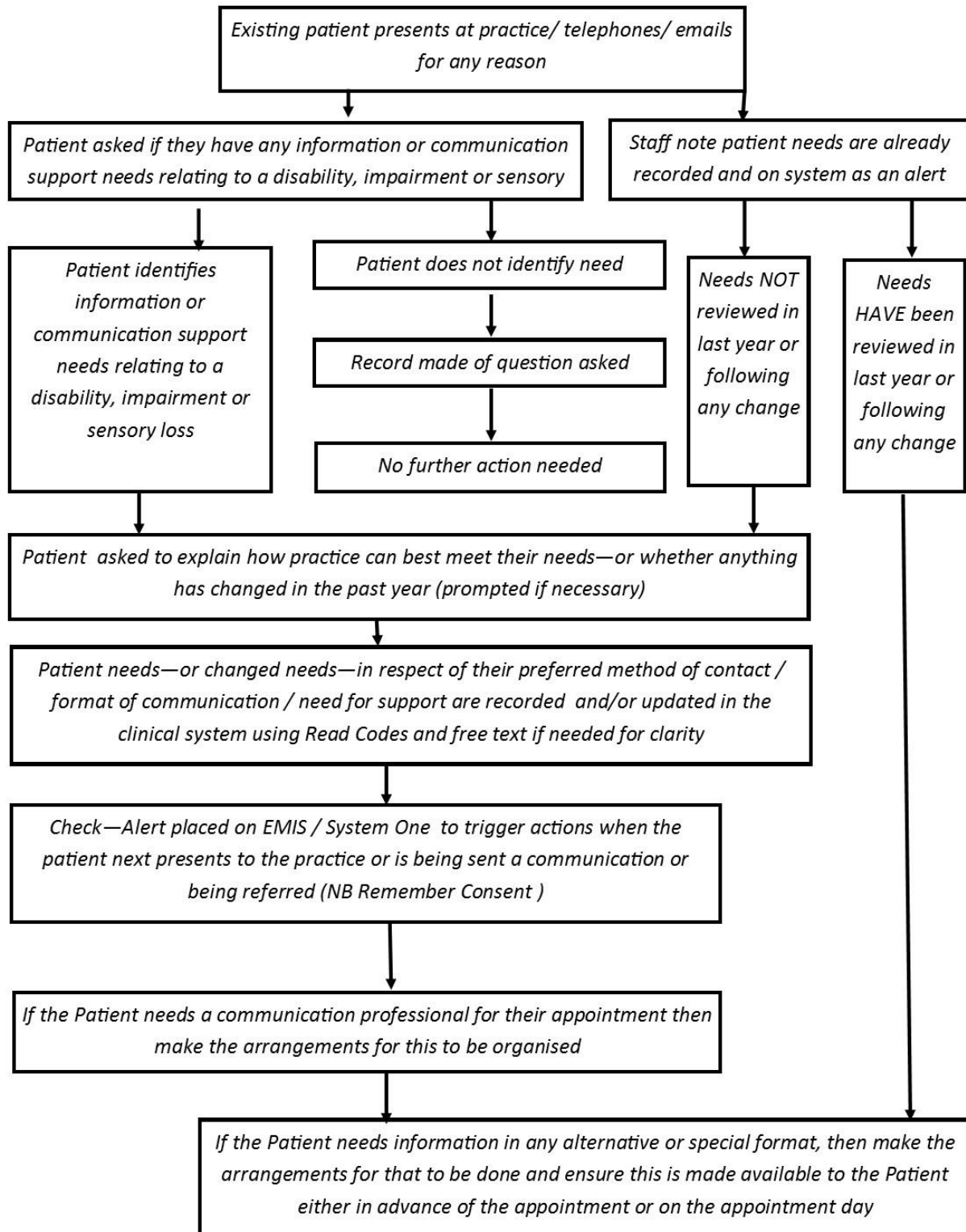
SCCI1605 Accessible Information Implementation Guidance

Both available from www.england.nhs.uk/accessibleinfo and <https://www.bma.org.uk/advice/employment/gp-practices/service-provision/accessible-information-standard>

Appendix 1 - Flowchart
New patient registration (per NHSE Guidance para 11.2)



Appendix 2 – Flowchart
Existing patient needs (per NHSE Guidance para 11.2)



**Appendix 3 - Consent form
Accessible Information Standards**

NHS number

Patient name

Date of birth

Address.....

.....

Postcode.....

Telephone number.....

I have today been advised by that I am to be referred to another NHS
/ Social Care organisation .

Name.....

I agree that details of my specific communication needs may be passed to that organisation, in order that I
may be fully advised and informed about the service or treatment, subject to that referral.

Signed..... Date.....