

Accessible Information Policy

Version:	V1.0	
Summary:	This policy supports the development of a standardised approach to identifying, recording, flagging, sharing and meeting the information and communications needs of patients, carers and parents where this need arises from a disability, impairment or sensory loss. Thereby meeting the requirements of the Accessible Information Standard 2015.	
Ratified by:	Policy Ratification Group	Date: 30 November 2020
Has an Equality Impact Assessment been carried out?	Yes	Date: November 2020
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Executive Director	Chief Executive Officer	
Name of responsible committee:	Patient and Carer Experience Group	
Target audience:	All colleagues, patients and carers	
Date issued:	25 March 2021	
Next review date:	November 2023	

Review and Amendment Log

Version No	Type of Change	Date	Description of Change
V1.0	New Policy	November 2020	New Policy

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1.0 Introduction

The Equality Act became law in October 2010. The purpose of this was to improve and strengthen previous equalities legislation covering all of the groups that were protected by this legislation, known as Protected Characteristics, one of which is disability.

The Care Act 2014 also places specific duties on local authorities to provide advice and information in an accessible format meeting the individual's needs.

Despite this legislation and guidance, in reality many service users and carers continue to receive information from health and social care organisations in formats which they are unable to understand and do not receive the support they need to communicate. This includes, but is not limited to, people who are blind or have some visual loss, people who are Blind / Deaf or have some hearing impairment, people who are deaf blind, and people with a learning disability.

People with learning disabilities have the same right to the same standard of health and social care as that provided to the general population. However they commonly experience barriers to healthcare that can result in poorer health outcomes including avoidable death. (Learning Disabilities Mortality Review (LeDeR) Programme, 2019). A person with communication needs may not have understood the appointment letter and not know where to go on that day or what time. They may be unable to read signs and make their way around a health centre. If the person has difficulty understanding information, they may not know what is expected of them or why they need treatment which could result in non adherence or they may not be able to say they are in pain.

This policy aims to address that disadvantage for people who use Locala services, and to meet the national Accessible Information Standard (2015).

2.0 Purpose

The Accessible Information Standard (NHS England, July 2015) places a requirement on NHS and Local Authority organisations to develop a specific, consistent approach to identifying, recording, flagging sharing and meeting the information and communications support needs of patients, service users, carers and parents, where this need arises from a disability, impairment or sensory loss. The reissued version of the Specification recommends (but does not require) organisations to include individuals with a learning difficulty within the scope of their activities as part of the Standard.

This guidance applies to all services that provide NHS and social care, including where independent contractors have been commissioned to provide this care.

Those who have a communication need should not be put at a disadvantage and this policy sets out a framework for Locala colleagues to meet individual's communication needs by ensuring that: -

- Individuals have appropriate access to support, so that they understand information that is being shared with them (e.g. access to interpreters or easy read documentation).

- Individuals are involved and able to make decisions about their health, care and treatment.
- Individuals are enabled to participate in the management of their own care needs.

3.0 Target population

This policy is intended for all Locala colleagues, including those on temporary contracts as well as bank colleagues and students

4.0 Definitions

The Accessible Information Standard is to ensure that organisations that have direct patient contact meet the specific communication needs of patients and their parents and carers where applicable or appropriate. This will mean that patients can gain information they need in a way that they will understand, allowing to increase their own independence by self-managing conditions, making choices about treatments and procedures and making decisions about their health and wellbeing.

Communication can be helped through a range of methods including:

- large print
- audio
- email
- text messages
- interpreters

Locala will ensure that those that engage with the organisation which could include the general public and community members are also able to more easily engage due to the Standard.

A glossary is included in Appendix 1.

5.0 Duties

5.1 All Locala Colleagues

All Locala colleagues are responsible for:

- **Identifying and recording** – (by asking the patient, carer, parent, looking at the referral letter, observing the electronic patient record for a learning disability and or autism flag, identifying a patient's own Health Action Plan or Vulnerable Inpatient Plan or finding out), and recording and flagging the communication needs of all individuals.
- **Flagging and sharing** - alerting other staff members / teams / external commissioned organisations and the referrer in any communication or discharge letter, about an individual's communication needs, when there is a need to share information in order to meet service requirements (In line with the Data Protection Act 1998).
- **Meeting** - taking steps to ensure the individual's communication requirements are met and they receive information in an accessible format and any

communication support they need. This includes being aware of how to access Locala-wide arrangements to meet needs.

Nb. If colleagues do not have access to SystmOne and therefore the relevant patient record, they should still ask the individual if they have communication needs and respond accordingly. If this is in relation to a patient a colleague can be asked to add the communication need to SystmOne for future reference.

Colleagues should be aware of this policy and local processes within their service area in order to meet the required standards.

5.2 Operational Managers

Operational Managers are responsible for:

- Being personally aware of the principles of the Standard and what it requires of their services
- Putting in place arrangements to ensure there are systems and processes in their service to meet the requirements of this policy.
- Ensuring contracts with other agencies for patient care or patient information reflect the Accessible Information Standard (NHS England, July 2015) as set out in the specification.
- Ensuring appropriate colleagues attend relevant training where it is available
- Communicating this policy to teams, so that they are fully aware of the requirements for implementation and deadlines for this.
- Monitor their teams' compliance with the requirements and take action where they are not being met.
- Ensure their teams have the right support and tools in place to meet the requirements e.g. ready access to information about how to arrange a sign language interpreter or easy read translation

If support is required, this will be provided by the Engagement Team.

5.3 Responsible committee

It is the responsibility of the Patient and Carer Experience Group, which is responsible to the Quality Committee, to monitor the implementation and effectiveness of this Policy.

5.4 Chief Executive

The **Chief Executive** has overall responsibility for the strategic and operational management of Locala including ensuring that the organisation's procedural documents comply with all legal, statutory and good practice requirements.

6.0 Accessible Information Policy

The related document "AIS Guide for Colleagues" (available on the intranet) shows the template where patient communication needs can be recorded. The main needs include communication by email, large-type letters, or verbally. There is also the

opportunity to record communication needs including braille and sign language. It is important to record these needs however these are not currently easily available within Locala. Other ways to meet the communication need should be considered as an alternative so please refer to the Accessible Information page on Elsie for links and signposting to websites and organisations that can help. Further guidance can also be requested by contacting the Engagement Team.

6.1 Patients and carers to whom this policy applies

The policy applies to patients with a disability that affects their communication needs, this includes, but is not limited to:

- Patients or their relatives/carers with a sensory impairment (d/Deaf or have some hearing loss, blind or have some visual loss, deaf blind)
- Patients or their relatives/carers who have a learning disability
- Patients or their relatives/carers with needs relating to a disability or impairment e.g. people with aphasia or a mental health condition that affects their ability to communicate

The Accessible Information Standard does not apply to individuals whose communication needs are related to speaking a language other than English, although it is acknowledged that in order to ensure all patients receive the best experience it would be best practice to record these needs in line with this policy.

6.2 Services to whom this policy applies

This policy applies to all services provided by Locala where there is direct contact with patients or their carers/parents. Services **MUST** have processes in place to ensure that they **IDENTIFY, RECORD, FLAG, SHARE** and **MEET** communication needs.

Services must ensure that the following take place:

- **Communication needs are identified:** a consistent approach to the identification of patients', service users', carers' and parents' information and communication needs, where they relate to a disability, learning disability and/or autism, impairment or sensory loss. It is important not to record the persons impairment but what their specific communication need is, because that may differ between people.
- **Where a communication need is identified, needs are recorded and are highly visible:** a consistent and routine recording of patients', service users', carers' and parents' information and communication needs, where they relate to a disability, learning disability and/or autism, impairment or sensory loss, as part of patient / service user records and clinical management / patient administration systems.
- **Needs are flagged on electronic and paper based systems to ensure immediate identification:** establishment and use of electronic flags or alerts, or paper-based equivalents, to indicate that an individual has a recorded information and / or communication need, and prompt staff to take appropriate

action and / or trigger auto-generation of information in an accessible format / other actions such that those needs can be met.

- **Where a patient has identified communication needs, where there is a need to share information with other organisations, communication needs are to be shared also:** inclusion of recorded data about individuals' information and / or communication support needs as part of existing data-sharing processes, and as a routine part of referral, discharge and handover processes. Teams and clinics should, as part of their workload planning ensure that any patients due to be seen the following week have the identified additional needs available and planned for prior to the contact.

The Standard requires that recorded data about individuals' information and/ or communication support needs is included as part of existing data-sharing processes, and as a routine part of referral, discharge and handover processes.

All information sharing should follow existing processes and information governance protocols.

- **Where a communication need is identified, steps should be taken to meet those needs:** taking steps to ensure that the individual receives information in an accessible format and any communication support which they need. E.g. using simpler language and avoiding abbreviations and jargon. Using communication aids such as Makaton symbols, Widget symbols, Talking Mats. Providing information in an accessible easy - read format and using symbols to reinforce the written word

It is the responsibility of each department to review information they hold and give consideration to what formats in which this is already available. Where documentation is not already provided in alternative formats (e.g. easy read, large print) departments will need to request appropriate translation on an as-required basis.

The following aspects, which may be considered relevant to improving the accessibility of health and social care, are explicitly out of scope of the Standard:

- The needs or preferences of staff, employees or contractors of the organisation (except where they are also patients or service users (or the carer or parent of a patient or service user)).
- Recording of demographic data / protected characteristic strand affiliation.
- Recording of information or communication requirements for statistical analysis or central reporting.
- Expected standards of general health and social care communication / information (i.e. that provided to individuals without additional information or communication support needs).
- Individuals' preferences for being communicated with in a particular way, which do not relate to disability, impairment or sensory loss, and as such would not be considered a 'need' or 'requirement' (for example a preference for communication via email, but an ability to read and understand a standard print letter).

- Individuals who may have difficulty in reading or understanding information for reasons other than a disability, impairment or sensory loss, for example due to low literacy or a learning difficulty (such as dyslexia) (as distinct from a learning disability).
- Expected standards, including the level of accessibility, of health and social care websites.
- ‘Corporate’ communications produced / published by organisations which do not relate to direct patient / service user care or services, and do not directly affect individuals’ health or wellbeing.
- Implementation of the Equality Act 2010 more widely, i.e. those sections that do not relate to the provision of information or communication support. This exclusion includes other forms of support which may be needed by an individual due to a disability, impairment or sensory loss (for example ramps or accommodation of an assistance dog).
- Foreign language needs / provision of information in foreign languages – i.e. people who require information in a non-English language for reasons other than disability.
- Matters of consent and capacity, including support for decision-making, which are not related to information or communication support.

Services must ensure that their processes, including appointments processes, care pathways and management arrangements reflect, enable and support implementation and compliance with this standard.

7.0 Equality Impact Assessment

Locala aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. The Equality Impact Assessment Tool provides evidence of analysis undertaken to establish whether its policies and practices would further, or had furthered, the aims set out in the section 149 (1) of the [Equality Act 2010].

8.0 Consultation process

A consultation process was carried out with key stakeholders in the development of this policy. These stakeholders were:

Michelle Stanley, Clinical Administrator

Claire Bellis, Age UK Personal Independence Worker

Debra Harris, Children’s Community Nurse

Karen Ormerod, Dental Hygienist

Nicola Bewell, Team Leader

Holly Wade, Heart Failure Nurse

Amelia Womack, Administrator

Janet Smethurst, Team Leader

Sarah True, Engagement and Inclusion Manager

Emma Boyes, Engagement and Inclusion Manager

Joanne Vaughan, Engagement Officer

Hollie Scargill, Engagement Officer

Julie Clennell, Director of Nursing, AHP and Quality

Gemma Fowler, Head of Quality

Wendy Edmondson, Learning Disability Lead

9.0 Dissemination and implementation

9.1 Dissemination

This document will be circulated via Team Talk and Locala Live and as part of any Accessible Information Standard training.

9.2 Competence / Training

There are no additional training requirements arising from this policy, however training sessions will be considered to support colleague understanding as required.

10.0 Monitoring compliance with the policy

Monitoring of this policy will be carried out by the Patient and Carer Experience Group, which is a sub-group of Locala's Quality Committee.

Measuring will be done by an annual audit to understand the understanding and approach being used within services.

11.0 References

- Accessible Information Standard (NHS England, July 2015)
- Equality Act 2010
- Care Act 2014
- Data Protection Act 1998
- Learning Disability Mortality(LeDeR) Programme. 2019
- DH (2001) Valuing people: A New strategy for Learning Disability for the 21st Century.

Appendix 1 - Glossary

Term / Abbreviation	Explanation / Definition
Accessible Information Standard	NHS England guidance relating to how health and social care should meet the needs of individuals with communication needs.
Alternative format	Information provided in an alternative to standard printed or handwritten English, for example large print, braille or email.
Braille	A tactile reading format used by people who are blind, deafblind or who have some visual loss. Readers use their fingers to 'read' or identify raised dots representing letters and numbers. Although originally intended (and still used) for the purpose of information being documented on paper, braille can now be used as a digital aid to conversation, with some smartphones offering braille displays. Refreshable braille displays for computers also enable braille users to read emails and documents.
BSL	British Sign Language is a visual means of communicating using gestures, facial expression, and body language. Sign Language is used mainly by people who are Deaf or have hearing impairments.
Carer	A patient or service user's carer (defined by SCCI1580: Palliative Care Co-ordination: Core Content as follows, "A carer is a person who is either providing or intending to provide a substantial amount of unpaid care on a regular basis for someone who is disabled, ill or frail. A carer is usually a family member, friend or neighbour and does not include care workers. (Carers (Recognition and Services) Act 1995.)" SCCI1580 also includes a note that, "the main carer will be identified by the individual or the person's GP or key worker if the person lacks capacity to identify one themselves." The Accessible Information Standard includes within its scope the needs of a patient or service user's main carer, as well as other important or regular informal (unpaid) carers."