

The Accessible Information Implementation Guide – NHS England Selected Extracts

Overview of the Standard – scope (who, what and where)

SCCI1605 Accessible Information – the Accessible Information Standard – directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents, where those needs relate to a disability, impairment or sensory loss.

It is of particular relevance to individuals who are blind, d/Deaf, deafblind and/or who have a learning disability, although it should support anyone with information or communication needs relating to a disability, impairment or sensory loss, for example people who have aphasia, autism or a mental health condition which affects their ability to communicate.

The Standard will apply to all providers across the NHS and adult social care system.

Aim of the Standard (why)

The aim of the Standard is to establish a framework and set a clear direction such that patients and service users (and where appropriate carers and parents) who have information or communication needs relating to a disability, impairment or sensory loss receive:

- ‘Accessible information’ (‘information which is able to be read or received and understood by the individual or group for which it is intended’); and
- ‘Communication support’ (‘support which is needed to enable effective, accurate dialogue between a professional and a service user to take place’);

So that they can access services appropriately and independently, and make decisions about their health, wellbeing, care and treatment.

Timescales (when)

Organisations may begin to follow the Standard immediately following publication of the Information Standards Notice (ISN). Organisations must comply by 31 July 2016.

A ‘Maturity Index’

Overview

The Accessible Information Standard allows for flexibility in implementation approaches, subject to the successful achievement of requirements and outcomes. There is, however, a ‘maturity index’ or improvement trajectory, ranging from ‘basic’ implementation (in which the organisation is compliant but as part of which the Standard has limited integration with other systems / processes and there is limited or no automation) working up to an ‘exemplar’ level in which the essential requirements of the Standard are embedded into systems / processes, highly supported by automation and activities go beyond this baseline to achieve good / best practice.

It is hoped that all organisations seek to strive towards good and best practice with regards to meeting the information and communication support needs of people with a disability, impairment or sensory loss.

Basic level

The requirements of the Standard – typified by the five step process – are achieved using separate processes – either paper-based or using electronic ‘work-arounds’.

A paper-based approach would involve recording of an individual’s information / communication support needs (most probably by hand), and ensuring that these were ‘highly visible’ / flagged using a highlighter or sticker system. The ‘prompt for action’ would rely on staff awareness and following of policy, and sharing likewise would be reliant on staff including information as part of handover / referral conversations and correspondence (for example copying relevant data from paper records into a letter). Meeting of needs would be achieved again through staff awareness of the need to make adjustments / send out information in alternative formats / arrange support from communication professionals, as prompted by a sticker or other flag on paper records.

An electronic approach would involve recording of an individual’s information / communication support needs using ‘free text’ (in line with the ‘fully specified names’ (FSNs) or categories of the data items associated with the four subsets of the Standard). Staff must manually select – and elect – to add a flag or alert to a patient’s record when they record that they have information / communication support needs. Once a flag is (manually) applied to an individual’s record, a ‘special requirements’, ‘access needs’ or ‘communication needs’ alert appears whenever the record is accessed. Having noticed the alert, staff must then search for relevant information about the type of information / communication needs which the patient has, and follow relevant policies in order to meet those needs.

Staff must arrange for the printing / production of any and all information needed by patients using manual processes. The service’s website is not screen-reader compatible and there is no availability of information in alternative formats online

Intermediate level

The Standard is implemented using clear approaches and supported by relevant policy, but remains somewhat separate to ‘business as usual’ processes. There is use of electronic systems, but no automation of processes.

Individuals’ information / communication needs are recorded using Read v2, CTV3 or SNOMED CT (Systematized Nomenclature of Medicine--Clinical Terms) codes. Electronic flags are available, and electronic systems prompt for their use, but must be applied by staff when recording individuals’ needs (they are not automatically applied by electronic systems). The flags do not trigger any auto-generation of correspondence or other

automatic processes in order to meet individuals' needs, but are highly visible and prompt staff to take action; however, they do not send specific alerts.

Staff are able to manually select and print / produce some alternative formats using standard templates, but are reliant on external or bespoke processes for others. Longer appointments can be arranged, as well as support from communication professionals, however, whilst there are clear policies, successful implementation relies on staff awareness and ability to make adjustments in systems.

The service's website is accessible to some screen-reader users, but there is no availability of information in alternative formats online.

Advanced level

The Standard is partly embedded into 'business as usual' processes, with some automation in electronic systems.

Individuals' information / communication needs are recorded using Read v2, CTV3 or SNOMED CT codes. Electronic flags are automatically applied upon selection of any of the data items associated with one of the four subsets of the Standard. The flags do not trigger any auto-generation of correspondence or other automatic processes in order to meet individuals' needs, but are highly visible and prompt staff to take action – including sending alerts at relevant points. Staff are able to manually select and use a range of standard templates to enable correspondence and other information to be printed 'in-house' and provided in alternative formats. Effective processes are in place to enable provision of longer appointments, and the arrangement of support from communication professionals, and these are supported by clear policies and protocols which can be followed by any and all staff.

The service's website is accessible to most or all screen-reader users, with some information available online in alternative formats.

Exemplar

The Standard is highly embedded into 'business as usual' processes and highly automated in electronic systems.

Individuals' information / communication support needs are recorded using SNOMED CT codes, with flags automatically applied upon selection of any of the data items which are associated with one of the four subsets of the Standard. The electronic flags automatically trigger actions to enable needs to be met, without relying on staff, for example, leading to automatic generation of correspondence and printed

information in alternative formats, selection of a longer appointment time and sending an appropriate email to agencies to book a communication professional as appropriate. Staff input into processes is minimal, and prompted by automatic processes, for example drop-

down lists requiring selection of information / communication needs prompt (and require) staff to record / review individual's needs whenever they contact the service.

Online registration forms include a section about information / communication support needs which is in-line with the SNOMED CT codes (and their Family Support Networks) and which is then directly included onto the patient's record. Patients with online access can view, verify the accuracy of and if necessary update their records as and when their needs (or ways of meeting those needs) change. Full use is made of remote, virtual and digital solutions to meet individuals' needs, including access to remote BSL interpretation and speech-to-text-reporting.

The service's website is highly accessible, enabling individual's to access information online using a screen-reader or other assistive technology, and includes key information in easy read and BSL formats too.

Staff have received training in Total Communication approaches and basic BSL / deafblind manual to support communication with patients in reception areas and the building of rapport (with communication professionals used to support appointments / clinical conversations).

Implementation guidance

6.1 Overview

Successful implementation of the Accessible Information Standard is based on the following elements:

- 1. Identification of needs:** a consistent approach to the identification of patients', service users', carers' and parents' information and communication needs, where they relate to a disability, impairment or sensory loss.
- 2. Recording of needs:**
 - a. Consistent and routine recording of patients', service users', carers' and parents' information and communication needs, where they relate to a disability, impairment or sensory loss, as part of patient / service user records and clinical management / patient administration systems;
 - b. Use of defined clinical terminology, set out in four subsets, to record such needs, where Read v2, CTV3 or SNOMED CT® codes are used in electronic systems;
 - c. Use of defined English definitions indicating needs, where systems are not compatible with either of the three clinical terminologies or where paper based systems / records are used;
 - d. Recording of needs in such a way that they are 'highly visible'.

- 3. Flagging of needs:** 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.
- 4. Sharing of needs:** 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.
- 5. Meeting of needs:** taking steps to ensure that the individual receives information in an accessible format and any communication support which they need.

A practical 'one page guide' to the Accessible Information Standard is included at appendix a. In addition, a 'maturity index' outlining different 'levels' of implementation, ranging from 'basic' meeting of Requirements up to 'exemplar' or best practice, is included at appendix b. Organisations implementing the Standard may find these appendices useful to support internal communications and improvement plans respectively.

6.3 Education and awareness-raising

Lack of knowledge about the communication and information needs of people with a disability, impairment or sensory loss, and lack of skills and confidence in how to support individuals with such needs, is a known issue amongst both clinical and administrative staff working in health and adult social care settings.

Whilst this Implementation Guidance is intended to support effective implementation, it should be considered alongside and with reference to the Implementation Plan and, once available, the resources and learning opportunities outlined in the Plan, which are intended to complement and build upon guidance included here.

6.4 Improving the accessibility of all information and communication

6.4.1 Introduction

One of the most practical ways of reducing the burden of implementing the Accessible Information Standard is to improve the accessibility of 'standard' information / documents – which will in turn reduce (but of course never remove) the need to produce / provide alternative formats – and to improve staff members' communication skills generally. The following 'top tips' are intended to support organisations and staff to make their information and communication more accessible and inclusive – they may be used as part of internal communications / awareness-raising and will be built upon as part of implementation resources (as outlined in the Implementation Plan).

6.4.2 Tips for clear face-to-face communication

- Make sure you have the person's attention before trying to communicate with them. If they do not hear you, try waving or tapping them lightly on the shoulder.
- Identify yourself clearly. Say who you are and what you do – it may be more relevant to explain your reason for seeing the person rather than your job title.
- Check that you are in the best position to communicate, usually this will be facing the person, but consider whether seated or standing is more appropriate. Communication at eye level is usually easiest so if you are speaking to a wheelchair user consider sitting down if possible.
- Find a suitable place to talk, with good lighting and away from noise and distractions.
- Speak clearly and a little slower than you would do usually, but do not shout.
- Keep your face and lips visible – do not cover your mouth with a hand, your hair or clothing. If a member of staff is concerned about religious expression they should discuss this with their manager.
- Use gestures and facial expressions to support what you are saying.
- If necessary, repeat phrases, re-phrase the sentence or use simpler words or phrases.
- Use plain, direct language and avoid using figures of speech such as 'it's raining cats and dogs' or euphemisms such as 'expecting the patter of tiny feet'.
- Check if the person has understood what you are saying. Look for visual clues as well as asking if they have understood.
- Encourage people to ask questions or request further information. Ask if they would like anything in writing as a reminder or reference.
- Try different ways of getting your point across. For example writing things down, drawing or using symbols or objects to support your point.

6.4.3 Tips for printed communication

- Use a minimum font size of 12 point, preferably 14 (which is readable by a significantly greater number of people).
- Use a clear, uncluttered and sans serif font such as Arial.
- Align text to the left margin and avoid 'justifying' text.
- Ensure plenty of 'white space' on documents, especially between sections. Avoid 'squashing' text onto a page and, if possible, include a double-space between paragraphs
- Print on matt and not gloss paper.
- Use page numbers.

- If printing double-sided ensure that the paper is of sufficient thickness to avoid text showing through from the other side.
- Correctly format Word documents and PDFs using styles and accessibility functions / checks. Ensure a correct and consistent heading structure, and that the cursor can move throughout all text.
- Use descriptions ('alt. text') to explain diagrams or photographs.
- Consider making all 'standard' printed letters / documents 'easier to read' – using plain English, highlighting important information, and supporting text with diagrams, images or photographs.
- Keep track of the electronic originals of documents you print out so you can re-print in larger font or convert to an alternative format when required.
- Further advice about creating accessible documents, including for users of assistive technology, will be made available as part of the suite of tools to support implementation of the Standard.