Dr Mellor & Partners

Accessible Information Standard

Contents

1. Context

Dr Mellor & Partners (the Practice) supports equality of access for all, including in line with commitments set out in the Equality Act 2010 [and the NHS Constitution / Care Act 2014].

We are committed to complying with the Accessible Information Standard (SCCI1605 Accessible Information), and this policy sets out how we will ensure that we do so.

The Accessible Information Standard ('the Standard') sets out a series of requirements for organisations that provide NHS services and / or publicly-funded adult social care or health services, for commissioners of such services, and for IT suppliers. These 'applicable organisations' have a legal obligation to comply with the Standard, as set out in section 250 of the Health and Social Care Act 2012.

As a provider of NHS services the Standard requires Dr Mellor & Partners to identify, record, flag and share and meet the information and communication needs of people with a disability, impairment or sensory loss. These 'five steps' must be routinely and consistently followed.

This policy describes the actions that Dr Mellor & Partners and their employees and those acting on their behalf are expected to take in order to ensure that Dr Mellor & Partners complies with the Standard.

2. Scope of this policy

a. Overview

This policy sets out how Dr Mellor & Partners complies with the Accessible Information Standard ('the Standard'), including actions to be taken, and relevant roles and responsibilities.

The policy applies to all partners, staff and employees of Dr Mellor & Partners and to those acting on their behalf

b. Provision of NHS services

The Standard, and this Policy, is applicable to Dr Mellor & Partners as a provider of NHS services. Whenever the Practice is acting as a provider of NHS services as defined by section 250 of the Health and Social Care Act 2012 [(and the NHS Act 2006 as amended)], we must comply with the Accessible Information Standard in full. [This includes all services provided to patients as part of our General Medical Services (GMS) / Personal Medical Services (PMS) [The Standard, and therefore this policy, does not apply to privately-funded services.

All staff will routinely follow the 'five steps' of the Standard (identify, record, flag, share, meet) – as relevant to their own specific roles – in all of their interactions with users of our services.

In line with the Standard, these actions will ensure that our patients / service users (and their parents and carers as appropriate) will:

- Be able to make contact with, and be contacted by, services in accessible ways.
- Receive correspondence and information in accessible formats, including alternatives to 'standard' printed formats.
- Be supported by a communication professional at their appointments if this is needed to enable effective, accurate two-way discussion.
- Receive support from staff to communicate effectively.

3. Roles and responsibilities

a. *Practice Manager*

The Practice Manager is responsible for ensuring the Practice's overall compliance with the Accessible Information Standard, and therefore with this policy.

Specific actions to be taken or assured by the Practice Manager in ensuring the Practice's compliance with the Standard will include:

- Maintaining, reviewing and updating this policy annually, ensuring that it is disseminated to all staff and also publicly available
- Ensuring that relevant and appropriate systems, processes and policies are in place to enable the Practice to effectively meet the requirements of the Standard.
- Ensuring that staff receive appropriate training to enable them to follow this policy and comply with the Standard.
- Ensuring that all correspondence and patient-facing information complies with the 'accessible information' guidelines at appendix d and includes the 'accessible information statement' at appendix c.
- Communication about steps taken by the practice to comply with the Standard, and encouraging patients to inform staff of their information / communication needs via the Practice website and electronic information boards in reception areas
- Ensuring that feedback from individuals with information and communication needs relating to a disability, impairment or sensory loss is actively sought, and, when received, is used to make improvements.
- Ensuring that staff comply with the policy

The Practice Manager may delegate these responsibilities, as appropriate.

b. Reception Manager/Administrative Manager

All reception and administrative staff are responsible for routinely and consistently identifying, recording, flagging, sharing and meeting the information and communication needs of individuals with a disability, impairment or sensory loss, as outlined in section 3.c.

In addition the reception manager must ensure that the 'five steps' of the Standard are followed. In so doing they must ensure that:

- There is a clear procedure to be followed by all staff.

- Relevant staff have received any necessary training to enable them to effectively follow the procedure / the 'five steps' of the Standard.

- Patient record systems, including electronic / paper records enable the effective recording and flagging of needs.

- Electronic systems prompt staff to ask individuals about their information and communication needs and prompt for review of needs on an annual basis.

- Recorded needs are 'highly visible' and prompt staff to take action, for example electronic systems are formatted to automatically display a banner, flag, alert or 'pop-up window', and paper records are colour-coded or highlighted.

- Needs are recorded in line with the READv2 / SNOMED codes definitions set out in the subsets of the Standard

- One or more 'standard questions' has been agreed, which all staff ask all new patients and appropriate existing patients [see sections 7.3 and 7.4 of the Implementation Guidance for examples]

- Conversations with individuals about their information / communication needs can take place privately, including making available a private room for face-to-face conversations as appropriate.

- The hearing loop system is operational, appropriately signed, and switched on whenever the practice is open.

- Registration forms, telephone 'scripts' and similar documents / prompts include a specific question or questions regarding information / communication needs.

- Arrangements have been made to gain and record consent to share individuals' information / communication needs with others involved in their health and care, as appropriate.

- A procedure is in place to communicate with individuals via their preferred method of communication where ever possible

- All correspondence and relevant documents include the 'accessible information statement' (see appendix c).

- Staff are able to promptly arrange professional communication support where needed by patients, for example British Sign Language (BSL) interpretation

- Systems are put in place to ensure that an individual is not contacted in a way that they cannot access, including ensuring any necessary by-passing of auto-generation systems.

- A longer appointment time is made available for individuals with information and / or communication needs, as and when applicable.

c. Reception and Secretarial staff

Reception staff, and any other staff at any time covering reception, are responsible for following the 'five steps' of the Standard, as follows:

- **Ask**: identify if an individual has any communication / information needs relating to a disability or sensory loss and if so what they are. Specifically, we will meet this step by including questions in our new patient questionnaire about preferred methods of communication and also asking patients opportunistically if it is apparent there may be communication issues, on the telephone or face to face for example[

- **Record**: record those needs in a clear, unambiguous and standardised way in electronic documents. Specifically, we will meet this step by using the relevant READ2/SNOMED codes.

- **Flag**: ensure that recorded needs are "highly visible" whenever the individual's record is accessed and prompt for action. Specifically, we will meet this step by using patient alerts.

- **Share**: include information about individuals' information / communication needs as part of existing data sharing processes (and in line with existing information governance frameworks, and the Data Protection Act 1998). Specifically, we will meet this step by including data in Summary Care Records, NHS e-referral

service communications, and / or as part of local information-sharing protocols or shared records.

- **Act**: take steps to ensure that individuals receive information which they can access and understand, and receive communication support if they need it. Specifically, we will meet this step by making available hearing loop systems, providing a range of ways for people to contact the practice, arranging professional communication support as needed to enable effective conversation, with Doctors, practice nurses and other clinical staff .

- Whilst responsibility for many of the actions associated with compliance with the Standard lies with administrative staff, it remains important for all staff, including medical and clinical staff, to comply with the Standard.

- Taking appropriate action(s) when a patient's record is 'flagged' to indicate that they have information and / or communication needs, including adopting appropriate techniques to support effective communication.

- Including identification and review of patients' communication needs as part of health checks, and similar assessments, and updating records / requesting updating of records as appropriate.

- When contacting patients directly, ensuring contact is made using an accessible communication method, as recorded.

- When sending correspondence or providing information to patients directly, ensuring that correspondence is sent / information is provided in an accessible format wherever possible.

- Updating, or requesting the updating, of patients' records, whenever inaccuracy or additional information about their information and / or communication needs is identified / becomes apparent.

- Working effectively with, and appropriately involving, communication professionals, as needed to support effective conversation with a patient.

- Supporting patients with information / communication needs to consider consenting for 'additional information' to be included in their Summary Care

- Including information about patients' information / communication needs as part of referral correspondence, including when using the NHS e-referral service.

d. All staff

Author: R Richardson
Date: 25.10.17
Review date: 28.10.18

All staff are responsible for making themselves aware of and following this policy, and any other relevant processes to ensure that the requirements of the Accessible Information Standard are met. In addition, staff should familiarise themselves with the 'top tips' for accessible information and clear face-to-face communication at appendix d.

4. Governance

The Practice Manager will ensure that an annual audit, on compliance with this policy – and the Accessible Information Standard is produced. This audit will include: the number and percentage of registered patients asked about their information / communication needs; the number and percentage of registered patients with relevant information / communication needs recorded, and an overview of types of needs as a minimum.

In addition, the Practice Manager will note any incidents of non-compliance with the Standard – and any relevant complaints – for example when patients' / service users' needs are not appropriately identified, recorded, flagged, shared or met, for investigation and to ensure learning to prevent reoccurrence. Such incidents will be discussed at staff/ practice meetings as appropriate.

Communication

This policy is publicly available on Dr Mellor & Partners website [www.garlandhousesurgery.co.uk and www.woodgrovesurgery.co.uk]. Hard copies are also available on request.

This policy has been disseminated to staff via internal email and is available on the practice's shared area. For new staff, the availability and importance of this policy will be highlighted as part of induction.

5. Advice and Training

If any advice is required in relation to this policy please contact the Practice Manager

All staff are encouraged to complete the two NHS England e-learning modules supporting compliance with the Standard: The Accessible Information Standard: Introduction and The Accessible Information Standard: Towards Excellence.

A free webinar on the Standard is available on the Sense website

Appendix A – Sample identification letter to patients / service users

[

Date

Dear XX

Dr Mellor & Partners want to make sure that we give you information in a way that you can understand, and that you find it easy to communicate with us.

If you find it difficult to read or understand information that we send you or if you need us to provide support so that you can communicate well at your appointments, please let us know.

Next time you contact or visit the Practice please discuss your needs with us. Alternatively, you can tear off the bottom of this letter and send us details of your needs in the envelope provided.

Thank you.

Yours sincerely,

Practice Manager
On behalf of Dr Mellor & Partners

 ....……**Please complete the below, tear off and return to us**…………………..
Dr Mellor & Partners

My name is……………………………………..

Please update your records:

I communicate using (e.g. BSL, deafblind manual): .....……………………………...............

To help me communicate I use (e.g. a talking mat, hearing aids): …………………………..

………………………………………………………………………………………………………......

I need information in (e.g. braille, easy read): ……………………………………………….....

If you need to contact me the best way is (e.g. email, telephone): ………………………….

Appendix B – Table of alternative formats and communication professionals

The table below outlines some of the most common types of alternative formats and professional communication support which may be needed by people with a disability, impairment or sensory loss. There is further information in the Implementation Guidance (appendix c) and in the Glossary produced by Sense https://www.sense.org.uk/content/methods-communicating-people-who-are-deafblind.

Format / type	Description	Patient Group	Availability	Cost
Large print documents	Printed information enlarged or otherwise reformatted to be provided in a larger font size. Accessible font (or point) sizes range from point 14 up to point 28, and individuals should be asked to specify.	Large print documents are needed by a range of different people, including some people with visual loss and / or who have a learning disability, and people with communication needs following a stroke.	Easily created in house.	Free of charge.
British Sign Language (BSL)	BSL is a visual-gestural language; it has its own grammar and principles, which differ from English.	BSL is the first or preferred language of some d/Deaf people and some deafblind people.	Support from BSL interpreter may be arranged from .	Free to the practice – commissioned by Barnsley CCG

Appendix C – Standard wording to be inserted into all correspondence.

"If you would like this letter or information in an alternative format, for example in 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 01226 759622 or 01709 763400 or write to either surgery."

Appendix D – Clear face-to-face communication and accessible information

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.

Tips for accessible 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.

Author: R Richardson
Date: 25.10.17
Review date: 28.10.18