

The Accessible Information Standard: Update on implementation in primary care

Issue

In September 2015 we informed members that NHS England were introducing a new Accessible Information Standard, which would be a legal requirement for all providers of NHS and adult social care services in England, including GOS contractors.

The purpose of the Standard is to ensure that people who have communication needs because of a disability or sensory loss receive information in a suitable format, ideally of their choice.

As we explained last September, we had a number of concerns about the proportionality and feasibility of the Standard and called on NHS England to consider how its principles could be met in a flexible and pragmatic way that minimises costs to businesses.

In February 2016 we, along with colleagues from the other primary care professions, met with NHS England. We were reassured to hear that the Standard was not intended to create additional bureaucracy and should be implemented flexibly rather than as a tick-box exercise. NHS England responded to all of the concerns we raised and agreed to work with us to produce specific guidance for providers working in primary care settings.

The purpose of this briefing is to update you on the requirements of this Standard, to explain what steps you need to take next, what we are doing and to let you know what support we aim to provide you with.

Action

As our September <u>guide to getting started on the Accessible Information Standard</u> explained, you should now have started preparing for implementation of the Standard. Reading our guidance and considering how you will implement it in your practice meets that initial requirement.

From 1 April 2016 you should, as a matter of normal routine practice, ask your patients about any communication needs they may have and ensure that you record that information on their notes. Where you can act on this information right away by making simple adjustments you should do so, but you are not legally required to take any action under the Standard until 31 July 2016. However, you must continue to meet the existing requirements of the Equality Act 2010 by making reasonable adjustments to support disabled people to access your services.

Over the next few months we will provide further, more detailed information to help you meet your responsibilities to patients with communication needs.

Clarification on New Requirements

We will be working with NHS England to produce detailed guidance on asking about information and communication needs and recording that information. But in the meantime you may find the following points of clarification from NHS England helpful:

1. Ask: as a matter of routine you must enquire if a new or returning patient has any information or communication support needs *relating to a disability, sensory loss or other impairment (e.g. stroke).*

For example, ask patients if they require any reasonable adjustments to be made when they book an appointment. You may also wish to update your waiting room information signs and patient information forms. See Annex 1 for example forms of words to use in your practice and on your website.

2. Record: clearly and consistently record those needs in the patient's records (paper or electronic).

You can record these needs in any way that is clear, consistent and practical. The key point is that the information is meaningful and can be acted on. You are not required to use any specific language or terminology, but you must ensure that you record the person's actual communication needs and not simply their diagnosis (e.g. "deaf - can lip read", not just that the person is deaf; or "severely sight impaired - send information by email", not just that they are blind).



3. Alert/Flag: the recorded needs must be 'highly visible' - so that it can be seen and acted upon whenever the individual's record is accessed.

This should be done in the same way as for any other risk information (e.g. pregnancy or a diagnosis of epilepsy). NHS England has confirmed that it is sufficient to highlight this information on the front sheet of paper records and in a key information or notes field of electronic records. It is NOT necessary to display this information as a flag/banner on each page of an electronic record if your patient record system does not have this functionality.

4. Share: you should include information about a patient's information and communication needs at referral, discharge and handover, following your existing data sharing processes.

NHS England has clarified that the Standard should not create additional layers of bureaucracy. You should follow your existing procedures for gaining the consent of a patient to treatment and to sharing information about them with other professionals, which may normally be implicit, for example in their applying for an NHS sight test under GOS. This means that you will not need to obtain consent specifically for sharing people's information and communication needs or renew consent at each stage unless this is your normal practice.

5. Act: make reasonable adjustments to ensure that people receive information in a format they can understand.

The adjustments you make should be reasonable – but this does not mean that the patient must always receive information in their preferred format. What is important is that they can access and understand the information. The Standard is intended to promote flexible and practical adjustments that enable people with information and communication support needs to participate fully in their care, not to impose undue burdens on providers that do little to benefit patients. For example, you are not expected to hold stocks of patient materials available in alternative formats or to invest in adaptive technologies or braillers. Instead, be prepared to find an alternative solution, such as voice recording a patient's prescription into their phone or emailing them a copy of their prescription or referral letter.

You will, however, be expected to provide materials in alternative formats upon reasonable request. The Optical Confederation will provide further guidance on where to source materials in these formats (e.g. downloadable from RNIB).

It has not yet been clarified how more costly adjustments (e.g. BSL interpreters) are to be funded. The Optical Confederation and our primary and community care partners will continue discussions on this point with NHS England. Until then there is no change to the status quo.

Further Information

We are now working with NHS England to produce further guidance and templates to enable you to comply fully with the requirements of the Standard according to the timescales set out by NHS England.

In the meantime for further information, please contact

ABDO members	Barry Duncan at Bduncan@abdo.org.uk
AOP members	policy@aop.org.uk
FODO members	Arielle Nylander at Arielle@fodo.com

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Appendix 1 – Example wording for updating practice materials to ask whether a patient has information or communication support needs

In addition to asking patients if they require any reasonable adjustments to be made when they book an appointment, we recommend that you update your website, waiting room information signs and patient information forms in due course. This will help patients to be proactive about asking for the support and adjustments they need ahead of their appointments.

You can change the example text to suit your practice's needs, and do not hesitate to contact your representative body if you have any queries.

Website:

If you have specific information or communication support needs, please let us know in advance.

You may also wish to say that you will do your best to meet these needs and/or what reasonable adjustments you can offer.

Wall sign:

If you have a specific information or communication support needs, please let us know.

You may also wish to say that you will do your best to meet these needs.

Patient information forms:

Do you have any specific information or communication support needs?

Yes/No

If yes, please specify (e.g. I need to lip read; I need to receive written information by email.)