Groby Surgery

Accessible Information Policy

**Version Control**

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# Contents

[Contents 2](#_Toc467487485)

[1. Context 3](#_Toc467487486)

[2. Scope of this policy 3](#_Toc467487487)

[a. Overview 3](#_Toc467487488)

[b. Provision of NHS services 3](#_Toc467487489)

[c. Delegated authority 4](#_Toc467487490)

[3. Roles and responsibilities 4](#_Toc467487491)

[a. Practice Manager 4](#_Toc467487492)

[b. Reception staff 5](#_Toc467487493)

[c. Doctors, practice nurses and other clinical staff 6](#_Toc467487494)

[d. All staff 6](#_Toc467487495)

[4. Governance 6](#_Toc467487496)

[5. Communication 7](#_Toc467487497)

[6. Advice and Training 7](#_Toc467487498)

[Appendix A – Standard wording to be inserted into all correspondence. 8](#_Toc467487501)

[Appendix B – Clear face-to-face communication and accessible information 8](#_Toc467487502)

[Tips for clear face-to-face communication 9](#_Toc467487503)

[Tips for accessible printed communication 9](#_Toc467487504)

# Context

The Highfield Surgery supports equality of access for all, including in line with commitments set out in the [Equality Act 2010](http://www.legislation.gov.uk/ukpga/2010/15/contents) [and the [NHS Constitution](https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england) / [Care Act 2014](http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted/data.htm)].

We are committed to complying with the Accessible Information Standard ([SCCI1605 Accessible Information](http://content.digital.nhs.uk/isce/publication/SCCI1605)), 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](http://www.legislation.gov.uk/ukpga/2012/7/section/250).

As a provider of NHS services, the Standard requires the Highfield Surgery to identify, record, flag, 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 Highfield Surgery Partners, employees and those acting on behalf of the Highfield Surgery are expected to take in order to ensure that the Highfield Surgery complies with the Standard.

# Scope of this policy

## Overview

This policy sets out how the Highfield Surgery complies with the Accessible Information Standard (‘the Standard’), including actions to be taken, and relevant roles and responsibilities.

The policy applies to all partners and employees of the Highfield Surgery (including permanent, temporary, agency and locum staff) and to those acting on behalf of the Highfield Surgery.

## Provision of NHS services

The Standard, and this Policy, is applicable to the Highfield Surgery, a provider of NHS services. Whenever the Highfield Surgery is acting as a provider of NHS services, as defined by [section 250 of the Health and Social Care Act 2012](http://www.legislation.gov.uk/ukpga/2012/7/section/250) (and the [NHS Act 2006](http://www.legislation.gov.uk/ukpga/2006/41/contents) 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) contract. The Standard, and therefore this policy, does not apply to privately-funded services.

All Highfield Surgery 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.

## Delegated authority

Where the Highfield Surgery has delegated authority to another organisation the Highfield Surgery retains responsibility for ensuring compliance with the Standard.

# Roles and responsibilities

## Practice Manager

The Practice Manager is responsible for ensuring the Highfield Surgery 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 Highfield Surgery compliance with the Standard will include:

* Maintaining, reviewing and updating this policy, ensuring that it is disseminated to all staff and also publicly available via the Highfield Surgery website.
* Ensuring that the Highfield Surgery has an accessible complaints policy.
* Ensuring that relevant and appropriate systems, processes and policies are in place to enable the Highfield Surgery to effectively meet the requirements of the Standard.
* Identifying existing patients who are known or likely (based on existing records / staff knowledge) to have information and / or communication needs. (An example letter is included at appendix a).
* Identifying sufficient funding for providing accessible information and communication support to individuals with a disability, impairment or sensory loss.
* Ensuring that staff receives appropriate training to enable them to follow this policy and comply with the Standard.
* Ensuring that an electronic library of documents, information and service user forms / letters in accessible formats is maintained.
* 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 Highfield Surgery to comply with the Standard, and encouraging patients to inform staff of their information / communication needs.
* 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.

The Practice Manager may delegate these responsibilities, as appropriate.

## Reception 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 a standard question on registration forms.
* **Record**: record those needs in a clear, unambiguous and standardised way. Specifically, we will meet this step by using SNOMED CT codes in SystmOne
* **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 the use of electronic flags or 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](http://www.legislation.gov.uk/ukpga/1998/29/contents)). 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 / communicate with the practice / service including email and text message and arranging professional communication support as needed to enable effective conversation.

## 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 the Highfield Surgery staff, including clinical staff, to comply with the Standard. Specific actions to be taken by GPs, practice nurses and other clinical staff include:

* 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’ / carers’ information / 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.
* 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 Record, such that details about their information / communication needs as recorded by the Highfield Surgery are visible to other appropriate health care staff, and taking appropriate action based on their decision.
* Including information about patients’ information / communication needs as part of referral correspondence, including when using the NHS e-referral service.

## All staff

All partners of the Highfield Surgery and those acting for or on behalf of the Highfield Surgery 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.

# Governance

The Partners will receive update reports on compliance with this policy – and the Accessible Information Standard.

In addition, the Highfield Surgery will note any incidents of non-compliance with the Standard and any relevant complaints.

# Communication

This policy has been disseminated to staff via the shared staff drive.

# Advice and Training

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

All the Highfield Surgery partners and staff are encouraged to complete the two NHS England e-learning modules supporting compliance with the Standard: [The Accessible Information Standard: Introduction](http://www.e-lfh.org.uk/programmes/accessible-information-standard/open-access-sessions/) and [The Accessible Information Standard: Towards Excellence](http://www.e-lfh.org.uk/programmes/accessible-information-standard/).

# Appendix A – 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.

# Appendix B – 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.