

THE ACCESSIBLE INFORMATION STANDARD – ARE YOU COMPLIANT?

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What is the Accessible Information Standard?

The Standard is an 'information standard' for the NHS and adult social care system and is officially called SCCI1605 Accessible Information.

Since 1 August 2016, all organisations that provide NHS care and/or publicly-funded adult social care must follow the Standard in full. The legal duty (which organisations are obliged to follow) is set out in section **250 of the Health and Social Care Act 2012**.

The Standard is relevant to patients, service users, carers and parents with information and/or communication needs related to or caused by a disability, impairment or sensory loss. It aims to make sure that they get accessible information and communication support.

The Accessible Information Standard applies to all providers of NHS and publicly-funded adult social care. This includes, but is not limited to, the following organisations:

- All providers of NHS care or treatment;
- All providers of publicly-funded adult social care;
- Adult social care or services bodies (in their role as service providers);
- Independent contractors providing NHS services including primary medical services (GP practices), dental services, optometric services and pharmacy services;
- NHS Foundation Trusts and NHS Trusts;
- Providers of NHS and/or adult social care from the voluntary and community or private sectors;
- Providers of public health services, including advice and information.

Commissioners (including CCGs and local authorities) are also required to support compliance by providers.

Why was the Standard developed?

The Equality Act 2010 requires all service providers to make "reasonable adjustments" to support disabled people, including providing information in "an accessible format".

However, there is widespread evidence that disabled people often get inaccessible information and do not get the communication support they need. This has implications for patient choice, involvement in decision-making (including consent), patient safety and health outcomes.

Ultimately, the Standard aims to improve the health and wellbeing of disabled people.

Scope and requirements of the Standard

There are series of specific and detailed 'requirements' for organisations – set out in the Specification for the Standard (**Accessible Information Standard Specification v1.1 (PDF)**) and explained in the Implementation Guidance (**Accessible Information Standard Implementation Guidance v1.1 (PDF)**), however, these 'five steps' summarise the required actions.

The Standard requires all organisations that provide NHS care and/or publicly-funded adult social care to identify, record, flag, share and meet the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

The Standard aims to support everyone with information and / or communication needs relating to a disability, impairment or sensory loss. This includes, but is not limited to:

- People who are deaf, blind or deafblind;
- People who have hearing and/or visual loss;
- People with a learning disability;
- People who have communication difficulties following a stroke, such as aphasia, or because of a mental health condition.

The Standard says that patients, service users, carers and parents with a disability, impairment or sensory loss should:

- Be able to contact, and be contacted by, services in accessible ways, for example email or text message.
- Get letters and information in formats they can read and understand, for example audio, braille, email or easy read.
- Be supported by a communication professional at appointments if this is needed to support conversation, for example a British Sign Language interpreter.
- Get support from health and care staff and organisations to communicate, for example to lip-read.

How was the Standard developed?

Development of the Standard began in early 2013 with one of the first actions being to establish an advisory group to oversee the project. This included voluntary and community sector organisations and patient representatives.

During winter 2013/14 an extensive engagement exercise took place to inform the development of the Standard, with over 1200 people taking part.

This was followed in 2014 by a consultation on the draft Standard itself, with over 500 participants. In early 2015 a small number of organisations piloted or tested the draft Standard.

Regular communication continued throughout, together with input from 'subject matter experts' including 'experts by experience'.

How compliance is being monitored and enforced

Compliance with the Standard is a specific legal duty, as well as being in line with the Equality Act 2010. There is no central reporting requirement, so organisations do not have to inform NHS England of their compliance.

In March 2017, the Care Quality Commission (CQC) published their Equality Objectives for 2017-2019, including an objective on 'accessible information and communication'. In order to meet this objective, one of their commitments is that, "From October 2017, all inspection reports include how providers are applying the standard." Further information about the CQC's Equality Objectives is available here: <http://www.cqc.org.uk/content/equality-and-human-rights>.

Non-compliant organisations risk complaints and legal challenge, as well as patient safety and other implications. Commissioners (including CCGs) must also seek evidence from providers of their compliance. It is a requirement of the NHS Standard Contract.

Feedback from the recent review of the Standard

During January-March 2017, NHS England led a review of the Standard. The review looked at the impact of the Standard and also aimed to ensure that it remained 'fit for purpose', identifying any areas for improvement or where additional clarity was needed.

The report of the review was published in July 2017, and is available in a range of alternative formats from the NHS England website: www.england.nhs.uk/accessibleinfo. A longer analytical report, including all of the 'free text' responses, is also available on request.

There have been no substantive amendments to any of the requirements.

Feedback received as part of the review informed the following amendments:

- Supporting mental health service users with communication needs.
- The use of email to communicate with patients/service users.
- Website accessibility.
- Flagging requirements/the definition of 'highly visible'.
- Recording of needs in non-coded systems

Support for people with learning difficulties, such as dyslexia (as distinct to learning disabilities). Further details of the changes made can be found in the Change Papers: **Accessible Information Standard Specification Change Paper**.

How foundation trust governors can help

Foundation trust governors can check whether their organisations have already implemented the Standard and understand that they **must** consider the 'change paper' and take any necessary steps to ensure that they remain compliant.

Organisations that have not previously implemented the Standard **must** consider this 'change paper' alongside the reissued specification, to ensure that they implement the Standard correctly and completely.

Call for good case study examples

The Patient information Forum (PIF) has an Accessible Information Standard group. It is for people involved in producing or providing accessible information as well as implementing the Standard itself. It allows people working in the field to connect with each other, share useful documents and links and to ask questions and find solutions.

It also enables people to share case studies and examples of good practice. It would be useful where organisations have successfully implemented the standard and are willing to share what they have done, to submit case studies to: <https://www.pifonline.org.uk/groups/accessible-information/forum/>.

For more information

Please email NHS England at England.patientsincontrol@nhs.net or call 0300 311 22 33. Or you can write to Accessible Information Standard, NHS England, 7E56, Quarry House, Quarry Hill, Leeds, LS2 7UE.