

Document Details	
Title	Accessible Information Policy for People with Learning Disability or Sensory Impairment
Trust Ref No	2054-85970
Local Ref (optional)	
Main points the document covers	To develop a standardised approach to identifying, recording, flagging, sharing, and meeting the information and communications needs of patients, carers and parents where this need arises from a disability, impairment or sensory loss. This policy does not include services for patients requiring only translation to other spoken languages. For this see the separate guidance Interpretation and Translation services- Guidance to staff
Who is the document aimed at?	All SCHAT (Shropshire Community NHS Trust) Staff
Owner	Head of Quality
Approval process	
Who has been consulted in the development of this policy?	Leads for SDG's, AIS working group, RIO clinical team.
Approved by (Committee/Director)	Quality and Safety Delivery Group noted at Quality and Safety Committee (reviewed at Quality SDG meetings 2023)
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Other		NHS (National Health Service) England Guidance
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No	Date	Amendment
1	March 2018	Amendments to reflect DCB1605 Accessible Information: Specification – Change Paper <ul style="list-style-type: none"> • Reflects the new definitions. • Reflects the key points in the NHSE guidance about communications by text and email. • Policy and SOP (standard operating procedures) amended to be clear about additional, or arrangements for alternative communication needs of parents of patients, and carers of patients, where this applies
2	January 2019	Routine Review – No Changes
3	December 2023	Routine review and small amendments
4		
5		

Accessible Information Policy

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1 Introduction

The Equality Act became law in October 2010. The purpose of this was to improve and strengthen, previous equalities legislation covering all the groups that were protected by this legislation, known as Protected Characteristics, one of which is disability.

The Care Act 2014 also places specific duties on local authorities to provide advice and information in an accessible format meeting the individual's needs.

This policy aims to address any disadvantage for people who use the Trust's services, and to meet the national Accessible Information Standard (2015). It will ensure that measures are in place to support communication with people who have a learning disability, people with speech and language impairments. People with visual and hearing impairments and deaf people.

2 Purpose

The Accessible Information Standard (NHS England, July 2015) places a requirement on NHS and Local Authority organisations to develop a specific, consistent approach to identifying, recording, flagging sharing and meeting the information and communications support needs of patients, service users, carers and parents, where this need arises from a disability, impairment or sensory loss. The reissued version of the Specification recommends (but does not require) organisations to include individuals with a learning difficulty within the scope of their activities as part of the Standard.

This guidance applies to all services that provide NHS and social care, including where independent contractors have been commissioned to provide this care.

Those who have a communication need should not be put at a disadvantage and this policy sets out a framework for Shropshire Community Health NHS Trust (SCHT) staff in meeting individual's communication needs by ensuring that: -

- Individuals have appropriate access to support, so that they understand information that is being shared with them (e.g., access to interpreters or easy read documentation).
- Individuals are involved and able to make decisions about their health, care, and treatment.
- Individuals are enabled to participate in the management of their own care needs.

3 Responsibilities

3.1 The Chief Executive

The Chief Executive is responsible for ensuring compliance with the guidance set out in the Accessible Information Specification (NHS England, July 2015). The Chief Executive may delegate this responsibility to the Director of Nursing and Quality, Director of Operations, and Director of Finance. The Trust Board must seek assurance from Service Delivery Groups of their compliance with this standard, including evidence of identifying, recording, flagging, sharing, and meeting of needs.

3.2 Service Managers

Service Managers are responsible for:

- Being personally aware of the principles of the Standard and what it requires of their services.
- Putting in place arrangements to ensure there are systems and processes in their service to meet the requirements of this policy. Use of the Standard Operating Procedure at Appendix 2 may help to achieve this.
- Ensuring contracts with other agencies for patient care or patient information reflect the Accessible Information Standard (NHS England, July 2015) as set out in the specification.
- Ensuring appropriate staff attend disability awareness training.
- Communicating this policy to teams, so that they are fully aware of the requirements for implementation and deadlines for this.
- Monitor their teams' compliance with the requirements and take action where they are not being met.
- Ensure their teams have the right support and tools in place to meet the requirements e.g., ready access to information about how to arrange a sign language interpreter or easy read translation.
- The ability to flag an Accessible Information requirement is configured within Rio, the main Electronic Patient Record for the Trust, with an associated method to capture the specific requirement for the person. A single harmonised Trust solution is required to limit the possibility of communicating with the person in an inappropriate format.

3.3 SCHAT Staff

SCHAT Staff are responsible for:

- **Identifying** (by asking the patient, carer, parent, looking at the referral letter or finding out), and recording and flagging the communication needs of all individuals when those individuals contact the Trust, where the Trust provides or subcontracts a service.
- **Alerting other staff members** / teams / external commissioned organisations and the referrer in any communication or discharge letter, about an individual's communication needs, when there is a need to share information in order to meet service requirements (In line with the Data Protection Act 1998).
- **Taking steps** to ensure the individuals communication requirements are met and they receive information in an accessible format and any communication support they need. This includes being aware of how to access Trust wide arrangements to meet needs.

Staff should be aware of this policy and local processes within their service area in order to meet the required standards.

3.4 PALS is responsible for

- Supporting the arrangements for booking British Sign Language interpreters and working towards being able to signpost to other forms of translation/interpretation for sensory impairment.

4. Procedures / Processes

4.1 Service User Groups – Who does this Policy Apply to

The policy applies to patients with a disability that affects their communication needs, this includes, but is not limited to: -

- Patients or their relatives/carers with a sensory impairment (d/Deaf or have some hearing loss, blind or have some visual loss, deaf blind)
- Patients or their relatives/carers who have a learning disability.
- Patients or their relatives/carers with needs relating to a disability or impairment e.g., people with aphasia or a mental health condition that affects their ability to communicate.

The Accessible Information Standard does not apply to individuals whose communication needs are related to speaking a language other than English, although it is acknowledged that in order to ensure all patients receive the best experience of healthcare in Shropshire and Telford & Wrekin, it would be best practice to record these needs in line with this policy.

4.2. Which Services Does this Policy Apply to

This policy applies to all services within SCHT.

4.3. SCHT Services

All SCHT services that have direct contact with patients, or their carers/parents **MUST** have processes in place to ensure that they **ASK, RECORD, FLAG, SHARE** and **MEET** communication needs: - A Standard Operating Procedure is given as an example for services to use in order to comply with guidance (appendix 2).

All SCHT services must ensure that the following take place:

Communication needs are identified: 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. It is important not to record the persons impairment but what their specific communication need is, because that may differ between people.

Where a communication need is identified, needs are recorded and are highly visible: 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.

The definition of 'highly visible' has been amended, as follows:

Highly visible – A recording of an individual's information or communication support needs must be 'highly visible' to relevant staff and professionals. In the context of this Standard

‘highly visible’ means: Obvious and overtly apparent; and Visible on the cover, title and / or ‘front page’ of a document, file or electronic record; and / or Visible on every page of an electric record (for example as an alert, flag or banner); and / or Highlighted in some way on a paper record so as to draw attention to the information as being of particular importance, for example in a larger or bold font, and / or in a different colour.”

See appendix for Rio recording.

Needs are flagged on electronic and paper-based systems to ensure immediate identification:

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.

Where a patient has identified communication needs, where there is a need to share information with other organisations, communication needs are to be shared also:

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. Teams and clinics should, as part of their workload planning ensure that any patients due to be seen the following week have the identified additional needs available and planned for prior to the contact. The Standard requires that recorded data about individuals’ information and / or communication support needs are included as part of existing data-sharing processes, and as a routine part of referral, discharge, and handover processes. All information sharing SHOULD follow existing processes and information governance protocols.

Where a communication need is identified, steps should be taken to meet those needs:

taking steps to ensure that the individual receives information in an accessible format and any communication support which they need.

It is the responsibility of each department to review information they hold and give consideration to what formats this is already available in. Where documentation is not already provided in alternative formats (e.g., braille, easy read, large print) departments will need to request appropriate translation on an as required basis. Details of translation services can be obtained from the Patient Advice and Liaison Services Team

The following aspects, which may be considered relevant to improving the accessibility of health and social care, are explicitly out of scope of this Standard:

The needs or preferences of staff, employees, or contractors of the organisation (except where they are also patients or service users (or the carer or parent of a patient or service user)).

Recording of demographic data / protected characteristic strand affiliation.

Recording of information or communication requirements for statistical analysis or central reporting.

Expected standards of general health and social care communication / information (i.e., that provided to individuals without additional information or communication support needs).

Individuals' preferences for being communicated with in a particular way, which do not relate to disability, impairment, or sensory loss, and as such would not be considered a 'need' or 'requirement' (for example a preference for communication via email, but an ability to read and understand a standard print letter).

Individuals who may have difficulty in reading or understanding information for reasons other than a disability, impairment or sensory loss, for example due to low literacy or a learning difficulty (such as dyslexia) (as distinct from a learning disability).

Expected standards, including the level of accessibility, of health and social care websites.

Corporate' communications produced / published by organisations which do not relate to direct patient / service user care or services, and do not directly affect individuals' health or wellbeing.

Implementation of the Equality Act 2010 more widely, i.e., those sections that do not relate to the provision of information or communication support. This exclusion includes other forms of support which may be needed by an individual due to a disability, impairment or sensory loss (for example ramps or accommodation of an assistance dog).

Foreign language needs / provision of information in foreign languages – i.e., people who require information in a non-English language for reasons other than disability.

Matters of consent and capacity, including support for decision-making, which are not related to information or communication support.

Services MUST ensure that their processes, including appointments processes, care pathways and management arrangements reflect, enable and support implementation and compliance with this standard. There is a requirement to manually amend letters (e.g., where Synertec' is not available) into large font for example.

5. Related Documents

- The following documents contain information that relates to this policy:

Guidelines for the care of Adults with a Learning Disability within the Community Services and Community Hospitals including MIU and DAART in Shropshire Community NHS Health Trust

Patient Access Policy (which also contains guidance on alternative communication methods)

Adult Safeguarding Policy

Child Protection Policy

Clinical Record Keeping Policy

Information Governance Policy

Community Hospital Record Keeping Guidance

Community Outpatient Physiotherapy Record Keeping Guidelines

Community Teams Record Keeping Guidance

Patient Leaflets: Good Practice

Information Governance Policy

School Nursing Record Keeping Guidance

Patient Leaflets: Your Information - what you need to know

Interpretation and Translation services- Guidance to staff

6. Dissemination

- These guidelines will be disseminated by the following methods:
 - Service Leads – to disseminate within their areas
 - Staff - via communications
 - Published to the Website
 - DATIX Alert

7. Advice and Training

Managerial leads for services are responsible for ensuring that all staff are aware of this policy including the tips for better communication at Appendix 1, are trained, understand and are able to meet the requirements of the Accessible Information Standard, in line with their local processes. Information on the use of EPR (Electronic Patient Record) alerting system for flagging and recording communication needs is supported through the Reasonable Adjustments briefing paper available on SharePoint.

Additional training for administrative staff, and others, who are 'front of house' or may be a point of contact for patients will be required. Examples of appropriate training would be access to Joint Training for Learning Disability Awareness which provides an introductory understanding of learning disabilities explores different communication choices and how they can be used to support people and can be accessed at www.shropshire.gov.uk

Additionally, e learning is available of Learning Disability Awareness, and communication Skills: Principles via the SCHAT Electronic Staff Record E learning system

If any advice is required in relation to this policy, please contact: -

Patient Advice and Liaison Service (PALS)

Tel:01743 277689

Freephone: 0800 032 1107

shropcom.customerservices@nhs.net

[Patient Advice and Liaison Service \(shropscommunityhealth.nhs.uk\)](http://PatientAdviceandLiaisonService(shropscommunityhealth.nhs.uk))

8. Review and Compliance Monitoring

The Trust Board will seek assurance from services of their compliance with this standard, including evidence of identifying, recording, flagging, sharing and meeting of needs via SDG Quality and Safety Meeting and Quality and Safety Committee.

9. References

Accessible Information Standard (NHS England, July 2015 revised 2017)

[NHS England » Accessible Information Standard](#)

Equality Act 2010

[Equality Act 2010 \(legislation.gov.uk\)](http://EqualityAct2010(legislation.gov.uk))

Care Act 2014

[Care Act 2014 \(legislation.gov.uk\)](http://CareAct2014(legislation.gov.uk))

Data Protection Act 2018

[Data protection: The Data Protection Act - GOV.UK \(www.gov.uk\)](http://DataProtection:TheDataProtectionAct-GOV.UK(www.gov.uk))

10 Glossary

Term / Abbreviation	Explanation / Definition
Accessible Information Standard	NHS England guidance relating to how health and social care should meet the needs of individuals with communication needs.
Alternative format	Information provided in an alternative to standard printed or handwritten English, for example large print, braille or email.
Braille	A tactile reading format used by people who are blind, deafblind or who have some visual loss. Readers use their fingers to 'read' or identify raised dots representing letters and numbers. Although originally intended (and still used) for the purpose of information being documented on paper, braille can now be used as a digital aid to conversation, with some smartphones offering braille displays. Refreshable braille displays for computers also enable braille users to read emails and documents.
BSL	British Sign Language is a visual means of communicating using gestures, facial expression, and body language. Sign Language is used mainly by people who are Deaf or have hearing impairments.
Carer	A patient or service user's carer (defined by SCCI1580: Palliative Care Co-ordination: Core Content as follows, "A carer is a person who is either providing or intending to provide a substantial amount of unpaid care on a regular basis for someone who is disabled, ill or frail. A carer is usually a family member, friend or neighbour and does not include care workers. (Carers (Recognition and Services) Act 1995.)" SCCI1580 also includes a note that, "the main carer will be identified by the individual or the person's GP or key worker if the person lacks capacity to identify one themselves." The Accessible Information Standard includes within its scope the needs of a patient or service user's main carer, as well as other important or regular informal (unpaid) carers."
Communication Needs	Needs that have an impact on an individual's ability to communicate effectively, without additional support.

d/Deaf	A person who identifies as being deaf with a lowercase d is indicating that they have a significant hearing impairment. Many deaf people have lost their hearing later in life and as such may be able to speak and / or read English to the same extent as a hearing person. A person who identifies as being Deaf with an uppercase D is indicating that they are culturally Deaf and belong to the Deaf community. Most Deaf people are sign language users who have been deaf all of their lives. For most Deaf people, English is a second language and as such they may have a limited ability to read, write or speak English.
Deafblind	The Policy guidance Care and Support for Deafblind Children and Adults (Department of Health, 2014) states that, "The generally accepted definition of Deaf blindness is that persons are regarded as Deafblind "if their combined sight and hearing impairment causes difficulties with communication, access to information and mobility. This includes people with a progressive sight and hearing loss" (Think Dual Sensory, Department of Health, 1995)."
Disability	There has been an amendment to the definition for 'disability,' with 'describes' replacing 'defines.' The new definition is: "Disability – The Equality Act 2010 describes disability as follows, "A person (P) has a disability if — (a) P has a physical or mental impairment, and (b) the impairment has a substantial and long-term adverse effect on P's ability to carry out normal day-to-day activities."
Easy read	Written information in an 'easy read' format in which straight forward words and phrases are used supported by pictures, diagrams, symbols and / or photographs to aid understanding and to illustrate the text.
Impairment	The disability charity Scope defines impairment as, "long-term limitation of a person's physical, mental or sensory function.
Interpreter	A person able to transfer meaning from one spoken or signed language into another signed or spoken language.
Large print	Printed information enlarged or otherwise reformatted to be provided in a larger font size. A form of accessible information or alternative format which may be needed by a person who is blind or has some visual loss. Different font sizes are needed by different people. Note it is the font or word size which needs to be larger and not the paper size.

Learning disability	This term has an existing Data Dictionary definition. and is also defined by the Department of Health in Valuing People (2001). People with learning disabilities have life-long development needs and have difficulty with certain cognitive skills, although this varies greatly among different individuals. Societal barriers continue to hinder the full and effective participation of people with learning disabilities on an equal basis with others.
Lipreading	A way of understanding or supporting understanding of speech by visually interpreting the lip and facial movements of the speaker. Lipreading is used by some people who are d/Deaf or have some hearing loss and by some deafblind people.
PALS	Patient Advice & Liaison Service – Department within NHS and commissioned organisations responsible for providing advice and guidance to individuals in relation to support/health/social care services.
Protected Characteristics	The Equality Act 2010 introduced the term "protected characteristics" to refer to groups that are protected under the Act. There are nine in total, age, disability, gender reassignment, marriage & civil partnership, pregnancy & maternity, race, religion or belief, gender/sex, sexual orientation.
Parent	The legally recognised parent or guardian of an individual under 18 years of age or an individual with parental responsibility or delegated authority for a child."
Sensory Loss	An impairment that affects the senses, e.g. deafness, blindness.
Speech-to-text-reporter (STTR)	A STTR types a verbatim (word for word) account of what is being said and the information appears on screen in real time for users to read. A transcript may be available and typed text can also be presented in alternative formats. This is a type of communication support which may be needed by a person who is d/Deaf and able to read English.
Translator	A person able to translate the written word into a different signed, spoken or written language. For example, a sign language translator is able to translate written documents into sign language.

Disabled People	Article 1 of the United Nations Convention on the Rights of Persons with Disabilities has the following description, “Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.””
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Appendix 1.

Guide to Better Communication

Top Tips for Staff –

- Make sure you have the person's attention before speaking to them
- Always face the person you are talking to and do not obscure your lips with your hands
- Speak clearly at normal volume – shouting is uncomfortable for people with hearing aids
- Longer appointments maybe needed to accommodate for communication needs
-
- 3-way conversations and time taken to sign and for patient to understand. Interpreters may need to be booked for longer sessions.

Agencies Offering Specialist Communications Help

For deaf and deaf blind people, only communication professionals registered with the National Register of Communication Professionals working with Deaf and Deaf blind people (NRCPD) should be used for appointments.

Interpreters Service (Non-English-Speaking Patients in accordance with the Trusts policy for Interpretation and Translation services- Guidance to staff

British Sign Language, Visual Frame interpreting, Deaf blind Finger spelling, Lip Reading and professional note takers

VISS

Telephone: 01743 250 850

SMS: 07890 962898

e-mail: office@viss.org.uk

For out of hours or in emergencies please call the main office

Makaton – Makaton Organisation – www.makaton.org

Braille, Audio, Large Print and Easy read leaflets – Pauline Rose, VTTS Manager Shropshire Council – 01743 257746

Useful council information

<https://www.shropshire.gov.uk/>

[Home - Community Resource Desktop \(community-resource.org.uk\)](http://community-resource.org.uk)

[Useful information | Shropshire Council](#)

<https://www.telford.gov.uk/>

[Supporting access to services - Supporting access to services - Telford & Wrekin Council](#)

Aphasia – Aphasia Organisation –<https://aphasia.org>

[Homepage - The National Aphasia Association](#)

[Advice and guidance \(autism.org.uk\)](https://autism.org.uk)

Synertec - 01823 652360 - are able to produce letters for patients in the following formats:

- Braille
- Easy Read
- Large Font
- Yellow Paper
- E-mail
- E-mail with voice file
- E-mail with plain text
- E-mail with PDF

See The Interpretation and translation services- Guidance to Staff (For Non-English-Speaking patients, not for other communication aid)

Absolute Interpreting and Translations Ltd provides all the interpretation and translation requirements for the Trust. You can request an interpreter over the phone or via the portal for written or verbal communications.

Appendix 2

Standard Operating Procedure: Implementing the Accessible Information Standard: Policy & Process

Identification of Needs

Communication needs are identified:

Who will ask: The patient's initial contact, which may be a clinician, or admin should ask, and record in the patient's own words what additional communication support, if any, is required, and alert the records system and attending clinician.

What should be asked?

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.

- *It is important not to ask what the persons impairment but what their specific communication need is, in their own words, because that may differ between people.*

How where, when:

- At the point of referral e.g. GP letter or transfer of care
- At the point of first contact e.g. receptionist, MIU Nurse or Community Therapist

Recording of needs

- How: The EPR alert system must be generated as an additional needs alert, with details behind the alert of how the patient feels those needs can be met
- On the patient's admission documentation
- In a care plan
- When: At the point of contact or referral.

Where a communication need is identified, needs are recorded and should be highly visible: 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 is required. Additionally, under the additional needs alert staff can add needs around memory, mobility and wellbeing.

Flagging of Needs

- How: Needs should be flagged on electronic and paper-based e.g. admission documentation or care plans

This to ensure immediate identification: 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.

Sharing of Needs

- How: On any transfer of care documentation where there is a need to share
- On any discharge information where there is a need

Where a patient has identified communication needs, where there is a need to share information with other organisations, communication needs are to be shared also: 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.

Meeting of Needs

Once additional need is identified, it is essential that they are met.

- See Appendix 1 good communication tips and methods
- Where 'synertec' letters are not used, manual adaption to letters must be carried out. E.g. large font

Where a communication need is identified, steps should be taken to meet those needs: taking steps to ensure that the individual receives information in an accessible format and any communication support which they need.

It is the responsibility of each department to review information they hold and give consideration to what formats this is already available in. Where documentation is not already provided in alternative formats (e.g. braille, easy read, and large print) departments will need to request appropriate translation on an as required basis.

Details of help with communication services can be obtained from the Patient Advice and Liaison Services Team

Appendix 3

RIO Guide for alerting (add in)

[Accessible Information Standard - how to manage in Rio.pdf](#) (link to SharePoint)

Briefing Paper – Accessible Information Standards in RiO

Introduction

Despite equalities legislation, many users of public services continue to be at a disadvantage, because those services do not communicate with them in a way they can understand, and which meets their communication needs.

The Accessible Information Standard (NHS England, July 2015) places a requirement on NHS organisations to develop a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, carers and parents, where this need arises from a disability, impairment or sensory loss.

Those who have a communication need should not be put at a disadvantage. All staff have a responsibility to meet the individual's communication needs by ensuring that:

- Individuals are able to contact and be contacted by services in accessible ways, for example by email or text message.
- Individuals have appropriate access to support so that they understand information being shared with them (e.g., access to interpreters or easy read documentation)
- Individuals are supported by a communication professional at appointments if this is needed to support conversation, for example a British Sign Language interpreter.
- Individuals are involved and able to make decisions about their health, care and treatment.
- Individuals are enabled to participate in the management of their own care needs.

Principles

Accessible Information Standards (AIS) apply to individuals with a disability or impairment that affects their communication needs. This includes, but is not limited to:

- Sensory Impairments e.g., deaf, blind or deafblind
- Visual and or hearing loss.
- Learning disability
- Needs relating to a disability or impairment e.g., aphasia or mental health condition that affects their ability to communicate.

AIS does not apply to individuals whose communication needs are related to speaking a language other than English. It is best practice to record and act upon this need, but it does not fall under the remit of AIS.

Responsibilities

All staff using Rio are responsible for:

Identifying (by asking the patient, carer, parent, looking at the referral letter or finding out) and **recording** and **flagging** the communication needs of all individuals when those individuals contact the Trust.

Alerting other members of staff, teams or external commissioned organisations and the referrer in any communication or discharge letter, about an individual's communication needs, when there is a need to **share** information in order to meet services requirements (In line with the Data Protection Act 1998)

Taking steps to ensure the individual's communication requirements are met and they receive information in an accessible format and any communication support they need. This includes being aware of how to access Trust wide arrangements to meet needs, including the use of Synertec for written communication to the individual. For services not using Synertec, manual steps must be put in place to meet the needs of individuals in relation to written communication.

Implementing the Standard



Services must ensure that the information and / or the communication needs of their patients (and where appropriate their carers) where the needs relate to or are caused by a disability, impairment or sensory loss, are identified and recorded:

- On registration with those services
- As part of the initial contact or interaction with the service
- At first appointment
- On receipt of notification that a person has a sensory loss or learning disability
- When a diagnosis or symptoms indicate a new or revised communication or information support need
- As part of a health check
- As part of care or support planning
- Annual review of needs

All clinically focused staff should proactively prompt individuals to identify that they have information and / or communication needs and support them to describe the type of alternative format or support that they need at their first or next interaction with the service.


Process in Rio

An Alert must be added to indicate that the individual has an Accessible Information Standard (AIS) need.


Alert Type	Accessible Information Standard Alert (See Form) ▼
Alert Date	21 October 2019 
Next Review Date	21 October 2020 
Priority	High ▼
Comment	<input type="text"/>

Patients with an Alert will have this indicated on their 'Clinical Portal' screen as a Red Triangle:

Clinical Indicators




27 Feb 2019



Condi

Clicking on the red triangle will open up a new window displaying the detail of the Alert(s) and any comments associated with the Alert:

Alerts					
indicator	Alert Type	Alert Date	Entered By	Comment	Next Review Date
	Restricted or Confidential Address - Patient/Parent/Child	27 Feb 2019	GOODFELLOW, MarkN (Mr)	Don't let the uncle know the addrss.	27 Feb 2019

The presence of a 'Clock' under the indicator heading indicates that the alert has exceeded its specified timeframe and needs reviewing.

To update an Alert, click on the Triangle on the banner at the top of the page:

Gender: **Female** NHS: **N/A**

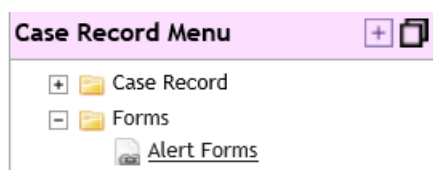

Alerts can be Removed, Updated or Added in the below screen. The history of an Alert can also be seen through this screen:

 TESTPATIENT, Testpatientx (Miss) DoB: 29 Oct 1966 (52 year(s) old) Gender: Female NHS: N/A 							
Alert Type	Alert Date	Date Entered	Entered By	Alert Priority	Comment	Next Review Date	Remove
Restricted or Confidential Address - Patient/Parent/Child	27 Feb 2019	27 Feb 2019	MarkN Goodfellow	High	Don't let the uncle know the addrss.	27 Feb 2019 	<input type="checkbox"/>
<div style="display: flex; justify-content: space-around;"> <div>Remove Selected</div> <div>Add Alerts</div> <div>Show History</div> </div>							

Please see the 'Alerts Allergies Conditions Diagnoses RiO Quick Reference Guide' for further practical help on managing alerts:

http://sharepointapp/web/EPR_Proj/eplibrary/Alerts%20Allergies%20Conditions%20Diagnoses%20V3-1%20Jan%202019.pdf

A form must also be created to capture the specific AIS need of the individual. The form is accessed through the 'Alert Forms' section on the Case Record Menu:



Select: 'Risks, Alerts and Adjustments' from the list of forms

It is possible to record an absence of an AIS need on this form, by selecting **No** from the question below. If the individual has a specific AIS need, select **Yes**.

AIS is broken down into the following sections:

- Contact Method
- Device and Technology Support
- Environmental Support
- Hearing and Speaking
- Information Support
- Interpreting and Personal Support

Each section has a picklist of the statements as set out in the NHS England Accessible Information Standard, July 2015, with an additional Comment box for further details. Once an AIS Statement is selected, click **ADD** to save the information.

The screenshot shows the 'Device & Technology Support' section of the form. It features a table with three columns: 'AIS Statement', 'Comment', and 'Action'. The 'AIS Statement' column has a dropdown menu open, showing options: 'Please Select', 'Uses alternative communication skill', 'Uses Personal Communication Passport', 'Uses communication device (finding)', 'Uses electronic note taker', and 'Personal Audio Recording Device User'. The 'Comment' column has a text input field. The 'Action' column has a blue 'Add' button.

If an individual requires another person to be their primary contact this must be recorded, including the AIS needs of that other person. Add any AIS needs in the Comments box:

The screenshot shows two questions on the form. The first question is 'Does the patient require another person to be their primary contact.' with a green checkmark next to it. The second question is 'Does the patient have a carer or parent with accessible information needs.' with a green checkmark next to it. To the right of the second question is a dropdown menu with options: 'Please Select', 'Requires contact via carer (finding)', and 'No other person required'. Below these questions is a 'Comments' section with a green checkmark and a text input field.

Written Communication

Synertec is the Trust's solution to managing AIS needs for written communication. For advice on how to set up a Synertec account, please contact Kurtis Christian (kurtis.christian@synertec.co.uk – do not send patient identifiable data to this address, or call 07557138618)

Synertec are able to produce letters for patients in the following formats:

- Braille
- Easy Read
- Large Font
- Yellow Paper
- Email
- Email with voice file
- Email with plain text
- Email with PDF

The individual needs of the patient should be addressed – it is possible to manually increase the font of all letters generated within RiO before printing and saving the letter. Highlight the text to be altered either increased in size or font changed within the Microsoft Word application.

Additional Information

For further advice on Accessible Information Standards, please contact the Patient Advice and Liaison Service

References:

- Data Protection Act (DPA) 1998
- General Data Protection Regulation 2016
- Equality Act 2010
- Accessible Information Policy for People with Learning Disability or Sensory Impairment (SCHT Policy Ref No: 2054-44910 2019)