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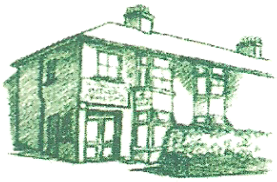

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Accessible Information Standard

Purpose and Definition

The Accessible Information Standard directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting individuals' information and communication support needs by NHS and adult social care service providers.

The aim of the Standard is to establish a framework and set a clear direction such that patients and service users (and where appropriate carers and parents) who have information or communication needs relating to a disability, impairment or sensory loss receive:

• 'Accessible information' ('information which is able to be read or received and understood by the individual or group for which it is intended'); and

• 'Communication support' ('support which is needed to enable effective, accurate dialogue between a professional and a service user to take place');

Such that they are not put "at a substantial disadvantage in comparison with persons who are not disabled" when accessing NHS or adult social services. This includes accessible information and communication support to enable individuals to:

• Make decisions about their health and wellbeing, and about their care and treatment;

• Self-manage conditions;

• Access services appropriately and independently; and

• Make choices about treatments and procedures including the provision or withholding of consent.

Scope: Required Activities

In implementing the Standard, applicable organisations are required to complete five distinct stages or steps leading to the achievement of five clear outcomes:

1. **Identification of needs**: 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.

2. **Recording of needs**: 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; b. Use of defined clinical terminology, set out in four subsets, to record such needs, where Read v2, CTV3 or SNOMED CT® codes are used in electronic systems; c. Use of specified English definitions indicating needs, where systems are not compatible with any of the three clinical terminologies or where paper based systems / records are used; d. Recording of needs in such a way that they are 'highly visible'.

3. Flagging of needs: establishment and use of electronic flags or alerts, or paperbased 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.

4. Sharing of needs: 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.

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

Procedure

Identification and Recording of needs

i) On registering with Leatside Surgery a patient is asked: "Do you have any specific communication needs". This is on the registration form. A statement has been added to the online registration section of the website asking patients to inform us at the same time.

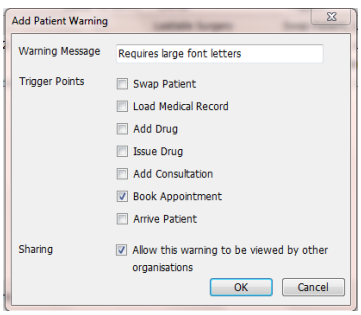
Responses are coded as below:

9NU0 Interpreter required (if first language not English)
9NU1 Interpreter not required (if first language not English)
9NfN Requires information in Grade 1 (uncontracted) Braille
9NfM Requires information in Grade 2 (contracted) Baille
9Nf0 Requires written information in large font
9NfC Requires slow verbal communication
9NfD Requires loud verbal communication
9Nff Requires contact via carer
Other codes exist under 9Nf)

Patients who do not indicate any of the above are coded as having no specific communication requirements.

A major alert needs to be added as well so that it is obvious when accessing their record. **e.g: "Patient requires communication in large print"**

Tick boxes should be selected so that communication requirements are visible when booking an appointment and can also be viewed by other organisations.



ii) On contact with the surgery patients will be prompted to tell us about their specific communication requirements through the below means:

- **Ongoing protocol on the EMIS clinical system. This protocol searches for evidence of any of the above codes (including codes stating no specific requirements) which have been added in the past twelve months.**

  If no code has been added then a prompt will appear on screen asking "Does the patient have any specific communication needs?" A pick list of codes (as above) is then available if the patient has a requirement.

  Our IT lead will run a weekly search to identify whether any new codes have been added. Major alerts are then added to patient records.

- **Clinicians (GPs, Pharmacists, Nurses, HCAs and Phlebotomists) should be made aware of needs during routine consultations. The protocol with a picking list is available to be launched by clinicians to be coded and recorded.**

- **Message on phone system asking patients to inform reception if they have any specific communication needs. If so then this is actioned by the receptionist who takes the call. Code added and Major Alert added.**

- **Message on TV information screens**

- **Message on Check in screens**

- **Message on practice Website**

Flagging of needs

Major alerts will flag when a medical record is opened or when a user switches patient.

Whenever an individual letter is sent to a patient Major Alerts need to be checked to ensure that the correct method of communication is used.

When sending Mail Merges two separate lists will be need to be created:

- **List 1 : Those who do not have one of the above codes attached – to be sent as usual**
- **List 2: Those who do have codes attached are sent in the appropriate manner**

Delivery

Where specific communication needs are identified, an appropriate means of meeting these requirements is to be agreed with the patient to ensure that information can be made accessible.