

# **ACCESSIBLE INFORMATION STANDARD POLICY**

1.0

Version:

Policy owner:	Patient Experience Domain Lead
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Target audience:	All staff

Version Number	Issue Date	Revision from previous issue
1.0	September 2018	New policy. Adopted into wider SGPF from CM&C policy



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## **EQUALITY and DIVERSITY IMPACT STATEMENT**

All policies, procedures, guidelines and other approved documents of Suffolk GP Federation are formulated to comply with the overarching requirements of legislation, policies or other overarching standards relating to equality and diversity

Suffolk GP Federation welcomes feedback on this document and the way it operates and needs to be informed of any possible or actual adverse impact that it may have on any groups listed below. This document has been screened to determine equality relevance for the following dimensions:

- \* Age
- \* Gender
- \* Disability
- \* Race
- \* Religion/ belief
- \* Sexual Orientation
- \* Transgender/ transsexual
- \* Other characteristics

#### 1 Introduction

- 1.1. Suffolk GP Federation is committed to providing a consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents, where those needs relate to a disability, impairment or sensory loss. This may be, for example, by adjusting the communication format to large print, braille, easy read, and email communications or by sourcing professional communication support such as a British Sign Language interpreter or the use of Language Line.
- 1.2. This support is particularly relevant for individuals who are blind, Deaf, deafblind and / or who have a learning disability, although it will support anyone with information or communication needs relating to a disability, impairment or sensory loss, for example people who have aphasia or a mental health condition which affects their ability to communicate.

#### 2 Professional Standards and Codes of Conduct

- 2.1. This policy is in accordance with section 250 of the Health and Social Care Act 2012<sup>1</sup> and the Accessible Information Standard 2015<sup>2</sup>. It aims to improve the quality and safety of care received by individuals with information and communication needs, and their ability to be involved in autonomous decision-making about their health, care and wellbeing.
- 2.2. This policy addresses CQC Key Lines of Enquiry (KLOEs) C2, W1, W3.3

#### 3 Identifying those with Communication Needs

3.1. Posters informing patients about communication support are present in the receptions of all SGPF sites (see appendix 2)

<sup>&</sup>lt;sup>1</sup> http://www.legislation.gov.uk/ukpga/2012/7/section/250

<sup>&</sup>lt;sup>2</sup> http://digital.nhs.uk/isce/publication/SCCI1605

<sup>&</sup>lt;sup>3</sup> https://www.cqc.org.uk/about-us/our-strategy-plans/equality-human-rights



3.2. Services will actively work with patients to identify their communication needs using a variety of tools e.g. a communication needs form (see appendix 1 for an *example* of this).

## 4 Recording Communication Needs Information

4.1. Once a patient's communication needs have been identified, their record will be electronically amended using clinical coding in a clear, standardised way, using specified English definitions where clarification is necessary and on paper-based files.

## 5 Flagging Communication Needs Information

5.1. Once a patient's needs have been recorded, this information will be 'highly visible' whenever their record is accessed, both online and on paper-based files, and will prompt for action.

#### 6 Sharing Communication Needs Information

6.1. The information regarding an individual's communication needs will be shared as part of the data sharing process in effect, in line with existing information governance frameworks

#### 7 Acting on Communication Needs Information

- 7.1. Once an individual's needs have been identified and recorded, communication in the appropriate format will be provided promptly and without unreasonable delay. If a patient's needs involve a communication professional, it is the organisation's responsibility to ensure that any professional referred to is appropriately qualified.
- 7.2. The organisation must also offer the option of longer appointments for those with communication needs.
- 7.3. Suffolk GP Federation staff can access this policy via the shared drive/ intranet and this policy will be reviewed regularly to ensure the organisation is line with the most current guidelines.
- 7.4. The organisation has a clearly advertised and easily accessible Complaints Policy should an individual wish to give feedback regarding treatment of their communication needs.
- 7.5. The organisation will make reasonable adjustments to remove or minimise disadvantages experienced by those people with communication needs. This does not mean that signage or all written information will be available in all possible formats. Our services are committed to be responsive to the needs of the population they serve and will continuously respond to those identified needs.

### 8 Audit and compliance

8.1. Compliance with this policy with be monitored as part of the programme of annual mock CQC visits



## **Appendix 1: Example of Communication Needs Form**

The Accessible Information Standard aims to ensure that patients (or their carers) who have a disability or sensory loss can receive, access and understand information, for example in large print, braille or via email, and professional communication support if they need it, for example from a British Sign Language interpreter.

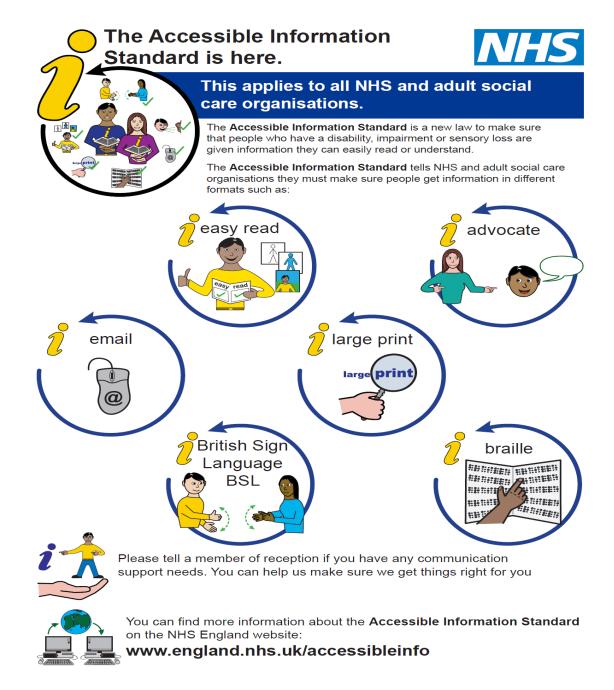
This applies to patients and their carers who have information and / or communication needs relating to a disability, impairment or sensory loss. It also applies to parents and carers of patients who have such information and / or communication needs, where appropriate.

Individuals most likely to be affected by the Standard include people who are blind or deaf, who have some hearing and / or visual loss, people who are deaf blind and people with a learning disability. However, this list is not exhaustive.

• Do you have communication needs?	Yes		No 🗆
• Do you need a format other than standard print?	Yes		No □
• Do you have any special communication requirements?	Yes		No □
• How do you prefer to be contacted?			
• What is your preferred method of communication?			
• How would you like us to communicate with you?			
• Can you explain what support would be helpful?			
• What is the best way to send you information?			
What communication support could we provide for you?			
Name: Date of birth:			
If you have a carer do they need communication assistance?	Yes		No □
If 'Yes' what is your Main Carer's name:  Do you consent to the practice contacting your main carer regarding your care?	Yes		 No 🗆
What is the best way to contact them?			
Signed: Date:  Please post or hand this form in to the surgery – thank you			



# **Appendix 2: Accessible Information Standard Poster**





# **Appendix 3: Equality Impact Assessment Form**

Any identified a potential discriminatory impact must be identified with a mitigating action plan to address avoidance/reduction of this impact. This tool must be completed and attached to any Suffolk GP Federation approved document when submitted to the appropriate committee for consideration and approval.

Name of Document: Accessible Information Standard Policy					
	Equality Impact Assessment Tool	Yes/No/ NA	Comments		
1.	Does the document affect one group less or more favourably than another on the basis of?	No			
	Race	No			
	Ethnic origins (including gypsies and travellers)	No			
	Nationality	No			
	Gender	No			
	Culture	No			
	Religion or belief	No			
	Sexual orientation including lesbian, gay and bisexual people	No			
	Age	No			
	Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No			
2.	Is there any evidence that some groups are affected differently?	No			
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	NA			
4.	Is the impact of the document/guidance likely to be negative?	No			
5.	If so can the impact be avoided?	NA			
6.	What alternatives are there to achieving the policy/guidance without the impact?	NA			
7.	Can we reduce the impact by taking different action?	NA			