



**NHS**  
*Barking and Dagenham, Havering and Redbridge  
Clinical Commissioning Groups*

## **Accessible Information Standards: Practice Manager Workshop - July 2016**

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[www.healthwatchredbridge.co.uk](http://www.healthwatchredbridge.co.uk)

# Workshop Summary Report

## Introduction

The Accessible Information Standard (AIS)<sup>1</sup> is a new mandatory and statutory requirement that applies to all providers of NHS and publicly-funded adult social care services and came into force on 31 July 2016<sup>2</sup>.

It is underpinned by the Equalities Act, and tells organisations how they should work to understand every patients' communication needs and provide any communication support that they might need. This includes making sure that people get information in accessible formats such as large print, Braille, easy read and via email.



## Accessible Information Standards: in brief

As part of the Accessible Information Standard (AIS), organisations providing health or social care must do five things. They must:

1. **Identify:** Ask people if they have any information or communication needs, and find out how to meet their needs.
2. **Record:** Record those needs clearly and in a set way.
3. **Flag:** Highlight or flag the person's file or notes so it is clear that they have information or communication needs and how to meet those needs.
4. **Share:** Share information about people's information and communication needs with other providers of NHS and adult social care, when they have consent or permission to do so.
5. **Meet:** Take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it.

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<sup>1</sup> <https://www.england.nhs.uk/ourwork/accessibleinfo/>

<sup>2</sup> <http://www.legislation.gov.uk/ukpga/2012/7/section/250/enacted>

## Need for the Standards

The Royal National Institute for Deaf People (RNID) found that 24% of deaf patients had missed an appointment due to poor communication such as not being able to hear staff calling out their name<sup>3</sup>. In addition to this, an Inquiry held in March 2013 found that lack of clear communication at clinic appointments was a contributing factor in the premature deaths of a number of people with learning disabilities<sup>4</sup>.

Recent national research has shown that health inequalities for Deaf people alone can reduce their life expectancy, and can cost the NHS an estimated £30million a year.

Some of the advantages of implementing these standards include:

- A reduction in ‘Did Not Attends’ (DNA’s). When a patient does not attend a scheduled appointment, or cancels so late that a replacement cannot be found, there is a cost to the health care system in terms of personnel time, extended waiting lists, and the loss of potentially beneficial services to patients who miss their visit.
- Patients in the key affected groups will experience improved health and wellbeing due to increased understanding of information provided and participation in decision making.
- Increased patient satisfaction and reduction in complaints.
- Improved patient safety due to ability to understand information provided regarding care and treatment.
- Providing accessible information ensures that all patients are communicated with in a way that is readily understandable to them. This means that patients understand the procedures that they are undergoing and any other relevant information provided.

The 2016/17 NHS standard contract includes a clause (service condition 12.2) which stipulates a requirement that providers must comply with the standard. The standard places a statutory obligation on providers to improve communication with and involve service users, carers, the public and staff.

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<sup>3</sup> [file:///C:/Users/HWRvolunteer/Downloads/A%20simple%20cure%20\(1\).pdf](file:///C:/Users/HWRvolunteer/Downloads/A%20simple%20cure%20(1).pdf)

<sup>4</sup> <http://www.bristol.ac.uk/media-library/sites/cipold/migrated/documents/fullfinalreport.pdf>

## Background

Last year, Healthwatch Redbridge conducted Enter & View visits to all the GP practices in Redbridge<sup>5</sup> to review the complaints information held by them. We found that of the GP surgeries that had complaints leaflets, none of them met a standard level of accessibility for a number of reasons. These included issues such as small font sizes, a variety of font styles, upper case text and in a number of cases, out of date information.

The information we compiled was cited by the Parliamentary & Health Service Ombudsman's Office in its recent report into complaint handling across England<sup>6</sup>.



'Access for All Conference' - 24 May 2016

Healthwatch Redbridge organised a stakeholder event in May 2016 working in partnership with other Healthwatch's (HWs) across north east London to inform and support health and social care professionals about the standards. Feedback from attendees suggested more support was crucial.

## Purpose of the Workshop

Working with Healthwatch's from Havering and Barking & Dagenham we developed a workshop for practice managers, commissioned by Barking & Dagenham, Havering and Redbridge Clinical Commissioning Group (BHR CCG), to support the development of accessible information action plans ahead of the implementation date.

The aim of the workshop was to provide specific information, support and guidance for practices on how they might seek to achieve successful and effective implementation of the standards.

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<sup>5</sup> <http://healthwatchredbridge.co.uk/news/enter-view-report-understanding-complaints-procedures-across-gp-practices-redbridge>

<sup>6</sup> [http://www.ombudsman.org.uk/data/assets/pdf\\_file/0007/36547/GP\\_Complaint\\_handling\\_report.pdf](http://www.ombudsman.org.uk/data/assets/pdf_file/0007/36547/GP_Complaint_handling_report.pdf)

## Workshop

The workshop was attended by **57** staff from GP practices across Barking & Dagenham, Havering & Redbridge. All were provided with a range of resources, most of which are in the public domain<sup>7</sup>.

The half-day session covered an introduction to the standards in terms of what practices would need to implement in order to identify, record, flag, share and meet people's communication support needs.

Cathy Turland, Chief Executive Officer at Healthwatch Redbridge provided an introduction and update of the standards. She explained the needs for the standards and the practical resources currently available.

Kara Smith, the GP IT Project Manager from BHR CCG provided an overview of the different data collection systems and facilities currently available to practices which would allow alerts to be added to patient records.

## Table discussions: case studies

Marie Kearns, Chief Executive of Healthwatch Barking & Dagenham led the table discussions using a range of specific case studies.

Attendees had the opportunity to review each study and propose appropriate solutions based on the standards (please see Appendix A for further information).

Feedback from our previous conference had identified that practices wanted to discuss how they could effectively support patients with different access requirements when they present at the practice.



<sup>7</sup> <https://www.england.nhs.uk/ourwork/patients/accessibleinfo/resources/>

## Outcomes

Opportunities to support the implementation of the standards were identified by attendees including:

- Practices working together to develop resources would produce 'economies of scale' in regards to standardised accessible templates;
- BHR CCG have agreed to facilitate this should practices wish to take it forward, and;
- Ensuring IT systems are able to record and identify patient and carer access needs.

Healthwatch is keen to keep the momentum going and looks forward to working with practices and the CCGs to enable further work to be completed over the next few months.

## Acknowledgements

Healthwatch would like to thank BHR CCG and Practices for their support and involvement in the workshop.



## Attendee Feedback

Overall, the attendees found the event very useful and they are interested in setting up and supporting a number of meetings to discuss AIS implementation.

## Appendix A

### **Case study 1:**

Sally Jenkins is 63 years old and has a hearing impairment. Her hearing has deteriorated over the last year and she now uses hearing aids in both ears.

She has been with the practice for 17 years and has never indicated any problems or concerns arranging appointments or speaking with the doctor.

### **Response:**

We would approach the subject of communication support by ensuring that the receptionist staff identifies the problem.

The needs of the patient would be identified by communicating with her and finding out what she needs. She might not need a lot of support because she already has hearing aids so talking to her will confirm how we can support her.

The information collected would be saved on the system and shared with others if the patient gives consent for this. Also, the receptionist will make a note of this.

Other things to consider include:

- Training for staff
- Hearing loop
- Interpreters
- Ensuring that staff communicate face to face with the patient

## **Case study 2:**

Kameron Patel is 43 years old and has a visual impairment. He has diabetes and recently had a series of hypoglycaemic attacks.

He wants to register with the practice as he has recently moved to the Borough.

### **Response:**

Firstly, we'll identify the needs that he has. Then that information will be included on the form/ database. We'll ask the patient whether they require any large print information and find out the support that they received from their previous surgery.

Other things to consider include providing audio information about the details of his medication as the fact that he is having hypoglycaemic attacks suggests that he might not be taking his medication properly.

### **Case study 3:**

John Cass is 27 years old and has a learning disability. John used to attend the practice with his mother but she recently passed away.

John has a heart condition that needs to be monitored on a regular basis and takes a considerable amount of regular medication.

### **Response:**

Firstly, we'll find out whether he has or needs an advocate. This information will be noted on the database. Also, we'll arrange for the pharmacy to order his medication for him. Another team that would be involved is the learning disability team as they'll be able to provide additional support.

Most importantly, we'll review his notes and find out what his needs are.

#### **Case study 4:**

Sarah Martin is 7 years old. She has recently been diagnosed with a chest infection.

She lives with her mother Debbie, who is profoundly deaf. They communicate using British Sign Language.

#### **Questions:**

1. How might you approach the subject of communication support?
2. How would you identify any support needs?
3. What would you do with the information you collect?
4. What else might you consider?

#### **Response:**

The surgery will get a sign language interpreter to communicate with both the mum and child. We'll find out whether she is a carer and make a note of this on the database. Also, we'll find out if the mum had any issues with booking an appointment.

Other things to consider include speaking clearly to the patient as she might be able to understand this.

The issue of booking an emergency BSL interpreter was highlighted because the GP managers said that Big Word cannot be contacted during emergencies. Healthwatch mentioned that an alternative to having an interpreter there is using video interpreting. More information can be found here:

<http://www.signvideo.co.uk/>

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