Making health and social care information accessible

Consultation workshop hosted by Sight Service Gateshead and South Tyneside on 30.10.14 – Notes

# Introduction

The event was attended by 13 participants from South Tyneside, facilitated by Peter Bennetts (Royal National Institute of Blind people (RNIB) Volunteer Campaigner) and Sue Taylor (Chief Executive Officer, Sight Service Gateshead and South Tyneside). The event opened with an introduction to the accessible information standard and then moved into discussion.

# Note on participants’ views

Where participants’ views are recorded below, it should be noted that they do not necessarily represent the views of NHS England. The notes are not a verbatim record, rather they are an attempt to present the key points made by participants in order to inform the consultation on the draft standard.

# Discussion about the aim and scope of the draft standard

## Overall, do you agree with what the standard is aiming to do?

* Overall, participants agreed with what the standard is aiming to do.

## Do you agree with what the standard includes?

* Participants thought that responsibility for ensuring that people received accessible information was shared, in that service users / patients had a responsibility to let providers know they had some sight loss and to let them know if their information or communication needs changed. For example, over a period of time people’s sight may change or deteriorate and therefore they might perhaps initially need a certain size print, but later need a larger size or in some instances a completely different format.
* Participants agreed with what the standard includes, but thought perhaps it should cover all local authority services not just adult social care and also that it should include all services funded by health and social care but delivered by other agencies.
* Participants had problems with visual systems in GP surgeries and hospitals (for signing in and also for letting people know they should go in to see the doctor), and felt that these should be included in the standard.
* Participants found prescriptions to be totally inaccessible for people who had some sight loss and thought that they should be included.

## What types of information format and communication support should be included on the standard’s list?

* Participants thought that the following information and communication support types should be included: large print; braille; email; audio; text message; audio description; someone to talk through / explain things that other people might learn from reading leaflets or hand-outs (for example physiotherapy exercises, what to do if you have a broken bone, how to manage a heart condition).
* Participants also thought that they should be able to have slightly longer appointments as disseminating information and communication takes longer for a person who has sight loss.
* If they were communicating with a GP or hospital, participants used the telephone, visiting the service in person, email or website.
* Participants liked to get a reminder of appointments, especially as some were booked 18 months in advance.
* Participants thought it very important that their accessible information and communication needs were reviewed regularly.
* Participants also thought the standard should include labelling on medicines, and especially noted that often the accessible information (in braille) on bottles and packs is obliterated by price labels. Talking labels for medicine bottles were suggested.
* Participants felt that the standard should include websites, and menus in hospitals.

# Discussion about the detail of the draft standard

## Do you agree with what the standard says about how quickly people should get accessible information and communication support?

* Participants thought that people who were blind or had some visual loss should be able to get accessible information and communication support as quickly as any other person (i.e. to the same standard).
* In an emergency or urgent care situation participants thought that people with information and communication needs should receive the same standard of care as everyone else. Participants thought it to be totally inexcusable for a d/Deaf person not to have a British Sign Language (BSL) interpreter or some other means of communication in an emergency situation.
* It was suggested that organisations should have a list/register of deafblind communicators, BSL interpreters and other communication professionals.

# Do you agree with the quality considerations?

* Participants agreed with the quality considerations.

# **It is proposed to give organisations 12 months to implement the standard. What do you think about this?**

* Participants thought that organisations would need 12 months to implement the standard, but strongly felt that they should not be allowed to ‘drag their heels’. Participants thought that organisations should have to start working towards implementation immediately.

# What do you think about plans for making sure that organisations follow the standard?

* Participants felt the proposed plans were necessary to make sure that organisations followed the standard.
* Participants also thought that there should be a role for patient or voluntary groups across the country to monitor and evaluate progress.

# Close

Peter Bennetts and Sue Taylor thanked all of the participants for their contributions.