Piloting the draft accessible information standard

Pilot Report by

The Phoenix Medical Centre

in collaboration with

Dynamic Health Systems

22nd April 2015

Intro
Making health and social care information accessible – creating a Standard of Practice

NHS England, Patients & Information states:

Our vision is that

- *"Patients and service users, and where appropriate carers and parents, with information or communication support needs relating to a disability, impairment or sensory loss have those needs met by health and social care services and organisations."*

In more straight forward words, our vision is that

- *"Health and social care services give disabled people information that they can understand and communication support if they need it."*

Intro
What will the standard do?

- NHS organisations, and organisations that provide NHS and adult social care services, will have to do what the standard says
  - Organisations should ask people if they have any information or communication needs and find out what those needs are.
  - People's needs should be recorded in a way. that other organisations and other staff can understand what people's needs are.

Intro
Scope of the standard

- Patients or service users of publicly-funded health or adult social care, or their parents or carers. Publicly-funded means that the service is paid for by the Government through money from tax payers. This includes all NHS services.
- Information or communication support needs because of a disability, impairment or sensory loss. This includes support for people who are blind, d/Deaf, deafblind, have had a stroke, or have a learning disability.
- Providing information, such as patient leaflets and letters in different formats such as large print, braille, via email, in an audio format or in easy read.
- Supporting people to communicate through using a hearing aid, lip-reading, or using a communication tool.
- Arranging a professional to provide communication support or to be an interpreter. For example a British Sign Language interpreter, deafblind manual interpreter or an advocate.
- Support for appointments, for overnight stays in hospital, and for long-term care such as at a care home.

Scope of the pilot

"*To assess the impact and practicality of implementation, and to inform the final standard and supporting documents*

Participating organisations are required to effect any necessary changes in patient / service user record and administration systems (whether IT and / or paper based), as well as processes and procedures with regards to accessible information and communication, in line with the draft standard"

Steps of the pilot

- Identify the information and communication support needs of disabled patients, service users, carers and parents;
- Record or input data using the identified categories or codes associated with the standard (including using relevant SNOMED-CT, Read or CTV3 codes where these are used in systems);
- Refer to, act upon and share the recorded information and communication support needs of disabled patients, carers and service users (within existing information governance and data-sharing protocols);
- Meet patients,' carers' and service users' information and communication support needs, wherever possible.

Stage 1 – identification and recording of needs.

Identify the information and communication support needs of disabled patients, service users, carers and parents

This means finding out if someone has any information or communication needs and recording them if they do.

- Deliverable for this project:
  - Completion of review of systems, policy and procedure with regards to supporting patients/service users with information/communication needs
  - and identification of changes / improvements needed to pilot / implement the standard.

Workshop 1 – understand the ‘as is’ situation

All staff in the practice to:

- discuss the information standard
- gain insight as to what systems and processes were in place at the present time
- to plan the work programme to implement the standard.

Outcome of this Workshop:

- Recording of patient's information and communication needs was not routine unless this was noticed during consultations.
- The level of awareness for the need for such information was not immediately obvious to all practice members.
- Also, while we had some policies regarding some disabilities (e.g. people with eyesight or hearing difficulties) this was not comprehensive enough and there wasn't any clear information about the numbers of patients affected in this way.

Output of Workshop 1

Awareness raised by sharing the purpose of the standard.

Clinical Leadership was identified to ensure delivery of the project.

Admin staff actioned to ensure this information is collected for newly registering patients.

Actions identified:

- Run searches and identify the number of patients affected by disabilities
- Assess policies and procedures to see how comprehensive they are
- Alert the 'patient participation group' and seek their involvement to inform and be part of the process.

Output of Workshop 1

The searches yielded that

- 317 people had been coded as registered disabled, blind, deaf or with physical or sensory disability.
- Of these some may have been coded as eg. 'temporary deafness or partial deafness'.

Key Learning from Workshop 1

Lack of awareness and understanding of the importance to service quality leads to a culture of *“do we really need to do this when we have some much more to do”* that can be overcome by raising awareness.

Stage 2 – sharing and referring to recorded needs.

Record or input data using the identified categories or codes associated with the standard (including using relevant SNOMED-CT, READ or CTV3 codes where these are used in systems);

This means passing on information about someone's needs to other people who are looking after them. It also means seeing that they have needs the next time they come to the service.

- Deliverable for this project:
  - Implementation of changes necessary to enable proactive and routine identification and recording of patients' / service users' information and / or communication needs in line with the draft standard.
  - Implementation of changes necessary to improve or establish systems for referring to or flagging a communication need, including as a prompt for action.
  - Implementation changes to electronic systems and / or documentation to introduce or improve flags or alerts.
  - Implementation of changes necessary to improve or establish systems for meeting the information and communication needs of patients/service users with information/communication needs.

Workshop 2 – identifying improvements to be made

Workshop involving all practice staff. This workshop identified:

- Further work was need to check each one of these patients to ensure accuracy.
- Although some documents were available in braille, there was little in the way of policies and procedures as to how information and communications needs for these patients should be addressed in line with the information standard.

The following actions were agreed as being beneficial in raising awareness of staff so that they could deal with the patients proactively.

- To add an icon on the patient record to indicate the appropriate requirement. For example an ear with a line through it (available in the clinical system TPP SystmOne) to indicate the person had hearing difficulty and had been coded as such in the system after this had been confirmed.
- On hovering over the icon the staff member would be alerted to the policy and an action plan would emerge indicating the action that should be taken to support the patient proactively in line with recommendations of the information standard.

To implement and test on a few patients and then create policy docs and then expand out to all patients affected.

- A training session for staff to be held on 21 st Jan 2015 to implement the standard in 5 patients each with hearing or sight difficulties.

Stage 3 – provision of support / meeting of needs.

Refer to, act upon and share the recorded information and communication support needs of disabled patients, carers and service users (within existing information governance and data-sharing protocols);

Meet patients,' carers' and service users' information and communication support needs, wherever possible.

This means making sure that the person's needs are met, for example sending them information in the right format or providing the communication support they need.

- Deliverable for this project
  - Provision of training to any / all staff in order that they can effectively implement the standard and participate in the pilot.
  - Production and submission to NHS England of a report detailing findings, conclusions and outcomes associated with piloting the draft accessible information standard.

Stage 3 – provision of support / meeting of needs

Refer to, act upon and share the recorded information and communication support needs of disabled patients, carers and service users (within existing information governance and data-sharing protocols):

- The identified patients (with a READ code identifying the disability) were invited to feedback on their needs relating to their disability.
- Icons were created in the medical system (TPP SystmOne). These are clearly visible on opening a patient record.
- Admin staff would then know about the disability when dealing with these patients immediately on opening the record and know how to help e.g. the need to provide information in braille or using the hearing loop etc.

Stage 3 – provision of support / meeting of needs.

Meet patients,' carers' and service users' information and communication support needs, wherever possible:

- Feedback from the patients was positive:
  - A partially sighted person said: *"I like that the reception staff alerted me to the time of my appointment without me having to say anything, because I cannot see the calling board properly"*.
  - A patient with hearing impairment had a sign language interpreter arranged even though he had not requested one when making the appointment at reception.

- The implementation of the standard is currently being extended to all the other patients with known disabilities in the practice.

Pilot Recording 1

The actions taken in order to effectively implement the standard into existing systems (including electronic patient / service user administration / record systems), processes and policies

- Raised awareness with all staff to create the interest in delivering a better service, enable staff to take proactive actions such as arranging for an interpreter
- Used READ coding for communication needs to ensure that these needs can be accurately transmitted to the systems used by other organisations so that they too can respond appropriately to the identified needs of the patients
- We are also in the process of integrating the patient records with VitruCare which is a patient facing platform which enables patients to record their needs and requirements and share these with carers, clinicians and significant others.
- This will enable front line staff to see important information concerning the persons' needs and respond in a proactive way.
- All patients in the practice could have an account and this could be kept updated and shared are necessary as the patient receives care.

Pilot Recording 2

The impact and cost of implementing the standard and of adhering to the standard as part of ‘business as usual’, including staff time, training, provision of alternative formats and communication support;

- Use the capabilities of the digital systems to support rapid, consistent and operationally convenient implementation. We were fortunate to understand our clinical system very well, support and templates may be needed for other practices.

Pilot Recording 3

The practicality of implementing the standard using existing documents / in its current form

- The documents as they stand contain the broad information requirements. However, some case studies showing ‘how to do’ in a practice, hospital, community facilities etc would be most valuable and help with implementation.
- The guidance could also be presented in a form which makes it more attractive and appealing rather than a lengthy document.

Pilot Recording 4

Usefulness of the Implementation Guidance in supporting implementation of the standard

- Best to be clear about the the steps needed to implement the standard and time span so that organisations are clear that this is an evolving process
- To help with implementation focus on simple tasks which can be done readily by the organisation to build confidence and provide support with tools or experience from the pilot sites to help guide.

Pilot Recording 5

Assessment of the effectiveness and clarity of the Specification, Implementation Plan, Implementation Guidance and Clinical Safety Case

- A complex area that requires raising of awareness and a cultural shift in mind set of practices to implement
- Successful implementation may well need to be mandated by NHS E and linked to core activity to be implemented at scale.
- Clinical leadership in the organisation helps to drive the change.
- Engaging patient participation groups helps ('patient power') by raising profile of this need and that it is taken seriously

Pilot Recording 6

Benefits / efficiency savings associated with implementing / following the standard, including impact on ‘Did Not Attends,’ clinic scheduling, complaints and patient experience, and staff time.

- The practice scores high in Patient Experience (PE) as it stands. But patient feedback on this pilot points clearly to a further improvement opportunity in the PE for this cohort of patients.
- Implementing the standard has been helpful in ensuring that an appropriate amount of consultation time is allocated where it is needed and improved patient experience and reduced complaints relating to not having systems and processes in place to address patients needs.