

Focus on the Accessible Information Standard for GP practices in England

April 2016



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Introduction

The Accessible Information Standard¹ aims to ensure that disabled people have access to information they can understand and the communication support they may need. The Standard applies to service providers across the NHS and adult social care system. As organisations that provide NHS services, GP practices are required by law to follow the Standard under Section 250 of the Health and Social Care Act².

All organisations are expected to follow the Standard by **31 July 2016**. Many practices are likely to be meeting a number of the requirements already. Some aspects of the Standard will require support from CCGs or NHS England to allow practices to comply.

GPC has previously circulated information to LMCs on the requirements of the Standard. This additional guidance is to remind practices and to summarise their responsibilities. We have discussed with NHS England the need to ensure a proportionate approach for general practice, particularly given the current severe workload pressures.

Key requirements

There are five key requirements of the Standard:

1. Ask patients and carers if they have any information or communication needs, and find out how to meet their needs;
2. Record those needs in a set way;
3. Highlight a patient's file, so it is clear that they have information or communication needs, and clearly explain how those needs should be met;
4. Share information about a person's needs with other NHS and adult social care providers, when they have consent or permission to do so;
5. Make sure that people get information in an accessible way and communication support if they need it.

Detailed guidance on these requirements, including a specification³ and implementation guidance⁴, has previously been circulated by NHS England. The implementation guidance includes advice on the five requirements above, including scenarios and example questions practices can use. Practices may wish to refer to the NHS England guidance when implementing the Standard.

Below is a summary of actions for practices under each of the five requirements.

¹ <https://www.england.nhs.uk/ourwork/patients/accessibleinfo-2/>

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

³ <https://www.england.nhs.uk/wp-content/uploads/2015/07/access-info-spec-fin.pdf>

⁴ <https://www.england.nhs.uk/wp-content/uploads/2015/07/access-info-implmntn-guid.pdf>

1. Ask patients and carers if they have any information or communication needs, and find out how to meet their needs

- Practices should ask patients and their carers if they have any communication/information needs relating to a disability, impairment or sensory loss, and if so, what they are;
- New patients should be asked at the point of registration or soon thereafter (e.g. on the registration form, new patient check template, over the phone, face-to-face);
- Existing patients can be asked opportunistically (e.g. when making an appointment, with repeat prescriptions, newsletters, posters, email, text message⁵);
- **There is no requirement for a retrospective trawl of all records to identify these patients;**
- Patients should be asked to self-define their communication/information needs and it is these needs (and not the disability) which should be recorded.

2. Record those needs in a set way

- Practices should record any identified needs within the patient record using the relevant SNOMED CT, Read v2 or CTV3 codes. Coded information can be supported by free text where necessary;
- This information should be made available to patients where they choose to access their record online. Patients could also be enabled to record their own communication and information needs in the record, where appropriate.

3. Highlight a patient's file, so it is clear that they have information or communication needs, and clearly explain how those needs should be met

- Any communication and information needs identified must be made 'highly visible', such that they are seen and acted upon;
- For electronic records, this could be via an alert, flag or banner. We understand work is underway to standardise the flagging/alerting of this information in GP IT systems. In the interim, practices may wish to implement their own alert or highlight this information in a key information field;
- For any paper records, this information should be flagged on the cover/front page through an agreed method e.g. larger/bold font, coloured highlighting or a sticker;
- As mentioned, there is no requirement for a retrospective trawl of all records to identify this information; relevant information should be made visible at the point of being recorded.

4. Share information about a person's needs with other NHS and adult social care providers, when they have consent or permission to do so

- Practices should ensure that information on a patient or carer's information/communication needs is included as a routine part of referral, discharge or handover;

⁵ Email and text messaging should only be used where the patient has consented to this method of communication

- Information should be included within any local shared electronic records. Separate BMA guidance is available for practices considering implementing shared records⁶;
- Where practices are using the Summary Care Record (SCR) v2.1, the Accessible Information Standard codes will be included in the SCR where the patient has consented to the upload of additional information.

5. Make sure that people get information in an accessible way and communication support if they need it

- Practices must provide one or more contact methods which are accessible to the patient. The method must allow the individual to contact the practice, and staff must use this method to contact the individual. Methods include email, text message, telephone and text relay;
- Where information/communication needs are identified, information (e.g. correspondence) must be provided in one or more accessible formats (e.g. non-standard print). Alternative formats can be provided either through auto-generated systems, or through prompting staff to make alternative arrangements. The adjustments made should be reasonable – but this does not mean that the patient must always receive information in their preferred format. What is important is that they can access and understand the information (*see further comment on this requirement below under 'Resources'*);
- Where needed, appropriate professional communication support must be arranged by the practice to enable patients and carers to effectively receive NHS care (*see further comment on this requirement below under 'Resources'*);
- Interpreters and other communication professionals (e.g. British Sign Language (BSL) interpreters and deafblind manual interpreters) must have appropriate qualifications, Disclosure and Barring Service clearance, and be signed up to the relevant professional code of conduct. NHS England has advised that a quick way to check this is to ensure they are registered with the *National Registers of Communication Professionals working with Deaf and Deafblind People* (NRCPD), by searching their website⁷;
- Appropriately qualified practice staff who are registered as communication professionals may also provide professional communication support, in certain circumstances and where there is patient consent (which should be recorded);
- A patient's family member, friend or carer may also provide necessary support in certain circumstances and where this is the patient's explicit preference (which should be recorded);
- **We recommend practices refer to the NHS England guidance for further information on the use of practice staff, family members, friends and carers for communication support, including safeguarding and consent;**
- Patients or carers themselves must not be asked to meet the costs of any information or communication needs.

⁶ <http://www.bma.org.uk/support-at-work/ethics/confidentiality-and-health-records/principles-for-sharing-local-electronic-patient-records-for-direct-patient-care>

⁷ <http://www.nrcpd.org.uk/>

Exclusions

There are a number of exclusions to the scope of the Standard, as listed in section 5.6 of the NHS England specification⁸. These include the provision of information in foreign languages, the design of signage, corporate communications and the accessibility of websites. Although outside the scope of the Standard, the Implementation Guidance includes advice on the accessibility of websites, noting that increasing web and digital accessibility may reduce the need to produce information in alternative formats.

Assessment and compliance

As part of the policy, organisations are also required to publish or display an accessible communications policy, or similar, which outlines how they will meet the Accessible Information Standard. Patients and carers should also have the opportunity to provide feedback, including an accessible complaints policy. Commissioners are expected to seek assurance from provider organisations of their compliance with the Standard. The Care Quality Commission (CQC) has also stated that, as part of their inspection work, they will look at evidence of implementation of the Standard when making judgements about whether services are responsive to people's needs. NHS England has suggested practices could consider making contact with local groups (e.g. blind groups, self-advocacy groups for people with learning disabilities) to support implementation, possibly via their Patient Participation Group, however, this is not a requirement of the Standard.

Resources

GPC has highlighted to NHS England the current lack of capacity within general practice to deliver these standards in full by 31 July 2016. Additional resources and support must be provided to help practices comply with requirements.

In particular, we have concerns around both the provision of information in alternative formats and professional communication support (e.g. BSL interpreters). **Appropriate translation and communication support services must be commissioned and funded by NHS England or CCGs and made available to practices**; currently, the provision of such services is highly variable.

NHS England is yet to clarify how the requirements will be funded but we understand work is ongoing regarding the provision of interpretation services in primary care, as well as the sourcing of materials in alternative formats. The BMA will continue discussions with NHS England, but until there is further clarification, it is our expectation that the current arrangements for these provisions will continue in the interim.

We will continue to liaise with NHS England on ways to ensure a pragmatic approach to implementation; they have confirmed the Standard is not intended to create additional bureaucracy and should be implemented flexibly rather than as a tick-box exercise. An introductory e-learning module is now available to support implementation⁹.

⁸ <https://www.england.nhs.uk/wp-content/uploads/2015/07/access-info-spec-fin.pdf>

⁹ <http://www.e-lfh.org.uk/programmes/accessible-information-standard/open-access-sessions/>

Conclusion

The Accessible Information Standard is a legal requirement for practices and we recommend steps are taken to ensure the communication/information needs are met for patients with a disability, impairment or sensory loss. Many practices are likely to be meeting a number of the requirements already. Further guidance is needed from NHS England on the provision of additional support for practices in meeting these requirements.

NHS England has committed to undertaking a detailed review of the Accessible Information Standard in September 2016. We would welcome any feedback from practices and LMCs on implementation of the Standard, including the local availability of interpretation services. Practices can direct feedback or queries to info.gpc@bma.org.uk, with LMC queries directed to info.lmcqueries@bma.org.uk.