



Accessible Information: Communication Plan

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Description	SCC1605 Accessible Information directs and defines a specific, 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 document is the Communication Plan for SCC1605 Accessible Information.
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Document Status

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SCCI1605 Accessible Information: Communication Plan

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1 Glossary of terms

Term / abbreviation	What it stands for
Advocate	A person who supports someone who may otherwise find it difficult to communicate or to express their point of view. Advocates can support people to make choices, ask questions and to say what they think.
Accessible information	Information which is able to be read or received and understood by the individual or group for which it is intended.
Alternative format	Information provided in an alternative to standard printed or handwritten English, for example large print, braille or email.
Braille	A tactile reading format used by people who are blind, deafblind or who have some visual loss. Readers use their fingers to 'read' or identify raised dots representing letters and numbers. Although originally intended (and still used) for the purpose of information being documented on paper, braille can now be used as a digital aid to conversation, with some smartphones offering braille displays. Refreshable braille displays for computers also enable braille users to read emails and documents.
British Sign Language (BSL)	BSL is a visual-gestural language that is the first or preferred language of many d/Deaf people and some deafblind people; it has its own grammar and principles, which differ from English.
BSL interpreter	A person skilled in interpreting between BSL and English. A type of communication support which may be needed by a person who is d/Deaf or deafblind.
Communication support	Support which is needed to enable effective, accurate dialogue between a professional and a service user to take place.
Communication tool / communication aid	A tool, device or document used to support effective communication with a disabled person. They may be generic or specific / bespoke to an individual. They often use symbols and / or pictures. They range from a simple paper chart to complex computer-aided or electronic devices.
d/Deaf	A person who identifies as being deaf with a lowercase d is indicating that they have a significant hearing impairment. Many deaf people have lost their hearing later in life and as such may be able to speak and / or read English to the same extent as a hearing person. A person who identifies as being Deaf with an uppercase D is indicating that they are culturally Deaf and belong to the Deaf community. Most Deaf people are sign language users who have been deaf all of their lives. For most Deaf people, English is a second language and as such they may have a limited ability to read, write or speak English.
Deafblind	The Policy guidance Care and Support for Deafblind Children and Adults (Department of Health, 2014) states that, "The generally accepted definition of Deafblindness is that persons

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	are regarded as Deafblind “if their combined sight and hearing impairment causes difficulties with communication, access to information and mobility. This includes people with a progressive sight and hearing loss” (Think Dual Sensory, Department of Health, 1995).”
Disability	The Equality Act 2010 defines disability as follows, “A person (P) has a disability if — (a) P has a physical or mental impairment, and (b) the impairment has a substantial and long-term adverse effect on P’s ability to carry out normal day-to-day activities.” This term also has an existing Data Dictionary definition .
Disabled people	Article 1 of the United Nations Convention on the Rights of Persons with Disabilities has the following definition, “Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.”
Easy read	Written information in an ‘easy read’ format in which straightforward words and phrases are used supported by pictures, diagrams, symbols and / or photographs to aid understanding and to illustrate the text.
Impairment	The Equality and Human Rights Commission defines impairment as, “A functional limitation which may lead to a person being defined as disabled...”
Interpreter	A person able to transfer meaning from one spoken or signed language into another signed or spoken language.
Large print	Printed information enlarged or otherwise reformatted to be provided in a larger font size. A form of accessible information or alternative format which may be needed by a person who is blind or has some visual loss. Different font sizes are needed by different people. Note it is the font or word size which needs to be larger and not the paper size.
Learning disability	This term has an existing Data Dictionary definition and is also defined by the Department of Health in Valuing People (2001) . People with learning disabilities have life-long development needs and have difficulty with certain cognitive skills, although this varies greatly among different individuals. Societal barriers continue to hinder the full and effective participation of people with learning disabilities on an equal basis with others.
Lipreading	A way of understanding or supporting understanding of speech by visually interpreting the lip and facial movements of the speaker. Lipreading is used by some people who are d/Deaf or have some hearing loss and by some deafblind people.
Notetaker	In the context of accessible information, a notetaker produces a set of notes for people who are able to read English but need communication support, for example because they are

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	d/Deaf. Manual notetakers take handwritten notes and electronic notetakers type a summary of what is being said onto a laptop computer, which can then be read on screen.
Patient Administration System (PAS)	Mainly used in hospital settings, and especially by NHS Trusts and Foundation Trusts, Patient Administration Systems are IT systems used to record patients' contact / personal details and manage their interactions with the hospital, for example referrals and appointments.
Read Codes	A coded thesaurus of clinical terms representing the clinical terminology system used in general practice. Read Codes have two versions: version 2 (v2) and version 3 (CTV3 or v3), which are the basic means by which clinicians record patient findings and procedures.
Speech-to-text-reporter (STTR)	A STTR types a verbatim (word for word) account of what is being said and the information appears on screen in real time for users to read. A transcript may be available and typed text can also be presented in alternative formats. This is a type of communication support which may be needed by a person who is d/Deaf and able to read English.
SNOMED CT (Systematised Nomenclature of Medicine Clinical Terms)	Classification of medical terms and phrases, providing codes, terms, synonyms and definitions. SNOMED CT is managed and maintained internationally by the International Health Terminology Standards Development Organisation (IHTSDO) and in the UK by the UK Terminology Centre (UKTC) . SNOMED CT has been adopted as the standard clinical terminology for the NHS in England .
Text Relay	Text Relay enables people with hearing loss or speech impairment to access the telephone network. A relay assistant acts as an intermediary to convert speech to text and vice versa. British Telecom (BT)'s 'Next Generation Text' (NGT) service extends access to the Text Relay service from a wider range of devices including via smartphone, laptop, tablet or computer, as well as through the traditional textphone.
Translator	A person able to translate the written word into a different signed, spoken or written language. For example a sign language translator is able to translate written documents into sign language.

Note: a more extensive 'glossary of terms' to assist organisations in effectively implementing the Standard is included as part of the Implementation Guidance.

2 Contacts

All enquiries regarding the Accessible Information Standard and this Communication Plan should be directed to NHS England by emailing england.nhs.participation@nhs.net with the subject 'Accessible Information Standard.'

Information and documentation about the Accessible Information Standard, including resources to support implementation are available [on the NHS England website](#).

3 Overview

3.1 Introduction

The Accessible Information Standard directs and defines a specific, 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 Communication Plan aims to support successful implementation of the Accessible Information Standard. As such, it is intended to:

- provide direction, clarity and purpose to the communication approach;
- identify and prioritise stakeholders;
- set out communications methods and mechanisms, and core messages;
- determine success criteria and the budget and resources needed for successful delivery.

The document's intended audience are implementation leads – i.e. those responsible for implementation of and conformance with the Accessible Information Standard by applicable organisations – and it will also be of interest to those others who may be affected by or have an interest in the Standard. However, note that as outlined in this plan, stakeholder-facing communications products will also be produced.

3.2 Background

This Communication Plan builds upon extensive communication and engagement activity from summer 2013 onwards to raise awareness of SCCI1605 Accessible Information – the 'Accessible Information Standard' or 'the Standard' – and enable stakeholders to influence its development.

Following the commencement of communication activity in summer 2013, from mid-November 2013 until late-February 2014, engagement activity took place to inform the development of the Specification for the Standard and related documents. A Report of Engagement has been produced and published.

From August – November 2014, a formal consultation took place on the draft Specification for the Standard and supporting documentation. A Report of Consultation has been produced and published.

Feedback and learning from the engagement and consultation phases has influenced this Plan.

3.3 Related documents

This Communication Plan should be read in conjunction with the following documents:

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- SCCI1605 Accessible Information Specification.
- SCCI1605 Accessible Information Implementation Plan.
- SCCI1605 Accessible Information Implementation Guidance.

4 Purpose and scope

4.1 Overview of scope

The scope of this Communication Plan includes proactive and reactive internal and external communications to support implementation of the Standard in line with the Implementation Plan.

All identified stakeholders for the Standard are included within the scope of this Communication Plan, including NHS England staff, public sector partners, professional representative bodies, NHS and social care provider and supplier organisations ('applicable organisations') and their staff, NHS and social care commissioning bodies and their staff, relevant education and training bodies, the voluntary and community sector, and patients, service users, carers and the public.

4.2 Timeframe

This Communication Plan covers the period from publication of the Information Standards Notice (ISN) for SCCI1605 Accessible Information, until full implementation of the Standard is required (31 July 2016).

4.3 Aims

The purpose of this Communication Plan is to support effective implementation of the Accessible Information Standard ('the Standard'). This Plan is an integral part of the 'communication, engagement and support' workstream and will be critical to the successful rollout of the 'support for organisations' outlined in the Implementation Plan.

This Communication Plan aims to:

- raise awareness of the Standard amongst the target audience, and especially amongst organisations that will be required to implement the Standard;
- improve understanding and support for the Standard, especially from partner agencies, health and social care organisations, and key voluntary and community sector organisations working with affected groups;
- signpost to Standard documentation including the Specification and Implementation Guidance;
- signpost to and promote the use of resources, tools and advice to support successful implementation of the Standard;
- support compliance with the Standard, including assessment and monitoring by third parties, and empowering patient groups, regulators and voluntary sector organisations to challenge non-compliance with the Standard and support effective implementation and best practice;

- protect and enhance NHS England's reputation with regards to accessible information and communication support, and commitment to addressing health inequalities more widely.

4.4 Impact

The effectiveness of the Plan will be evaluated by assessing achievement of the aims identified above. The impact of Plan may also be judged by the level of coverage in national, regional and local media, and in external publications such as those produced by voluntary sector organisations and NHS Trusts.

5 Stakeholders

Identified stakeholders include individuals, organisations and groups, as follows:

- NHS bodies and adult social care bodies, including provider organisations and commissioning bodies.
- Providers of publicly-funded health and adult social care (from the public, private and voluntary sectors).
- Professionals working in clinical and non-clinical roles in the health and adult social care sector, including GPs, nurses and allied health professionals.
- The voluntary and community sector, particularly groups working with, for and led by people with a disability, impairment or sensory loss.
- The patient, carer and service user community, especially 'experts by experience.'
- Professional representative bodies and organisations involved in the training of health and social care staff, including the Professional Records Standards Body, Health Education England, British Medical Association and medical royal colleges such as the Royal Colleges of GPs, Physicians and Nursing.
- NHS England's partners including government agencies and departments.
- Designers, suppliers and commissioners of NHS and social care IT systems.
- Providers and suppliers of information in alternative formats and of communication support to health and social care organisations.

Priority will be given to those stakeholders who represent organisations who will be required to implement the Standard, and to groups who speak on behalf of affected patients, service users, carers and parents. This latter group will primarily be people who are d/Deaf or have some hearing loss, blind or have some visual loss, are deafblind, and / or have a learning disability. However, it also includes groups working with people from other groups on whom the Standard will also have an impact, for example people with aphasia or a mental health condition which affects their ability to understand information and / or to communicate.

6 Methods – summary of activity

Communication with stakeholders will be undertaken electronically wherever possible. The specific mechanisms / routes used will vary depending on the particular target group. Key actions are as follows, with a detailed Action Plan provided at appendix 1:

- a. The Health and Social Care Information Centre (HSCIC) SCCI Support Service holds a list of more than 3000 NHS and social care provider organisations and representative bodies. This circulation list will be the direct route for informing these organisations.
- b. Organisations that represent professionals, clinicians, NHS and social care providers, designers, suppliers and commissioners of NHS and social care IT systems, and providers / suppliers of information in alternative formats / communication support to health and social care organisations will be contacted directly wherever possible, with request for onwards distribution of information to their members.
- c. Relevant providers of higher and further education and influencers of curricula, training and accreditation of professionals working in the health and adult social care sector will be contacted directly.
- d. Voluntary and community sector organisations will be contacted via: the Department of Health, Public Health England and NHS England Voluntary Sector Strategic Partner Programme; through members of the Standard Setting for Accessible Information Advisory Group; and direct communication to priority groups.
- e. Direct communication will take place with national patient groups and local Healthwatch organisations.
- f. Communication will take place with NHS England's public sector partners via existing mechanisms such as regular bulletins and newsletters.
- g. Information about the Standard will be made available on the NHS England website and promoted via corporate communications mechanisms including social media and relevant publications.
- h. All those who have previously expressed an interest and / or been involved in the development of the Standard will be contacted directly.

7 Core messages

Communication about the Standard will contain a series of 'core messages' in line with the following categories:

1. Announcement: informing that the Standard has been approved by the Standardisation Committee for Care Information (SCCI) and that an Information Standards Notice (ISN) has been published.
2. Explanation: providing or signposting to additional detail about the scope and requirements of the Standard.
3. Assistance: providing or signposting to resources, tools and advice to support:
 - a. organisations to effectively and efficiently implement the Standard;
 - b. voluntary sector organisations, patient groups and regulatory bodies in encouraging, assessing, and monitoring compliance.
4. Clarification: addressing queries, questions or concerns raised about the Standard.
5. Recognition: publicising examples of good practice and highlighting exemplars in the field.

Further detail about proposals for providing assistance, clarification and recognition are outlined in the Implementation Plan – this Communication Plan will ensure that awareness is raised of relevant information, resources and opportunities.

Individuals and organisations will be invited to submit queries or comments and to share examples of good practice via email, post or telephone to NHS England (in line with the approach used for engagement and consultation).

8 Key milestones

Date	Action	Audience
Early July 2015	Publication of the Information Standards Notice (ISN), Specification and suite of documents associated with the Standard, and communications to announce the Standard's release.	All identified stakeholders, the priority being applicable organisations.
September 2015 onwards	Rollout and promotion of implementation support opportunities and resources.	All identified stakeholders.
May 2016	Communication to highlight implementation support and reiterate compliance deadline (31 July 2016).	All identified stakeholders, the priority being applicable organisations.

9 Delivery

9.1 Budget

The budget for delivering this Communication Plan will be provided by NHS England. A budget has been identified to cover the costs of implementing this Plan, this includes:

- design, printing, production and distribution of communication products associated with the 'launch' of the Standard;
- transcription and interpretation of documentation where appropriate;
- publicity and promotional costs as part of awareness-raising.

Other resources required will be NHS England staff time and equipment.

9.2 Responsibility

Overall responsibility for the effective implementation of the Communication Plan comes under the remit of the Business Lead for the Standard. Responsibility for the operational implementation of the Plan will fall to the new NHS England role of Project Manager (Accessible Information).

Support will also be provided by other relevant NHS England and Health and Social Care Information Centre staff, including in facilitating communication with internal and external stakeholders through use of existing networks and communication mechanisms, in particular to gain access to applicable organisations.

The Senior Responsible Officer (SRO) for the Accessible Information Standard will provide senior leadership and ownership for the Plan.

Further support for the implementation of the Standard, including awareness-raising and production / distribution of materials, is being provided by member organisations of the Standard Setting for Accessible Information Advisory Group, and others, as detailed in the Implementation Plan.

9.3 Governance

Key decisions relating to communication and implementation will be informed by the Advisory Group, which will, in turn, be formally accountable to the Board of NHS England.

Sign off of specific actions, including allocation of resource, for communication, will fall under the responsibility of the Senior Responsible Officer (SRO) for the Standard.

10 Outline stakeholder list including interest and influence assessment

Stakeholder	Relationship Owner	Current Position	Target Position	Influence on Project	Action Needed (to move stakeholder to target position)
Commissioning organisations including NHS England and CCGs	NHS England	Varied interest / varied influence	High interest / high influence	Support needed for effective implementation of the Standard.	Proactive direct communication.
Provider organisations: NHS, social care, public, private and voluntary sector	NHS England / HSCIC	Varied interest / varied influence	High interest / high influence	Will be required to implement the Standard.	Proactive direct communication.
Voluntary and community sector, particularly groups working with, for and led by people from affected groups	NHS England	Varied interest / varied influence	High interest / high influence	Support needed for effective implementation of the Standard.	Proactive communication via website, publications, bulletins and existing networks. Some groups already have high interest / influence through membership of Advisory Group and / or participation in engagement or consultation.
Patients, carers and service users from the key affected groups	NHS England	Low interest / low influence	High interest / high influence	Implementation of the Standard will directly impact on this group.	Proactive communication via media, website, publications, voluntary groups, existing networks, other third parties.
Professional representative bodies	NHS England / HSCIC	Varied interest / varied influence	High interest / high influence	Members will be required to implement / follow the Standard.	Proactive direct communication.

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Professionals working in clinical and non-clinical roles in the health and adult social care sector	NHS England	Varied interest / varied influence	High interest / varied influence	Individuals will be required to implement / follow the Standard.	Proactive communication via existing mechanisms and networks.
NHS England's partners including government agencies / departments	NHS England	Varied interest / varied influence	High interest / varied influence	Some partners / departments will be required to implement or support implementation of the Standard.	Proactive communication via existing mechanisms and networks.
Designers, suppliers and commissioners of NHS and social care IT systems	NHS England / HSCIC	Varied interest / varied influence	High interest / some influence	Support will be required for effective implementation of the Standard.	Proactive communication via existing contacts / frameworks / networks.
Providers / suppliers of information in alternative formats and communication support to health and social care organisations	NHS England	Varied interest / varied influence	High interest / some influence	Awareness will be needed for effective implementation of the Standard.	Proactive communication via existing networks / contacts.

Appendix 1 – Communication action plan

#	Action	Audience	Date
Phase 1 – Communications to announce the release of the Standard (early July 2015)			
Immediate notification to key stakeholders			
1.	Information shared with members of the Advisory Group for onwards distribution	Patients, carers, the public and stakeholders	Early July 2015
2.	Briefing session	NHS England Public Participation Team and Patient Centred Care Team	Early July 2015
Digital and online / web-based communications			
3.	Information available at www.england.nhs.uk/accessibleinfo	All	Early July 2015 onwards
4.	Information available at https://nhsengland.sharepoint.com/Pages/Home.aspx	NHS England staff	Early July 2015 onwards
5.	Information available on HSCIC intranet site	HSCIC staff	Early July 2015 onwards
6.	Information available on key voluntary sector websites: www.actiononhearingloss.org.uk www.rnib.org.uk www.changepeople.org www.sense.org.uk www.signhealth.org.uk	People interested in the work of Action on Hearing Loss, RNIB, CHANGE, Sense and SignHealth.	Early July 2015 onwards
7.	Tweet(s) from @nhsengland [Twitter account]	79,000 followers of @NHSEngland	Early July 2015 onwards
The media			
8.	Press release to NHS England media contacts	All	Early July 2015

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9.	Articles in Community Care, Healthcare Computing, Practice Manager's Weekly and other trade press	NHS organisations and providers of NHS services	Early July 2015
Newsletters			
10.	Article in NHS England Staff News weekly e-bulletin	NHS England staff	Early July 2015
11.	Article in HSCIC staff bulletin	HSCIC staff	Early July 2015
12.	Article in Department of Health staff bulletin	Department of Health staff	Early July 2015
13.	Article in NHS England 'In Touch' newsletter	People who have expressed an interest in the work of the Public Participation Team, including participation leads, other NHS bodies, voluntary organisations, patients / service users.	Early July 2015
14.	Article in VCS Strategic Partner Weekly Bulletin	VCS Strategic Partners (see key)	Early July 2015
15.	Article in <i>NHS News</i> including request for inclusion of articles in recipient organisations' own newsletters	NHS and social care organisations including providers of ambulance, acute and community services, NHS Trusts and Foundation Trusts.	Early July 2015
16.	Article in NHS England Clinical Commissioning Group bulletin	Clinical Commissioning Groups	Early July 2015
17.	Article in Chief Nursing Officer's bulletin	Nurses and nursing staff	Early July 2015
18.	Article in NHS England GP and practice staff bulletin	GPs and GP Practice staff	Early July 2015
19.	Additional articles in key voluntary sector newsletters and bulletins including Action on Hearing Loss, RNIB, CHANGE and Sense.	People interested in the work of particular voluntary sector organisations	Early July 2015
20.	Article in Foundation Trust Network newsletter	NHS Foundation Trusts	Early July 2015
21.	Article in NHS England bulletin for local Healthwatch organisations	Local Healthwatch organisations and their members	Early July 2015

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Direct communication via letter / email			
Health and social care commissioning and provider organisations			
22.	Information shared with All Party Parliamentary Groups (APPGs) on disability, deafness and learning disability	Members of the APPGs on disability, deafness and learning disability	Early July 2015
23.	Email sent to NHS and social care organisations via HSCIC SCCI Support Services	HSCIC distribution list (approximately 3000 organisations)	Early July 2015
24.	Email sent to information standard – or equivalent – governing bodies in the principalities.	Issuers / governing bodies for information standards – or equivalent – in Wales, Scotland and Northern Ireland.	Early July 2015
25.	Email sent to Commissioning Support Units (CSUs) requesting onwards distribution of information to their own stakeholder groups	CSUs, staff and stakeholders	Early July 2015
26.	Information shared with the Practice Management Network	GP Practice Managers	Early July 2015
IT system suppliers and IT professionals			
27.	Information shared with GPSoC	Members of GPSoC (the GP Systems of Choice supplier framework)	Early July 2015
28.	Information shared with UK Faculty of Health Informatics	300 members of UK Faculty of Health Informatics network	Early July 2015
29.	Information shared with British Computer Society and Worshipful Company of Information Technologists	Members of BCS and WCIT	Early July 2015
30.	Information shared with TechUK (formerly Intellect)	Members of TechUK	Early July 2015
31.	Information shared with the One Voice Coalition for Accessible ICT	Members of One Voice	Early July 2015
Public sector partners			

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32.	Information shared with key national partners	<ul style="list-style-type: none"> • Monitor; • Care Quality Commission; • Association of Directors of Adult Social Services (ADASS); • Health Education England; • Public Health England; • Local Government Association; • NHS Trust Development Authority; • NHS Confederation; • Foundation Trust Network. 	Early July 2015
33.	Information shared with Department of Health Directorate of Social Care	Department of Health Directorate of Social Care	Early July 2015
34.	Information shared with Learning Disability Forum	Members of the Learning Disability Forum	Early July 2015
35.	Information shared with National Institute for health and Clinical Excellence (NICE)	NICE	Early July 2015
36.	Information shared with local authorities	Local authorities and local authority-led arrangements: <ul style="list-style-type: none"> • Directors of adult social services; • Health scrutiny committees; • Health and Wellbeing Boards. 	Early July 2015
Professional representative and academic bodies			
37.	Information shared with Professional Records Standard Body for onwards distribution to members	PRSB members including academic royal colleges	Early July 2015
38.	Information shared with NHS Confederation	Members of NHS Confederation	Early July 2015
39.	Information shared with the Royal College of Physicians (RCP)	RCP and members	Early July 2015
40.	Information shared with Royal College of General	RCGP and members	Early July 2015

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	Practitioners (RCGP)		
41.	Information shared with Royal College of Nursing (RCN)	RCN and members	Early July 2015
42.	Information shared with the British Medical Association (BMA)	BMA and members	Early July 2015
43.	Information shared with Royal College of Speech and Language Therapists	RCSLT and members	Early July 2015
Voluntary sector organisations			
44.	Information shared with voluntary sector members of the Advisory Group and other key groups for promotion and sharing using existing communications mechanisms	People with an interest in the work of the Royal National Institute of Blind People (RNIB), Action on Hearing Loss, CHANGE, Sense and SignHealth.	Early July 2015
45.	Information included in VCS Strategic Partner Weekly Bulletin	Voluntary Sector Strategic Partners (see key)	Early July 2015
46.	Information shared with the Richmond Group of charities	The Richmond Group of Charities: <ul style="list-style-type: none"> • Age UK; • Asthma UK; • Breakthrough Breast Cancer; • British Heart Foundation; • British Lung Foundation; • Diabetes UK; • Macmillan Cancer Support; • Rethink Mental Illness; • Stroke Association; • The Neurological Alliance. 	Early July 2015
47.	Information included in Department of Health monthly bulletin for the voluntary sector	Voluntary sector organisations	Early July 2015
48.	Information shared with Disability Action Alliance /	Members of the Disability Action Alliance, and	Early July 2015

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	Disability Rights UK	Disability Rights UK	
49.	Information shared with UK Council on Deafness	Member organisations of the UK Council on Deafness	Early July 2015
50.	Information shared with VCS organisations working with affected groups (who are not part of Strategic Partner network)	<ul style="list-style-type: none"> • ACEVO (Association of Chief Executives of Voluntary Organisations); • Alzheimer's Society; • British Institute of Learning Disabilities (BILD); • Dementia Alliance; • Guide Dogs for the Blind Association; • MIND; • National Deaf Children's Society; • National Blind Children's Society; • Princess Royal Trust for Carers; • Vision; • Vision 2020. 	Early July 2015
51.	Information shared with the Hearing Loss and Deafness Alliance	Member organisations of the Hearing Loss and Deafness Alliance	Early July 2015
52.	Information shared with national patient organisations	<ul style="list-style-type: none"> ○ Healthwatch and Public Involvement Association (HAPIA); ○ National Association of Patient Participation (NAPP); ○ Nesta (People Powered Health); ○ Patients Association. 	Early July 2015
53.	Information sent to Healthwatch England and local Healthwatch	Healthwatch England and local Healthwatch	Early July 2015
'Target professionals'			
54.	Information shared with individuals and organisations who participated in testing and piloting	Health and social care professionals, teams and organisations	Early July 2015

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55.	Information shared with 'target professionals' (where contacts known)	<ul style="list-style-type: none"> • Advocates • Communication support workers • Optometrists • Special Educational Needs (SEN) teachers • Special school headteachers • Translators, interpreters, transcribers of languages / formats used by people with sensory loss and / or learning disability • Providers / suppliers of information in alternative formats and of communication support to health and social care organisations 	Early July 2015
56.	Information sent to Clinical Reference Groups (CRGs), the priority being those with a particular interest in key affected groups.	<p>Lay, clinical and professional members of CRGs, with priority given to:</p> <ul style="list-style-type: none"> • Adult Neurosurgery; • Brain Injury and Complex Rehabilitation; • Cleft Lip and Palate; • Complex Disability Equipment; • Complex Head and Neck (Cancer); • Neurosciences; • Specialised Mental Health Services for the Deaf; • Specialised Ear Surgery. 	Early July 2015
57.	Information sent to CCG PPI Lay Members via network communications	CCG PPI (Patient and Public Involvement) Lay Members	Early July 2015
58.	Information sent to professionals working in the health and adult social care sector (where contacts known)	GPs, nurses, allied health professionals, social workers and other staff in clinical and non-clinical roles	Early July 2015
59.	Information included in Professor Nigel Sparrow's 'Mythbuster' column (Senior National GP Advisor and	GP practice staff and inspectors	Early July 2015

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	Responsible Officer, Care Quality Commission)		
60.	Information shared with members of The Information Standard	Organisations holding The Information Standard kitemark	Early July 2015
People already engaged in the work of NHS England			
61.	People who have made contact with NHS England with regards to the Accessible Information Standard	Individuals who have requested to be updated about the Standard – patients, service users, carers, members of the public and stakeholder organisations.	Early July 2015
Phase 2 – Rollout and promotion of implementation support opportunities and resources (September 2015)			
62.	Uploading and updating resources and information at www.england.nhs.uk/accessibleinfo	All	September 2015 onwards
63.	Follow-up articles in all newsletters and bulletins identified as part of phase 1	All	September 2015
64.	Promotion of implementation resources and support, including events and advice, as outlined in the Implementation Plan	All	September 2015 onwards
65.	Follow-up communication to professional representative and academic bodies (as per phase 1)	Members of relevant professional representative and academic bodies	September 2015
66.	Follow-up communication to applicable organisations (providers of NHS and publicly-funded adult social care) via HSCIC SCCI Support Services	HSCIC distribution list (approximately 3000 organisations)	September 2015
67.	Follow-up communication to public sector partners (as per phase 1)	NHS England's public sector partner organisations	September 2015
68.	Follow-up communication to IT system suppliers and IT professionals (as per phase 1)	IT system suppliers to the NHS and social care and relevant IT professionals	September 2015
69.	Follow-up communication to voluntary sector	Voluntary sector organisations and members / networks with an interest in accessible	September

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	organisations (as per phase 1)	information	2015
70.	Follow-up communication to target professionals (as per phase 1)	Professionals to whom the Accessible Information Standard is of particular relevance	September 2015
71.	Follow-up communication to people who have made contact with NHS England with regards to the Accessible Information Standard	Individuals who have requested to be updated about the Standard – patients, service users, carers, members of the public and stakeholder organisations.	September 2015
Phase 3 – Communication to highlight implementation support and reiterate compliance deadline (31.07.16) (May 2016)			
72.	Repeat communication to all stakeholders using all mechanisms identified above.	All stakeholders	May 2016

Key

HSCIC: Health and Social Care Information Centre

VCS: Voluntary and Community Sector

The Department of Health, NHS England and Public Health England Voluntary Sector Strategic Partners for 2015-16 are:

- Age UK;
- Carers UK and Carers Trust;
- Community Service Volunteers;
- The Disability Partnership (Royal Mencap Society, Scope, Sense, The National Autistic Society);
- FaithAction;
- Health, Work and Wellbeing Group (the Fit4Work Consortium);
- National Lesbian, Gay, Bisexual and Transgender Health Partnership;
- Men's Health Forum;
- Mental Health Partnership Forum;
- NACRO, Action for Prisoners' Families and Clinks;

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- National Children's Bureau;
- National Council for Palliative Care, Help the Hospices and Marie Curie Cancer Care;
- Young People's Health Partnership;
- National Housing Federation;
- National Voices;
- National Association for Voluntary and Community Action;
- Race Equality Foundation (REF);
- Regional Voices;
- UK Health Forum;
- Voluntary Organisations Disability Group (VODG), National Care Forum (NCF) and Sue Ryder Care;
- Women's Health and Equality Consortium (WHEC);
- The Win-Win Alliance (Disability Rights UK, Shaping Our Lives, and CHANGE).

