City of Bradford Metropolitan District Council

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NHS England

Bradford Council Pilot of draft accessible information standard

The Bradford Context

Bradford is the 4th largest metropolitan district council in England. It has a population of 513.000 and is a mixture of inner city, urban and rural communities. It is ethnically diverse with 20.4% of the pop identified as Pakistani. There are 23.3% of females and 20.89% of males of working age with a disability, this is higher than the England average. (Bradford Observatory). It is the 26th most deprived district in England and 2nd most deprived in Yorkshire and Humber. 25.8% of children and young people live below the child poverty line. It has the 2nd highest rates on infant mortality in England and Wales.
The district contains 3 CCGs, 2 hospital Foundation Trusts and an NHS Care Trust. Bradford District Care Trust offers a range of services including mental health and learning disability and a range of community services including community nursing services.

1. Scope and scale of the pilot

Adult Services Access Point is the council's first point of contact for adult social care enquiries. It is responsible for recording all new and existing contacts, for older people, people with a physical disability and people with a learning disability. People with a sensory need contact the Sensory Needs Service and people with a mental illness are served by Bradford District Care Trust within the NHS. All contacts are recorded on a data storage system. The system records demographic information of callers and some basic accessibility requirements. This includes if someone has a visual impairment, or is hearing impaired and requires a British Sign Language interpreter. As part of this project, links have been made with Bradford District Care Trust (BDCT) Single Point of Access (SPA).

Noting the information provided as part of the application to pilot and MOU, please provide details in order to inform an overview of the scope and scale of the pilot. With reference to the pilot phase, please provide details of:

- Adult Services Access Point handles 4000 telephone calls per month. A further 10% are online contacts.
- The initial pilot will collect 50 service users preferred information needs. This is specifically within the Access Point and does not include the SPA or Sensory Needs Service. When these services completed their mini pilots the total number of services users/patients is expected to be 100.
- The sensory needs service will use an app called Glide to enable Deaf people to book interpreters in real time. This will involve 30 people using the interpreting service.
- The BDCT mini pilot will collect the information needs of 20 patients.
- It is expected that 30% of the 100 will have information needs. All of theses people will have their records adjusted to reflect their individual requirements.
- The two most popular requested publications have been made into audio formats. They will also be available as MP3 which can be dispatched electronically. These are complex booklets, Caring Bradford lists all the district care providers, this includes residential and nursing homes and home care providers. Look Book is a publication giving details of all specialist services for people with a learning disability in the district.
- All Deaf BSL users get a confirmation letter when an interpreter has been booked. With this letter there will be information about the Glide App and the ability to make appointments using the app. A group of Deaf people will produce a short video explaining to Deaf people how the app works which can be shown at the services reception. Preferences will be recorded on the interpreting database. The app contains an address book and automatically records the contacts.

2. **Actions taken to effectively implement the standard into existing systems**

- Adult Services uses a database supplied by Capita (formally Northgate) called AIS. This service is being decommissioned in favour of moving to SystmOne supplied by TPP. SystmOne is the IT data record used by all G.P. practices in the district. This will be the first large scale fully integrated health and social care record in the UK. The SPA, based within Bradford District Care Trust uses SystmOne has been added to this pilot. There is a further pilot based around a number of G.P. practices (Flagging Patients Access Needs in SystmOne). The pilots are now working in partnership.
- In the Adult Services pilot all Access Information Advisors were given specific training on the need for accessible information. This training was provided by Bradford Talking Media a social enterprise. This training consisted of a number of exercises and some DVD examples of disabled people talking about their experiences of poor service as a result of information not being accessible.
- Adult Services also provides a comprehensive British Sign Language (BSL) interpreting service. The service provides approximately 150 sessions per month to NHS providers, mainly GP and acute trusts. Up to 18% of appointments can be missed often because there is a communication misunderstanding and the Deaf person has not understood when the appointment is. Increasingly Deaf people are using a live video messaging app called Glide, which enables live video streaming. Currently if a Deaf person wants to make a GP appointment, they need to go to the surgery book the appointment then take that to the interpreting service to see if there is an interpreter free at that time. Often a number of negotiations have to take place to get an appointment. With Glide the Deaf person could go to the practice and have a real time, 3 way conversations between them, the practice receptionist and the interpreting coordinator. Any other

information including tests that may be required or samples can be explained at the same time.

- Originally it was thought that when the pilot took place it would have been at the same time as the implementation of SystmOne. Due to unforeseen circumstances here is a delay in the implementation. The AIS database (existing database) has a warning symbol on the first screen and every subsequent screen It was agreed that the easiest solution would be to maintain the information needs within this system. All staff are already trained to look at the warning indicator. The indicator may contain information about a safeguarding concern with a child or an adult. It may be about other risks including instructions about employee safety when visiting an individual. The reason for choosing this part of the data base is that it is already mandated that should staff open a record they should initially look at this record. It is a well established custom and practice.

- The pilot has not completed yet due to the late start date. The next phase will be a quality call back phone conversation with individuals to find out what they thought of the process and have their information needs been correctly recorded. Following on from this it will be clear if the system needs some adjustment.

- As previously stated the use of the existing warning indicator is the easiest solution, as it already exists on all pages of the database and it is part of custom and practice of staff. There is a concern going forward that when the existing data is migrated to SystmOne that the warning indicator will not be replicated. The other Bradford Pilot "Flagging Patient Access Needs on SystmOne" Bradford and District CCGs and Airedale Wharfdale and Craven CCG, working with a number of GP practices has set up a protocol on SystmOne within the booking appointments process of the database. When this pilot starts to go live the services of AIAs have been offered to the practices as some extra support. This may not work for social care, however it is envisaged that through the ongoing development and deployment of the social care module of SystmOne the IT

provider TPP will assist with a solution that works for health and social care.

- As Adult Services Access Point is the single point of contact for all of Adult Services is has been quite straight forward to manage the training and the consistency of how the implementation has been delivered. Delivering the training to the rest of the service would present more of a challenge as there are over 1000 FTE staff. All staff are mandated to complete a number of online training courses including health and safety and data security. It would be possible to work with a social enterprise like Bradford Talking Telegraph to develop an online training resource which staff are required to complete annually which also forms part of their appraisal.

- When the pilot ends we will review the outcomes and decide what changes need to be made in preparation for the full introduction of the standard. Bradford Council has signed up to the Five Principles of Better Information for Disabled People, which was produced by the Office of Disability Issues (http://webarchive.nationalarchives.gov.uk/+/http://www.officefordisability.gov.uk/docs/ODI_FivePrinciples_2007.pdf). On 1st April the Care Act was introduced in England. One of the main principles is the mandated responsibility to provide expert information and advice. The guidance on policies and procedures for the implementation is not yet complete but it will include a section on asking and recording individuals information needs. As part of the pilot some information has been put onto audio. This includes Caring Bradford, which gives information on care providers in the district, including residential and nursing homes along with support at home providers. The booklet for accredited providers for people with a learning disability has also been produced in audio format.

- The staff involved in the pilot were: Alec Porter District Manager Access and Inclusion (Project Lead) Bradford Council, Steve Manns Integrated Digital Care Record Lead Bradford Council, Mike Fulton Communications and Marketing Officer Bradford Council, Suzanne Smith System Support Officer Bradford Council, Sue Haddock Strategy and Engagement Officer

(Strategic Disability Partnership) Bradford Council, Lizzy Wharton Interpreter Services Manager Bradford Council, Ann Carroll Interpreting services Coordinator, Sheraz ul islam Mohammed Administration Team Manager Bradford District Care Trust NHS, Susan Crowe Managing Editor Bradford Talking Media, Emma Farmer Project Officer Bradford Talking Media.

3. Impact and cost of implementing and following the standard

Please provide data on and comments about the impact (positive and negative) and cost of initial implementation of the standard AND the impact and cost of following the standard on an ongoing basis as part of 'business as usual'. Please provide data which demonstrates actual impact where possible, accompanied by any relevant comments and views on anticipated likely current / future impact (especially where hard data is lacking). Specifically, information and comments should be shared with regards to the impact on:

- Automatic generation of forms or correspondence has not been explored. Automatic generation can require complex algorithms which may not be able to be retro fitted into existing systems. What may be a better solution is to have toolkits, e.g. there could be a range of versions of standard letters which could be printed, like an easy read version or a large print one.
- The BSL Interpreting Service has a sophisticated data base which record the types of interpreting assignments and can place them geographically, by GP practice or CCG.
- Adult Services Access Point has clearly developed policies, procedures and a telephone script. When the pilot is reviewed, procedures and script will be updated to reflect the changes.
- Within 6 months of the completion of the pilot a review of the information that the Access Point sends to callers will be reviewed
- Staff within the Access service and the Sensory Needs service are experienced in talking to people with disabilities, however the SPA staff will be more used to illness and physical frailty rather than disability.

- It is expected that there will be an increase of telephone time to sufficiently explain why the information is being collected and recording the out comes. This is likely to be between 1 and 3 minutes. In the Access service it takes between 20 and 25 minutes to set a new person on the system, following the move to SystmOne this will not be required and calls will be completed much faster.
- All the Access Information Advisors (AIA) have been trained. This comprised of a number of group exercises and watching a series of DVDs where disabled people discussed their experiences of poor quality information.
- Within Adult Services Access Point 10% of contacts are now received electronically, this is expected to rise within the next 3 years to 25%. The Care Act will mean a significant rise in referrals.

NB Some of this information may be included as part of section 1 or 2 and does not therefore need repeating here.

4. **Feedback on the practicality of implementing the standard using existing documents / in its current form**

The documentation has been phenomenally helpful in conducting the pilot. It has given direction and support in moving forward.

5. **Feedback on the usefulness of the Implementation Guidance in supporting implementation of the standard**

Please provide feedback on how useful the Implementation Guidance was in supporting the pilot, and any suggestions for amendments or additions.

6. **Assessment of the effectiveness and clarity of the Specification, Implementation Plan and Clinical Safety Case**

Please provide feedback on the Specification, Implementation Plan and Clinical Safety Case, including comments on clarity and any suggestions for amendments or additions.

7. Benefits / efficiency savings associated with implementing / following the standard

I have highlighted benefits
Please provide data and comments on the impact of implementing / following the standard on:

It is too early to judge on the impact and efficiencies however I would anticipate an number of improved outomes;

- In March this year of the 143 NHS BSL interpreter sessions booked 19 the patient did not turn up because there was confusion about the date and time.
- Improved information and communication will always lead to better outcomes.

8. Any other comments

Please provide any other comments on:

- Develop a self audit tool that services can use to test their own abilities to meet the standard.
- Working with user led organisations of disabled people has really helped in developing the pilot and to act as an expert by experience.
- One of the big challenges post pilot will be the ongoing production of accessible information.
- There are a number of leavers currently that could be used to make the implementation run more smoothly. Many areas have Integrated Care Boards assisting with the implementation of integrated working. This is a joint health and social care board and will provide all the necessary governance. It would be able to unblock any data sharing problems.

In addition, anonymised comments from different members of staff involved in the pilot as to their thoughts and experiences and / or comments from patients / service users would be welcomed.

9. Submission

In line with the MOU, following conclusion of the pilot phase, a report including the information above should be shared with NHS England on or before 24.04.15. Completed reports should be sent to sarah.marsay@nhs.net