

Accessible Information Standard

Top Implementation Tips from Organisations that Piloted the Draft Standard

1. Provide access to a specific budget to produce accessible documents and resources.
2. Use and develop existing systems that people already use, don't create something new because people resent it and won't follow it through.
3. Explain to people how it can help them assess and manage patients with additional communication needs because they will resent if it is imposed on them.
4. Ensure the solutions are in place before you roll out the assessment. For example, provide a list of common communication support needed and how to access it (e.g. easy read, large print, e-mailed documents, professional support).
5. Consider ascertaining service users' needs and their preferences because in some cases, meeting their preferences ensures that we are engaging with them and their perceived 'needs'.
6. Make all general information leaflets accessible for everyone because it can save time and duplication by ensuring all leaflets are produced using symbols, images and words rather than having more than one version.
7. Ensure there is a process of approving, storing and reviewing patient information leaflets in order to avoid duplication and old versions of information being given out.
8. Develop a formal policy on how to assess and manage communication needs within the organisation but provide a quick reference guide for staff to know what help to get and how.
9. Use terminology that is meaningful to your organisation. For example, in one organisation, 'learning disability communication support worker' was replaced with 'Carer / support worker who knows me well'.

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10. Involve carers because they understand the communication needs of the person they look after and can help you.
11. Allow additional time for interactions initially so that the necessary questions can be asked and relevant information recorded.
12. Support staff with face to face training / awareness raising. In the pilot sites, staff who were more involved in the work or received formal or informal training, had a higher level of understanding and engagement in implementing the Accessible Information Standard.
13. Produce information through a collaborative process, involving the person and their circle of support, in the same way that a Communication Passport is made. This will help to improve the consistency of reporting and recording, the quality of the information shared, and most importantly, increase the likelihood of the person getting the right communication support.
14. Clarify organisational governance responsibility for accessible information.
15. Favour quick fixes and easy solutions / wins.
16. Compliance requires staff to consider how we communicate using Jargon free, Plain English. If wrong words and language – signing or braille will not help an individual's understanding.
17. Consider developing an Accessible Information Standard event to raise awareness building. Invite groups / patients and hold a discussion to 'pulse check' progress towards implement the Standard and present awards for good practice from teams / people.
18. Work with heads of various departments to ensure your plans are workable where it needs to be – with patients not on paper or expected use.
19. Need to ensure a legacy continues after 31st July 2016– which is the start and not the end of the process.