

Standard Setting for Accessible Information Advisory Group Meeting 9 June 2016 Minutes

Present:

Tom Bailey, Research and Policy Officer, Action on Hearing Loss

Stuart Cameron-Strickland, Head of Policy Performance and Improvement – Adult Social Care, Leeds City Council (representing the Association of Directors of Adult Social Services (ADASS))

Catherine Carter, Lead Trainer, CHANGE

Margaret Flaws, Senior Equality and Human Rights Officer, Care Quality Commission (CQC) (via teleconference)

Jane Fox, Programme Manager – The Information Standard and the Accessible Information Standard Delivery Team, NHS England

Hugh Huddy, Policy and Campaigns Manager, Royal National Institute of Blind people (RNIB) (via teleconference)

Dr Howard Leicester, Patient and Public Involvement (PPI) Member

Sarah Marsay, Public Engagement Account Manager, NHS England

Erin Outram, Projects Manager, CHANGE

John Taylor, Patient and Public Involvement (PPI) Member

Sarah White, Policy Officer (Health), Sense

Apologies:

Kevin Aston, Project Manager (Interim) - The Information Standard and the Accessible Information Standard Delivery Team, NHS England

Olivia Butterworth, Head of Public Participation, NHS England (Chair)

Toto Gronlund, Business Advisor, Health and Social Care Information Centre (HSCIC)

Mohamed Jogi, Deputy Head of Diversity and Inclusion, NHS Employers (representing the NHS Confederation)

1. Welcome, introductions and apologies

Sarah Marsay welcomed everyone to the meeting and a round of introductions followed.

2. Declaration of interests as relevant to the agenda and discussion about management of declared interests

Sarah Marsay advised that completed declaration of interest forms had been received from all members present at the meeting (either in person or via teleconference). Declared interests had been reviewed, including in line with advice received from relevant colleagues at NHS England as to how they should be managed. It was confirmed that:

- None of the interests declared by members were judged to be fundamentally at odds to, or potentially prejudicing, their membership of the Group;
- 'Declaration of interests as relevant to the agenda' would be included as a standing agenda item at all future meetings of the Group;
- All members are expected to identify any relevant interests at the start of all meetings and absent themselves from discussion as appropriate.

3. Progress towards implementation: updates and reflections since the last meeting

Sarah Marsay advised that, from an NHS England perspective, key actions since the last meeting included:

- Liaison with NHS England and Health and Social Care Information Centre (HSCIC) colleagues around the NHS eReferral Service (eRS), Summary Care Records (SCR) and GP IT systems;
- Publication of a significant number of resources (with more continuing, alongside improving website navigability);
- Attending a range of events and meetings, providing advice and responding to enquiries;
- Developing plans for communications and the review.

Sarah Marsay invited members to make comments, raise issues or ask questions.

Discussion ensued with key points raised regarding:

- The importance of GP and Practice Manager awareness and understanding of the Standard, including the role of both 'systems' and 'staff';
- How compliance could and should be assessed, judged or assured, including the role of commissioners, including Clinical Commissioning Groups (CCGs) and local authorities;
- Achieving and supporting consistency and coordination of implementation approaches;
- Identifying and promoting good practice;

- The challenge of understanding the many different settings in which the Standard would be implemented, and statistics about affected service users, and assessing / demonstrating impact;
- The need to highlight the legal framework for the Standard and the potential impact of non-compliance, as well as promoting the benefits for services and service users;
- The role of Speech and Language Therapists in assessing individuals' needs, and how such assessments of needs could be shared;
- The enquiries made and received by members about the Standard;
- The need to focus time, energy and resources on actions which support effective implementation of the Standard and ongoing compliance – ultimately on ensuring that it has the intended impact on people's health and wellbeing.

The following actions were agreed:

Future NHS England communications about the Standard will include:

- The benefits of coordinated, collaborative approaches to implementation;
- Celebrating success and highlighting good practice, including specific examples of effective implementation;
- The risks and potential consequences of non-compliance.

Action: Sarah Marsay / Jane Fox / Kevin Aston to include agreed messages in future communications.

Links to the [NHS Standard Contract for 2016/17](#) (which includes a specific requirement relating to the Standard), and the 'Implementation of the Accessible Information Standard in Primary Care - Toolkit' are to be circulated.

Action: Sarah Marsay to circulate the Toolkit and Contract to members.

Specific guidance for commissioners, including CCGs and local authorities, as to how to effectively support and assure implementation of the Standard by providers – including how this may be done collaboratively and examples of approaches taken – is to be developed.

Action: Sarah Marsay / Jane Fox to work with Stuart Cameron-Strickland to develop guidance for commissioners of adult social care.

Action: Sarah Marsay / Jane Fox to work with CCG and NHS England colleagues to develop guidance for commissioners of NHS services.

4. Communications: NHS England Communication Plan to July 2017, key messages and members' communication plans

NHS England's draft 'Communication Plan June 2016 – July 2017' and updates from Action on Hearing Loss, CHANGE, Sense and Dr Howard Leicester had been included in the meeting papers.

Jane Fox outlined key milestones and messages, explaining that the initial focus will be on communications surrounding the 31 July deadline.

In response to queries from Howard Leicester, it was confirmed that the Plan was intended to be an internal, working document to support NHS England and advisory group members in planning for and coordinating future communications, including methods, timescales and key messages.

Members agreed with John Taylor's comment that it should be presumed that most health and care professionals want the best for their patients and service users, and therefore messages should focus on the benefits associated with the Standard – providing encouragement and incentive for compliance.

The importance of messages having the desired impact and reaching relevant individuals in provider and commissioning organisations was discussed.

Stuart Cameron-Strickland suggested that the plan had two distinct elements: information for commissioners and providers, and information for the public. He highlighted the importance of coordination and making best use of all members' existing networks, contacts and bulletins.

Action: ALL to coordinate communications activities, sharing plans and key messages in advance.

5. Plans for review of the Standard

A short document outlining NHS England's proposed approach to the post-implementation review of the Standard was included in the meeting papers.

Sarah Marsay highlighted key points, including explaining the rationale, scope and high-level actions to be included in the review. It is proposed to commence the review with communications in September 2016, with a period of actively seeking and analysing feedback January-March 2017, and a report due to be published in April 2017. This is in place of the previously proposed reviews in September 2016 and April 2017. HSCIC's Standardisation Committee for Care Information (SCCI) Support Services had approved the approach as outlined in the paper.

It was noted that the review must incorporate aspects detailed in the [Maintenance Plan](#) and raised as part of the approvals process, and would include seeking feedback from service providers, commissioners and service users about the impact of the Standard, as well as ensuring that it remained up-to-date with developments since publication. The need to work with patient groups, local Healthwatch and voluntary and community sector organisations to ensure that the experiences of

service users were captured was noted, as was the importance of gathering case studies.

In response to a suggestion from Stuart Cameron-Strickland, it was agreed that inclusion of a question regarding accessible information in the Personal Social Services (PSS) Adult Social Care Survey of service users would be explored.

Action: Stuart Cameron-Strickland and Sarah Marsay to progress inclusion of a question in the PSS survey, working with HSCIC as appropriate.

In response to a query from Sarah White, it was confirmed that previous requests received to change aspects of the Standard would be included in the review and communication would take place with enquirers about the revised timescales.

Action: Sarah Marsay to contact individuals who had requested changes to the Standard to advise them of the timescales for the review.

6. Minutes of the previous meeting and matters arising

The Minutes of the previous meeting, held on 20 April, were approved. Members were reminded that ratified Minutes were published on the NHS England website.

Action: Sarah Marsay to finalise and publish the Minutes.

Unfortunately, there was insufficient time to discuss matters arising from the previous meeting. It was agreed that updates on all actions would be circulated electronically.

Action: Sarah Marsay to circulate an update on actions from the previous meeting.

7. Any other urgent business

a. Accessible Information Standard 'Kitemark'

Howard Leicester queried whether it would be possible to develop and rollout an icon or kitemark which organisations that were compliant with the Standard could display. Discussion ensued and it was agreed that this would not be practical. Jane Fox clarified that organisations could publicise their own compliance if they wished.

b. Additional guidance for long-stay patients in hospitals or care homes

Howard Leicester sought clarification as to the scope of the Standard with regards to people in receipt of long-stay or residential care in NHS and / or adult social care settings. Sarah Marsay confirmed that such patients / circumstances were entirely within the scope of the Standard.

Erin Outram and Sarah White pointed out that people in long-term residential settings were often vulnerable and at significant risk of exclusion and isolation, with

accessible information and communication support having an important part in their empowerment and inclusion.

c. Training

Erin Outram advised that there had been significant interest in the training events hosted by CHANGE to support awareness-raising and implementation of the Standard. Catherine Carter added that she was involved in training student midwives and social workers, and this included information about the Accessible Information Standard.

It was agreed that NHS England should seek to influence curricula for training health and care professionals.

Action: Sarah Marsay / Jane Fox to explore influencing relevant curricula.

Hugh Huddy informed that at an event for trainee GPs, 4 of 19 participants chose to work on the development of an implementation plan or toolkit for the Standard.

Action: Hugh Huddy to share the resulting toolkit / guidance.

8. Date, time and venue for future meetings

It was agreed that the next meeting would be arranged for mid-August 2016.

Action: Sarah Marsay to confirm details of the next meeting.

With regards to future meetings, Sarah Marsay explained that they would take place in October or November 2016, January 2017 and April 2017. The meeting in April 2017 is likely to be the last meeting of the Group, in recognition of the fact that compliance with the Standard should be embedded as part of 'business as usual'.

9. Close

Sarah Marsay thanked everyone for their contributions and closed the meeting.