

## **Standard Setting for Accessible Information Advisory Group Meeting 28 September 2016 Minutes**

### **Present:**

**Tom Bailey**, Research and Policy Officer, Action on Hearing Loss  
**Olivia Butterworth**, Head of Public Participation, NHS England (Chair)  
**Catherine Carter**, Lead Trainer, CHANGE  
**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)  
**Mohamed Jogi**, Deputy Head of Diversity and Inclusion, NHS Employers (representing the NHS Confederation)  
**Dr Howard Leicester**, Patient and Public Involvement (PPI) Member  
**Sarah Marsay**, Public Engagement Manager, NHS England  
**Erin Outram**, Projects Manager, CHANGE  
**John Taylor**, Patient and Public Involvement (PPI) Member  
**Sarah White**, Policy and Partnerships Manager (Health), Sense

### **Apologies:**

**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))  
**Margaret Flaws**, Senior Equality and Human Rights Officer, Care Quality Commission (CQC)  
**Toto Gronlund**, Business Advisor, NHS Digital (formerly the Health and Social Care Information Centre (HSCIC))

### **1. Welcome, introductions and apologies**

Olivia Butterworth welcomed everyone to the meeting and a round of introductions followed. Olivia confirmed that, following a period of absence, she was very pleased to be back and would be acting as Chair of the Group going forwards. She thanked all members for their support for the Standard over the last few months and in particular thanked Erin Outram for her contribution, as this would be her last meeting before she moved on from CHANGE. It was also noted that this would be Jane Fox's

last meeting, as, following completion of some outstanding actions, she would no longer be proactively supporting the Standard and would instead be focusing on The Information Standard. Members thanked Jane and Erin for their valued contributions.

## **2. Declaration of interests as relevant to the agenda**

Sarah Marsay confirmed that completed declaration of interest forms had been received from all members present at the meeting. Members were reminded of their responsibility to declare any potential conflicts of interest at the start of each meeting, as relevant to the scheduled agenda items.

In response to a suggestion from Hugh Huddy, it was agreed that the explanatory note about potential conflicts of interest which had been included with the declaration of interests form, should be circulated alongside all future agendas.

**Action: Sarah Marsay to include 'explanatory note on conflicts of interest' as part of future meeting papers.**

## **3. The 'post-implementation period' – discussion**

Olivia Butterworth set out the context for this item, explaining that, as the 1<sup>st</sup> August full implementation deadline had passed, the 'implementation period' for the Standard had officially come to a close. Acknowledging that 'universal compliance' may not have been achieved (yet), organisations should now be following the Standard as part of 'business as usual'. The next key phase of activity for NHS England would be the review, so this item was an opportunity for reflection.

Sarah Marsay drew members' attention to the two papers which had been circulated in support of this item, 'NHS England Support for Implementation: Review of Implementation Plan Commitments and Progress' and 'External Partners' Support for Implementation: Review of Implementation Plan Commitments and Progress'.

Members were invited to share their experiences of the implementation phase, including highs and lows, learning and any future plans. Discussion ensued, with members making points around awareness and compliance – particularly the need to effect 'procedural change' and how this could be 'assessed' – with challenges recognised. The importance of maintaining momentum and remembering the rationale for the Standard – the opportunity to significantly improve disabled people's health and wellbeing – was also acknowledged.

Hugh Huddy explained that, as part of the RNIB's 'Need it to Read it' campaign, they would be recording examples of implementation of the Standard, and service users' experiences and expectations, and using these to build a benchmark of 'acceptable' practice. This would then be used by RNIB as a lever to challenge organisations who were not meeting this 'basic' or 'good enough' standard.

In response to several points made, members agreed that it was really important to proactively identify, recognise and promote good practice.

Sarah White and Tom Bailey advised that numerous positive examples of implementation of the Standard in practice had been identified from responses to correspondence sent by Action on Hearing Loss, CHANGE, RNIB and Sense to clinical commissioning groups (CCGs).

**Action: ALL to seek out examples of good and best practice, for promotion and publication as appropriate.**

#### **4. Plans for review of the Standard – discussion**

Olivia Butterworth summarised key points from the (draft) 'Accessible Information Standard: Post-Implementation Review' document that had been circulated as part of papers for the meeting.

A lively discussion ensued about the purpose of the review, outputs and outcomes, plans and next steps.

It was acknowledged that the review needed to collect more 'hard evidence' to complement and build on the 'soft intelligence' mentioned as part of the previous item.

Sarah Marsay explained that NHS England had specific objectives for the review, including looking at the impact / benefits of the Standard and ensuring that it remained 'fit for purpose'. However, in addition, the review must also meet the requirements of the Standardisation Committee for Care Information (SCCI) and the Burden Advice and Assessment Service (BAAS). She added that, as well as members' input into the review document and surveys, NHS England and NHS Digital colleagues were also providing feedback and advice.

In response to Hugh Huddy's concern about NHS England conducting a single review, Sarah Marsay explained that conducting two reviews in close succession would have significantly limited their scope and the extent of activities undertaken, and NHS England felt, therefore, that the proposed approach would be much more effective.

There was general agreement with John Taylor's suggestion that the review needed to demonstrate three things, from the perspective of both providers and patients – what is working for you, what is not working, and what is needed to make it work. Noting members' points about the need to compare 'before and after' to assess the impact of the Standard, Sarah White pointed out that the 'before' data was that

collected at part of the engagement and consultation phases, with the review surveys contributing data to create a picture of 'after'.

In response to queries from members, Sarah Marsay confirmed that:

- The review would take place January – March 2017;
- All of the surveys would 'launch' together in January 2017;
- The focus of the review is on ensuring that the Standard is having the desired impact and is fit for purpose, there will be no wholesale change to the scope;
- Participation in the review will be promoted via NHS England's networks and bulletins, as well as contacts specific to the Standard;
- Following the review, it is anticipated that version 0.2 of the Specification and Implementation Guidance will be issued.

Prompted by comments from Hugh Huddy, a specific discussion took place about how to compare experiences / the impact of the Standard in areas where organisations were not compliant or minimally compliant against areas where organisations had achieved full compliance / best practice. The 'maturity index' included in the Implementation Guidance was noted in this regard. Members raised a number of points, including around triangulation of data. It was agreed that the anonymity of survey respondents must be preserved, and the survey should avoid asking any questions which individuals may feel could identify them.

Following further discussion, members agreed with Jane Fox's suggestion to include an additional question in the survey for NHS providers and commissioners asking them to self-assess the extent to which they had implemented the Standard.

**Action: Sarah Marsay to adjust the survey to include a question about extent of implementation, based on the maturity index, and to seek advice from NHS England analytical colleagues about differential analysis of impact.**

In response to the above discussion and, in particular, comments from Howard Leicester and Hugh Huddy about capturing an accurate, detailed picture of the extent and impact of implementation, Olivia Butterworth suggested that NHS England could look to work in partnership with a small number of local Healthwatch organisations to 'test' local experiences in-depth. The potential for involving health overview and scrutiny committees (OSC), and the voluntary sector (including via the Voluntary Sector Strategic Partner programme and Council for the Voluntary Sector (CVS)) is also to be explored.

**Action: Sarah Marsay / Olivia Butterworth to explore partnership working with LHW, OSC and CVS as part of the review.**

**Action: Sarah Marsay to amend the post-implementation review document accordingly.**

Additional agreed actions in response to suggestions from members / discussion were:

- **Jane Fox to contact organisations that applied for grant funding relating to ‘mystery shopper’ or similar schemes, to see if they had progressed with such activity independently;**
- **ALL to confirm communication channels and networks to promote participation in the review;**
- **Catherine Carter / Erin Outram / Sarah Marsay to explore potential links to the ‘Quality Checker’ scheme, and whether this could provide information about organisations’ implementation of the Standard / the impact.**

Mohamed Jogi confirmed his offer of connecting NHS England with NHS Trusts that are part of equality, diversity and inclusion networks. He added that they may be able to support the review with more detailed insight from their experiences.

**Action: Sarah Marsay and Mohamed Jogi to liaise to ensure involvement of NHS Employers / NHS Confederation members in the review.**

Members are to send any additional comments on the post-implementation review document and / or surveys to Sarah Marsay by mid-October. It is intended to finalise the document by correspondence, by the end of October, with the surveys coming back to the November meeting for finalisation.

**Action: ALL to send comments on the review document and surveys to Sarah Marsay by 14th October.**

**Action: Sarah Marsay to revise the review document and finalise via correspondence.**

**Action: Sarah Marsay to revise the review surveys for the November meeting.**

## **5. Minutes of the previous meeting and matters arising**

The Minutes of the previous meeting, held on 9<sup>th</sup> June, were approved subject to any notification of inaccuracies received by Sarah Marsay by 30<sup>th</sup> September. Members were reminded that ratified Minutes were published on the NHS England website.

**Action: Sarah Marsay to finalise and publish the Minutes.**

Matters arising from the previous meeting were discussed in turn:

- Agreed messages had been included in NHS England communications to date, and Sarah Marsay confirmed that this would continue on an ongoing basis.
- Sarah Marsay confirmed that she had circulated the [‘Implementation of the Accessible Information Standard in Primary Care - Toolkit’](#) and links to the [NHS Standard Contract for 2016/17](#) to members. She added that compliance with the Standard was also included as a requirement in the draft 2017/18 Contract.

- With regards to the two actions relating to production of specific guidance for commissioners, Jane Fox advised that she was awaiting outputs from some grant-funded activity in this regard. Following this, she would liaise with Stuart Cameron-Strickland and / or other relevant colleagues as appropriate.

**Action: Jane Fox to ensure that guidance is available for commissioners of NHS services and adult social care.**

- All members had undertaken communications activity around the 1<sup>st</sup> August deadline, and this had been coordinated as much as possible. There was agreement to continue to share plans and work together.
- The Minutes of the meeting on 20<sup>th</sup> April had been finalised and published.
- An update on actions from the meeting on 20<sup>th</sup> April had been circulated.
- The details of this meeting had been confirmed.

Outstanding actions were noted as follows:

- **Sarah Marsay to liaise with Stuart Cameron-Strickland, and other relevant colleagues, to explore the possible inclusion of a question about the Standard in the Personal Social Services (PSS) Adult Social Care Survey of service users.**
- **Sarah Marsay to contact individuals who had requested changes to the Standard to advise them of plans for the review.**
- **Sarah Marsay to explore influencing curricula for training health and care professionals.**
- **Hugh Huddy to share the outputs of the event for trainee GPs, in which 4 of 19 participants had chosen to work on the development of implementation plans or toolkits for the Standard (subject to permission to share).**

## **6. Any other urgent business**

### a. Easy read information / documents

Catherine Carter explained that she had recently attended an event about reducing the inappropriate prescribing of antipsychotic drugs for people with a learning disability. Several people at the event had raised concerns about there not being any 'quality standards' for easy read information or documents. Sarah Marsay advised that the [NHS England Learning Disability Engagement team](#) were working with the Learning Disability and Autism Advisory Group to produce guidance in this regard.

## **7. Date and time of future meetings**

Olivia Butterworth confirmed that the next meeting would take place in November, with the agenda focusing on finalising the post-implementation review questions, and detailed actions taking place as part of the review, for example scheduled meetings

and events. She added that subsequent meetings would then take place in 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'.

In response to a query from Hugh Huddy, Sarah Marsay advised that, following approval of the post-implementation review report and revised versions of the Specification and Implementation Guidance, the Group would only be reconvened if necessary / on an ad hoc basis in response to any specific issues. Olivia Butterworth added that NHS England did not want to lose the input and expertise of the group, however, and would be looking at how best to ensure that members are able to input into the work of the Patient and Public Participation and Insight division in future.

## **8. Close**

Olivia Butterworth thanked everyone for their contributions and closed the meeting.