NHS England Accessible Information and Communication Policy

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Document Status

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NHS England Accessible Information and Communication Policy

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Equality and Health Inequalities Statement

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- had due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- had regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact 0300 311 22 33 or email england.contactus@nhs.net.

Contents

1 Introduction

This policy will ensure that NHS England has a clear, consistent, transparent and fair approach to the provision of accessible, inclusive information and communication support to all. The policy covers all of NHS England's 'corporate business,' including both internal and external communication, and should be followed by all NHS England staff. Further clarity about the scope of this policy is included in appendix 2.

2 Why is accessible information important?

Effective information and communication are vital components of a 'patient centred NHS.' Many people who have an interest in the work of NHS England may have difficulty understanding the information provided. This may be because they are blind, d/Deaf, have a learning disability, or because they have limited or no English. It may be because they need support in terms of reading (limited literacy) or they have a condition which limits their ability to communicate (for example following a brain injury or a stroke). Children and young people have specific communication requirements too.

It is important, therefore, that information is presented in an accessible way, and where appropriate in a range of languages and formats that are easily used and understood by the intended audience.

NHS England believes that providing accessible information will help to improve access to services, promote social inclusion and enable people to make more informed choices about their care. For staff, the provision of accessible information will aid communication with service users, support effective engagement activity, and support choice, personalisation and empowerment. It will also promote the effective and efficient use of resources. The provision of accessible information can reduce inequalities and barriers to good health. The implementation of this policy will demonstrate that NHS England is meeting its legal duties to reduce inequalities between patients in access to health services and in the outcomes achieved.

Providing accessible information can also be key to promoting a diverse workforce. It supports NHS England's ability to expand beyond the equality issues that are covered by law, including the Equality Act 2010, and build on proven approaches to equal opportunities, adding new impetus to the development of employment policies, practices and processes. This approach supports the creation of an inclusive environment in which enhanced contributions are encouraged and welcomed from all employees, helping to build a workforce that is representative of the communities served by NHS England and supporting the reduction of health inequalities.

3 Principles

NHS England's principles about accessible information and communication reflect the mission of "High quality care for all…" NHS England also believes that planned and appropriate use of limited resources will make this care sustainable "…now and for future generations."

NHS England believes that:

- All staff have a responsibility to make information and online content accessible and inclusive.

- Staff should make all reasonable efforts to ensure that everyone can find out about and engage with NHS England, including identifying and removing barriers caused by inaccessible information and / or a need for interpretation or communication support.

- Where appropriate (and as outlined in this policy), individuals who need access to an interpreter, advocate or other communication professional to enable them to engage with NHS England will be provided with such support, arranged and funded by NHS England.

- Where policies, publications or events are targeted at, or are particularly relevant to, people with particular communication needs, proactive steps should be taken to ensure that information and activities are accessible for relevant group(s).

- Information will be provided in alternative formats and languages as quickly as possible following acceptance of a request and without unreasonable delay.

4 Accessible communication

Good communication is communication that is effective in enabling an individual to have meaningful dialogue with NHS England. Staff may have to adapt their style and tone to meet the needs of an individual, or need to adopt particular techniques or use communication aids. Staff should, as far as is practical, promote and use all communication aids and support required. Staff must remain aware that some communication needs will be invisible or not immediately apparent, and individuals should be asked to self-define any needs that they have.

Individuals who have limited or no English, or who use British Sign Language (BSL) or the deafblind manual alphabet, should have access to a professional interpreter arranged and paid for by NHS England where this is needed to enable them to participate in NHS England meetings or events, or to communicate effectively when making an enquiry or complaint. In these instances, staff should arrange and book the translation, interpretation or transcription of information of which they or their team are the author, commissioner or programme lead.

If an interpreter is required, care should be taken to book a professional with the correct language expertise (taking account of dialect where appropriate), including a recognised qualification, and with any particular specialist skills which may be needed. Consideration should also be given to use of interpreters with knowledge or experience in particular areas, for example healthcare, and to the gender of the interpreter, depending on context and subject matter.

Note that additional time will be needed to conduct a conversation which is supported by an interpreter, and allowance should be made for this as necessary. Further information about arranging, booking and working with interpreters, advocates and other communication professionals is included in appendix 8. Advice about accessible communication and communicating with people with specific needs is available in appendices 7 and 12.

5 Assessment and recording of communication needs

Where information is recorded and held about individuals who have made contact and / or wish to engage with NHS England, staff should ensure that relevant records include details of any information and / or communication needs. In line with the Accessible Information Standard, individuals should be asked to self-define their needs and a record should be made of any and all requirements for:

- alternative or specific contact method(s);
- professional interpretation or communication support;
- information in an alternative language or format;
- adjustments or aids to support effective communication.

Staff should refer to relevant NHS England policies for advice about the secure and appropriate management and handling of data, including the Data Protection Policy and Document and Records Management Policy.

6 Mechanisms for the public to contact or share information with NHS England

A range of mechanisms should be offered for patients, carers, service users and the public to contact or share their views with NHS England as part of information gathering, engagement or consultation activities. In most instances, individuals should be able to contact the team or division leading the programme of work directly and, as a minimum, should be able to make contact and provide their views in writing (via post), telephone and email.

Special arrangements may need to be made to enable individuals to contribute where none of the available mechanisms are suitable, for example a face-to-face meeting or the acceptance of an audio or video recording of views. Information received in a language other than English should be translated and responded to as appropriate; it should also be included in any analysis of responses as part of engagement or consultation activities.

The Customer Contact Centre has a contract with a provider of translation and interpretation services. Staff from other teams or divisions of NHS England should contact the Centre to discuss any potential additional use of this service to support communication with individuals as part of programmes of work / in response to a request. Further information about the role of the Customer Contact Centre can be found in appendix 4. In addition, the NHS England Publishing team have developed a list of ‘preferred suppliers’ of organisations who may be contacted for the provision

of interpretation, communication support, advocacy, translation, transcription and reformatting.

Telephone conversations with people who are d/Deaf, deafblind or have hearing loss can be supported by the 'Next Generation Text' (NGT) service (previously known as 'text relay'). There is more information about NGT on the Next Generation Text Service website.

7 Accessible documents and information

7.1 Overview

Documents / information published by NHS England, as well as corporate correspondence, should be as accessible as possible to as many people as possible. This does not mean that multiple formats or versions of every document should always be produced; rather that accessibility should be built into the development of 'standard' versions and consideration should be given to the most appropriate approach to alternative language and format provision as part of preparing for publication.

Digital documents and online content should be accessible for users of assistive technology (for example screen-readers). NHS England staff should refer to, and ensure their documents are compliant with, the internally-published 'Creating Accessible Documents', which is in line with advice provided on the Government Service Design Manual website. External agencies should be appropriately briefed. Further information about making documents accessible is also available in appendix 5.

Consideration should be given to the 'target audience' for documents and information, and whether proactive publication in any alternative languages and / or formats is appropriate. Whether or not proactive publication is deemed appropriate, a system and contact point should be identified for the management of requests for translation, transcription or reformatting. This should enable requests to be made via email, post and telephone.

All NHS England publications should include the 'accessible communication statement' in a prominent position, as follows:

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact [insert contact details].

The statement should be in no less than 16 point, in an immediately obvious place, such as on the front cover page immediately following the 'Information Reader Box'. For longer documents, it would be appropriate to duplicate the statement on the back cover too.

7.2 Availability of alternative languages and formats

Prior to publishing documents, information or online content, consideration should be given to the 'target audience' and any needs which they are known or likely to have for information in alternative languages or formats. This is particularly important with regards to documents which are far-reaching in their impact.

People with a disability, impairment or sensory loss may need information in an alternative format, such as audio, braille, British Sign Language, easy read or large print. A structured guide to decision-making around the publication of documents in alternative formats is available at appendix 6.

People with limited or no English may need information translating into an alternative community language. Note that not everyone who speaks a particular language will be able to read it, and some languages in particular are largely oral / verbal.

Proactive publication / availability in alternative languages is unlikely to be appropriate for the vast majority of NHS England's publications / information. The exception would be where information / documents are targeted at particular communities or particularly high-profile, critical campaigns which require the public to take action. The focus with alternative language provision therefore should be on ensuring that any requests can be received and handled promptly, effectively, fairly and consistently.

Information about commissioning translation, transcription or reformatting of documents into alternative languages and formats is available in appendices 9 and 10.

7.3 Proactive publication of alternative languages / formats

Where a decision has been taken that publications or information should be proactively published in alternative formats and / or languages, the alternative versions of the document or content should be made directly available via the relevant section of the NHS England website alongside the 'standard English' version. This includes British Sign Language (BSL) videos, audio files, easy read documents and information in community languages.

Braille versions of documents, where information is deemed appropriate for proactive transcription into this format, should be made available on request and posted out without delay – their availability should be made clear on the website with relevant contact details.

For those who are not online, DVD copies of BSL video files, CD copies of audio files, and paper copies of documents in standard English, easy read and community languages (where appropriate) should be made available and posted out as required.

7.4 Requests for alternative languages / formats

Whenever a document or significant online content is published, the lead team should identify a contact point and system for the management of requests for alternative languages and formats. In view of the need to ensure that this is as accessible as possible to people with communication needs, requests should be able

to be made by email, telephone and post (letter), and consideration should be given to those who may need support to communicate.

All documents published by NHS England should include the 'accessible communication statement' (see section 7.1) in a prominent position.

In establishing a system for managing requests, the aim should be to minimise 'turnaround times' – i.e. the amount of time an individual must wait between requesting information in a particular format and receiving it. This is particularly important when receipt of accessible information is 'time critical' for example to enable response to a consultation or to take action based on an NHS England campaign. Also consider alternatives – an hour long facilitated discussion session with members of a particular community and an interpreter may be more cost effective than having multiple versions of lengthy documents produced, and it could also 'add value' by building relationships with groups who may be termed 'harder to hear'.

Steps must also be taken to ensure that any requests received can be handled fairly, consistently and efficiently, and that individuals are not disadvantaged by any delay in receiving information in an accessible format. In any event, turnaround times should not exceed 20 working days.

8 Online content and digital media

The NHS England website includes an accessibility statement and all documents published by NHS England must follow the guidance outlined in the internally-published 'Creating Accessible Documents' (which builds on the Government Service Design Manual website).

Further information about the accessibility of online content and digital media is available in appendix 11. NHS England staff can also access advice, as well as contact details for the Digital Communications team, on the intranet.

9 Further information and support

For advice about digitally accessible documents and information visit the Government Service Design Manual website. NHS England staff should also refer to the internally-published 'Creating Accessible Documents'.

For advice about online content and digital media, NHS England staff should refer to the Digital Communications team's intranet page, which also includes relevant contact details.

For advice about making events accessible and inclusive, NHS England staff should refer to the Events team's intranet page, which also includes relevant contact details.

For advice on making documents clearer, more readable and written in plain English, and access to suppliers of alternative formats, NHS England staff should refer to the Publishing team's intranet page.

For advice about accessible engagement and all other queries about this policy, please email the Public Participation team at england.nhs.participation@nhs.net. NHS England staff should refer to the Participation team's intranet page.

Appendices

Appendix 1 – Policy purpose and rationale

a. Purpose

The purpose of this policy is to make sure that NHS England has a clear, consistent, transparent and fair approach to the provision of accessible, inclusive information and communication support to patients, carers, service users, members of the public, staff, stakeholders and partner organisations. The policy includes internal and external communications, and information produced for internal and external audiences.

The policy is aimed at NHS England staff involved in, or who have responsibility for the authoring, commissioning, publication and / or provision of information. It will also be of particular relevance to colleagues who have any contact with patients, carers, service users, members of the public, or with NHS England's external stakeholders and partners. However, it is also relevant to all NHS England staff, as it concerns information and communication for colleagues as well as for external audiences.

b. Rationale

i. NHS Constitution

The NHS Constitution establishes the principles and values of the NHS in England. It sets out rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with responsibilities, which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively.

The first principle of the NHS Constitution states that, "The NHS provides a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status…"

Principle 4 states that "The NHS aspires to put patients at the heart of everything it does. It should support individuals to promote and manage their own health. NHS services must reflect, and should be coordinated around and tailored to, the needs and preferences of patients, their families and their carers. Patients, with their families and carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment. The NHS will actively encourage feedback from the public, patients and staff, welcome it and use it to improve its services."

As a patient, "You have the right to make choices about the services commissioned by NHS bodies and to information to support these choices."

A further pledge is that, "The NHS commits…to offer you easily accessible, reliable and relevant information in a form you can understand, and support to use it. This will enable you to participate fully in your own healthcare decisions and to support you in making choices."

ii. Equality Act 2010

The Equality Act became law in October 2010. It replaced, and aimed to improve and strengthen, previous equalities legislation, including the Disability Discrimination Act 1995. The Equality Act (the Act) covers the same groups that were protected by previous equality legislation, with the following Protected Characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, and sexual orientation.

The Act places a legal duty on all service providers to take steps or make "reasonable adjustments" in order to avoid putting a disabled person at a substantial disadvantage when compared to a person who is not disabled. It is explicit in including the provision of information in "an accessible format" as a 'reasonable step' to be taken. As explained in 'Equality Act 2010: What do I need to know? Disability Quick Start Guide', "Service providers are required to make changes, where needed, to improve services for disabled customers or potential customers. There is a legal requirement to make reasonable changes to the way things are done (such as changing a policy)…and to provide auxiliary aids and services (such as providing information in an accessible format, an induction loop for customers with a hearing aid, special computer software or additional staff support when using a service)."

A further statutory duty, the 'Public Sector Equality Duty' applies to public sector organisations and requires them, amongst other commitments, to: "Advance equality of opportunity between people who share a protected characteristic and those who do not share it" for example disabled people or people of different ages. The same document goes on to explain that: "Having due regard to the need to advance equality of opportunity involves considering the need to:

- remove or minimise the disadvantages suffered by people due to their protected characteristics;
- meet the needs of people with protected characteristics; and
- encourage people with protected characteristics to participate in public life or in other activities where their participation is low."

iii. Health and Social Care Act 2012

NHS England has legal duties to address health inequalities as outlined in the National Health Service Act 2006 (and as amended by the Health and Social Care Act 2012). This includes duties to:

- have regard to the need to reduce inequalities between patients in access to health services and the outcomes achieved (s.13G);
- exercise its functions with a view to securing that health services are provided in an integrated way, and are integrated with health-related and social care services, where it considers that this would improve quality and reduce inequalities in access to those services or the outcomes achieved (s.13N).

Implementing this policy will support the reduction in inequalities for patients in access to health services and the outcomes achieved. It will also demonstrate that NHS England is meeting its legal duties to reduce health inequalities.

iv. Supporting a diverse and inclusive workforce

In NHS England there is a fundamental belief that valuing staff for their individuality will create a supportive culture in which talent, creativity and innovation can thrive. NHS England believes everyone counts in helping to create a patient-focused organisation and our goal is that each and every employee, and those who want to work for NHS England, experiences a fair, open, supportive and respectful organisation. Individuals who work for NHS England, or who want to, will be treated fairly and respected irrespective of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, and sexual orientation. The differences between individuals will be valued.

Appendix 2 – Scope

This policy relates to NHS England's arrangement of interpretation, translation, transcription and communication support. It also includes the accessibility of information, published documents and digital content. It aims to:

- describe accessible information and communication and why it is important;
- define the roles and responsibilities of NHS England staff with regards to accessible information and communication;
- provide advice about some of the more common information formats and communication support which may be needed;
- explain the policies and procedures associated with arranging and procuring interpretation, translation, transcription and other forms of communication support;
- signpost staff to additional sources of guidance and support.

The scope of this policy includes:

- Communication, including methods available for people to contact NHS England and support for participation in face-to-face meetings and events.
- Information, including all information published by NHS England whether as a hard copy or electronically, including the accessibility of documents and online content, and the availability of information in alternative formats and languages (i.e. alternatives to standard printed English).
- Addressing communication needs, including arranging professional interpretation to support face-to-face discussion, use of communication aids and adapting behaviour to support effective communication with an individual or group.
- Support for communication needs which relate to an impairment, sensory loss, disability, and / or because the individual does not speak or read English.
- The accessibility of internal communications, information, engagement and consultation exercises for NHS England staff.

The scope of this policy does not include information or communication support needed by or provided to individuals who access NHS services commissioned by NHS England, such as specialised services or primary care, and relevant alternative policies should be referred to in this regard.

Appendix 3 – Roles and responsibilities

a. Overview

Whilst managers have specific roles and responsibilities, it is the responsibility of all staff to be able to support an individual with communication or information needs and to take steps to ensure that information produced or commissioned by them is accessible. In addition, any member of staff may receive a request for information to be made available in another language or format, and therefore will need to understand the process as outlined in this policy.

The NHS England Publishing team have developed a list of 'preferred suppliers' of organisations who may be contacted for the provision of interpretation, communication support, advocacy, translation, transcription and reformatting. Teams or divisions may choose to use alternative suppliers; however, care must be taken to ensure that in doing so the stipulations of this policy are met.

b. All staff

Staff members are responsible for ensuring that they adhere to this policy and for raising any issues or concerns with regards to accessible information and communication with their managers. Specifically, staff are required to:

- Identify language, communication and advocacy needs of patients, service users, carers and visitors with whom they or their team come into contact.

- Act in a way which is respectful and supportive of colleagues with communication needs.

- Adapt their communication style and adopt techniques to enable them to communicate effectively with individuals who have specific communication needs.

- Use communication aids as appropriate to an individual's needs and abilities.

- Take appropriate steps to ensure that all information or documents they are responsible for authoring, publishing or commissioning are as accessible as possible, including following relevant guidance within this policy and as published on the NHS England intranet.

- Agree with the appropriate manager any identified need for interpretation, translation, transcription or reformatting of information that requires expenditure (except in an urgent situation or an emergency when a manager is not available and where the need for support is critical).

- Make arrangements (including booking) for the provision of advocates, interpreters, translated or transcribed information and communication aids as needed by the individual, using the procedures laid out within this policy. Cancel services in a timely fashion when they are no longer required.

- Where data is held about individuals, ensure that their information and / or communication needs are accurately recorded in relevant documentation or records. Share this information with other members of their team and other relevant NHS England colleagues, as appropriate, and in line with relevant policies.

- Identify learning needs to their manager with regards to accessible information and communication, and complete any agreed training or other actions to address identified learning needs.

- Arrange for translation, transcription or reformatting of information as appropriate, including responding to individual requests.

- Have due regard to the fact that NHS England has limited resources and identify the most cost-effective way to meet their responsibilities as outlined above.

The role of bilingual staff members in supporting communication should be carefully considered on a case-by-case basis. Bilingual staff members should not be expected to interpret in place of professional interpreters without prior discussion and proper consideration of their qualification, experience, skill and confidence in acting in this role. Context or circumstance may also mean that a professional interpreter is more appropriate, for example to ensure impartiality, and certainly when interpretation is required for a formal meeting or event.

c. Managers and budget holders

Staff with management responsibilities are responsible for ensuring that staff members are aware of this policy and advising them on compliance with it. They are also responsible for ensuring that staff with communication needs are effectively supported and included.

Staff with delegated budgetary authority are responsible for ensuring that there is appropriate funding available for providing accessible information and for authorising payment for advocates, interpreters and translation service providers.

When developing programme budgets, funding must be identified for the production of information in alternative languages and / or formats, and for interpretation / communication support where this is necessary to reach the intended or target audience and / or to ensure that the information or activity achieves its intended impact.

d. Funding of accessible information and communication support

It is the responsibility of teams or divisions leading on programmes of work to arrange and pay for communication support, interpretation, translation or transcription needed by individuals to enable them to access information about or get involved in that programme of work, as appropriate and in line with this policy.

This includes booking of interpreters and advocates for meetings or events, and arrangement of translation, transcription and reformatting of information, documents

or online content. Consideration should be given to ensuring value for money and assessment of costs versus benefits, as with all NHS England expenditure.

e. Training

Training and other opportunities to support individual development and maintenance of language and communication competences is to be arranged between managers and their members of staff. Funding will need to be identified by individual managers.

Local inductions should reference this policy and include details about staff using relevant communication aids (for example the location and use of induction hearing loops) or other tools to support communication.

f. Reporting

Issues with regards to the provision of information in alternative languages or formats, with communication support, or with translation or interpretation companies / professionals, should be recorded in detail by the relevant staff member and discussed with the project lead in the first instance. As with all concerns and complaints, ‘local resolution’ is the preferred route wherever possible.

However, it is important that NHS England is aware of – and can therefore take steps to resolve – individual problems and also that any themes can be identified to inform future improvements in policy, approach or contracts.

Depending on their nature, it may be appropriate to raise or pass the concern to the Publishing team for consideration as part of the supplier’s inclusion on the ‘preferred suppliers’ list and / or to alert other staff to issues or lessons learned via internal communications.

Appendix 4 – The role of the Customer Contact Centre

The Customer Contact Centre is the initial point of contact for patients and their representatives who require information about accessing the primary care services commissioned by NHS England (GP, dental, optical and pharmacy services) or the additional services commissioned by NHS England (health and justice, military health services, and some specialised services). The contact centre also accepts complaints from patients who wish to complain to the commissioner of a particular service, rather than the provider.

The methods of contact are telephone, email and written correspondence. Where a customer indicates that they have specific communication needs, a note is added to the customer record to ensure that the appropriate adjustment is made prior to any further interaction with the customer.

The Customer Contact Centre has a contract in place with a provider of translation and interpreting services. If required, call handlers can initiate a three way call with an interpreter on the line. The provider also offers a translation service for letters / correspondence received in languages other than English - this includes alternative formats such as braille. Should a customer require a British Sign Language (BSL) or deafblind manual interpreter, arrangements can be made for the service to be provided at a location that is convenient to the customer. The service also covers more specialised face-to-face interpreting and communication support, for example lipspeakers. Due to the specialised nature of these services a week's notice is required.

Further information about the Customer Contact Centre is available on the NHS England website.

Appendix 5 – Making documents accessible

It is important that documents and information published by NHS England are accessible and inclusive. This includes documents and information authored and produced in-house and commissioned from external agencies. This ensures that information can be read or received and understood by as many people as possible. It reduces – but does not remove – the need for alternative formats to be produced.

All documents published by NHS England in any format or media should follow the guidance on the internal Visual Identity Hub. All electronic documents, including all documents published on the NHS England website or intranet should adhere to the guidance in the internally-published 'Creating Accessible Documents' (which builds on advice from the Government Service Design Manual website). Wherever possible, and with very few exceptions, printed documents should also adhere to the following simple guidelines to support accessibility:

- Use a minimum font size of 12, preferably 14.
- Use a 'sans serif' font such as Arial.
- Align text to the left and avoid 'justifying' text.
- Ensure plenty of 'white space' on documents, if appropriate add a double-space between paragraphs.
- Print on matt and not gloss paper.
- Use page numbers.
- If printing double-sided ensure that the paper is of sufficient thickness to avoid text showing through from the other side.
- Include the 'accessible communication statement' in a prominent position as per section 7.1.

Appendix 6 – Alternative formats – decision-making

The following categorisation system should be used with regard to the publication of NHS England's information and documents in alternative formats.

In any given year, NHS England will publish a small number, perhaps five or six, very high profile documents which have significant impact on the NHS as a whole and / or on NHS England's own commissioning decisions. These publications are accompanied by a planned 'launch' and are likely to generate national media coverage. The core messages from these documents and content identified as being of most relevance to particular communities should be made proactively available in alternative formats alongside publication of the 'standard' document. That is, 'tailored' or targeted versions should be available from the NHS England website in audio, British Sign Language (BSL) video and in easy read, as well as in a correctly formatted Word / plain text document (to accompany the PDF) and available on request in braille.

In all other instances:

a) Proactive publication of alternative formats of documents, information and materials alongside standard documents should be considered, and is most likely to be appropriate, when they:

    - Convey messages which have direct relevance to people with a need for information in an alternative format; and / or
    - Support people who need information in an alternative format to be involved in decisions about their health or care; and / or
    - Invite or encourage people to get involved in NHS England decisions which may affect them; and / or
    - Support people to provide feedback or to raise a concern or complaint.

    These documents would include engagement or consultation documents, and promotional or awareness-raising campaigns.

b) Consideration should be given to the proactive publication of publicly available corporate documents, such as strategies and plans, in alternative formats where their topic or subject matter would be expected to be of interest or relevance to people who need information in an alternative format. Depending on the length and complexity of the document, it may be appropriate to produce a summary version in alternative formats.

c) Where documents are unlikely to be of interest to, and do not have a direct impact upon, people with a need for information in an alternative format, it would not usually be appropriate to proactively publish them in alternative formats. This would include some publicly available corporate documents and Board papers. It may be appropriate to make such documents available in alternative formats upon request, unless their format or content makes this impractical (see below).

d) Some documents do not lend themselves to production in alternative formats as their content cannot be effectively translated, transcribed or reformatted without

losing meaning. This would include documents which, although made publically available, are complex, complicated or very technical documents, such as service specifications, statistics and performance assurance frameworks. They are likely to be intended for specialist audiences. It would not be appropriate to attempt to adapt such documents into alternative formats. However, where there are key messages or facts contained within such documents which are likely to be of interest to people with a need for information in an alternative format and / or may have a direct or indirect effect on people with a disability, alternative ways for presenting the information should be explored with one or more relevant self-advocacy groups. This is especially important where there may be opportunities for public influence through engagement or consultation.

When considering the publication of documents (including whether versions in alternative formats should be made available), consideration should also be given to NHS England's Equality Act 2010 duties to ensure that people with a disability are not put at a disadvantage when compared to people who are not disabled, and to advance equality of opportunity between different groups (see appendix 1).

The following tool may be used to aid decision-making about whether to proactively or reactively (on request) publish versions of a document in one or more alternative formats, or whether this is not appropriate.

Target audience	**Count**	**Content**	**Count**
Public	3	Relevant to individuals (take action / be aware)	4
General professionals	2	No action required of individuals / not directly relevant but may be of interest	3
Specialist professionals and / or staff	1	Not relevant to individuals / no action required and unlikely to be of interest	2

Target audience + content = total score.

- A score of more than 6 indicates that a version of the document in one or more alternative formats should be proactively published alongside the 'standard' document.
- A score of 6 indicates that consideration should be given to proactive publication in one or more alternative formats, or it may be appropriate to have the document available in alternative formats on request, depending on the content and audience.
- A score of 5 indicates that it may not be appropriate or cost effective to publish the document proactively in alternative formats, but you should be prepared for requests.
- A score of 4 or less indicates that the document is unlikely to be suitable for publication in alternative formats.

Appendix 7 – Tips for clear face-to-face communication

- Make sure you have the person's attention before trying to communicate with them. If they do not hear you, try waving or tapping them lightly on the shoulder.
- Identify yourself clearly. Say who you are and what you do – it may be more relevant to explain your reason for seeing the person rather than your job title.
- Check that you are in the best position to communicate, usually this will be facing the person, but consider whether seated or standing is more appropriate. Communication at eye level is usually easiest so if you are speaking to a wheelchair user consider sitting down if possible.
- Find a suitable place to talk, with good lighting and away from noise and distractions.
- Speak clearly and a little slower than you would do usually, but do not shout.
- Keep your face and lips visible – do not cover your mouth with clothing, a hand or your hair. If a member of staff is concerned about religious expression they should discuss this with their manager in advance.
- Use gestures and facial expressions to support what you are saying.
- If necessary, repeat phrases, re-phrase the sentence or use simpler words or phrases.
- Use plain, direct language and avoid using figures of speech such as 'it's raining cats and dogs' or euphemisms such as 'expecting the patter of tiny feet'.
- Check if the person has understood what you are saying. Look for visual clues as well as asking if they have understood.
- Encourage people to ask questions or request further information. Ask if they would like anything in writing as a reminder or reference.
- Try different ways of getting your point across. For example writing things down, drawing or using symbols or objects to support your point.

Appendix 8 – Advice about interpreters and other communication professionals

a. Practicalities and quality considerations

British Sign Language (BSL) interpreters, deafblind manual interpreters, speech-to-text-reporters and lipspeakers who are used to support communication with NHS England or NHS England meetings or events should be registered with the National Registers of Communication Professionals working with Deaf and Deafblind People (NRCPD). The NRCPD website enables a free search to be undertaken of qualified professionals in any given area. Use of professionals who are registered with the NRCPD ensures that they have signed up to its code of conduct which includes assurances around confidentiality, competence, integrity, impartiality and professional development.

Community language interpreters should hold a 'Community Interpreting' qualification at level 3, and have had enhanced Disclosure and Barring Service clearance. Preference should be given to interpreters registered with the National Register of Public Service Interpreters (NRPSI), and consideration given to stipulation of more advanced qualification for discussions of a contentious or sensitive nature.

Services should usually book their own interpreters, advocates and other communication support workers at the earliest possible time, and (if relevant) at least 72 hours before an appointment or event is scheduled. More time may be needed for sourcing interpreters of rarer languages and it is not uncommon for BSL interpreters to have a lead time of three weeks between request and next availability.

For a list of suppliers of interpreters and other communication professionals, NHS England staff should contact the Publishing team via the publishing centre on the intranet.

Any issues with communication should be resolved sensitively and privately at the time they occur with the member of staff concerned or their manager / supervisor. If this is not possible then patients should be supported to raise their concerns with the Customer Contact Centre.

b. Arrangement of interpreters / communication professionals for meetings and events

Where NHS England is the host, co-host or commissioner of an event, public meeting or meeting held in public, actions should be taken to ensure that appropriate professional interpreters, advocates and / or other communication professionals are in attendance.

For events targeted at particular communities or groups who are known to have communication needs, interpreters, advocates or communication support professionals should be sourced and booked pre-emptively and in advance. For example, any event aimed at the d/Deaf community should be supported by BSL interpreters and speech-to-text-reporters.

For events which are targeted at the general population, efforts should be made to encourage people with communication needs to advise NHS England of their needs in advance, so that appropriate arrangements can be made. For example, accessibility / additional support requirements should be included as part of registration information for events (where used) and leaflets, letters or online content promoting the event should include a statement similar to the below:

"If you have any additional requirements or if you need support to help you to participate in the event, please let us know by contacting ……. This includes if you have any access needs, and / or if you need an interpreter or information in a different language or format. Please make sure that you let us know at least 10 days before the event, so that we can make necessary arrangements."

Steps should be taken to ensure that large-scale, high profile events hosted by NHS England demonstrate best practice and actively promote inclusivity. This includes proactively arranging support from British Sign Language (BSL) interpreters and speech-to-text-reporters to enable people who are d/Deaf to participate. For events of more than approximately two hours, two representatives from each profession are likely to be needed, to allow for breaks, and additional interpreters may be required depending on the format of the event and the number of individuals requiring interpretation. Depending on the venue for the event, and the demography of the local population, it may also be appropriate to provide community language interpretation.

For smaller events in which there is no registration system, consideration should be given to the appropriateness of arranging support from interpreters / communication professionals. A decision should be taken based on an assessment of the likelihood that this support will be needed and impact of providing support on NHS England's reputation and relationship with key groups. A 'common sense' assessment of cost versus likely benefit should be undertaken with these considerations in mind.

NHS England staff can access further information about accessible events on the Events team's intranet page including in the internally published 'Accessible Events Guidance'.

c. Advice for working with interpreters, communication support workers and advocates

i. Pre-session

- Interpreters and advocates should arrive in good time for any planned activity and deliver communication support until the meeting or event ends. Where an interpreter or advocate is unable to make an appointment time, it is their responsibility to alert the service and indicate an arrival time.

- The following details must be confirmed with interpreters (and / or interpreting agencies as appropriate) prior to the meeting or event:
    - the content and purpose of the meeting or event;
    - the interpreting language and / or methods required, and the format for the meeting or event;

- where there is more than one interpreter present (this is common for long meetings requiring BSL interpreters) include details of at what point and when handover between interpreters will occur.

- Where interpreters are booked for focus groups or events, papers or other documentation should be shared in advance to enable them to prepare appropriately. This is especially important where the subject matter is particularly complex or technical.

- The interpreter or advocate should have time before the session to introduce themselves to the individual(s) and explain their role. The interpreter will double-check that they speak or sign the same language and dialect.

ii. Session

- Sit where you, the individual patient or participant and a spoken language interpreter or advocate can all see each other. Sign language interpreters should sit next to the member of staff and should face the patient.

- Minimise or remove environmental barriers to good communication such as shadows cast over an interpreter or direct bright light causing glare.

- Converse directly with the patient or participant and not with the interpreter. Speak in the first person: “How are you?” not “Please ask him how he is”. If working with an advocate ensure you include both parties.

- Use simple clear language and short sentences. Allow pauses for the professional to interpret. Use positive body language to encourage openness and good communication.

- Avoid ambiguous or complex grammar, colloquial expressions or technical language which may present challenges to interpret accurately. Remain aware that some English words, medical terms (for example dementia) and healthcare concepts (for example universal healthcare) may not have equivalents in the patient or participant’s preferred language or within their culture.

- The interpreter should not be asked to take on duties other than interpreting. An interpreter will only interpret and not advocate. They may immediately raise areas of confusion with either party to avoid any subsequent misunderstanding. If members of staff are in doubt about understanding, address this with the interpreter or advocate immediately.

- Be aware that the process of interpreting can be exhausting and they may require a break.

- Ensure the interpreter’s time is used efficiently. They are paid for all the time they spend, including waiting time.

- At the end of the session check that the patient or participant has understood and is aware of all information and any future actions.

iii. Post-session

- Wherever possible, debrief with the interpreter or advocate and take the opportunity to reflect and improve your communication skills. In the interests of trust and transparency, the patient(s) or participant(s) should usually be included in this session.

- Complete and sign the relevant sections of the interpreter or advocate's attendance form or timesheet (if applicable). Queries should be resolved before signing the work off. If there are disagreements, this should be clearly indicated on the paperwork and followed up in writing.

- Ensure that there is an accurate record of the individual's communication support needs and revise or add detail to this if necessary following any interpreting session.

Appendix 9 – Advice about translated or transcribed information

- Prior to submitting any information for translation, it must be spell-checked, the accuracy of all content, including any contact details verified, and assurance must be given that the content is up to date and without errors.

- The variant or dialect of a language for translation must be established. If in any doubt this should be confirmed with the individual requiring the translated information.

- Care should be taken before translating any document which is known or likely to be superseded, for example draft versions. Where possible, a record should be made of the need to send a revised or final version of any translated document automatically (without an additional request). The individual's contact details will need to be recorded and kept on file in this instance. In some circumstances it may be more appropriate to delay provision of translated information where a final version is known to be available imminently.

- All documents must be in line with NHS England's visual identity. NHS England staff should access guidance on the internal Visual Identity Hub.

- Consideration should be given to the layout and length of the translated information, for example whether it is appropriate for double-sided printing, and whether the use of headings or images needs to be amended. A plain text document may be more suitable to use for translation.

- Be clear to consider and stipulate:

    - format the translation is to be provided in, for example, paper copy and / or electronic file;
    - delivery method for the translation, for example email, internet, post (consider file size limits for documents shared via email);
    - delivery deadline for the translation;
    - delivery location for the translation, for example directly to the individual or via the commissioning team;
    - express or special delivery requirements, for example express post, recorded or special delivery;
    - that ownership of the document, content and copyright remains with NHS England (unless otherwise agreed);
    - whether the translator is expected to proof-read the translated version.

Appendix 10 – Advice about alternative formats

a. Braille and moon

Braille and moon are tactile (touch-based) communication formats used by some people who are blind, deafblind or have visual loss.

Braille is used far more commonly than moon, however, staff should take care to ask an individual who is blind to self-identify their own preferred format, and avoid assuming that it will be braille. With the advent of increasingly sophisticated 'screen-readers' and other assistive technologies, many people who are blind now identify email / online information as their preferred information format. This increases the importance of ensuring that documents are created accessibly as, if they are not, NHS England may need to pay for braille transcription or audio file which could have been avoided. Guidance about creating accessible documents is included on the Government Service Design Manual website and NHS England staff should also refer to the internally-published 'Creating Accessible Documents'.

Although only a relatively small number of people who are blind now identify braille as their preferred format, braille remains an important communication format for many people who are blind, particularly older people, and is the only communication format for some people who are deafblind.

Transcription of documents, information or online content into braille should be undertaken by an organisation specialist in production of this format. Braille documents should be handled and stored with care, so as not to damage the transcription by creating unwanted indents or creases. Braille documents should be protected from damage when being posted with protective packaging and a clear 'do not bend' instruction.

NHS England staff can access suppliers of braille and moon through contacting the Publishing team.

More information about braille, moon and tactile communication formats more widely may be found on the Royal National Institute of Blind People and Sense websites.

b. British Sign Language (BSL)

British Sign Language (BSL) is the first, only, or preferred language of many people who are d/Deaf. It is a visual-gestural language which bears little resemblance to English. The production of a BSL video version of a document or online content will ensure that it is accessible to people who are d/Deaf who use this language. BSL videos should be commissioned from an organisation specialist in their production, as skill is required in interpreting the information and in interpreting 'to camera.' BSL videos should also include subtitles or closed captions as standard (see appendix 11). NHS England staff can find suppliers of BSL video files / DVDs by contacting the Publishing team.

More information about BSL may be found on the Action on Hearing Loss and SignHealth websites.

c. Easy read

'Easy read' refers to information which is written using simpler words and phrases, supported by images, symbols or photographs. Consequently, it should be easier to understand than standard documents. Its primary and target audience is people with a learning disability. The Office for Disability Issues states that, "The easy read format was created to help people with learning disabilities understand information easily."

The publication of easy read information should primarily be a way of ensuring that NHS England's documents and messages are accessible to people with a learning disability. However, it is also recognised that easy read may be helpful for people with lower literacy or a limited ability to read English.

NHS England staff should refer to the Learning Disability Engagement team's pages on the NHS England website for up-to-date and detailed guidance about production and publication of easy read information.

As a matter of course, easy read information published by or on behalf of NHS England must:

- Be co-produced (developed and written in partnership) with people with learning disabilities.

- Be tested or assessed for effectiveness by people with learning disabilities. This should include checking that the information is understandable to the target audience.

- When working with or commissioning external organisations, choose suppliers from the voluntary and community / not for commercial profit sector, which support NHS England's commitments to social value and sustainability. It is preferable to work with suppliers who are user-led and who employ people with learning disabilities to produce or co-produce information. Supporting a for-profit organisation owned, led or governed by people with learning disabilities would also be appropriate.

- Use short sentences of no more than 10 to 15 words, which do not contain words that are not needed. For example, 'for 14 days' not 'for a period of 14 days'. Each sentence should have just one idea and one verb.

- Use active sentences, for example 'we are following up your complaint' (active tense) not 'your complaint is being followed up' (passive tense).

- Use full words not acronyms. There are a few exceptions to this where the acronym is very well known, for example NHS.

- Explain any difficult words or ideas which must be used, ideally in the following sentence. If there are lots of difficult or unfamiliar words or ideas, include a glossary.

- Have a text size of a minimum point 14 and use Arial font.

- Include clear page numbers and, for longer documents, a contents page.

- Share the same branding / identity and have the same overall appearance as the standard read version. This should include:
    - applying the NHS England front cover template to the document wherever appropriate
    - applying the NHS England logo to the top right of the front page
    - using the NHS England colour palette
    - providing good colour contrast between text and background (most people find black text on a white background the easiest to read)

- Use the NHS England logo appropriately to brand the document and represent accountability for its content. NHS logos within images, symbols and photography should be used sparingly and only where the message or meaning would be lost without it.

- Use images, symbols or photographs which support the text and aid the reader in understanding meaning and key messages.

- Be structured such that images, symbols or photographs follow the left hand margin of the page, with text to their immediate right.

- Use one image, symbol or photograph to refer to one thing or concept, for example ‘hospital,’ and use that image consistently throughout the document.

- Use different images, symbols or photographs to refer to different things, for example the image, symbol or photograph for ‘doctor’ and ‘nurse’ should be different.

- Use inclusive and diverse images, symbols or photographs, which challenge and do not reinforce negative or outdated stereotypes or assumptions.

- Have images, symbols and photographs at an appropriate resolution and size to avoid pixilation or distortion, and to promote ease of understanding.

- Not be any longer than 24 pages. If content suggests a need for a longer document, this should be split or work should take place with people with learning disabilities to identify the most important information for them, which can be presented in a shorter document. Where one document covers multiple topics, consideration should be given to creating a ‘suite’ of (short) easy read documents each covering one topic.

- Be printed on matt and not gloss, and ensure that text is uncluttered and has a good contrast with the paper.

[With thanks to the Office for Disability Issues for some of the guidance in this section.]

Appendix 11 – Guidance on online content and digital media

The NHS England website includes an accessibility statement and all documents published by NHS England must follow the guidance outlined in the internally published 'Creating Accessible Documents' (which builds on guidance provided on the Government Service Design Manual website). Adherence to this guidance will ensure that documents may be read by people using assistive technology, including 'screen-reading' software for people who are blind or have visual loss.

Websites and online services commissioned by NHS England must achieve a high level of accessibility by default. Accessibility requirements must be written into all specifications provided to third party suppliers, so that it is incorporated from the start of a project.

Any audio or video production (internal or externally produced) must be accompanied by a transcript, and this should be specified within the product specification or creative brief. Where specified and agreed as part of a product specification / in advance of production, a request for captioning should be at minimal additional cost. A transcript is a verbatim (word for word) account of the dialogue and sound effects included in any recording.

Transcripts enable 'closed captions' to be added to support video content with text, increasing accessibility. Closed captions are preferable to subtitles as they may be 'turned off' by those who do not need them, and are compatible with a range of devices which may be used by people to watch video. Transcripts can also be used to provide another format option and can be uploaded alongside video content providing a textual version of the content that can be accessed by anyone, including screen-reader users.

Multimedia products should include similar requirements and fully accessible outputs, such as accessible versions of staff e-learning modules.

Uploading or streaming of recorded video over a network or recording to physical media must include subtitles/captions as standard. Live streaming to open public meetings or to meetings with people who are d/Deaf should usually include a British Sign Language (BSL) interpreter and a speech-to-text-reporter (STTR).

The funding of transcripts and measures to promote the accessibility of digital content, documents, video and multimedia platforms is the responsibility of the team authoring or commissioning the media.

NHS England staff should note that digital projects must get approval from the Digital Projects Assurance Group (DPAG) before any work takes place.

Appendix 12 – Advice about the needs of different groups

a. Introduction

This section outlines groups who are anticipated to be most affected by the policy, provides advice as to likely and foreseen support which may be required and provides onwards signposting. A glossary of key words is provided in appendix 13.

b. Patient groups

The following groups are anticipated to be affected most directly by the policy:

- People who are blind or have visual loss
- People who are deaf or Deaf or have hearing loss
- People who are deafblind
- People who have a learning disability
- People who have limited or no English.

The following groups may also be affected by the policy:

- People with aphasia
- People with a mental health condition which affects their ability to communicate
- People with dyslexia
- People with autism.

Note that these categories do not represent all of the groups who may be affected.

c. Identification and recording of needs

People, including both members of the public and staff, should be asked to self-define their information and / or communication support needs. Staff should ask individuals if they have any particular needs or not, and if they do, ask them to explain what those needs are or what support they would like.

Staff should avoid making any assumptions about individuals' communication needs, and should take care to record people's communication needs specifically and separately from any recording of disability or other protected characteristic status. This is both respectful and also ensures that information recorded supports other staff in meeting the individuals' needs. For example, recording that a person is 'deaf' does not explain whether they are able to read written English, if they use British Sign Language (BSL) or are a lipreader.

d. Types of communication support and alternative formats

i. Support for people who are blind or have visual loss

A person who is blind or has visual loss may need information which is usually written down or provided in standard print in an alternative format such as: audio (on

CD or as an MP3 file), braille, email, large print (ranging from point 16 to point 28) or moon.

Note that people who are blind, deafblind or have visual loss may require information to be sent or shared with them electronically (via email) instead of in a written or printed format. This is because use of email enables the recipient to use (their own) assistive technology or software, for example a 'screen-reader' which converts text to speech. Depending on the software or assistive technology used, a person who is blind or has visual loss may require information sent to them electronically (emailed) in one or more specific formats such as plain text (with or without attachments), HTML, and with attachments in Word or PDF format.

A person who is blind or has visual loss may need visual information in the form of an audible alert. For example many people who are blind cannot read their name on a screen or notice and so will need to be told or guided to the appropriate room and / or seat.

ii. Support for people who are d/Deaf or have hearing loss

A person who is d/Deaf or has hearing loss may require support from a communication professional, including a British Sign Language (BSL) interpreter, lipspeaker, notetaker or speech-to-text reporter (STTR). A person who is d/Deaf may also need information which is usually provided in standard print in BSL video format.

A person who is d/Deaf or has hearing loss may also need support to communicate because they:

- Lipread – in which case the speaker should clearly address the person and face them whilst speaking, avoid touching or covering their mouth, and ensure conversations are held in well-lit areas.
- Use a hearing aid – in which case a 'loop system' should be provided, and care should be taken to speak clearly.

It should be noted that the ability of people who are d/Deaf to read and understand written English varies considerably and it should not be assumed that having a conversation via written notes is an appropriate way of holding a dialogue. Similarly, it should not be assumed that because someone is using one or more hearing aids they no longer need any support to communicate, they may, for instance, be supporting their hearing via lipreading. The person's communication needs must be established with them in the first instance.

A person who is d/Deaf may need verbal or audio information in the form of a visual alert. For example many people who are d/Deaf cannot hear their name called in a meeting room or hall.

iii. Support for people who are deafblind

Types of communication support which may be needed by a person who is deafblind are as follows. It should be noted that many people who are deafblind will use a combination of different methods to support communication.

A person who is deafblind may require support from a communication professional, including a British Sign Language (BSL) interpreter, speech-to-text-reporter or deafblind manual interpreter. People who are deafblind may use ‘hands on’ or ‘visual frame’ BSL, and therefore may require support from a BSL interpreter skilled in one of these techniques.

A person who is deafblind may receive individual support from an identified professional to support them in communicating, such as a deafblind communicator guide or deafblind intervenor. If so, it would be expected that this person would accompany the person who is deafblind.

A person who is deafblind may need written information in an alternative format, such as audio, braille, moon or via email.

A person who is deafblind may also need support to communicate using a communication tool or aid. They may also rely on the use of Tadoma to communicate or use a Voice Output Communication Aid (VOCA).

A person who is deafblind may also use non-verbal communication including gestures, pointing or eye-pointing.

iv. Support for people with a learning disability

A person who has a learning disability may need information which is usually provided in standard English provided in an alternative format such as ‘easy read’ or Makaton.

A person with a learning disability may require support from a communication professional, for example an advocate or learning disability communication support worker.

A person with a learning disability may also need support to communicate using a communication tool or aid. They may also have a learning disability passport.

A person with a learning disability may also use non-verbal communication including gestures, pointing or eye-pointing.

It should be noted that the level of a person’s learning disability will have a significant impact on their ability to communicate and therefore level of support needed. People with a mild or moderate learning disability may be living independently and need information in ‘easy read’ format and verbal information explained more slowly and simply. A person with a more severe or profound learning disability is likely to be supported by one or more carers and will need additional support to communicate, including using a communication tool or aid and / or being support by a communication support worker. People with a more severe learning disability may be more likely to communicate in non-verbal and non-traditional ways.

v. Support for people with aphasia

Aphasia is a condition that affects the brain and leads to problems using language correctly. It is commonly caused by a stroke, but can also be the result of a head injury or brain tumour.

To support communication with someone who has aphasia:

- Keep messages short, clear and to the point
- Write down key words and use pictures or diagrams to support understanding
- Provide a pen and paper to enable the person to write or draw key points themselves
- Use short, simple sentences and commonly-used, familiar words
- In documents, ensure there is lots of 'white space' around text, use a larger font size and consider using images too
- Try to keep communication and documents consistent, as repetition will support effective communication
- Recap the key points at the end of the conversation

The Stroke Association have produced an animated guide to communicating with people with aphasia, 'Aphasia Etiquette – Ask, Wait, Listen', and they have also published a guide to helping someone with communication problems after a stroke.

vi. Support for people with autism spectrum disorder (ASD)

As explained by the National Autistic Society (NAS), "Autism is a lifelong, developmental disability that affects how a person communicates with and relates to other people, and how they experience the world around them."

To support effective communication with someone with autism, thought should be given to the sensory environment (for example, reducing noise and avoiding bright lights) and the way information is communicated to reduce anxiety. Some people with autism find bright colours in documents difficult and some have difficulty with eye contact. It should also be noted that some people with autism - or who are on the autistic spectrum - also have a learning disability.

Many people with ASD will find meetings or events stressful, and can find waiting for their turn difficult, so consideration should be given to minimising waiting times or delays, and to engaging with people on a one-to-one basis if that is their preference.

vii. Support for people with limited or no English

People living in England, who have a right to use NHS services and also to be in contact with NHS England, may have a limited ability to understand written or spoken English. This may be for a number of reasons.

A person with a limited or no English may require support from a communication professional at their appointment or to enable their participation in a meeting or event, for example a qualified community language interpreter.

It should be noted that the level of a person’s understanding of written and spoken English will have a significant impact on their ability to communicate and therefore level of interpretation support required.

Appendix 13 – Glossary

- 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 audio, braille or large print.

- Aphasia: a condition that affects the brain and leads to problems using language correctly. People with aphasia find it difficult to choose the correct words and can make mistakes in the words they use. Aphasia affects speaking, writing and reading.

- Audio: information recorded from speech or synthetic (computer-generated) speech onto cassette tape, CD (compact disc) or as an electronic file such as an MP3.

- Autism spectrum disorder (ASD): a condition that affects social interaction, communication, interests and behaviour.

- Braille: a tactile reading format used by some people who are blind, deafblind or who have 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.

- British Sign Language (BSL): BSL is a visual-gestural language that is the first or preferred language of many people who are d/Deaf and some people who are deafblind; 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.

- BSL interpreter - hands-on signing: a BSL interpreter who is able to sign with the hands of the person they are interpreting for placed over their hands, so that they can feel the signs being used. A type of communication support which may be needed by a person who is deafblind.

- BSL interpreter - visual frame signing: a BSL interpreter who is able to use BSL within the visual field of the person with restricted vision. A type of communication support which may be needed by a person who is deafblind.

- BSL interpreter - Sign-Supported English (SSE): a BSL interpreter who is able to communicate using BSL signs but in the order that they would be used in spoken

English. A type of communication support which may be needed by a person who is d/Deaf or deafblind.

- BSL translator: a person able to translate written or printed English into British Sign Language (BSL), to support face-to-face consideration of a document, or for recording for use in a BSL video for example for publication on a website.

- BSL video: a recording of a BSL interpreter signing information which may otherwise only be available in written or spoken English. A BSL video may be made available on DVD or via a website.

- BSL video remote interpreting (VRI) - also known as video interpreting, remote interpreting or virtual interpreting: an online service in which a BSL interpreter interprets via video software. It works using a computer and webcam, a smartphone or tablet. Provided through contract or on demand by a range of organisations, it enables a direct connection to an interpreter so that the person who is d/Deaf can sign to them what they want to say. The interpreter then speaks this to the person who is hearing (via video link) and signs back their (spoken) reply.

- Communication tool or 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 people who are deaf 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: Deafblindness is a combined hearing and sight loss that causes problems with mobility, communication and access to information.

- Deafblind communicator-guide: a professional who acts as the eyes and ears of the person who is deafblind including ensuring that communication is clear. A person who is deafblind may have a communicator-guide provided by a charity, through a personal budget or by their local authority.

- Deafblind intervenor: a professional who provides one-to-one support to a child or adult who has been born with sight and hearing impairments (congenital deafblindness). The intervenor helps the individual to experience and join in the world around them. A person who is deafblind may have an intervenor provided by a charity, through a personal budget or by their local authority.

- Deafblind manual interpreter: a person skilled in interpreting between the deafblind manual / block alphabet and English. The deafblind manual alphabet is

a tactile form of communication in which words are spelled out onto the hand of a person who is deafblind. Each letter is denoted by a particular sign or place on the hand.

- Disability: the Equality Act 2010 defines disability as follows, “A person has a disability for the purposes of the Act if he or she has a physical or mental impairment and the impairment has a substantial and long term adverse effect on his or her ability to carry out normal day to day activities.”

- 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.

- Hearing loop: a hearing loop or ‘audio frequency induction loop system,’ allows a hearing aid user to hear more clearly. It transmits sound in the form of a magnetic field that can be picked up directly by hearing aids switched to the loop (or T) setting. The magnetic field is provided by a cable that encloses, or is located close to, the intended listening position such as a reception desk. The loop system allows the sound of interest, for example a conversation with a receptionist, to be transmitted directly to the person using the hearing aid clearly and free of other background noise.

- 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 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 is 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.

- Learning disability communication support worker: a professional who is able to interpret information on behalf of and express the views of a person with a learning disability based on understanding of them as an individual and / or of the type of communication they use, which may be non-traditional and / or non-verbal.

- Learning disability passport: sometimes called a communication book. A document containing important information about a person with learning disabilities, to support staff in meeting those needs. It will include a person's likes and dislikes, and outlines ways in which they communicate. Many hospital trusts provide learning disability passports.

- 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 hearing loss and by some people who are deafblind. A person can be supported to lipread by the speaker clearly addressing the person and facing them whilst speaking, avoiding touching or covering their mouth, and ensuring conversations are held in well-lit areas.

- Lipspeaker: a person who repeats the words said without using their voice, so others can read their lips easily. A professional lipspeaker may be used to support communication with someone who is d/Deaf.

- Makaton: a communication system using signs, symbols and speech. There are three levels of Makaton, used according to the individual's circumstances and abilities – functional, keyword and symbol reading. Makaton may be used by people with deafblindness or a learning disability.

- Moon: a tactile reading format made up of raised characters, based on the printed alphabet. Moon is similar to braille in that it is based on touch. Instead of raised dots, letters are represented by 14 raised characters at various angles.

- Non-verbal communication: communicating without using speech and instead using gestures, pointing or eye-pointing.

- 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 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. Notetakers are commonly used in combination with other communication support, for example people who are watching a sign language interpreter are unable to take notes at the same time.

- Sign language: a visual-gestural language and way of communicating.

- 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 or has hearing loss and able to read English. A STTR may also be known as a Stenographer® or Palantypist®.

- Tadoma: Tadoma involves a person who is deafblind placing their thumb on a speaker's lips and spreading their remaining fingers along the speaker's face and

neck. Communication is transmitted through jaw movement, vibration and facial expressions of the speaker.

- 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.

- Voice Output Communication Aid (VOCA): also known as a speech-generating device (SGD). An electronic device used to supplement or replace speech or writing for individuals with severe speech impairments, enabling them to verbally communicate.

Appendix 14 – References and acknowledgements

This policy has been developed by a cross-directorate working group and is informed by engagement as part of developing the Accessible Information Standard.

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Additional reference sources which should be acknowledged are:

NHS Greater Glasgow and Clyde, Accessible Information Policy.