

# Kingsmead Healthcare



## Accessible Information Standard

Kingsmead Healthcare supports equality of access for all and is committed to complying with the Accessible Information Standard. This policy describes the actions that Kingsmead Healthcare, its employees and those acting on behalf of the Practice are expected to take in order to ensure that the Practice complies with the Standard.

From 1 August 2016 onwards, all organisations that provide NHS care are legally required to follow the Accessible Information Standard. The Standard sets out and so requires a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a

- Disability
- impairment
- sensory loss.

It covers the needs of people who are deaf, blind, or deaf-blind, hearing and visually impaired or who have a learning disability. This includes interpretation or translation for people whose first language is British Sign Language. It does not cover these needs for other languages.

It can also be used to support people who have aphasia, autism or a mental health condition, where ability to communicate may be affected.

If findings relate to people with a learning disability, AIS may also be part of the population group section under "people whose circumstances make them vulnerable".

When appropriate, AIS also applies to their carers and parents.

Kingsmead Healthcare is working within the standard. Patients who have been identified or have identified themselves as qualifying of AIS requirements, have their medical records marked with the appropriate information to assist subsequent access.

Websites are not covered by AIS.

### **It is also important to make the distinction between:**

- people who have a disability which makes communicating in spoken and/or written English difficult or impossible, and
- people whose first language is not English.

NHS England introduced the AIS to help clarify what is reasonable under the Equality Act. In the Equality Act 2010, there are extra requirements to make reasonable adjustments for disabled people. This means that interpreting and providing written information in alternative formats are legal requirements for GP practices. For example, large print on request. Practices can consider the 'reasonability' of each case. **There is no reasonable adjustments requirement for interpreting and translation because of race or nationality. The Equality Act does not specifically mention people whose first language is not English.** The General Medical Council's Good Medical Practice 2013 states:

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'you should make sure that arrangements are made, wherever possible, to meet patients' language and communication needs'.

## **Five steps of AIS**

The Practice team at Kingsmead Healthcare routinely follow the following 'five steps' of the Standard:

### **Identify**

**Identify/ask patients if they have any information or communication needs relating to a disability or sensory loss and if so what they are.**

How does the service assess for disability related information or communication needs? How does the service find out if people have any of these needs? How does the service plan show it will meet those needs?

#### **How We Meet the Standard:**

*Team members, both administrative and clinical, ask patients and their carers to tell us if they have any communication or information needs relating to a disability, impairment or sensory loss, and if so, what they are. New patients are asked at the point of registration if they have any communication or information needs relating to a disability, impairment or sensory loss. This information is requested in the New Patient Questionnaire. Existing patients are asked opportunistically, for example, when making an appointment, with repeat prescriptions, newsletters, posters, email, text message, letter and the website. Conversations with individuals about their information / communication needs may take place privately, including making available a private room for face-to-face conversations as appropriate.*

*The Practice is also provided such information through clinical and non-clinical correspondence from outside agencies such as hospitals. In these cases, the GP records are updated directly.*

### **Record**

**Record those needs in a clear and consistent (unambiguous and standardised) way**

How does the service record those identified needs clearly? What systems are in place as part of the assessment and care planning process?

#### **How We Meet the Standard:**

*Once a patient has informed the practice that they have communication needs relating to a disability, impairment or sensory loss, the information will be added to the patient's medical record using the approved template (Accessible Standard EMIS Web) to provide information to all users that access the record.*

*Secondly, this information in its basic form is also added as a 'highlight' pop-up box when is displayed in the centre of the screen whenever a patient record is accessed.*

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## Flag

**Flag patient file or notes and ensure that recorded needs are “highly visible” whenever the individual’s**

**GP record is accessed and prompt for action.**

**Record how to meet those needs.**

How does the service highlight or flag people’s information and communication needs in their records? This could be in paper or electronic records. The chosen method must make it possible for all staff to quickly and easily be aware of (and work to meet) those needs.

### **How We Meet the Standard:**

*In order to inform all users and provide the opportunity to keep information up-to-date, a warning message (pop-up box) will launch each time a patient’s record is accessed. This will inform the user of the patient’s access needs, and at the same time providing the opportunity for this data to be updated if required.*

## Share

**Share people’s information and communication needs with other providers of NHS and adult social care as part of existing data sharing processes (and in line with existing information governance frameworks, and the Data Protection Act 1998). . This is only when they have consent or permission to do so.**

Services sometimes need to share details of people’s information and communication needs with other health and social care services. This means that other services can also respond to the person’s information and communication needs.

How does the service do this (when they have consent to do so)?

### **How We Meet the Standard:**

*As the information is recorded in a standardised way via the use of Read-SNOMED Codes and users are being informed of any needs every time they enter the record, the information recorded will be shared subject to patient’s choice regarding the sharing of information. Once consent to share is obtained, this information can be automatically added to relevant outgoing correspondence via the use of Read-SNOMED codes being allocated in relevant sections, such as Problem or Health Administration.*

## Meet - Act

**Meet needs. Make sure people receive information they can access and understand. They should receive communication support if they need it.**

How does the service make sure it meets people’s needs? How does the service make sure that people receive information, which they can access and understand? How does the service arrange communication support if people need it?

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## **How We Meet the Standard:**

*The Practice provides one or more contact methods, which are accessible to all patients, e.g. email, text message, online eConsult, telephone, and hearing loop system.*

*Where information / communication needs are identified, information (e.g. correspondence) will be provided in one or more accessible formats (e.g. braille, easy read or large print) on approval from the patient (on request). Alternate formats can be provided if available, either through autogenerated systems, or through prompting staff to make alternative arrangements. The adjustment made should be reasonable but this does not mean that the patient will always receive information in their preferred format. What is important is that they can access and understand the information.*

*When needed, appropriate professional communication support can be arranged by the practice to enable patients and carers to receive effective care i.e. Text Talk, BSL, and advocate/interpreters. A patient's family member, friend or carer may also provide necessary support in certain circumstances and where this is the patient's explicit preference (which should be recorded). Patients or carers themselves must not be asked to meet the costs of any information or communication needs.*

*A longer appointment time is made available for individuals with information and / or communication needs, as needed.*

*The Practice Manager is responsible for ensuring Kingsmead Healthcare's overall compliance with the Accessible Information Standard, and therefore with this policy. The Practice Manager will maintain, review and update this policy annually.*

In line with the Standard, these actions will ensure that our patients (and their parents and carers as appropriate) will:

- Be able to make contact with, and be contacted by, in accessible ways.
- Receive correspondence and information in accessible formats, including alternatives to 'standard' printed formats.
- Be supported by a communication professional at their appointments, if this is needed to enable effective, accurate two-way discussion.
- Receive support from staff to communicate effectively.

## **Communication**

This policy is publicly available on Kingsmead Healthcare website. Hard copies are also available on request from the Practice Reception. This policy has been disseminated to staff and is available on The Kingsmead intranet. For new staff, the availability and importance of this policy will be highlighted during their induction.

## **Advice and Training**

All partners and staff at Kingsmead Healthcare are encouraged to complete the two NHS England e-learning modules supporting compliance with the Standard: The Accessible Information Standard: Introduction and The Accessible Information Standard: Towards Excellence.

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## The Extra Mile

A practice should be aware of the needs of the people on their patient list. This includes their language requirements. If they serve a large number of people whose first language is not English, they should plan services appropriately. Practices should consider how they provide information about their services and how these people will be involved in their care. This might mean making printed information available in different languages. It may also mean making sure people who use services and those close to them can access interpretation services.

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