Development of a new ‘accessible information standard’

Information for Adult Social Care Signposting Discovery Event on 02.03.15

## Overview

NHS England has committed to the development and implementation of a new ‘[accessible information standard](http://www.isb.nhs.uk/library/standard/275).’

The standard aims to improve the provision of accessible information and communication support to patients, service users, carers and parents with a disability, impairment or sensory loss.

A consultation on the draft standard concluded in November 2014, with a report expected to be published in February / March 2015.

Piloting of the standard is currently underway in a range of health and care settings, and final approval of the standard is scheduled for June 2016.

## Purpose

The accessible information standard aims to establish a clear framework and set of requirements to ensure that:

Patients and service users, and where appropriate carers and parents, with information or communication support needs relating to a disability, impairment or sensory loss have those needs met by health and social care services and organisations.

## Scope

As set out in the [Health and Social Care Act 2012](http://www.legislation.gov.uk/ukpga/2012/7/part/9/chapter/1), compliance with information standards is mandatory upon NHS and adult social care bodies, and providers of NHS and adult social care.

The standard will provide specific direction to organisations around identifying, recording, ‘flagging’ and sharing patients,’ service users’ and carers’ information and communication support needs, and actions which must and should be taken to meet those needs.

It is anticipated that the standard will particularly affect people who are d/Deaf, blind, deafblind, have some hearing or visual loss, and / or a learning disability, however, it is also anticipated that the standard will support people with aphasia, autism, and / or a mental health condition which affects their ability to communicate.

## Process and timescales

The accessible information standard is currently part-way through the development phase. It is following a formal process to become an information standard, which has a number of stages and milestones. The [Standardisation Committee for Care Information (SCCI)](http://www.england.nhs.uk/iscg/scci/) approved the standard at ‘draft’ stage in August 2014.

Final approval of the standard by the SCCI is currently scheduled for May or June 2015. It is currently proposed that organisations would then have up to 12 months to comply; meaning that they will be required to have implemented the standard by summer 2016. It is intended to publish and make available a suite of online resources to support services and staff in effectively implementing the standard.

## Communication, engagement and consultation

The importance of working with experts by experience, as well as professionals with relevant expertise, is recognised and a coproduction approach to the development of this standard has been adopted throughout.

As well as a lay-dominated Advisory Group, there has been extensive engagement activity to inform the drafting of the standard, with over 1400 people giving their views between November 2013 and February 2014. The report from this activity is available [from the NHS England website](http://www.england.nhs.uk/accessibleinfo) in a range of accessible formats.

A consultation on the draft standard concluded on 9 November 2014, and a report is expected to be published in February 2015.

In the interests of transparency, all of the documents which make up the draft standard are available online at [www.england.nhs.uk/accessibleinfo](http://www.england.nhs.uk/accessibleinfo) alongside a range of supporting information.

## Further information

Further information about the standard is available at [www.england.nhs.uk/accessibleinfo](http://www.england.nhs.uk/accessibleinfo)

The formal ‘advanced notification’ for the standard is available at <http://www.isb.nhs.uk/library/standard/275>

Further information about information standards and the Standardisation Committee for Care Information (SCCI) can be found at <http://www.england.nhs.uk/iscg/scci/> and <http://www.legislation.gov.uk/ukpga/2012/7/part/9/chapter/1>

Appendix a

Scope of the accessible information standard [as at draft stage]

The scope of the accessible information standard encompasses activities which relate to:

* Patients or service users of publicly-funded health or adult social care, or their parents or carers.
* Information or communication support needs or requirements which are caused by or related to a disability, impairment or sensory loss.
* An individual’s need or requirement for information or correspondence in an alternative (non-standard print) format including print alternatives such as braille, and electronic and audio formats.
* An individual’s need or requirement for communication support.
* An individual’s use of communication tools or aids.
* An individual’s need or requirement for support from an advocate to support them in communicating effectively.
* An individual’s use of alternative or augmentative communication tools or techniques.
* The detail or specific type of alternative format or communication support which is needed or required by the patient, service user, carer or parent.
* All information provided to individuals with particular information or communication support needs including ‘personal’ or ‘direct’ communication (for example appointment letters or prescriptions) and ‘generic’/ ‘indirect’ communication (for example leaflets or manuals).

The standard includes the provision of information in alternative formats and communication support to mental health service users to support their access to and receipt of NHS and adult social care. This would include support needed by individuals to enable them to effectively communicate their needs and preferences. However, communication support which is needed by or provided to a patient or service user as part of an agreed mental health care plan or other mental health pathway of care, is outside of the scope of this standard. Decision-making support under the Mental Capacity Act 2005 is also out of scope (see below).

The following aspects, which may be considered relevant to the wider topic area of improving the accessibility of health and social care services, are explicitly out of scope of this standard as of the draft stage:

* The needs or preferences of staff, employees or contractors of the organisation (except where they are also patients or service users (or the carer or parent of a patient or service user)).
* Recording of demographic data / protected characteristic strand affiliation.
* Recording of information or communication requirements for statistical analysis or central reporting.
* Expected standards of general health and social care communication / information (i.e. that provided to individuals without additional information or communication support needs).
* Individuals’ preferences for being communicated with in a particular way, which do not relate to disability, impairment or sensory loss, and as such would not be considered a ‘need’ or ‘requirement’ (for example a preference for communication via email, but an ability to read and understand a standard print letter).
* Expected standards, including the level of accessibility, of health and social care websites (see note below).
* Implementation of the Equality Act 2010 more widely, i.e. those sections that do not relate to reasonable adjustments in the provision of information. This exclusion includes other forms of support which may be needed by an individual due to a disability, impairment or sensory loss (for example ramps or accommodation of an assistance dog).
* Foreign language needs / provision of information in foreign languages – i.e. people who require information in a non-English language for reasons other than disability.
* Matters of consent and capacity, including support for decision-making, which are not related to information or communication support.
* Standards for, and design of, signage.

The accessibility of health and social care websites is outside of scope of the accessible information standard. However, the standard remains relevant in circumstances where a health or social care professional would usually refer a patient or service user (or their carer or parent) to a website for information. In these instances, it will be the duty of the professional – or their employing organisation – to verify that the website is accessible to the individual and, if it is not, to provide or make the information available in another way. For example, if a GP would usually direct a patient newly-diagnosed with Diabetes to information on the Practice’s website about Diabetes, he or she would need to check with the patient that they are able to use the website for this purpose. If, because the website is inaccessible to them, they are not, the GP will need to provide the information in an alternative format, for example as a paper copy, via email or on audio CD.

Further clarity about the scope of the standard is included in the [Implementation Guidance](http://www.england.nhs.uk/wp-content/uploads/2014/08/isb-7-implement-guid.docx).