

Accessible information standard

If you provide NHS or adult social care

The Accessible Information Standard – known officially as SCCI1605 Accessible Information – is a new ‘information standard’ for implementation by all organisations that provide NHS or adult social care.

Full compliance with the Standard is required by 31 July 2016, although there are also some milestones in advance of this.

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What is the accessible information standard?

The Accessible Information Standard – known officially as SCCI1605 Accessible Information – is a new ‘information standard’ for implementation by all organisations that provide NHS or adult social care.

Compliance with information standards of this type is a mandatory requirement, including for NHS Trusts and GP practices. This is set out in [section 250 of the Health and Social Care Act](#).

The Accessible Information Standard aims to ensure that people who have a disability or sensory loss receive information that they can access and understand, for example in large print, braille or via email, and professional communication support if they need it, for example from a British Sign Language interpreter.

The Standard requires organisations that provide NHS or adult social care to:

1. Ask people if they have any information or communication needs, and find out how to meet their needs
2. Record those needs clearly and in a set way
3. Highlight or flag the person’s file or notes so it is clear that they have information or communication needs and how to meet those needs
4. Share people’s information and communication needs with other providers of NHS and adult social care, when they have consent or permission to do so

5. Take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it

Full compliance with the Standard is required by 31 July 2016, although there are also some milestones in advance of this.

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Which organisations does the Standard apply to?

All organisations that provide NHS or adult social care must follow the Standard. This includes NHS Trusts and NHS Foundation Trusts, independent contractors and providers from the private and voluntary sectors.

Commissioning organisations, whilst not required to implement the Standard themselves, must support compliance by organisations from which they commission services, for example through incentivisation and performance management arrangements.

What are the timelines for implementing the Standard?

- By 31 July 2016 organisations must be fully compliant with all aspects of the Standard; however, there are also some milestones in advance of this.
- By 01 September 2015 organisations must have begun to prepare for implementation of the Standard, including through assessing their current systems and processes, and developing and commencing roll out of a local implementation plan

- By 01 April 2016 organisations must have made necessary changes such that they routinely identify and record the information and communication needs of their patients or service users (and where appropriate their carers or parents) at first registration or interaction with their service
- From 01 April 2016 services must identify the communication or information support needs of their existing registered or known patients or service users (and where appropriate their carers or parents) during routine appointments or interactions with the service.

Which patients are affected by the Standard?

The Standard applies to patients and service users who have information or communication needs relating to a disability, impairment or sensory loss.

It also applies to parents and carers of patients or service users who have such information or communication needs, where appropriate. Individuals most likely to be affected by the Standard include people who are blind or d/Deaf, who have some hearing or visual loss, people who are deafblind and people with a learning disability. However, this list is not exhaustive.

What impact will implementing the Standard have?

Successful implementation of the Standard aims to lead to improved outcomes and experiences, and the provision of safer and more personalised care and services to those individuals who come within the Standard's scope.

It should lead to improvements in patient satisfaction and experience, patient safety, outcomes (for example to due to earlier diagnosis and treatment) and patients' ability to self-care and adhere to clinical and medical advice.

The Standard is expected to benefit both patients and organisations, for example by reducing 'did not attend' (DNA) rates. For instance, the 2013 Action on Hearing Loss report, [Access all Areas?](#) included the statistic that 14% of people with hearing loss had missed an appointment due to not hearing their name being called in the waiting room.

The Standard should lead to some specific and significant benefits, including as follows:

- Improved health and wellbeing amongst patients in the key affected groups due to increased take-up of early intervention and prevention opportunities as part of national programmes (for example NHS Health Checks and 'flu vaccination), ability to participate in decision-making and improved compliance with treatment or medical advice.
- Improved patient safety due to ability to understand and follow information regarding care and treatment, including medicines management and pre- and post-operative advice
- More appropriate use of services by patients in affected groups including increased use of primary and routine care and services, and reduction in urgent and emergency care usage
- Improvement in the effectiveness of clinical care due to addressing barriers to communication
- Improvement in patient experience and satisfaction, and reduction in complaints and litigation associated with failure to provide accessible information and communication support

What is the impact if we don't follow the Standard?

It is hoped that organisations will recognise the significant benefits to their patients and service users of implementing the Standard, and accept that compliance is in line with commitments to equitable, high quality, accessible and personalised care.

The Standard should make a significant impact to the outcomes and experience of patients who need information in a different format or communication support, as well as improving patient safety and clinical effectiveness. For example, access to information in a format they can understand should help patients to manage their conditions better, to take up screening, and to access services more appropriately.

As compliance with the Standard is a legal duty ([section 250 Health and Social Care Act 2012](#)), organisations that do not comply with the Standard would be leaving themselves open to legal challenge. Non-compliant organisations should also be aware of the risk of complaints, investigation and negative media coverage. There is significant interest in, and support for, the Standard from a range of voluntary sector organisations, including large national charities such as Action on Hearing Loss and the RNIB, who

have committed to actively supporting and pushing for, implementation of the Standard locally as well as nationally.

Whilst there is no requirement for organisations to report on their adherence to the Standard (and no national audit or dataset is being created), the Standard includes requirements for organisations to publish or display an accessible communications policy which explains how they will follow the Accessible Information Standard, and an accessible complaints policy. The inclusion of these requirements is intended to support ease of compliance assessment by interested organisations, and to ensure that people with information and communication support needs are able to provide feedback to organisations about their experiences.

The [Specification](#) also makes clear that commissioners must support providers to comply with the Standard, including through contracts, tariffs, frameworks and performance-management arrangements. Commissioners must also seek assurance from providers in this regard.

In addition, the Care Quality Commission have stated that they will, “...look at evidence of how services implement the Accessible Information Standard when we make judgements about whether services are responsive to people’s needs.”

How is information about the Standard being shared?

NHS England has published an [Implementation Plan](#) and a [Communication Plan](#) to support implementation and awareness-raising about the Standard. For providers and professionals, activities to date have included formal issuing and distribution of the Information Standards Notice (by the Health and Social Care Information Centre), issuing of a press release, social media coverage and publication of articles in a range of bulletins including NHS England’s ‘NHS News’ and CCG bulletin, and the Foundation Trust Network newsletter. Communication has also taken place directly to CCG PPI Lay Members, to CSU Communications Leads and to members of Clinical Reference Groups.

For patients, voluntary and community sector organisations including Action on Hearing Loss, CHANGE, the RNIB, Sense and SignHealth are raising awareness with their members and networks both nationally and locally.

Communications have also taken place with local Healthwatch organisations.

How should we go about implementing the Standard?

The process followed to implement the Standard will vary according to the starting position of each organisation, and organisations need to assure themselves that they are compliant with the Requirements as outlined in the Specification. However, the following advice is provided with a view to supporting organisational leads to effectively implement the Standard.

- Think carefully about how to identify individuals with information and communication needs when they contact the service (for example at the reception desk, over the telephone), and when they register. Who will ask, when, and how? This is most likely to be the role of ‘first point of contact’ staff, for example receptionists. It can be helpful to agree on a ‘standard question’ which staff can feel comfortable asking to patients and service users – the most appropriate question is likely to vary locally and depending on the nature of the service or patient group – services are advised to consult with relevant patient groups if possible. A question about communication or information needs should be included on ‘new patient’ or patient registration forms (where used)
- Brief staff about the Standard preferably via a face-to-face session (particularly for those most directly involved in its implementation), and follow-up with email information about what it will entail. Include information about or signposting to local policies and procedures for arranging the production of information in alternative formats and communication support.
- Inform patients and service users about the Accessible Information Standard – via posters or onscreen information in waiting and reception areas. Encourage patients and service users to inform staff of their communication needs.
- Noting that the Accessible Information Standard does not include environmental or facilities matters, certain aspects are very relevant to people with a disability, impairment or sensory loss, and can facilitate clear communication. Consider whether some rooms are ‘better’ than others for people with communication needs (for example less cluttered, better light, more soundproof). When assessing lighting, be aware that this can help or

hinder a person trying to lipread – the aim is for good light but not blinding, and consider whether curtains or blinds can be drawn.

- Consider your workforce. What training have individuals and teams had previously around disability-awareness or communication? Consider if any individual staff are best placed to support people with particular or complex communication needs, for example a Learning Disability Liaison Nurse or staff who have had any specific training. In addition, be aware that (some) patients and service users with communication needs may have particular difficulty communicating with some members of staff. For example, it can be a delicate subject but people who lipread often struggle (or can even be unable) to lipread a member of staff with a beard (or large moustache). Individuals with communication needs may request to see a particular member of staff who they know they can understand more easily.
- Can you easily access information in the common ‘externally produced’ alternative formats of easy read and braille? Clarify the policy for arranging conversion of documents and consider having the one or two most commonly used documents converted in advance of any request.
- Can you access communication professionals, specifically a British Sign Language (BSL) interpreter, speech-to-text-reporter (STTR), deafblind manual interpreter or advocate? Clarify the policy and process for arranging or booking such a professional. Is remote BSL interpretation or STTR possible?
- Identify which communication formats can be used or produced ‘in house’. For example, email and text message (for people who are d/Deaf as an alternative to telephone and for people who are blind as an alternative to printed information), and large print. Consider any practical steps that staff will need to take to use or access these methods if they are not currently part of ‘business as usual,’ for example which printer(s) can be used to produce large print and what email address should be used for emailing patients.
- You can record people's information and communication needs using relevant Read v2, CTV3 or SNOMED-CT codes, supported by free text where necessary. A separate sheet listing current terminology is available.

Organisations may wish to review the reports from organisations that piloted the draft Standard; these are available on the [NHS England website](#). Further advice and guidance will also be made available by NHS England, including case studies and tools to support implementation, during 2015/2016.

Are there any 'quick wins' we could start to do now?

To kick-start implementation of the Standard, and to begin to raise awareness amongst staff and patients or service users, some initial actions which could be taken include:

- Amending registration or new patient forms so that they are more accessible and include a question or section about information and communication needs
- Adding a statement prompting patients or service users to inform the service if they have any information or communication needs to letters and leaflets
- Displaying posters and information in different formats encouraging patients and service users to inform the service if they have any information or communication needs
- Checking to see if there is an induction loop system available (to support hearing aid users) and, if so, checking that it works and that staff know how to use it
- Engaging with your patient group to seek their support for implementing the Standard – they may also have contacts into local voluntary groups with relevant expertise
- Review existing policy and practice around use of email and text message to communicate with patients; these can be quick, cheap and convenient ways of contacting lots of people who have hearing or visual loss.

How do we implement the standard for existing patients?

You are not required to retrospectively trawl records to identify patients who may have information and communication needs. Identification of patients with needs (and recording of how those needs should be met) must take place as patients register or first interact with services and for current patients opportunistically as they contact the service. For example, a question should be added to new patient registration forms and existing patients should be asked about their needs next time their details are reviewed.

What advice and support is available? Where can I find it?

Further information is available on the [NHS England website](#). This includes the full suite of documents associated with the Standard. The Information Standards Notice (ISN), Specification and Implementation Guidance for the Standard are published on the [Health and Social Care Information Centre website](#).

During 2015 and 2016, additional information will be made available, including tools and templates to assist in implementation. Learning and development opportunities, including face-to-face events and online platforms or forums, will be available, with no charges for participants or delegates. Good practice examples, case studies and learning will also be shared.

To ensure you receive direct notification of publications and learning opportunities, [sign up to the NHS England mailing list](#).

How can I inform my patients about the Standard?

Where appropriate, patients and carers should be signposted to the [Accessible Information Standard section of the NHS England website](#). From this website, information is available about the Standard in audio, British Sign Language video and easy read formats, as well as Word and PDF documents. Information can also be requested in any of these formats, as well as in large print or braille, by [emailing](#) or telephoning 01138 253002. Alternatively, written requests can be made to NHS England, and correspondence should be sent to Accessible Information Standard, NHS England, 7E56, Quarry House, Quarry Hill, Leeds, LS2 7UE.

A number of voluntary sector organisations, including Action on Hearing Loss, CHANGE, the RNIB, Sense and SignHealth have published information about the Standard, including that aimed at patients and carers. Over the coming months, NHS England will be working with partners to make available additional information which is aimed at explaining the Standard to patients and carers.