 

The Accessible Information Standard: Briefing for Health Overview and Scrutiny

# Overview

The [Accessible Information Standard](https://www.england.nhs.uk/ourwork/patients/accessibleinfo/) was published by NHS England in July 2015, following approval as a new ‘information standard’ for the NHS and adult social care system.

Officially called [SCCI1605 Accessible Information](http://www.hscic.gov.uk/isce/publication/scci1605), the Accessible Information Standard (‘the Standard’) directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting individuals’ information and communication support needs, where those needs relate to a disability, impairment or sensory loss.

All providers of NHS care and/or publicly-funded adult social care must follow the Standard in full from 1st August 2016 onwards (in line with [section 250 of the Health and Social Care Act 2012](http://www.legislation.gov.uk/ukpga/2012/7/section/250)). Commissioners (including Clinical Commissioning Groups and local authorities) are also required to support implementation and compliance.

# Scope

The [Specification](https://www.england.nhs.uk/wp-content/uploads/2015/07/access-info-spec-fin.pdf) for the Standard sets out a series of requirements which organisations that provide NHS care and/or publicly-funded adult social care must follow. These required actions can be summarised as five key steps, which all ‘applicable organisations’ must complete. They must:

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** information about 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’s needs are **met**, including receiving information which they can access and understand, and communication support if they need it.

# Purpose

The aim of the Standard is to set a framework and a clear direction such that patients and service users (and where appropriate carers and parents) who have information or communication needs relating to a disability, impairment or sensory loss receive:

* ‘Accessible information’ (‘information which is able to be read or received and understood by the individual or group for which it is intended’); and
* ‘Communication support’ (‘support which is needed to enable effective, accurate dialogue between a professional and a service user to take place’);

So that they can access services appropriately and independently, and make decisions about their health, wellbeing, care and treatment.

Specifically, the Standard says that patients, service users, carers and parents with a disability, impairment or sensory loss should:

* Be able to contact, and be contacted by, services in accessible ways, for example via email, text message or Text Relay.
* Receive information and correspondence in formats they can read and understand, for example in audio, braille, easy read or large print.
* Be supported by a communication professional at appointments if this is needed to support conversation, for example a British Sign Language interpreter.
* Get support from health and care staff and organisations to communicate, for example to lip-read or use a hearing aid.

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 specifically support people who are blind, d/Deaf, deafblind and/or who have a learning disability, although it should support anyone with information or communication needs relating to a disability or sensory loss, for example people who have aphasia, autism or a mental health condition which affects their ability to communicate.

**Why should health overview and scrutiny be interested in the Standard?**

## Impact of compliance

Effective compliance with the Standard is associated with significant benefits to patients and service users, and is in line with commitments to equitable, high quality, accessible and personalised care, as well as the reduction of health inequalities.

## Risks of non-compliance

Organisations that do not follow the Standard are at risk of failing to effectively provide high-quality healthcare to individuals with information and/or communication needs, and potentially denying them their rights to confidentiality and independence when accessing healthcare.

They also leave themselves open to legal challenge – compliance is a specific legal duty ([section 250 Health and Social Care Act 2012](http://www.legislation.gov.uk/ukpga/2012/7/part/9/chapter/1/enacted)), and is also in line with the [Equality Act 2010](http://www.legislation.gov.uk/ukpga/2010/15/contents) (including service providers’ [‘reasonable adjustment’ duties](http://www.legislation.gov.uk/ukpga/2010/15/section/20)), the [NHS Constitution](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/480482/NHS_Constitution_WEB.pdf) and the [Mental Capacity Act 2005](http://www.legislation.gov.uk/ukpga/2005/9/contents) – as well as to complaints, investigation and reputational damage.

## Levers for compliance

Compliance with the Accessible Information Standard is also a specific requirement of the [NHS Standard Contract 2016/17](https://www.england.nhs.uk/wp-content/uploads/2016/04/2-nhs-fll-length-1617-scs-apr16.pd) and commissioners are obliged to seek assurance from providers of their compliance.

In addition, the Care Quality Commission (CQC) have stated that, for health services, “as part of our inspection work, CQC 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,” and, for adult social care services, “as part of our inspection work, CQC 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 and whether they are well led.”

# How could health overview and scrutiny support the Standard?

As the Standard applies across the NHS and adult social care system, there is an opportunity for ‘locality’ or ‘whole systems’ approaches, with collaboration and partnership working between organisations actively encouraged.

Health overview and scrutiny may wish to consider local organisations’ compliance with the Standard as part of ongoing work regarding patient safety, patient-centred care, and reducing health inequalities (especially for disabled people). The Standard is also relevant to initiatives around health and care records, including shared records, workforce development, and facilities/estates (for example the availability of hearing loop systems). It has specific cross-over with activities to promote the independence of people with a learning disability.

Through the process of developing the Standard, and during the implementation phase, there has been significant interest from many local Healthwatch organisations, patient groups and voluntary and community sector organisations. In light of this, health overview and scrutiny may receive evidence or reports from LHW (and others) regarding organisations’ compliance with the Standard and/or the experience and health outcomes of disabled people in their area.

In addition, during January to March 2017, NHS England will lead a post-implementation review of the Standard, and contributions from health overview and scrutiny are actively encouraged. The review will look at:

* How organisations have implemented the Standard;
* The impact of the Standard, including organisations’ and service users’ experiences;
* Any aspects of the Standard which need updating or clarifying.

As part of the review, individuals and organisations will be able to feedback on their experiences and make suggestions. There will be three online surveys, aimed at different groups, with the patient/service user survey also available in a range of alternative formats. Following the review, NHS England will publish a report, and may re-issue revised versions of the Specification and/or Implementation Guidance for the Standard (however, there will be no wholescale changes to the scope).

There will be further communication about the review, including how to get involved, in late December 2016/early January 2017.

# More information

For further information visit the [NHS England website](http://www.england.nhs.uk/accessibleinfo). Health overview and scrutiny may also be interested in the [e-learning modules on the Standard](http://www.e-lfh.org.uk/programmes/accessible-information-standard/open-access-sessions/) and in [Bracknell Forest Council’s interactive guide to the Standard](http://www.bracknell-forest.gov.uk/ais-interactive-guide-bracknell-forest-council.pdf).

Please send queries, and requests to be added to the distribution list for the Standard, including to ensure direct receipt of invitations to participate in the review, to NHS England by emailing [england.nhs.participation@nhs.net](mailto:england.nhs.participation@nhs.net) with ‘Accessible Information Standard’ in the subject.