Accessible Information Policy

Lead Manager:	Head of Corporate Inequalities
Responsible Director:	Director of Corporate Planning and Policy
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Contents

1. Introduction

1.1 The purpose of this policy is to make sure there is a consistent, accurate and clear approach to the provision of accessible information to patients, and members of the public. The policy is aimed at managers of staff involved in, or who have responsibility for the provision of information, including letters. There are distinct issues about information for staff which are not covered by this policy.

1.2 The NHS in Greater Glasgow and Clyde (NHSGGC) produces vast amounts of information, through many routes and in many forms. The task of making all our information accessible is a very significant challenge. Consequently our approach will be incremental with priority initially given to high volume, patient communication.

2. Scope

2.1 The policy relates to the NHS Greater Glasgow and Clyde's (NHSGGC) Black and Minority Ethnic (B/ME) and British Sign Language and Communication Support (BSL) interpreting policies, and to the Communication Support and Language Plan. It aims to:

- describe 'accessible information' and why it is important
- define the roles and responsibilities of those responsible for developing and implementing this policy and procedures
- direct staff to available guidance for the provision, review and monitoring of accessible information
- raise awareness of the importance of developing and providing accessible information.

3. Why is accessible information important?

3.1 Effective information and communication are vital for the provision of high-quality services and care. Many of those who access services have difficulty understanding the information provided. This may be because they are visually impaired, hearing impaired, have a learning difficulty, or because English is not their first

language. It may be because they need support in terms of reading (literacy problems) or they have a condition which limits their ability to communicate (e.g. following a brain injury or a stroke). Children and young people have specific communication requirements.

3.2 It is important, therefore, that information is presented in an accessible way, in a range of languages and formats that are easily used and understood by the intended audience. This does not mean watering down the content or creating a summary. This means taking information in a form that is not accessible to an individual, and changing, translating or interpreting it into a form the individual can access.

3.3 NHSGGC believes that providing accessible information will benefit those who use services, and those who deliver them. Accessible information will help to improve access to services, will promote social inclusion and will enable people to make more informed choices about their care. For staff, the provision of accessible information will aid communication with service users, will assist with diagnosis, and help in the process of obtaining informed consent. It will also promote the effective and efficient use of resources.

3.4 There is now a legal requirement to produce information in accessible formats. The Race Relations (Amendment) Act 2000, the Disability Discrimination Act 2005, and the Disability Equality Duty 2006 place legal duties on public authorities to publish race and disability equality schemes that describe how we will tackle discrimination. This includes making information accessible to everyone. NHSGGC has published a unified Equality Scheme covering gender, sexual orientation, age and religion as well as race and disability. Within Greater Glasgow and Clyde there is also a need to address the discrimination caused by social class and poverty as it contributes significantly to the increasing health inequality gap.

3.5 A key priority within the Equality Scheme is the Communication Support and Language Plan. This identified the need for an Accessible Information Policy to ensure that all information

produced can be made available in accessible languages and formats to meet the needs of the public.

4. What is accessible information?

4.1 Information that is accessible may be provided in printed and electronic formats, and through face-to-face and telephone communication. It covers all areas of access to information including:

- alternative formats

- translations

- interpreters

- support for people at meetings, for example, note-takers.

4.2 The policy makes the provision of accessible information and services central to the day-to-day work of NHSGGC. Information should be provided without delay and at a level that meets individual communication needs. This includes:

- letters

- e-mails

- patient information provided in leaflet, booklet or poster style, or in audio-visual or electronic form

- appointment cards and letters

- information provided on NHSGGC internet or intranet sites

- minutes of meetings

- reports

- prescription instructions for taking medicines.

4.3 Written information should be prioritised for early 'accessibility' according to the following criteria:

- it involves large volumes
- it relates to standardising information used across the entire organisation or large parts of it

- it is targeted information where certain groups, conditions or activities are seen by the organisation as a priority for specific reasons.

4.4   Who funds?

The cost of providing accessible information lies with NHSGGC and **must not** be passed on to any member of the public. A central NHSGGC budget covers the cost of providing one-to-one communication and interpreting support and translation. The responsibility for meeting all other costs lies with the service area producing the information. Departments must budget for the costs of arranging accessible formats (beyond interpreting and translation costs), into the standard costs for producing information, whether procured internally (e.g. medical illustration services) or externally. This applies at both corporate and operational levels in the organisation.

4.5   Which formats and languages?

For all written material the following statement should be included at the beginning of the document:

> If you require this information in an accessible format, such as large print or braille, or in a community language, please use the contact details on your patient information leaflet or letter.

This statement must be translated into the five most common languages on all documents.

A **Word** version of this statement in all five languages is available from the equality website (**www.equalitiesinhealth.org**)**.**

The languages may change over time to reflect the composition of the Greater Glasgow and Clyde population so please refer to the website. We will update the language once a year in April.

4.6 Minimum requirements for accessible information

Minimum requirements for accessible information, which NHSGGC is working to achieve, have been developed from a variety of sources including the Scottish Accessible Information Forum, the Disability Rights Commission, the Office for Disability Issues, the Glasgow Good Information Group, and the United Nations Convention on the Rights of the Child. The summary requirements are as follows:

- all requests from patients or carers for information in an accessible language or format must be met within four days

- all other requests will be met within 4 weeks

- all information must be provided in plain language

- all written information must be provided in an accessible format and language for patients

- all electronic documents must be created in an accessible format (accessible Word documents, PDFs etc.) to allow modification by people with, for example, sight impairments

- all information must be provided in different formats for disabled people

- all information must be provided in community languages, including British Sign Language

- all information, such as letters and leaflets, must include a variety of ways of making contact with NHSGGC

- all information must be quality assured in accordance with the agreed criteria

- all patients should have their communication or language support needs assessed

- information specifically needs to consider the communication needs of children and young people

- fixed or portable loop systems for hearing aid users must be made available when required

- all premises should be DDA (Disability Discrimination Act) compliant

- interpreters and other one-to-one communication support, such as lip speakers and note takers, must be available

- the use of typetalk as a service for deaf people and people with hearing impairments should be available

- the complaints system must be available in accessible formats, and assistance to complete forms and fill in other paperwork, including the complaints process, must be available.

4.7 Further detailed information on meeting these requirements are available in the guidance associated with this policy, and in the B/ME and BSL Interpreting policies and procedures.

4.8 NHSGGC will:

- provide advice, support, training and guidance for staff on how to make information accessible, how to book interpreters or other forms of communication support, and assess a patient's communication or language support needs. There is an e learning module available on Staff Net (Learn Pro)

- have in place contracts with providers of communication and language support, and translation

- centrally fund interpreting and translation and accessible formats across the organisation

- have a complaints system that is accessible to all

- establish a quality assurance process for all written information.

5. Roles and responsibilities

5.1 NHSGGC currently produces information in a wide range of formats covering a diverse range of subjects to varying standards. Revising all of these to meet accessibility guidelines and requirements will be a significant and continuing task. A clear structure and process is required to implement the Accessible Information Policy and to ensure that it is co-ordinated across the entire organisation. Each Director will be expected to take a visible

leadership role in their areas of responsibility for the implementation of this policy.

5.2 Whilst this section spells out the roles and responsibilities of managers, it is the responsibility of **all** staff to put the patient's communication needs at the centre of the services they deliver. 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.

5.3 Essentially, there are three tiers of staff responsibility in respect of the Accessible Information Policy:

- the Director of Corporate Planning and Policy has overall corporate responsibility within NHSGGC for the Policy

- all Directors have responsibility for ensuring that a clear action plan is in place to address the priorities established in this policy, as soon as possible, and that there is incremental action to fully implement this policy across their areas of responsibility

- service managers need to ensure that information is reviewed and amended where required, and to ensure that staff are aware of their duty to provide patients and carers with the information they require in a format that meets their needs.

5.4 The roles and responsibilities of each tier are detailed below.

5.5 The lead Director will ensure that:

- there are clear structures and processes for developing, implementing and reviewing the policy and procedures

- stakeholders are appropriately engaged in the implementation, development and review of the policy

- there are clear criteria for quality assuring information

- the policy is monitored and reviewed within the identified timeframe

- a communication plan is developed and implemented to inform staff of the Accessible Information Policy

- policy and procedures are reviewed to be kept up to date with legislation, policy and practice

- implementation of, and compliance with, the policy and procedures is monitored and reported.

5.6 All Directors will ensure that:

- appropriate arrangements are in place to implement the policy and procedures

- there is a local process for quality assuring information in accordance with agreed criteria and that this is applied consistently

- there is sufficient funding available for providing accessible information

- an annual report of progress is produced as part of the Equality Scheme monitoring process

- staff have access to the policy and procedures and that these are followed appropriately

- appropriate staff training is given

- the electronic library of accessible information is accessed appropriately and kept updated

- a system for reviewing locally developed accessible information (within two years of production/review date) is developed and implemented.

5.7 Service managers must:

- ensure staff are aware of the requirements of the Accessible Information Policy and their role in meeting these requirements

- follow the Accessible Information Policy and related guidance

- ensure that patients and carers are provided timeously with the information they require in a format that meets their needs

- ensure that where changes are required to improve the quality and accessibility of information they are made.

5.8 Each service area has an Accessible Information Lead. The Leads will support and advise staff on how to develop and produce accessible information. They will also document changes that have been made, and highlight those that are required, to make information available in a more accessible format. This will be presented in an annual report.

6. Review

6.1   This policy will be reviewed every three years, or before if there are significant changes to laws or practice.

7. Monitoring

7.1   The process of monitoring the policy and guidance will be on-going. Each entity will establish a route through which monitoring will take place. This may form part of an already established process. Reporting will take place on an annual basis and will form part of the reporting requirements for the Equality Scheme based on the minimum requirements outlined in section 6.

8. Impact Assessment

8.1   The Accessible Information Policy and associated guidance have been equality impact assessed to make sure that the identified groups are not disadvantaged or discriminated against. The Equality Impact Assessment can be found on NHSGGC's equality website (**www.equalitiesinhealth.org**).

9. References

1.   Black/Minority Ethnic Communities Interpreting policy and procedures www.equality.scot.nhs.uk

2. British Sign Language Interpreting policy and procedures www.equality.scot.nhs.uk

3. Race Relations (Amendment) Act 2000 www.equalityhumanrights.com

4. Disability Discrimination Act 2005 www.equalityhumanrights.com

5. Disability Equality Duty 2006 www.equalityhumanrights.com

6. NHSGGC Equality Scheme (2006-2009) www.equality.scot.nhs.uk

7. NHSGGC Communication Support and Language Plan www.equality.scot.nhs.uk

8. Freedom of Information Act 2002 www.opsi.gov.uk

9. United Nations Convention on the Rights of the Child. http://www.dcsf.gov.uk/everychildmatters/strategy/strategyan dgovernance/uncrc/unitednationsarticles/uncrcarticles/