

Accessible Information Policy

(Clear to All)

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Responsible Director:	Director of Public Health
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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. It is also to ensure that staff who require information in different formats to enable them to fulfil their work role receive the necessary support. 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 and meeting the clinical need of individual patients.

2. Scope

- 2.1 The policy relates to the NHS Greater Glasgow and Clyde's (NHSGGC's Interpreting Policy and NHSGGC Patient & Public Health Information Management Policy 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.

Wherever possible, all printed documents should also adhere to the following simple guidelines to support accessibility:

- Use a minimum font size of 12, preferably 14.
- Use a sans serif font such as Arial.
- Align text to the left and do not 'justify' text.
- Ensure plenty of white space on documents and if appropriate add a double space between paragraphs.
- Print on matt and not gloss paper.
- Include page numbers.
- If printing double-sided, ensure that the paper is of sufficient thickness to avoid text showing through from the other side.
- Avoid inverse text.
- Avoid printing text over images.
- Include the 'accessible communication statement' in a prominent position (see page 29).

See Appendix 1 for a good practice guide.

- 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 a fundamental legal, ethical and moral requirement to provide accessible formats to patients, immediate family members and our staff. Under the Equality Act 2010 those who require it have the right to information in a form that they can understand. The Patient Rights (Scotland) Act 2011 aims to improve patients' experiences of using health services and support patients to be able to actively participate in their care.

The Equality Act 2010 and the Public Sector Equality Duty places a legal duty on public authorities to provide barrier-free access to those with protected characteristics. This policy has been developed to ensure that NHS GGC has a clear, consistent and equitable approach to the provision of accessible formats for those who need it.

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 NHS GGC. Information should be provided without delay and at a level that meets individual communication needs. This includes:

- Public Health information, e.g. prevention information
- Clinical Patient Information, e.g. treatment options
- General Patient Information e.g. infection control leaflets
- Specific Patient Information, e.g. letters, clinical records, opt-in information

4.3 Proactive Publication

Proactive publication of accessible formats of documents alongside standard documents should be considered, and is most likely to be appropriate, when they:

- are targeted at the whole population and accessible formats are likely to be requested, for example, complaints procedures
- support proactive informed consent for a service to be delivered, such as immunisation or screening
- convey messages which have direct relevance to people with a need for information in an accessible format, such as access to learning disability services.

There is no minimum requirement of the type of information that should be produced in advance. It is important however to be responsive to the needs of patients and anticipate that need by having contracts and processes in place to deliver the requirement of this policy. NHSGGC's process for providing accessible information can be found on the [Clear to All website](#).

4.4 Information for staff

Service managers must also support staff who need particular support in relation to information they require at work. This should be addressed in line with local HR policies. This includes ensuring staff who require information in different formats to enable them to fulfil their work role receive the necessary support, including e-learning materials. Where possible systems should comply with best practice guidance see section 3.

4.5 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 translations and accessible formats. 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.

4.6 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, BSL 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 6 most common languages on all documents.

This is available as an image or an insert. Visit the [Equalities in Health website](#)

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 languages once a year in April.

4.7 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 Public Health Scotland NHS Scotland Interpreting, Communication Support and Translation National Policy. 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
- if this cannot be met an alternative means to deliver that information would need to be explored, such as a member of staff meeting the patient to ensure they have understood instructions, or calling the patient through a telephone or online interpreter should be considered.
- 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 who require it
- 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 accessible 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
- local processes should be in place to enable patients and clinicians to provide feedback on their service experiences in

their first or preferred language or format (written, spoken, signed, or in Braille, audio, video, and so on). This may require different forms of engagement with staff and patients. Interpreters and translators should also be given the opportunity to feed back on their experiences and provide suggestions on how services could be improved further.

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
- adhere to the [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 (Clear to All) 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 patients'

- 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 (Clear to All):

- the Director of Public Health 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 members 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 (Clear to All)
- 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 (Clear to All) and their role in meeting these requirements
- follow the Accessible Information Policy (Clear to All) 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.

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- 5.8 All staff must ensure they are familiar with this policy and the guidance and protocols on the [Clear to All Website](#) and seek support from the Quality Assurance group.

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 ongoing. 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 (Clear to All) 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 Equalities in Health website at www.nhsggc.or.uk/equality

9. References

[NHSGGC Interpreting Policy](#)

[NHSGGC Patient & Public Health Information Management Policy](#)

[Equality Act, 2010](#)

[Patients Right \(Scotland\) Act 2011](#)

[Public Health Scotland. NHS Scotland Interpreting, Communication Support and Translation Policy, 2020](#)

[Carer Scotland \(Scotland\) Act 2016](#)

[Realising Realistic Medicine, Scottish Government, 2017](#)

Appendix 1

Accessible information – good practice

- Check the patient/user's preferred language or format.
- For spoken language check the patient/user can read in the requested language. They may speak one language but read in another. Some spoken languages do not have a written form.
- A good translation is dependent on a good English language version. This includes cultural sensitivity, accessibility and use of plain English, which all help to produce a good quality translation. For example, the English language content of a healthy eating leaflet needs to reflect cultural food examples and not just rely on European food examples for a Chinese language version.
- Not all visually impaired people read Braille – check beforehand.
- Many visually impaired people have assistive technology so make sure any document you produce is an accessible PDF. (See Appendix 2 for guidance on how to make an accessible pdf)
- Make sure that your Board is the copyright holder. If not you will need to contact the copyright holder to obtain a translation or permission to produce one.
- Check whether existing translations or formats already exist in other NHS Boards. There is no point in duplicating work unnecessarily.
- Check that you have the latest version of the English language version before commissioning your translation. Make sure it is still current, relevant and not undergoing a review (in which case it may be better to wait until the review is completed). The use of versions and dates on documents is recommended, as is a process for regularly reviewing and responding to updates to content.
- Check longevity of the information. In some cases using an interpreter to relay information would be more appropriate, for

example information that is very specific to one patient, or changeable such as cancer drug regimes, unless it is needed as a future reference for the patient.

- The translator should proofread and check their translation. You should have assurance that this has been done as you will be unable to check yourself unless you read the language. Any errors should be managed by the translation agency, including print costs for any errors.
- Once the translation is produced, as with spoken communication, healthcare staff must satisfy themselves that the patient understands the written document. This may require the assistance of an interpreter. This would allow you to ask questions to check the patient/service user has understood the information and provides an opportunity to clarify anything that is not clear.
- As with all information governance, you should ensure that you comply with your own local Board's policy around the transfer and use of information and personal data.

Appendix 2

Guidance on how to make an accessible pdf

Most documents are now produced electronically and make their way to people in various forms, such as email attachments and website downloads.

In order for these documents to be read by someone using assisted technology, such as a speech synthesiser, Braille keyboard or large print display, it is vital that they are produced in an accessible format.

Producing accessible Word documents

Accessibility depends on how well your document is structured and formatted at the start. By applying the 'styles and formatting' options correctly and following some basic guidelines, you can make your Word documents accessible to people with a range of different impairments. A well-formatted Word document can also be easily converted into an accessible PDF file using Adobe Acrobat. A PDF (Portable Document Format) file means that your documents cannot be changed and is recommended when placing on websites.

Further information

The Scottish Accessible Information Forum provides detailed guidelines and offers short training courses on making e-communication accessible. www.saifscotland.org.uk

Commissioning Accessible Documents: A PDF is the common format used by designers to ensure that documents retain their original layout and design when viewed on screen or printed out. When commissioning design and print, ensure that the supplier is asked to provide the document in an accessible PDF format. Creating an accessible or 'tagged' PDF requires more steps than the traditional conversion method and suppliers should have the knowledge and ability to achieve this.

This makes all the difference to someone using assisted technology. For example, a blind or partially sighted person using a screen reader would be unable to identify any content from a basic or 'unstructured' PDF. Accessible PDFs allow the reader to access both the content and style of the information presented.