

SWAN LANE MEDICAL CENTRE

ACCESSIBLE INFORMATION STANDARD POLICY

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| 3 | 6.12.22 | AC | Spelling corrections | All Staff |
| 4 | 19.09.25 | TH | Changed name of policy from accessible information to Accessible Information Standard. Generally updated the policy and added the 5 steps of AIS. | All Staff |

Accessible Information Standard Policy

Introduction

1.1 Policy statement

The [Health and Social Care Act 2012](#) states that this organisation must have regard to, and implement the [Accessible Information Standard](#) (AIS).

The AIS sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

The AIS covers the needs of people who are deaf/Deaf, blind, or deafblind, or who have a learning disability. This includes interpretation or translation for people whose first language is British Sign Language. It does not cover the needs for other languages.

It should also be used to support any other disabled person who has information and communication needs. For example, people who:

- Have aphasia or cerebral palsy
- Are blind or partially sighted
- Are autistic
- Have a learning disability
- Have a mental health condition which affects their ability to communicate

This policy should be read in conjunction with the [CQC's GP mythbuster 20: Making information accessible](#) and its document titled [Meeting the Accessible Information Standard](#).

1.2 Status

In accordance with the [Equality Act 2010](#), we have considered how provisions within this policy might impact on different groups and individuals. This document and any procedures contained within it are non-contractual, which means they may be modified or withdrawn at any time. They apply to all employees and contractors working for the organisation.

2. The Accessible Information Standard

2.1 Aim

NHS England explain that the aim of the Accessible Information Standard is to establish a framework and set 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”)
- Communication support (“support which is needed to enable effective, accurate dialogue between a professional and a service user to take place”)

This includes accessible information and communication support to enable individuals to:

- Make decisions about their health and wellbeing and about their care and treatment
- Self-manage conditions
- Access services appropriately and independently
- Make choices about treatments and procedures including the provision or withholding of consent

2.2 Five Steps of the AIS

The [NHS England Accessible Information Specification](#) explains that to achieve compliance with the Accessible Information Standard, there are five distinct steps this organisation must complete. Each step is detailed below with an overview of how this organisation will achieve compliance.

| Step | Action(s) |
|----------------------------|--|
| 1. Identification of needs | <p>This practice will ensure there is a disability and reasonable adjustment section on the new patient registration and health check questionnaire, enabling needs to be identified and recorded when patients first interact or register with the organisation.</p> <p>This practice will opportunistically identify patients who may need reasonable adjustments during consultations and contact with the organisation.</p> <p>This practice will promote self-identification and encourage patients to share their diversity identity</p> |

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| | including disability status, race/ethnicity, LGBTQ, veteran status etc on the practice website and in waiting areas by means of posters. |
| 2. Recording of needs | <ul style="list-style-type: none"> This practice will use the reasonable adjustments impairment and adjustment codes provided by NHS Digital when recording reasonable adjustments. |
| 3. Flagging of needs | <ul style="list-style-type: none"> This practice will create a local digital flag on the clinical records of patients, ensuring staff are prompted and can respond to the individuals' reasonable adjustment requirements |
| 4. Sharing of needs | <ul style="list-style-type: none"> This practice will share the reasonable adjustment needs of patients with other organisations involved in the care of the patient (consent must be sought from the patient) |
| 5. Meeting needs | <ul style="list-style-type: none"> This practice will ensure the reasonable adjustment needs of patients are met, by involving patients in their own care and recognising what matters to and is important to them. This practice will ensure there is timely access to interpreter and translation services, including British Sign Language interpreters. This practice will ensure that patients can contact the practice in different accessible ways, such as via telephone, via our website through online consultations, via email, NHS App messaging. The practice will ensure that staff have training in reasonable adjustment needs and how to provide accessible communications. The practice will ensure staff receive training on disability awareness. The practice will endeavour to ensure that the practice website is accessible and undergo accessibility audits. The practice will use text in letter communications of no smaller than 12 point font size. For large print documents minimum of 16 point. The practice will use plain, legible typefaces, for eg Arial. The practice will routinely use black text on white paper for a better contrast. The practice has a supply of blue paper for patients with dyslexia. The practice will include practice contact details on written documents and practice website. |

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| | <ul style="list-style-type: none"> • The practice will endeavour to fulfil reasonable request for publications and other printed material in alternative formats on request and if available, such as large print, braille, easy read, other languages (see 2.3 regarding different languages). • The practice will book double appointments where appropriate for those who need longer to take in information, eg, people with learning disabilities or acquired brain injuries. • The practice will use pictorial letters when inviting patients with learning disabilities for review. • Staff will endeavour to speak clearly for those patients who lip-read • Staff member will speak directly to the patient when communicating via an interpreter. • Staff members will not use language that will cause offence or distress. See 2.4. • The practice will carry out a disability audit every 2 years. |
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2.3 Information in Different Languages

CQC advises that there is no need for this organisation to have information leaflets in multiple languages. However, this practice will be responsive to the needs of the population that we serve, ensuring information is available in a format they understand and by enabling access to interpretation and translation services where necessary.

2.4 Using the right Language

In all communications and information, it is important to use language that will not cause offence or distress.

USE THIS

Person/people with disabilities
 Person who has/person with/person
 who has experienced (eg arthritis)
 Person with a disability
 Wheelchair user

NOT THIS

The disabled or invalid
 Victim of/crippled by/suffering
 from /afflicted by
 Handicapped
 Wheelchair bound

Deaf without speech

Deaf and dumb

People with learning difficulties

Mental handicap

Mental health difficulties

Mental, Mentalist

A person with/who has epilepsy

An epileptic

(or other condition)

Person of restricted growth

Dwarf/Midget

(This is list is not exhaustive)

Please use the link below for Inclusive Language for more positive phrases.

Asking questions –

Always use language that is designed not to offend, and be mindful that 2 patients with a similar disability may not want to be communicated with in the same way. Don't be afraid to ask! Here are some suggestions which might help:

Would it help if we gave you this leaflet in large print (or easy-read/audio etc as appropriate)?

What is the best way to let you know about/give you information about appointments or medications?

What is the best way to contact you?

How would you like us to communicate with you ?

Do you need a longer appointment so the doctor can explain everything?

3 Additional Resources

The following are useful resources that can support the practice adhering to the AIS and to ensure appropriate support is provided to the patient population.

[NHS England inclusion resources](#)

[AbilityNet](#)

[CHANGE People](#)

[Relay UK](#)

[Hearing Link](#)

[Inclusive language](#)

[National Registers of Communication Professionals working with Deaf and Deafblind People \(NRCPD\)](#)

[RNIB Business - Transcription Services](#)

[Breakthrough UK](#)