**Overview - NHS Accessible Information Standard - AIS**

**What is the Accessible Information Standard (AIS)?**

The NHS ‘Accessible Information Standard’ **AIS** is mandated in the NHS contract (since 2016) with NHS England providing standard requirements, guidance and implementation planning.

The AIS was designed to address the communication and information needs of service users who have a hearing or vision impairment, sensory loss, or learning disabilities, mental capacity, etc. including blind, Deaf, deaf-blind, aphasia, autism or a mental health condition which affects their ability to communicate.

**Who does this apply to?** Patients who have these communication and information needs or their principal carer (which may be a carer or a relative such as parent etc.)

The AIS gives focus to these needs to enable access and inclusion to services with proper care and consideration. Trusts must identify and record information and communication needs at the start when patients first interact or register with their service and then as part of their ongoing routine interaction with the service e.g. throughout their care pathways.

It requires a consistent approach to identifying, recording, flagging, sharing, and meeting the information and communication needs of these patients (or carer). **For Requirements see pages 5-7.**

**Why is this Standard important and who has to provide it?**

It applies to service providers across the NHS and adult social care system. Effective implementation relies on the response of all organisations that are stakeholders in the Trust’s services and who have an impact on patient experience and pathways.

Clinical Commissioning Groups and Trusts have to ensure that contracts, frameworks and performance-management arrangements with provider bodies meet AIS requirements with appropriate policy, procedure, practice and electronic systems.

This has become increasingly important to the Trust for ensuring access and inclusion for all and this can be evidenced in the following developments:

* The NHS Business Plan based on Prevention and Health Inequalities and the NHS People Plan that supports this.
* The evolving work of strategic partnerships for pathways of care
* The transformation plans with the hospital merger
* The redevelopment plans with the capital funding
* The consultations for impact assessments for the service / workforce changes.
* The impact of Covid-19 to services for these groups and access and inclusion challenges e.g. for remote video clinics attendance and support on site.

**For AIS Key Requirements, Delivery Areas and Challenges see pages 5-7**

**Important Additional considerations for the Trust**

The Trust has always included a much bigger picture approach to this agenda.

NHS England did not extend the requirement around two important areas that were integral to the success of the AIS implementation for all service users and to the Trust. These were:

* **Interpretation, Translation and Foreign Languages** – The Trust is one of the more diverse in the UK. Patients who do not have English as their first language (at least 35% of our patients), may also have visual, hearing or learning disabilities and thus information and communication needs (such as a need for easy read text in their first language, or text to speech).
* **Website Accessibility** – as the first port of call for many this should be conducive to supporting ease of use and viewing. In a digital age, website accessibility is a huge win area for vision, hearing and learning disability and also hits other EDHR and inequalities areas.

Recent national data is that 20% struggle on line, 10% have dyslexia, 8% have English as a second language, 2 million have visual impairment, 23 million over 50 in an ageing population, 18% with low literacy. Many of these factors are much higher locally.

The Trust included this in the scoping of needs and provision from 2016. It can be seen how important this was to include now that Covid-19 has impacted all patients but especially minority ethnicities and those with disabilities. There has been increased website use and in use of remote services with new information an/ communication challenges and a need to address these to prevent health impacts / health inequalities.

**The Bigger Picture and Health Inequalities**

**ACCESS - Information or Communication Needs** must include that patients who need foreign language or literacy support may also have hearing, vision or learning disabilities support needs.

**Language, Disability, Learning Disabilities and Literacy assistance needs.** Secondly, this assistance also extends to a need to provide interpretation, translation and alternative formats by speech and text not just for foreign languages, but for reasons of literacy, hearing or vision challenges or learning disabilities etc. Individuals may have more than one aspect of accessible communication needs such as needing both language interpretation and having hearing challenges for instance.

These areas cover:

* **General Literacy** – having less command of written, read and spoken English – Adult literacy.
* **Foreign Languages and Literacy –** where English is the patient’s second language and command of any or of all literacy aspects is limited and an interpreter is required. For instance e.g. only speak their first language and not English or speaking English and Urdu fluently but may not read or write in either[[1]](#footnote-1).
* **Computer E Literacy and equipment Access** – willingness and / or ability to use or access necessary equipment to be able to understand or participate. (For instance - technology and online video appointments do not come naturally to all, some may struggle to use this or not have the funds, equipment or experience).
	+ - **Learning Disabilities -** Learning or communication disabilities that may for instance need a Learning Disability Support Nurse / carer attendance - Easy Read.
		- **Vision or hearing loss** – visual or hearing impairments (need for text to speech, speech to text, large font, greater contrast, sign language interpretation or an induction loop system). Needing Telephone or Video-interpreting / face to face***.***
* **Dual Need -** Some patients may have a dual or further need for support e.g. foreign language and disability (such as hearing or vision or dyslexia, autism, etc.)
* **Potential of External Attendees with the Patient -** The need for a partner, parent, carer to attend e.g. birthing partner, parent of a child, carer of a person with learning, mental or physical health disability. (With a video appointment, some may be at a different location to the patient and need to join the virtual appointment separately by phone or video link)
* **Potential need for necessary External Attendees** for information and communication requirements e.g. a child patient has a parent/ principal carer who needs sign language
* **Potential Internal Attendees with the Patient -** The need for specialist support e.g. dementia or learning disability nurse or a chaperone (under Trust policy) - (Some may be at a different location to the patient and need to be invited and if a virtual appointment to join separately by phone or video link)
* **Expectations – Cultural and Other -** For instance may mean a relative’s presence is wished for, asserted, requested or expected links in to patient safety and wellbeing around by being present or not present.
* **Privacy / safety at the Patient’s or other locations** – managing areas such as the patient wanting confidentiality and concerns of domestic abuse or other sensitive areas

**Note -** These aspects are covered more fully in the Trust’s Interpretation Policy.This includes that a professional interpreter is used unless in very limited, and approved extenuating circumstances where staff, children or relatives can be used.

**Covid 19 - Gaps in access to treatment, resources, and information revealed**

There has already been discussion around the higher numbers of those from ethnic minorities in the UK contracting COVID19. While hospitals have access to remote language services such as Video and Telephone interpreting, aftercare can still put a patient at risk if materials for prescriptions are not translated or they are unable to access further support and resources.

With the non-English speaking community and the deaf community, over 13 million people in the UK require video, telephone and (may still need) face to face interpretation or translation services and to be unhindered by language barriers.

**Communities at risk of becoming more isolated** - **Language during self-isolation**

Concerns from Covid-19 were also lockdown effects on mental health where isolation from friends and family can impact, but isolation from the specific support usually provided, or culture, home or country can impact further.During such times of uncertainty, it became more important than ever to ensure the more vulnerable are supported and communication between end-users and professionals continues unhindered by information, communication or language barriers. For instance:

* **Non-English speakers** can struggle to understand and access information, and may struggle to understand why their family / friends are unable to visit them at home or in hospital. Technology and other alternative methods are needed to allow those isolated to stay in touch with friends and family as well as access vital services and information.
* **Deaf people** are more likely to have poor mental health; up to 50% in comparison with 25% of the general population
* **Disability - Mental Health -**Anyone struggling with their mental health is already vulnerable when self-isolating but without support and ability to access vital services during this time makes it worse. With language or communication barriers this is a further struggle especially for non-English speakers and the deaf community are more likely to suffer from mental health problems in comparison to the rest of the population.

A barrier to accessing mental health support is stigma and in different cultures and communities, mental health is discussed and acted upon in different ways. Translations can assist in getting judgment-free messages across without offending or criticising any culture’s approach. The main aim to ensure information is available for all in need.

**Website Accessibility**

**General web accessibility standards** are laid out in the Web Content Accessibility Guidelines (WCAG 2.0) produced by the World Wide Web Consortium (the web's governing body), and the aim is to have AA compliance for accessibility.

The WCAG documents explain how to make web content (information in a web page or application) more accessible to people with disabilities including text, font, images, sounds, formatting, presentation, etc*.* For more information see: [*https://www.w3.org/WAI/intro/wcag*](https://www.w3.org/WAI/intro/wcag)

**Browse Aloud – Text Help**

The Trust has provided an assistive tool on the website called Browse Aloud –Text Help since 2018. There is a tool bar on the webpage which has a headphone icon. Through this assistive adaptations can be made such as:

* The webpage content (except PDF) can be converted from text to speech with sound controls, voice speed etc.
* The webpage content (except PDF) can be converted from English to one of circa 100 foreign languages of which 35 can also be spoken.
* Ability to record information to an MP3 for a patient or for upload to the relevant website area
* Text to different languages and ability to print off in large print
* Text to varying levels of font and colour for ease of users with dyslexia, and to change background to increase contrast
* A magnifier, ruler or highlighting on the line being read with masking of other content.

During the first month of Covid-19 the toolbar was used the same amount of times as the whole use of the toolbar in the preceding year. With the hospital merger in April and continued Covid restrictions this increased 10 fold. It is still the case that by far the highest use is for text to speech.

**NHS Accessible Information Standard – Patient Pathway – Communication and Information needs**

**Key Requirements, Delivery Areas and Challenges**

**Requirements**

It involves keeping a consistent approach information and communication needs, where they relate to a disability, impairment or sensory loss in the following:

* **Identification:** asking / knowing about relevant needs proactively at registration or first service contact, as soon as is practicable
* **Recording:** routine recording of these needs, as part of patient and service user records and clinical management or patient administration systems
* **Flagging**: established useof electronic flags or alerts, or paper-based equivalents, to indicate an individual has a recorded need, to prompt staff to take appropriate action
* **Sharing**: inclusion of recorded data about these needs as part of existing data-sharing processes with other professionals and services, and as a routine part of referral, discharge and handover processes internally and externally.
* **Meeting:** taking steps to ensure that the individual receives information in an accessible format and any communication support which they need.

**Requirements are very specific** - so if we were to extend one of the above categories e.g. **recording the detail,** this would cover:

* Use of defined clinical terminology to record needs,
* Use of defined English definitions indicating needs, where systems are not compatible with clinical terminologies or if paper systems / records are used;
* Recording of needs is ‘highly visible’ and obvious (e.g. on the cover, title, front page of a document, file or electronic record and visible on every page of an electronic record and/or highlighted in some way on a paper record so as to draw attention to the importance of this information)

**For sharing**, the detail is: inclusion of recorded data about the individuals information and communication support needs as part of existing data-sharing processes, and as a routine part of referral, discharge and handover processes. Information and communication support needs should:

* become a routine part of referral, discharge and handover communication,
* be part of other data sharing processes with other professionals and services involved in an individual’s care.
* be included as part of referrals both within and between organisations, e.g. referrals from primary into secondary care, transfers and handovers between wards or units and discharge from an inpatient setting into the community.

There are still key challenges for meeting the AIS with common areas of difficulty in delivery for the NHS such as:

* **Clinical Commissioning Group – and GP’s -** the leadership of the CCG and participation of GP’s is crucial to the successful implementation of the standard

* **Electronic Information Systems –** internal and external communication, via Trust, GP and Care systems being challenged to communicate and share information. E.g. there may only be an ability to share demographic data or a need for manual intervention and this may need:
* **IT flagging systems** – uniform symbols for different needs such as pink ribbon for cancer and a butterfly for dementia
* **Trialling technical solutions** – such as additions to systems or drop down sections to help indicate patients with a communication need such as BSL,
* **Trialling Information forms –** Inpatients form for patients to share their communication and information needs to be inputted to the IT system.
* **Looking at Manual Systems / sharing best practice** – A&E pass patient information and communication needs between ambulance crew and nursing staff. Learning Disabilities and Dementia Nurses capture information on these patient groups across the hospital.
* **Patient confidentiality / privacy and consent –** Such as; how this is shared and with what protections and permissions between systems and providers. Ensuring where possible communication need rather than actual disability is recorded. Clear language of consent and where the record is stored.
* **Written Information and Easy Read –** How letters and leaflets are delivered. Easy read being supported by the work of the Learning Disabilities and Dementia Nurses re photo symbols, easy read, patient “passports” with needs information and better signage.

**Going forward there is need to check continually:**

* For the existence of a co-ordinated and cohesive approach between key Trust stakeholders to ensure delivery is conclusive, and that AIS expectations are fully implemented and partnered for good patient experience /pathways.
* For the need to review and scope with key stakeholders in both existing and new provisions where the Trust is, where we need to be and how we can achieve this – and to help ascertain impact, and actions to achieve AIS or for contingency provisions e.g. manual processes if IT systems cannot share data.
* If a review is needed for a new working group or of the Accessible Information and Patient Information Policies. Such as ascertaining if:
	+ Trust policies / training do or should include AIS - content and review dates.
* Further communication, engagement or guidance are needed internally or externally including training or awareness plans
* Report progress and actions to Executive / Board and subcommittees

**The Purpose** is to ensurea co-ordinated, cohesive delivery of AIS with engagement and a partnered approach for good patient experience and pathways. This includes:

* a “specific, consistent approach to meeting the information and communication support needs” of patients, service users, carers and parents.
* continued relationship of local CCG, NHS, adult social care providers to enable on-going co-operation and response of all stakeholders in the Trust’s services.
* Ensuring AIS is a prime consideration in strategic and system planning.
* Changes to policy, procedure, practice, guidance and systems as applicable

**Consideration within wider partnering approaches –** including this in Business, strategic and service plans with CCG, partnering Trusts, Local Authorities and organisations

**Clinical Commissioning Group / GP’s.** The CCG’s should ensure that contracts, frameworks and performance-management arrangements with provider bodies enable and promote AIS requirements. Continued CCG leadership and participation of GP’s is vital to successful AIS implementation including broader adoption of GP systems

1. The highest used access tool on our website is text to speech which e.g. helps those who have English as either a first or second language with limited ability to read, or those with vision impairment etc. [↑](#footnote-ref-1)