

The Accessible Information Standard:

action and reaction

INTRODUCTION

Accessible information is defined as '... information which is able to be read or received and understood by the individual or group for which it is intended'.¹ Many GP practices already have mechanisms in place such as auditory loops for the hard of hearing or the provision of interpreters for non-English speaking patients. However, there may be many patients with whom we could communicate more effectively but, currently, we do not meet their needs.

The Equality Act 2010 requires that all service providers make 'reasonable adjustments' to enable disabled people to access their services. It defines a person with a disability as someone that has a physical or mental impairment that has a substantial and long-term adverse effect on the person's ability to carry out day-to-day activities.

By introducing The Accessible Information Standard (AIS), NHS England aims to improve the provision of accessible information and communication support to patients, service users, carers, and parents with a disability, impairment, or sensory loss. This includes those with learning disabilities,^{2,3} those who are blind or with a visual loss, those who are deaf, or have significant hearing impairment, or are deafblind. However, this list could be much broader and include, for example, those affected by stroke.

THE FRAMEWORK

As set out in the Health and Social Care Act 2012, compliance with information standards is mandatory upon NHS and adult social care bodies, and providers of NHS and adult social care. Practices have to comply with the AIS by July 2016.

So what is the AIS? The NHS England report states that:

*'The AIS directs and defines a specific, consistent approach to identifying, recording, flagging, sharing, and meeting the information and communication support needs of patients, service users, carers, and parents, where those needs relate to a disability, impairment or sensory loss.'*¹

There are five basic steps making up the AIS.¹ The first is identifying and finding out if an individual has any communication or information needs relating to a disability

or sensory loss and if so what they are. Second, recording those needs in a clear, unambiguous, and standardised way in electronic, paper-based record, administrative systems and documents. This would include recording on GP IT systems using newly-defined codes. Third, having alerts and flags to ensure that recorded needs are obvious whenever the individuals' record is accessed, and serves as a prompt for action. Fourth, information sharing about patient's information and communication needs with the patient's consent, with NHS or social care providers as part of existing data sharing processes (and following existing information governance frameworks) which includes summary care records, electronic prescription systems, and referral management systems. Finally, taking steps to ensure that individuals receive information that they can access and understand, and receive communication support if they need it.

IMPLEMENTATION

The implementation guidance on the AIS provided by NHS England offers tips on what constitutes exemplars of good methods of communication.¹ There is some supporting central government guidance on accessible communication formats.² NHS England have indicated that further resources will be developed during 2016, which will include an e-learning module, peer-peer champion events, and online resources and guidance.

So what does this actually mean for general practice? The potential spin-off, which would be welcomed in general practice, would be that AIS facilitates self-management and shared decision making⁴ through access to relevant information by enabling effective communication.

Anecdotally, however, with all the current pressures in general practice it is unlikely that many practices are up to speed with the NHS England key milestones dates in

their implementation plan.¹ By 1 September 2015 all organisations that provide NHS or publicly funded adult social care must have begun to prepare for implementation of the AIS. This preparation includes:

- assessing current systems and processes; and
- developing and commencing roll out of a local implementation plan.

By 1 April 2016 all general practices must identify and record the information and communication needs of their patients:

- at the first interaction or registration; and
- as part of on-going routine interaction with existing patients.

By July 2016 full implementation of the standard is required.

Currently the actual standard, which serves as a framework, is relatively straightforward. However, given that the preparation period has already begun, GPs cannot wait for the full provision of national supporting material, which needs to be made available now.

This framework serves as a working methodology and will require policy, process, and business change within practices. Staff will need to be aware of, and work to, implement the standard. Practices will need to demonstrate to their commissioners that a policy is in place and publicly available. The Care Quality Commission have indicated that they see the implementation of this standard as a measure of good quality care.

There is not likely to be a national audit following implementation but commissioners will evaluate practices against conformance criteria and take appropriate action if the requirements have not been met. However, the nature of any sanctions against practices has not yet been specified and practices need to know this when trying to meet the AIS requirement

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in the face of competing priorities and overwhelming demand.

The introduction of the AIS is yet another example of a worthy aim to improve patient care being introduced by NHS England, which is required to be delivered on a tight timetable. There is the promise of supportive resources, which are in development, and there is also the potential threat of sanctions. One could argue that this is part of a pattern of recent initiatives by the NHS England, such as mandatory reporting by practices of female genital mutilation, which was introduced in October 2015. However, resources to support GPs to do this are only now becoming more widely available following the introduction of this requirement.⁵

HEALTH LITERACY

The other issue that still needs to be addressed is the close relationship between the principles around the AIS and health literacy⁶ ensuring that individuals receive information that they can access and understand. This is of course a very worthy aim and is an essential component of person-centred care.⁴ However, without strongly linking health literacy initiatives to the implementation of the new Standard, the AIS risks becoming just another NHS England bureaucratic exercise where all the boxes are ticked and practices are labelled as ‘inadequate’, but there is no discernible improvement in patient care.

However, on a more positive note, if practices can use the data generated by the introduction of the AIS to identify unmet communication or health literacy needs of their patients, a case could be made to be supported by local commissioners for additional services to meet those needs. The AIS may also offer opportunities for closer working between general practice and voluntary sector providers (charities such as the Royal National Institute of Blind People or Action on Hearing Loss) to meet the health literacy, access, and

communication needs of patients with particular disabilities or sensory loss.

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