

Introduction

- NHS England has made available a range of resources, tools and guidance to support organisations to effectively implement the Accessible Information Standard (SCCI1605 Accessible Information).
- This presentation is based on NHS England's resource and includes some of the most common 'myths' about the Standard, and about accessible information and communication support for people with a disability or sensory loss, as identified through enquiries and engagement activities.
- As you go through the presentation, each 'myth' is followed by the relevant 'fact' on the next slide.

Myth #1

“If someone can’t read a letter because they’re blind, there’s no point sending them an email or a text message!”

Reality #1

- A person who is blind may be able to access information sent via email and / or text message but not in a printed letter.
- Many people who are blind or have visual loss use assistive technology such as 'screen readers' which convert text to speech or audio. This means that email and text message (and in some circumstances a letter sent as an email attachment), can be accessible formats for some people who are blind or have visual loss.
- However, some people who are blind, especially older people who are more likely to be digitally excluded, will not be able to use email or text message, and so accessibility cannot be assumed.
- The answer? Don't make any assumptions - always ask people what formats and communication methods work for them – you might be surprised!

Myth #2

“Everyone with a learning disability will need support from a carer or family member at appointments.”

Reality #2

- It should not be assumed or expected that a person with a learning disability will be, or will need to be, 'accompanied' at appointments.
- Although everyone with a learning disability is likely to need some support to access information and communicate effectively, the type of support needed by individuals varies significantly.
- Many individuals with a mild or moderate learning disability may be able to live and access services independently.
- In line with the Mental Capacity Act 2005, everyone should be supported to be involved in decision making as much as they are able.
- Some people with a learning disability will need support from an advocate at appointments.

Myth #3

“All blind people need information in braille.”

Reality #3

- According to the [Royal National Institute of Blind People \(RNIB\)](#), “...It is estimated that between 4-5% of registered blind people in the UK read braille.”
- Many blind people, especially younger blind people, do not (and cannot) read braille.
- Although braille is an accessible format for some blind people and some deafblind people, other accessible formats include audio, email and text message.

Myth #4

“All d/Deaf people use British Sign Language.”

Reality #4

- According to [Action on Hearing Loss](#), “There are more than 11 million people in the UK with some form of hearing loss...More than 900,000 people in the UK are severely or profoundly deaf...24,000 people across the UK use sign language as their main language - although this is likely to be an underestimate.”
- As these figures show, it should not – and must not for the purposes of compliance with the Standard – be assumed that all, or even most, d/Deaf people communicate using British Sign Language (BSL).
- BSL users represent a minority of the d/Deaf community. In reality, age-related damage to the cochlea – a result of a combination of environmental and genetic factors – is the single biggest cause of hearing loss. People who have experienced hearing loss later in life are more likely to communicate using written English, and by using hearing aids and lip-reading to support face-to-face communication.

Myth #5

“I can’t email patients because it breaches Information Governance / Data Protection rules.”

Reality #5

- Email and text message are important communication methods for many people with communication disabilities and / or sensory loss.
- NHS England has produced an [advice sheet](#) which provides guidance about the use of email and text message to communicate with patients.
- Organisations must ensure that their use of email / text message to communicate with patients is in line with the Data Protection Act 1998.
- This includes ensuring that the patient provides explicit consent for communication by such methods, and understands the risks involved.
- However, there is nothing in the Act which prevents the use of email or text message per se.

Myth #6

“The Standard means that I have to keep ‘stocks’ of information in a range of alternative formats.”

Reality #6

- The Standard does not require organisations to have ‘stocks’ of information in various alternative formats in anticipation of requests.
- However, organisations should have an identified process for obtaining information in alternative formats (including those which are not able to be produced in-house) as and when needed by a patients / service users. This should ensure minimum delay in receipt of accessible information.
- Good practice would be for organisations to have a limited number of documents and information most commonly given to patients or service users readily available (i.e. ‘in stock’) in the most commonly required alternative formats (as determined locally / from the organisation’s receipt of requests), but this is not a requirement.

Myth #7

“To comply with the Standard, I first have to do a retrospective trawl of patient / service user records to try to identify who needs support.”

Reality #7

- The Standard does not require organisations to undertake a search or ‘trawl’ of existing patient / service user records to identify individuals who may have information or communication needs.
- Rather, for existing patients / service users, the Standard requires organisations to identify their needs ‘opportunistically’ the next time the service contacts or communicates with the individual – or the next time the patient / service user contacts or uses the service.
- This is in addition to the requirement to identify the needs of new patients / service users at the point of registration or first interaction with the service.
- However, organisations may wish to search their existing records to identify individuals who are likely (or known) to have information / communication needs, in order to be proactive in offering support. This would be considered good practice.

Myth #8

“The Standard includes foreign language users.”

Reality #8

- The Standard includes people with information and / or communication needs related to or caused by a disability or sensory loss.
- The Standard does not include people who are unable to speak or read English for reasons other than a disability, including foreign language speakers.
- However, organisations should be mindful of their existing Equality Act 2010 – and other – duties with regards to enabling access and providing support to ‘protected characteristic’ and other groups who may experience barriers to accessing health and care services.

Myth #9

“The Standard sets out requirements for the accessibility of health and social care websites.”

Reality #9

- The accessibility of health and social care websites is not directly included in the scope of the Standard.
- However, web accessibility is highly important in meeting the information needs of people with a disability or sensory loss, and maximising web accessibility also reduces the need for alternative formats.
- In addition, organisations should be mindful of the role of accessible websites in meeting their 'reasonable adjustment' (and other) duties under the Equality Act 2010
- Organisations are advised to ensure that websites comply with the [World Wide Web Consortium's \(W3C's\) Level AA guidelines](#) for accessibility and may find the [British Web Accessibility Code of Practice: BS8878](#) a useful source of guidance. A helpful summary of the latter document has been [published online by the digital inclusion charity AbilityNet](#). Organisations should also refer to [accessibility guidance](#) set out in the [Government Service Design Manual](#).

Myth #10

“The Standard means that I have to provide information in any and all requested formats.”

Reality #10

- The Standard requires organisations to meet individuals' information and communication needs.
- This doesn't mean that organisations must provide information in every possible format, or even an individual's 'preferred' format; rather it requires the provision of information in a format that they can read / access and understand.
- Consideration of individuals' preferences would be good practice, however it is not a requirement.
- Organisations are encouraged to discuss possible accessible formats with the individual, including cheaper alternatives, to determine whether they will meet the individual's needs.

Myth #11

“I have to make sure all my patients know about the Standard and understand their rights.”

Reality #11

- There is no requirement for patients / service users to be made aware of the Standard itself, rather they should experience the 'impact' of implementation. That is, they should notice that their needs are identified, recorded, flagged, shared and met.
- In addition, organisations must produce and make available an Accessible Communications Policy (or similar) which outlines how they will follow these 'five steps' / comply with the Standard.
- Beyond this, organisations are encouraged to inform patients / service users about the Standard, but they are not required to do so.

Myth #12

“I can tell which of my patients / service users have communication needs because of the way they look or the aids they use.”

Reality #12

- Many people with information and / or communication needs have 'hidden disabilities' and / or their needs are not immediately apparent, visible or obvious. Don't make any assumptions!
- This one of the reasons why the Standard requires organisations to ask *everyone* if they have any information or communication needs.
- It is very often not at all possible to judge whether someone has communication or information needs from their visual appearance.
- The Standard aims to make sure that people are offered help, without having to proactively ask for it.

Myth #13

“I don’t have to follow the Standard because...

**I don’t work for an NHS body /
None of my patients are disabled /
I’m really busy /
I don’t think it’s a good idea...”**

Reality #13

- Yes you do!
- ALL organisations that provide NHS care and / or publicly-funded adult social care are obliged (under section 250 of the Health and Social Care Act 2012) to follow the Standard.
- It is often not obvious that someone has any information and communication needs – this is why the first step of the Standard is ‘identify’, and why individuals must be proactively asked about any needs they may have.
- Implementing the Standard means that disabled people are able to provide consent to treatment, take medications safely and access services appropriately, amongst other things.
- So as well as a legal duty to comply, there are moral, ethical and professional reasons too!

Further information

- For further information about the Accessible Information Standard at Pennine Acute Hospitals NHS Trust, visit <http://www.pat.nhs.uk/working-for-us/accessible-information-standard.htm>
- For further information about the Accessible Information Standard, including more detailed guidance on common queries, visit www.england.nhs.uk/accessibleinfo
- Specific queries from Pennine Acute Hospitals NHS employees should be sent via email to julie.wall@pat.nhs.uk