

Accessible Information Guidance

1	SUMMARY	<p>Islington Clinical Commissioning Group (CCG) is committed to supporting the “accessible information standard” in accordance with Section 250 of the Health and Social Care Act 2012 which stipulates that all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard which came into force from 31 July 2016.</p> <p>This Policy Guidance aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand with support so they can communicate effectively with health and social care services.</p>
2	RESPONSIBLE PERSON:	Elizabeth Stimson, Engagement Lead, Haringey and Islington CCG
3	ACCOUNTABLE DIRECTOR:	Caroline Rowe, Head of Communications & Engagement, Haringey and Islington CCG
4	APPLIES TO:	This Policy applies to all CCG employees
5	GROUPS/ INDIVIDUALS WHO HAVE OVERSEEN THE DEVELOPMENT OF THIS POLICY:	<p>Produced by NELCSU Equalities and Diversity Team</p> <p>Haringey & Islington CCG Head of Communications & Engagement and Director of Quality and Quality Assurance Nurse</p>

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DOCUMENT CONTROL

Date	Version	Action	Amendments
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9.09.16	V1.0	For Islington CCG to adapt locally	

Accessible Information Guidance for Islington CCG staff

Foreword

We are committed to putting people who use health care services at the centre of our work. This includes collecting and using their views and experiences, and making sure that they can access the information they need to make good choices about their care.

We are committed to meeting our disability equality duty regarding accessible information. We want to make sure that everyone can access and understand the information we provide, and that they can communicate with us in ways that meet their needs.

This document sets out some guidelines to help us achieve these aims.

Tony Hoolaghan
Chief Operating Officer
Haringey & Islington CCG

1. Introduction

1.1 What is the Accessible Information Standard?

NHS England define the standard as follows: “The aim of the accessible information standard is to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need.”

The accessible information standard tells organisations how they should make sure that patients and service users, and their carers and parents, can access and understand the information they are given. This includes making sure that people get information in different formats if they need it, for example in large print, braille, easy read or via email. The accessible information standard also tells organisations how they should make sure that people get any support with communication that they need, for example support from a British Sign Language (BSL) interpreter, deafblind manual interpreter or an advocate.

The accessible information standard is in line with current health and social care strategy:

- Supporting the reduction of inequalities
- Enhancing personalisation
- Greater empowerment of service users as equal partners in their own care
- Improved transparency
- Access to information

These are key themes in the [NHS Five Year Forward View](#) and the importance of access to advice and information is one of the fundamental components of the Care Act 2014. It is also in line with the CCG’s commitment to ensuring high quality care for people who use health and social care services.

There is more information about the accessible information standard on the NHS England website at www.england.nhs.uk/accessibleinfo.

1.2 Scope

The Standard applies to all **providers** across the NHS and adult social care system. This includes (but is not limited to) the following organisations:

- All providers of NHS care or treatment, including independent contractors providing NHS services such as GP practices;
- All providers of publicly-funded adult social care;
- Adult social care or services bodies (in their role as service providers);
- Providers of care from the voluntary and community or private sectors;
- Providers of public health services, including advice and information.

These organisations must publish or display an accessible communications policy which explains how they will follow the Standard, and have an accessible complaints policy. Providers' compliance with the Standard is a legal duty under Section 250 of the Health and Social Care Act 2012. If information is not accessible, organisations risk denying some groups the rights to confidentiality and independence when accessing healthcare. This could lead to legal challenge, complaints and negative media coverage.

Commissioners (like Islington CCG) have different responsibilities to providers in relation to the standard. Commissioners have a responsibility to support providers to comply with the Standard, including through contracts and performance management, and must seek assurance from providers.

1.3 What does it mean for us as a CCG?

Whilst the standard mainly applies to organisations with direct patient contact rather than commissioning organisations, we have a responsibility to ensure that the provider organisations we commission are compliant with the new standard. There are also instances where we do produce patient facing materials, and therefore the accessible information standard should be considered to support best practice.

1.4 Purpose of these guidelines

The purpose of these guidelines is to help the CCG to meet the information needs of all individuals as effectively as possible. The guidelines recommend that more effective access to information will be achieved by:

- ensuring that minimum access standards are met by all CCG publications (including electronic communications);

- ensuring that letters, publications, public notices and other written communications can be translated into community languages and into alternative formats to meet the needs of people with disabilities, if requested.

2. First steps towards accessibility

Knowing your audience

Thinking about your intended audience, and its abilities and needs, is the key to producing accessible information.

Relevant information

Ask what information is relevant to your intended audience. Cut out any confusing or unnecessary detail, while making sure the essential information is very clear. Always use plain English.

Remember that you are writing for adults

If the words or pictures that you use are inappropriately childish they will meet no-one's needs. But if you do the job well you may find that everyone prefers the "accessible" version.

Involve your audience

Wherever possible involve your audience in the creative process. Seek the advice and ideas of people with learning disabilities as early as possible.

We work with the local Learning Disability charity Elfrida Society to produce our Easy Read documents. They co-design all documents with service users. The communications and engagement team can support you in contacting them.

3. Publications and public documents

All CCG publications and public documents should comply with the following guidelines:

- Wherever possible, use a clear font such as Arial (minimum 12 point size) typeface left justified, in line with NHS branding guidelines;
- Use of high colour contrast, e.g. black on white, blue or black on strong yellow;
- Ensure a clear layout with plenty of white space around and between blocks of text.

The following are guidelines to consider when writing plain English.

- Use short words in common usage.
- Avoid using jargon.
- Explain what acronyms stand for unless, like 'CCG' and 'JSNA', they are very commonly used.
- Use words rather than abbreviations or symbols, for example care of, not *c/o*.
- Keep sentences and paragraphs short.
- Use headings to break up writing.
- Remember that reading can be hard work; shorten text where you can and avoid being long-winded.
- The Royal National Institute for the Deaf (RNID) recommends the use of the active voice, 'the dog ate the bone', rather than the passive voice, 'the bone was eaten by the dog'.
- A well chosen photograph, diagram or illustration can replace long written descriptions and explanations.
- Keep punctuation to a basic minimum.
- Avoid using foreign or archaic language words or phrases such as 'inter alia' and 'sub judice'. Find a modern and commonly used equivalent.

3.1 Page layout and word spacing

Layout and spacing can make a big difference to how easy it is to read print. When producing a document it is important to bear the following in mind.

- Keep the same amount of space between each word.
- Do not condense or stretch lines of type.
- The ideal average line length should be between 60-70 letters per line.
- Do not split words at the end of lines.
- Align text to the left margin so it is easy to find the start and finish of each line.
- Avoid justified text to avoid uneven spacing between words.
- Break information down into sections with titles and subtitles.
- Make sure the margins between columns clearly separate them.

3.2 Navigational aids

It is good practice to use number headings and paragraphs in long documents and always consider using a contents list to guide readers to sections and pages. It is also helpful to place clear page numbers in the same position on each page.

Leave a space between paragraphs as dividing the text up gives the eye a break and makes reading easier.

3.3 Illustrations

Do not arrange text around or over images, for example photographs, as it is difficult to follow the text. It is better to keep text and design separate. It is also important to ensure that all non-text elements have meaningful labels added to help those using screen readers (this also applies to weblinks).

3.4 Materials in alternative formats

All requests for information in alternative formats and community languages should be made to the CCG's Communication and Engagement Team. This ensures a co-ordinated approach in line with the requirements of the Accessible Information Standard so that information is accessible to all individuals. The CCG should also ensure that requests are recorded and monitored in order to inform future strategy development and to update this policy as needed.

The CCG will consider all requests to produce materials in alternative formats, for example: large print; Braille; audio tape; Easy Read; alternative languages, and will take all reasonable steps to fulfil requests.

If the CCG is undertaking a public consultation, the needs of different audiences will be considered in advance and which accessible format versions of materials are likely to be required. As a minimum you will need to produce:

- An easy read version of the document and survey
- A braille version of the document and survey

For further information please visit: <https://www.gov.uk/government/publications/inclusive-communication/accessible-communication-formats#accessible-print-publications>

3.5 Language Translation

Interpreting and translation

The CCG is committed to supporting requests from patients and the public to make information available in alternative languages and formats.

Interpreting and translation (face to face)

If CCG colleagues need to arrange a face to face or on the phone translator, we suggest you use the organisations who GP practices use to book interpreting services for their patients. These are:

- [The Language Line website](#)
- [Islington Council BSL interpreting service](#)
- You can also work with our local voluntary sector who have a range of interpreters who are used to supporting at community events. Please speak with the communications and engagement team to arrange this.

Translation of documents and letters

The CCG's communications team can support CCG colleagues to arrange translation of letters and documents, if required. Please contact ISLCCG.Media@nhs.net to arrange this.

Budget

- Costs for translations and interpreters would need to be borne from individual team budgets; there is no central budget.
- As per the CCG's normal procurement process, you will need an emailed quote from the organisation which should be approved by the budget holder before you progress with the work and raise a purchase order number for the invoice.

4. Visual communications

4.1 Film (DVD)

When producing a film in DVD format you must consider the needs of your audience. You should discuss the following key elements:

- The use of appropriate language (non-jargon and non-complex etc.)
- The content of the film (is the content appropriate for the audience etc.)
- The accessibility of the film and whether this meets the needs of the target audience
- Where will the film be displayed - will it be in an accessible environment?
- The need/costs associated with provision of alternative formats for the film e.g. BSL.

4.2 Imagery

If you are producing communications materials that include images and illustrations, you should ensure that pictures or images of people are representative of your target audience and demographics (age, race, sexual orientation, disability etc). Also ensure that any imagery used is not in any way offensive or might offend the sensitivities of any group.

Any photographic images used in a publication must have the consent of the individuals in the picture or their parents where the individuals are children or vulnerable adults.

5. E-Communication

5.1 Website

The Disability Discrimination Act states that organisations must ensure that online services are accessible to disabled people. The CCG uses the [Web Content Accessibility Guidelines \(WCAG\) Version 2.0](#) to support website accessibility and we aim to comply with level A or AA”.

5.2 Email

Any email from the CCG email should meet the needs of disabled people. Emails to individuals should:

- Use plain English in all emails – avoid using jargon.
- Keep in mind that different email programmes display emails differently.
- Always clearly state who the email is from and provide contact details.
- If using HTML emails (those that allow pictures and text formatting), offer a plain text version as well, either: let the recipient choose which version to subscribe to, or send everyone the plain text with the HTML version attached.

6. Public Meetings, Conferences and Seminars

The CCG will always ensure that we ask people to let us know if they have any access needs which require support when advertising public meetings and events.

Adverts for such meetings and events will also include:

- if there is full access for wheelchair users - if there is not full access, we will state what barriers exist to full access e.g. three steps to front door;
- availability of transport;
- proximity of public transport;
- availability of interpretation and induction loops

All of these facilities will not necessarily be needed for every meeting but failure to ask potential users could exclude some people from participation.

7. Making a call to a textphone using a telephone

Textphone can be used to communicate with people who are deaf, hard of hearing or speech impaired. Hearing people can just use a standard telephone or mobile. For further information please visit [Islington Council's BSL interpreting service](#).

Appendix 1 - Equality Impact Assessment Tool

Its important to complete an EIA for any new service, service change or development. This helps you assess the impact of any changes on all groups of people within the borough. The engagement team can support you to fill this out. Please contact Lizzie Stimson if you need support on estimson@nhs.net

Equality Impact Assessment (EIA)

Service Area	
Staff conducting assessment, including contact details	
Date of assessment	
Reason for assessment (what are you aiming to do?)	

Guidance

Identifying inequality and promoting equality is essential for good governance. Under the CCG's constitution an EIA is required¹ for some policies, procedures and strategies, to fulfil the CCG's duties under the equalities act, and to help in the identification and review of the CCG's equality objectives.

EIAs are not needed for every piece of work you undertake so if in doubt check. The CCG and your team will have a threshold over an EIA should be done and action should be taken to address any issues identified. Knowing these will help you complete this form.

An EIA should consider whether any group is adversely affected by the proposed policy or service change, and if so to what extent. It should also consider whether there are any opportunities to promote equality. The form needn't be lengthy but remember it will be considered and discussed by the Patient and Public Participation Committee and might be published so think about your audience.

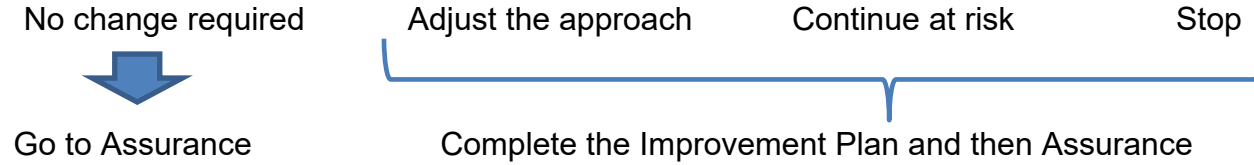
¹ See section 1.1.2b of the CCG constitution

When completing the EIA you should be careful to understand what the definition of each of the protected characteristics. For example age does not just refer to the elderly, but people of all ages – if your policy applies to over 18s only, what is the impact on very young people? If your proposed service is only planned to be open 10-4 Monday to Friday are you discriminating against people of working age?

Description on the piece of work being assessed	
Who are the Stakeholders/ Beneficiaries?	
How will the proposed work impact on equality groups?	
1. Race.	
2. Gender	
3. Age	
4. Disability	
5. Religion and belief	
6. Sexual orientation	
7. Marital/civil partnership status	
8. Pregnancy and Maternity	
9. Gender reassignment	
Additional comment	

Outcome/Recommendation

Pick one of the following four options and follow the next steps



Improvement Plan

The Improvement Plan needs to outline actions you propose to take to mitigate actual or potential negative impacts. Actions from Improvement Plan should be included as part of the final report and implementation taken forward as a part of that process.

Issue Identified	Action Required	Lead Officer	Timescale	Comments

Assurance

What evidence was considered when drafting the EIA?			
Has this EIA been benchmarked against others?			
Which policies have been consulted when drafting this EIA?			
What is the action plan for monitoring the impact?			
Sign off by lead/manager		Signature	Date
Date considered by PPP? (append minutes/comments)			