

Accessible Information Standard Review: Survey for support, supplier and representative organisations

Introduction

The [Accessible Information Standard](#) was published by NHS England, following approval as a new 'information standard' for the NHS and adult social care system, in July 2015. Officially called [SCCI1605 Accessible Information](#), the Accessible Information Standard ('the Standard') directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting individuals' information and communication support needs, where those needs relate to a disability, impairment or sensory loss.

By law ([section 250 of the Health and Social Care Act 2012](#)), from 1st August 2016 onwards, all organisations that provide NHS care or publicly-funded adult social care must follow the Standard in full. Organisations that commission NHS care and / or publicly-funded adult social care, for example Clinical Commissioning Groups (CCGs) and local authorities, must also support implementation of the Standard by provider organisations.

This survey is part of the post-implementation review of the Standard. The purpose of the review is to assess the impact of the Standard and ensure that it is, and continues to be, 'fit for purpose'.

Following the review, all of the feedback will be analysed and a report will be produced. Depending on the findings, revised versions of the Specification and / or Implementation Guidance for the Standard might be issued. However, there will be no substantive changes to the overall scope of the Standard.

Thank you for taking the time to contribute, we appreciate your feedback.

Survey overview

These questions are for voluntary organisations, patient groups, local Healthwatch, professional representative bodies, communication professionals, IT system or software suppliers, and other organisations with an interest in the Standard.

There are other surveys for patients, service users, carers and parents, and for health and care professionals, and teams or organisations providing or commissioning NHS care or publicly-funded adult social care.

All surveys are anonymous and all questions are optional, or there is a 'prefer not to say' option. If you would also like to share good practice, a case study or the collated views of your members or those you represent please email england.nhs.participation@nhs.net.

Please ensure you complete and return your survey before the deadline of 10th March 2017.

Survey questions

1. Overall, what impact do you think the Accessible Information Standard has had?

- | | |
|---|--|
| <input type="checkbox"/> Very good | <input type="checkbox"/> Bad |
| <input type="checkbox"/> Good | <input type="checkbox"/> Very bad |
| <input checked="" type="checkbox"/> Neither good or bad (neutral) | <input type="checkbox"/> Prefer not to say |

2. Please explain your answer to question one.

The Royal College of Radiologists (RCR) view is that the Accessible Information Standard is very well intentioned and the outcomes sought for patients commendable and in their best interests. Inevitably the Standard has increased non-clinical work for practitioners, which neutralises the overall impact, in these resource constrained times, when increasing demand for access to services is not being proportionately addressed with commensurate increase in resource.

3. What impact has the Standard had on you / your organisation?

- | | |
|---|---|
| <input type="checkbox"/> A significant impact | <input checked="" type="checkbox"/> No impact |
| <input type="checkbox"/> Some impact | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Not much impact | |

4. Please explain your answer to question three.

The RCR is a charity that works with our Fellows and members to improve the standard of medical practice across the fields of radiology and oncology. With faculties in two disciplines, the College and our Fellows and members benefit from a fuller understanding of medical practice, across the spectrum of diagnosis and treatment. On this basis, the Standard has no impact on our organisation, although it impacts our Fellows and members as discussed in question 6.

5. What impact has the Standard had on your members / those you represent?

- | | |
|---|--|
| <input type="checkbox"/> A significant impact | <input type="checkbox"/> No impact |
| <input checked="" type="checkbox"/> Some impact | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Not much impact | <input type="checkbox"/> Prefer not to say |

6. Please explain your answer to question five.

Members have indicated that the Standard is a welcome development, highlighting to practitioners that a patient/service user has needs which may not be directly because of an underlying disability or impairment and their communication preferences.

This can however create mismanagement of expectation, whereby a patient and/or carer may think that treatment is appropriate because of "accessibility"

whereas that treatment would be wholly inappropriate because of the underlying disability or impairment.

7. Based on your experience / the experience of those you represent, what impact has the Standard had on patients, service users, carers or parents with information and / or communication needs relating to a disability, impairment or sensory loss?

- | | |
|---|---|
| <input type="checkbox"/> A significant impact | <input type="checkbox"/> No impact |
| <input type="checkbox"/> Some impact | <input checked="" type="checkbox"/> Do not know |
| <input type="checkbox"/> Not much impact | <input type="checkbox"/> Prefer not to say |

8. Please explain your answer to question seven.

The RCR considers that this question would be more accurately answered by patients and patient representative organisations.

9. Based on your experience / the experience of those you represent, what impact has the Standard had on NHS and / or adult social care commissioners and providers?

- | | |
|---|--|
| <input type="checkbox"/> A significant impact | <input type="checkbox"/> No impact |
| <input checked="" type="checkbox"/> Some impact | <input type="checkbox"/> Do not know |
| <input type="checkbox"/> Not much impact | <input type="checkbox"/> Prefer not to say |

10. Please explain your answer to question nine.

As alluded to in question 2, the Standard has increased the work for front line patient facing staff at a time when demand is increasing and outpacing a complementary number of staff. This inevitably puts increased pressure on resources, but is offset by the importance of the standard to patients.

11. Based on your experience, what are the key challenges that NHS and social care organisations have faced in implementing and following the Standard?

According to the views of our Fellows and members, the key challenges faced are around increasing workload and limited resources to deliver. This may mean that the capacity to deliver this as intended is not available. This risk has not been tested.

12. At present, there is no national reporting mechanism or dataset associated with the Standard (i.e. organisations are not required to routinely send data to NHS England). What do you think about this? Please select all that apply.

- | |
|---|
| <input type="checkbox"/> A dataset should be established |
| <input checked="" type="checkbox"/> A dataset should not be established |
| <input checked="" type="checkbox"/> A dataset would create a significant additional burden on organisations |
| <input type="checkbox"/> A dataset would not create a significant additional burden on organisations |
| <input type="checkbox"/> A dataset would help with compliance |

A dataset would not help with compliance

Prefer not to say

13. Have you supported your members' and / or others' compliance with the Standard? If so, how?

No.

14. Have you monitored your members' and / or others' compliance with the Standard? If so, how?

No. We know that this standard is monitored by way of localised protocols, and that the Care Quality Commission (CQC) and NHS Litigation Authority (NHSLA) would have regard to whether this standard is being met.

15. Do you have any comments on the specification for the Standard which are not included as part of other questions?

No.

16. Do you have any comments on the implementation guidance for the Standard or support for organisations?

No.

17. How would you define your organisation or group, or the organisation you work for?

A provider of communication support, for example British Sign Language interpretation or communication support for a person with learning disabilities

A voluntary or community organisation working with people who are blind, d/Deaf, have hearing or visual loss, or a learning disability

A different type of voluntary or community organisation

An advocacy organisation

A local Healthwatch organisation

A patient group or Patient Participation Group

A provider of information in alternative formats, for example braille

A provider of assistive technology, for example hearing aids

A professional representative body

An IT system or software supplier

A different type of organisation

Prefer not to say

18. Are you responding as an individual, on behalf of a team or on behalf of an organisation?

Individual

Organisation

Team

Prefer not to say

19. If your organisation is a supplier of IT systems or services to organisations that provide NHS care and / or adult social care, have you adapted your systems or services to support your clients in meeting the requirements of the Standard?

Yes, we have made significant changes

Yes, we have made some changes

No, we have not made changes because our systems already enabled compliance

No we have not made changes

Not applicable

Prefer not to say

20. If you answered question 19, please explain your answer.

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Thank you for completing our survey.

Please return your completed survey by email to england.nhs.participation@nhs.net or post to Accessible Information Standard, NHS England, 7E56, Quarry House, Quarry Hill, Leeds, LS2 7UE.

Please ensure we receive your survey before the deadline of 10th March 2017.