**Parklands medical Practice**

**Accessible Information Policy**

This policy describes the actions that Parklands Medical Practice employees and those acting on are expected to take in order to ensure that the organisation complies with the Accessible Information Standard.

This policy sets out how Parklands Medical Practice complies with the Accessible Information Standard (‘the Standard’), including actions to be taken.

The policy applies to all partners and staff of Parklands and to those acting on behalf of the practice.

The Standard, and this Policy, is applicable to Parklands Medical Practice as a provider of NHS services. Whenever the practice is acting as a provider of NHS services, as defined by section 250 of the Health and Social Care Act 2012 [(and the NHS Act 2006 as amended)], we must comply with the Accessible Information Standard in full. [This includes all services provided to patients as part of our Personal Medical Services (PMS)]. The Standard, and therefore this policy, does not apply to privately-funded services.

All Parklands staff will routinely follow the ‘five steps’ of the Standard (identify, record, flag, share, meet) – as relevant to their own specific roles – in all of their interactions with users of our services.

In line with the Standard, these actions will ensure that our patients / service users (and their parents and carers as appropriate) will:

• Be able to make contact with, and be contacted by, services in accessible ways.

• Receive correspondence and information in accessible formats, including alternatives to ‘standard’ printed formats.

• Be supported by a communication professional at their appointments if this is needed to enable effective, accurate two-way discussion.

• Receive support from staff to communicate effectively.

**Practice Actions**

• Identifying, flagging and proactively contacting existing patients who are known or likely to have information and / or communication needs.

• Ensuring that where possible, all correspondence and patient-facing information complies with the ‘accessible information’ guidelines.

• Posters will be displayed in the waiting areas promoting patients to inform the practice of any communications needs they, or patients they care for, may have.

• Act on ‘FLAGS’ highlighted by SystmOne.

• Recorded needs are ‘highly visible’ and prompt staff to take action, for example electronic systems are formatted to automatically display a banner, flag, alert or ‘pop-up window’.

• Conversations with individuals about their information / communication needs can take place privately, including making available a private room for face-to-face conversations as appropriate, where possible.

• The hearing loop system is operational, appropriately signed, and switched on whenever the practice / service is open.

• Registration forms include a specific question or questions regarding information / communication needs.

• Arrangements have been made to gain and record consent to share individuals’ information / communication needs with others involved in their health and care, as appropriate.

• A procedure is in place to communicate with individuals via email and / or text message, with their explicit consent.

• Where possible staff are able to promptly arrange professional communication support where needed by patients / service users.

• Where possible a longer appointment time is made available for individuals with information and / or communication needs, as needed.

**All front line/Administrative staff are responsible for following the ‘five steps’ of the Standard, as follows:**

• ***Ask***: identify if an individual has any communication / information needs relating to a disability or sensory loss and if so what they are. Specifically, we will meet this step by including a standard questionnaire on registration forms, Monthly search of SystmOne flags and an annual search of known sensory disability read codes.

• ***Record***: record those needs in a clear, unambiguous and standardised way in the patient record using CTV3 read codes and reminders on the patient’s home page.

 • ***Flag***: ensure that recorded needs are “highly visible” whenever the individual’s record is accessed and prompt for action. To achieve this step a reminder will be added on the patient’s home page on the electronic record.

• ***Share***: include information about individuals’ information / communication needs as part of existing data sharing processes (and in line with existing information governance frameworks, and the Data Protection Act 1998).

• ***Act***: Where possible we will take steps to ensure that individuals receive information which they can access and understand, and receive communication support if they need it.

**Actions to take by clinical staff**

• Taking appropriate and available action(s) when a patient’s record is ‘flagged’ to indicate that they have information and / or communication needs, including adopting appropriate techniques to support effective communication.

• Including identification and review of patients’ / carers’ information / communication needs as part of health checks, and similar assessments, and updating records / requesting updating of records as appropriate.

• Where possible when contacting patients directly, ensuring contact is made using an accessible communication method, as recorded.

• Where possible any correspondence sent to patients directly will be provided in an accessible format.

• Updating, or requesting the updating, of patients’ records, whenever inaccuracy or additional information about their information and / or communication needs is identified / becomes apparent.

• Where possible working effectively with, and appropriately involving, communication professionals, as needed to support effective conversation with a patient.

• Including information about patients’ information / communication needs as part of referral correspondence, including when using the NHS e-referral service.

**Tips for clear face-to-face communication**

• Make sure you have the person’s attention before trying to communicate with them. If they do not hear you, try waving or tapping them lightly on the shoulder.

• Identify yourself clearly. Say who you are and what you do – it may be more relevant to explain your reason for seeing the person rather than your job title.

• Check that you are in the best position to communicate, usually this will be facing the person, but consider whether seated or standing is more appropriate. Communication at eye level is usually easiest so if you are speaking to a wheelchair user consider sitting down if possible.

• Find a suitable place to talk, with good lighting and away from noise and distractions.

• Speak clearly and a little slower than you would do usually, but do not shout.

• Keep your face and lips visible – do not cover your mouth with a hand, your hair or clothing. If a member of staff is concerned about religious expression they should discuss this with their manager.

• Use gestures and facial expressions to support what you are saying.

• If necessary, repeat phrases, re-phrase the sentence or use simpler words or phrases.

• Use plain, direct language and avoid using figures of speech such as ‘it’s raining cats and dogs’ or euphemisms such as ‘expecting the patter of tiny feet’.

• Check if the person has understood what you are saying. Look for visual clues as well as asking if they have understood.

• Encourage people to ask questions or request further information. Ask if they would like anything in writing as a reminder or reference.

• Try different ways of getting your point across. For example writing things down, drawing or using symbols or objects to support your point.