

Accessible Information Standard Review: Survey for support, supplier and representative organisations - Optical Confederation response

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 Optical Confederation (OC) represents the 13,000 optometrists, the 6,000 dispensing opticians and 7,000 optical businesses in the UK who provide high quality and accessible eye care services to the whole population. The Confederation is a coalition of the five optical representative bodies: the Association of British Dispensing Opticians (ABDO); the Association of Contact Lens Manufacturers (ACLM); the Association of Optometrists (AOP); the Federation of Manufacturing Opticians (FMO) and the Federation of Opticians (FODO). As a Confederation, we work with others, including the Local Optical Committee Support Unit (LOCSU) which provides quality, practical support to Local Optical Committees in England, to improve eye health for the public good.

As a sector specifically concerned with sensory impairment, we have always supported the aim of increasing accessibility and made adjustments to ensure that eye care services and information are accessible to patients in an appropriate and fully comprehensible format. The OC therefore fully supports the Accessible Information Standard's aim of making health and social care information more accessible to patients and service users. However, we question the extent to which the Standard has achieved these aims.

In the optical sector, which operates in a competitive market and is patient focused, optical businesses are strongly incentivised to provide a high standard of customer care, including by making reasonable adjustments to accommodate accessibility needs. Providers of eye health services have long experience of supporting patients with sensory impairments. We routinely make awareness-based changes to behaviour, offer longer appointments and make other practicable accommodations necessary to conduct an examination.

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

- | | |
|---|--|
| <input type="checkbox"/> A significant impact | <input type="checkbox"/> No impact |
| <input checked="" 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.

As a professional representative body we have experienced an increase in queries related to implementation of the Standard.

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.

Most aspects of the Standard have been implemented smoothly into daily practice because they are not a significant departure from how optical practices were already operating. The area where most concerns arise is around interpretation of what constitutes a reasonable adaptation for people with hearing loss and the Deaf community. This has been a particular issue with regard to the provision of BSL interpreters.

NHS England has stated that it was not the intention of the Standard to create additional resource burdens for primary care, yet this has been precisely the result from the perspective of our members. Although NHS England has issued further guidance on meeting these costs, the basic funding position remains unchanged. We are aware that in some cases local NHS England Area Teams have agreed to provide funding for professional communication support to conduct an eye examination, but it is unclear what if any precedent this sets.

Whilst optical practices are demonstrably willing to make all reasonable adjustments to flexibly meet the information and communication support needs of patients – and indeed were willing to do so long before the Equality Act or the Accessible Information Standard – the current lack of systematic support for interpreters and other professional communication support places optical providers in the invidious position of being unable to afford to assist. The cost of providing a BSL interpreter is likely to be several times greater than the fee paid by NHS England for providing a sight test (£21.31). We do not believe therefore that it would constitute a reasonable adjustment for optical providers to bear this cost, although practices would of course be only too willing to accommodate an interpreter if this were funded by the NHS or social care.

This finer point has not been well communicated to patients or representative charities, many of whom still inform individuals that any cost should be borne by the provider, even if it exceeds the costs of the service being provided. Either more clarity is needed for patients and charities about what constitutes a reasonable adjustment or NHS England needs to find some systemic local way of making such services freely available to community optical practices.

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 type="checkbox"/> Do not know |
| <input checked="" type="checkbox"/> Not much impact | <input type="checkbox"/> Prefer not to say |

8. Please explain your answer to question seven.

In the main, our members reported that implementation of the Standard has not represented a significant change for optical providers and their patients because most practicable adjustments were already part of routine practice.

Our members have flagged up some minor concerns over irritation caused to patients. For example, although optical practices are complying with the Standard by proactively asking patients whether they have information and communication support needs, many patients are not appreciative of this change. This is particularly the case where practices have a stable cohort of returning patients whose needs are already well known.

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 type="checkbox"/> Some impact | <input checked="" 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.

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

The key challenge faced by independent primary care providers, including optical professionals, audiologists, dentists and pharmacists, is to determine what constitutes a reasonable adaptation and to achieve a shared understanding between patients and providers.

For example, NHS England has yet to issue any further guidance on when it may be appropriate to use friends and family members as interpreters. We have previously highlighted that this may be a practicable alternative to professional communication support in community optometry given that the likelihood of receiving a serious diagnosis is

very low and any suspected condition would be referred to a general practitioner or specialist.

We further note that NHS England has previously suggested the possibility of developing local partnership solutions for accessing communication support professionals, potentially involving acute trusts. Regrettably, there has been a lack of leadership from NHS England and local commissioners in creating these networks and, whilst we fully support their development, it is not in our view reasonable to expect local primary care providers to forge such links.

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.

- A dataset should be established
- A dataset should not be established
- A dataset would create a significant additional burden on organisations
- A dataset would not create a significant additional burden on organisations
- 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?

The member bodies of the OC have worked with our respective members to support full implementation of the Standard by issuing comprehensive sectoral guidance, including templates and a standard form of words for identifying information and communication support needs. We have also produced guidance for IT system and software providers and will continue to support development of automation in patient record systems.

We continue to answer member queries on various elements of the Standard as they arise.

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

Monitoring compliance with guidance and standards, including the Accessible Information Standard, is outside the remit of the OC and its member bodies.

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

As we have stated in our previous representations to NHS England regarding the challenges of implementing the Standard in primary care, the specification for the Standard gives the appearance of having been developed with the NHS trust model in mind. It does not read as

being sufficiently flexible or proportionate to the variety of community settings where primary care is delivered and takes no account of how a market driven system, such as applies in community optometry, operates differently from the public sector by incentivising patient support and choice.

Although NHS England has stated that the Standard was not intended to be unduly prescriptive, nor to impose additional resource burdens for primary care, it did concede that our interpretation might be shared by others and agreed therefore to provide further clarifying guidance. In our view, the additional guidance that NHS England has been produced is still too technical (i.e. not in plain English) and does not make clear how the duties set out in the Standard can be flexibly and proportionately met in primary care. We suggest that NHS England look to the consultation and subsequent guidance on Freedom to Speak Up in Primary Care as a prime example of how guidance can and should be developed for community providers.

As we have noted elsewhere in this response, NHS England has yet to issue any further guidance on when it may be appropriate to use friends and family members as interpreters, which it had previously agreed to do.

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

Our comments from Q15 apply also apply to the implementation guidance for the Standard.

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.