**All Wales Standards for**

**Accessible Communication and**

**Information for**

**People with Sensory Loss**



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**All Wales Standards for Accessible Communication and Information for People with Sensory Loss**

**1. Purpose**

The purpose of these standards is to ensure that the communication and information needs of people with a sensory loss are met when accessing our healthcare services. Below are set out the standards of service delivery that people with sensory loss should expect to be met when they access healthcare. These standards apply to adults, young people and children.

**2. Definition**

The term ‘people with sensory loss’ is used throughout to refer to the following:

* People who are Deaf; deafened or hard of hearing;
* People who are Blind or partially sighted;
* People who are Deafblind: those whose combined sight and hearing impairment cause difficulties with communication, access to information and mobility.

**3. Legal Duty**

There is a legal duty under the Equality Act 2010 to ensure that reasonable adjustments are made to deliver equality of access to healthcare services for disabled people. This duty is anticipatory and requires public bodies to be proactive in making adjustments to ensure all access and communication needs are met.

The UN Convention on the Rights of Persons with Disabilities provides an international standard for disabled people’s human rights. Effective and appropriate communication is fundamental to ensuring services are delivered in ways that promote dignity and respect. The evidence also demonstrates that ineffective communication is a patient safety issue and can result in poorer health outcomes.

**4. Assessing and Meeting Information and Communication Needs**

All frequently used information leaflets and documents intended for patients and the public should be available in accessible formats for people with sensory loss.

In accordance with the specific duty all public and patient areas should be assessed to identify the needs of people with sensory loss. This should include in particular hospital wards, outpatient areas, accident and emergency, primary care and community services. The assessment must involve people with sensory loss and ensure that their views are reflected in any proposals to design, develop or change a service. Effective engagement is critical to developing relationships of trust and understanding the experiences of people with sensory loss as recipients of healthcare.

These assessments will enable Health Boards and NHS Trusts to understand and meet the information and communication needs of people with sensory loss through robust action planning. An agreed implementation plan will be led by a designated senior officer and set out clear timescales and actions for delivery. The plan will identify and address the policies, procedures and protocols, existing and/or in need of development, to effect the changes required to deliver the Standards. Progress on the delivery of the plan should be monitored regularly and reported formally to the Board.

**5. Standards of Service Delivery**

Set out below are a number of standards that reflect best practice in the delivery of accessible information and communication for people with sensory loss. The Health Board/NHS Trust is committed to achieving these standards.

* 1. **Primary Care**
* People with sensory loss should be asked to describe their communication needs when they register with a new GP or primary healthcare service**.** Arrangements should also be made to gather this information for existing patients. This should describe a patient’s individual communication needs in a practical way. For example, a record should not only say that a patient is Deafblind but also requires written communication in a minimum of Arial 14pt and that speech should be clear.
* It is important that staff are patient and sensitive in their approach in asking a patient to describe their communication and information needs.
* A ‘flagging’ system on a patient’s computer or paper record should enable practice staff to understand the needs of the patient when they attend the practice. This should also apply to any patient appointment carried out within the patient’s home or within a community setting, including care homes.
* Good signage is important in ensuring that people with sensory loss are able to access the healthcare they need. To minimise their anxiety and any confusion all signs should be clear and easy to understand.
* It is important to recognise that environmental factors influence effective communication with people who have sensory loss. It is important to check that the healthcare environment is accessible and that it encourages effective communication. This should include lighting, colour contrasting and background noise.
* When patients are referred from primary care for treatment in secondary care, their communication needs should be transferred using the referral process. Patients should not have to keep repeating that they have a sensory loss and the communication support they require.

* People with sensory loss should be able to make an appointment through a variety of contact methods as a telephone based appointment system may be inaccessible to them. This wouldincludeemail, text messaging, textphones and websites.
* All appropriate staff should be trained in any communication systems provided by the health board. This should include developing their awareness of the need for different forms of communication.
* All reception and consultation areas should be fitted with a hearing loop induction system or other appropriate technology, for example, portable hearing loops, allowing hearing aid users to make full use of their hearing aids in a potentially noisy setting. Staff should be capable of checking that loops are functioning, and know how to use them. There should be appropriate signage to make patients aware of the provision of a loop system.
* All staff should be trained in how to communicate effectively with someone with a sensory loss. This training should reflect a person centred approach which encourages staffto use clear speechand respond appropriately to individual needs. This is particularly important for clinical staff as patients need to understand what is being communicated to them when they attend for a consultation.
* When patients with sensory loss arrive at a primary healthcare setting there should be arrangements in place to ensure that they do not miss their appointments. For example, a member of the reception team could make sure that a patient with sensory loss is made aware of when the GP is ready to see them.
* Every patient or service user who requires communication support should have this need met, by for example, arranging a British Sign Language Interpreter or Lipspeaker or providing a hearing loop induction system. It is important to have an awareness of other communication methods that may not be as well known, for example, speech to text or live captioning.
* Appropriate communication support should also be provided to people with sensory loss who may be attending an appointment in the capacity of a carer or as the parent of a child.
* It is also important to recognise any other language need that a patient with sensory loss may have, for example, the Welsh language or other minority languages. In every instance it is important to ask the individual patient to describe their needs.
* For those patients and service users who are blind or have a visual impairment, letters should be sent out in accessible formats, for example Braille or larger font. In every instance where written communication is required with a person with sensory loss, the individual patient should be asked to indicate the appropriate format for them and this should be provided.
* It is important that the different forms of communication are promoted to patients and service users with sensory loss and they are encouraged to access them.
* Healthcare professionals have a responsibility to make certain that patients with sensory loss leave the healthcare setting having heard and understood everything they need to know about their healthcare. Appropriate procedures should be in place to ensure that information is conveyed clearly to patients during a consultation.
* Where patients are referred on to other specialist services, for example, counselling services, it is important that their information and communication needs are met by other service providers. Patients should not experience unreasonable delays in accessing healthcare because of a need for accessible information and communication support.
* It is essential that advice and guidance is sought from appropriate organisations that represent people with sensory loss. These are listed in **Appendix 1**.

**5.2. Secondary Care**

* All staff who have daily contact with patients and service users, including receptionists, nurses, doctors, therapists, healthcare support workers and other support staff should be trained in how to communicate effectively with someone with sensory loss. This training should reflect a person centred approach which encourages staff to use clear speech and respond appropriately to individual needs. This applies in particular to staff based on inpatient wards with significant numbers of older patients.
* All training should be provided by individuals or organisations that can deliver effective and informative training about single or dual sensory loss. This could for example, include using a patient’s story which considers the communication needs of a person with sensory loss. This training could also be part of a wider programme of training on effective communication skills.
* Where appropriate, staff should be trained in the use of different communication systems, for example, the use of Text messaging, hearing induction loop systems and basic BSL.

* All written communication, for example, appointment letters, should be provided in accessible formats for patients with sensory loss and in plain English to help those who do not have English as their first language, including BSL users. In every instance the individual patient should be asked to indicate the appropriate format for them.
* People with sensory loss should be able to make or change an appointment through a variety of contact methods as a telephone based appointment system may be inaccessible to them. This wouldincludeemail, text messaging, text phones and websites.
* It is important that patients and service users with sensory loss are made aware of the provision of these accessible forms of communication.
* As part of the referral process from primary to secondary care the communication needs of people with sensory loss should be identified and there should be arrangements in place to ensure they experience effective communication when they visit the hospital.
* A ‘flagging’ system on a patient’s computer or paper record should enable staff to understand the needs of the patient when they attend for their appointment.
* Good signage is important in ensuring that people with sensory loss are able to access the healthcare they need. To minimise anxiety and any confusion all signs should be clear and easy to understand.
* It is important to recognise that environmental factors influence effective communication with people who have sensory loss. It is important to check that the healthcare environment is accessible and that it encourages effective communication. This should include lighting, colour contrasting and background noise.
* All reception and consultation areas should be fitted with a hearing loop induction system or other appropriate technology, for example, portable hearing loops, allowing hearing aid users to make full use of their hearing aids in a potentially noisy setting. Staff should be capable of checking that loops are functioning, and know how to use them. There should be appropriate signage to make patients aware of the provision of a loop system.
* Every patient or service user who requires communication support should have this need met by, for example, arranging a British Sign Language Interpreter or Lipspeaker or providing an induction hearing loop. It is important to have an awareness of other communication methods that may not be as well known, for example, speech to text or live captioning.
* Appropriate communication support should also be provided to people with sensory loss who may be attending an appointment in the capacity of a carer or as the parent of a child.
* It is also important to recognise any other language needs that a patient with sensory loss may have, for example, the Welsh language or other minority languages. In every instance it is important to ask the individual patient to describe their needs.
* When people with sensory loss arrive at a healthcare setting, there should be arrangements in place to ensure that they do not miss their appointment. A member of the reception team, for example, could personally alert someone when the healthcare professional is ready to see them.
* When people with sensory loss require hospital care and treatment, their communication and information needs should be identified on their care plans and medical records. This should also describe a patient’s individual communication needs in a practical way. For example, a record should not only say that a patient is Deafblind but also requires written communication in a minimum of Arial 14pt and that speech should be clear. Arrangements should be in place to ensure that their needs are met during any period of stay on a hospital ward.
* It is important to ensure that the individual patient is asked to identify their communication and information needs. It is important to respect the autonomy of each individual patient and ensure that the way in which their healthcare is provided promotes independent living.
* Healthcare professionals have a responsibility to make certain that patients with sensory loss do not leave the healthcare setting feeling they have missed any information. Appropriate procedures should be in place to ensure that information is conveyed clearly to patients during a consultation.
* It is essential that advice and guidance is sought from appropriate organisations that represent people with sensory loss. These are listed in **Appendix 1**.

**5.3. Emergency and Unscheduled Care**

* All staff should be trained in how to communicate effectively with someone with a sensory loss. This training should reflect a person centred approach which encourages staff to be able to identify and respond appropriately to their needs. This is particularly important for clinical staff as patients and carers need to understand what is being communicated to them.
* All appropriate staff should be trained in any communication systems provided by the Trust. This should include developing their awareness of the needs for different forms of communication.
* Staff should use the skills and knowledge received through training alongside specifically designed resources (such as the Pre-Hospital Communication Guide) to assist communication with people with sensory loss.
* It is important that the different forms of communication used by the Trust are promoted to patients and carers with sensory loss and they are encouraged to access them.
* When patients are being conveyed or referred to another healthcare provider, any communication needs of the patient or their carer, due to a sensory loss, should be relayed as part of the referral or handover process.
* A ‘flagging’ system on a patient’s computer or paper record should enable staff to understand the needs of the patient. In the case of 999 calls, any information that arises during the call about communication needs due to a sensory loss, should be included on the patient record.
* All written information should be provided in accessible formats, for patients and carers with sensory loss and in plain English to help those who do not have English as their first language, including BSL users. In every instance the individual should be asked to indicate the appropriate format for them.

**6. Concerns and Feedback**

* Information on how to give feedback or raise a concern should be in an accessible format (large print, video clips, audio and plain English) and provide a variety of contact methods to meet individual needs.
* In every instance the individual patient should be asked to indicate the appropriate format for them.
* It is also important to capture monitoring data from concerns, compliments, patient stories and experience to identify issues or gaps in service provision and good practice.

**7. Monitoring and Review**

* These standards should be subject to regular review and monitoring. Arrangements should be made for a designated senior officer to report to the Board on the progress made with improving access to healthcare for people with sensory loss.

**8. Further information**

For further information and guidance please refer to the organisations listed in **Appendix 1**.

**Appendix 1**

**Guidance and Further Information**



**Action on Hearing Loss Cymru**

Website: [www.actiononhearingloss.org.uk](http://www.actiononhearingloss.org.uk)

Email: [wales@hearingloss.org.uk](mailto:wales@hearingloss.org.uk)

Telephone: 029 2033 3034

Textphone: 029 2033 3036

**Deafblind Cymru**

Website:[www.deafblind.org.uk](http://www.deafblind.org.uk)



Email: [info@deafblind.org.uk](mailto:info@deafblind.org.uk)

Telephone: 0800 132 320 (Freephone)

Textphone: 0800 132 320 (Freephone)

Fax: 01733 358356



**The Guide Dogs for the Blind Association**

Website:[www.guidedogs.org.uk](http://www.guidedogs.org.uk)

Email: [guidedogs@guidedogs.org.uk](mailto:guidedogs@guidedogs.org.uk)

Telephone: 0118 983 5555

**Hearing dogs for Deaf People**



Website: [www.hearingdogs.org.uk](http://www.hearingdogs.org.uk)

Email: [info@hearingdogs.org.uk](mailto:info@hearingdogs.org.uk)

Telephone: 01844 348100 (voice and minicom)

Fax: 01844 348101

**RNIB**



Website: [www.rnib.org.uk](http://www.rnib.org.uk)

Email: [helpline@rnib.org.uk](mailto:helpline@rnib.org.uk)

Telephone: 0303123 9999

**Sense Cymru**

Website: [www.sense.org.uk](http://www.sense.org.uk)



Email: [info@sense.org.uk](mailto:info@sense.org.uk)

Telephone: 0845 127 0066 or 020 7520 0972

Textphone: 0845 127 0066 or 020 7520 0972

**Sight Cymru**



Website: [www.sightsupport.org.uk](http://www.sightsupport.org.uk)

Email: [postman@sightcymru.org.uk](mailto:postman@sightcymru.org.uk)

Telephone: 01495 763550 or email

**Vision in Wales** (Wales Council for the Blind)



Website: [www.wcb-ccd.org.uk](http://www.wcb-ccd.org.uk)

Email: [staff@wcb-ccd.org.uk](mailto:staff@wcb-ccd.org.uk)

Telephone: 029 2047 3954

**Wales Council for Deaf People**



Website: [www.wcdeaf.org.uk](http://www.wcdeaf.org.uk)

Email: [mail@wcdeaf.org.uk](mailto:mail@wcdeaf.org.uk)

Telephone: 01443 485687 (voice)

01443 485686 (text)

Fax: 01443 408555

**North Wales Deaf Association**



Website: [www.deafassociation.co.uk](http://www.deafassociation.co.uk)

Email: [info@deafassociation.co.uk](mailto:info@deafassociation.co.uk)

Telephone: 01492 563470

Text: 07719 410355

Minicom: 01492 563475

Fax: 01492 593781

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