

Your Care, Your Way campaign

Full recommendations

As part of the [Your Care, Your Way campaign](#) we have worked with partner organisations and policymakers to develop a set of detailed policy recommendations aimed at ensuring that people who have communication needs are given their healthcare information in the way they need it.

While limited capacity has meant that our work has been focused on health services, we are clear that the Accessible Information Standard (AIS) applies equally to social care services, and that NHS England’s review of the standard should consider how all of these recommendations will translate to social care.

Accountability

	Recommendation	Outcome	Audience
1	<p>Accountability for implementation of the AIS at ICS level should be assured through:</p> <ul style="list-style-type: none"> - An equalities or AIS lead on Integrated Care Boards - AIS requirements to be set out in all contracting arrangements - Contract monitoring arrangements should include a focus on AIS compliance <p>Consideration should also be given as to how AIS implementation is included in system-level oversight and monitoring so there is an understanding of system-wide compliance.</p>	<p>Clear accountability mechanisms are in place at ICS level for delivery of the AIS.</p>	<p>NHS England</p>
2	<p>Updates to the Accessible Information Standard following the NHS England review should clarify the duties of ICSs regarding AIS Implementation, provide them with guidance and expected standards and set out how ICSs will be held accountable for compliance. In developing this guidance, consideration should be given to the ICS-level recommendations below.</p>	<p>Clear accountability mechanisms are in place at ICS level for delivery of the AIS.</p>	<p>NHS England, Department of Health and Social Care</p>
3	<p>CQC should take account of AIS compliance as an element of registered provider assessments and ICS assurance processes. Providers should be asked to evidence compliance across the service as part of CQC</p>	<p>CQC assessments are effective at holding service providers to account on how they are meeting the</p>	<p>Care Quality Commission, NHS England</p>

	assessments. Compliance data from assessments should be comparable across providers. Evidence of people with lived experience informing implementation of the AIS should be a requirement for a service to be considered outstanding.	Accessible Information Standard.	
4	Every ICS to identify an AIS implementation lead to oversee accessible communications delivery and support across services. AIS lead would also be responsible for convening lived experience panels. Services to be encouraged to appoint an Accessible Information Champion to receive additional training and identify local challenges, barriers and best practice.	Health and social care staff are aware who is responsible for leading local accessible information policy and delivery. There is strategic oversight for AIS implementation at ICS level, which links to service-level leads.	ICS leadership, health and social care providers, third sector partners
5	Each ICS should establish a lived experience panel representing the groups covered by the AIS to support a review of existing services and participate in ongoing review and monitoring of accessible information provision. The AIS lead should support services to convene lived experience panels at neighbourhood level on an ad-hoc basis as part of quality improvement processes.	There are clear routes for people covered by the AIS to regularly feed back on their experiences as part of quality improvement. Services know where to go if they need input from people with lived experience on how best to meet their accessible information needs.	ICS leadership, patients & public
6	As part of assurance processes for AIS implementation, ICS leadership should request that services carry out a regular patient experience survey, targeting patients with communications flags on their records. Results of these surveys should be readily available for consideration as part of CQC assessment and assurance processes.	Services understand whether people's communication support needs are being met in practice. CQC assessment processes take account of people's actual experiences of communication support.	ICS leadership, providers, CQC

7	AIS leads should support an audit of communications-related complaints across the system to help identify local challenges in meeting the standard.	People understand where to go to complain if their rights under the Accessible Information Standard are not being met and are able to effectively navigate the complaints process.	Providers, ICS leadership
8	NHS Digital should create a category for accessible information complaints to enable monitoring and reporting on trends at system level. Demographic data collection requirements for complaints should be strengthened to allow for improved equalities monitoring.	System leaders can identify wider trends in patient experience of accessible information and put in place measures to address areas of concern.	NHS Digital

Guidance & commissioning

	Recommendation	Outcome	Audience
1	As part of the NHS England review of the Accessible Information Standard, consideration is given to expanding the scope of the Standard to include conditions like dyslexia, dementia, and others that are not currently covered by the standard.	The Accessible Information Standard is fit for purpose, enabling everyone to have access to information about their health and care which is accessible and appropriate for them.	NHS England
2	NHS England should work with lived experience panels representing groups covered by the AIS to develop national commissioning standards for communication support. ICSs agree a plan to commission to these standards.	Contracts for sign-language interpretation are effective, consistent geographically and aligned with people's real needs.	NHS England, ICS leadership
3	As part of the NHS England review of the Accessible Information Standard, consideration should be given to	The Accessible Information Standard is fit for purpose,	NHS England

	how some accessibility requirements can be extended to websites and digital communications, given the ongoing shift towards digital service delivery across the NHS and social care.	enabling everyone to have access to information about their health and care which is accessible and appropriate for them.	
4	NHS England should oversee a national AIS awareness campaign promoting service users' rights to accessible information. Campaign to be designed in collaboration with third sector partners and drawing on their best practice guidance for different user groups.	Health and social care providers as well as service users are aware of their rights to accessible information.	NHS England, Health and social care providers, third sector partners, the public
5	ICSs should be encouraged to undertake an equalities impact assessment for the ICS transition process for delivery of BSL interpreting and other communication support services.	System leaders understand and can mitigate barriers to equitable provision of communications support in the ICS transition process.	NHS England
6	ICSs should consider how BSL and language support services can best be delivered in a coordinated way, through a single ICS-level contract where possible.	Commissioning arrangements in the new health system landscape support effective and equitable delivery of communications support.	Department of Health and Social Care, NHS England, ICS leadership
7	Equality and Health Inequalities Impact Assessment templates include a requirement to review the assessment after completion of a project and reflect on actual impact against initial assumptions made. If any adverse impact is identified, planned mitigations should be reported as part of the final equalities impact report.	Assumptions made in EHIA assessments are reviewed against actual impact and mitigations for any adverse impact put in place.	NHS England, providers

Training & education

	Recommendation	Outcome	Audience
1	The NHS England review of the AIS strengthens the training requirement on organisations to include mandatory training for all staff and sets out recommendations for how to improve quality and consistency of AIS training. AIS leads support each ICS to set out a plan for to increase awareness of AIS requirements. Training on accessible information should count towards continuing professional development credit for all staff.	Staff are aware of the importance of providing information in formats that work for people, and are proactive in asking people about their needs and catering to requests. Staff are aware of the training available and how they can access materials and additional local support.	ICS leadership
2	Accessible information training is incorporated into teaching curricula for students progressing to clinical careers, with input into teaching materials from lived experience panels.	The importance of accessible information is normalised at an early stage of learning for clinical staff.	Medical profession

Information systems

	Recommendation	Outcome	Audience
1	The NHS England review of the AIS considers and presents recommendations on how to ensure that all electronic patient administration systems support compliance with the AIS.	People's communication needs and preferences are part of their patient record and electronic flags support staff to be proactive in	NHS England, commissioners, IT system suppliers

		supporting people's communication needs.	
2	NHS England should undertake a national programme of work to address barriers to sharing AIS information and flags between services throughout a patient's care pathway.	Information on communication needs flows between services - including for people living with multiple conditions.	NHS England
3	Changes to the NHS App should allow people to log their communications needs and update them if they change. AIS information should be incorporated into the summary care record, enabling services to draw down individual service users' needs from a central data set. Systems should be designed with close involvement of primary care networks.	People can easily update services with their accessible communications requirements if their needs change. Services have access to a central data set on people's communication needs, and are not exclusively reliant on information given via referral.	NHS Digital, NHS England




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