

CHURCH STREET PRACTICE

COMMUNICATION STANDARDS including Accessible Information Standard (NHS England)

Introduction

This policy sets out the Practice's standards for communicating using a variety of methods.

Policy

The practice is committed to the promotion of effective and clear communication by which ever means is appropriate to the circumstances. This will include email, letters and written material, telephone, internet or other medium which may be used from time to time.

Staff will at all times attempt to be:

- Efficient and helpful in dealing with queries
- Prompt and timely in dealing with replies
- Be accurate in the giving of reasons or explanations
- Be realistic in describing outcomes, limitations or options
- Firm, but balanced and polite in dealing with difficult situations

Verbal / Face-to-Face

- When communicating with patients or liaising with professionals, employees will be polite and courteous
- Patients will be greeted consistently and fairly
- When facing challenging customers, a calm and polite manner will be maintained
- Body language will remain calm and gestures remain minimal
- Offensive language including swear words, discriminative and potentially blasphemous language will not be used in any situations
- Employees will treat everyone with respect and dignity and where appropriate escalate matters to the Business Manager or Senior Partner

Telephone

The above applies but in addition:

- Answer the call within 5 rings
- Take responsibility for the call or the routing of the call to a specific person
- Follow up on messages and items passed to other staff
- Keep the patient informed if they are delayed on the telephone (e.g. are on hold)
- Return patient calls or action ring-backs promptly, or advise them of a reason for delay

Correspondence

- All staff and partners will accept full responsibility for the accuracy and content of their letters
- Administrators will question authors on meaning and accuracy / wording if doubt exists over content or quality of preparation
- Correspondence will receive a reply or an acknowledgement within 5 working days
- All items will have the proper postage paid, and this will reflect the urgency of the item

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- Staff will accept ownership of each item of correspondence received by them, ensuring this is passed on to the appropriate person if appropriate
- Correspondence passed on by other staff will receive the same priority attention as other items awaiting action
- Each item of written work will be checked for clarity, accuracy, good grammar / punctuation, and will be worded to a clear and concise standard with good quality English
- Complex items (e.g. complaint replies) will be quality checked by an appropriate third party prior to issue for both content, explanation, clarity and policy adherence
- The standard font is Arial 12, to be used in all correspondence; aligning text to the left margin.
- Letterhead will be used in all correspondence, including where letters are to be sent from a mail merge it is acceptable for Word processed / generated graphical letterhead or icons to be used
- No letterhead will be used for personal purposes
- All practice correspondence will be letter-headed
- All documents will be spellchecked and proof-read prior to printing

Email

- Emails sent will be worded and punctuated to the same standard as written items
- The standard font is Arial 10
- Emails requiring a response will be acknowledged by the next working day with a standard response in Arial 12 and actioned within 5 working days
- In the event of a personal absence arrangements will be made for either an out of office facility to be applied, for a deputy to have access to incoming items, or for an alternative publication of a deputy acting on behalf of the absentee
- Emails requiring a clinical response will not be sent unless the patient has given consent to the Practice to use their email address in cases of family generic addresses for example. Standard policy is to respond in a postal letter or by telephone.
- Emails should reflect the Practice view, and / or represent the Practice to external recipients in the same way as written correspondence, therefore care should be taken in both content and style
- The use of abbreviations or other fashionable shortened wording will not take place
- Emails should not be responded to immediately, without the opportunity to carefully consider the nature, tone, or content of the reply
- Emails sent will contain the name of the sender, and contact telephone details
- Recipients of emails from the Practice will be selected as being most appropriate to the circumstances (group emails may not be necessary)
- Emails form part of the medical record and will be scanned as appropriate.

Forums

- Where staff are authorised to participate in forums (e.g. groups of similar professionals) on the internet, any views expressed should clearly be those of the individual and not of the Practice
- No confidential, or potentially confidential or sensitive information or material should be released at any time
- Where it is felt that a "Practice" response is required to any forum message or topic this must be discussed with the Business Manager who will seek the consent of a Partner

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Accessible Information Standard (NHS England)

Independent contractors providing services including primary medical care services are listed as one of the organisations which must have regards to information standards as defined within the Health and Social Care Act 2012.

The Accessible Information Standard is an NHS England initiative that tells organisations how to ensure that disabled patients and their carers receive information in formats that they can understand, as well as receiving appropriate support to help them to communicate. Such formats could include large print, British Sign Language or easy-read documents.

A disabled person is defined as “Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.”

The five key requirements of the standard are:

Ask patients and carers if they have any information or communication needs, and find out how to meet their needs: Identify / find out if an individual or their carer has any communication / information needs. Patients will be asked what their individual needs are - this is will be done when new patients register, and for existing patients as and when opportunities present themselves, e.g. during consultations, phone calls, and by sharing information on the Practice website, in letters on the Jayex, email acknowledgements and newsletter.

Record those needs in a set way: Using the standard template in EMIS to record those needs in a clear, unambiguous and standardised way using clinical coding and free text where appropriate.

Highlight in a patient’s file, so it is clear that they have information or communication needs and clearly explain how those needs should be met: Ensure that recorded needs are ‘highly visible’ – electronic records should have an attached, while paper records should be clearly marked.

Share information about a patient’s needs with other NHS and adult social care providers, when they have consent or permission to do so: Include information about individuals’ communication needs as part of existing data sharing processes (and in line with existing information governance frameworks).

Make sure that people get information in an accessible way and communication support if they need it: Act to take steps to ensure that individuals receive information which they can access and understand, and receive communication support if they need it.

The Practice asks patients if they have any information or communication needs, and how best to meet their needs. This information will be recorded clearly and in a set way using the standard EMIS template adding an alert to the patient’s medical records so it is clear that they have information or communication needs, as well as highlighting how those needs should be met. Practices are not expected to work backwards through existing patients’ records in order to identify their communication needs. The needs will be identified at the point of registration for new patients, and opportunistically for existing patients.

Exclusions to the Standard

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There are a number of exclusions to the scope of the Standard as listed in section 5.6 of the NHS England Specification. These include the provision of information in foreign languages, the design of signage, corporate communications and the accessibility of websites. However the Practice appreciates that by increasing web and digital accessibility this may reduce the need to produce information in alternative formats and are working to develop this area.

Disability: Words to Use and Avoid

Avoid	Use
(the) handicapped, (the) disabled	disabled (people)
afflicted by, suffers from, victim of	has [name of condition or impairment]
confined to a wheelchair, wheelchair-bound	wheelchair user
mentally handicapped, mentally defective, retarded, subnormal	with a learning disability (singular) with learning disabilities (plural)
cripple, invalid	disabled person
spastic	person with cerebral palsy
able-bodied	non-disabled
mental patient, insane, mad	person with a mental health condition
deaf and dumb, deaf mute	deaf or Deaf, user of British Sign Language (BSL), person with a hearing impairment, person who is deaf or has hearing loss
the blind	people with visual impairments, blind people, blind and partially sighted people
an epileptic, diabetic, depressive, and so on	person with epilepsy, diabetes, depression or someone who has epilepsy, diabetes, depression
dwarf, midget	someone with restricted growth or short stature
fits, spells, attacks	Seizures

Source: DWP

Resources

NHS England - Accessible Information Standard

<https://www.england.nhs.uk/wp-content/uploads/2015/07/access-info-implmntn-guid.pdf>
(NHS England - Accessible Information Standard implementation guidance)

BMA – Focus on the Accessible Information Standard

Standard Operating Procedures for Communicating with Patients – Church Street Practice (reviewed July 2016)