Pav Dental

Accessible Information Standards Policy

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Overview

All practices that provide NHS or adult social care must follow the Accessible Information Standard by law. Private Dental Practices are not mandated to follow the Accessible Information standards but are recommended to do so.

We have a legal and moral responsibility under the Equality Act 2010 to provide any of its documents, leaflets, electronic resources etc. in an alternative format if requested. Currently, we try to ensure our materials are written in 'plain English', but there is more we can do to ensure our approach is equitable and our materials are accessible to all.

The Accessible Information Standard, defines a consistent approach to identifying and meeting the information and communication support needs of patients, service users and carers where those needs relate to a disability, impairment or sensory loss. This includes (but is not limited to) people who are blind, Deaf, deafblind and/or who have a learning disability, aphasia, autism or a mental health condition which affects their ability to communicate.

The importance of access to advice and information is one of the fundamental components of the Care Act 2014. It is also in line with the CQC's commitment to ensuring high-quality care for people who use health and social care services.

There are five key things we must do to meet the standard:

1. Identification of needs

A consistent approach to the identification of patients', service users', carers' and parents' information and communication needs, where they relate to a disability, impairment or sensory

loss.

2. Recording of needs

A consistent and routine recording of patients', service users', carers' and parents' information and communication needs, where they relate to a disability, impairment or sensory loss, as part of patient/service user records and clinical management/patient administration systems;

3. Flagging of needs

Establishment and use of electronic flags or alerts, or paper-based equivalents, to indicate that an individual has a recorded information and/or communication need, and prompt staff to take appropriate action and/or trigger auto-generation of information in an accessible format / other actions such that those needs can be met.

4. Sharing of needs

Inclusion of recorded data about individuals' information and/or communication support needs as part of existing data-sharing processes and as a routine part of referral, discharge and handover processes.

5. Meeting of needs

Taking steps to ensure that the individual receives information in an accessible format and any communication support which they need.

The Standard does not cover personal preferences or foreign language support needs.

What we do to work towards this standard?

The Equality Act 2010 gave the NHS opportunities to work towards eliminating discrimination and reducing inequalities in care. From 31st July 2016, organisations providing NHS social care have to comply with the accessible information standards.

We aim to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need.

This includes making sure that people get information in different formats if they need it, for example in large print, braille, easy read or via email.

It also includes appropriate support to help individuals communicate, for example, support from a British Sign Language (BSL) interpreter, deafblind manual interpreter or an advocate.

Some basic advice we follow:

- Slow down when talking to people with a communication problem. It might seem obvious but if you are nervous about how to deal with people it is easy to find yourself speeding up and using jargon.
- Position yourself so that you are facing the person they will then be more able to understand the context of what you are saying and that you see straight away from their facial expression if you are confusing them.

- Think about using gestures when you speak. It might not be recognised sign language but lots of people can understand better if speech is accompanied by some facial or hand movements. Think thumbs up for good and thumbs down for not so good.
- Have pen and paper available. The person may not read or write but, just like using gestures above, a drawing of a stick man or timescale can put a conversation into perspective for some people.

Guide Dogs/Hearing Dogs

It is unlawful for service providers to treat disabled people less favourably for a reason related to their disability, and "reasonable adjustments" for disabled people, such as providing extra help or making changes to the way they provide their services are now required, and this includes adjustments to physical features of premises to overcome physical barriers to disabled access.

The nature of general practice is such that guide dog/hearing dog ("assistance" dog) access is common and desirable. The purpose of this policy is to set out a few simple principles for dogs on the premises. It is not intended to cover the use of assistance dogs in relation to employees of the practice, which would encompass a wider range of disability employment law considerations.

General Considerations

- The practice welcomes assistance dogs
- The practice will manage the presence of assistance dogs without recourse to the owner and will pay particular attention to infection control and housekeeping whilst dogs are on the premises
- Physical contact with a dog by clinical staff will be resisted during consultations or examinations, and whilst general surgery is in progress
- Hand washing or alcohol hand gel will be used by staff after any physical contact with a dog, whether during a consultation or not
- Care will be taken by clinical staff to identify other patients in the surgery list for that session who have been identified as potentially being adverse clinically to the presence of dogs. This will include patients who are:
    - allergic to dogs
    - immunosuppressant
    - phobic to dogs
    - or have another medical reason and consideration will be given to allowing them to wait or be seen in an alternative room.
- Cleaning staff will be advised to pay particular attention to a room known to have accommodated a dog that day
- In the event of an incident involving a dog, a significant event record will be created.
- Owners of assistance dogs will be given the opportunity to "tour" the Practice and the grounds with their assistance dog to enable the dog to become familiar with routes throughout the building, including those routes seldom used. This will include routes to and from:
    - Public/disabled toilets
    - Through fire exits and on to assembly areas
    - To usual consulting/treatment rooms

- Access and egress to the building by normal routes and will be given the opportunity for "refresher" practice on a regular basis.

As part of the high level of training an assistance dog receives there are unlikely to be any incidents giving rise to special concern, and the following aspects of these dogs on the premises are likely to be standard behaviour for these animals:

- Dog will remain on a lead in close contact with the owner
- The dog will usually lie quietly with the owner when waiting to see a clinician and is trained to behave well in public places
- Dog is unlikely to foul any area not within its usual habit and are trained to go to the toilet on command, and will be well-groomed (minimal loose hair)
- The dog will be in good health, physically fit, with vaccinations and care programme up to date
- The dog will wear a special identifying harness and collar tag

Interpreting Service

Language assistance will be provided through the use of competent bilingual staff, staff interpreters, contracts or formal arrangements with local organizations providing interpretation or translation services, or technology and telephonic interpretation services. All staff will be provided notice of this policy and procedure, and staff that may have direct contact with patients with limited English individuals will be trained in effective communication techniques, including the effective use of an interpreter.

Staff will promptly identify the language and communication needs of the patients. In addition, when records are kept of past interactions with patients or family members, the language used to communicate with the person will be included as part of the record.

Some patients may prefer or request to use a family member or friend as an interpreter. However, family members or friends of the patient will not be used as interpreters unless specifically requested by that individual and after the patient has understood that an offer of an interpreter at no charge to the patient has been made by the practice. Such an offer and the response will be documented in the patient's file. If the patient chooses to use a family member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy, and conflict of interest will be considered. If the family member or friend is not competent or appropriate for any of these reasons, competent interpreter services will be provided to the patient.

Children and other patients will not be used to interpret, to ensure the confidentiality of information and accurate communication.

The following services can be used to help find the appropriate interpreter service you require:

- The NHS Language Line
- The Local Office of NHS England
- The Local Dental Committee

Interpreter services can either be booked over the phone or via email.

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Version	**Status**	**Date**	**Author / Editor**	**Details of Change** (Brief detailed summary of all updates/changes)
0.1	Final	23/03/23	PG	Converted to new policy format
0.2	Final	02/10/23	PG	Policy mainly for NHS practice, and for Private practices who are also following AIS, Private practices can delete AIS information if not applicable.
0.3	Final	26/10/23	DCME	Approved policy ready to go live

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