

ACCESSIBLE INFORMATION STANDARD COMMUNICATION STANDARDS POLICY

COMMUNICATION STANDARDS

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 discussion forums 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 Practice Manager or Senior Partner

Correspondence

- Staff will accept full responsibility for the accuracy and content of their letters
- Practice manager 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 2 working days
- All items will have the proper postage paid, and this will reflect the urgency of the item
- 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

ACCESSIBLE INFORMATION STANDARD

COMMUNICATION STANDARDS POLICY

- 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 Ariel 12, to be used in all correspondence
- Printed letterhead will be used in all correspondence, however 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 Ariel 10
- Emails requiring a response will be acknowledged or replied to within 2 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 should reflect the Practice view, and/or represent the Practice to external recipients in the same way has 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)

Telephone

- Answer the call within 3 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

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

ACCESSIBLE INFORMATION STANDARD

COMMUNICATION STANDARDS POLICY

- Where it is felt that a “Practice” response is required to any forum message or topic this must be discussed with the Practice Manager who will seek the consent of a Partner

Accessible Information Standard (NHS England)

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, braille 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 basic steps that make up the standard are:

1. **Ask:** Identify/find out if an individual has any communication/information needs. Patients should be asked what their individual needs are - this should be done when new patients register, and for existing patients as and when opportunities present themselves, e.g. during phone calls, and by sharing information materials in the practice in posters, leaflets etc.
2. **Record:** Record those needs in a clear, unambiguous and standardised way using clinical coding and free text where appropriate.
3. **Alert/flag/highlight:** Ensure that recorded needs are ‘highly visible’ – electronic records should have an attached flag or alert, while paper records should be clearly marked.
4. **Share:** Include information about individuals’ information/communication needs as part of existing data sharing processes (and in line with existing information governance frameworks).
5. **Act:** Take steps to ensure that individuals receive information which they can access and understand, and receive communication support if they need it.

The practice will ask patients if they have any information or communication needs, and find out how best to meet their needs. This information will be recorded clearly and in a set way.

The practice will highlight or “flag” individuals’ files or notes so it is clear that they have information or communication needs, as well as highlighting how those needs should be met. It is good practice to take existing data held by the practice that indicates which patients are more likely to have information or communication needs. This will aid in proactively targeting such individuals to identify and record their needs in line with the Accessible Information Standard.

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

Standards for signage in the practice, the provision of information in foreign languages, and meeting individuals’ preferences for being communicated with in a particular way (e.g. requesting a print letter rather than an email) have been determined to be outside the scope of the standard.

ACCESSIBLE INFORMATION STANDARD COMMUNICATION STANDARDS POLICY

Accessible Information Standard Deadlines

As of **1 April 2016**, all organisations that provide NHS or publicly funded adult social care must identify and record information and communication needs with service users:

- At the first interaction or registration with their service
- As part of on-going routine interaction with the service by existing service users

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](#)