

Attachment 19

|  |  |
| --- | --- |
|  |  |
| **Report to:** | NEL CCG Joint Co-Commissioning Committee  |
| **Presented by:** | For information |
| **Date of Meeting:** | Thursday 28th April 2016 |
| **Subject:** | Accessible Information Standards and Translation services |
| **Status:** | [x]  OPEN [ ]  CLOSED |
|  | [x]  Complies with latest CCG Strategy for Primary Medical Services, if not, please give a brief reason why: |

|  |
| --- |
| **OBJECT OF REPORT: To update the Committee on progress towards implementation in Primary care of the Accessible Information Standards and the approach to interpreting and translation services locally** |
|  |

|  |
| --- |
| **STRATEGY:** From July 31st 2016 all NHS and Social Care providers are required to comply with the national Accessible Information Standards which support quality and access to services. Alongside this and in order to support access to service for patients/service users whose first language is not English or who require British Sign Language interpretation, the CCG is developing an approach to commissioning and availability of interpreting and translation services. |
|  |

|  |
| --- |
| **IMPLICATIONS:** Local support in the form of promoting awareness and understanding of operational requirements has been provided to practices and continues to be offered. The proposed approach to commissioning and provision ofinterpreting and translation services will enable take up of interpreting to be monitoredcentrally and provide a means to assurance of practice implementation of standards. |
|  |

|  |
| --- |
| **RECOMMENDATIONS (R) AND ACTIONS (A) FOR AGREEMENT:** |
|  |  |
|  | (R) The Committee notes progress towards implementation of the Accessible Information Standards and the development of the approach to local interpreting and translation services |
|  |  |
|  |  |

|  |  | **Yes/****No** | **Comments** |
| --- | --- | --- | --- |
|  | Does the document take account of and meet the requirements of the following: | y |  |
| i) | Mental Capacity Act | y |  |
| ii) | CCG Equality Impact Assessment | y |  |
| iii) | Human Rights Act 1998 | y |  |
| iv) | Health and Safety at Work Act 1974 | y |  |
| v) | Freedom of Information Act 2000 / Data Protection Act 1998 | y |  |
| iv) | Does the report have regard of the principles and values of the NHS Constitution?[www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\_113613](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113613) | y |  |

**Accessible Information Standards**

As previously presented at the NEL CCG Joint Co-Commissioning Committee, the aim of the Accessible Information Standard is to make sure that people who have a disability, impairment or sensory loss get information they can access and understand and any communication support that they need. This means ensuring this information is in a format they require, i.e. large print, braille, easy read or via email.

The aim of the Standard is to establish a framework and set a clear direction such that patients and service users (and where appropriate carers and parents) who have information or communication needs relating to a disability, impairment or sensory loss receive:

* ‘Accessible information’ (‘information which is able to be read or received and understood by the individual or group for which it is intended’); and
* ‘Communication support’ (‘support which is needed to enable effective, accurate dialogue between a professional and a service user to take place’);

So that they can access services appropriately and independently, and make decisions about their health, wellbeing, care and treatment.

Organisations that provide NHS or adult social care must do five things:

* Ask people if they have any information or communication needs, and find out how to meet their needs
* Record those needs clearly and in a set way
* Highlight or flag the person’s file or notes so it is clear that they have information or communication needs and how to meet those needs
* Share information about people’s information and communication needs with other providers of NHS and adult social care, when they have consent or permission to do so
* Take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it

Over the last six months, NELCCG has raised awareness of these requirements with health and social care providers in the following ways:

* Briefing by Practice Advisors on requirements in primary care
* Briefing IM and T provider on requirements and the necessary support for primary care in relation to sharing information
* Briefing local providers through the Combined NEL Equality and Diversity leadership group
* Briefing local Care Home providers on requirements
* Providing individualised support as requested

Work is ongoing to develop arrangements for assurance provision from providers so that the CCg can fulfil its responsibilities in this aspect from 1st August 2016.

**Interpreting and Translation services**

During 2015, NHS England developed a set of guidelines related to Interpreting and Translation in order to support good quality delivery of services to patients whose first language is not English

These are;

1. **Access to Service** - Patients must be able to access primary care services in a way that ensures their language and communication needs do not prevent them receiving the same quality of healthcare as others.
2. **Booking of Interpreters -** Staff working in primary care provider services should be aware of how to book interpreters across all languages including BSL and to book them when needed
3. **Timeliness of Access** - Patients requiring an interpreter should not be disadvantaged in terms of the timeliness of their access.
4. **Personalised Approach** - Patients can expect a personalised approach to their language, communication and access requirements recognising that “one size does not fit all”.
5. **Professionalism and Safeguarding -** High ethical standards, a duty of confidentiality and safeguarding responsibilities are mandatory in primary care and this duty extends to interpreters
6. **Compliments, Comments, Concerns & Complaints -** Patients and clinicians should be able to express their satisfaction with the interpreting service in their first or preferred language and using multiple formats (written, spoken, signed etc.) as appropriate
7. **Translation of documents -** Patients and healthcare professionals should have timely access to appropriately and effectively communicated documentation that will enable and support their healthcare.
8. **Quality Assurance & Continuous Improvement** - The interpreting service should be subject to systematic monitoring for quality assurance and to support continuous improvement to ensure it remains high quality and relevant to local needs.

NELCCG has reviewed the current arrangements for interpreting locally and recognises that they are not well understood or promoted, resulting in a concerningly low level of uptake by practices. Alternative, better promoted centralised arrangements will be put in place in order to support practices effectively in accessing interpreting and translation as the need arises.

The contract with Language Line will be held by the CCG so that take up can be monitored and assurance can be obtained regards utilisation of the service.

Further work to promote the necessity of independent interpreting and translation is taking place.

**Lisa Hilder**

**April 2016**