PSNC response to Accessible Information Standard Review: Survey for support, supplier and representative organisations

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Introduction

The Pharmaceutical Services Negotiating Committee (PSNC) welcomes the opportunity to respond to the Accessible Information Standard Review: Survey for support, supplier and representative organisations. PSNC is keen to provide its views on the Accessible Information Standard (the Standard) within the NHS as it applies to community pharmacy in England.

Questions 1 & 2

Community pharmacies have existing legal obligations under the Equality Act 2010 (the Equality Act) to ensure that persons using the pharmacy are not treated in a discriminatory way because of a "protected characteristic". A disability would constitute a "protected characteristic" identified in the Equality Act with community pharmacies under the corresponding duty to make "reasonable adjustments" to help persons with disabilities to overcome these obstacles. This has long been established in current law (and in prior disability legislation) so is not a recent development.

We are pleased that the Accessible Information Specification makes clear that the Equality Act "…*is the primary legal framework for the Accessible Information Standard*"[1]

Questions 3 & 4

The Standard has had no direct impact on PSNC as an organisation. We are not an organisation to which the Standard applies. However, we represent and support community pharmacies in England which must have regard to the provisions of the Standard.

Questions 5 & 6

We understand that the Standard may have had some impact on those we represent and support. We previously received reports that it would be impractical and unrealistic for community pharmacies to ask every single patient about their communication and support needs, as the Implementation Guidance seems to suggest, especially given that primary care providers' resources remain under significant strain and demand.

Questions 7-10

We have no comments.

[1] *NHS England, SCCI1605 Accessible Information Specification, 20*

Question 11

Our understanding is that prior to the Standard's implementation and early on from the date it took effect, there was considerable concern, confusion and uncertainty expressed from those we represent and support as to how the Standard would work in practice. We were grateful for NHS England's regional implementation workshops in mid-2016 which helped confirm that the Standard represented guiding principles rather than prescriptively imposed obligations as to what is specifically required of the primary care professions (including community pharmacy teams) to comply with.

One of the major challenges for pharmacy teams to comply with the guidance is that their IT systems need to be updated to allow clear records of needs to be made. We are aware of one IT provider that does now include this functionality, but are not aware of any other IT providers that have amended their software to support this record keeping.

Question 12

We favour the status quo and agree with the Accessible Information Specification that the "*Standard is not establishing any new data set or national collection*"[2] and therefore, consider that a dataset should not be established.

We submit that a dataset would create a significant additional burden on community pharmacy and in any event, a dataset would not help with compliance.

Question 13

Yes. We have a dedicated Accessible Information Standard webpage, published a PSNC Briefing and made available links to additional resources such as NHS England's website and CPPE e-learning for community pharmacies.

Question 14

No. It is not within PSNC's remit to monitor community pharmacy teams' compliance with the Standard.

[2] *NHS England, SCCI1605 Accessible Information Specification, 36*

Question 15

In terms of the Accessible Information Specification, we request targeted resources applicable and directly relevant to community pharmacy clinical settings. We note that there are some case study examples which focus on the relationship between service user and other primary care professions but community pharmacy is not adequately addressed.

We suggest that it could be made explicit - perhaps in specific community pharmacy case studies - that individual preferences for being communicated with in a particular way, which do not relate to disability, impairment or sensory loss, do not fall within the remit of the Standard[3]. Likewise, the same for individuals who may have difficulty in reading or understanding information for reasons other than a disability, impairment or sensory loss, for example, due to low literacy or a learning difficulty (such as dyslexia) (as distinct from a learning disability)[4] and that information needs for persons who require information in a non-English language for reasons other than disability[5] are not covered by the Standard.

Community pharmacies are committed to serving their patients including meeting and accommodating patient preferences, where it is reasonable to do so. We consider that most community pharmacy teams aim to provide or accommodate communication support needs of patients so that they receive information such as leaflets, patient information materials, and appointment and referral letters in a suitable accessible format, ideally of their choice – taking into account their preferences. However, the Standard should be explicit that this does not mean that in all circumstances, the patient must always receive information in their preferred format, especially, where NHS England or the Department of Health have not provided additional financial resources to cover this especially, in relation to circumstances where provision would be at disproportionate or unreasonable cost.

Question 16

With regards the Accessible Information implementation guidance, we observe that the Standard appears to outline guiding principles rather than prescriptively impose obligations as to what is specifically required for contractors to comply with it. This means that there is no "one size fits all" and we can see that the policy intent seems to be for substance to take priority over form. For example, two community pharmacies may go about asking, recording, sharing and acting upon a patient's information or communication needs in *different* ways but could be equally compliant with the Standard.

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3 *NHS England, SCCI1605 Accessible Information Specification, 19*
4 *Ibid*
5 *Ibid*

In practice, we submit that community pharmacies are likely to already be doing (to varying degrees) what is required by the Standard.

We note that the Accessible Information Implementation Guidance indicates that the defined English definitions indicating needs, where systems are not compatible with either of the three clinical terminologies or where paper based systems / records are used[6]. The key message we would ask you to reassure community pharmacy teams that they will not to be reprimanded for otherwise, recording patient communication / information needs accurately – albeit, not using the suggested terminology.

Our focus is on further resources usefully produced by NHS England with an emphasis on those that community pharmacy teams are likely to find specifically relevant. For example, the implementation guidance confirms that "*organisations are not required to undertake any retrospective search (or 'trawl') of registered patients / service users to identify their needs as part of the Standard – although this would be considered good practice…*"[7] – this is not relevant for community pharmacies as patients do not "register" at a pharmacy. We appreciate that the implementation guidance may have been prepared with other primary care professions in mind and so reiterate our request that more targeted pharmacy-specific case studies be produced and made available to help pharmacy teams better understand and appreciate the Standard.

We note that there is an assumption that once the system used by the GP practice supports SCR…and the patient consents to additional information being included on their SCR – then the code will be added to their SCR. It will then be automatically visible to any health or care professional accessing their SCR in future.[8] We acknowledge that SCR holds potentially useful key clinical information and that SCR uptake within community pharmacy settings has increased[9]. However, until such time as SCR is routinely in use across community pharmacy teams it must be clarified that SCR is one such tool that a GP may use to record a patient's communication / information need. Currently, only the patient's GP practice can add information to the SCR with those pharmacies with access, having read only access. This means that if a communication / information need is identified by community pharmacy there is no ability by which community pharmacy teams can record these needs on SCR. We also note that the consent model for SCR means that clinicians normally need a specific reason to access a patient's SCR. Consequently, even when this

[6] *NHS England, SCCI1605 Accessible Information Implementation Guidance, 14*
[7] *NHS England, SCCI1605 Accessible Information Implementation Guidance, 19*
[8] *NHS England, SCCI1605 Accessible Information Implementation Guidance, 29*
[9] *At the time of writing, PSNC understand that in the region of 62% of community pharmacies in England use SCR regularly.*

information is routinely recorded in the patient's SCR, it is not something that would necessarily be seen by pharmacy teams.

A major concern for community pharmacy was the issue of the costs of accessible information / communication support which we contend should be met by NHS England. We have examples of where community pharmacies go beyond what is legally required to meet a specific patient need. For example, we are aware that the Standard does not include the provision of information in different languages, though, we understand that some pharmacy contractors already meet this market demand – at no cost to the NHS or patients.

It is clear as the Equality and Human Rights Commission's Guidance makes clear community pharmacies must pay for the adjustment "If an adjustment is *reasonable*…"[10] (our emphasis). It appears that the implementation guidance has fundamentally failed to emphasise the operative term of "reasonable" in terms of adjustments, if any, to be made. What is considered a "reasonable adjustment" is subject to the individual situation of the community pharmacy. We understand that some of the factors which might be taken into consideration in determining whether an adjustment is "reasonable" include the extent to which it is practicable for the community pharmacy to take the steps, the financial and other costs of making the adjustment, the extent of a community pharmacy's financial and other resources, the amount of any resources already spent on making adjustments. On this basis, it is more likely to be reasonable for a community pharmacy with substantial financial resources to have to make an adjustment with a significant cost than for a community pharmacy with fewer resources.

In short we submit that it is not straightforward and there is no "one size fits all" solution.

Accordingly, we take umbrage with the explicit requirement in the implementation guidance that "*Where a need for support from a communication professional is identified, services MUST ensure that such support is arranged / provided and that interpreters and other communication professionals are suitably skilled, experienced and qualified…*[11]. Again it is fact-specific and depends on what is a reasonable adjustment to make, support from a communication professional may be a reasonable adjustment but not automatically or necessarily so as the implementation guidance seems to suggest. The implementation guidance through pharmacy-specific case studies could make it explicit that the Standard requires community pharmacy teams to arrange for professional communication support for NHS patients in circumstances where there is a genuine patient communication / information need and where professional communication support would constitute a "reasonable adjustment".

[10] *NHS England, SCCI1605 Accessible Information Implementation Guidance, 30*
[11] *Ibid*

A separate point is that as the Standard aims to support individuals' rights to autonomy and, specifically, their ability to access health and social care services independently, it should be made explicit – either within the implementation guidance or pharmacy-specific resources - that a patient may choose that interpretation and other communication support be by their own family members, friends or carers, these tend to be persons who they trust and rely on for help day to day.

In light of our previous comments, the suggestion in the implementation guidance: "*In all instances, the individual patient, service user, carer or parent MUST be offered professional communication support where they have an identified need for communication using British Sign Language, deafblind manual or other alternative communication system*.[12] is a fundamental misunderstanding of community pharmacies team's duty to make reasonable adjustments.

In conclusion, we understand that NHS England's view, is essentially that the Standard simply clarifies existing duties on providers and professionals under the Equality Act which could explain why the Department of Health and NHS England have provided no additional or specific funding to assist providers, such as community pharmacies, with implementation of the Standard. This is regrettable as it is likely to rule out some community pharmacies from being able to offer higher levels of communication / information support to patients which they otherwise would have.

Question 17

The description from the options available which most closely relates to the work of PSNC is a professional representative body.

Question 18

I am responding on behalf of PSNC, an organisation.

Questions 19 & 20

Not applicable.

[12] *Ibid*

Thank you for the opportunity to comment on Accessible Information Standard Review: Survey for support, supplier and representative organisations and we hope you find our comments helpful.

About PSNC

PSNC promotes and supports the interests of all NHS community pharmacies in England. We are recognised by the Secretary of State for Health as the body that represents NHS pharmacy contractors. We work closely with Local Pharmaceutical Committees to support their role as the local NHS representative organisations.

Our goal is to develop the NHS community pharmacy service, and to enable community pharmacies to offer an increased range of high quality and fully funded services; services that meet the needs of local communities, provide good value for the NHS and deliver excellent health outcomes for patients.