

NHS Greater Glasgow and Clyde Equality Scheme

Communication Support and Language Strategy and Action Plan

This Communication Support and Language Plan is being published as a working draft. It will be updated in terms of lead accountability and timeframe as it develops. The Plan will be published in its final form and accessible formats in due course. *October 2008*

1. Aim of this document

This document seeks to explain the rationale for the Communication Support and Language Strategy and Action Plan (CSLP), consider progress already made by NHS Greater Glasgow and Clyde (NHSGG&C) with respect to ensuring quality in communication with its populations, identify the gaps in current communication and language support, and establish the means by which further progress will be made. Where guidance already exists this is appended.

2. Introduction: Communicating with our communities

NHSGG&C has a duty of care for everyone that requires and requests its services. The most commonly used form of communication is English in its spoken and written forms. A sizeable proportion of our population does not communicate this way for a variety of reasons and if we are unable to find ways of addressing this, then this is discriminatory and health limiting. It is the single greatest barrier facing many excluded groups.

The duty of care applies in all NHSGG&C settings whether this is planned appointments, emergency situations, or inpatient care. It covers situations where the health care worker wants to communicate with the patient as well as when the patient wishes to communicate with NHS staff. Communication is a dynamic, two-way process and is integral to the development of a relationship between practitioner and patient and to the patients recovery. The role of the communication and language support needs to be seen in light of this context and not simply as a function of imparting knowledge to the patient. Communication is both about conveying the message and ensuring

the person has understood that message. In this context, inpatient settings need to pay particular attention to the need of the patient to communicate, and opportunities for this should be planned into the continuing care plan on a regular basis.

Black / Minority Ethnic Communities

The 2001 Census figures for the NHSGG&C area shows that 3.6% of its population or 42,765 people were from Black and Minority Ethnic (BME) populations. 42% of the total Scottish BME population live in the Greater Glasgow and Clyde area. It is within our duty of care to ensure we provide communication support to those from the BME communities whose preferred first language is not English. As with the general population literacy can be an issue within our BME communities, particularly in the older population. Glasgow Translation and Interpreting Service (GTIS) currently supplies interpreting support in over 70 languages.

Data on asylum seekers was not captured in the 2001 census. There are approximately 5,340 asylum seekers who are in receipt of support from the National Asylum Support Service residing in Glasgow City. It is estimated that a further 6,500 asylum seekers have been dispersed in NHSGG&C since 2000, many of whom now have refugee status.

Usage of interpreting for people whose first language isn't English has grown steadily since 2000 initially stimulated by Glasgow City Council entering an agreement with the Home Office to become a reception centre for people seeking asylum in the UK. During the initial 3 years of the contract interpreting requests grew significantly based largely around the associated asylum languages, although there was also a slow growth of in demand for interpreting in the languages in the established BME communities.

Since 2004 there has been a steady if unpredictable growth for interpreting support. The average weekly requests to Glasgow Translation and Interpreting Service have increased from approx 750 in April 2004 to 1400 in March 2008. Of this total number of weekly requests NHSGG&C consumes 63% across both acute and primary care sectors. The general trends are a slow decline in languages associated with asylum seeking populations matched by growth for languages associated from established BME communities, migrant workers, and 'other' languages.

The languages required change rapidly and it is difficult to predict which will be in most demand at any one time. This will become increasingly difficult with an increase in turnover of people seeking asylum under the new asylum arrangements and in the fluctuations in migrant workers in the local economy.

Work is currently underway to analyse the NHSGG&C usage of interpreting support across both acute and primary care sectors.

Disabled people

In addition there are sizeable numbers of people who have communication and language needs for other reasons. These include people with visual impairment, Deaf, deafened and hard of hearing people, people with speech impairments, those with learning disability, and people who have conditions that limit their ability to speak and to understand speech e.g. stroke survivors or people who have acquired brain injury.

It is difficult to be precise about the number of people within this group, but it is anticipated that between 1 and 2% of the population at any one time has communication support needs that require specific assistance.

Almost 700,000 people in Scotland have some form of hearing loss, deafness or may be a Deaf person (that is approximately 163,100 for NHSGG&C area)¹. Research has shown that 24% of deaf and hard of hearing people have missed appointments because of poor communication. Nearly 50% of Deafblind people have had a medical procedure without having had it explained to them due to there being no guide communicator at their appointment, this includes surgery. There are approximately 440 Deafblind people in the Greater Glasgow and Clyde area².

It is estimated that there are 65,000 in Glasgow who need some support in terms of literacy. This plan will ensure that the needs of those with literacy issues are taken into account.

For all these groups the consequences of poor communication are that they are either unable to access the services we provide, or when they do so, the potential positive outcome is limited through being unable to satisfactorily discuss with the health staff what the health issues are and discuss an appropriate course of action. This in turn affects the ability to give informed consent, and the Adults with Incapacity Act (2000) emphasises that communication support needs must be met before any decision regarding capacity is reached. This is a both a clinical and a legislative risk for this organisation.

¹ The most detailed data are Scottish based and we have used these to indicate the profile of disabled people in the NHSGG&C area.

² This is estimated from the prevalence rate for Deafblind people in the population of 4 in 10, 000

A major issue we face is ensuring we have robust information both at population and patient level on which to base the development of communication and language support. It is also important that we ensure that we take account of the communication support needs for people with multiple needs with regards to communication e.g. people from BME communities who are stroke survivors, people who are Deaf who have a mental illness.

Whilst NHS GG&C has a range of policies, access protocols, service level agreements, equipment and staff training opportunities relating to effective communication these are not effectively joined up to meet the needs of the communities we serve. This leads to situations for example where:

- Appointment letters etc are sent in a language or format the patient cannot understand
- British Sign Language users have poor access to communication support
- Health information is often inaccessible to people with literacy issues or cognitive disorders
- Staff often lack an awareness how to access communication supports
- Staff lack awareness of those strategies, both verbal and non-verbal, which may assist a client to understand and express needs, feelings and choices.
- Poor communication negatively impacts on the individual's access to health care and in the assessment and consequent treatment.

3. The drivers for change

In October 2005 the Scottish Executive issued a letter to all Health Boards— ***Improving Public Services: Language and Communication Access*** – which charged the Boards with the responsibility for producing a Communication Support and Language Plan to meet the needs of diverse communities. In the letter Malcolm Chisholm, the then Minister for Communities stated,

'The accessibility of the information that you produce and the services that you provide must be addressed as a key strategic aim of your race equality scheme and disability equality action plan as a statutory requirement.'

The Communication Support and Language Plan connects to our requirements under the Race Relations Act as amended in 2000, the Disability Discrimination Acts of 1995 and 2005, and the Disability Equality Duty (2006).

In December 2006 NHS GG&C Board endorsed an Equality Scheme 2006-2009 which details the equality legislative requirements, why the organisation is committed to addressing health inequalities, what we are aiming to achieve, our priorities, and how we will go about achieving them. The Scheme commits the organisation to the production of a Communication Support and Language Plan.

The Communication Support and Language Plan details the approach we will take across NHS GG&C both corporately and federally to ensure we meet the legislative requirements.

The Scottish Accessible Information Forum (SAIF) is an advisory body to the Scottish Government on how the rights to information for disabled people and their carers. It has produced a series of good practice guides and Standards which are used throughout Scotland. These SAIF guides and Standards have been used to develop this Plan.

4. Review of progress within NHS GG&C

To date there has been a robust approach to the provision of communication and language support for BME communities which includes an interpreting policy and access protocol along with allied resources; piloting telephone interpreting for emergency situations; an audit of health education materials in languages other than English; and guidelines for staff considering translating materials into other languages (see attached). This needs to be further developed to ensure quality of provision e.g. ensuring staff know how to book and use interpreters.

Work on establishing a complementary approach for people with disabilities including sensory impairment is at a relatively early stage. An audit of standards and protocols for Sign Language Interpreting (SLI) across the UK has been undertaken and a draft protocol on accessing and using SLI and communication support locally completed; a draft complaints procedure drawn up; and a list of local suppliers identified.

Work to establish an approach for people with communication support needs is also at an early stage. Recent work undertaken at national level that will help to inform the approach is The Scottish Executive (2006) Communication Support Needs Literature Review; the Royal College of Speech and Language Therapists (2005) Inclusive Communication Strategy and the NHS QIS (2006) Best Practice Statement on promoting access to health care for people with a learning disability.

There is a need to ensure a systematic yet flexible approach across NHS GG&C to the provision of communication and language support both through a clear protocol on how and when to access this support and the associated awareness of staff and patients.

Rather than have separate strands of work being pursued for BME, and communities with sensory impairments, and people with communication support needs, work is underway to draw these together to ensure easier access to communication and language support. In addition NHS GG&C has representation on national working groups that aim to improve the quality of communication and language support through the establishment of national standards.

5. The Communication Support and Language Strategy and Action Plan

The aim of this strategy is to ensure a more systematic and co-ordinated approach to communication and support to meet the needs of the increasingly diverse populations within NHS GG&C. The Plan will address language and communication support needs in the context of a structural analysis of discrimination taking account of the legislation as a whole. Involving service users will be at the core of its development.

Its objectives are:

1. To ensure the delivery of the existing Black / Minority Ethnic interpreting protocol, to deliver the interim British Sign Language protocol and to ensure all people being admitted to beds (Acute, mental health or residential rehabilitation) have their language and communication support needs assessed and appropriately addressed.
2. To estimate the extent of current unmet need in order to plan for future resource allocation, including current patterns of interpreter use across GG&CNHS.
3. To ensure that individual patient's are assessed for their communication support needs and that this is used throughout the patient journey.
4. To ensure GG&CNHS meet the needs of those with complex communication needs in our services.
5. To increase the availability and range of interpreting, translation, and communication support services where there are existing gaps.
6. To improve the quality of interpreting, translation and communication support.
7. To ensure that staff understand and utilise interpreting, translation and communication support services on behalf of patients.
8. To increase and improve the availability and range of patient and public information in accessible formats.
9. To improve the understanding within the population of entitlement and availability to communication and language support.

10.To establish a consistent approach to signage across GG&CNHS estate.

6. Consultation and Involvement

Consultation on the initial draft was carried out with staff, voluntary sector organisations and statutory partners and with service users. The process and themes that emerged from this consultation process are found in appendix 1. In summary the following issues were raised and are now incorporated into this version of the plan:

- A communication assessment is required for those with communication support needs and this follows them through their patient journey
- Training of staff and interpreters is a core issue
- Consistency is required at both a micro level i.e. how we communicate with individual patients across all our services and at a macro level i.e. how plan and deliver services taking communication needs into account e.g. use of loop systems
- Empowerment of patients to participate in their care through appropriate communication
- Taking into account those with complex communication needs (see Section 7)
- The need for a written accessible information policy
- Some settings were found to be more problematic in terms of accessing good communication support. These are: A&E, out of hours services and in – patient services

The Corporate Inequalities Team (CIT) worked with identified local leads across GG&CNHS to finalise the Communication Support and Language Strategy and Action Plan.

7. Complex Needs

Many developmental disabilities such as Down syndrome, autism, and Edwards Syndrome – and acquired disabilities such as traumatic brain injury, stroke, and Parkinson disease – are associated with communication impairments. People who fall at the more severe end of communication impairment are said to have complex communication needs.

It is important to remember that problems with speech or language do not necessarily mean that the person has an intellectual impairment. For example, people who have suffered a stroke are often frustrated when

others think their intellect has been impaired because of their problems with communication. But others may have learning disability which does affect the person's ability to understand information.

It is important therefore to ensure that a person has understood what has been said doing a health appointment and take a person by person approach to communication support.

8. The Way Forward

To ensure a comprehensive and systematic approach to providing communication support we will need to take a staged approach. The first stage will be to ensure that across NHS GG&C we adopt a certain minimum standards to ensure a basic level of communication support. These minimum standards are required to be incorporated into each of the locally produced Equality Scheme Action Plans and implemented as a matter of urgency.

1. Implementation of the BME Interpreting Protocol ([Add link](#)).
2. Implementation of the interim BSL and Communication Support Protocol ([Add link](#)).
3. An assessment of communication needs on admission to acute beds. As a minimum standard a face-to-face interview with an interpreter present needs to be carried out at least once per week as well as access to a phone interpreting service.

The second stage is to set up a Communication Support and Language Plan Planning Group comprising of representation from across the system. This group will take leadership in implementing and monitoring the Communication Support and Language Plan across the system, with the leads acting as champions for communication and language support issues.

The third stage is to ensure an accountability mechanism is in place for the implementation of the Plan.

The Communication Support and Language Plan will be consulted with across NHS GG&C and we will involve service users in the final shape of the plan. The Communications Directorate will support members of the Language Plan Group in promoting the Plan to staff, service users and other interested parties through various methods.

CSLP: Action Plan

Objective	Action	End date	Indices of success	Corp / system lead
1. To estimate the extent of currently unmet need in order to plan for future resource allocation.	1.1 Develop a language and communication profile from research and grey literature.	March 2009	*Profile commissioned and completed. *Profile shared and used in planning of services.	Corporate
	1.2 Develop a service specific profile of the language and communication support needs taking into account the differential requirements for planned and unplanned care.		*Each service has a communication and language profile of its users.(% of services with a profile) *Service profiles used in planning of services.(% of services actively utilising profiles in planning)	System
	1.3 Establish clear robust mechanisms for needs assessment, utilise this in service planning, resource allocation and monitoring of communication support needs, including monitoring of communication needs in IT systems.		*Communication and language pathway established for NHSGG&C.. *Ensure mechanisms in place for capturing and analysing service data locally. *Interrogate collated information on patients needs for purposes of monitoring, planning and resource allocation.	Corporate – establish pathway System – local capture, analysis and action

Objective	Action	End date	Indices of success	Corp / system lead
2. To assess individual patients communication support needs.	2.1 Develop and implement protocols to assess communication support needs for all patients and carers.	March 2009	*Protocols for assessing communication and language support needs in place for NHSGG&C. *Communication and language assessment protocols utilised throughout NHSGG&C.	Corporate/system – develop protocol through Community of Practice – Speech and Language Therapists. System - implement
	2.2 Develop tool sensitive to patient's capacity to understand.	March 2009	*Tool to identify patients capacity to understand completed and shared across the system	System – Community of Practice – Speech and Language Therapists
	2.3 Develop and implement a process to ensure communication support assessment is utilised throughout the patient's journey in all health and integrated health and social care services.	March 2009	*System in place and commonly understood and implemented. (% of services routinely utilising the assessment)	Corporate/system – develop process System - implement

Objective	Action	End date	Indices of success	Corp / system lead
3. To improve the availability and range of interpreting translation and communication support services across GG&CNHS.	3.1 Develop a range of guidelines to facilitate communication support for the following groups of patients: those with learning disability, people with sensory impairment including dual sensory impairment, people with acquired brain injury / stroke, those identified with complex communication support needs, those with mental health problems, young people, and taking into account the effects of aging.	March 2009	*Guidelines in place for the identified groups.	System – communities of practice
	3.2 Implement existing Interpreting protocols BME and BSL Languages across	March 2009	* Existing protocols implemented.	System

NHSGG&C.			
3.3	Establish a robust financial strategy to ensure the development and sustainability of communication support and accessible information.	*Financial strategy in place – phased over 3 years of action plan. ??? we haven't yet decided the time frame.	Corporate
3.4	Develop infrastructure of local community based service providers by assessing their capacity to deliver the service we require and consider funding gaps.	*Local community infrastructure in place.	Corporate plus procurement
3.5	Develop a scholarship to train health service staff as BSL interpreters to level 3, pilot in MHP	*Pilot in MHP established. *Scholarship established. *Number of NHSGG&C staff completing the course.	System
3.6	Ensure the complaints procedure is available in formats accessible to those with communication needs.	*Complaints procedures adapted to ensure accessibility for those with communication and language issues.	Corporate
3.7	Increase awareness of complaints procedure with staff and service	*Increased awareness amongst staff and	Corporate/System

3.8 users
Ensure procedure is in
place to accept
complaints in other
formats

service users.
*Robust
complaints
procedure in
place.

System

Objective	Action	End date	Indices of success	Corp / system lead
4. To improve the quality of interpreting translation and communication support.	4.1 Audit communication supports already offered across NHS GG&C and collate to inform future good practice.	September 2009	*Audit completed.	Corporate – audit report System –complete local audit
	4.2 Develop clear specifications for commissioning communication support services, which include core service standards.	September 2009	*Commissioning specifications available.	Corporate plus procurement
	4.3 Develop a NHS GG&C wide language and communication protocol for accessible health information and corporate communication.		*Communication and language protocol available.	Corporate – PHRU plus Comms/system
	4.4 Establish a monitoring system for all interpreting and translation and communication services.		*Monitoring system in place and routinely utilised to inform decision making.	Corporate

4.5	Establish a demonstration area of excellence with regard to accessing health services and information in primary care.	*Primary care demonstration area established. *Results of demonstration project shared across primary care settings.	System – West CHCP?
4.6	Establish a demonstration project of good practice for service access for Deaf people in primary care.	*Demonstration project established. *Results re improving access for Deaf people shared across primary care.	Corporate/system
4.7	Develop staff guidelines about using all forms of communication support services, effectively and appropriately, and disseminate widely to staff.	*Staff guidelines on effective and appropriate use of communication support services disseminated and routinely used. *Audit of use of use of guidelines across the system.	Corporate

Objective	Action	End date	Indices of success	Corp / system lead
5. To improve the uptake by staff of interpreting translation and communication support services on behalf of patients.	5.1 Disseminate protocol to all staff and promote on the intranet.	March 2009	*Protocol disseminated to all staff. *Audit staff use of protocol and use to target future awareness raising.	Corporate - Comms
	5.2 Establish staff training needs to utilise the interpreting translation and communication support policy and establish a cascade-training plan for Learning and Education.		*Include communication, interpreting and translation in staff training needs.	Corporate – L&E
	5.3 Programme of staff training to be developed on:	March 2009	*Targeted communication and language modules within the learning and education programme. (Number and type of staff attending) Evaluation report on the utility of Deaf Communications Tactics training.	Corporate – L&E
	<ul style="list-style-type: none"> • The impact of the Accessible Communication policy • Providing accessible information • How to work effectively with the range of communication support services available • Investigate the utility of 			System plus Corporate

the Deaf
Communication Tactics
training, as an approach
to broader
communication support
needs.

- Link training on
Communication and
Language Support to
Customer Care training.

L&E

	Action	End date	Indices of success	Corp / system lead
6.	To improve the availability and range of patient and public information in accessible formats.			
	6.1	Audit accessible information already available across NHS GG&C.		*Audit completed. Corporate – PHRU/system
	6.2	Develop an Accessible Information Policy (Written Patient Info Policy) for NHS GG&C in line with SAIF Guidelines, including centralised quality assurance and established format for written information	March 2009	*Accessible Written Information Policy completed. System/Corporate
	6.3	Involve patient groups in the development of accessible information.	March 2009	*Patient groups involved in the development of information. Corporate/system
	6.4	Develop e - communication approaches to accessible information.		*E-communication formats of accessible information available. Corporate

Objective	Action	End date	Indices of success	Corp / system lead
7. To improve the understanding of patients of their entitlement to and availability of language and communication support	7.1 Ensure information about local communication support services is easily available to all service users in accessible formats		*All patients are informed about the availability of communication support services.	Corporate – Comms/system for service user input through CHCP's.
	7.2 Develop a poster campaign to inform staff and service users are aware information is available in other formats with verbal alert for visually impaired people		*Poster campaign completed. Evaluation commissioned to establish impact of poster campaign.	Corporate - Comms
	7.3 Develop a communication strategy for staff and service users on the NHSGG&C Communication Support and Language Plan.	March 2009	*Communication strategy developed and implemented.	Corporate - Comms
	7.4 Service user's entitlement to access communication support services to be made explicit in relevant publicity, promotional literature and public documents.		*All relevant publicity, promotional literature and public documents inform service	Corporate/System – depending on where information is produced

users of their
right to
communication
support.

Objective	Action	End date	Indices of success	Corp / system lead
8. To establish a consistent approach to signage across NHSGG&C	8.1 Assess the consistency in signage across NHSGG&C estate.	March 2009	*Audit of consistency of signage across NHSGG&C completed.	System - Estates
	8.2 Utilise the Design Champion Action Plan guidelines on signage in the existing estate to address consistency of signage.		*Evidence of Design Champion Action Plan being utilised across existing estate.	System - Estates

Objective	Action	End date	Indices of success	Corp / system lead
9. To ensure NHSGG&C meet the needs of those with complex communication needs in our services	9.1 Develop an alert system to identify those with complex needs entering our services and deliver training that follows patient to address their communication needs		*Alert system developed and implemented across NHSGG&C. *Record of training instituted as required.	System
	9.2 Pilot hand held patient information method through patient pathway across primary and secondary care		*Pilot hand held records for patients with complex needs.	System – Communities of Practice/Corporate IMT
	9.3 Develop a protocol to establish the role of patients' advocates and carers in health settings		*Protocol on role of advocates and carers available.	Corporate
	9.4 Pilot individualised tip cards for patient's communication needs		*Pilot of tip cards completed.	System – communities of practice
	9.5 Develop a range of pilot initiatives to test the systems ability to improve patient – health staff communication in in-patient, A&E and Out of Hours services & Minor Injuries Units.	Initiated in year 1	*Range of pilot initiatives completed.	System

Appendix 1

Process and themes from service user consultation

The CSLP was consulted on over an extended 3 month period to seek the views of key stakeholders. Focus groups were carried out with a range of service users by a research consultant agency (FMR) or by internal NHS colleagues.

Service user groups consulted with:

- Those with learning disability
- Those with mental health problems
- Visually impaired /blind people
- Deaf / deafened people
- Deafblind people
- Those with literacy issues
- The Chinese community

The 'Listening to Communities Report' was used to supplement this report with regards to the views of other black / minority ethnic groups because the Board wished to take account the potential for 'over-consultation' with BME groups which has been described by the communities in question during previous consultation.

The CSLP consultation was responded to by a range of staff groups and partner agencies.

Gaps identified in the CSLP

There were a number of gaps in the CSLP identified through the consultation process. These have been themed into 9 areas.

1. Communication assessment is required

Many respondents cited the need for a communication assessment to be carried out with patients. This assessment should be noted in the patients' case notes and used in referral to other parts of the system. With this

assessment should be an indication of both the communication support required but also any individualised notes and the need for double appointment times if necessary.

It was noted that there needs to be a degree of flexibility in our system to accommodate communication support for those for whom an interpreter will not aid communication. Therefore protocols noting how to use and access makaton, picture boards etc or the involvement of an advocate or carer is also important and should be individually tailored with the patient.

A second issue highlighted here is who would carry out this communication assessment. Questions asked whether this should always be Speech & Language Therapists or whether more generic health staff could undertake this task.

2. Groups missing

A number of groups were highlighted requiring more detail or requiring more emphasis:

Adults with MH issues

Those with literacy issues

Those with numeracy issues

Visually impaired people, both in terms of the inappropriate use of non verbal cues in health interactions and guiding people in the health setting.

Carers and advocates

3. Training

The majority of respondents commented on the need for training. In the main this was for NHS staff. This included general awareness training for staff, pre qualification training and the need for targeted training for staff that followed the patient through services. So for example for a Deafblind person with high communication support needs then the ward or clinic should have specific Deafblind awareness training and communication tactics training.

In addition it was suggested that interpreters should have training in health issues.

4. Flexibility - plan

It was suggested that the CSLP needs to be flexible and dynamic and that the plan once committed to paper needs to be reviewed on an on-going basis. The issues highlighted here were:

- a. Consultation – this should be on-going

- b. Finance – there needs to be innovative solutions to the financing of the CSLP given the wide ranging areas it covers
- c. Limited number of interpreters (BSL) – flexibility is required to ensure communication support utilizing interpreters when there are limited numbers
- d. Use of monitoring – the plan should be monitored regularly and reviewed and amended as required

5. Consistency & continuity

Service users in particular highlighted the need for consistency and continuity across the NHS. Their experiences highlighted the different levels of knowledge and different procedures across the NHS which means that they are never sure how easy it will be for them to communicate with health staff in a given setting.

There were four main areas of comment:

- a. Nurses as conduit – it was suggested that for Acute admissions having a named nurse as the communication conduit would improve patients understanding of what was happening to them
- b. Communication aides – protocols should be in place to enable people to have the same quality and standard approach to communication support in any NHS setting
- c. NHS knowledge - existing planning structures and infrastructures should be used to implement the CSLP to ensure consistency and also to ensure that learning and developments already in place are utilized across the system e.g. tool for GP in relation to learning disability and associated standardised letters
- d. SAIF – we should cross reference to the Scottish Accessible Information Forum as a standard for GGCNHS

6. Empowerment of service users

There was a general theme of empowerment of service users. This was expressed in four areas:

- a. Complaints – service users wanted the development of a more robust complaints procedure particular around interpreting within health appointments
- b. Role of advocates – there needs to be a clearer protocol around the role of advocates in health appointments
- c. Capacity issues – communication is more than accessible formats and therefore the needs of the individual is paramount to this and the issues of capacity needs to be taken in to account
- d. 2 way communication – the CSLP should give more recognition to the need to ensure 2 way dynamic communication between patients and NHS staff and not see the issue as imparting information to the patient

7. Complex communication needs

Consistent throughout all responses to the CSLP is the need for the plan to focus more on those with complex communication needs. Although standards for interpreters and protocols are welcomed there is the need for much more detail on how the CSLP will address the needs of those with complex needs such as those for whom an interpreter will not deliver improved communication. This would include for example those with learning disability, Deafblind people for whom a more tailored one to one solution in terms of communication will be required.

A system response to this will therefore be harder to manage as a one size fits all will not suffice. There is a need to ensure that the system is capable of being flexible and responsive to the needs of these groups of people.

Service users have suggested that there should be subsets within the CSLP that unpacks the solution to more specific groups of people and high level protocols around communication assessments and adherence to these throughout the patients' journey through our services could be a possible solution.

8. Written information strategy

A written information strategy should be part of the CSLP to streamline our approach to written communication. Three times as many respondents highlighted the need for our written communication to be in easyread than said plain English as standard format.

9. Specific Settings

Service users particularly highlighted certain settings with the NHS as having communication issues compounded. These were:

- a. Accident & Emergency
- b. Out Of Hours
- c. In patient