There are five main steps all NHS organisations must take in order to meet the needs of the standard and our patients (including their carers and parents). They are:

1. **Identification of needs**
   A consistent approach of the identification of information and communication needs where they relate to a disability, impairment or sensory loss.

2. **Recording of needs**
   - Consistent and routine recording of information and communication needs as part of patient records and clinical management and patient administration systems.
   - Use approved terminology where appropriate
   - Recording of needs in such a way they are ‘highly visible’

3. **Flagging of needs**
   Use of electronic flags or alerts or paper based equivalents, to indicate that an individual has a recorded information and/or communication need, which will prompt staff to take action and/or trigger automated systems to enable that need/s to be met.

4. **Sharing of needs**
   Inclusion of recorded data about an individual’s information or communication support needs as part of existing data-sharing processes, and as a routine part of referral, discharge and handover

5. **Meeting of needs**
   Take steps to ensure that the individual receives information in an accessible format and any communication support which they need.

See over the page for the types of needs this will cover...
Any communication support needs or requirements which are caused or related to disability, impairment or sensory loss should be record and met. This will include:

<table>
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<th>Activity</th>
<th>Possible needs</th>
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| Arranging an appointment, meeting or consultation | • Booking an interpreter e.g. British Sign Language or dual sensory loss  
• Consider longer appointments for patients with Learning Disabilities, patients who will need an interpreter, or those who communicate non-verbally. |  |
| During an appointment, meeting or consultation     | • Allow the individual to use their own communication tools or aids  
• If the individual requires the support of an advocate, ensure you include them in conversations.  
• If the individual does not have an advocate and would benefit from one, consider if the appointment should be postponed until advocacy can be arranged  
• If the user uses alternative or augmentative communication tools or techniques - allow them to do so  
• If the person uses lip reading or an interpreter to communicate, make sure they can always see the speaker or the interpreter at all times. |  |
| Providing patients with printed information e.g. leaflets, booklets, appointment letters, etc. | Provision of material in accessible formats: Braille, large print, Easy Read, audio formats and electronic/email versions. |  |
| General considerations                          | Remember this standard applies to recording and meeting information or communication support of patients, services users, carers and parents.                                                                                   |  |

For more information about meeting individuals communication needs please look at: Supporting Staff and Patient’s Language and Communication Needs Policy and the Accessible Communication Guidelines which are available on [our website](#). If you need more information please contact Barbara Harris (ext. 67251) or Simon Anjoyeb (64135) from the Equality, Diversity and Human Rights Team by telephone or by email.