# A, B, C of getting accessible health and care information in Scotland

If you are accessing the NHS or social care you have the right to be communicated with in a format you can read and understand. It is important you follow these three simple steps, the A, B, C of accessible health and care information, to ensure you get information about your care in the format you need.

If you live in Wales, England or Northern Ireland, guides to request accessible health and care information can be found at [www.rnib.org.uk/myinfomyway](http://www.rnib.org.uk/myinfomyway), or you can contact RNIB’s Sight Loss Advice Service to ask for a copy (contact details below).

## A: Ask

When you access any NHS service, or publicly funded social care, it is important you ask the provider to record on their systems your communication needs. For example, you can let your GP practice, hospital or your local social care service know you need information by email, text, large print, audio or braille.

## B: Be aware that you have a right to receive accessible information

Everyone in the UK has the right to receive information in a format that they can access and understand.

The Equality Act 2010 applies in England, Scotland, and Wales. It makes it unlawful for public authorities to discriminate in the exercise of a public function. They also have a duty to make reasonable adjustments including changing practices, policies and procedures which have a discriminating effect. In addition, reasonable steps must be taken to ensure disabled people are not disadvantaged by physical features.

Devolution sets the policy context for Scotland covering most aspects of everyday life.

There is a devolved element to equalities legislation, that is, the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012. In 2012, Scottish Ministers made regulations that placed specific duties on Scottish public bodies to help them meet the Public Sector Equality Duty (PSED). PSED requires public authorities to consider equality in all their functions, including decision-making, design of policies and in the delivery of services, and for these to be kept under review.

These specific duties include the requirement on public authorities to carry out and publish Equality Impact Assessments (EQIAs). These identify where action can be taken to mitigate any negative impacts on individuals and groups with “protected characteristics,” including disabled people.

EQIAs should be published, and kept under review should new regulations, legislation or evidence emerge. Part 1 of the Equality Act 2010, the Fairer Scotland Duty, came into force in April 2018. The Fairer Scotland Duty is intended to reduce the inequalities of outcome, which refers to measurable differences between those who experience socio-economic disadvantage and the rest of the population. Socio-economic disadvantage is multi-faceted. However, living with a long-term health condition or impairment puts people at greater risk of living in poverty.

## C: Complain or raise a concern

If you do not get information and correspondence in the required format – despite requesting it – your next step is to make a complaint, or raise a concern, to the provider. You can also complain if you did not receive the communication / information at all.

NHS and local council complaints systems have been set up to encourage both positive and negative feedback so organisations can provide better services. Once a complaint is received, the relevant organisation is required to record and act on it.

You can make a complaint in several ways. You can also ask someone to make a complaint on your behalf, such as a carer or a family member. You can do this in writing, or email, by stating that you are giving consent for a family member, carer etc to act on your behalf – or by providing verbal consent over the telephone alongside the person who is acting on your behalf.

### Process to make a formal complaint or raise a concern

To telephone or speak to someone:

* Speak to someone in person during your visit or arrange a meeting afterwards.
* Ring the GP surgery and ask to speak to the practice manager.
* Ring the Hospital’s switchboard and ask to speak to the Patient Advice and Support Service (PASS). Link here for further information: <https://www.cas.org.uk/pass>
* Ring your social care provider/Council and ask to speak to the service who you have been dealing with.

To put your complaint in writing:

* You can make a complaint via an NHS or council website using an online form if they have one, or via the relevant email address. This is often the quickest way to get your complaint filed – and there is also a record of the communication. Link to NHS complaints process here: <https://www.nhsinform.scot/care-support-and-rights/health-rights/feedback-and-complaints/making-a-complaint-about-your-nhs-care-or-treatment/>
* You can also write a letter to the organisation.
* You should have your complaint acknowledged, be kept up to date with its progress and informed about the outcome. Organisations are required to respond to your complaint within 30 days. If you hear nothing after this time, send a follow up complaint.

If you are not happy with a response to a complaint, then please contact RNIB who will be able to advise you on next steps. RNIB’s Sight Loss Advice Service can be contacted by email at helpline.mailbox@rnib.org.uk or by phone on 0303 123 9999, 8am to 8pm on weekdays and 9am to 1pm on Saturdays.

### What to include in your complaint

In your complaint you should provide details of the inaccessible information, or communication, you have received.

Ideally, this should include:

* What was received and the format.
* When it was received.
* Which department it came from.
* What format you need to receive the information in.
* A reminder of your rights and their duties under the Patients Rights (Scotland) Act 2011 (suggested wording is below).

**Suggested text to remind the provider of your rights and their duties under the Patients Rights (Scotland) Act 2011:**

The Patients Rights (Scotland) Act 2011 aims to improve patients' experiences of using health services and to support people to become more involved in their health and health care.

The Act includes the statement “Communication about a patient’s health and wellbeing is clear accessible and understood.”

I do not think that you have met the requirements of the Act or the Standard. Please advise what steps you intend to take to fulfil this and ensure this does not happen again.

Document ends.