Accessible Information and Communication Support Guidance

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1 Purpose of the Guideline

1.1 This document provides guidance for Trust staff about how to ensure that any service users and/or their carers with accessible information and/or communication support needs are provided with information that they are able to both access and understand. The scope of this guidance is concerned with accessible information and/or communication support needs relating to disability, impairment and/or sensory loss and does not extend to foreign language barriers.

2 Background

2.1 Good, accessible service user information is important as it can:

- Help to ensure that patients arrive on time and are properly prepared
- Remind patients of what they have already been told (in case they have forgotten)
- Reinforce information provided during face to face contact
- Explain important instructions regarding self-administration of care and treatment
- Involve patients and carers in their treatment and condition
- Help patients make decisions by giving them facts about risks, side effects and benefits
- Give patients confidence, improving their overall experience
- Tell people what other information, support and resources are available

2.2 This guideline was developed in response to the publication of The Accessible Information Standard (AIS) by NHS England in July 2015. The Standard applies to all providers of NHS and publicly funded adult social care. It requires the Trust to meet the needs of all service users and carers with accessible information and/or communication needs relating to disability, impairment and/or sensory loss by:

- ASKING service users and carers if they have accessible information or communication needs
- RECORDING the need
- ALERTING staff to take action
- SHARING the need
- ACTING to meet the need by providing communication support and/or accessible information formats

2.3 Accessible Information

The term ‘accessible information’ refers to information which is able to be read or received and understood by the individual or group for which it is intended. It includes information provided in an alternative to standard printed or handwritten English, for example large print, braille or email.

2.4 Communication Support

The term ‘communication support’ refers to behaviour which is needed to enable effective, accurate dialogue between a professional and a service user, to take place. It includes the use of aids or equipment and/or, by staff making adjustments to their behaviour to enable effective communication. It also refers to the involvement, when appropriate, of communication professionals such as British Sign Language (BSL) interpreters and deaf/blind manual interpreters.

3 Introduction

3.1 This document provides guidance for Trust staff about meeting each stage of the AIS. The guidance also outlines governance issues relating to the implementation of the AIS and details of ongoing monitoring to ensure long-term compliance.
4 Stage 1: Assessing Information and Communication Support Needs

4.1 Accessible information and communication support needs must be assessed for all service users and their parents/carers (as applicable) accessing all trust services at new referral and/or initial assessment

These needs should also be assessed during formal review appointment such as Care Programme Approach (CPA) review meetings.

4.2 Individual services will be responsible for deciding who will complete this assessment. For example, needs may be identified by an administrator at the referral screening stage, or by a clinician at the service user’s first appointment. Each team must agree and practice a consistent method for identifying the needs.

4.3 The Accessible Information and Communication Support Needs Questionnaire will be used to assess accessible information and communication support needs (see Appendix 1). The following, trigger question will be asked to identify the need:

“Do you, and/or your carer/parent, have any accessible information or communication support needs?”

4.4 Where the service user/carer is not clear about what this means, the staff member will explain using the above definitions. Any identified needs must be relating to disability, impairment or sensory loss. They should be needs and not a service user/carer preference. If the answer to this question is ‘no’ there will be no further questions asked. If the answer to this question is ‘yes’ the following questions will be asked to identify the nature of this need:

- “Do you/you carer need any of the following specific contact methods?”
- “Do you/your carer need information to be given in a specific format?”
- “Do you/your carer need support from a communication professional?”
- “Do you/your carer need additional communication support?”

5 Stage 2: Recording Accessible Information and Communication Support Needs

5.1 All accessible information and communication support needs must be recorded within the clinical record system. There is a designated template within RiO, IAPTus and EMIS to record these needs (see Appendix 2).

5.2 The staff member completing the assessment of accessible information and communication support needs is responsible for completing the record within the relevant record system (RiO, IAPTus or EMIS). If the service user/carer has no identified accessible information and communication support needs, this must be indicated in the record. If the service user has identified accessible information and communication support needs, this must be indicated in the record with the needs explained through use of the tick box responses and free text boxes. If it has not yet been possible to assess the service user/carers accessible information and communication support needs, for example because they are too unwell, this must be indicated in the record. If the service user does not have an involved parent/carer, this must be indicated in the record.

5.3 If the service user has a patient maintained record, such as a Communication Passport or Health Action Plan, the staff member completing the assessment of accessible information and communication support needs is responsible for ensuring that details of their accessible information and/or communication support needs are documented in this record.
6 Stage 3: Ensuring that Accessible Information and Communication Support Needs are Apparent

6.1 Where an accessible information and/or communication support need is identified, an alert must be activated within the clinical record system. This alert will remind staff about the need when accessing the record in the future. There are designated alerts within RiO, IAPTUs and EMIS to highlight these needs (see Appendix 3).

6.2 The staff member completing the assessment of accessible information and communication support needs is responsible for ensuring that an alert is added to the patient’s electronic record if an accessible information and/or communication support need is identified.

7 Stage 4: Sharing Accessible Information and Communication Support Needs with External Professionals

7.1 Accessible information and communication support needs should be shared with other organisations and agencies involved with the service user as part of handover, discharge and onward referral. Information must be made available only to ‘organisations or people who already have a legitimate relationship with that individual and as such already have access to their patient or service user records.

7.2 Accessible information and/or communication support needs must only be shared with professionals and services involved, or soon to be involved, with a service user’s care. This includes referral routes within and between the organisation, between primary and secondary care, and across inpatient and community settings.

7.3 Information should be shared in accordance with Trust policy on sharing patient information. All Service users should complete a Permission to Share Information form that clearly lists individuals and agencies they do not want information to be shared with.

7.4 The staff member completing the handover, discharge and onward referral is responsible for ensuring accessible information and communication support needs are shared with the relevant organisations.

8 Stage 5: Responding to Identified Accessible Information and Communication Support Needs

8.1 Alternative ways to contact individuals with accessible information / communication support needs and for them to contact the service, for example, via email, text message or telephone.

Individuals should be offered a choice of contact methods alternative to the routine method, as part of the assessment of their accessible information and/or communication support needs. An alternative method must only be selected if it relates to a genuine need and not due to a preference. It is the responsibility of the assessing member of staff to ensure that a need is present and not a preference.

Where an alternative contact method is specified, it is the responsibility to staff member contacting the service user/carer to ensure that the selected method is used.

It is the responsibility of individual teams and services to ensure that their staff are equipped to provide information in the format requested, for example, ensuring text messaging is available.

Service users must give permission for email contact via the Permission to Share Information form. Staff should adhere to the Trust policy for contacting service users by SMS when using this method. Where email or text is the selected contact method, staff must ensure that their phone or mailbox is monitored when they are not available during
working hours (for example, by using a team email address) or ensure that an ‘out of office’ message is automatically issued, which provides alternative contact details.

Before either method of contact can be used, service users must send an email/text from the account that they wish to be contacted on, to the clinical team, to verify the correct contact details.

8.2 How to send correspondence in alternative formats for example, in large print, via email, in easy read, in braille

Individuals should be offered a choice of information formats, alternative to the standard format, as part of the assessment of their accessible information and/or communication support needs. An alternative format must only be selected if it relates to a genuine need and not due to a preference. It is the responsibility of the assessing member of staff to ensure that a need is present and not a preference.

Where an alternative information format is specified, it is the responsibility to staff member working with the service user/carer, to ensure that the selected information format is provided. Large print, braille and MP3 translations can be commissioned through the Trust contract with translation services. All commissions should be discussed with the clinical team manager.

It is the responsibility of staff working with the service user, to inform them that information in alternative formats is commissioned on a needs basis only and, as such, there will be a delay in providing this. Staff should ensure that service users are offered an alternative to their chosen format in the interim, for example emailed information.

8.3 How to obtain patient information in alternative formats for example patient information leaflets in ‘easy read’

Individuals should be offered a choice of information format, alternative to the standard format, as part of the assessment of their accessible information and/or communication support needs. An alternative format must only be selected if it relates to a genuine need and not due to a preference. It is the responsibility of the assessing member of staff to ensure that a need is present and not a preference.

Where ‘easy-read’ is specified as the required information format, it is the responsibility of the member of staff to ensure that this information format is provided. All staff have access to a range of easy read materials via the AIS intranet page, including patient information leaflets and letter templates and easy read care plans, which can be printed and given to service users.

Staff have access to two picture banks, and a suite of images of Trust sites, to allow them to create and customise easy read material.

Easy-read conversions can be commissioned through two easy-read providers (see appendix 4). All commissions should be discussed with the clinical team manager.

Where a commission is required, it is the responsibility of staff working with the service user to inform them that there will be a delay in providing this information. Staff should ensure that service users are offered an alternative to their chosen format in the interim.

Staff commissioning easy read information should follow the ‘patient information policy’ to ensure appropriate sign off of the information before sharing with service users and/or carers

It is the responsibility of the staff member providing the information to ensure that information is accurate and relevant. Easy read information that is obtained from external sources must be checked for accuracy and relevance.
Easy read should always be used as a tool to support a verbal discussion between service user and staff member. It is the responsibility of the staff member involved to ensure that information provided is understood by the service user. Easy read information should always be provided in addition to the standard format.

8.4 How to arrange for a communication professional to provide support to a patient / service user

Individuals should be offered support from a communication professional, as part of the assessment of their accessible information and/or communication support needs. Requirement for such support must only be requested if it relates to a genuine need and not due to a preference. It is the responsibility of the assessing member of staff to ensure that a need is present and not a preference.

Where a communication professional is required, it is the responsibility of the staff member involved to ensure that this professional is arranged in advance of appointments and is present at all appointments. Communication support professionals, such as BSL Interpreters, can be booked through Trust contract with translation services. Such bookings should be discussed with the clinical team manager.

8.5 Guidelines for arranging a longer appointment for a patient/service user with communication needs

Individuals should be offered the option of a longer appointment as part of the assessment of their accessible information and/or communication support needs. A longer appointment must only be requested if it relates to a genuine need and not due to a preference. It is the responsibility of the assessing member of staff to ensure that a need is present and not a preference.

Where a longer appointment is required, it is the responsibility of the clinician working with the patient to ensure that this is arranged. This should be discussed with the clinical team manager.

8.6 Guidance on how staff can support individuals with communication needs

Individuals should be offered the option of communication support as part of the assessment of their accessible information and/or communication support needs, for example, support to lip read. Communication support methods must only be selected if they relate to a genuine need and not due to a preference. It is the responsibility of the assessing member of staff to ensure that a need is present and not a preference.

All staff have access to condition specific training which advises about the reasonable adjustments which should be made to support communication needs related to learning disabilities, sensory loss, dementia, autism and neurological disorders. This is available on the AIS intranet page. It is the responsibility of the staff member involved to ensure that appropriate communication support is provided.

8.7 Guidance on how staff can support individuals with hearing aids

Induction loop systems are available at all Trust sites to support service users with hearing aids to communicate effectively. Fixed induction loops are available in all reception areas. Portable induction loops are available at all relevant sites to be used in consultation rooms. Teams providing services out in the community have access to portable induction loops for 1:1 use that can be taken out into the community. There are guidance manuals available on the AIS intranet page to support staff in using the induction loop devices.

8.9 Website accessibility tools

Service users and carers with visual impairments have access to Browsealoud and an increased text size option to enhance their access to information on the Trust website.
9 Maintenance, Review and Management of Tools and Equipment

9.1 Maintaining easy read picture banks
The Trust has a multiple user licence for two picture bank companies. These companies provide images which are designed to support creation of easy read material:
- Photosymbols – an extensive suite of photographic images.
- CHANGE – an extensive suite of black and white illustrations, including more sensitive images.

Information about how to obtain a log in for these picture banks can be found on the AIS intranet page. The Trust Communications team is responsible for the long term maintenance and renewal of these licences.

9.2 Managing hearing loss equipment
Clinical services will be responsible for ensuring that the induction loop systems at their site are in good working order and equipment must be repaired or replaced as required. In the event of requiring servicing, repairs and/or replacement systems, this should be ordered through Expression Media (see appendix 5).

9.3 Website accessibility tools
The Trust Communications team is responsible for the long term maintenance and renewal of licences for website accessibility tools.

10 Complaints and litigation

10.1 Service users and/or carers have the right to complain if they do not feel that their accessible information and/or communication support needs have been appropriately met. Where this is the case, complaints will be dealt with through the Trust complaints procedures, with reference to the AIS.

10.2 The Trust is legally obliged to meet the requirements of the Accessible Information Standard. Service users and carers have the right to seek litigation if they do not feel their accessible information and/or communication support needs have been adequately met in accordance with the requirements of the Accessible Information Standard.

11 Implementation and monitoring of the Guideline

11.1 Completion of the ‘accessible information and communication support needs’ assessment templates within patient electronic records will be monitored for all new assessments through the quality improvement audit dashboards. Data on the number of new assessments who have had their ‘accessible information and communication support needs’ assessed will be collated on a monthly basis.

12 Clinical safety case

12.1 The following hazards and solutions have been identified in relation to implementation of the AIS

- **Hazard**: Incorrect information is communicated due to errors in the creating of accessible information which clinician is not able to identify (e.g. due to info being in braille)
  **recommended solution**: address through contracts with external organisations (e.g. translation services) to ensure adequate checking of converted material.

- **Hazard**: Misidentification of patients/SUs/carers/parents needs results in information being given in wrong format which may be illegible to them.
**Recommended solution** – staff to follow Trust guidance provided to ensure that information about accessible information and communication support needs is accurately assessed and recorded

- **Hazard**: Staff may be unavailable when service users contact them through email. This could cause a clinical safety risk

**Recommended solution** – staff to ensure that their mailbox is monitored when they are not there (for example by using a team email address) or to ensure an ‘out of office’ is applied which provides alternative contact details.

13 **References**

East London NHS Foundation Trust, Guidance for Developing Service User and Carer Information (2016) v1.0

East London NHS Foundation Trust, Health Records Policy (2016) v.2.1

East London NHS Foundation Trust, Policy for contacting service users by SMS (2012) v1.2

Appendix 1: AIS questionnaire

Accessible Information and Communication Support Needs

Name: ___________________________ DOB: ___________________________
Date: ___________________________

1. Do you have any accessible information or communication support needs
   Please select
   ☐ Yes
   ☐ No
   ☐ Not yet assessed

2. Does your carer have any accessible information or communication support needs
   Please select
   ☐ Yes
   ☐ No
   ☐ Not yet assessed
   ☐ Not applicable

If the answer is YES to either of these questions, please ask the questions overleaf.

Note:
‘Not yet assessed’ should be selected only where it has not been possible to assess the information and communication needs. For example because the service user was too unwell to complete the service user assessment questions.

‘Not applicable’ should be selected only where the service user does not have a parent or carer involved.
1. Do you/you carer need any of the following specific contact methods? (note this is a need rather than a preference)

<table>
<thead>
<tr>
<th>Service user need</th>
<th>Carer need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email</td>
<td>☐</td>
</tr>
<tr>
<td>Telephone call</td>
<td>☐</td>
</tr>
<tr>
<td>Written</td>
<td>☐</td>
</tr>
<tr>
<td>Text</td>
<td>☐</td>
</tr>
<tr>
<td>Other (comment in box below)</td>
<td>☐</td>
</tr>
<tr>
<td>No specific contact methods needed</td>
<td>☐</td>
</tr>
</tbody>
</table>

2. Do you/your carer need information to be given in a specific format

<table>
<thead>
<tr>
<th>Service user need</th>
<th>Carer need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Easy read information</td>
<td>☐</td>
</tr>
<tr>
<td>16 point font size</td>
<td>☐</td>
</tr>
<tr>
<td>Braille</td>
<td>☐</td>
</tr>
<tr>
<td>Audio format</td>
<td>☐</td>
</tr>
<tr>
<td>BSL signed support</td>
<td>☐</td>
</tr>
<tr>
<td>Other (comment in box below)</td>
<td>☐</td>
</tr>
<tr>
<td>No specific information format needed</td>
<td>☐</td>
</tr>
</tbody>
</table>

3. Do you/your carer need support from a communication professional

<table>
<thead>
<tr>
<th>Service user need</th>
<th>Carer need</th>
</tr>
</thead>
<tbody>
<tr>
<td>BSL interpreter</td>
<td>☐</td>
</tr>
<tr>
<td>Deaf blind manual interpreter</td>
<td>☐</td>
</tr>
<tr>
<td>Other (comment in box below)</td>
<td>☐</td>
</tr>
<tr>
<td>No communication professional needed</td>
<td>☐</td>
</tr>
</tbody>
</table>

4. Do you/your carer need additional communication support

<table>
<thead>
<tr>
<th>Service user need</th>
<th>Carer need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use pictures to support verbal conversations</td>
<td>☐</td>
</tr>
<tr>
<td>Write down key information</td>
<td>☐</td>
</tr>
<tr>
<td>Support person to use communication aid</td>
<td>☐</td>
</tr>
<tr>
<td>Longer appointment</td>
<td>☐</td>
</tr>
<tr>
<td>Parent/carer to be in the appointment</td>
<td>☐</td>
</tr>
<tr>
<td>Use simple language</td>
<td>☐</td>
</tr>
<tr>
<td>Give additional time to understand information</td>
<td>☐</td>
</tr>
<tr>
<td>Advocate to be in the appointment</td>
<td>☐</td>
</tr>
<tr>
<td>Ensure environment allows easy lip reading</td>
<td>☐</td>
</tr>
<tr>
<td>Audio (hearing) loop system</td>
<td>☐</td>
</tr>
<tr>
<td>Other (comment in box below)</td>
<td>☐</td>
</tr>
<tr>
<td>No communication support needed</td>
<td>☐</td>
</tr>
</tbody>
</table>

5. Additional comments about information and communication needs
Appendix 2: Screen shots of the relevant sections of the electronic clinical records

Relevant Section of the RiO Clinical Record

![Screen shot of RiO Clinical Record](image_url)
Relevant Section of the IAPTus clinical record
Relevant Section of the EMIS Clinical Record

Section 1: Information and Communication Needs
Does the service user have any accessible information or communication support needs?

If the user requires accessible information or communication support, please complete Section 2 below:
Does the parent/carer have any accessible information or communication support needs?
If the Parent/Carer requires accessible information or communication support, please complete Section 3 below:

Section 2: User requirements
1. What specific contact methods does the service user need?
2. In what specific format does the service user need information to be given?
3. Which communication professional does the service user need support from?
4. What additional communication support does the service user need?
5. Additional comments about information and communication needs of service user

Section 3: Parent/Carer requirements

Latest Contacts:

Information/Communication needs
Appendix 3: Screen shots of electronic alerts in each of the electronic clinical records

RiO alert

IAPTus alert

EMIS alert
Appendix 4: easy read suppliers

Easy Read Providers

The Trust has identified two providers of easy-read conversions. These providers should be used to commission easy read conversions of patient information. Please note that if you would like to commission easy read appointment letter templates, this should be ordered through ‘Easy and Clear’.

Inspired Services

Inspired Services Publishing Ltd
Cotswolds, Centre Drive
Newmarket, CB8 8AN

Office: 01638 561753
Website: www.inspiredservices.co.uk
Email: Admin@inspiredservices.org.uk

Contacting us for an EasyRead quote
Please email over the document required in EasyRead. admin@inspiredservices.org.uk We will then get back to you with a price and some options. The final product includes a low res, high res and print quality pdf. If you wish to discuss any aspects please call 01638 561753 or 07801 305345.

Easy and Clear

To commission an easy read document
Email: easyclearinfo@gmail.com
Tel: 07581051039

Easy and clear are one of the UK’s largest suppliers of easy read and easier to read materials. We edit and produce accessible and inclusive information that is both easy to understand and clear to read, for people with learning disabilities and other groups with information adjustment needs.
Appendix 5: Induction loop summary including servicing arrangements

**Induction (hearing) loop systems**

**What is an induction loop?**

"Induction loop systems help people who are deaf or hard of hearing pick up sounds more clearly, by reducing background noise. They work in a particular area when a person's hearing aid is switched to the ‘T’ setting (or loop programme). This allows them to focus on sounds – such as a person speaking – from the loop system microphone, rather than the internal hearing aid microphone, which will normally amplify all noises in the area. The system helps hearing aid users to communicate efficiently and confidentially, even in noisy environments where deaf and hard of hearing people often struggle." (RNIB)

**What systems are available across the Trust?**

Trust sites have been provided with loop systems according to the type of clinical services based at the site:

1. Reception counter induction loop system – where Trust sites have a reception area that is accessed by ELFT service users, they have been provided with a PDA102 fixed induction loop. This has been installed at reception areas to help hearing aid users to converse with reception staff.

2. Meeting room induction loop system – where Trust sites have meeting and clinic rooms accessed by ELFT service users, they have been provided with a Conversor Pro portable induction loop. This portable loop system can be used to help hearing aid users to converse with staff in meeting room scenarios.

3. 1:1 portable induction loop system – where Trust sites have staff who see ELFT service users in the community, they have been provided with a PL1/K1 portable induction loop. This portable loop system can be taken out in the community and used to help service users communicate on a 1:1 basis with staff in a community setting.

**How are the systems used?**

Staff working in clinical services must ensure that the loop systems are appropriately stored, charged and switched on (as applicable). User manuals are available on the intranet to direct staff in using each of the induction loop systems.

**What happens if the loop system is not working?**

Clinical services are responsible for ensuring that the induction loop systems at their sites are in good working order and equipment must be repaired or replaced as required. If servicing, repairs and/or replacement systems are required, this should be ordered from:

**Expression Media:**
Tel: 01457 899100
email: info@expressionmedia.co.uk

All installed (reception induction loop) systems carry a 12 month on-site warranty for parts and labour provided by Expression Media in-house engineering personnel. Portable systems (Radio based and portable induction loop) have a 12 month warranty with a replacement swap-out system in operation, i.e. when a fault is reported a replacement system will be despatched directly to site by courier and the faulty unit collected, repaired and returned to Expression Media. This will then be used as stock should future issues be reported.

Service calls will be carried out on an ad-hoc basis as required. These are charged at a rate of £105+VAT and cover routine adjustments and replacement of any consumable parts.

Damage to or missing main components will be chargeable and quoted separately. Clinical services will be responsible for covering the costs of servicing, repairs and replacement systems. Where multiple clinical teams are sharing hearing loss equipment, the cost should be shared between clinical teams.