# NHS Accessible Information Standard
# Guidance for Community Optical Practices in England

The Equality Act 2010 (the Act) places a legal duty on all service providers to make "reasonable adjustments" in order to avoid putting a disabled person at a substantial disadvantage when compared with a person who is not disabled.

The NHS Accessible Information Standard (the Standard) sets out a specific consistent approach to identifying, recording, flagging, sharing and meeting information and communication support needs for NHS providers in England. This includes GOS, domiciliary and other community eye health services providers.

Compliance with the Standard requires the following five steps:

1. **Ask**: always find out if a patient has any information or communication support needs relating to a learning disability, sensory loss or other impairment (e.g. stroke);
2. **Record**: clearly and consistently record those needs in paper or electronic records;
3. **Alert/Flag**: ensure that the recorded needs are 'highly visible' whenever the individual's record is accessed;
4. **Share**: include information about people's information and communication needs in communications about referral, discharge and handover; and
5. **Act**: make reasonable adjustments to ensure that people receive information in a format they can understand.

This guidance has been produced with input from NHS England and sets out what community optical practices need to do to comply fully with the Standard. It will be updated as and when NHS England publish additional advice.

The Optical Confederation's Quality in Optometry contract compliance framework and NHS Complaints Guidance also reflects these changes.

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## Part 1: Explaining the Standard

### Why was the Standard introduced?

NHS England published the Accessible Information Standard (the Standard) as a legal requirement for all providers of NHS and adult social care services in England, including providers of NHS sight testing and other primary eye health services.

The purpose of the Standard is to ensure that individuals receive information in a suitable format, where possible of their choice. The Standard reflects the move towards a person-centred approach to care and choices.

### Who does the Standard apply to?

The Standard applies to

- all NHS patients and service users, carers if the patient requires one, and parents and carers of all children under 16
- who have information or communication support needs relating to a learning disability, sensory loss or other impairment (e.g. stroke).

It is good practice to apply the same standards to private patients.

The Standard only applies to communications support needs that relate to a learning disability, sensory loss or other impairment.

However eye health providers **must** continue to meet the existing requirements of the Equality Act 2010 by making reasonable adjustments to support people with other disabilities to access their services, e.g. people with mobility issues.

This Standard does **not** apply to people who may require foreign language translation.

### What does this mean for my patients?

Practices need to ensure that patients receive information such as leaflets, patient information materials, and appointment and referral letters in a suitable accessible format, ideally of their choice. It also means that you may need to provide or accommodate communication support.

However, this does not mean that the patient must always receive information in their preferred format, especially where NHS fees do not cover this and provision would be at disproportionate or unreasonable cost.

What is important is that patients **must** be able to access information that you provide.

**What is accessible information?**

Accessible information means information which is able to be read or received and understood by the individual for whom it is intended.

The most common accessible formats are listed below, although this is not an exhaustive list.

- Printed information in a larger font size (usually size 14 to 28)
- Information in 'easy read' (simpler language supported by images or pictures)
- Information sent or available electronically via a website, email, voice recording or text message
- 'Specialised' formats such as audio, braille and British Sign Language video

**What does communications support mean?**

Communication support means any support which is needed to enable effective, accurate communication between a service provider, professionals and service users in relation to their health care, options and choices.

Such support will be of particular relevance to people who are blind, d/Deaf, deafblind and/or who have a learning disability. It will also be relevant to people with other types of impairments, for example people who have aphasia, autism or a mental health condition which affect their ability to communicate. This requirement **does not** apply to patients who need language translation or interpretation for reasons other than a learning disability, sensory loss or other impairment, for example speakers of non-English languages.

**What support will NHS England and local commissioners provide?**

The Standard requires commissioners of NHS and publicly-funded adult social care to ensure that contracts, frameworks and performance-management arrangements enable and promote the Standard's requirements.

NHS England's view, in summary, is that the Standard simply clarifies existing duties on providers and professionals under the Equality Act 2010, therefore the Government and NHS England have provided no additional or specific funding to assist providers, such as optical practices, with implementation of the Standard. This is regrettable as it will rule out some providers being able to offer higher levels of support.

NHS England has, however, produced a range of resources to support organisations to effectively implement the Standard. These are available on the 'resources' section of the NHS England webpage for the Standard.

In the majority of cases any adjustments required will be mainly cultural or simple changes to procedure which will be low or no-cost.

Part 2 of this guidance explains what you must do to comply with the Standard.

## Part 2: Implementing the Standard

To meet the requirements of the Standard for each relevant individual you **must** carry out each of the following five distinct stages or steps.

**1. Ask**: as a matter of routine you must enquire if a new or returning patient has any information or communication support needs relating to a learning disability, sensory loss or other impairment (e.g. stroke).

Ask patients if they require any reasonable adjustments to be made when they book an appointment. This will enable any necessary support to be arranged in time for the appointment. Bear in mind that some needs may require a longer than usual appointment.

You **must** offer patients the option of giving this information in writing (either on a paper form or online) or orally (either face-to-face or over the phone). To meet this requirement, you may wish to update information signs in your practice, patient information forms and core scripts and standard operating procedures for reception and booking staff. Part 3 of this guidance gives suggested forms of words to use in your practice and on your website.

Information about individuals' communications support needs **must** be collected in a consistent way. For instance, if your practice uses a standard information questionnaire for new patients, updating it with the form of words suggested in Part 3 may be the easiest way to identify patients' needs. Details can then simply be confirmed at each future booking in the same way as name, address, GP, etc.

Patients with some conditions affecting their ability to communicate (e.g. severe learning disabilities, cognitive impairment, advanced dementia) may well have 'communication passports' containing a full record of their needs and preferences. You should ask whether a patient (or their carer or parent, where appropriate) has a communication passport if you identify a high level of communication support need.

**2. Record:** clearly and consistently record those needs in the patient's records (paper or electronic).

The Standard sets out four categories of need:

- specific contact method
- specific information format
- requires communication support
- requires communication professional

You can record these needs in any way that is clear, consistent and practical. The key point is that the information should be meaningful, accessible and can be acted on.

Where appropriate and in accordance with your normal consent and information governance procedures, you should also record the information and communication support needs of parents or carers in the patient's notes.

You are **not** required to use any specific language or terminology, but you **must** ensure that sufficient detail is recorded, including all of the patient's needs and how to meet them. You should record the person's actual communication needs and preferences and not simply their condition or disability (e.g. "deaf - can lip read", not just that the person is deaf; or "severely sight impaired - send information by email", not just that they are blind). This will ensure that you can supply information in a format that meets each individual's specific and personal needs.

You need to be aware of the Standard's four categories of needs or adjustments because they will be used by GPs, hospitals and in communication passports. They may also be communicated to you as part of a referral, discharge letter or other clinical communication, in which case the information should be recorded as if it came directly from the patient themselves.

You should use your judgement about the need to check information provided by another clinician or NHS provider as one of the aims of the Standard is that people accessing NHS care should not have to repeat their support needs at each step in a pathway. In cases of doubt, your Optical Confederation representative body will be able to advise you.

If your practice has a patient monitoring system that uses SNOMED CT, Read v2 or CTV3 codes (which are in use and recognised across the NHS), you are required to record information and communication support needs using these codes and corresponding terminology. The full list of Accessible Information Terminology is available on the NHS England website [1].

3. **Alert/Flag**: the recorded needs must be 'highly visible' - so that they can be seen and acted upon whenever the individual's record is accessed.

This should be done in the same way as for any other risk information (e.g. pregnancy or a diagnosis of epilepsy).

To ensure that this information is 'highly visible' it is sufficient to highlight information on the front sheet of paper records or to record it in a key information or notes field of electronic records. It is **not** necessary to display this information as a flag/banner on each page of an electronic record if your patient record system does not have this functionality.

All practice staff need to be aware of how to record and access information about a patient's information or communication support needs.

[1] http://www.england.nhs.uk/ourwork/patients/accessibleinfo/resources

Practices are required to update the record of a patient's information and communication support needs regularly. For GOS patients, these needs should be confirmed, and if necessary updated, at each regular sight test.

4. **Share**: you should include information about a patient's information and communication needs in any referral, discharge or handover communications to other clinicians or NHS services, under your existing data sharing processes.

   The Standard does **not** specifically require that you implement an additional consent processes to meet this requirement.

   Instead, you should follow your practice's existing consent policy in accordance with General Optical Council standards and guidance and ABDO or College of Optometrists' guidance for obtaining patient consent to treatment and onward referral.

   In your practice setting obtaining such consent may normally be implicit, for example in a patient applying for an NHS sight test under GOS. This means that you will **not** need to obtain consent specifically for sharing people's information and communication needs or renew consent at each stage (unless this is your normal practice).

   However, you **must** proactively make colleagues aware of patients' information and communication support needs when transferring their care inside or outside your practice. Again, this should be done in the same way as for any other risk information (e.g. pregnancy or a diagnosis of epilepsy).

5. **Act:** make reasonable adjustments to ensure that people receive information in a format they can understand.

   Adjustments may include changes to staff behaviour, communicating with patients via alternative methods, providing information materials in alternative formats, and accommodating or arranging for communication support, either from an on-line resource, a friend or family member of the patient or a professional interpreter. Further information about different sources of communication support can be found below and in Part 3.

   The adjustments you make should be reasonable – this **does not** mean that the patient must always receive information in their preferred format, especially where NHS fees do not cover this or provision would be at disproportionate or unreasonable cost.

   What is important is that patients **must** be able to fully participate in their care and to access and understand information that you provide.

   For example, you are **not** expected to hold stocks of patient materials available in alternative formats or to invest in adaptive technologies or braillers. Instead, be prepared to find an alternative solution, such as voice recording a patient's prescription into their phone or emailing them a copy of their prescription or referral letter.

You will, however, be expected to provide materials in alternative formats upon reasonable request and you should have a clear process in place to meet such requests. It is recommended (but not required) that you hold a small stock of the most commonly used patient materials in the formats that are most frequently requested in your local area. Further information about sourcing patient materials in accessible formats can be found in Part 3.

The Standard requires NHS providers to arrange for professional communication support for NHS patients if required and this is reasonable. This may include arranging for professional support (such as a British Sign Language (BSL) interpreter, Deafblind Manual Interpreter, Lipspeaker, Notetaker, Advocate or speech-to-text reporter) to enable patients to access your services independently and to make informed decisions about their health and care. Professional communication support can be provided in person or remotely via a web service, which is often less costly and can be accessed quickly on computer or smart phone.

Where optical practices arrange or accommodate this support (even on the patient's own recommendation), you are required to check the qualifications and safety clearance (e.g. Disclosure and Barring Service (DBS) clearance) of any communication support professionals engaged. See Part 3 of this guidance for further details.

If the patient wishes, it may be appropriate and pragmatic to allow a patient's family member or friend attending with them to act as an interpreter.

You should be aware that there can be risks involved in using family members and friends as interpreters, particularly if you have to discuss a sensitive or distressing issue (as set out in NHS England's Implementation Guidance on the Standard). However these risks are rare in community optical practices, where the most serious cases will involve a patient presenting with Ocular Melanoma for example, which would require onward referral for further investigation.

The decision as to whether there is a need for additional professional face-to-face communication support should therefore be taken proportionate to the seriousness or intimacy of the care or risks involved on a case by case basis. If it is concluded that this is not a reasonable adjustment and you have offered alternative means to communicate, you should inform the individual politely that regrettably you cannot meet their needs as they would prefer, ideally directing them to another practice which can, and this should be recorded in the patient's notes.

Where it is concluded that using a communication support professional is a reasonable adjustment, and where the patient is NHS funded, you may wish to contact your local area team and/or commissioner to find out what support they can offer. You may also want to contact your Optical Confederation representative body for further advice.

In all cases however you must take all reasonable steps to accommodate professional communication support needs, including a longer appointment time.

> NHS England may publish further advice on when it is appropriate to allow friends and family to provide communication support, although this is not expected in the short term. We will update this guidance to reflect any new advice.

### Implementation Requirements for Practices

Practices are required to produce the documents described below, setting out how you are implementing the Standard. You should have these available in hard copy to give to patients in your practice, and ideally on your website if you have one. You should keep an electronic copy of these documents that can be printed in larger font or emailed to patients on request.

### Practice local implementation plan

Practices need to have a specific plan or standard operating procedure showing how they meet the requirements of the Standard. The plan should explain all the services and facilities offered by the practice as well as any local arrangements with other providers or commissioners.

A model local implementation plan can be found in Part 3.

### Accessible communications policies

Accessible communications policy

Practices need to publish an accessible communications policy explaining how they will meet the Standard, including details of the types of accessible information they can provide. This will enable patients to find the practice that is best able to meet their particular needs.

A model local accessible communications policy can be found in Part 3.

Accessible complaints policy

Practices also need to operate an accessible complaints policy. As you are already required to operate the NHS complaints system for all GOS and other locally commissioned primary eye health services and inform the public of your arrangements, this requirement can be met by adding the following words to your current policy and leaflet:

> This practice supports complaints made in alternative formats in accordance with the NHS Accessible Information Standard. Please inform a member of staff if you need information or forms in an accessible format to make a complaint.

You can also contact your Optical Condeferation membership body for avice on the complaints system in England – FODO members can email info@fodo.com.

### Learning and sharing

Practices are required to support patients to give feedback about the accessibility of their services. They should also keep a record of when they experience difficulty in meeting the Standard. This does **not** need to be a separate process and can be done as part of your

normal patient feedback questionnaires, surveys, on your website or, where there is a complaint, as part of your normal NHS complaints process.

Lessons from this feedback should be shared with all practice staff as part of your normal staff briefings, peer review or training sessions. This will help you to identify whether anything can reasonably be changed or improved locally. Depending on the data, it may be appropriate to collaborate more widely with your Local Optical Committee, Local Eye Health Network or NHS Commissioners to see whether specific challenges can be met across your area.

**Ensuring all practices staff know and meet the Standard**

Reception staff and other non-registrants are often the first point of contact for patients or carers. Therefore, it is important that all practice staff understand and know how to comply with the Standard in your practice.

Reading this guidance and clarifying any points which are unclear with a manager is sufficient preparation for practice staff. However, you may also wish to review how the Standard is working out for patients and staff as part of your regular staff briefings, peer review or training sessions.

Part 3 of this guidance contains links to additional resources, including e-learning modules from NHS England and Disability Matters, which will help practice staff to meet the requirements of the Standard.

## Part 3: Additional Resources and Support

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## 3.1 Educational Resources

### Accessing the Standard (Information and Documents)

Information and documentation about the Accessible Information Standard, including resources to support implementation are available on the NHS England website [5].

Clarifying papers, templates and other resources to support implementation of the Standard, such as advice about communicating with patients with a learning disability, sensory loss or other impairment via email and text message, are available from the same web page.

### NHS E-learning module

NHS England has produced two free-to-access e-learning modules in partnership with Health Education England. Both modules, an introductory and advanced level, focus on effective implementation of the Standard in practice, and promoting equality through accessible information and communication.

The modules are interactive, with a short test to assess understanding at the end. Staff gaining a mark of 80% or above receiving an e-certificate of achievement. Both modules are available here [6].

Disability Matters has also produced and e-learning module to improve the general level of understanding about disability and educate healthcare staff on the information and communication needs of people with disabilities. This module is available here [7].

The charity Sense has also produced a webinar [8] to inform providers about their duties under the Standard.

### Ongoing Online Support

NHS England will establish a virtual 'community of interest' in partnership with the Patient

Information Forum (PIF) [9] to allow professionals from across organisations to share queries, solutions and good practice.

This community will help to connect practitioners and practices into wider work being done around the Standard to identify and share good practice. This online community will also be a platform for sharing useful resources associated with the Standard.

The forum will be accessible from NHS England's Accessible Information Standard webpage [10].

5 https://www.england.nhs.uk/ourwork/patients/accessbleinfo/
6 http://www.e-lfh.org.uk/programmes/accessible-information-standard/open-access-sessions/
7 https://www.disabilitymatters.org.uk/totara/program/view.php?id=41
8 https://www.sense.org.uk/content/accessible-information-standard-webinar-2016
9 http://www.pifonline.org.uk/
10 https://www.england.nhs.uk/ourwork/patients/accessibleinfo/

## 3.2 Sourcing patient materials in accessible formats

Most patient materials can be quickly and easily produced in accessible formats for a modest fee, although some specialised formats such as British Sign Language video and Easy Read are considerably more costly. The UK Association for Accessible Formats (UKAAF) [2] offers a list of services provided by their members.

Many charities working with people who have particular disabilities or sensory loss, such as the Royal National Institute of Blind People (RNIB), Action on Hearing Loss and Mind, hold standard patient leaflets in accessible formats and are able to produce information to order, again for a small fee. For example, SeeAbility offers freely available Easy Read information about having a sight test and understanding the outcome of a sight test as well as getting used to spectacles, which practices are free to use.

NHS and adult social care providers and commissioners may have local arrangements for procuring information in accessible formats, or they may be able to recommend a trusted supplier and/or have other advice. You should make yourself aware of any arrangements in your local area.

Organisations in your area may also wish to form a network to share the costs of producing information in accessible formats and to share the materials which are most commonly used by multiple providers. You can contact your Local Eye Health Network to find out if other optical practices in your area would be interested in establishing this kind of scheme.

However, in many cases you will be able to make use of patients' own devices to support communication – for example, by dictating information into a smartphone. Email and text messaging are also highly effective, quick and economical communication formats that will enable patients to use their own assistive devices.

NHS England has developed a specific advice sheet [3] on the use of email and text message to communicate with patients with disabilities.

## 3.3 Checking communication support professionals' qualifications

Optical practices are required to check the qualifications and safety clearance of any communication support professionals they arrange for or engage.

Communication support professionals **must** have the following qualifications:

- Appropriate level of qualification in their second language (e.g. an honours degree or BSL level 6 qualification)

[2] http://www.ukaaf.org/

[3] https://www.england.nhs.uk/wp-content/uploads/2016/04/Using-email-and-text-messages-forcommunicating-with-patients.pdf

- DBS clearance
- Registration with a professional body

All interpreters on the National Registers of Communication Professionals working with Deaf and Deafblind people (NRCPD) are appropriately qualified, DBS checked and will carry an official ID badge. It is sufficient for you to check this card to assure yourself that a communication support professional is properly qualified.

Example of NRCPD ID card:




Alternatively, you can use the 'find a communication professional' feature on the NRCPD website [4] to search for registrants by name to check their registration status. You can also use this feature to find a specific type of interpreter (for example, sign language interpreters) in a particular area or town.

Finally, if you use an agency to arrange interpreters, either in person or online remotely/virtually, it is recommended that you ensure that only NRCPD registrants will be provided. This guarantees that all interpreters provided will have the appropriate qualifications and clearances.

## 3.4 Example wording for updating practice materials to ask whether a patient has information or communication support needs

In addition to asking patients if they require any communications support when they book an appointment, we recommend that you update your website, waiting room information signs and patient information forms in due course. This will help patients to be proactive about asking for the support and adjustments they need ahead of their appointments.

[4] http://www.nrcpd.org.uk/

You may find the following examples helpful.

**Website:**

If you have specific information or communication support needs, please let us know in advance.

You may also wish to say that you will do your best to meet these needs and/or what reasonable adjustments you can offer.

**Wall sign:**

If you have a specific information or communication support needs, please let us know.

You may also wish to say that you will do your best to meet these needs.

**Patient information forms:**

Do you have any specific information or communication support needs?

Yes/No

If yes, please specify (e.g. I need to lip read; I need to receive written information by email.)

## 3.5 Model local implementation plan

Your local implementation plan should say what you will do/have done to ensure that your practice and practice staff meet the requirements of the Standard. This will be unique to each practice but in general may look like this.

**Staff knowledge**

All our staff have read the Optical Confederation guidance on the Accessible Information Standard and [insert title of your own practice protocol]. This has been followed up in team meetings to clarify any points and to allow staff to ask any questions.

Our [ex. reception staff/practice manager/designated complaints manager] has completed NHS England's introductory and advanced level e-learning modules.

**Practice information and materials**

We have updated our waiting room signs, patient information forms and website to ask patients to inform us if they have any information or communication support needs when they book an appointment.

We have updated our communication and complaints policies and materials to ask patients to inform us if they require information or communication support. Our policies make clear what support we are able to offer within designated timeframes.

**Key requirements of the Standard**

**Ask:** We always ask patients if they have information or communication support needs when they book an appointment.

**Record:** We record patients' information or communication support needs in the notes field on the main page our Patient Monitoring System. We use clear and consistent language to record patients' needs, and all staff are given training on correct recording.

**Alert/Flag:** Needs are recorded in a key notes field and all staff are aware that they must check these notes before contacting or interacting with a patient.

**Share:** We share information on patients' information or communication support needs with other NHS clinicians and NHS services for the patient's benefit in line with our data sharing procedures and GOC standards and guidance.

[If you use anonymised and aggregated patient data for research and service planning purposes, with appropriate consent/information governance, you should add a sentence to this effect.]

**Act:** We make adjustments to ensure that patients receive information in a format they can understand and prefer. If we are not able to easily provide patients with information in their preferred format, we work with them to find a suitable alternative.

We make accommodations to enable patients to have someone present at their appointments to offer communication support. [If you have made any local arrangements around interpreting services or if you have a member of staff who is properly qualified as an interpreter you should mention this here.]

## 3.6 Model accessible communications policy

This practice complies with the NHS Accessible Information Standard. We work hard to ensure that all of our patients receive information and communication in a format they can understand and prefer. If we cannot provide information or communication support in your preferred format, we will work with you to find an alternative format that you can access.

**Accessible information**

We can provide you with information such as appointment and referral letters, leaflets and other patient information materials in the following formats without delay:

- Printed information in a larger font size of your choice
- Information sent or available electronically via a website, email or text message
- Any other formats the practice keeps in stock (e.g. Braille, Easy Read)

We can provide information such as appointment and referral letters, leaflets and other patient information materials in the following formats upon request:

- Information in 'easy read' (simpler language supported by images or pictures)
- 'Specialised' formats such as audio, braille and British Sign Language video

**Communication support**

If you use communication support such as a BSL or other interpretation, please let us know so that we can make suitable accommodations. We will make reasonable adjustments to ensure that you are able to communicate effectively with us. However, please inform us when book your appointment so that we can make the necessary arrangements.

**Complaints policy**

We support complaints made in alternative formats. If you, or your carer if you have one, need information or forms in an accessible formats in order to make a complaint, please inform a member of staff.

## 3.7 Tips for making documents more accessible

**Basic tips for making accessible documents:**

Following these simple rules will help you make documents, such as leaflets and patient letters, easier to read and understand:

- Text should be broken down into short sentences. o When using images, selected one image to represent each sentence of text where possible.
- Language should be simplified wherever possible (plain English) and any complicated words or terms should be explained.

- Text should be in a large font size, minimum 12pt, preferably 14pt or above.
- Text should be presented on A4 pages where possible, as A5 or smaller are less widely accessible. o Text should always be aligned on the left hand side of the page and images should be in line with the text.
- Avoid fancy fonts and italics. Stick to plain sans serif fonts like Arial, Verdana or Helvetica.
- Design elements should be kept to a minimum to stop them detracting from the information.

**Creating documents specifically for a screen reader**

Screen reader technology has been in existence for over 15 years and is a popular way of accessing information online. Screen readers convert text to speech or audio and are used by many blind people and people with visual loss.

This guide will help you to ensure that any electronic documents you produce in Microsoft Word are accessible. If you also create PDF documents, you should review Government guidance on creating accessible PDFs [5].

In order to make information accessible for screen reader users, there seven basic rules to follow.

1. Add text to any image or object within the document

This is often the only information the reader has about the image or object. Add a clear title and description.

To do this in Microsoft Word o Highlight the image or object and right click o Format picture o Click on the Layout and Properties icon in Format Picture o Add Title and Description

2. Ensure images are positioned “In Line with Text”

3. Specify column header rows in tables

Adding a column header row will help a screen reader user navigate the table more effectively.

To do this in Word o Click anywhere on the table o On the Table Tools Design tab, in the Table Style Options group, select the Header Row check box
   - Add the header row information

[5] https://www.gov.uk/service-manual/user-centred-design/resources/creating-accessible-PDFs.html

4. Use styles in long documents

Use headings or styles instead of simply making text larger, or bold, or a different colour. This allows users to navigate effectively through the document. Ensure that headings are used in a logical order, for example Heading 4 is a child of Heading 3 and so on.

To do this in Word o Use headings from the headings selection in the Home tab o You can change these to suit your branding by right clicking on the heading you wish to use then selecting Modify

- Change the font to the style, size and colour that you want and tick the check box to Automatically Update the document

5. If you include hyperlinks, use descriptive text rather than simply including the web address

For example, use **Opening Hours at the Practice** rather than http://www.benthamsurgery.org.uk/practice-information/opening-times-and-extended-hours/

6. Avoid using blank characters or lines to create spacing

Blank spaces can lead a screen read user to think that the document has finished. Do not use the return or tab keys to create space. If you need to add spacing there are other ways of doing so.

To do this in Word o Instead of repeatedly tabbing down to create spacing, use the Line and Paragraph spacing options in the Paragraph tile on the Home page.

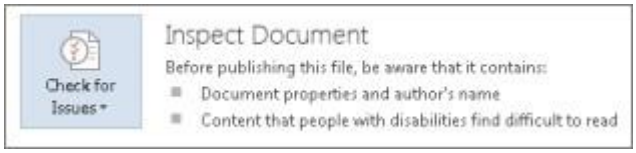
- Add space before and/or after paragraph

7. Run the Microsoft Accessibility Checker – see below

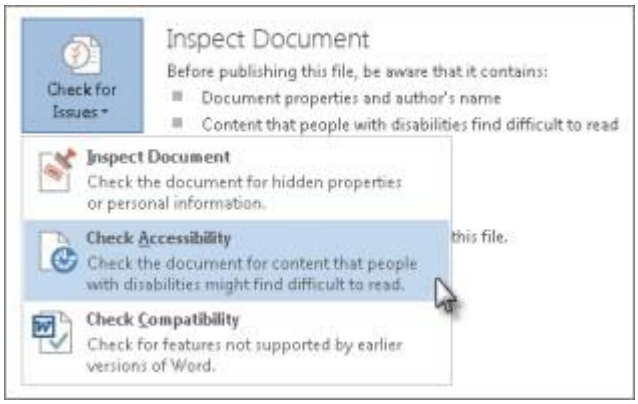
To do this in Word o

Click File > Info.

If the Accessibility Checker sees any potential issues, you will see a message next to the Check for Issues button.




To view and repair the issues in your file, click Check for Issues > Check Accessibility.




Your file reappears, and the Accessibility Checker task pane shows the inspection results

