Good morning, everyone.

My name is Howard Leicester.

I'm deaf and blind,

so I have more in common with politicians.

[inaudible] I'm going to talk

to you more as a patient representative about

NHS England's Accessible Information Standard.

It's about providing patients who need it with

documents in alternative formats and face-to-face support.

The reason for putting a picture of

Prince Charles on this slide is to raise

the quality of the presenters that we're having today.

That is also to show [inaudible] I got the award at an MBE level,

but it was the team at

NHS England who developed and promoted the Accessible Information Standard,

and did it incredibly well in the first place,

but we will see that it may be not properly in place at the moment.

But we'll also try to see if it's possible using

the audio in this to actually present a fun story with a punchline,

to see if accessibility can actually deliver a fun story in synthetic speech,

if you can run the audio.

The standard for providing documents in alternative formats with

face-to-face support was developed and promoted by NHS England,

but Howard got the national award.

His MBE invitation letter from the Queen came in standard print,

so Howard replied to the Queen with a letter explaining

AIS in braille with super-imposed large print.

The Queen was reported to have had a right good laugh.

That wasn't too bad in terms of audio;

it could have been better.

But the point is,

the Queen sent me a letter in an inaccessible format.

But it was inaccessible format when the point of

the nomination was to do with Accessible Information Standard,

so it was only right to send a reply back in braille.

I got another letter back from the Queen, again,

inaccessible, but saying, in more formal language,

the Queen had a right good laugh.

Let's move to the next slide,

why the Accessible Information Standard is there.

It displays some of the information about 2012 or so,

about the World Health Organization report on people with

disabilities having poor access to healthcare across the world.

I'm going to come a bit later on to the pandemic.

In fact, the Accessible Information Standard

came in because there was a legal challenge in

late 2012 about letters being sent to an individual who was blind, inaccessible letters.

That brought the legal challenge that led to the Accessible Information Standard,

but the Accessible Information Standard went beyond letters.

They did a lot more,

including face-to-face support, and we are covering more than just sight loss.

In fact, the legal team,

when I told them what the NHS England have done, said,

"Wow. That's where it came from."

Why it's relevant these days, today in pandemic times, well,

there was a legal case in March this year about

a blind lady receiving shielding letters,

pandemic times, in an inaccessible format.

The legal challenge said, "Well,

by the end of July,

this thing has to be sorted.

Those letters and everything else have to be accessible as soon as possible."

[inaudible]. That is an absolute legal requirement

from the Secretary of State for Health in England.

What went wrong,

the Accessible Information Standard should have recorded communication needs.

It then, with patient permission,

goes into something called the Summary Care Record.

That information is then shared with something called

the Demographic Service at NHS Digital.

That Patient Demographic Service is where all the

identification of patients with special needs or special risks to COVID,

that's where the communication contact details are.

But because AIS wasn't properly implemented in traveling through to that,

it wasn't going through.

But fundamentally, the solution the [inaudible] for health has to put in place,

in my opinion, is implementing the Accessible Information Standard properly

is related to COVID times as well.

Today, there was another legal challenge.

It was over the presentations

brought at Downing Street during COVID times and continuing,

for not having sign language.

Again, that's one of the issues which the Accessible Information Standard covered,

if not for group information,

although it logically applies there,

certainly, communications in face-to-face meeting.

That's really the case for the Accessible Information Standard,

why [inaudible] , and why it's really relevant,

especially today in COVID times.

We go to the next slide, please.

AIS is raised now because of a legal challenge in COVID times.

A blind lady was receiving letters about shielding in standard print.

Special guidance was issued to hospitals over

involving the learning disabled in decisions about use of intensive care.

Main problem was poor implementation of AIS.

Communication needs should have been recorded and included in the Summary Care Record.

Summary Care Records contain key information on all of

this available to other healthcare staff when a GPS is shut.

They were also shared with NHS Digital to communicate

with patients at special risk in the early stages of the pandemic.

It might take caucus until July to make

public health messages and communications accessible.

Effectively, he should get AIS properly implemented.

That was the audio which I didn't need to play back from the previous slide.

This slide is about the Accessible Information Standard itself.

Every health and care organization in England has to follow these five stages.

One is identify who needs additional face-to-face support or alternative documents.

Two, record it.

Record the needs properly and

here is an international standard developed by NHS England for doing that.

Flag. Make sure that the needs and

the need for help is clearly obvious, flagged in patient records.

Share. Sharing that information

with other carers who are looking after the same patient and,

of course, with the Summary Care Record.

Finally, deliver.

Face-to-face support such as sign language,

or guidance, and alternative format documents.

Naturally, the Accessible Information Standard development group

had quite a bit of fun.

At the first meeting,

the chair actually said,

"We anticipate bum fights ahead. "

I've requested, why can't we develop a parallel standard for the proper conduct,

orderly conduct [inaudible] fights from which

the standard at the moment is this presentation picture.

I'm putting it in there, one,

because it's quite fun and two,

using alternatives to speech and text to

actually get complex information across through all sorts of people.

The next slide is really about assistive technologies.

I have some brilliant examples just mentioned to you that is pretty good.

I don't need to share today,

but to mention is worthwhile,

because they are brilliant, such as,

St. Andrews University have a completely deaf medical student doing well.

The university UCL have courses at all levels for blind architects,

and if you've ever heard of somebody in America who is called

Mona Minkara, she's excellent.

If you visit her website,

it's all about her work in chemical engineering and redesigning,

including redesigning and sorting out the COVID virus.

She's doing it blind and has contacts with many others with

disabilities in other fields of scientific research.

Despite difficulties, they're getting through well.

The point of this particular slide is

because I was asked by Royal College of Physicians who advise

on communication with patients in

hospitals when every one member of staff is wearing PPE,

personal protective equipment, such as face masks.

If we click in a minute on the face that's here,

that synthetic voice you're going to hear is text going through in synthetic.

The face is linked up, but it's responding.

Its facial movement is in response to the particular words.

Different words, different movements.

Effectively, two companies in Edinburgh have synthetic facial movements,

which can be linked up with synthetic voices.

If we can play this in a minute,

the reason why the audio and the video is to do with the royal family,

the person who put it together,

much of its synthetic face work is done

by the Edinburgh team based in San Francisco of all places.

If we can play the video now,

and it's all about overcoming lip-reading problems.

About her majesty the Queen.

The Queen has ruled for longer than any other monarch in British history,

becoming a much loved and respected figure across the globe.

Her extraordinary reign has seen her travel more widely than any other monarch,

undertaking many historic overseas visits.

Known for her sense of duty and her devotion to a life of service,

she has been an important figurehead for the UK and

the Commonwealth during times of enormous social change.

Thank you. If we come to the final slide and I'll ask to play

the audio in a minute, having explained it.

That previous slide was about the example of the power of computers.

This closing slide is from an absolute international icon, Stephen Hawking.

He may no longer be with us,

but has been major in research and everything else,

in higher education and beyond,

and quite a guru and a champion in accessibility.

The power of computers is what it's really behind on what

should be implemented via the Accessible Information Standard,

which isn't probably implemented at the moment at individual level,

I've got a post for that,

and it should most definitely be in there

for anything to do with COVID and things like that now.

That's what I hope will happen.

That's what I think Matt Hancock will do,

but I need a few supporters to push things in that direction.

But I want to close with,

it's actually Stephen Hawking making a very good point in general,

complimenting AbilityNet, quite rightly.

It's all about the power of computers.

It's not just computers are in everything,

because even if the document you get is on paper,

such as large print or it's on a cassette tape or whatever,

it starts life on or via computers.

Remember, I leave you with Stephen Hawking and

my angst is to get the Accessible Information Standard properly implemented.

The reason is, a key phrase in Hawking's talk is,

"The right tools in the right hands can help everyone regardless of our frailties."

Let's leave the last word from me to Professor Stephen Hawking.

I am delighted to accept this award as recognition for all of

the truly great things that disabled people can

achieve when technology has given them the chance to shine.

I was lucky to be born in the computer age.

Without computers, my life would have been miserable and my scientific career impossible.

AbilityNet continues to help disabled people in all walks of life and

the technology for good awards remind us that technology is a vital part of human-