Absolutely fantastic stuff, Howard and Huw.

We got just under 20 minutes now for this Q&A.

I'm pleased to say we should have a chance to ask a few more questions.

So please do fire them in in the chat or tweet them,

and we'll get them asked to the gang.

First question for Howard.

We've heard a lot today about how to motivate senior managers to take this seriously.

Obviously, the things you've highlighted within

the NHS are quite literally life and death,

the examples you've given about people not being given

appropriate medical information in a format that works for them.

What else can be done to get this on the radar and get

people to take this seriously if that's not motivation enough?

Well, proper example, more than example of something that is working.

That will be a good thing.

The other thing is motivation is now coming from the part of the law.

People who don't do it, well,

what the punishment will be hasn't been specified,

but the Accessible Information Standards is an absolute requirement.

It's backed by the Equality Act and things like that,

but really it's from the 2012 Health and Care Act,

which says, if NHS England set a standard,

it must be followed.

But the other side of things,

if we can't get proper examples up and running,

which I hope we can,

we can use me.

I, for example, from my flu jab last November,

I was actually communicated about having that flu jab via an inaccessible letter.

So exactly the situation what they do with the flu jab.

I can start bringing legal cases as well,

but do it well and stop letting them get off the hook.

Mike, in the chat, has added that blind people can't independently use lateral flow tests.

Well, I accept that,

but that's the sort of thing that should be raised and

built into the Accessible Information Standard

because it's about communications and face-to-face communications as well.

If the technology to be used in hospital or at home is inaccessible,

I believe it's breaking the Accessible Information Standard.

Just while we're on this theme, Howard.

Sorry, Huw, I've got a lots for you in a second.

What can people do to help?

I'm hoping there will be people in this conference who do work

in the health sector who can directly influence,

but what can the rest of us do in terms of interactions with our local NHS trust,

for example, what would you want us to be doing?

Well, I think we have to coordinate and do it together.

The more people who can communicate with their local GP practice

or more likely their clinical commissioning group who are

really supposed to guide everything in the local areas,

put the pressure in numbers there.

That would be the best [inaudible] , than on my own pushing things,

but having lots of people.

But look, the legal cases, such as the one

today that's going through about Downing Street not

having sign language, such as the lady giving children letters,

it's just one case and neither case could've been done on their own, despite the law.

It's taken legal teams to do this.

They've been individual people who've been pushing in the first place.

If we don't have access to the legal teams or enough of them,

I think we do collectively in local areas

join people and names together and start putting the pressure on

the local clinical commissioning groups who are supposed to

be promoting Accessible Information Standard that happen.

It's not just am I an individual liking something a bit nice

to make it a little bit easier,

but actually, the number of voices say it's

important because there are far more than just that one person who needs the help.

Brilliant. Thank you, Howard.

Huw, I think the publishing sector,

I think we've arguably had more movement and success with,

and I attribute that in no short measure to your own brilliant work.

But what would you put that down to?

How have we seen good traction there?

What would you say the key ingredients were?

Money. It all comes down to money.

If publishers is driven by the bottom line,

fair enough, they have to stay in business.

When they start to see pressure on their sales because of accessibility,

then they make changes.

I've experienced it firsthand when I was back at SAGE,

we would have lost a million dollar account in

the University of Phoenix if we hadn't produced accessible material.

So it's the biggest driver.

It's nice to have for publishers.

They're like, 'Yeah, we could do accessibility, that would be really great.'

But when it comes to million pound accounts,

they're like, 'Oh, yeah, we can do that in six weeks.'

Unfortunately, it does come down to money.

But in a way, that's really

important to know for universities, and colleges, and institutions,

that you should, as part of your contracts when you're purchasing,

and it's part of procurement procedures and stuff,

put accessibility into your contracts

because you're the ones that are responsible for it,

which is, you're stuck between a rock and a hard place almost.

You're responsible for the accessibility of

the content that you provide to your students,

but it's the publishers that are providing it.

So it's really difficult,

and the publishers are not going to be the ones who're going to get sued.

So it sucks.

Building it into your contract procurement is really,

really important from now on.

I know that contracts are long-running,

but the next time they're up for negotiation,

make sure that the accessibility is part of that.

I think it's actually part of the issue PC procurement process now is that

the content and platforms have to be accessible

to even be part of that process.

I think publishers are really engaged in it.

The Publishers Association have got

an accessibility action group which has about 50 or 60 publishing members.

It's now chaired by Stacy Scott,

who runs Bookshare for the RNIB.

It's this real movement.

We're also working on proposals to

approach Adobe about PDF and InDesign accessibility.

I think it's just an enthusiasm in the publishing industry.

But going back to my first point it is about money.

If universities turn around and said,

'We need this accessible,'

and now with the laws in place as well,

I think publishers will adjust their position and see that it is important.

At the end of the day, it just makes better content for everyone.

It's not just for visually impaired people,

it's just better products,

and publishers should be all about that.

I think my experience has been that one of the hardest things is reaching people,

reaching this seemingly unreachable people.

This question has been echoed by a number of people.

But how do we get to the coalface?

If we think of a local GP, for example,

I can't even read my GP's handwriting.

How are we going to get them to

behave themselves and do the things that we want them to do?

Because I think accessibility seems to matter to certain groups.

Maybe you had more experience with it.

It's not that those people are uncaring.

They haven't had the kind of awareness raised to realize that it's important

that they take immediate action

to do something in their daily work.

It's often seen as a sort of,

'Oh, right. I'll do that as an extra thing.'

How do we switch that mentality so that people do it by

design, so that a doctor thinking of his next appointment with a patient

or the way that he's producing that set of information,

how do we make sure that he or she is leaving nobody behind with that?

Could we start with you with that one, Howard?

How do we reach the seemingly unreachable people?

The seemingly unreachable people, although I'm going to talk about the staff.

Absolutely. Yeah.

I think the answer is do it for them, give examples.

One of the things with getting around the

lack of Accessible Information Standard,

which is afforded and filled in and so on,

there is a mechanism to fill in the form as individuals

and send that through to your GP.

Maybe you can connect up with the GP IT provider to say,

'We provide the data via these forms,

filled in by patents or on behalf of patients,

and then that data goes into the record system.'

We can make that happen, as an example.

But eventually, that would be a way to

bypass the doctors having to spend time recording things

because we can do it ourselves.

Putting examples in place does make sense,

but then you would talk about the law and death

over these COVID times surely [inaudible]

those with learning disabilities [inaudible] higher on people's agenda.

Because early in the pandemic,

there had to be special guidance from NHS England

because people with learning disabilities were in COVID wards or accident emergency,

and no discussions about whether they were entitled to or wish to have intensive care.

Effectively, not being given the right treatment for their condition.

Again, the pressure of, look,

you have to do this because it's not only the right thing.

But you're actually encountering people with increased mortality, possibly death.

In order to show you how to do it,

let's do it for you to get things going.

A really timely comment from Manfred in the chat says,

'How about we start teaching this to medical students right at the beginning?'

I think that's an absolutely spot on thing.

The other thing I just think is important to raise is that this is

about the staff, the medical professionals who may

have some accessibility challenges as much as it is the patients.

I think sometimes that gets forgotten.

It's all about the end user,

but let's not forget the people who have tasked

with creating the data.

On that theme, there's a question now about,

how do we turn this language of

accessibility, for people who aren't completely immersed in it

and it's not the primary thing they do in their job,

although that's definitely the direction of travel that we want to achieve,

how do we make it more literally accessible?

Because someone's raised the example, Huw,

of accessibility statements

and their reliance on referencing the Web Content Accessibility Guidelines,

which, I think even to people who are familiar with them,

are a bit of at dire cause.

Well, how do we deal with that one?

Yeah. I think they try their best.

There's a lot of numbers, and codes,

and, oh my word, I suppose it's necessary for standardizing something.

But it isn't the most,

forgot a better word, accessible to anyone really.

It can be a challenge for even the most technically minded.

When we're designing this guidelines,

the wonderful Alistair McNaught,

who, there's many reasons why I respect Alistair,

but the main ones is that he can explain something

that's fiendishly complicated in a very, very simple way.

It's a real particular skill,

and you can tell he was

a geography teacher at one point, so

you'd have been a wonderful teacher.

But he developed that FACTS model,

it's not based on WCAG,

but it's translating WCAG into something that is tangible,

that it is actually relates to the real world.

Because a lot of the time, when you're reading WCAG, you're thinking,

'What does this even relate to on a website?

How does this fit on what is the actual practical user experience of this?

Why am I doing it?'

That's the thing in terms of, if you're looking at endless WCAG statements,

you're thinking, 'Well, how do I tick off this one?

What does it actually mean at the end of the day?'

Alistair's done a fantastic job in terms of

translating WCAG into something that's user-focused.

As I said, that guidelines explains each element and you can see,

actually, I want to use your example of your website

because I think you're, I'll put it in the chat there,

for your accessibility statement that came,

every clause is that

the accessibility statement relates to a WCAG clause,

and you explain it in very clear language,

which is a real skill and

it's very important not to just include WCAG.

Or it's the same thing publishing industry using VPATs,

which VPATs are even more incomprehensible than WCAG.

It's just boxes after boxes of techno-speak.

But yeah, it's very important.

This far education model is really based on making it practical, both for the user,

but also for the person that has to write it

because it can be a challenge to translate

web technology language into something that is meaningful.

That's at the heart of being transparent really with information.

It's actually not hiding behind that techno-speak;

it's actually translating into something that's relevant to

your everyday user who's not au fait with the WCAG guidelines.

I think we're rapidly approaching lunch.

But I think there's one final question

I think would be really interesting,

I think that feeds into everything we've been talking about is,

how do we also reach our end-users?

I think a lot of people who maybe perhaps would benefit

from some assistive technologies,

not necessarily things that are very expensive and third party,

but could actually benefit from the native tools that

exist on their own mobile devices, for example.

How can we reach those end-users in the best way?

For example, Howard, how do we support patients in the NHS

to realize the tools and technologies available to them,

that there are hopefully more accessible services that they're being provided with?

Well, I'll come back to your previous question after this.

I thought Huw's response to your last question was very good indeed.

It basically was saying, make things clear, simple.

Make it clear and simple.

I think, answering your direct question there,

or back to another one,

it's government policy and has been for some time for patient engagement and involvement.

Nothing about me without me,

joint decision making between the patients and the clinicians.

It can actually work and letting people know.

If you go to things like some of the browsers,

to get them to work in the guidance you have and the manuals themselves,

they are a nightmare.

I have no idea what I'm doing.

The guidance from the organization's own browsers, as an example,

are very poorly done,

and your browser's assistive technology feature

are jumping around a bit.

But I depend on JAWS as my screen reader.

Without it, I wouldn't be able to do anything,

and screen readers are quite a massive thing.

But in fact, I pulled it down,

screen readers are a necessary evil.

NHS England, in the Accessible Information Standard,

didn't actually include this, people.

Basically, it's an alternative to custodial sentences going to prison.

You have to use a computer with a screen reader per week,

then you will know what accessibility is or isn't.

All these sort of things,

it's back to Huw's point about WCAG and everything,

make it clear, make it simple.

Make the guidelines and the guidance you get on the browsers

or using the screen reader simple and clear.

If you go to browsers or anything else,

everything is up and running at once.

You don't know where to go.

I just wing it.

But people who are brand new to computer technology

haven't got a hope.

Make things simpler, clearer, to start with.

That's the big boys,

they're the ones who've confusing us.

Make it clear and simple for everybody.

Brilliant, thank you, Howard. I completely agree.

There was a really interesting comment from Mike in the chat

about relabeling assistive technologies as productivity tools,

which I think would help to further bring them into the mainstream

and not just the domain of people with some accessibility challenges.

I could talk to you both all day and I would really love to.

I'm afraid lunch is upon us.

Thank you, both, so much.

You are absolutely at the top of my Christmas card list, both of you.