Standard operating procedure (SOP) · DIG-SOP-003 · Version 1.1 · Approved by the ASF Expert Committee

Supports: 2D.2

At a glance

- Offer every digital service with a non-digital alternative of equal quality.
- Ask each patient at booking which route they prefer. Never assume.
- Test each new digital service with patients who may struggle before launch.
- Record each alternative offered and used.
- Stop and get help straight away if: a patient is refused care or delayed because they cannot use a digital route.

1. Purpose

To make sure patients who cannot or prefer not to use digital care are never disadvantaged by it, and receive the same service through another route [EC].

2. Scope

Applies to	Reception, booking, clinical and patient support staff, digital service leads
Locations	All patient-facing digital services at the facility
When	At booking, at each new digital service, and at each review
Does not apply to	Clinical content decisions, covered by clinical protocols

3. Definitions

Term	Meaning
Digital exclusion	Being unable to use or access digital services, because of skills, devices, internet, language, disability or choice
Equivalent route	An alternative giving the same clinical result, timeliness and quality

4. Background

Digital convenience for most patients can become a barrier for the patients least able to adapt. Criterion 2D.2 requires a defined alternative and testing with those who might struggle [SOP-023, generic].

5. Responsibilities

Role	Responsibility	Competence
Digital service lead	Owns each service and its alternative route	Digital service management
Reception and booking staff	Ask the patient’s preferred route; offer the alternative	Induction
Clinical leads	Confirm the alternative gives equal clinical care	Clinical

6. Materials and equipment

Item	Requirement	Condition
Alternative route description per service	Current	Published with the service
Patient preference record (DIG-FRM-003)	Current	Held in the patient file

7. Safety

- A patient must never be refused care because they chose not to use a digital route.

8. Before you start

- Check the alternative route for each service is open and staffed.

9. Procedure

Step 1. Define the alternative.

- For each digital service, write the alternative route, its timeliness and its clinical equivalence.

Key point: The alternative must be as good, not just available.

Step 2. Pre-test with patients.

- Before launch, test the service with patients who might struggle: older people, people with disabilities, people with limited literacy or language.
- Record the findings and the changes made.

Key point: Testing with the users most at risk finds the barriers that the design team misses.

Step 3. Ask and offer.

- At booking, ask the patient which route they prefer and record it on DIG-FRM-003.
- Offer the alternative without requiring the patient to ask for it.

Key point: Patients are often too embarrassed to ask.

Step 4. Confirm equivalence.

- Check that patients on the alternative route get the same timeliness and clinical quality.
- Sample 10 patients each quarter.

Key point: Equivalence is shown by the outcome, not by the existence of a form.

Step 5. Review.

- Review each service each year, with the findings from patients who used the alternative.

Key point: The people using the alternative are the best source of improvements.

10. Decision points

- If the alternative route causes a delay longer than the standard for that service, the service lead fixes the delay within 30 days.

11. Special situations

Situation	Action

Patient with no phone or internet	Offer a phone or in-person route, and an assisted digital option if the patient wants one.

12. Escalation

- Complaints about exclusion go to INC-POL-002 and the digital service lead.

13. Monitoring

Measure	Target	Frequency	Owner	If not met
Patients offered the alternative (sample)	100%	Quarterly	Digital service lead	Re-brief staff
Alternative routes with equal timeliness (sample)	Set by committee (EC)	Quarterly	Clinical lead	Fix within 30 days
Services pre-tested with at-risk patients before launch	100%	Each launch	Digital service lead	Do not launch

14. Records

Record	Kept in	Retention
DIG-FRM-003 Digital Alternative Record	Patient file	As the patient record (EC)

15. Training

- Reception staff are trained in offering the alternative at induction and yearly (EC).

16. Related documents

ID	Title	Use
DIG-FRM-003	Digital Alternative Record	Used in step 3
SOP-023	Digital Exclusion Support Process (generic)	Basis
CON-POL-002	Non-Discrimination and Equal Access to Care	Equal access duty

DIG-SOP-002	Digital Care System Assessment and Management	Assessment before launch

17. Evidence

Reference	Note
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus. Pre-test group and sample size to be agreed.

18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	Approved by the ASF Expert Committee
1.1	the date of approval	Internal quality review: corrected cross-references, status wording and document control	Approved by the ASF Expert Committee

E-learning for this document

No e-learning course is linked to this document yet.

Planned course: Digital inclusion: care that never disadvantages a patient who cannot use digital tools. New course planned.

References

- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)
- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)

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