

Accessible Information Standard Toolkit

November 2025

Contents:

What is the Accessible Information Standard?	2
The 6 Steps of the AIS	2
Why invest in the AIS?	6
Removing information and communication barriers – top tips	7
Communications Guide	8
Easy wins and everyday inclusion	14
Demystifying alternative formats	14
Reasonable Adjustments List	15
Learning from disabled people’s organisations	18
FAQS from GP Practices	18
Useful Terminology	21
Action Plan for Practices	23
Annual Health Check - Patient Feedback Form	24

What is the Accessible Information Standard?

The Accessible Information Standard (AIS) has been a legal requirement for NHS and adult social care providers since 2016 and was substantially strengthened in 2025. The AIS gives a clear approach to meeting the information and communication support requirements of disabled people – including d/Deaf people, people with visual impairments, learning disabled people, neurodivergent people and all other people with impairments who face barriers to accessing information and communication. They could be patients, service users, family carers or parents.

This is intended to be a bite-size guide to implementing the AIS. It came out of a project funded by NHS GM with local disabled people's organisation Breakthrough UK and GP Practices in Manchester. There is lots of great information out there already on the AIS, but a lot of it is long or difficult to find. We have summarised the essential points in this guide, and we encourage you to follow the links for more detailed learning.

Our project's Patient Champion, June, features in a short explanatory video here:

[An Overview of the Accessible Information Standard \(youtube.com\)](#)

We know that AIS still not always well understood. Many patients still find that their information and communication needs are not met, often leading to adverse health outcomes. We hope this short signposting guide helps you change this.

The 6 Steps of the AIS

1. The first is **ask/identify**. Ensuring that you ask patients if they have any information or communication needs. This can be done as part of registration, but it should also be done regularly, we suggest annually. Make it a natural and automatic part of the way you do things.
2. The second step is to **record**. Ensure that you have recorded any information or communication needs that the patient has informed you about. You can do this by using Read v2, CTV3 or SNOMED-CT codes, supported by free text.
3. The third step is **flag/highlight**. This can be done by placing an alert on the person's record – for example a patient warning in EMIS for GP

- practices or the appropriate database - to ensure that whenever anyone opens that record, they are informed of any needs they need to act on.
4. The fourth step is to **share**. This means that if you refer a patient to another department or specialist, you ensure that their information and communication needs are shared so they don't have to inform people again. Make sure that this is covered in your sharing agreement in the registration process.
 5. The fifth step is to ensure that you always **act** on any needs that have been identified. For example, ensuring that there is always a BSL interpreter booked for appointments.
 6. The 6th and final step is to consistently and regularly **review** needs and ensure records are up to date. This is a new requirement from 2025.

The performance of organisations in meeting people's information and communication needs is considered in CQC assessment and ratings.

Practical resources to assist you with implementation

Guidance

Read the [Implementation Guidance for the Standard](#). This should be your starting point.

To help you develop an action plan to implement the AIS, then complete the [self-assessment framework](#).

Your action plan should work through the 6 steps above with additional overarching actions that focus on improving your level of compliance from basic, through intermediate, to advanced and finally exemplar level.

Specification

This document sets out what organisations need to do to meet the Standard: [NHS England » Accessible Information Standard – requirements \(DAPB1605\)](#)

Factsheets

- UK Association for Accessible Formats (UKAAF) resources to ensure the accuracy and quality of translated and transcribed information: [minimum standards](#)

- Campaign for Plain English – [How to write medical information in Plain English](#)

Checklist

This [Preparatory Action Checklist](#) can be used to support the self assessment linked above.

Terminology to support the AIS

In electronic systems which use SNOMED CT, Read v2 or CTV3 codes, information about patients', service users', parents' and carers' information and communication needs MUST be recorded using the coded data items associated with the subsets defined by this Standard.

A summary of the terminology associated with the Standard can be found at [Terminology \(SNOMED CT, Read v2 and CTV3 codes\)](#)

Reasonable Adjustment Digital Flag Standard

The [Reasonable Adjustment Digital Flag Standard](#) (DAPB4019) sets out the requirements for the digital flagging of reasonable adjustments. Digital flagging of reasonable adjustments enables local and inter-organisational identification and sharing of these adjustments, ensuring they are recognised, highlighted and implemented as required by the Equality Act 2010. NHS England has built the Reasonable Adjustment Digital Flag in Spine to enable professionals to record, share and view details of reasonable adjustments across the NHS, wherever the person is treated.

E-learning and training resources

An e-Learning module on the AIS has been developed in association with Health Education England: [Accessible Information Standard - elearning for healthcare \(e-lfh.org.uk\)](#)

Disability Matters have created an elearning package, '[Disability Matters for the Accessible Information Standard](#)' to help staff improve their understanding of disability, and the information and communication needs of disabled people.

GP toolkit

Straight Talkers and Bentham Medical Practice have [produced a toolkit](#) which provides a quick reference guide for GPs, Practice Managers and practice staff. This requires a Google account to access.

Presentations, videos and webinars

- Zoe Bisby, Learning Disability Care Co-ordinator South Manchester, has made several short videos for you explaining how the AIS supports her role and the people she supports:
 - [Using the Accessible Information Standard](#)
 - [What is the AIS and Reasonable Adjustments](#)
 - [Accessible Information for Health Checks](#)
 - [Tips on reasonable adjustments and accessible information](#)
- Torbay and South Devon NHS Trust [videos for patients](#)
- [BSL video](#) – Bracknell Forest Sensory Needs Conference
- Change People – video about Accessible Information from the perspective of learning disabled people:
<https://www.youtube.com/watch?v=V7xBGYGZwyU>
- A selection of videos from Sign Health [explaining common barriers Deaf people face to accessing health services](#). The same page also lists urgent areas for change, following research they did around the 5th year anniversary of the AIS.
- This video shows members of Manchester People First talking about what helps them attend health appointments:
https://www.youtube.com/watch?v=Huq_WTwLW8Q
- This film on enabling communication is made for front line medical staff with local Deaf people <https://youtu.be/7b2hcwb9y6Q>

Sample documents, posters, leaflets and infographics to adapt

- Template report for Governing Body or Board
- Communications Card Template
- [‘Your Rights Under the Accessible Information Standard’](#) (produced by CHANGE)
- [Example poster](#)

- See pages 10-13 below for sample letters and conversations, extracted from the NHS Implementation Guide

Other useful resources

- Health Professionals – Resources to support health professionals including “[The Hospital Communication Book](#)”.
- [Dos and don'ts for designing for accessibility](#)

Background reading and tools

The Patient Information Forum (PIF) | Patient Information Forum
www.pifonline.org.uk

My Computer My Way is an interactive web-based tool developed by AbilityNet that shows disabled people how to adapt their computer, laptop, tablet or smartphone using the accessibility features built into its operating system: <https://mcmw.abilitynet.org.uk/>

BMA advice on following the Accessible Information Standard:

<https://www.bma.org.uk/advice-and-support/gp-practices/communication-with-patients/following-the-accessible-information-standard>

HealthWatch's 'Your Care, Your Way' campaign has set out five headline recommendations to help health and care services ensure that people who have communication needs are given their healthcare information in the way they need it. <https://www.healthwatch.co.uk/news/2022-02-23/accessible-information-standard-our-recommendations>

Why invest in the AIS?

- Complying with the AIS involves making and embedding small changes to the day-to-day routines of your practice. This may need some time and learning investment, but it will make a big impact on outcomes for patients who have information and communication requirements.
- This will also relieve pressure on practices, as it will likely lead to fewer repeat appointments, due to things like patients not fully understanding how to take their medication, or lifestyle changes needed to manage a condition.

- Compliance with the 6 steps of the AIS is checked during the Care Quality Commission's inspections and is a standard part of their evidence gathering. The CQC will also ask how you are meeting through AIS through annual Provider Information Requests/Collections:

[Meeting the Accessible Information Standard - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk)

Removing information and communication barriers – top tips

- Ensure that your practice knows how to access interpreter services commissioned by NHS GM - both for translation into accessible formats and for communication support such as British Sign Language interpretation or lip speakers.
- Familiarise yourself with the escalation process if there are problems with booking – for example via the providers themselves or the Manchester primary care team if that doesn't resolve things.
- Remember that although people may have the same impairments, they may require different methods to meet their information and communication requirements. For example, one visually impaired person may require standard print information by email so they can use screen reading software, another may prefer it in audio format so they can listen to it, and another may need the information in large print in a specific font. To meet the standard, you need to understand what format or approach will work for individuals by asking them and not make assumptions based on their impairment. Some people may need to look at examples of different types of formats to support them to make this choice.
- Make sure there are posters around the practice so that patients are aware of how you can support them. Have them in clear, large fonts and displayed at eye level, particularly for shorter people and wheelchair users.
- If someone needs to lip read. ensure that you are in a well-lit place with no shadows. Don't cover your mouth. Don't exaggerate or shout.
- Remember that some Deaf BSL users may not be able to read texts/written information as it is not their first language, so all communication will need to be via an interpreter

Communications Guide - adapted from NHS England guidance

Communication and/or information needs must be identified at patient registration, or as soon as possible:

- For new patients: the initial question may be asked over the telephone, face-to-face at a reception desk, as part of a registration or admission form, or through an alternative process.
- For existing patients: communication and/or information needs must be identified proactively the next time an existing patient/service user contacts or is seen by the service.

Identifying Patient Needs

Patients, service users, carers and parents should be asked to self-define their information and/or communication support needs, and it is these requirements (and not their impairment/condition) which should be recorded. This ensures that everyone receives information in a format that they can understand and any support which they need to communicate.

Recording that a person is 'deaf', for example, does not explain whether they are able to read written English, if they use British Sign Language (BSL) or are a lipreader and/or hearing aid user. This could lead to making assumptions about the communication support or alternative formats required.

Some people may offer information about their needs proactively, while others may need support or prompting, including follow-up questions, to enable accurate identification of needs.

Scenarios to consider:

- People who have been affected by sensory loss later in life might not consider themselves to be 'disabled', and/or may not understand the types of alternative formats and communication support available to help them. In these cases, it helps to prompt people by telling - and showing - them the more common formats and support that may be useful.
- Other groups may reject the term 'disabled'. Deaf people often identify as a cultural minority whose first language is British Sign Language, and not as disabled people. Neurodivergent people often do not consider themselves to be disabled people either.

- Some people with information and/or communication needs may find it difficult to explain what those needs are, as the necessary support is not yet in place. Other individuals might be unable to read or complete a written form, or to converse with staff unaided.
- An individual may need support from an interpreter or other communication support professional to accurately identify their needs. In such cases, it might be necessary to arrange a specific appointment for this or use the next occasion when the individual accesses the service to complete this conversation with the appropriate support.
- Where barriers are anticipated or experienced, consider available local experts and specialists who may be able to support or assist with the identification and assessment of needs, before putting plans in place to meet those needs effectively and efficiently in future.
- An individual – particularly a learning disabled person – may have had an assessment of their communication needs before or elsewhere, with the outcome documented in a ‘communication passport’ ‘traffic light document’ (Manchester) or similar. This can be a useful source of information and advice where available, so it is worth asking individuals if they have such a document already.
- If someone needs information in an alternative format or communication support because of a learning disability the conversation may take longer as greater explanation and examples, or prompts may be needed. For example, the individual may not provide any details of communication support needs when asked an initial question, but, if prompted, may explain that they need written information in easy read.

Asking about communication needs

Individuals must be asked about any information or communication support needs during their first or next interaction with the service. This can be over the telephone or face-to-face. Where the conversation is held in person, a private room or area should be offered.

Additionally, an online / paper form could be made available for patients to communicate their needs, including as part of a new patient registration form. Many individuals will be able to read and complete such a form unaided or without professional assistance.

Suggested questions which could be used to identify if an individual has any information and/or communication support needs include:

- Can we do anything to make communicating with us easier?
- Do you have any communication or support needs?
- Are standard letters ok for you, or would you prefer larger print or a different form of communication?
- Do you have any communication requirements? How do you prefer to be contacted?
- What is your preferred method of communication?
- How would you like us to communicate with you?
- Can you explain what support would be helpful?
- What communication support could we provide for you? What is the best way to send you information?

These questions are neutral, avoid asking for details of someone's health, and focus the conversation on the practical measures required.

Written Example One

By letter: We want to get better at communicating with our patients by providing information in a way that meets your needs. Let us know how you'd like us to communicate with you in-person, over the phone, and by letter.

For example, let us know:

- if you find it hard to read our letters or if you need someone to support you at appointments.
- if you need information in braille, large print or easy read.
- if you need a British Sign Language interpreter or advocate at appointments.
- if we can support you to lipread or use a hearing aid or communication tool.

Please share this information with the receptionist when you arrive for your next appointment, or call us on xxxxxxxxxx between xx and xx.

By text message: We're improving how we communicate with patients. Please tell us if you need information in a different format or need communication support.

Extra options: Include a 'standard line' as part of all correspondence to encourage people to contact you if they have any information or communication needs, for example: *"If you would like this letter or information in an alternative format, like large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call us on xxxxxxxxxx or email xxxxxxxxxx."*

Conversation example one:

Receptionist: Hello John. We've started to ask people if they need any support from us. For example, if they need a different type of letter or help to say what they think when they see the nurse or doctor.

We want to put this information on their records, so that we can always be as helpful as possible.

Patient: Ok.

Receptionist: Would you like any help when you see the nurse or doctor?

Patient: Sometimes I find it hard to say what I think. When I see the doctor, I find it hard to say what I think.

Receptionist: Ok, thanks for sharing that with me. Do you sometimes have someone else come to your appointments to help you?

Patient: Yes. It is much better when I have Tony there. I can ask the questions I want, and he makes sure I understand and can say what I think.

Receptionist: I think Tony is a type of support person called an advocate. An advocate helps people to say what they think. Is Tony your advocate?

Patient: Yes, I think so.

Receptionist: I am going to write on your notes that you have an advocate at your appointments, is that ok?

Patient: Yes.

Receptionist: And what about letters. Can you read the letters we send you, ok?

Patient: I find letters hard to read; I can't read long words. I prefer it when there are pictures to help me understand the words.

Receptionist: We can start to send you letters with pictures and using easy words, would that help?

Patient: Yes

Receptionist: Ok. We call that 'easy read' information. I am going to write on your notes that we need to send you letters and other information in easy read.

Patient: Ok, thank you.

Conversation example two:

Receptionist: We want to communicate with you in whatever way suits you best, when you're at home and when you're here in person. Do you have any information or communication needs that we can meet, to make things easier for you?

Patient: Yes, I need written information via email because I am blind. If you email information to me, I can access it via my screen-reader software.

Receptionist: Ok great, I'll put that in your notes. Is there anything else we can do to help?

Conversation example three:

(Conversation supported by a British Sign Language interpreter)

Receptionist: Do you have any information or communication support needs? We would like to record them so that we can make sure we're always meeting your needs.

Patient: Yes, I am Deaf. I need a British Sign Language interpreter at my appointments.

Receptionist: Ok, I will record that in your notes. Do you need any other support from us? Do you need us to send you information in a particular format or contact you in a particular way?

Patient: I cannot use a telephone. I need you to contact me via email or text message instead.

Receptionist: Ok, I will record that in your notes too. Do you need any other support, or is there anything else you think we should know?

Patient: I will need a longer appointment because the conversation will be three-way because of needing an interpreter.

Receptionist: Ok. Thank you for sharing this with us.

Easy wins and everyday inclusion

- Be flexible about when patients can contact the practice, allow anyone with communication and information needs to book an appointment at any time of day and not be restricted to 8am.
- Wherever possible, offer patients the choice between a virtual and face-to-face appointment. Some patients will find face-to-face more accessible and vice-versa.
- Always address the patient regardless of who they bring with them, unless otherwise requested.
- Some learning disabled people may already have a communication / hospital passport or traffic light document which records information that they want you to know. Routinely ask people if they have one of these.
- Use apps to your advantage, for example: if a patient needs information in audio, perhaps it will be possible to send them a voice note – technology permitting.
- Information in advance, some neurodivergent patients may need information in advance in order to feel comfortable in attending the appointment. This might be a step-by-step breakdown of what will happen in an appointment, questions they are likely to be asked, photos of where the appointment will take place, and any equipment involved.
- On the same topic consider sensory elements, such as if the room has strip lights that may flicker or there is anything that might cause strong smells. Consider offering a different location.

Demystifying alternative formats

- Alternative formats can be as simple as using large print. If someone emails or writes to you in a specific format, the simplest way to make it accessible is to reply in the same format that they used.
- Easy read is a format that is accessible for people with learning disabilities. Your practice may have access to templates that have already been co-produced for commissioners – for example those created to support the Annual Learning Disability Health Check. Easy Health (www.easyhealth.org.uk) has lots of fact sheets in easy read on pre-prepared topics.
- Aim for one idea per sentence and use short words.
- Ensure that information is clear, and you know what the essential points are before you write.
- Don't use unnecessary graphics as this can interfere with screen readers. Describe them in alternative text if you do, especially if they are electronic.

- Use a minimum font of 14 for all your documents and with a sans serif font like Arial. This makes documents easier to read for the widest possible audience.
- Whenever you produce a document, keep an up to date original in an unformatted document. This can then be put into other formats more easily.
- Patients will often know what they need if they use assistive technology, after all we are all experts in our own experience.

Reasonable Adjustments List

This is a short guide, co-designed by a group of disabled people's organisations in 2022, to what may be available to help anyone who experiences barriers.

However, no-one experiences disabling barriers in the same way, so please ask if they need reasonable adjustments, give examples and be guided by what the individual says they need.

Please be aware that people may experience multiple barriers and so their needs shouldn't be expected to fit into a single box.

Anyone who has communication needs (all groups)

- Offer appointments at quieter times during the day
- Offer face to face and digital appointments and let them choose which they prefer
- When booking an appointment allow patients to call during any time of the day that works for them
- Information in advance, such as photos & step-by step appointment details
Offer home visits, if possible
- Sensory adjustments, such as changing lighting / room
- Ask if someone has a communication passport

Learning disabled people

- Easy Read
- Information in advance
- Multiple reminders
- Communication tool or aid
- Makaton (in person communication tool using simple signs)

Neurodivergent/Autistic People

- Offer appointments at quieter times during the day
- Speech-to-Text-Reporter (STTR)/Palantypist
- Notes taken during their appointments for their reference afterwards
- Advocate
- Notetaker
- Information in advance
- Ask about non-verbal communication
- Ask if someone has a communication passport
- Ask about preferred communication methods
- Use plain and simple, easy to understand language
- Double appointments should always be offered

Visual Impairment

- Information in large print
- Information in braille
- Information in audio format
- Information by e-mail to enable the use of a screen reader
- Physical guidance by staff member around surgery
- Their name being called when it comes on the screen rather than alert tone
- Anything on broader access of room, e.g. colour contrast

Hard of Hearing or Deaf people

- Speech-to-Text-Reporter (STTR)
- Hearing loop system
- Lip speaker
- Offer appointments at quieter times during the day
- BSL interpreter booked in for every appointment if requested by patient. Ensure that this is done in good time
- Be aware that not every Deaf person can understand BSL
- Good lip-reading practices by staff, being aware of lighting and facial hair and the use of PPE masks – face shields may be used instead

Speech Impairment

- Text relay
- Voice Output Communication Aid (VOCA)

Deafblind people

- BSL interpreter hands-on-signing
- BSL Visual frame signing
- Deafblind communicator guide
- Deafblind intervenor
- Deafblind manual interpreter

People experiencing mental distress

- Offer appointments at quieter times during the day

People facing physical barriers

- Be aware if a specific room is needed
- Be aware of room layout and change this before appointment if needed, including checking for trip hazards
- Automatic doors, low intercoms, reception desk at good height to communicate with wheelchair users or short people
- Ensure that any equipment needed is provided, e.g. hoists or an adjustable bed, specific type of seating

Learning from disabled people's organisations

- Throughout the project, working with the Manchester disabled people's engagement board ensured that we considered and included all types of accessibility barriers faced by their members. Particularly around sensory sensitivity as this is still not often considered but can have a huge impact on patients' experience.
- A big issue they raised was practices insisting that people call them at 8am to book an appointment. This can be an issue because of the availability of support staff or personal assistants who may not be available to assist at this time. The effects of medication and insomnia can also make early bookings very difficult.
- The disabled people's engagement board also helped to develop the reasonable adjustments list above to assist both practice staff and patients to have clear knowledge of what adjustments are available to them.

FAQS from GP Practices

BSL Interpretation and Translation

These services are paid for by NHS GM. Check your specific contract for any restrictions. They usually provide:

- BSL Interpretation and Translation
 1. The Contractor shall provide a BSL Interpretation and translation service to allow communication between Deaf and Deafblind people (and others as required) and hearing people, in attendance in person, or via video conferencing.
 2. Services under this lot include (but not limited to);
- British Sign Language (BSL) Interpreters
- Deafblind Interpretation and Sight Translation
- Lip speakers
- Note takers
- Chaperones and Communication Support Workers
- Video Relay Interpreting Services
- Video Interpretation
- Cued Speech and Makaton
- Speech-to-text reporting
- BSL Translations (Text to Video)
- BSL 'In Vision' Interpretation
- Subtitles and Audio Descriptions
- Accessible format translation (braille, large print, moon, text-to-audio)

- Easy Read

How do I access Braille?

This can be sourced through the above contract.

RNIB is the biggest national provider of Braille formats. They offer Braille in hard copy and electronic formats, as well as audio and large print. Contact their transcription services team here:

<https://www.rnib.org.uk/professionals/business-professionals/contact-our-business-services/>

Some local disabled people's organisations provide a Braille transcription service and this is a great way to support local grassroots organisations. In Manchester, this is the Greater Manchester Coalition of Disabled People

<https://gmcdp.com>

Braille is a less frequently requested format but remains important, particularly for some older and/or digitally excluded people who rely on it.

How do I access British Sign Language Interpreters, speech to text reporters and Lip Speakers?

Via your contract.

[Manchester Deaf Centre](#) also have an interpreter booking service in Manchester, and is a Deaf-led organisation.

[Sign Health](#) have a range of British Sign Language interpreted videos on health topics.

How do I create Easy Read?

[Manchester People First](#) have a [useful guide to creating easier to read information](#) across all your publications:

How to I commission Easy Read?

Manchester People First above and [Change People](#) in Leeds are two disabled people led organisations who do this.

In addition, this is provided under contract for Primary Care appointments.

[Easy Health](#) have a range of health related factsheets in easy read.

What are the most common reasonable adjustments people need?

Common adjustments include:

- BSL interpreters
- Easy read information and appointment letters
- Advocate / Notetaker / Personal Assistant / Supporter accompanying the person
- Ask if someone has a communication passport / Traffic Light Document
- Ask about preferred communication methods
- Use plain and simple, easy to understand language
- Double appointments should always be offered
- Offer appointments at quieter times during the day
- Offer face to face and digital appointments and let them choose which they prefer
- When booking an appointment allow patients to call during any time of the day that works for them
- Home visits, if possible
- Sensory adjustments, such as changing lighting / room
- Information in large print
- Hearing loop system
- Level access and automatic doors
- Good contrast within rooms e.g. between walls and doors
- No trip hazards or clutter

Breakthrough has produced a short guide to reasonable adjustments with more options for different groups.

How do I test our hearing loop?

This will depend on the model but there is generic guidance here:

<https://www.hearingloop.co.uk/blog/how-to-test-a-hearing-loop-system/>

There are products available for less than £100 which allow staff members who do not use a hearing aid to check a loop system. For example:

<https://www.hearingloop.co.uk/product/induction-loop-test-receiver/>

What guidance is available on the AIS?

The [detailed NHS guidance on the AIS is here](#). There is a [self-assessment framework](#) available to support you with implementing it.

Are there accessible versions of the AIS?

Yes. These are available in easy read, British Sign Language, audio and electronic Braille at this link: [Accessible Information Standard – accessible versions](#)

How can I access Deaf Awareness Training?

Manchester Deaf Centre run face to face and virtual Deaf Awareness sessions for healthcare providers. There are a range of other private providers in the area.

Useful Terminology

Advocate: An advocate supports someone who may find it difficult to communicate or to express their point of view. Advocates can support people to make choices, ask questions and to say what they think.

Communication support: Support which is needed to enable effective, accurate dialogue between a professional and a service user to take place.

Communication tool / communication aid: A tool, device or document used to support effective communication with a disabled person. They may be generic or specific / bespoke to an individual. They often use symbols and / or pictures. They range from paper charts to complex computer-aided or electronic devices.

Disability:

Disabled people's organisations in the UK understand use the words 'disabled people' to mean people facing disabling societal barriers due to their impairments or conditions. This includes people with physical impairments, mental ill health/mental distress, hearing - including deaf and Deaf with BSL as first language, or visual impairments, learning disability/difficulty, neurodiverse people, and those with chronic illness or fatigue."

(based on the DPO Forum England definition)

The Equality Act 2010 describes someone as a disabled person "if they have a physical or mental impairment, that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities."

“Disabled people include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.”

Learning disability: Learning disabled people have life-long development needs and have difficulty with certain cognitive skills, although this varies greatly among different individuals. Societal barriers continue to hinder the full and effective participation of learning disabled people on an equal basis with others.



Accessible Information Standard (AIS): Action Plan for Practices

Practice:

Accountable person:

Role:

- 1. What has been going well in terms of disability inclusion at your practice?**
- 2. What barriers have been identified around accessible communication and information?**
- 3. What actions are required on the implementation of the AIS within your Practice? Please list:**
- 4. Who else may need to be involved to implement this/these and why?**
- 5. What resources or processes need to be in place to implement these?**
- 6. Are there any internal or systemic barriers that may affect your completion of these actions?**
- 7. How can these be overcome?**
- 8. What is your deadline for completing these action/s?**

Annual Health Check - Patient Feedback Form



Your feedback about your Annual Health Check is important to us. It helps us to understand what we are doing well and how we can do better in the future.

Your feedback is anonymous, meaning we will not know who has filled in this form unless you want to tell us.

Name of GP Practice:	
Please return this form to:	[name of learning disability champion/co-ordinator]

1a. Overall, how was the experience of your Annual Health Check?

Good	Neither Good nor Bad	Bad	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1b. Please tell us why you gave this answer.

Please tell us whether you agree with the following statements:

2. I found it easy to arrange my Annual Health Check with the GP Practice.



Agree



**Neither Agree nor
Disagree**



Disagree



Don't Know

3. I was given information about Annual Health Checks that I could understand and that helped me to know what to expect.



Agree



**Neither Agree nor
Disagree**



Disagree



Don't Know

4. The GP Practice asked about my needs and offered to make changes to their service so I could have a better experience.



Agree

**Neither Agree nor
Disagree**

Disagree

Don't Know

5. At my Annual Health Check, healthcare professionals made time to talk with me and listened to my views.



Agree



**Neither Agree nor
Disagree**



Disagree



Don't Know

6. At the end of my Annual Health Check, I made a Health Action Plan with a doctor or other healthcare professional.



Yes



No



Don't Know

7. I received a copy of my Health Action Plan.



Yes



No



Don't Know

8. I intend to use my Health Action Plan to achieve my health goals over the next year.



Agree



**Neither Agree nor
Disagree**



Disagree



Don't Know

9. I intend to have another Health Check next year.



Agree



**Neither Agree nor
Disagree**



Disagree



Don't Know

10. Please use this space to tell us how we could make the experience better next time or for any other comments and please use a separate sheet of paper if you need more room to write.



If you do want us to contact you about your feedback, please provide your name and preferred method of contact, below.

Name:

Contact:

Thank You for Your Feedback