Park House Surgery

Accessible Information Standards Policy

Version	Edited by	Date issued	Next review date
1.0	**Dr HM Lancashire**	**07/06/26**	**07/06/28**

Position	Named individual
Executive Partner	Dr HM Lancashire

1 Policy statement

This policy outlines how this organisation will support patients by providing safe, timely and flexible access, ensuring all patients inclusively can access the services provided when they need to. The policy also provides guidance on self-care and the management of urgent and walk-in appointments.

The Accessible Information Standard aims to ensure that disabled people have access to information they can understand and the communication support they may need. The Standard applies to service providers across the NHS and adult social care system. As organisations that provide NHS services, GP practices are required by law to follow the Standard under Section 250 of the Health and Social Care Act.

2 Key requirements

There are five key requirements of the Standard:

1. Ask patients and carers if they have any information or communication needs, and find out how to meet their needs;
2. Record those needs in a set way;
3. Highlight a patient's file, so it is clear that they have information or communication needs, and clearly explain how those needs should be met;
4. Share information about a person's needs with other NHS and adult social care providers, when they have consent or permission to do so;
5. Make sure that people get information in an accessible way and communication support if they need it.

3 What We Will Do To Meet the Standard

3.1 1. Ask patients and carers if they have any information or communication needs, and find out how to meet their needs

We will ask patients and their carers to tell us if they have any communication or information needs relating to a disability, impairment or sensory loss, and if so, what they are.

New patients are asked at the point of registration if they have any communication or information needs relating to a disability, impairment or sensory loss, and if so, what they are.
Existing patients can be asked opportunistically (e.g. when making an appointment, with repeat prescriptions, newsletters, posters, email, text message, information screens, website).
Patients should be asked to self-define their communication/information needs and it is these needs (and not the disability) which should be recorded.
Searches are reviewed quarterly to identify patients who may have accessibility needs and they are contacted by the care coordinator to discuss this.

3.2 RECORD THOSE NEEDS IN A SET WAY

Once a patient has informed the practice that they have communication or information needs relating to a disability, impairment or sensory loss these are coded to the clinical record as per the PHS Reasonable adjustment digital flag policy May 2026.docx and the protocol set up within EMIS highlights on opening the clinical record or booking appointments that the patient has accessibility needs to be considered to enable them to best access medical care.

3.3 HIGHLIGHT A PATIENT'S FILE, SO IT IS CLEAR THAT THEY HAVE INFORMATION OR COMMUNICATION NEEDS, AND CLEARLY EXPLAIN HOW THESE NEEDS SHOULD BE MET

In order to inform all users and provide the opportunity to keep information up to date this information is flagged as per the national guidance on reasonable adjustment digital flags and the above protocol highlights this information to staff. Unless the patient has declined, this digital flag will be available to staff in other healthcare settings as per the National Digital Flag withing the National Digital Patient Record.

3.4 3.4 SHARE INFORMATION ABOUT A PERSON'S NEEDS WITH OTHER NHS AND ADULT SOCIAL PROVIDERS, WHEN THEY HAVE CONSENT OR PERMISSION TO DO SO

As the information is being recorded in a standardised way via agreed SNOMED coding, users are being informed of any needs every time they enter the record the information recorded will be shared subject to patient's choice regarding the sharing of information.

3.5 3.5 MAKE SURE THAT PEOPLE GET INFORMATION IN AN ACCESSIBLE WAY AND COMMUNICATION SUPPORT IF THEY NEED IT

The Practice provides one or more contact methods which are accessible to the patients. Methods include email, text message, telephone and text. Translation services for languages and BSL are available to patients. The practice website can be viewed in different languages.

Where information/communication needs are identified, information (e.g. correspondence) will be provided in one or more accessible formats (e.g. non-standard print). Alternative formats can be provided if available either through auto-generated systems, or through prompting staff to make alternative arrangements.

The adjustments made should be reasonable – but this does not mean that the patient must always receive information in their preferred format. What is important is that they can access and understand the information.

Where needed, appropriate professional communication support is arranged by the practice to enable patients and carers to effectively receive NHS A patient's family member, friend or carer may also provide necessary support in certain circumstances and where this is the patent's explicit preference (which should be recorded).