

**Implementation of the
Accessible Information
Standard
December 2024**

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About Healthwatch

Healthwatch Trafford is your local health and social care champion. If you use GPs and hospitals, dentists, pharmacies, care homes or other publicly funded support services in your area, we want to hear about your experiences. As an independent statutory body, we have the power to make sure NHS leaders and other decision makers listen to local feedback and improve standards of care. We can also help you to find reliable and trustworthy information and advice.

Executive Summary

The Accessible Information Standard (AIS) has been embedded in NHS England's Equality Frameworks and Information Standards since 2016 and provides an imperative for NHS providers to ensure *“people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need from health and care services.”*¹

This project aimed to review AIS procedures put in place by organisations to which the standard applies, identify any instances where AIS obligations are not currently being met and understand why, and identify how any gaps in AIS provision affect service users.

Around half of patients we surveyed told us they required help contacting services, and the same proportion told us they required help talking to staff or understanding health and care information. The majority reported they had never been denied information in the format they needed and of those who told us they had requested support, most had found it helpful. For the small number who had experienced support or information not being provided in the format required, we heard about the variety of negative impacts this had.

Patient responses regarding additional support they were aware of was mixed, and although the majority of providers told us they have measures in place, the

¹ <https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf>

options available vary dramatically. This reflects similar findings across the pharmacies, opticians, GPs, and dentists we visited where we identified a lack of accessible written communication. Similarly, our case study of Trafford General Hospital (TGH) found a well-established framework for the AIS however, variation within the hospital in how these standards are applied.

Most professionals we heard from are familiar with AIS however, implementation differs. For instance, the practice of initially assessing and subsequently checking patients' communication needs varies between providers. There is also variation with regards to the frequency of staff training on the topic and how often patient needs are assessed and how they are flagged. Encouragingly, 59% told us appointment reminders are tailored to individual needs and 61% told us they had received no complaints in relation to the topic.

We made a series of recommendations relating to improving staff training on AIS, further research required to understand challenges when they do occur and more awareness and availability of accessible information. This will help ensure that patients feel empowered to advocate for themselves and that staff feel informed and able to provide support, ultimately improving the relationship between staff and patients and the overall quality of care.

Project background

This project reviews how public bodies in Trafford, including NHS Trusts, Local Authorities, and healthcare providers such as GPs, opticians, and residential care organisations, meet the Accessible Information Standard (AIS)².

The Standard, established under the Equality Act of 2010, sets out guidance for publicly funded organisations designed to ensure that individuals with disabilities, impairments, or sensory losses receive information they can access and understand, along with any necessary communication support. It became a legal requirement on 31 July 2016, as outlined in section 250 of the Health and Social Care Act 2012³.

Healthwatch Trafford (HWT) decided to evaluate how organisations to which the AIS apply meet their obligations when providing services within Trafford. The project was led by student intern Catherine Kebbe (Manchester University) with support from Healthwatch Trafford staff, running from 15 July 2024 for a duration of eight weeks.

Project goals and outcomes:

- Identify organisations delivering services in Trafford, to whom AIS legislation applies and review the procedures put in place by those organisations that allow them to meet AIS legislation.
- Identify any instances or areas where those obligations are not currently being met and to understand the reasons why.
- Report on instances of good practice and identify how any gaps in AIS provision may affect recipients of health and social care services.
- Make recommendations for improvements and learning.

² <https://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/accessibleinfo/>

³ <http://www.legislation.gov.uk/ukpga/2012/7/section/250/enacted>

Key findings

- 79% of patients reported never being denied information in the format needed; however, 14% faced difficulties, highlighting that there is still room for improvement.
- 48% of respondents reported needing help communicating with services and 93% said they were happy with the support provided when communicating with services.
- 68% of healthcare providers reported familiarity with AIS; however, 20% remain unaware, highlighting the necessity for ongoing education about the legislation.
- 96% of providers offer alternative communication formats. However, there is variation in the extent to which different formats are available, with large print being the most commonly available and braille the least.
- 75% of providers assess communication needs during patient registration, which is a proactive measure that aligns with AIS compliance. However, 14% conduct assessments upon patient request, which may limit access for some patients.
- Across pharmacies, opticians, GPs, and dentists that we visited in Trafford, there is a consistent lack of accessible written communication (e.g., braille, large print, hearing loop) which restricts the number of people able to access care as they need.
- Following our case study of Trafford General Hospital, we can see they have established a strong framework for AIS compliance. However, there is variation in how these standards are applied and experienced in different areas.
- Half of respondents were not sure if support (such as hearing loops) was available and almost a quarter said it was rarely or never available.

Recommendations

Improve awareness of AIS to improve compliance

Although we found a considerable proportion of healthcare providers are familiar with the AIS, awareness could be improved. Similarly, most patients who required support, found it either a little (40%) or very (53%) helpful. However, improved awareness would help improve inclusion and compliance with the standards and subsequently, enhance patient access to services.

The accessibility and language needs of a service's patient population should be considered when displaying information, and services should work towards improving readability.

We found that all but one of the healthcare providers we visited had information about the AIS or posters related to it. However, other informational materials such as posters about staff roles or complaints information were not always easily readable, including issues like small text size, and limited language availability. Services could aim to improve these by using guides such as Web Content Accessibility Guidelines⁴. These changes may include larger text, higher contrast, and different languages (where appropriate, for example if a service has a high population of speakers of other languages).

Ensure hearing loops are available and functional, with signs indicating their availability.

During our visits, we found that most practices did not have signage for hearing loops, regardless of whether or not they were available. Clear signage is important to avoid patients accessing services and feeling discouraged from or unable to seek help. Research by Healthwatch Southampton⁵ and the Royal National Institute for the Deaf⁶ show that across the UK, hearing loop availability and functionality remains areas of concern.

⁴ <https://www.w3.org/WAI/standards-guidelines/wcag/>

⁵ <https://healthwatchsouthampton.co.uk/wp-content/uploads/2019/06/Lets-Loop-GP-Practices-Report.pdf>

⁶ <https://www.bbc.co.uk/news/uk-scotland-12143360>

Conduct further research to understand communication challenges patients may face when they do not fully comprehend information.

A small number of patients indicated that they sometimes struggle to understand health information provided. Understanding the challenges these patients face can inform strategies to improve communication. Additional investigation could provide valuable insights barriers, enabling organisations to adapt their approaches and enhance the effectiveness of the AIS.

Background Research

Within their Equality Frameworks and Information Standards, NHS England guidance states:

From 1 August 2016 onwards, all organisations that provide NHS care and/or publicly-funded adult social care are legally required to follow the Accessible Information Standard. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.⁷

We reviewed existing research both from Healthwatch and other Voluntary, Community, Faith and Social Enterprise (VCFSE) organisations on the topic of AIS implementation of such guidance. In 2016, Healthwatch Lewisham found that GP surgeries had inconsistent resources for supporting patients with disabilities⁸. Although some practices offered hearing loops, large print documents, or translation services, the availability of these services varied, and patients often faced difficulties navigating healthcare settings. This inconsistency led to barriers in accessing care, especially for those with communication needs. Similarly, Healthwatch Lincolnshire's findings from their 2022 report revealed that many individuals with sensory or learning disabilities struggled to understand healthcare information⁹. A substantial proportion of respondents requested support, but only a small percentage consistently received it, with many feeling they were left without assistance needed to communicate effectively with healthcare staff. This lack of support worsened the challenges faced by these

⁷ <https://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/accessibleinfo/#:~:text=Making%20health%20and%20social%20care%20information%20accessible&text=The%20Standard%20sets%20out%20a,disability%2C%20impairment%20or%20sensory%20loss>

⁸ <https://nds.healthwatch.co.uk/reports-library/accessible-information-standard-gp-services>

⁹ <https://www.healthwatchlincolnshire.co.uk/report/2022-08-18/your-care-your-way-accessible-information-standard-report>

patients, making it difficult for them to access services or make informed decisions on their health.

Healthwatch Walsall's research¹⁰ also reflected these concerns. Although many respondents said that they received some level of support, a significant number reported being refused help when they requested communication assistance. This resulted in consequences such as missed appointments, inability to contact services, and even issues with medication management. The findings emphasised the persistent gaps in service provision, despite the AIS being a legal requirement.

We also conducted a review of external evaluations of AIS conducted by NHS England and The Deaf Health Charity. NHS England's post-implementation review of AIS¹¹ showed varied levels of compliance across healthcare organisations, with some recognising the benefits of the implementation such as enhanced patient engagement and improved service delivery. However, significant issues persisted, including a lack of training for healthcare providers, inconsistent use of available technologies to support communication needs, and ongoing difficulties with adjusting electronic patient record systems to accommodate AIS requirements. This review emphasised the need for continued efforts to embed AIS more deeply across all areas of healthcare provision.

The Deaf Health Charity's survey¹² revealed a troubling lack of accessible communication methods for individuals with hearing impairments within the NHS, noting that 67% of respondents reported no accessible method of contacting their GP. The charity's findings emphasized the severe impact of these gaps, highlighting instances where patients faced serious health risks due to the lack of effective communication support.

¹⁰ <https://www.healthwatchwalsall.co.uk/report/2024-03-20/accessible-information-standards-report-march-2024>

¹¹ <https://www.england.nhs.uk/wp-content/uploads/2017/07/accessible-Info-std-review-report.pdf>

¹² <https://signhealth.org.uk/wp-content/uploads/2022/02/Review-of-the-NHS-Accessible-Information-Standard-FINAL.pdf>

Evidence shows that ethnic minority communities may struggle to access care, including longer waiting times, delayed referrals, and discriminatory treatment. Accessible formats may not include translated versions, and patients with accessibility needs may be subject to additional discrimination¹³; targeting accessible information at those identified communities/cohorts may help to address this. While language is not covered by the AIS, changes in this area may benefit people with both language and accessibility needs and form part of wider communication improvements. Work by Healthwatch Sunderland highlighted the benefits of this in a piece of work looking at breast screening follow-up letters, which showed that by not providing this information in an easy-read format, patients may feel disempowered and disconnected from services¹⁴.

¹³ <https://www.healthwatch.co.uk/blog/2023-10-24/challenges-ethnic-minority-groups-face-and-changes-we-must-see>

¹⁴ <https://www.healthwatch.co.uk/news/2023-02-16/self-advocacy-success-breast-screening-recall-letters-available-easy-read>

Methodology

Our approach

We adopted a mixed-methods approach to comprehensively evaluate AIS adherence. The surveys allowed us to collect responses from a range of health and care services professionals as well as service users. This helped us identify patterns in AIS implementation and understanding, while also assessing overall satisfaction with the system. We developed our survey questions using previous work by Healthwatch Lewisham, Healthwatch Lincolnshire, and Healthwatch Walsall, to whom we send our thanks. Meanwhile, our site visits and interviews with hospital staff provided a more detailed understanding of how the Standard operated in real-world settings and the experiences of those interacting with it. By combining different data sources, we could compare and cross-check findings to present a more complete picture of how the system was functioning. The project consisted of four components:

AIS implementation survey that was sent out to health and care services

We began the project by compiling a list of organisations that are required to follow AIS guidelines (p.11). We then sent the surveys out by email, requesting that they distribute them to their patient-facing staff located in Trafford.

In addition to this, we conducted visits to Trafford General Hospital (TGH), the facility with the highest footfall, and Limelight Health and Wellbeing Hub, which contains a pharmacy and two GP surgeries obligated to adhere to AIS. At both locations, we provided hard copies of the survey for staff to complete on-site.

AIS satisfaction survey that was sent out to service users

Listening to patients who benefit most from the AIS was a key aspect of this research. Our focus was on hard-to-reach groups that face challenges accessing health and social care services, including individuals with hearing or visual impairments, those with learning disabilities and autism, and people for whom English is a second language (ESL) who also have additional communication needs covered by AIS. As part of this, we contacted community organisations that frequently engage with these individuals asking for their help in reaching their communities.

During our visits to TGH and Limelight, we provided hard copies of the survey in both standard and large print formats, as well as QR codes for convenient access. Patients needing assistance with completing the surveys were supported by their carers or had the surveys filled out by the student intern. Additionally, the survey was promoted on HWT's social media pages to reach a wider audience.

Inclusion criteria for the study were as follows:

- Participants needed to be residents of Trafford who visit Healthcare providers in Trafford.
- Participants had to have conditions that may affect how they communicate or understand information, which means these needs are covered by AIS legislation.

Visit to Trafford General Hospital (TGH)

After consulting with the Assistant Chief Nurse at TGH, the student intern and a member of staff spent a day at the hospital. During the visit, they conducted staff interviews, distributed both surveys, spoke to patients, and carried out visual assessments of the various areas of the hospital.

Site visits

The student intern conducted site visits within Trafford. Thirteen premises were visited in total: five pharmacies, two GPs, five opticians, and one dentist, engaging with staff whenever possible.

The original plan aimed for a balanced geographical representation, but limited responses from providers and project time constraints hindered visits to Sale in the Central area and Altrincham in the South. After visiting the first two localities, attempts to arrange appointments in the remaining areas via phone and email were unsuccessful. These challenges are reflected in the findings.

Survey: Who we contacted

We contacted local organisations directly to request their assistance in distributing our AIS staff survey to patient-facing staff. We also ran stalls at events and asked partner organisations to help publicise the survey.

The survey was opened on the 25th of July and closed on the 30th of August.

We identified the following organisations as key services to whom AIS applies:

- **Manchester University Foundation Trust**
 - Trafford General Hospital (TGH)
 - Community Services
 - Trafford Local Care Organisation (TLCO)
- **Local Committees**
 - Local Pharmaceutical Committee
 - Local Medical Committee
 - Local Optical Committee
 - Local Dental Committee
- **Greater Manchester Mental Health**
- **Primary Care Networks and their Clinical Directors**
 - Central Sale
 - North Trafford
 - Altrincham Health Alliance
 - South Trafford
 - West Trafford
- **North West Ambulance Service**
- **NHS 111**

We also contacted 100 organisations that we felt were likely to have contact with individuals with needs covered by the AIS, requesting their assistance in forwarding information about our AIS patient survey to their patients.

Who did we hear from?

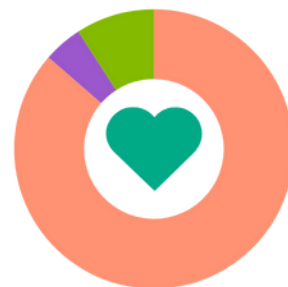
We received **32** responses to the patient survey and **28** responses from professionals. When looking at our patient survey:

All respondents had a condition that affected how they communicate or understand information, and 21% told us they were carers



8% respondents came from an Asian or Asian British Indian background, and 4% told us they were Asian or Asian British Pakistani. 79% identified themselves as White British/English/Northern Irish/Scottish/Welsh. 4% were White Irish and 4% from 'any other White background'.

86.4% identified as heterosexual/straight, 4.5% as lesbian, and 9.1% preferred not to say. 18% were single, 5% cohabiting, and 64% were married or in a civil partnership. 9% were divorced, and 5% preferred not to say.



38% respondents identified as men, and 63% identified as women



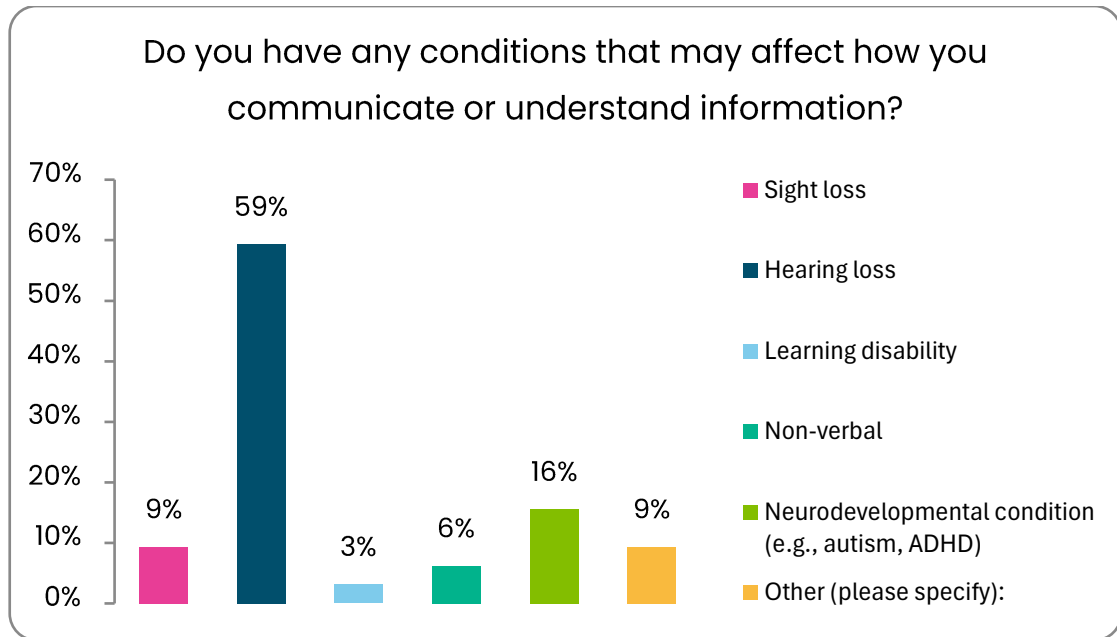
13% of the people responding to our survey were between 25 to 49 years old. 8% were aged 50 to 64, 33% were aged 65 to 79, and 13% 80 or more.

Findings

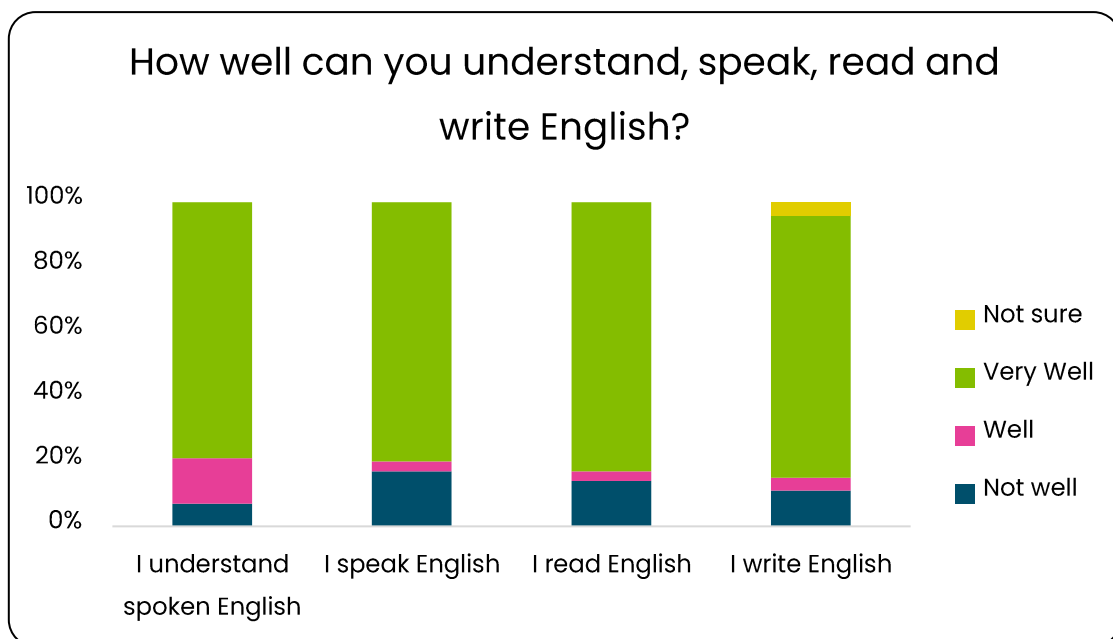
What we heard from patients

Communication needs affecting our respondents

Of the different communication needs of those who responded to our survey, the largest proportion had hearing loss.

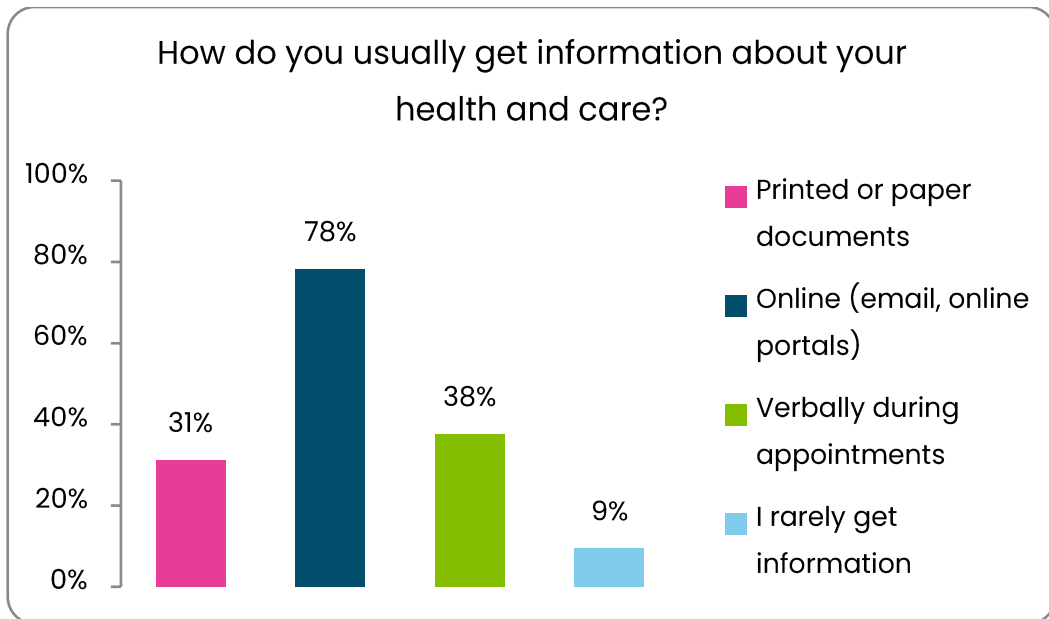


Most participants felt confident in their ability to understand, speak, read, and write in English. While language barriers may not be a primary concern for most respondents, it is crucial to remain attentive to those with reported difficulties.

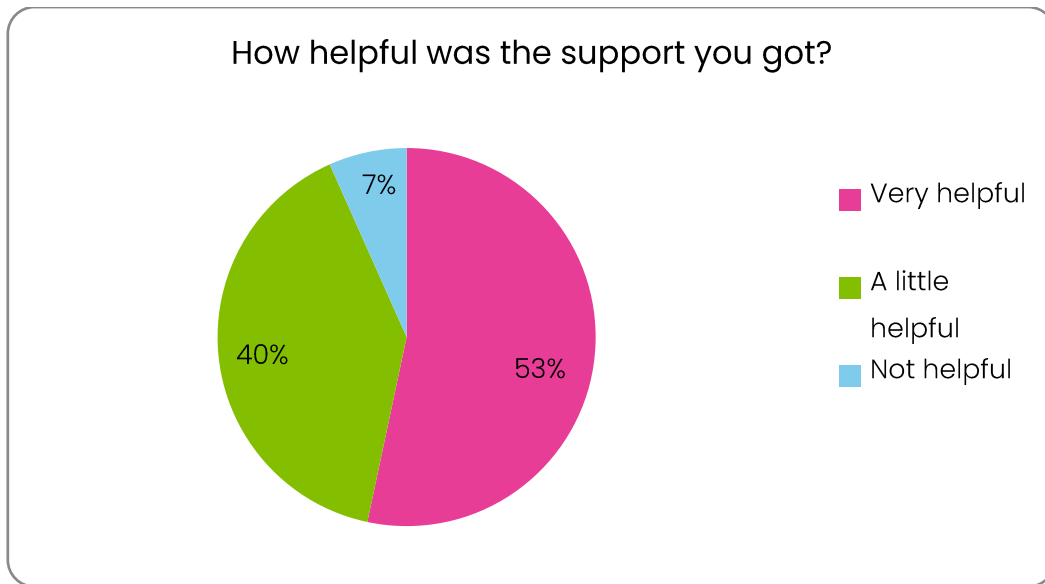


Experiences accessing information and using services

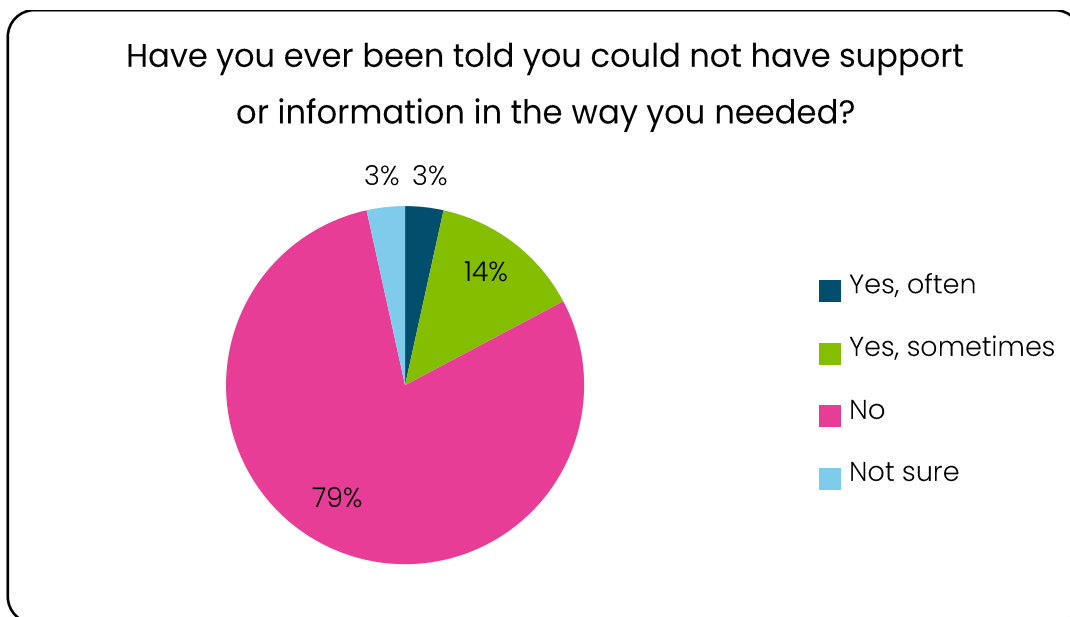
1. Most (78%) received health and care information online, followed by verbally (38%). Providers should consider if this is preferable for patients, and whether that information is presented accessibly.



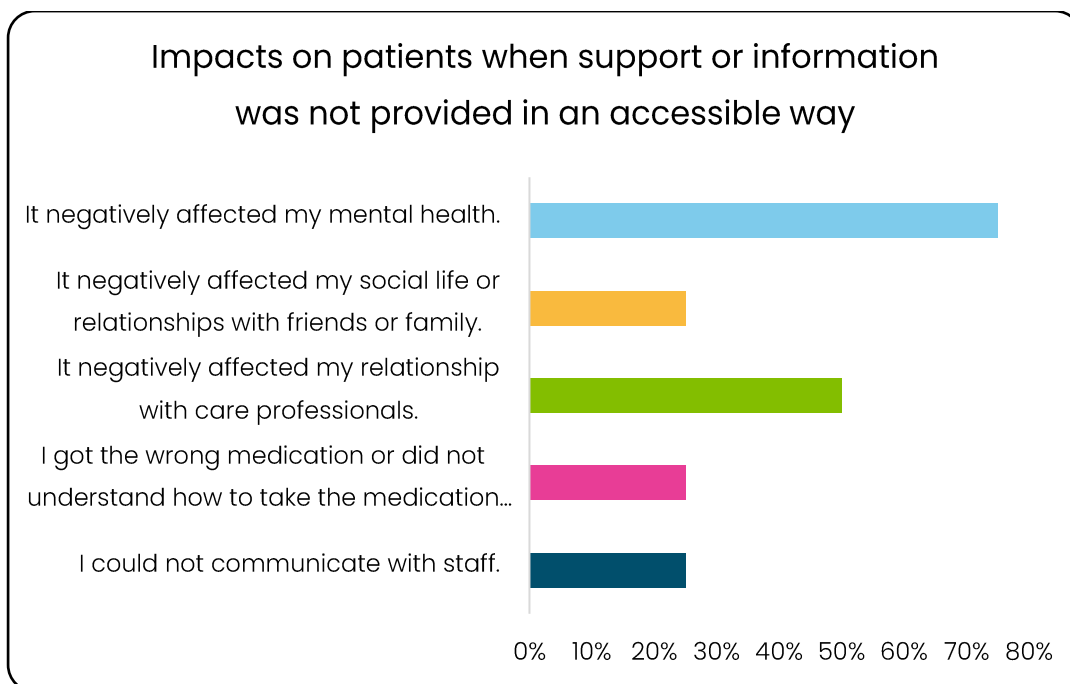
2. 48% of respondents told us they had needed help contacting health or care services like a GP, hospital, or home care. The same portion of respondents told us they had asked for support and 93% of those found the support they received helpful. Although these results are promising, it may be useful to assess why 7% felt the support they received was not helpful, and what could be done.



3. Most participants (79%) reported never having been denied information in the format they needed. However, 17% had, highlighting a need for improvement.



4. Although only pertaining to four respondents in total, most indicated that a lack of support negatively affected their mental health, and half reported strained relationships with care professionals. While the sample size is small, these responses reflect findings from The Deaf Health Charity whose survey of people with hearing impairments found dangerous health risks where effective communication support was absent.



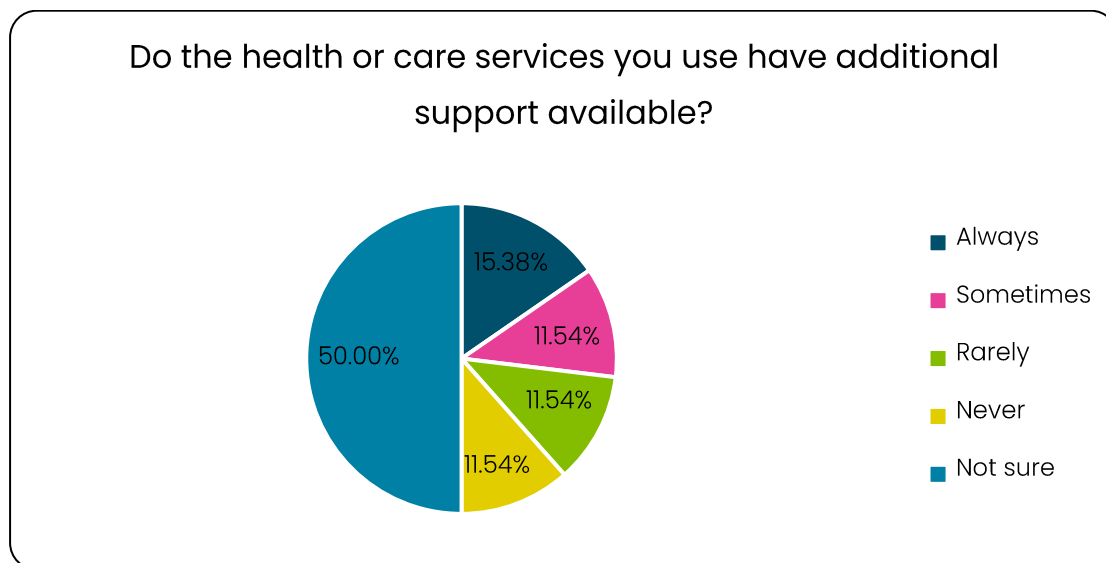
In addition to the quantitative data, patients shared the following perspectives:

“As in-patient in some hospitals doctors and nurses often decline my requests for BSL interpreter saying they felt we managed very well with lip reading, pen and paper etc[.] What they failed to realized I was under the influence of lots of medications which led me more drowsy [...] this makes my lip reading so hard plus my increased weakness in writing down on paper[.] One grumpy doctor ignored my plea for an interpreter insisted I tell him why I was on certain medication I told him, knowing he will not understand my ‘Deaf voice/speech’[.] After my discharge I went into state of panic when certain medication was stopped without informing me[.] Upon searching by my GP as who made the decision to stop this particular medication it was made by this particular rude hospital doctor[.] This made me have no faith in medical professions”

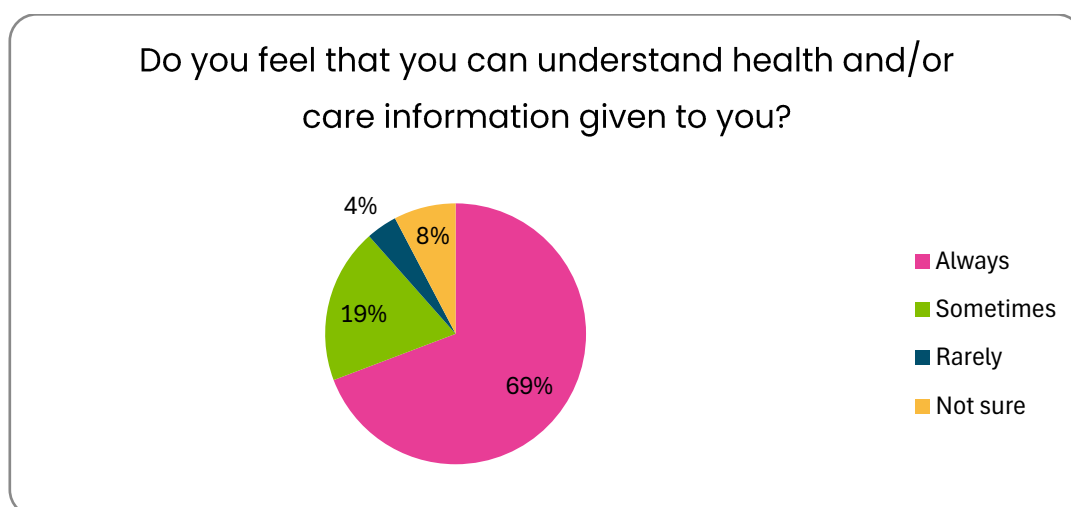
“Had to rely on family members and did not necessarily want them to know the details”

5. Half of the respondents did not know how available services such as hearing loops and interpreters were, with 74% saying they were not sure if additional support was available, or that it was rarely or never available. 27% told us additional support was sometimes or always available. This is similar to findings from Healthwatch Lewisham and suggests that Trafford

care providers could better promote resources to ensure patients know what they can access.



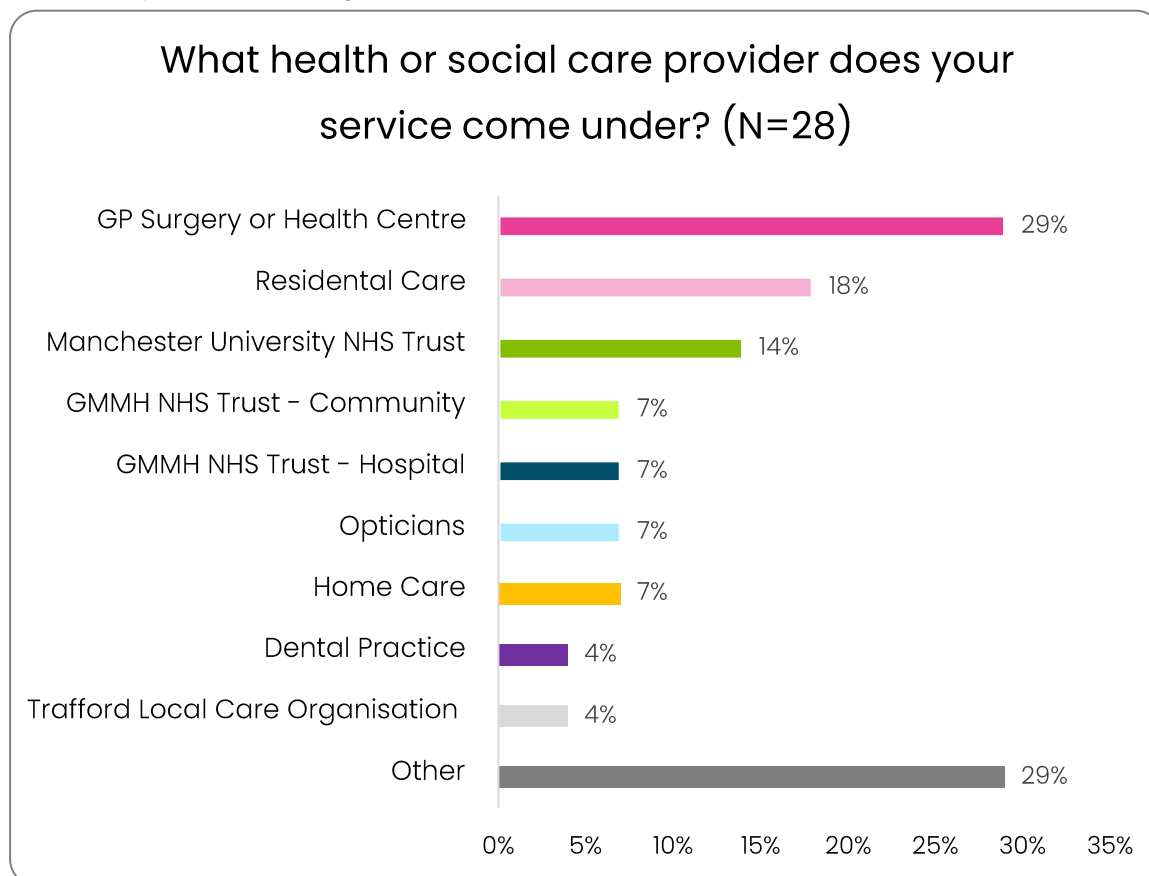
6. Most participants (69%) felt they could always understand health information provided to them, while 23%, reported challenges. Although not directly comparable, these findings paint a more positive picture than those of Healthwatch Lincolnshire who found only 52% could understand all the information they received. Our findings suggest that while many patients comprehend information well, providers must strive to improve clarity and accessibility for those who struggle. For the small group that did not always understand, there is room for future investigation into the factors contributing to these communication gaps.



What we heard from professionals

Types of services we heard from

1. The following chart illustrates the distribution of respondents across different provider categories.



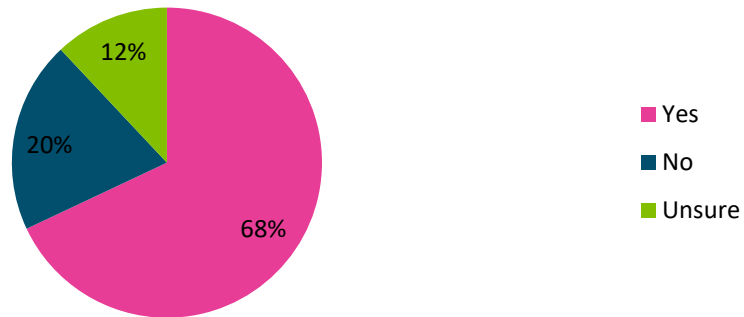
Other specified providers were:

- Supported Employment
- Independent care home in Trafford

Implementation of AIS

2. A strong majority of healthcare providers (68%) reported being familiar with the AIS, indicating a good baseline awareness within Trafford. However, 20% were unaware, suggesting a need for ongoing education.

Are you familiar with the Accessible Information Standard (AIS)? (N=25)



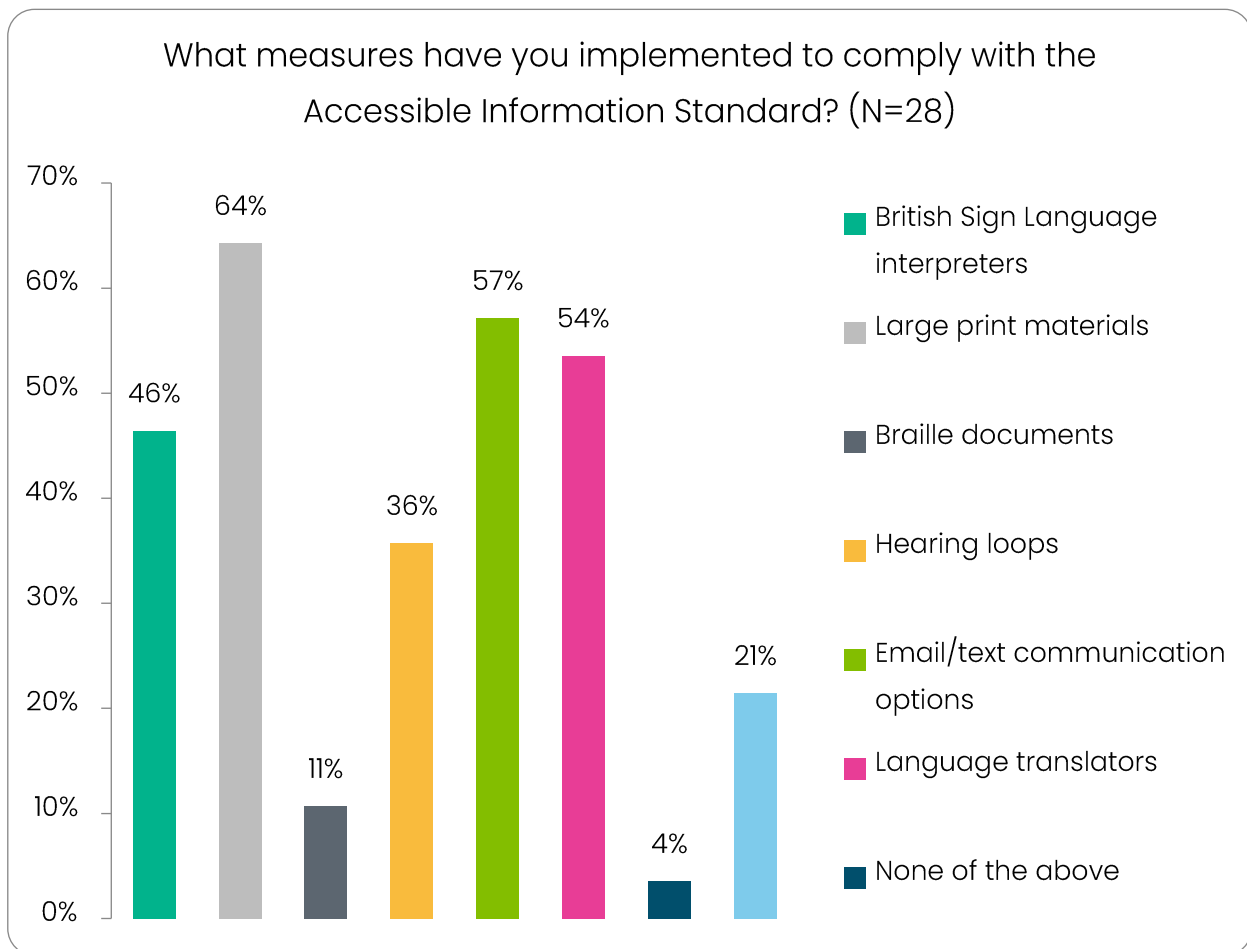
3. Providers reported implementing various measures to comply with the AIS, with large print materials (64%) and email/text communication options (57%) being the most common. However, only 11% provided Braille documents, highlighting a gap in accessibility for visually impaired patients.

7% of people registered blind or partially sighted use braille¹⁵, and in the absence of local rates specifying braille use, there are 7,760 people in Trafford with sight loss¹⁶. Henshaw's – a charity supporting visually impaired people – teach braille in Trafford and highlight its positive impact on individual's lives¹⁷.

¹⁵ <https://www.rnib.org.uk/professionals/health-social-care-education-professionals/knowledge-and-research-hub/reports-and-insight/reading-and-braille-research/#:~:text=Around%20seven%20per%20cent%20of,or%20partially%20sighted%20use%20braille>

¹⁶ <https://rnib-csv-v3.vercel.app/local-authority/england/north-west/trafford>

¹⁷ <https://www.henshaws.org.uk/group/trafford-braille-group/>



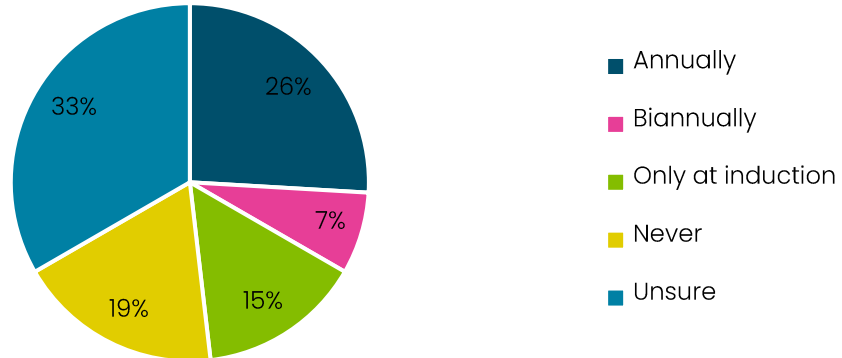
Other specified measures include:

- *“Colour-blocked decorating including contrasting door frames, allowing partially sighted patients to visualise corridors more easily.”*
- *“Speak to all residents in simple terms in line with their Learning Disabilities.”*
- *“Easy Read text.”*
- *“We are an organisation that listens to clients in our home care, creates a programme to adapt to their needs, records and alerts when changes are needed, shares with the team via visits app access and conducts regular reviews – change and act as needed.”*

4. 26% of staff receive annual training on AIS, while 33% of respondents were unsure about training frequency. The variation is concerning, and 19% even reported they had never received it. This demonstrates the need for standardised training protocols to ensure all staff are adequately prepared to support patients with communication needs.

How often do staff receive training on the AIS?

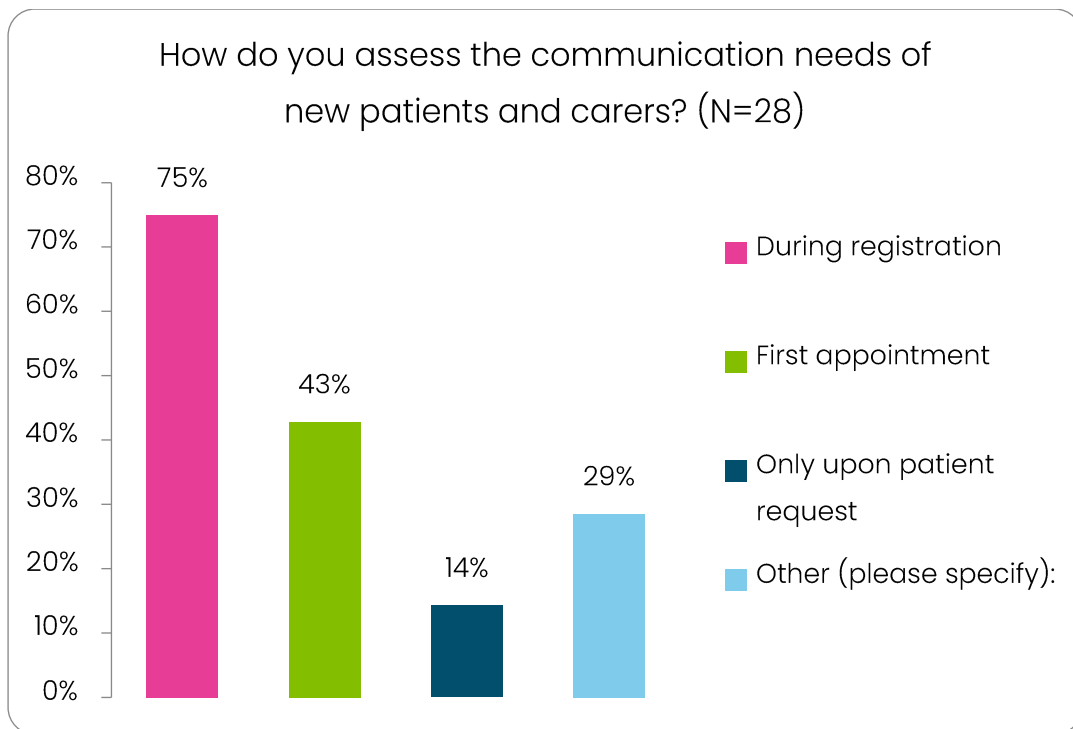
(N=27)



Respondents provided additional insights, including:

- *“Induction throughout all mandatory care training courses. We aim to embed AIS through all training – have developed a stand-alone AIS module.”*
- *“I have not heard anyone being trained.”*
- *“Online module via our intranet.”*
- *“We discuss access for able and disabled patients at all quarterly staff meetings. Awareness of additional needs. Many new patients require translation services.”*

5. The majority of providers (75%) assess the communication needs of new patients during registration, which is a positive practice. However, 14% do so only upon patient request, suggesting that more proactive assessments should be prioritised in some organisations.

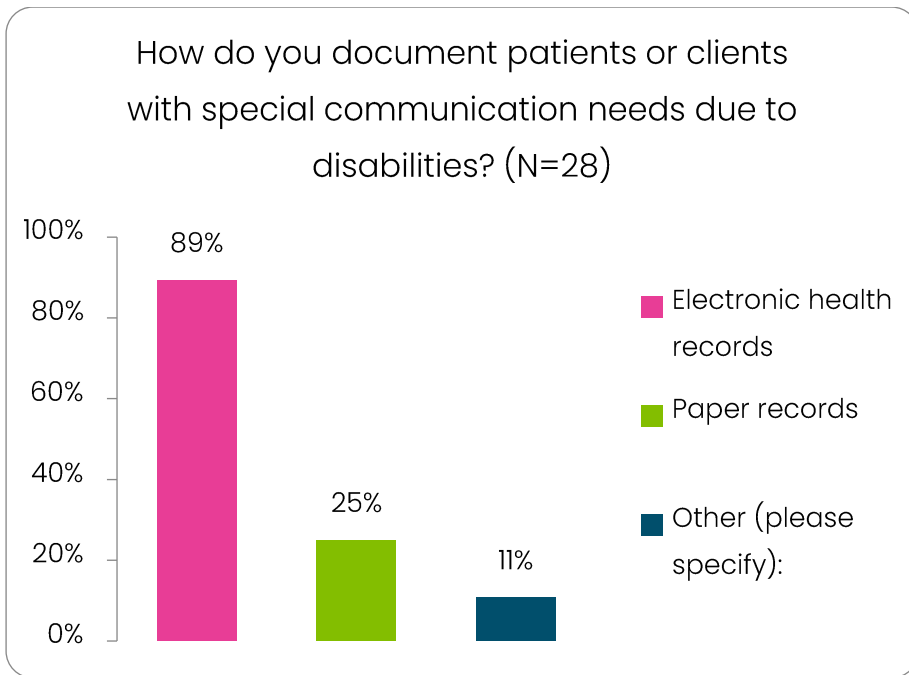


Other specified measures that capture communication needs include:

- *“During assessment and reviewed annually.”*
- *“When stated on referral.”*
- *“On admission to the ward.”*

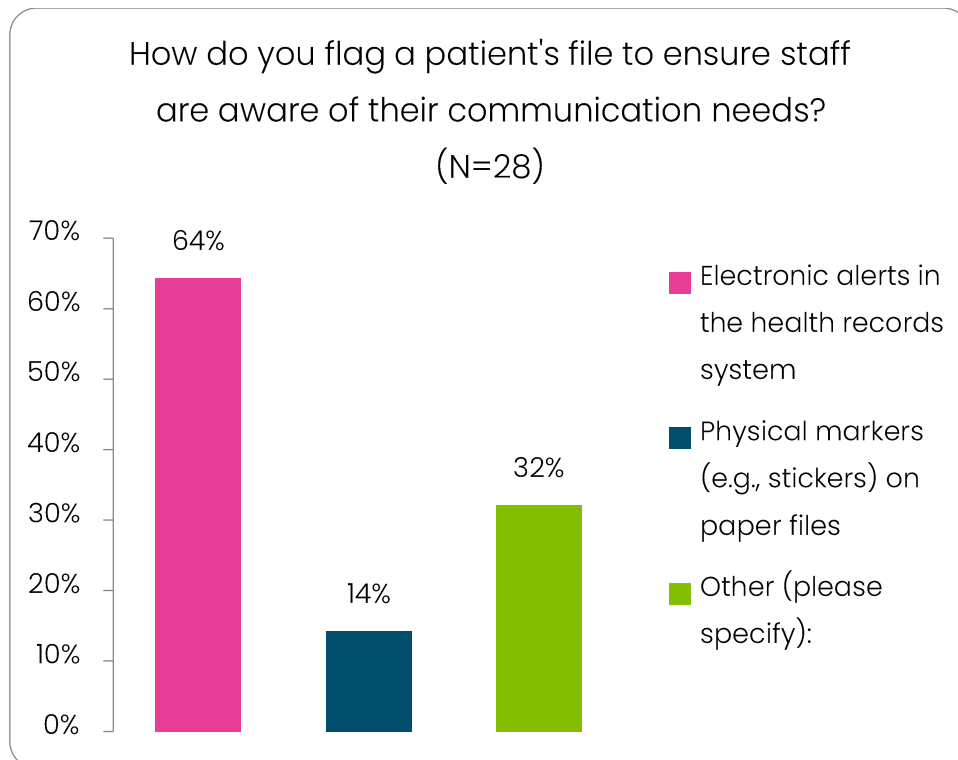
6. In response to survey questions about documenting and flagging communication needs, providers told us electronic methods were commonly used. They were more likely to document communication needs in electronic health records (89%) and flag them with electronic alerts (64%) compared to using paper records or physical markers (25% and 14%, respectively).

There are several advantages and challenges with electronic health records. On the positive side, they help standardise data, improve accessibility, and ensure continuity of care by storing information in a centralised system, which reduces inconsistencies. However, reliance on digital system introduces risks like data breaches and the potential for interruptions in care if systems fail.



Some specified measures for documenting needs were:

- *"we take referral forms for people"*
- *"Hive notes"*
- *"Verbal handovers"*

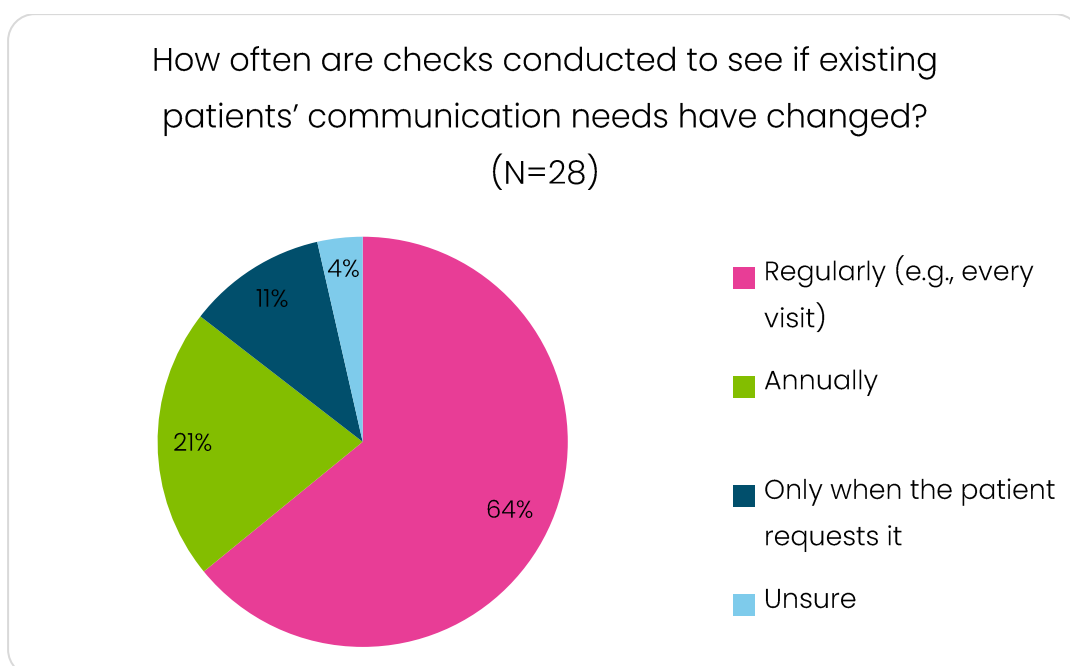


Other specified measures for identifying needs include:

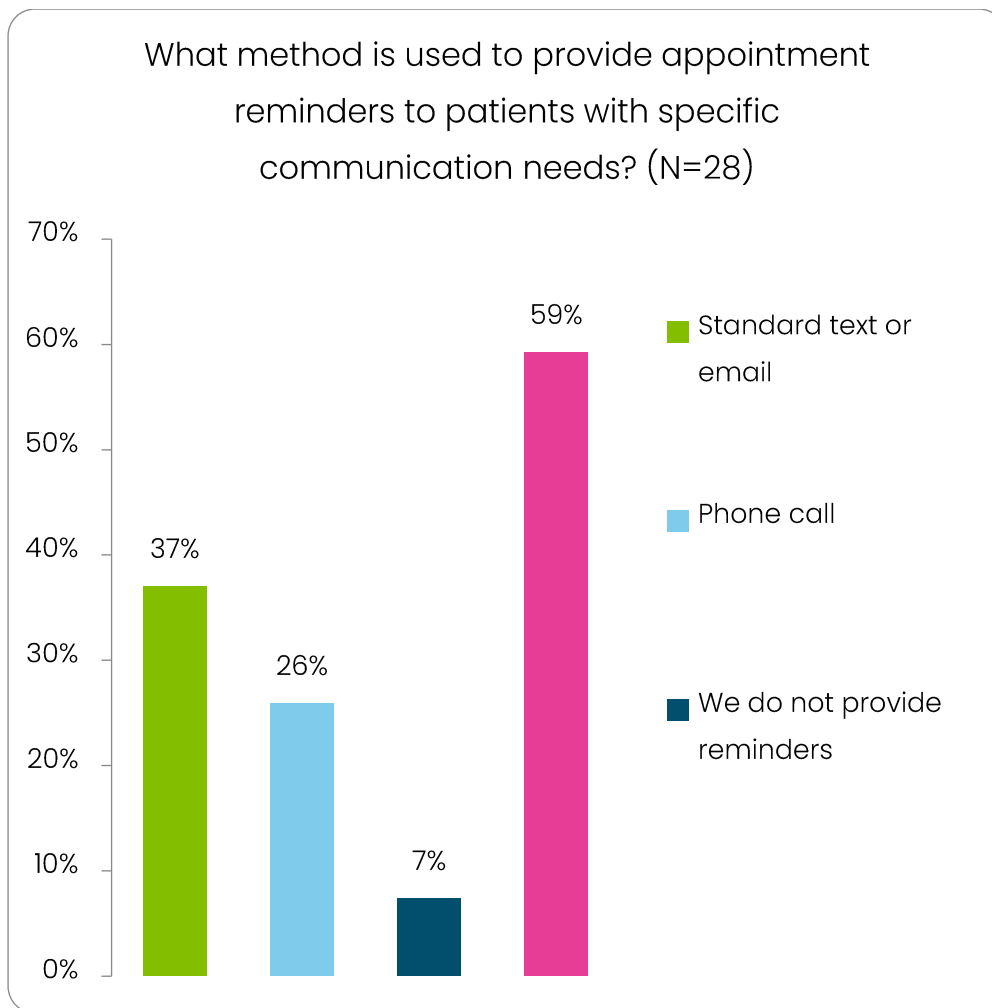
- *"Visual posters/written in care plan agreed with the resident"*

- *“Recorded in Care Plans”*
- *“Communication passport”*
- *“Verbal handovers”*

7. Most providers (64%) check regularly to see if patients' communication needs have changed, reflecting a commitment to responsive care. However, 11% do this only upon request, which could be improved. Although to a lesser extent, this relates to challenges NHS England found with adjusting electronic patient records.



8. A customised approach is taken for appointment reminders, with 59% tailoring reminders to patients' specific needs. This is an encouraging sign that providers are considering individual communication preferences.

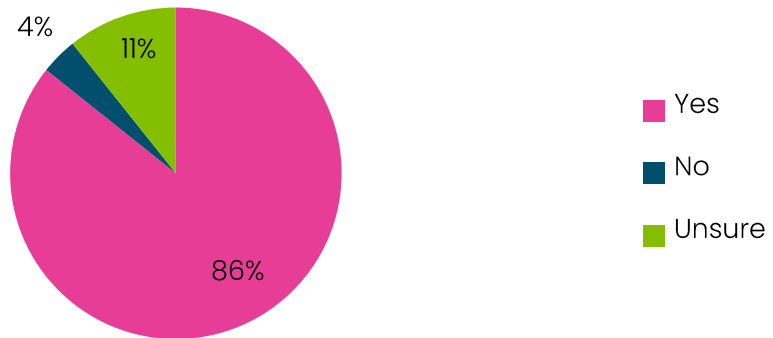


Other specified measures include:

- *"BSL video call"*
- *"Letters"*

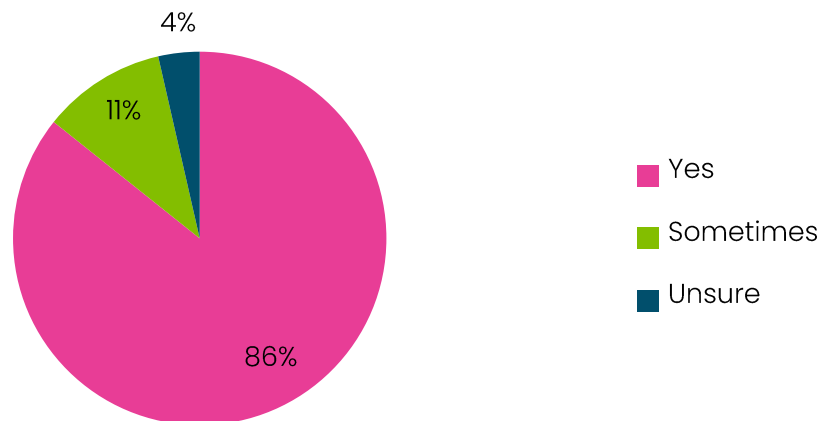
9. A significant 86% of providers indicated they share information about patients' needs with other NHS and adult social care providers, fostering better coordination of care. This is vital for ensuring continuity and comprehensive support.

With consent, do you share information about a person's needs with other NHS and adult social care providers? (N=28)



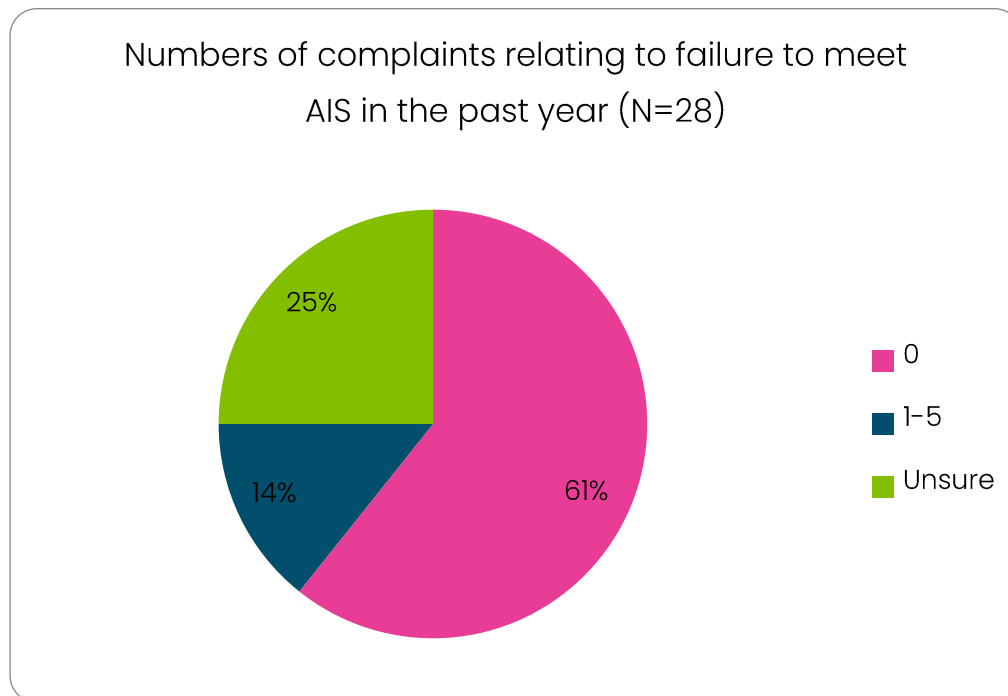
10. Similarly, 86% of providers confirm that communication needs are shared during team handovers, which enhances awareness and understanding among staff members, ultimately benefiting patient care.

Is information about patients' communication needs shared during handovers within the team? (N=28)



11. A majority (61%) reported receiving no complaints about accessible information in the past year, indicating a positive perception of

communication practices. However, 25% were unsure, suggesting that more robust feedback mechanisms may be needed.



12. Interestingly, 70% of providers reported no barriers to fully implementing the AIS. However, 30% did identify some, suggesting scope for further investigation.

Some of the identified barriers include:

- *“Access to translators can be challenging”*
- *“[...] incorrect documentation [led] to incorrect language interpreter being booked. This was documented and reviewed to minimise the risk of this happening again”*
- *“Appropriate funding, thus time to allocate to resource”*

Trafford General Hospital visit

We visited Trafford General Hospital on 16th August 2024, and conducted interviews with the Assistant Chief Nurse, along with the Lead Nurse for Quality and Patient experience and the Head of Nursing for Emergency Care. We also undertook visual assessments of the Audiology Department, Pre-op Unit, Urgent Care, and one of the wards.

Interviews

Interview with the Assistant Chief Nurse

Our interview with the Assistant Chief Nurse highlights Manchester Foundation Trust's (MFT) efforts to integrate and update AIS within its policies and planning. We were told during the conversation that MFT are currently developing new policies and protocols to incorporate AIS, and currently either run or participate in several groups and teams to encourage integration, from organisation governance to patient experience groups. They have a compliance lead to keep the Trust informed about legislation and process changes, and oversight panels share these where relevant.

Mandatory and optional online training modules looking at communication needs and barriers are available to existing staff and as part of onboarding for new staff, even if not explicitly labelled as AIS. There are plans to make AIS training mandatory.

Compliance with AIS is tracked by various methods such as accreditations and surveys, Quality Assurance teams assess clinical areas against standards, and patient records flag communication requirements. Compliance is also monitored via the Quality Patient Experience and Health Inequalities forum. Quarterly reports and findings are reviewed by boards and the above groups, and themes from feedback are reported through patient experience and governance meetings. The Trust have stated they are open to considering recommendations arising from this report.

While key performance indicators (KPIs) for AIS are difficult to measure, patient feedback can be given via Patient Advice and Liaison Service (PALS) and surveys,

is regularly reviewed and feeds into action plans. Feedback from the Health Inequalities Group informs the development of accessible information practices. The Customer Services Manager handling PALS and complaints attends the Greater Manchester Learning Disabilities Group, who aim to improve services following patient feedback.

The Trust is aware of the upcoming AIS review and new guidance. They will continue to review patient experiences, and collaborate with operations, national condition-specific societies, and think tanks to stay updated on accessibility trends and future plans. There is an action plan in place to ensure AIS is integrated in to HIVE (The Trust's IT system) making information more accessible for patients.

Interviews with the Lead Nurse for Quality and Patient experience and the Head of Nursing for Emergency Care

By interviewing the ward and urgent care nurses, we gained insights into the varying approaches for supporting patients with sensory impairments and learning disabilities. The ward nurse reported receiving module-based training, while the urgent care nurse highlighted extensive e-learning and suggested that face-to-face training might be more effective. The methods for identifying residents with specific needs differ: the ward relies on initial phone calls and care plans, whereas the Urgent Care Unit uses a flag system on the Trust's Electronic Patient Record system (Hive). Both the ward and Urgent Care Unit provide information in multiple formats, with the ward emphasizing translation services and the Urgent Care Unit utilising communication boxes, which contain visual aids to explain procedures to non-verbal patients, and enlarged print. Emergency alerts use non-audio signals for patients with hearing impairments, but not everywhere: the ward has flashing fire alarms, while the Urgent Care Unit relies solely on audio alerts and fire wardens for assistance. Regular fire drills are conducted in the ward, but the Urgent Care Unit has also faced false alarms from incidents such as patients vaping. Nurses are aware of which rooms contain patients needing additional support with this, but this can be subject to human error. The urgent care nurse we spoke to pointed out that MFT is a large Trust, leading to variations in signage and communication generally across departments and units.

The ward nurse emphasized the importance of feedback for new services, a quality and diversity form to review policies, and documenting patient needs during handovers. Alerts are flagged, and staff are aware of patient needs before their arrival.

Visual assessment

Signage for directions and corridors is clear in all areas, but fire exit signs lack alternative formats. Most departments, including Audiology, Urgent Care, and the ward, have accessible main entrances, though Pre-op has a back door with patients being given instructions on how to navigate in advance.

There is a significant lack of accessible written communication (such as Braille, easy read, or large print) across all areas, and only Audiology has an electronic check-in screen, which is not fully accessible due to a lack of audio options and alternative formats. In the Audiology department leaflets are a standard A4 size, and the ward has small print on their billboards. Both Pre-op and the wards offer the DA Languages (Dals) translation service. Complaints information is not available in alternative formats anywhere. Pre-op offers information in different languages but not accessible formats.

In the ward, staff typically meet patients at the reception area. In all areas staff engage with service users in a manner that considers their communication needs, using body language and ensuring face-to-face interaction. Staff in all areas are easily identifiable through their uniforms and name badges. The Pre-op department has an A4 poster behind the front desk showing which roles correspond to which uniforms to help patients identify staff (though not in an easy-read format). Hearing loops are functional in Audiology, Pre-op, and Urgent Care but missing in the ward, where BSL interpreters are offered if needed. There is no information about AIS displayed anywhere.

Overall, while signage and staff interaction are consistent, there are key inconsistencies in accessible formats.

Conclusions

- Trafford General Hospital have been visibly working towards an environment that aligns with the Accessible Information Standard, and this is reflected in the feedback we received from hospital staff. There are many opportunities for patients to offer feedback, and we were told there were a number of working groups to ensure AIS is embedded in policies and protocols. Patient records flag their communication needs, and while not mandatory everywhere staff do receive training in the area.
- A consistent approach across all departments with regards to accessible information would improve the patient experience overall. This includes posters and check-in screens, allowing patients ease of care regardless of where they are in the hospital. When looking at hazard signposting, a consistent approach would also benefit patient safety.
- Refresher training in all departments would help ensure consistency of approach and understanding of the Accessible Information Standard, not only improving care for patients but also staff who are better informed and equipped to deal with communication requirements as they occur.

Primary care site assessments

1. Pharmacies

Checklist question/ Area	Stretford pharmacy 1	Stretford pharmacy 2	Stretford pharmacy 3	Urmston pharmacy 1	Urmston pharmacy 2
Accessibility of main entrance	Yes	Yes	Yes	Yes	Yes
Written communications in accessible formats (ex: large print)	Available: GPs don't provide this info, so patients must inform us of any additional communication needs.	Available - GPs provide this information to them.	Whether this can be provided is up to head office. They do not receive information about accessibility needs directly.	Unable to confirm	Unable to confirm
Poster with AIS information	No	No	No	No	No
Standard fire exit sign	Yes	Yes	Yes	Yes	Yes
Availability and functionality of hearing loops	Fully operational. Sign on the front door indicating the availability of a hearing loop.	No hearing loop.	Fully operational. Sign at front desk.	No hearing loop.	No hearing loop.

Availability of complaints information in alternative formats	No: Complaints information leaflets provided at the door are in A4 size, with text that is small and not accessible for all users.	No	No	No	No
Consideration of communication needs by staff	Yes	Yes	Yes	Yes	Yes
Identifiability of staff through uniforms and badges	Yes	Yes	Yes	Yes	Yes

2. Opticians

Checklist question/ Area	Stretford optician 1	Stretford optician 2	Urmston optician 1	Urmston optician 2
Accessibility of main entrance	Yes	Yes	Yes	Yes
Written communications in accessible formats (ex: large print)	Information not obviously available in alternative formats, unable to confirm with staff.	Information not obviously available in alternative formats, unable to confirm with staff.	Information not obviously available in alternative formats, unable to confirm with staff.	Information not obviously available in alternative formats, unable to confirm with staff.
Standard fire exit sign	Yes	Yes	Yes	Yes
Availability and functionality of hearing loops	No signage observed, availability unclear	No signage observed, availability unclear	No signage observed, availability unclear	No signage observed, availability unclear
Availability of complaints information in alternative formats	Information not obviously available in alternative formats, unable to confirm with staff.	Information not obviously available in alternative formats, unable to confirm with staff.	Information not obviously available in alternative formats, unable to confirm with staff.	Information not obviously available in alternative formats, unable to confirm with staff.
Consideration of communication needs by staff	Yes	Yes	Yes	Yes

Identifiability of staff through uniforms and badges	Yes	Yes	Yes	Yes
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Note: The findings in the table below are based on observation, as we were unable to speak to a member of staff at all locations.

3. GP surgeries

Checklist question/ Area	Stretford GP 1	Urmston GP 1	Urmston GP 2
Premises signage	Signs directing people to the premises are clear	Signs directing people to the premises are clear	Signs directing people to the premises are clear
Accessibility of main entrance	Yes	Yes	Yes
Written communications in accessible formats (e.g. large print)	No: there is no braille anywhere and some signs are quite small.	A bulletin board at reception shows the surgery offers braille, easy-read, large print, and BSL interpreters, with contact details for requesting alternative formats. However, the information is written in small text, which may be difficult for some to read.	Easy read and large print are available, however there is no braille.
Accessibility of signs guiding patients to different parts of the building (e.g., toilets)	Needs improvement: Bathroom door only has standard symbols for toilets.	Signs are accessible.	Signs are accessible.

Standard fire exit sign	Yes	Yes	Yes
Availability and functionality of hearing loops	No hearing loop.	No hearing loop.	No sign indicating availability, however they do have one.
Availability of complaints information in alternative formats	No.	No.	No
Accessibility of electronic screens	Needs improvement: there is an option to change colours on the screen for easy read but not audio option.	No: the electronic check in screen has no accessibility options.	No: the electronic check in screen has no accessibility options.
Consideration of communication needs by staff	Yes	Yes	Yes
Identifiability of staff through uniforms and name tags	Yes	Yes	Yes

Patient Services Manager Interview

While at the second GP practice in Urmston, we interviewed the Patient Services Manager who provided more information about their accessibility offering.

Training to Support Patients with Sensory Impairments and Learning Disabilities

Reception and staff do autism training online, must complete an accessibility module, and have deaf awareness talks every few years. However, there is no additional condition-specific training.

Identifying Patients with Specific Needs

When patients join, they fill out a health questionnaire and undergo a health check. Any warnings are noted in the system. Patients can also inform the practice if they need an interpreter. The practice also has a dedicated learning disability nurse; learning disability nurses offer help support and guidance to families, carers and friends. Home visits are arranged when needed or necessary.

Methods for Providing Information to Residents with Hearing, Visual, or Learning Disabilities

She is aware of BSL interpreters and the BigWord translation service (a telephone interpreting solution available day and night to patients at some NHS services). However, she has no specific knowledge or provision for visual impairments.

Alerts and Emergency Methods for Residents with Hearing Impairments

Building sweeps are conducted in the event of an alarm sounding, but there are no lights on fire alarms.

Additional Information

In the waiting area, screens display visual aids showing patients' names and their assigned rooms, while audio announcements provide the same information. The surgery communicates with patients who have hearing impairments through text messages. Additionally, the AskmyGP system includes an accessibility button for patients with specific needs or impairments. This feature was implemented in response to a complaint about difficulties using the app.

Student Intern Reflections

“My time at Healthwatch Trafford has been both inspiring and immensely rewarding. As a Psychology student from Lebanon, a country where healthcare systems often fall short, I have developed a strong passion for making healthcare more accessible, particularly in psychotherapy. Participating in this project was an opportunity to learn how organisations can positively impact the lives of those most in need. The experience reinforced my desire to contribute to systemic changes that improve the accessibility and inclusivity of healthcare services.

Working on this project has made me deeply aware of the challenges people with disabilities face, particularly when it comes to communication and accessing necessary information. One of the most fulfilling aspects of my role was being able to interact with individuals, listen to their experiences, and advocate for improvements based on their needs. Hearing their stories gave me a clearer understanding of the barriers they encounter and the importance of addressing these issues to ensure equitable access to healthcare.

This internship also provided me with valuable insights into how research is conducted in a non-academic setting. Unlike university-led research, which is often theoretical, this project was rooted in real-world applications. I was involved in the practical stages of the research process, from developing surveys and conducting audits to analysing data and presenting findings. Seeing the project progress over the course of eight weeks was extremely rewarding. Each stage brought new challenges and opportunities to learn, and it was gratifying to witness how our efforts translated into actionable recommendations that could bring about positive change.

On a personal level, this experience significantly contributed to my growth. I have always been a reserved person with social anxiety, but the encouragement and belief of my supportive team helped me step out of my comfort zone. I learned to navigate professional environments, communicate effectively, and engage with a wide range of individuals. Most of my interactions with service providers were surprisingly positive, and their openness further boosted my confidence in my ability to connect with others and convey important messages.

Overall, this internship has not only deepened my understanding of healthcare accessibility but also equipped me with skills that extend beyond research. It has shown me the impact of collaborative work, the importance of persistence when engaging with stakeholders, and the value of listening to those directly affected by systemic issues. This experience will undoubtedly shape my future contributions to the field of psychology and my broader goal of fostering positive changes in healthcare systems.”

Appendices

Patient survey questions

Do you have any conditions that may affect how you communicate or understand information? (Tick all that apply)

- Sight loss
- Hearing loss
- Learning disability
- Non-verbal
- Neurodevelopmental condition (e.g., autism, ADHD)
- None
- Other (please specify):

How well can you understand, speak, read and write English?

I understand spoken English	Not well/Well/Very well/Unsure or don't know
I speak English	Not well/Well/Very well/Unsure or don't know
I read English	Not well/Well/Very well/Unsure or don't know
I write English	Not well/Well/Very well/Unsure or don't know

How do you usually get information about your health and care? (Tick all that apply)

Printed or paper documents/Online (email, online portals)/Verbally during appointments/I rarely get information

Have you ever needed help contacting health or care services like a GP, hospital, or home care?

Yes/No/Not sure

Have you ever asked for help talking to healthcare staff, or understanding health and care information?

Yes/No/Not sure

How helpful was the support you got?

Very helpful/A little helpful/Not helpful

Have you ever been told you could not have support or information in the way you needed? This can include not being provided with information in a format such as sign language, braille, or large print.

Yes, often/Yes, sometimes/No/Not sure

Describe the impact on you when you did not receive support or information in the way you needed.

- I could not communicate with staff.
- I missed my appointment.
- I got the wrong medication or did not understand how to take the medication I was given.
- I did not get the follow-up care I needed.
- I missed important information about my health.
- It negatively affected my relationship with care professionals.
- It negatively affected my social life or relationships with friends or family.
- It negatively affected my mental health.
- It negatively affected me financially, as I needed private care or had to pay for further help.
- It negatively affected my work.
- It did not affect me in any way.
- Other (please specify):

Can you tell us more?

Do the health or care services you use have additional support available, like a hearing loop, sign language interpreter, braille, or large print?

Always/Sometimes/Rarely/Never/Not sure

Do you feel that you can understand health and/or care information given to you?

Always/Sometimes/Rarely/Never/Not sure

Professionals survey questions

What health or social care provider does your service come under?

[List provided with option for 'Other']

Are you familiar with the Accessible Information Standard (AIS)?

Yes/No/Unsure

What measures have you implemented to comply with the Accessible Information Standard?

- British Sign Language interpreters
- Large print materials
- Braille documents
- Hearing loops
- Email/text communication options
- Language translators
- None of the above
- Other (please specify):

How often do staff receive training on the AIS?

Annually/Biannually/Only at induction/Never/Unsure

Please provide examples of recent disability awareness training sessions, if possible.

How do you assess the communication needs of new patients and carers?

(Choose all that apply)

During registration/First appointment/Only upon patient request/Other (please specify):

How do you document patients or clients with special communication needs due to disabilities (e.g., deafness, blindness, learning disabilities)?

Electronic health records/Paper records/Other (please specify):

How do you flag a patient's file to ensure staff are aware of their communication needs?

Electronic alerts in the health records system/Physical markers (e.g., stickers) on paper files/Other (please specify):

How often are checks conducted to see if existing patients' communication needs have changed?

Regularly (e.g., every visit)/Annually/Biannually/Only when the patient requests it/Never/Unsure

What method is used to provide appointment reminders to patients with specific communication needs?

Standard text or email/Phone call/We do not provide reminders/Customized to patient's needs or Other (please give an example):

With consent, do you share information about a person's needs with other NHS and adult social care providers?

Yes/No/Unsure

Is information about patients' communication needs shared during handovers within the team?

Yes/No/Sometimes/Unsure

How many complaints have you received about not providing information in an accessible format in the past year?

0/1-5/6-10/More than 10/Unsure

Have you encountered any barriers to fully implementing the AIS?

Yes/No/If yes, please specify:

TGH interview questions

- How has MFT integrated Accessible Information Standards into its overall policies and procedures?
- How does management ensure that AIS standards are regularly updated in line with any changes in legislation and best practices?
- What training programs have been provided to staff to ensure they understand and can implement Accessible Information standards? Have employees been trained to use AIS effectively to make patients' experiences better?
- How are new employees trained on Accessible Information Standards during their onboarding process?
- How is compliance with Accessible Information Standards monitored at MFT?
- What metrics or KPIs are used to assess the success of AIS implementation?
- How do senior management handle feedback or complaints related to accessibility issues?
- How are individuals with disabilities involved in the development and review of accessible information practices?
- What mechanisms are in place for users to provide feedback on the accessibility of information?
- Are you aware that AIS has been reviewed and new guidance is due in the near future?
- What are the Trust's future plans for ensuring ongoing compliance with Accessible Information Standards?
- How does MFT plan to stay ahead of emerging accessibility trends and technologies?

MFT staff interview questions

- Have you been provided with training on how to support residents with sensory impairments & learning disabilities on a day-to-day basis?
- How would a resident who has a specific need be identified? i.e. had hearing impairments, visual impairments or learning disability? Ex: Care plan, electronic system, sign on the bedroom door or unobtrusive signage
- Are you aware of the ways that information could be provided for people with hearing impairments, visual impairments, or a learning disability? If yes, what are they?
- If there was an alert (e.g. fire, emergency, announcement) do you know if there is an appropriate method for those with hearing impairments? If yes, what is it? If possible, can you show us?
- Has there been a fire drill and if yes, did it flag up any problems?
- Is there anything you would like to share?

Site visit checklist

- Are there sufficient and clear signs directing people to the premises?
- Is there clear and accessible entry to the main entrance for all users?
- Are written communications available in accessible formats (e.g., Braille, large print, or easy read)?
- Are signs and pictures on bedrooms, lounges, dining rooms, toilets, bathrooms, offices, and kitchens clear and legible for all users?
- Are corridor signs guiding service users, visitors, and staff to different parts of the building clear and accessible?
- Is complaints information available in alternative formats (e.g., Braille, large print, or audio)?
- If there is an electronic information or appointment check-in screen, is it accessible to those with visual or hearing impairments (e.g., audio as well as visual options)?
- Is there a hearing loop sign, and if so, is the hearing loop system working properly?
- Is there a poster or information available that informs people about the Accessible Information Standard?
- Are fire exits clearly signed in various formats, including visual and tactile options?
- Do staff interact with service users in a manner that considers communication needs (e.g., facing users, using body language, plain language)?
- Are staff easily identifiable through uniforms and name badges?

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