

Accessible Information and Communication at GP services in Tameside

Published April 2026





Contents

- 2 About us
- 3 Executive Summary
- 5 Introduction
- 10 Methodology
- 15 Findings
- 37 Wider Issues
- 39 Recommendations
- 43 Comments from providers,
Acknowledgements

About Us

Who we are

Healthwatch Tameside is your local health and social care champion. If you use GPs and hospitals, dentists, pharmacies, care homes or other support services, 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 your feedback and improve standards of care. Last year we helped thousands of people like you to have your say and get the information and advice you need.

Find out more about our work by visiting our website:

www.healthwatchtameside.co.uk

Our approach

People's views come first – especially those who find it hardest to be heard.



We champion what matters to you and work with others to find ideas that work. We are committed to making the biggest difference to you.

We use the feedback we receive about health and care services in an anonymous way.

We talk to the providers and commissioners of those services to let them know what is working well, and where people think improvements could be made.

Executive Summary

Headline Findings

- Areas of the Accessible Information Standard are not being met across GP services in Tameside^[1].
- People struggled to get reasonable adjustments to help them access their GP service. There was a lack of choice in how to book appointments and communicate with practices.
- Some people were repeatedly contacted in ways inaccessible to them, despite telling their GP practice about their communication and information needs.
- A lack of accessible information and communication affected people's ability to book appointments, understand information about their care, and attend appointments.
- Access to British Sign Language (BSL) interpreters was a particular concern raised by respondents. Being unable to access an interpreter meant that people missed out on care, or could not communicate with staff.
- People who could manage their own care ended up having to rely on family and friends for support, because of a lack of options which worked for them.
- Difficulty accessing GP services caused anxiety and upset. Some people avoided visiting their GP entirely because of this.
- Some people missed appointments or important information about their health because of information which was inaccessible to them. Other people worried about this happening to them in the future.
- People felt like they were treated unfairly, and had to spend extra time and effort accessing services where other people did not have to. Many respondents felt that they were not listened to.
- Some people praised the efforts of individual staff members who helped them access services. This was particularly true for people who had a good, long-standing relationship with a GP practice or clinician.
- However, most people felt that staff were not equipped to communicate effectively with them. Many people wanted to see further training for staff on awareness and communication.

[1] www.england.nhs.uk/accessible-information-standard/

Summary of Recommendations

- Gather feedback on service accessibility from people with additional information and communication support needs.
- Develop policies and procedures to improve accessibility based on feedback from people with additional information and communication support needs. Demonstrate how these changes will help patients.
- Commissioners and individual GP practices should each identify a person within their organisation responsible for ensuring the Accessible Information Standard (AIS) is met.
- Staff training on communication with patients with additional communication or information support needs should be implemented. This should cover a variety of topics and be refreshed regularly.
- Commissioners should develop a process for monitoring service compliance with the AIS, alongside local councils and the Care Quality Commission (CQC).
- Individual GP practice should use the Self-Assessment framework^[2] to measure their compliance with the AIS. The first self-assessment should be completed by March 2027.



[2] www.england.nhs.uk/long-read/accessible-information-standard-self-assessment-framework/

Introduction | The Accessible Information Standard

What is the Accessible Information Standard?

The Accessible Information Standard (AIS, 'the standard') is a framework for National Health Service (NHS) services to follow. It sets out how NHS services ensure they are accessible for people with a disability, impairment, or sensory loss.

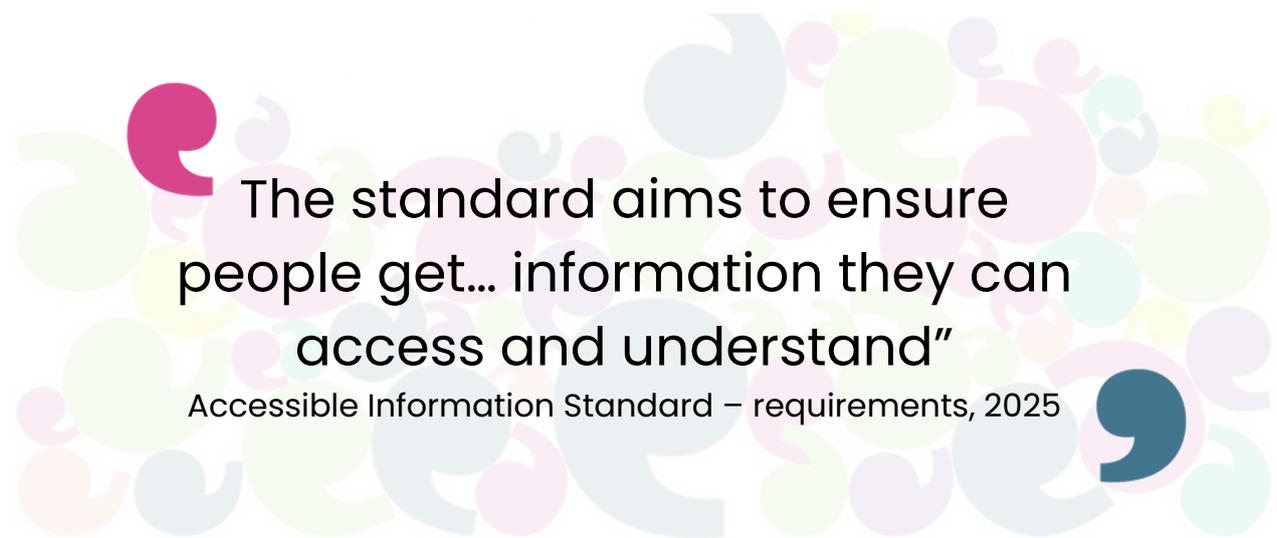
All NHS services and commissioners must 'have regard to' this standard. However, it is not currently a requirement to comply with the standard.

Who is affected by the AIS?

The standard applies specifically to people with a disability, impairment, or sensory loss which affects their ability to access, read or understand information, or to communicate. It also applies to their carers.

This can include, but is not limited to:

- People who are Deaf/experiencing hearing loss
- People who are Blind/experiencing sight loss
- People with Learning Disabilities
- Neurodivergent people
- People with other injuries or conditions which affect their ability to communicate.



The standard aims to ensure people get... information they can access and understand"

Accessible Information Standard – requirements, 2025

Six essential steps

Organisations should follow six steps to ensure they are accessible to people who need communication support:

1. Identifying needs



Asking people what kind of support they need

2. Recording needs



Recording people's information and communication needs in their records

3. Flagging needs



Using flags or alerts to show that someone has a recorded information or communication need, and to prompt staff to act.

4. Sharing needs



Including data about people's information and communication support needs as part of ongoing care, referral, discharge and handover processes.

5. Meeting needs



Ensuring people receive information that is accessible to them and receive the communication support they need.

6. Reviewing needs



Consistent and regular reviews of people's information and communication needs.

Updates | June 2025

NHS England published an updated version of the standard on 30th June 2025. The following changes were made:

- Addition of step 6, the 'Reviewing needs' stage.
- Recommendation for all organisations to appoint a senior named role responsible for overseeing implementation of the standard.
- Recommendation for all providers and commissioners to identify an AIS lead responsible for ensuring the standard is met.
- Recommendation for all providers and commissioners to identify an executive-level role holder with responsibility for the standard in their remit.
- Clarifying the role of commissioners, such as Integrated Care Boards and councils, in ensuring that services follow the standard.
- Sharing a Self-Assessment toolkit, which services can use to measure their compliance with the standard. The first self-assessment should be completed by March 2027.



Existing Research

Your care, Your way | 2022

Healthwatch England ran the national Your Care, Your Way campaign in 2022. The campaign aimed to see how well organisations were following the Accessible Information Standard, and to make sure people understood their rights.

Alongside Healthwatch England, the campaign was conducted by a coalition of user-led organisations and disability charities:

- Mencap [3]
- SignHealth [4]
- British Deaf Association [5]
- DeafBlind UK [6]
- Disability Rights UK [7]
- Learning Disability England [8]
- Doctors of the World [9]
- Royal National Institute of Blind People (RNIB) [10]
- National Voices [11]
- Royal National Institute for Deaf People (RNID) [12]
- Patients Association [13]
- Richmond Group [14]



6,200

people covered by the standard shared their experiences as part of HWE's evidence review*

*www.healthwatch.co.uk/report/2022-02-23/are-peoplegetting-their-right-accessible-information

[3] www.mencap.org.uk/

[4] <https://signhealth.org.uk/>

[5] <https://bda.org.uk/>

[6] <https://deafblind.org.uk/>

[7] www.disabilityrightsuk.org/

[8] www.learningdisabilityengland.org.uk/

[9] www.doctorsoftheworld.org.uk/

[10] www.rnib.org.uk/

[11] www.nationalvoices.org.uk/

[12] <https://rnid.org.uk/>

[13] www.patients-association.org.uk/

[14] www.richmondgroupofcharities.org.uk/

An evidence review published by Healthwatch England in February 2022 (see previous page) showed that, whilst some people experience good communications support from services, others struggled to access the right information and communication support.

The review found that people were:

- Struggling to use booking methods.
- Receiving information that they could not read or understand.
- Struggling to communicate due to a lack of support in place.
- Struggling with a lack of awareness amongst staff of how to communicate effectively with them.
- Unable to access British Sign Language (BSL) interpreters for appointments.
- Relying on friends and family for support, due to a lack of accessible information or professional support.

Current systems in Tameside

As part of our research, we wanted to learn about the current procedures for implementing the Accessible Information Standard across Tameside GP services, and other NHS and social care services.

We wanted to locate a named contact responsible for:

- Ensuring compliance with the standard across Tameside services
- Supporting services in implementing the standard.

Despite our research, we could not locate these roles at Tameside level.

This shows us that the recommendations put in place in the updated June 2025 Standard will be important steps for Tameside to take. We have included these as part of our recommendations, which can be found at the end of this report.

Methodology

Why we chose this subject

We chose to research further into this topic based on the feedback we had received over the previous 12 months. The following themes were present in our data:

- Multiple people told us about being unable to book GP appointments.
- Online systems were difficult for some people to use.
- GP practices did not always offer reasonable adjustments, such as alternative booking methods.
- Some people were asked to use communication methods which were inaccessible to them, despite their GP practice knowing about their disabilities/conditions/sensory impairments.
- Others missed appointments because they could not read information sent to them by their GP practice.

By doing this project, we wanted to learn the following things:



- Can people with additional communication and information needs access the support they need at their GP practice?
- If not, what effect is this having on their health, care, and general wellbeing?
- What do people think GP practices could do differently to make their services more accessible?

This report will present a picture of the current level of accessible information and communication across GP services in Tameside, and provide a set of recommendations based on our findings.

Engagement

We wanted to hear from people with additional communication and information support needs about their experiences of accessing GP services in Tameside.

To do this, we used several methods to gather feedback from as many people as possible:

Survey

We used a survey to gather feedback. This survey was open to anyone with additional communication or information support needs who uses GP services in Tameside, and their carers. The survey was open between May and July 2025, and was available to complete online via SurveyMonkey, on paper, via QR code, and over the phone. 32 responses were collected online, and 5 responses were collected on paper.

We promoted the survey on social media and at outreach events. We also sent the survey and project information to local and national organisations to share with their networks.



Focus groups

We identified and visited groups in the local area that support people who may be directly affected by the Accessible Information Standard. During these sessions, we spoke to people about our work and our project, and facilitated conversations about access to GP services, with a focus on specific barriers facing people with their disability/condition/sensory impairment. We also handed out paper copies of our survey and provided contact details for anyone who wished to complete the survey on paper, online, or over the phone at a later date.

We visited the following groups:

- Tameside Macular Society group[12]
- Vision Impairment group at The Together Centre
- The CREATE Centre[13]
- Wings of Hope group[14]
- Parkinsons Café at Hattersley Hub[15]
- Dementia Carers group at The Together Centre
- Tameside Deaf Association



[12] <https://www.macularsociety.org/support/support-group/local-groups/tameside-support-group/>

[13] <https://www.createconnect.org.uk/>

[14] <https://www.actiontogether.org.uk/community-activities/community-activity-directory/142939>

[15] <https://localsupport.parkinsons.org.uk/activity/hattersley-parkinsons-dementia-cafe>



Interviews

We conducted interviews as part of our research.

One set of interviews was held face to face with members of Tameside Deaf Association. At these sessions, Healthwatch Tameside arranged for a BSL interpreter to be present to communicate with people and translate their answers for Healthwatch Tameside staff.

Other interviews were conducted over the phone with people experiencing sight loss.

We also included feedback we had received on accessibility at GP services as part of our general data collection between January and July 2025.

What we asked

For our research, we asked people about their experience of accessibility within three key areas:

- Communicating with their GP practice
- Visiting the practice and attending appointments
- Receiving information



Within each of these areas, we wanted to know what their GP practice did well, what they could improve, and how their care had been affected by any negative experiences.

We also asked about levels of accessible information at services other than GP practices, to ensure we did not miss out on any other important data. Where collected, this data will be shared with commissioners and service leaders, and we will ask them how they are working to make their service more accessible.



Gathering feedback

113 people shared their stories with us

Accessibility of the project

It was important to us to make our project as accessible as possible. We wanted to make sure that people were able to tell their story in a way that works for them.

We researched accessibility and talked to other organisations to make sure that our resources were accessible to everybody.

Guidance

We contacted or followed online guidance from the following organisations:

- Royal Association for Deaf people
- Royal National Institute of Blind People
- Manchester Deaf Centre
- Scope
- Mencap
- The British Institute of Learning Disabilities
- Seashell Trust
- Easy Read UK
- Manchester People First
- Other local Healthwatch organisations



We spoke in advance to the groups we visited as part of our engagement, to ensure our resources were accessible for them.

How we made this project accessible



- Ensured that our online survey was compatible with screen readers
- Followed online guidance on writing in Easy Read
- Provided surveys in large font on yellow paper
- Ensured that colours, fonts, and text sizes followed accessibility guidelines
- Provided multiple methods for people to share their story
- Adjusted our language during interviews and focus groups.

Who we spoke to



We wanted to speak to a wide range of people affected by the Accessible Information Standard, to ensure we got a full and representative set of data.

In total we spoke to 113 people, covering a wide range of additional communication and information needs.

Breakdown

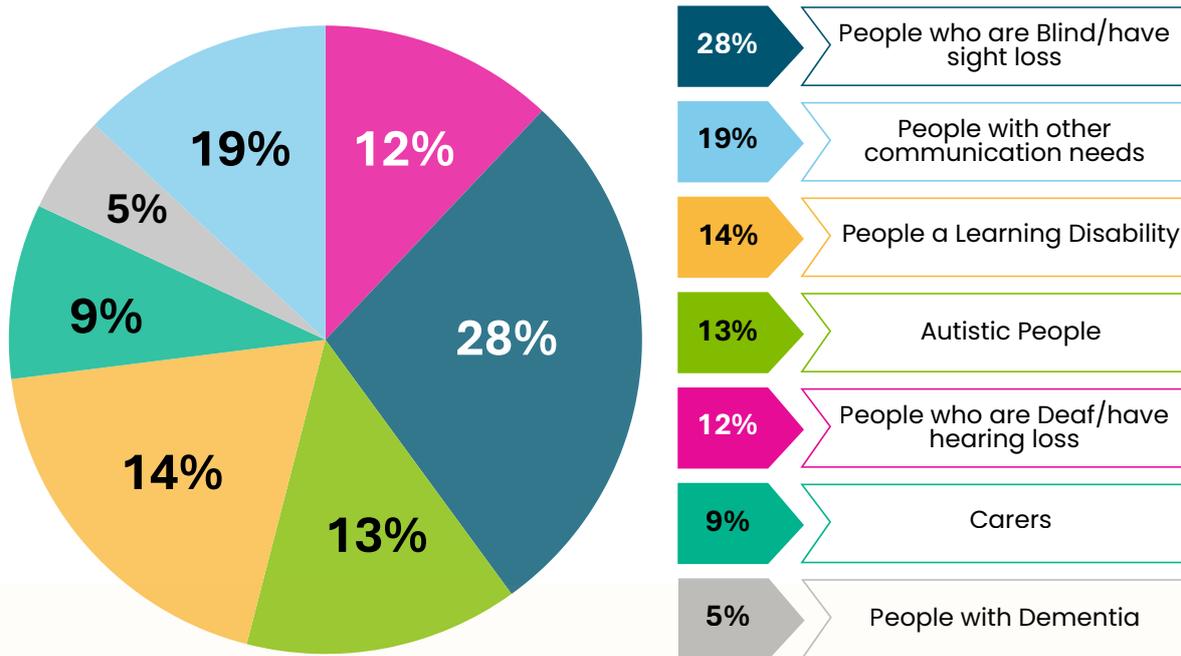


Fig 1: A pie chart showing the numbers and percentages of different groups we spoke to.

Get in touch with us

We want to make sure that everyone can access our work.

Please contact us if you have any suggestions on how we can make our work more accessible:



Phone: 0161 667 2526



Email: info@healthwatchtameside.co.uk



Web: www.healthwatchtameside.co.uk/contact-us



Post: 131 Katherine Street, Ashton-Under-Lyne, OL6 7AW

Findings

How accessible are GP services in Tameside?

Our research showed that, while people praised the care and effort of individual staff members, there is some room for improvement for GP practices in Tameside around complying with the Accessible Information Standard:

1. Identifying needs



6. Reviewing needs



“a consistent approach to identifying people’s information and communication needs”

Many respondents had never been asked about their communication and information needs by their GP practice:

44

44 people told us that their GP had never asked about their communication needs.

2

only 2 people had been asked about their communication needs.

This table has 3 columns and 6 rows.

Feedback source	Asked about needs	Not asked about needs
Focus Group – People with Parkinsons	0 (0%)	14 (100%)
Focus Group – People with Dementia	0 (0%)	4 (100%)
Focus Group – People with Learning Disabilities	1 (17%)	5 (83%)
Focus Group – People who are Blind/experiencing sight loss	1 (14%)	6 (86%)
Focus Group – People who are Blind/experiencing sight loss	0 (0%)	6 (100%)
Other feedback sources	0 (0%)	9 (100%)

Fig. 2: A table showing numbers of people asked or not asked about their needs.

Findings

How accessible are GP services in Tameside?

2. Recording needs



“consistently and routinely recording people’s information and communication needs in their record”

Multiple people told us that staff at their GP practice seem unaware of their accessibility needs, or how to communicate with them. This feedback ranged across all staff including receptionists, nurses, and doctors:

“We sat in the surgery recently and the doctor didn’t even know that my husband had dementia. The doctor was talking to him as if there wasn’t an issue with him”

Comment from a focus group People with Dementia and their carers

“[I need them] to talk to my child and understand due to her needs she needs to ask questions and not be rushed”

Comment from a carer via online survey

Findings

How accessible are GP services in Tameside?

3. Flagging needs



“indicate that an individual has a recorded information and / or communication need, and to prompt staff to act.”

There were multiple instances of people repeatedly being contacted in ways inaccessible to them by their GP surgery, despite informing them of their communication needs numerous times:

“Every time I have to tell them I am Deaf. They keep telling me to ring to make an appointment. They send messages by text or email telling us to ring the surgery. How can we do this? But you can't reply [via text/email]”

Comment from interviews with people who are Deaf/experiencing hearing loss

“I have asked GP for bigger text but [the letters] just comes normal.”

“They know that I have sight problems I've told them about 10 times and they never sort this out.”

Comment from a person who is Blind/experiencing sight loss via survey

Comment from a focus group with people who are Blind/experiencing sight loss



Findings

How accessible are GP services in Tameside?

4. Sharing needs



“including recorded data about people’s information and communication support needs as part of... ongoing care, referral, discharge and handover processes”

Multiple people, particularly people who are Blind/experiencing sight loss or Deaf/experiencing hearing loss, told us that information about their communication needs was not passed on when being referred to other services.

This led to consequences such as missed appointments and upsetting experiences:

“My GP didn’t tell them that I need a BSL interpreter, when I got to the appointment it had to be postponed until the following week.”

Comment from interviews with people who are Deaf/experiencing hearing loss

“Information about sight loss never on referrals... traumatized by screening... wasn’t told what they were about to do”

Comments from interviews with people who are Blind/experiencing sight loss

“Been at the same surgery for 50 years yet they keep saying over and over again to ring the surgery. [I am] not going to get better in relation to being Deaf.”

Comment from interviews with people who are Deaf/experiencing hearing loss.



Findings

How accessible are GP services in Tameside?

5. Meeting needs



“ensuring people receive information that is accessible to them and receive the communication support they need”

Lack of choice

Some people struggled with a lack of choice over the time of their appointments. Autistic people and carers of people with Dementia in particular found it hard to attend early-morning appointments.

People with sight loss also struggled with referrals to other services at later times, as lack of visibility could make navigating difficult:

“The surgery try to give me appointments early in the morning, but it is really hard getting someone with dementia ready in the mornings.”

Comment from a focus group with people with Dementia and their carers

“Referred to another service in Winter, 7pm at night - wouldn't be able to find new place with low light”

Comments from a focus group with people who are Blind/experiencing sight loss

Some people preferred to see a specific clinician who understood their communication needs, but this request was not always granted:

“Some doctors are better than others in communicating with us, if we can choose [which] doctor we see it can be good, but if there's no choice it is really hard.”

Comment from interviews with people who are Deaf/experiencing hearing loss

Findings

How accessible are GP services in Tameside?

Many respondents told us that they had no choice over how their GP practice communicates with them, even when that method of communication was inaccessible for them.

Some people had to rely on family and friends to help them book appointments because they could not use the required communication method:

“Deaf and has a sight impairment... Told not to queue outside the practice before it opens at eight o'clock to obtain an appointment as this compromises the team's ability to manage workload... informed that he would not be allowed to walk in and request an appointment... he cannot telephone to make an appointment”

Comment from Healthwatch Tameside general feedback

“I can't ring the surgery to make an appointment, they insist that I go online and my family have to do this for me”

Comment from a person who is Blind/experiencing sight loss via survey

Lack of reasonable adjustments

People told us about being unable to get reasonable adjustments put in place. This was particularly prevalent amongst people with 'less visible' communication needs, such as people with Autism, mental health conditions, Learning Disabilities, and Dementia.

People spoke of feeling hesitant to ask for reasonable adjustments, or that they were made to feel demanding or difficult when doing so. Some people asked for reasonable adjustments, but these were not put in place.

Blind people/people with sight loss also had problems accessing information in an accessible format, even when they had asked for reasonable adjustments to be made:

Findings

How accessible are GP services in Tameside?

“Had asked for a reasonable adjustment to contact surgery via email (was only way to contact them online), but was constantly being told to phone anyway. Would not put adjustments in place or discuss further. Was made to feel like asking for this one adjustment was asking for too much.”

Comment from Autistic person via online survey

“I have asked that the GP send me information on a disc so that I can listen to it but they don't, sending letters that I have to get someone else to read isn't good. Banks and utility companies can manage to do this but the GP can't. Large print letters are no good for me I'm totally blind.”

Comment from a person who is Blind/experiencing sight loss via survey

Some people were offered alternative appointment methods, particularly digital appointments, but people did not always find these useful. On the other hand, some people were unable to access alternative appointments when requested, despite these options being promoted by their GP practice:

“I've used the remote interpreter. The screen kept freezing and the screen is too small to depend on. Then you are dependent on WiFi strength. This just makes things so hard to navigate. I prefer a doctor's appointment face to face with a BSL interpreter.”

Comment from interviews with people who are Deaf/experiencing hearing loss

“I always asked for a video call, as they offer them, but I've never had one.”

Comment from Autistic person via online survey

“I have tried - I have asked for Reasonable Adjustments - if they don't give me RA's I can't access healthcare. I repeatedly tell them this, but it doesn't matter.”

Comment from Autistic person via online survey

How is this affecting care?

Now we know that elements of the Accessible Information Standard are not always followed, we wanted to understand the problems this causes for people trying to access GP services:

Access to information

People told us that they are unable to access or understand information about their care.

People who used BSL as a first language struggled with understanding long or complicated sentences. This included Deaf people/people with hearing loss, and people with Learning Disabilities.

Some Neurodivergent people struggled with understanding the meaning of short sentences with no context:

“I use BSL which isn’t English as such. So I need people to use short sentences which is why I have to have letters and emails interpreted for me.”

Comment from interviews with people who are Deaf/experiencing hearing loss

“They text or put message on the app. One sentence. It doesn’t make sense to me. I have to send a request again for clarification.”

Comment from Autistic person via online survey

How is this affecting care?

Access to information

People who are Blind/experiencing sight loss reported being unable to read information on letters and in texts. Some people had to rely on friends and family to help them understand the information.

Some people still received letters that they could not read, even though they have technology to help them access information in other ways:

“They sometimes send a text to tell me that there is going to be a letter, but the letter can't be spoken by tech that I have. When they send letters in a standard form, I have to get someone else to read it for me.”

Comment from a person who is Blind/experiencing sight loss via survey

Some carers told us that they struggled to access health and care information for the people they care for:

“We asked for the surgery to contact us as carers. But for some reason they just wouldn't.”

Comment from a focus group with people with Dementia and their carers



How is this affecting care?

Booking Appointments and communicating with practice

We found that people with additional communication and information needs are struggling to book GP appointments.

Multiple respondents told us that they were no longer allowed to visit the practice to book an appointment, despite this being easiest for them.

Because of this change, some people now have to rely on friends and family to help them book appointments. They have found booking appointments much more difficult since these changes were introduced.

Other people told us about being unable to access the appointment booking system at their GP practice.

“This practice has stopped people going to the surgery in the mornings to make appointments. This has made things so much more difficult for me. I just can’t get what is needed to use a computer, I tried loads of times and done courses, but I just can’t manage [to use computer]”

Comment from Autistic person at outreach event

The use of AI booking systems caused some problems, particularly for Neurodivergent people who struggled to understand the options. They wanted to speak to a ‘real person’.

Carers struggled with some booking systems which restricted requests to one per day. This made it difficult to book appointments for multiple problems or people.

“AI system doesn’t allow for patients who are carers to submit multiple requests in the same day, so if both myself and one of my children need to speak to a GP, we cannot.”

Comment from Autistic person via online survey

How is this affecting care?

Booking Appointments and communicating with practice

Being unable to reply to texts, emails, and messages was another common concern amongst both Neurodivergent people and people who are Deaf/experiencing hearing loss.

They wanted to communicate with the practice quickly without having to phone or visit in-person, methods which were inconvenient and/or inaccessible:

“Can't reply to Drs email and texts. Annoying as I can't phone so have to go into surgery.”

Comment from person who is Deaf/experiencing hearing loss via online survey

“I have tried and tried. I can't get passed the AI options. It doesn't give me options that I need or work for my processing. AI works for systems and services not for people with disabilities like ours.”

Comment from Autistic person via online survey

How is this affecting care?

Attending appointments and communicating with staff

We asked people about their experiences of attending appointments, either remotely or in-person, and communicating with staff.

Visiting the practice

Some people with sight loss struggled with finding their way around the practice, and felt that staff could help with this more:

- On arriving at the practice, some people with sight loss struggled with digital check-in screens. They had to ask receptionists or other staff for help. Most people said that staff were friendly and helpful once asked.
- Some said that clinicians would 'disappear' or 'wander off' after calling their name for the appointment, leaving them unsure of where to go. Some people relied on friends and family to come with them to make sure they knew how to get to the right place.
- Receptionists and other staff would not always inform people how to get to the right room. People were expected to follow signs or other markings. Sometimes no help was offered even when the person displayed signs of sight loss, for example carrying a white cane.
- Even once in the correct room, people reported struggling to find their way around the room, for example finding the door handle or chair. Some were told to 'take a seat' without knowing where the seat was. Staff were described as 'not visually-impaired aware' and having 'no process for helping'.
- While the majority of comments were negative, some people spoke about staff making positive adjustments. These included helping them find the room, and allowing them to check in at reception instead of using the screen.

“GP has a TV screen that flashes up which room you're meant to go to... I went to reception and said 'look I'm blind, can someone actually tell me when it's my turn' and they said 'oh yes of course we'll take you through' etc.”

Comment from a focus group with people who are Blind/experiencing sight loss

How is this affecting care?

Attending appointments and communicating with staff

“Sometimes they call your name, next thing they’ve disappeared and you don’t know where they’ve gone. Where am I supposed to go?”

Comment from a focus group with people who are Blind/experiencing sight loss

Some Neurodivergent people struggled with sensory overload when visiting their GP practice. They wanted to see more access to quiet waiting areas and neurodivergent-friendly lighting.

“It is sensory overload to attend the GP; my daughter for example, rocks in her chair as she finds the experience so intense.”

Comment from a parent of an Autistic child via online survey



How is this affecting care?

Attending appointments and communicating with staff

Attending appointments

Lack of understanding of communication needs lead to some people struggling to communicate with clinicians during their appointments:

- People with sight loss were sometimes unaware of the clinicians' movements and what was about to happen. For example, they were not warned before a blood pressure machine or ear thermometer was put on their body. This made people 'jumpy' and nervous.
- Some people with sight loss struggled to discuss specific bits of their care as they could not point to the right parts of their letters.
- People with Learning Disabilities struggled to understand what the doctor said to them. Some relied on help from carers or family. They wanted doctors to use words that they understood.
- Neurodivergent people sometimes struggled to be understood within the time limit of a GP appointment. They needed 'extra time' and 'patience' to help them communicate, and for staff to understand how to communicate with Neurodivergent people.

“Constantly shutdown when at any health appointments as struggle to get the point across and feel under pressure due to time limits.”

Comment from Autistic person via online survey

Focus group

“I do not understand most of what a doctor says”.

“I have to put my mum on the phone. I don't understand what they are saying”.

“I have cerebral palsy. They do not try to use words that I understand”.

“I need to make sure that they are listening. I might need help to communicate for them to find out how to help me get better”.

Comments from a focus group with people with Learning Disabilities

How is this affecting care?

Attending appointments and communicating with staff

Difficulty accessing BSL interpreters

Being unable to access a BSL interpreter for appointments was a big communication barrier for many people who are Deaf/experiencing hearing loss. It also affected people with other conditions, for example people who are non-verbal:

- People described 'getting nowhere' with their appointment without a BSL interpreter. Some people had to rely on writing or drawing to communicate, which was difficult to do within the time limit of the appointment.
- While some people could access BSL interpreters for arranged appointments, they still struggled to communicate at other points, for example with receptionists. Staff had little to no knowledge of basic BSL. Some staff members with limited BSL training had to translate, putting them under pressure.
- Multiple people mentioned times where BSL Interpreters were late or 'did not turn up'. Some people acknowledged that their GP practice tried to book interpreters, but they struggled to find anyone available. People felt that more choice in which interpreting service to use would make it easier for their GP practice to book interpreters.
- Some people said the booking of BSL interpreters was very inconsistent, and varied from appointment to appointment.
- One person said that their GP could book BSL interpreters easily

“BSL interpreters are not available when talking to reception staff. It is these staff that keep telling me to ring the surgery. Some reception staff are more helpful than others, but none of them have even basic BSL.”

Comment from interviews with people who are Deaf/experiencing hearing loss

“Want to know why they can provide an interpreter for an appointment to have a job that took less than 30 seconds to do, but they can't provide an interpreter for a medical appointment where [I need] to describe symptoms and receive advice and treatment.”

Comment from interviews with people who are Deaf/experiencing hearing loss

How is this affecting care?

Attending appointments and communicating with staff

Communicating with staff

Some people felt that staff did not 'make an effort' to communicate, or were impatient. However, others described staff as 'willing to help', and felt able to communicate with them:

“In all but one instance, the staff, including doctors and nurses, have been helpful and understanding and willing to help for instance with printed forms when asked.”

Comment from a person who is Blind/experiencing sight loss via survey

Attending phone appointments

Some people told us about issues with GP appointments over the phone:

- Some people with sight loss struggled to answer the phone because they could not see which button to press.
- Landline phones could be easier to answer, as they have bigger buttons, but people struggled with being 'stuck at home' waiting to take the call. Having a specific window of time to wait for the appointment made this easier.
- Multiple people told us they struggled with unscheduled phone appointments. Carers found it difficult to answer the phone at 'random times'.

“They phone at random times. I can't just answer the phone – I am full time caring!”

Comment from carer via online survey

“If the phone went I'd press the wrong button. Struggle to answer phone to anyone”.

Comment from a focus group with people who are Blind/experiencing sight loss

What is the impact on people?

The previous section demonstrated some of the problems caused by inaccessible communication at GP practices. Now we want to know:

- What impact do these problems have on people?
- How does being unable to access GP services affect health and wellbeing?
- How do people feel?

We explore these topics in the following section.

Relying on support

People told us about having to rely on support from family, friends, or community groups to access GP services.

Although some people told us that they would always have to rely on support from others, some people felt that they would be able to manage their own care if adjustments were made, leading to frustration:

Focus group

3 people spoke about being forced to go online to contact their GPs. This has meant that people who could manage their appointments etc. now have to completely depend on carers to arrange their healthcare.

From focus group with people with Parkinson's

"I am articulate and can do things if they would communicate with me but they won't they just keep contacting my daughter"

Comment from a person who is Blind/experiencing sight loss via survey

"I could do it myself if they would communicate with me in the way that I need."

Comment from interviews with people who are Deaf/experiencing hearing loss

What is the impact on people?

Relying on support

Relying on other people for support left some people concerned about a lack of privacy. They felt uncomfortable sharing their personal health information with other people, and that it was unfair that they had to do this.

Some people had serious diagnoses conveyed to them through family members acting as interpreters.

“Family shouldn't interpret, especially when it's bad news e.g. cancer. Daughter had to interpret via Facetime as Dr and Nurse couldn't communicate with her”

Comment from a person who is Deaf/experiencing hearing loss via survey

“This is personal and I don't want others to have to be involved to this point. I have no option.”

Comment from a person who is Blind/experiencing sight loss via survey

“My worry is this will never change and what happens when I am no longer here to support?”

Comment from a carer via online survey

What is the impact on people?

Avoiding GP services

A lack of accessibility caused some people to avoid visiting their GP altogether. They spoke of being unable to face the stress of accessing the service.

Some people visited other services instead of their GP because they found them more accessible. For example, Urgent care services:

“I go to Urgent Care at the hospital whenever I can because I cannot keep running the gauntlet of people having bad days or presuming the worse or not facilitating or enabling communication for me.”

Comment from Autistic person via online survey

“Didn’t feel like the surgery was approachable or felt comfortable going there...
Lost confidence in health care professionals.”

Comment from Autistic person via online survey

“My GP practice is entirely inaccessible to the point that I am scared of contacting them... I have not navigated them on multiple occasions every month.”

Comment from Autistic person via online survey

What is the impact on people?

Missed appointments and misdiagnoses

In some cases, a lack of accessibility had a direct impact on care.

Multiple people told us about missing appointments because they were told about them in a format they could not understand, for example normal-print letters for people with sight loss. This led to frustration and 'wasting time'.

Some people relied on friends and family to read letters or attend appointments with them, which meant they were unable to access information if this person was not available.

In one case, due to inaccessible information a respondent did not realise that they had been diagnosed with a condition until years later, when their condition had gotten worse. They felt that knowing about their diagnosis earlier would have made them ask for help quicker. Other people also told us about long-term health impacts caused by not being able to access treatment earlier on.

Some people were asked to use equipment which they could not use as it was not accessible. For example, being unable to read instructions on blood pressure machines.

In some instances, people missed out on appointments or other treatment because no professional support could be found for them, for example a BSL interpreter.

“I get very angry and upset about this. Last week I got 4 letters with appointments and I missed them.”

Comment from a person who is Blind/experiencing sight loss via survey

“Walked away due to no interpreters on occasions. Pointless seeing Dr without interpreter.”

Comment from a person who is Deaf/experiencing hearing loss via survey

“When I was sent results of screening, I had to ask someone to tell me what the results are. Even when I got the kit I couldn't read the instructions.”

Comment from a person who is Blind/experiencing sight loss via survey

What is the impact on people?

Extra time and effort

People told us about the extra time and effort they have to put in to access their GP practice.

Some people felt forced to visit the practice, as they could not access the main booking method, which took up more of their time.

Cancellations could be even more difficult for people with communication needs, as it meant having to navigate a difficult booking process again. Some people wanted to see appointments re-booked automatically, to save them having to do this:

“The surgery will ring and cancel appointments then I have to go through everything again to try to rearrange.”

Comment from Autistic person via outreach event

“I keep having to chase up on the phone which isn't easy these days.”

Comment from a person who is Blind/experiencing sight loss via survey

“I cannot email to book a GP appointment. I have to go to the surgery. I have to keep going in.”

Comment from interviews with people who are Deaf/experiencing hearing loss

What is the impact on people?

Emotional impact

The most common theme in the feedback we received was about the negative emotional impact caused by being unable to access GP services.

How do people feel?

These are some of the words people used to describe how it feels to access GP services:



Fig. 3 Words and phrases used by respondents to describe the experience of accessing GP services.

The stress of trying to access services could have a major effect on people’s mental health and wellbeing. People told us that they were nervous or worried about interacting with their GP practice, receiving the wrong treatment because of communication barriers, and subsequent effects on their care:

“The lack of attention and support makes my situation seem even more frustrating, as I seek help but feel like my concerns are not being taken seriously.”

Comment from Autistic person via online survey

“Frightened of health becoming worse... Worried will get given wrong meds because of communication needs.”

Comment from a person who is Deaf/experiencing hearing loss via survey

What is the impact on people?

Emotional impact

Not listened to

People with a variety of additional communication needs described feeling like they were not listened to.

They described being unable to get their point across during appointments, questions not being listened to, and not being taken seriously. Some people felt frustrated that staff communicated more with their family members than with the person themselves:

“[They] make no effort to communicate with [my] daughter. All NHS staff just talk over her head and in the main they don’t even look at her when they are speaking about her.”

Comment from a parent and carer of a non-verbal adult via outreach event

Focus group

3 people said that they feel that they are not being listened to when they ask questions.

From focus group with people with Learning Disabilities

A lack of understanding of communication needs sometimes lead to difficult interactions with staff, which could be distressing:

“Then judgements are made on my communication. They don’t listen and put the phone down on me saying I am rude!! I am not rude! I am absolutely not rude! Never have been. They are comparing me to Neurotypical. I will never match this. It is impossible.”

Comment from Autistic person via online survey

“On one occasion we went to the GP and asked for a referral to audiology for a hearing aid, the Dr asked the interpreter “does this mean that he won’t need an interpreter anymore”. Very insensitive and inappropriate.”

Comment from a person who is Deaf/experiencing hearing loss via survey

What is the impact on people?

Emotional impact

Treated unfairly

Some people felt that they were treated unfairly because of their additional communication needs.

They felt that more should be done to reduce barriers and make services more accessible for them.

“It’s unfair that hearing people can attend, but deaf people have these barriers... want to be treated as an equal to a hearing person... I have to go in person, whereas a hearing person doesn’t have to... We feel there are lots of barriers for deaf people.”

Comment from a person who is Deaf/experiencing hearing loss via survey

“I am not welcome in the surgery because of my autism.”

Comment from Autistic person via online survey

“In this day and age there should be a better way of communicating with blind people.”

Comment from a person who is Blind/experiencing sight loss via survey

“Treat people in a way that meets their needs, not just treating everyone the same. I feel my concerns are dismissed frequently and ignored because I’m not a medical professional.”

Comment from Autistic person via online survey

Wider issues

Issues not specific to AIS needs

Some people spoke about issues accessing GP services that were not specific to their additional communication needs. These included:

- Struggling to use online services
- Frustration with long queues on the phone
- Being unable to see the same GP every appointment
- Seeing locum practitioners or nurses instead of a GP
- Difficulty accessing the surgery for people with physical disabilities, including:
 - Maneuvering wheelchairs around the building
 - Parking
 - Access to rooms in the building

These issues may not be a result of accessibility issues covered by the Accessible Information Standard, but combined with the other issues mentioned in this report, they contributed to a feeling of frustration around access to GP services.



“[GP] Practice entrance is on a slope, hard to get wheelchair in. Have tried with rollator but it’s difficult.”

Comment from Carer at outreach event

Experiences at other services

People also told us about accessibility issues at other services. We will send this feedback to the relevant commissioners and services leaders and ask them how they are working to make their service more accessible.

What could your GP practice do differently?

We asked people what they would like to see their GP practice do differently. We have included these suggestions below, and incorporated some into our formal recommendations:

Information

- Using shorter sentences/symbols and icons, and less clinical language
- Consistent and accurate information
- Accessibility reviews from people with lived experience

Appointment booking processes

- Automatic booking of BSL interpreters at appointments
- The option to book appointments further in advance
- Automatically re-booking appointments when cancelled

Choice

- More face-to-face appointments
- Being able to request certain clinicians
- Choice of appointment, for example time and type of appointment
- Choice of booking/communication method, for example replying via text
- Quieter waiting areas/sensory rooms
- Set window of time for phone appointments

Communication

- Training for GP staff on how to communicate and how to implement support, for example questions to ask, things to look out for, basic BSL, awareness of health passports and sunflower lanyards
- Ability to code that someone is on the waiting list for Autism/ADHD assessment, to aid with communication prior to formal diagnosis

Building

- Keeping layouts consistent
- Marking steps and level changes to aid visibility

Recommendations

Based on the findings presented in this report, we have made the following recommendations.

We will follow up on these recommendations within the next 12-18 months:

1 Use feedback from people with lived experience to make services more accessible

We recommend that all GP practices in Tameside gather feedback from patients with additional communication and information support needs about how their practice could be more accessible.

This could include

Utilising Patient Participation Groups (PPGs) or other patient feedback groups to collect feedback from patients on their experiences and suggestions.

Organising a 'mystery shopper' or Enter and View-type visit^[16], where people with additional communication and information needs visit the service and feed back on what could be improved.

We recommend that individual practices and commissioners demonstrate changes they have made to policies and procedures based on feedback from patients with lived experience, and how these changes have benefitted these patients.

[16] <https://www.healthwatchkingston.org.uk/advice-and-information/2024-02-14/all-about-enter-and-view>

Recommendations

2 Implement the guidance published in the June 2025 AIS review

We recommend that individual practices and commissioners implement the guidance published in the June 2025 AIS review.

These are as follows:

Individual practices

- Identify an AIS lead responsible for ensuring the standard is met.
- Use the Self-Assessment toolkit to measure compliance with the standard. The first self-assessment should be completed by March 2027.
- Identify an executive-level role holder with responsibility for the standard in their remit.

Commissioners

- Work with local council and CQC to clarify a process for ensuring services follow the standard.
- Identify a commissioner-level AIS lead responsible for ensuring the standard is met across all GP services.
- Identify an executive-level role holder with responsibility for the standard in their remit.

Recommendations

3 Provide training for all staff on accessible information and communication

We recommend that all staff are provided with training on accessible information and communication. This training should include input from local and/or national organisations, and be refreshed regularly.

Training should include:

- How to communicate with and support patients with additional communication or information needs, including using specific equipment, adjusting language, and offering reasonable adjustments.
- The importance of accessible information and communication.
- Consequences of inaccessible information or communication for the patient.
- Their roles and responsibilities under the accessible information standard.
- How to identify, record, and action a communication or information need.
- Things staff may need to consider as part of their specific role.
- Who to speak to if they have questions or concerns.

Recommendations

4 Review the provision of BSL interpretation services for GP practices in Tameside

We recommend that Tameside ICB conduct a review into the provision of BSL interpretation services for GP practices in Tameside.

This review should cover the following:

- Is there enough availability of BSL interpreters to cover demand across GP services in Tameside?
- If there is not enough availability of interpreters, what are the next steps?
- What procedures do GP practices have in place for booking BSL interpreters? How does this compare to other localities in GM?
- How can GP practices and BSL interpreters be further supported?



Comments from providers

We sent this report to the Tameside Primary Care team, part of the Greater Manchester Integrated Care Board, who provided the following response to our findings and recommendations:

“It is always important for us to receive feedback from those who use our services, which helps us to inform how and what we commission. The current NHS aim is to ensure services are delivered closer to where people live, so understanding challenges to access helps us to better design those services.”

Acknowledgements

We would like to thank all of the groups and services who helped us with our engagement work for this project. This includes having us visit their group, sharing our survey online or in person, and sharing their own stories with us.

We would like to thank the organisations we consulted regarding accessibility for their time and expertise.

We would also like to thank our volunteers, who helped us get in touch with groups and gather feedback from people.





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