Understanding the Standard: Why Accessible Information Matters in Every Patient Interaction

By Daniel-Morgan Williams, Director of Visualise Training and Consultancy



Suppose you've ever handed a patient a leaflet they couldn't read, or called a name aloud in a waiting room, only to realise they couldn't hear you. In that case, you've already encountered the Accessible Information Standard – even if you didn't know it.

The Accessible Information Standard (AIS) applies to all NHS and publicly funded adult social care services. That means GPs, nurses, opticians, pharmacists, hospital staff, and community practitioners all share responsibility for making sure that people with disabilities, sensory loss, or communication needs can access information in a way they understand.

What Is the Accessible Information Standard?
Introduced in 2016 and updated in June 2025, the AIS sets out how health and social care providers must identify, record, flag, share, and meet people's information and communication needs. The 2025 update adds a vital sixth step – 'Review' – which ensures those needs are checked regularly. It also introduces more transparent accountability: every organisation must have a named lead responsible for compliance, and integrated care boards must monitor implementation across their regions.

Why It Needed Updating
Despite being in place for nearly a decade, the AIS wasn't consistently applied. Surveys by RNIB and Healthwatch England revealed that many people with sight or hearing loss were still not receiving information in accessible formats. Appointment letters were sent in small print, interpreters weren't booked, and patients were expected to navigate phone or online systems they couldn't access. In short, the system wasn't working for those it was meant to support.

Why Practitioners Should Care
Many clinicians I meet ask, "But don't people have family or carers who can help?" It's a fair question – but it misses the point. Relying on others to interpret medical information removes independence and confidentiality. Imagine needing your neighbour to read your eye test results, or a relative to open your hospital letter about test outcomes. For someone with sight loss or hearing loss, that's an everyday reality when information isn't accessible.

It's not just about inconvenience – it's about dignity, privacy, and safety. If a patient can't read dosage instructions, misinterprets an appointment time, or feels too embarrassed to ask for help, the result can be missed care, avoidable hospital visits, and increased anxiety.

Accessible communication gives people back control. It allows them to manage their own health, make informed choices, and preserve the same level of privacy that everyone else takes for granted. When

we make information accessible, we're not 'helping the disabled person' – we're upholding professional standards, protecting safety, and showing respect.

When Communication Fails – and When It Works
Sometimes, the consequences of inaccessible communication go beyond inconvenience – they affect safety and health outcomes.

❌ Mary, who has advanced glaucoma, received a standard printed appointment reminder she couldn't read. She missed her hospital visit and was marked as 'did not attend'. By the time she was re-referred, her vision had deteriorated.

✅ A GP surgery in Leeds added a simple 'communication needs' question to its registration form. Now, patients can request letters in large print, audio, or email format, and the system automatically flags this request. Staff are reminded to ask about communication preferences at every review. Attendance rates improved, and patient feedback was overwhelmingly positive.

Common Barriers Across Health and Social Care
Through my work with healthcare professionals across the UK, I've seen several recurring challenges:

• Lack of awareness – many clinicians don't know what the AIS is or assume it only applies to hospitals.
• Poor IT systems – communication needs aren't consistently recorded or shared across platforms.
• Limited training – reception and frontline staff may not understand what 'accessible information' really means.
• Time pressures – producing large print, audio, or booking interpreters takes planning.
• No review process – needs change, but records don't always get updated.

Why Accessible Information Matters

Accessible information isn't a courtesy – it's a patient safety issue. If someone can't read medication instructions, hear results over the phone, or understand consent information, the risk of harm increases. It's also a legal obligation under the Equality Act 2010, which requires reasonable adjustments for people with disabilities.

For professionals, compliance isn't just about policy. It's about trust. Patients who feel understood and included are more likely to attend appointments, adhere to their treatment, and actively engage in their care.

How to Implement the Standard in Practice

Here are practical steps every practice, clinic, or department can take right now:

1. Ask every patient about their communication and information needs during registration or triage.
2. Record those needs clearly in your electronic system using the correct SNOMED codes.
3. Flag them visibly so all staff are aware before each interaction.
4. Share the information with other services when making referrals.
5. Meet the needs – provide information in the correct format and arrange interpreters or communication support where needed.
6. Review regularly – check if needs have changed at each review or annual recall.
7. Nominate an AIS lead responsible for compliance and staff awareness.
8. Train your team so everyone understands what accessible information means in practice.

Changing Culture, Not Just Compliance

Real progress comes when accessibility becomes routine rather than exceptional. Instead of viewing it as extra work, we should see it as integral to quality care. Asking how someone prefers to receive

information should feel as natural as asking about allergies or medications.

In many cases, it's the small changes that make the most significant difference – reading a form aloud, printing in a larger font, sending information securely by email, or allowing a little extra time for discussion. These adjustments cost little but can transform a patient's experience.

Final Thoughts

The updated Accessible Information Standard provides every health and care professional with the opportunity to enhance communication, mitigate risk, and integrate inclusivity into their everyday practice. Whether you're a GP, nurse, optician, or receptionist, this standard applies to you – and following it could be life-changing for your patients.

If you'd like to deepen your understanding of sight loss and build confidence in supporting patients with visual impairments, Visualise Training and Consultancy's Sight Loss Champion e-learning course offers practical insight from lived experience. It's a simple, effective way to turn awareness into meaningful action.

ENDS

Notes to Editors:

Daniel Morgan-Williams



Visualise Training and Consultancy Ltd was established in 2014 by Daniel Morgan-Williams, who founded the company despite gradually losing vision due to retinitis pigmentosa.

Daniel's motivation to start the business arose from his experiences of a lack of accessibility and

inclusion within workplaces and broader society. This affects people with sight loss, hearing loss, tinnitus and those who are Deaf. Many disabilities are hidden, so they are not easily recognised.

What began as a focused approach centred on sight loss and its associated challenges has since grown to encompass all forms of sensory loss. This enables employees to develop their careers through workplace assessments that recommend reasonable adjustments and provide colleagues with awareness training.

To find out more, visit https://visualisetrainingandconsultancy.com