

Reasonable Adjustments

Creating a checklist for General Practice
(GP) appointments

About Healthwatch Newcastle

Healthwatch Newcastle is one of 153 local Healthwatch organisations established throughout England on 1 April 2013 under the provisions of the Health and Social Care Act, 2012.

Healthwatch Newcastle is an independent not-for-profit organisation. We are the local champion for everyone using health and social care services in the borough.

We help people find out about local health and social care services. We listen to what people think of services and feed that back to those planning and running services, and the government, to help them understand what people want.

We help children, young people and adults to have a say about social care and health services in Newcastle. This includes every part of the community, including people who sometimes struggle to be heard. We work to make sure that those who plan and run social care and health services listen to the people using their services and use this information to make services better.

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Executive Summary

Autistic people and people with a learning disability in Newcastle continue to face significant barriers when accessing GPs. Although reasonable adjustments are required under the Equality Act 2010 and are available in some GPs, awareness and consistent implementation remain limited among both patients and GP staff. As a result, many people do not access or benefit from reasonable adjustments that could substantially improve their healthcare experiences and outcomes.

Without proper reasonable adjustments, individuals may experience communication difficulties, sensory overload, misunderstandings about medical advice, and challenges navigating GP systems. These barriers can lead to:

- Missed appointments.
- Delayed diagnoses.
- Poorer health outcomes.
- Increased reliance on unpaid carers/caregivers.

Healthwatch Newcastle's 2023 engagement work with participants who are autistic people, people with a learning disability, professionals in the Integrated Care Board (ICB), and nine GPs highlights these health impact challenges. While participants reported more positive experiences when reasonable adjustments were in place, awareness of the right to request these adjustments was consistently low. Barriers included:

- Communication challenges.
- Uncertainty about what adjustments are available.
- Concerns about staff attitudes towards a reasonable adjustment request.

Participants identified three priority areas for improvement: communication and interaction, access to services, and adaptations to the physical environment.

The issue is part of a wider national challenge but is particularly relevant in Newcastle and the wider North-east, where health inequalities are more pronounced. Addressing this problem requires a proactive, person-centred approach rather than a one-size-fits-all model of care. Healthwatch Newcastle proposed a pilot project in five GPs in Newcastle, delivered in partnership with the ICB.

The project engaged autistic people and people with a learning disability through focus groups to identify the reasonable adjustments that matter most to them.

Key outputs include:

- A co-produced checklist of reasonable adjustments.
- Improved awareness of patient rights.
- Enhanced communication methods (including easy-read information).
- Increased training and awareness among GP staff.

The overarching goal is to foster inclusivity within GPs, where reasonable adjustments are routinely offered, clearly explained, and consistently applied. By doing so, this project aims to reduce barriers to healthcare access, improve patient experiences and outcomes, and support a more equitable and inclusive primary care system in Newcastle.

Introduction

Autistic people and those with a learning disability often experience barriers when accessing GPs in Newcastle due to a lack of awareness and inconsistent implementation of reasonable adjustments. This can lead to missed appointments, misunderstandings, and poorer health outcomes. For instance, an autistic person may struggle with sensory environments, while someone with a learning disability may need more time to process information. Policies exist to support equitable care and the need for improved awareness and proactive implementation.¹

The lack of reasonable adjustments in GPs for autistic people and people with a learning disability could be due to limited staff training, systemic inflexibility, and communication barriers. Healthcare professionals may lack awareness or confidence in meeting diverse needs, while appointment structures and administrative processes often fail to accommodate necessary adjustments. Additionally, difficulties in expressing an individual care request further contribute to unmet needs and inadequate healthcare access.

In June 2023, Healthwatch Newcastle and the Integrated Care Board (ICB) engaged with autistic people and people with a learning disability to explore their experiences of GPs. While reasonable adjustments generally improved patients' experiences, awareness of these remained low. Key barriers included

¹ [NHS England » A national framework for NHS – action on inclusion health](#)

communication difficulties and concerns about staff empathy. Participants highlighted the need for better communication, improved access, and more accommodating physical environments. The report recommended raising awareness of reasonable adjustments, proactively offering them at first contact, and ensuring GPs record and use each patient's preferred communication method, providing clear explanations and alternatives when realistic adjustments cannot be made.

Autistic people and those with a learning disability are significantly affected by barriers within GPs, particularly in Newcastle which is evident in our feedback from engagement work. The issue is most prominent in Newcastle but reflects a wider national concern, especially across the Northeast where health inequalities are increasing. Broad community support can help address these challenges by raising awareness, promoting inclusion, and empowering individuals to access the specific care and reasonable adjustments they need.

Viable solutions to improve healthcare access for autistic people and those with a learning disability include proactively identifying individuals who need reasonable adjustments and providing mandatory training for healthcare staff on inclusive communication and care practices. Enhancing accessibility through easy-read materials, technology, and co-designed services, along with improving physical environments and feedback systems, can create a more inclusive experience. This forms a reasonable adjustment's checklist.

Healthwatch Newcastle plays a key role by piloting this work in GPs with support from the ICB. The work involves autistic people and people with a learning disability in identifying their specific needs through surveys and focus groups, leading to the creation of a user-informed checklist of reasonable adjustments. It also raises awareness among both patients and GP staff, improve communication methods, and promote a culture of inclusivity where reasonable adjustments are routinely offered.

Methodology

To carry out this project, Healthwatch Newcastle attended three dedicated focus groups, and these were held at the same GPs venue. We engaged with autistic people and people with learning disabilities to coproduce a checklist of reasonable adjustments they would require when they go to their GP. Healthwatch Newcastle spoke with 12 service users at Journey Enterprises (a local charity that supports adults with learning disabilities). They told us that they had a range of different health conditions which meant that they regularly visit their GP to seek advice and professional help. We spoke to patients about what they thought reasonable adjustments are, as well as what reasonable adjustments they require when they go to their GP.

Healthwatch Newcastle asked a set of questions at these focus groups to allow us to find from user feedback, which (if any) reasonable adjustments they would need when using a GP. Healthwatch Newcastle provided an easy-read option to accommodate the needs of the patients at the focus groups.

The engagement feedback and data collection was originally undertaken within a four-week period, between the 29th of September 2025, and the 27th of October 2025. In total, 12 patients who regularly attend Journey Enterprises participated in a focus group each.

During the focus group session, we asked a range of questions to understand the participants experiences of accessing their GP. This included:

- Their experiences of contacting the GPs by phone.
- Waiting times.
- The reception area.
- How easy it is to understand written information (such as letters and leaflets).
- Communication with their doctor at the GP.

We also explained what we thought reasonable adjustments are and discussed how patients can request them when attending GP appointments. Follow-up questions were used to support participants to share their views on what they thought reasonable adjustments were and to ensure everyone had the opportunity to contribute. We recognised that some participants may find it more difficult to express their experiences verbally, and we adapted our approach to ensure the sessions were supportive and inclusive for all needs.

The data analysis used a single-method approach, where qualitative data was reviewed and explored to identify key findings. This informed the design of the reasonable adjustment's checklist.

As part of the second phase of the project, Healthwatch Newcastle went to five GPs and engaged with Practice Managers to discuss the checklist developed through the analysis of the focus groups. Recognising the time constraints and operational pressures within primary care settings, flexibility was prioritised in arranging meetings. Practice Managers were offered a choice of engagement formats, including brief in-person discussions or remote conversations online if needed.

The checklist which had been coproduced in the focus groups was presented to the Practice Managers. This was in a format that used clear, accessible language, and explanations that were tailored to individual patient's needs. Opportunities to discuss the checklist were provided for clarification, questions, and discussion to ensure Practice Managers felt comfortable and adequately informed.

The length and structure of conversations were adapted responsively, ensuring that participating Practice Managers did not impose undue burden on these busy professionals. These considerations were implemented to promote inclusivity, encourage meaningful engagement, and ensure that participation was manageable and respectful of professional responsibilities.

Results and Discussion

Focus Group

Results of our focus group discussions with Journey Enterprises:

We discussed seven questions with additional follow-up questions across the three focus groups and speaking with a total of 12 Journey Enterprise group members about their required reasonable adjustments when making a GP appointment as well as exploring their current experiences at their GPs. The questions Healthwatch Newcastle asked included an easy read option to allow inclusivity to everyone taking part in these focus groups.

The questions asked in these focus groups are as follows:

1. How easy is it to make a GP appointment? What would help making a GP appointment easier for you?
2. What is it like when you do get an appointment- do you have to wait? How is that for you? What would make it easier for you?
3. Is it easy for you to get information from your doctor's surgery- do you have enough time to let the doctor know what the issues are for you?
4. What would make it easier to read or understand things from your doctor?
5. Do you feel that the doctors' surgery tries hard to help everyone get the information they need?
6. Have you ever had trouble understanding prescriptions, letters, leaflets from your doctor? Can you explain why?
7. What reasonable adjustments do you think the doctors' surgery can offer you when you go to make an appointment?

When patients were asked how easy they find it to make a GP appointment and what would make it easier for them, Patients replied that they often rely on parents or carers to contact the GP because calling feels complicated, overwhelming, or anxiety-inducing. Many prefer face-to-face interactions and express frustration with online systems. Some feel nervous calling due to "white coat syndrome," the amount of information given over the phone, and long waiting times. They also find calling their GP difficult because phone lines are busy and the numbers can

be hard to dial on the phone. Some need help understanding phone conversations, and parents or carers usually support them. Employees at Journey Enterprises who supported Healthwatch Newcastle carry out the focus groups shared that recent sessions at the organisation have been helping patients learn how to make their own appointments through role play to assist them to become more independent.

A few patients have experienced rushed appointments or GPs not being aware of their needs. They are also not confident attending the GP alone, as they have always gone with a parent or carer. Patients feel more at ease when they can see the same doctor regularly.

In GP waiting rooms, most patients sometimes experience long waits, though all feel they generally get enough time with the doctor.

Waiting times for appointments vary meaning some patients must wait, but many do not. GPs often send letters home or pre-book appointments for them and will try to offer alternative days when needed. Participants said self-check-in machines at the GPs can be tricky to use without support. They felt that a quiet room should be available on request but were unsure whether their GP has one. This request is due to waiting rooms being too loud/busy when turning up for appointments.

During appointments, parents and/or carers frequently help them communicate with the GP. Patients can sometimes understand the GP directly but often need explanations from their parents and/or carers and helping them understand difficult words.

Helpful communication strategies were frequently discussed in the focus groups including use of diagrams, GP speaking at an appropriate level of understanding to patient, simplifying language, avoiding jargon, providing easy-read materials, and defining difficult words. Patients appreciate it when GPs are aware of their needs and allow extra appointment time. One patient suggested that GPs adjust the way they speak to mitigate misunderstanding of information. Double appointments were seen as helpful to reduce repeated visits and anxiety. Medical jargon can be challenging, although most patients can follow what the doctor says because GPs are aware of their learning difficulties and adjust their explanations appropriately.

When letters arrive in the post, participants of the focus groups often struggle due to long sentences and complex language. Parents and/or carers usually read the letters to them and take any necessary actions for them. None of the patients

receive easy-read letters, though few patients are sometimes offered easy-read leaflets at their GP.

Initially, none of the patients knew what “reasonable adjustments” meant, but after explanation, two recognised that GPs are legally required to provide them.

Written information is often hard to understand because of small print and complex wording, especially on medication packaging. Patients find pictures with words (“easy read” materials) much more accessible and suitable for their needs. All patients agreed that easy read formats are much clearer and more accessible. Easy read documents that include a picture of the actual GP are particularly helpful, as they show who the patient will meet.

Some patients cannot read standard leaflets at all. They feel their GPs tries hard to support them and believe they could ask for easy-read materials if needed but are reluctant to do so.

Most patients can read the instructions on the box, though parents and/or carers still offer support. patients generally understand why they are taking their medication. However, a reasonable adjustment was requested for GPs to explain how medication should be taken.

All the information provided by the focus groups was used to create a checklist of reasonable adjustments.

This is the checklist that was co-produced:

Reasonable Adjustments Checklist	
1.	To be able to request a specialist GP for patients with complex needs. (Specialist: a GP with experience in speaking/dealing with patients who have complex needs or learning disabilities).
2.	To be able to make an appointment face to face rather than through a phone call or online.
3.	To be offered bigger size text to read information, easy read versions and diagrams of information, medicine and medical information. In include definition of medical jargon/ difficult words.
4.	To be able to choose the gender of the GP/nurse they see.
5.	Patient to be able to state whether they would like to be spoken to directly or to speak to parent/carer. Also, the GP to be able to speak to the level of patient/carer understanding.
6.	Quiet room to be offered if waiting room is too busy.
7.	To be able to speak to a receptionist face-to-face when checking in for an appointment rather than doing this via screen.
8.	To be able to have longer appointment times to allow for more time to explain and understand information.
9.	To have easier and less options on the phone call system when ringing for an appointment.

Below are explanations of why certain reasonable adjustments are included in the checklist above which was then used in the second phase of the project, which involved discussing the checklist with GPs in Newcastle.

Complex needs refer to a situation where an individual experiences multiple, overlapping needs that affect different areas of their life and require coordinated support from more than one service. People with complex needs often require a personalised, multi-agency approach to care and support. Their care may involve

coordination between healthcare providers, social care, and other support services to ensure outcomes are effective, consistent, and person-centred.

1. Requesting a specialist GP

Patients with complex needs and learning disabilities who encounter communication challenges should be able to request a GP who has relevant experience or additional training. This helps ensure the appointment is delivered with appropriate understanding, patience, and reasonable communication adjustments. For the patient this provides better health outcomes and a more comfortable experience.

2. Face-to-face appointment booking

Patients should have the option to book appointments in person at reception. Some individuals may find phone systems, online booking tools, or digital platforms difficult to navigate. Providing an in-person option supports accessibility and reduces barriers to care for the patient.

3. Accessible information formats

Medical and administrative information should be provided in formats suited for different needs. This may include large print text, easy read documents, plain language summaries, visual diagrams, pictorial guides, and clear definitions of medical terminology jargon. These adjustments improve comprehension and enable informed decision-making for the patient.

4. Choice of clinician gender

Patients should be able to express a preference for the gender of the GP or nurse/professional they see. For the patient these respects personal comfort, cultural considerations, religious beliefs, trauma-informed care needs, and dignity during sensitive discussions or examinations.

5. Communication preferences

Patients should be asked how they prefer their communication to occur, whether directly with them or through a parent/carer/support worker. Healthcare Professionals should also adapt their language, time spend during appointment, and explanations to match the patient's cognitive and emotional understanding. For the patient this ensures clarity and reducing anxiety or confusion. Understanding a patient's communication preferences is essential for person-centred care, particularly for autistic people and those with a learning disability. This includes whether communication should be directed to the patient or supported by a carer and adapting language, pace, and explanations to suit their level of understanding.

6. Access to a quiet waiting space

GPs should offer a quieter area or room for patients who find busy/noisy waiting rooms overwhelming due to sensory sensitivities, anxiety, autism, or other conditions. This can reduce distress and create a calmer environment before appointments for the patient.

7. Face-to-face check-in option

While self-service screens are convenient for many, patients should retain the option to check in with a receptionist. This supports individuals who may struggle with reading, technology use, visual impairments, or confidence interacting with digital systems.

8. Longer appointment availability

Patients with additional needs should be able to access extended appointment times. Longer or double appointments allow Healthcare Professionals time to explain things more clearly, answer questions more fully, address concerns thoroughly, and avoid rushed interactions that may compromise a patient understanding or care quality.

9. Simplified phone system

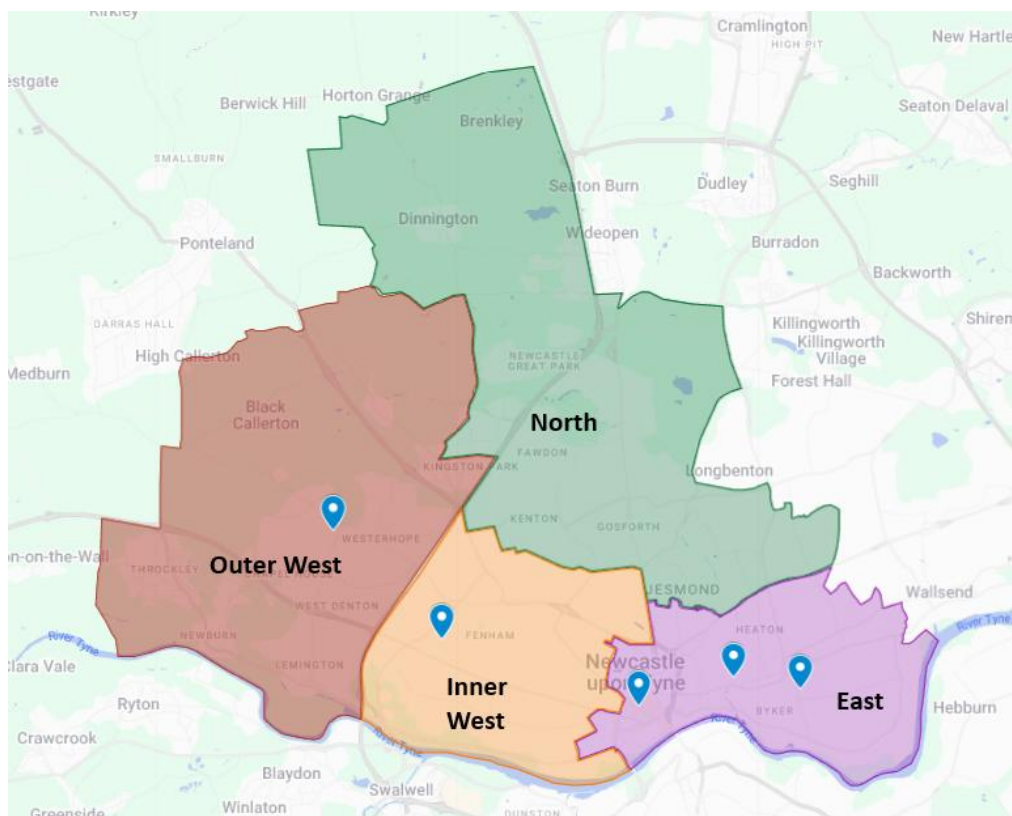
Telephone systems should have fewer, clearly worded menu options. Complex or lengthy automated menus can be confusing and stressful for a patient. A simpler system improves access, reduces frustration, and supports patients with cognitive or communication difficulties.

From the checklist, Healthwatch Newcastle believe these reasonable adjustments are necessary as they would not only help people when making a GP appointment but make discussions during appointments consistent allowing Healthcare professionals and patients to come to a decision on their care easier. Also, the correct support available can help autistic people and/or those with a learning disability to become empowered and more independent to go through the process of booking an appointment, going into a GP, speaking and understanding information with a GP and then being able to use the information to make improvement to their health and/or care.

Healthwatch Newcastle took the checklist to several practice managers at GPs across the city to discuss what is practical regarding these adjustments and to understand what it currently offered and what is not offered as well as reasons why.

GPs

Five GPs participated in this phase of the project, providing representation from across the city. These included two GPs located in the East, one in the Central area, and two in the West, specifically Inner West and Outer West.



This geographical spread offered a balanced view on how reasonable adjustments are understood and implemented across different localities and populations. All five GPs reported a clear understanding of what reasonable adjustments are and why they are essential in primary care. Participating practice managers consistently described reasonable adjustments as necessary changes or adaptations made to remove barriers and ensure equitable access to healthcare for patients with learning disabilities and autistic people.

Practice Managers recognised their responsibility under legislation to anticipate and respond to individual needs, rather than relying on patients to request support.

Across all areas, two practice managers referred to completing the Oliver McGowan Mandatory Training on Learning Disability and Autism as a key factor in strengthening their awareness and confidence. They reported that this training had improved staff understanding of communication differences, sensory

sensitivities, and the importance of personalised care. Several respondents indicated that the training had prompted greater reflection on how systems and environments within primary care can either enable or restrict access for neurodivergent patients.

Overall, the practice managers showed a consistent baseline awareness of reasonable adjustments, supported by mandatory training and a shared recognition of their importance in delivering inclusive, patient-centred care.

This section of the discussion explores how this understanding translates into GPs and the extent to which awareness results in meaningful and sustained adjustments for patients.

What is already being offered:

There was strong overlap between what focus group participants asked for and what GPs say they already provide.

<p>Quiet rooms or quieter appointment times are available in all five GPs. Some offer a specific quiet room, while others offer appointments at less busy times of the day.</p>
<p>Longer appointments are also available in all five GPs, although this depends on staff availability.</p>
<p>Easy read or adapted information is provided across all GPs. This includes simplified written materials and taking extra time to explain medical language.</p>
<p>Choice of male or female clinician is recognised in all five GPs. However, four GPs explained that limited numbers of male nurses can mean longer waiting times if a patient requests a specific gender.</p>
<p>Face-to-face appointments can be requested in all GPs. Most allow patients to speak to reception staff in person when needed.</p>
<p>Patient choice about communication (whether the GP speaks directly to the patient or to a carer) was confirmed in four GPs as a clear part of their approach. The remaining GPs said they adapt communication depending on the situation.</p>

Where there are differences between areas

The biggest difference between areas relates to access to a specialist GP for patients with complex needs. Two GPs reported having a designated learning disability GP and care coordinator. In comparison, the remaining three GP's do not currently have a formally designated specialist GP. However, all three said they would like to explore this in the future if possible.

There were also differences in relation to phone systems. One GP reported that its phone system is currently under review and may soon include a simpler option to go directly to reception. Another GP said this is something they would consider. The two of the other GPs explained that some phone system options are set nationally through NHS systems, which limits how much they can change locally.

Common challenges across all areas

Although no GP said "no" to any item on the checklist, all five GPs described similar challenges. The main issue raised across East, Central and West was staff capacity. This included:

- Limited clinician availability
- Limited numbers of male staff
- Interpreter services not always being available in person
- Longer appointments reducing the number of appointments overall

This suggests that while GPs are supportive of reasonable adjustments in principle, consistent delivery can be affected by operational pressures. Although staff understand the importance of making adaptations for patients with learning disabilities and autistic people, factors such as staffing shortages, high patient demand, and limited appointment capacity can restrict flexibility in practice. During busy periods, reasonable adjustments such as longer appointments, continuity of staff member, or proactive planning may be harder to do.

As a result, reasonable adjustments can become reactive rather than routinely embedded within systems. This highlights the gap between aim and capacity as well as suggesting that sustained reasonable adjustments depends not only on staff awareness, but also on adequate resources and organisational support.

Recommendations

Improve access to specialist GP support

GPs should, where possible, enable patients to access a GP/Healthcare Professional with a specialist interest or enhanced training. Identifying a named clinical lead or clearly communicating how patients can request someone with relevant expertise can improve continuity of care, strengthen patient confidence, and ensure appointments are delivered in a way that better meets individual patient's needs.

Maintain and consistently deliver the existing reasonable adjustments offer

GPs should ensure their current reasonable adjustments are delivered consistently and to a higher standard across all staff roles. This includes reliably implementing reasonable adjustments, regularly reviewing processes, and seeking patient feedback to ensure the adjustments remain effective and meaningful. Consistency in delivery is essential to building trust with and reducing barriers to access for patients.

Strengthen understanding of reasonable adjustments and individual differences

GP staff should develop a clearer understanding of what constitutes a reasonable adjustment and recognise that these adjustments must be personalised rather than diagnosis led. Training and proactive conversations with patients can help ensure individual patient preferences are identified, recorded, and consistently applied, supporting a more inclusive and equitable approach to care.

Improve awareness of reasonable adjustments for patients

Many participants were initially unfamiliar with the term "reasonable adjustments." GPs and local health organisations should consider providing clear information to patients about their right to request reasonable adjustments. This could include posters in waiting rooms, easy-read leaflets, or information on GPs websites.

Improve recording and visibility of reasonable adjustments in patient records

GPs should ensure that reasonable adjustments are clearly recorded within patient records and visible to all relevant staff. This helps ensure these adjustments are applied consistently, even when patients see different staff or contact the GPs through different channels.

Review accessibility of communication systems

GPs should regularly review the accessibility of the appointment booking systems, telephone menus, and digital platforms. Simplifying these systems and offering alternative methods of communication can help reduce barriers for patients with communication or cognitive difficulties.

Limitations

Small sample size

This project engaged with a relatively small number of participants. A total of 12 individuals took part in the focus groups, all from the same organisation (Journey Enterprises). While their insights were valuable, the findings may not fully represent the experiences of all autistic people and people with learning disabilities across Newcastle.

Pilot nature of the checklist

The reasonable adjustments checklist developed through this project represents an initial co-produced tool. It has not yet been tested widely across a larger number of GPs or evaluated for long-term impact on patient experience and access.

Snapshot in time

The engagement was conducted over a defined period between September and October 2025. As GPs are continually evolving, GPs may introduce new systems, training, or policies after the engagement period that are not captured in this report.

Lack of direct observation of GPs

The project relied on participant experiences and discussions with practice managers rather than direct observation of GPs or patient journeys. This means the findings reflect perceptions and reported experiences rather than a full operational assessment of GPs systems.

Conclusion

Overall, the findings suggest that the intention to provide reasonable adjustments is consistent across the city, with all GPs expressing a clear commitment to inclusive and equitable care. Practice Managers demonstrated an understanding of their responsibilities and articulated the importance of removing barriers for patients with learning disabilities and autistic people. Where gaps in delivery were identified, these were largely attributed to external pressures rather than a lack of willingness or awareness. Challenges such as workforce shortages, high demand for appointments, and competing service priorities were more commonly cited as barriers to consistent implementation. This indicates that variability in practice is more closely linked to system capacity and operational constraints than to attitudes or motivation.

Overall, the findings suggest that the intention to provide reasonable adjustments is consistent across the city. Where gaps exist, they are mainly linked to staffing and system capacity rather than a lack of willingness. Healthwatch Newcastle has developed a co-produced reasonable adjustments checklist, informed by the experiences of autistic people and people with a learning disability, for use across GP practices. The next step is to support its wider rollout and embed it into routine practice to promote a more consistent and person-centred approach to care. There will also be a focus on increasing the visibility and awareness of reasonable adjustments within GPs. This includes ensuring information is clearly communicated to patients and that staff take a proactive approach in offering adjustments. By promoting and integrating the checklist more widely, this work aims to ensure reasonable adjustments are better understood, more accessible, and consistently applied across GP practices.

Acknowledgements

Healthwatch Newcastle would like to extend our thanks to those who participated in this project and contributed to their time to provide us with their thoughts and valuable insight. We would also like to acknowledge the following partners and organisations in the list below for providing us with support and information we needed to complete this piece of work. Without this input we would have not been able to capture such valuable data, that helps amplify the voices of the local people, inform the public and help suggest wider system improvements.

- Journey Enterprises
- Mark from the ICB
- Walker Medical Group
- Thornfield Medical Group
- Newcastle Medical Centre
- Both Holmeside Medical Group Practices

Partner Feedback

Feedback from Journey Enterprises:

"I've ran a few sessions in the hub to go over the report with our clients, and the overall response is really positive.

It seems that a lot of the issues discussed are already be implemented by GPs, so moving forward I think it's about making this information available to adults with learning disabilities.

I've planned to create posters around our hub, use our social media platforms and give information leaflets to our clients' parents and carers to help get this information out there once the report is published.

I would also like to thank yourself and Healthwatch for letting us be a part of this project and we would love the opportunity to contribute to any future projects".

Response statements

Response statement from the ICB:

Thank you for sending us your latest report, which provides lived experience and insight from Individuals, carers and professionals on the use of reasonable adjustments in GP practices in Newcastle. The ICB are committed to ensuring that people who require reasonable adjustments to access health care can readily access them and that the wider health system is aware of its duties under the 2010 Equality Act.

We have provided a response to your recommendations below:

	Recommendation	Comments
1.	<p>Improve access to specialist GP support</p> <p>GPs should, where possible, enable patients to access a GP/Healthcare Professional with a specialist interest or enhanced training. Identifying a named clinical lead or clearly communicating how patients can request a someone with relevant expertise can improve continuity of care, strengthen patient confidence, and ensure appointments are delivered in a way that better meets individual patient's needs.</p>	<p>Every GP is an <i>expert generalist</i>, trained to care for people of all ages and bring care together when health needs overlap. Practice websites may share staff members areas of interest, to help people find the right support more easily.</p> <p>It may be positive to have a specialist who can support individuals, however there may be crossover with other specialists in a practice, such as asthma, women's health etc.</p> <p>There may be times it is more appropriate to have the appointment with a different specialist.</p>
2.	<p>Maintain and consistently deliver the existing reasonable adjustments offer</p> <p>GPs should ensure their current reasonable adjustments are delivered consistently and to a higher standard across all staff roles. This includes reliably implementing reasonable adjustments, regularly reviewing processes, and seeking patient feedback to ensure the adjustments remain effective and meaningful. Consistency in delivery is essential to building trust with and reducing barriers to access for patients.</p>	<p>All GPs have access to and use the digital flag that alerts practices to the requirement for a reasonable adjustment. The ICB's Learning Disability Network have a whole suite of information in relation to accessing and delivering reasonable adjustments all of which has been co-produced.</p> <p>Although the work of Learning Disability Network has now ended, the resources are still relevant and available.</p>

3.	<p>Strengthen understanding of reasonable adjustments and individual differences</p> <p>GP staff should develop a clearer understanding of what constitutes a reasonable adjustment and recognise that these adjustments must be personalised rather than diagnosis led. Training and proactive conversations with patients can help ensure individual patient preferences are identified, recorded, and consistently applied, supporting a more inclusive and equitable approach to care.</p>	<p>The ICB's Learning Disability Network have undertaken extensive work in relation to reasonable adjustments. Reasonable Adjustment Campaign « Learning Disability Network</p> <p>This information is available to all practices and individuals.</p>
4.	<p>Improve awareness of reasonable adjustments for patients</p> <p>Many participants were initially unfamiliar with the term “reasonable adjustments.” GP Services and local health organisations should consider providing clear information to patients about their right to request reasonable adjustments. This could include posters in waiting rooms, easy-read leaflets, or information on GPs websites.</p>	<p>The Learning Disability Network as above have co-produced a wide range of information about reasonable adjustments available to patients and practices. This includes posters, easy read leaflets and short films.</p> <p>Each GP practice uses the reasonable adjustments flag to alert the practice to any known adjustments.</p> <p>Information about adjustments has been regularly shared with practices through the ICB's weekly bulletin.</p> <p>Skills for People, have worked in partnership with Newcastle Upon Tyne Hospitals through the Hear Our Voice Group and coproduced a short film with people with a learning disability and autistic people setting out what reasonable adjustments are and how to get them. Hear our Voice - Reasonable Adjustments film - Skills for People</p> <p>The ICB has also worked in partnership with Inclusion North to help people understand what a reasonable adjustment is. The link below is to a short film, again co produced with people with a learning disability and autistic people setting out what reasonable adjustments are and what to do to get them.</p>

		Reasonable Adjustment Flag - Inclusion North
5.	<p>Improve recording and visibility of reasonable adjustments in patient records</p> <p>GPs should ensure that reasonable adjustments are clearly recorded within patient records and visible to all relevant staff. This helps ensure these adjustments are applied consistently, even when patients see different staff or contact the GPs through different channels.</p>	<p>Many practices have established strong relationships with patients with a learning disability. People are often supported by the nursing team who undertake regular health reviews. As part of these reviews, reasonable adjustments are routinely discussed with the patient and/or their carers and are recorded within the EMIS system using alerts and coded appropriately. This ensures that reasonable adjustments are clearly visible on the patient's record.</p> <p>The use of EMIS alerts enables all members of the practice team, both clinical and administrative, to easily identify and implement these adjustments. We also support opportunistic recording and updating of reasonable adjustments where additional needs are identified outside of routine reviews, ensuring records remain accurate and up to date. Telephone systems are designed to be as simple and clear as possible. Reception staff are available to provide additional support for patients who may find automated systems difficult to navigate.</p> <p>All digital systems across health and care are required to have the reasonable adjustments digital flag in place by September 2026, this will enable the sharing of information on reasonable adjustments between services. As part of the Information Standard Notice for the flag there is also a requirement that all staff receive training, there is a nationally developed training programme available on https://portal.e-lfh.org.uk/.</p>

6.	<p>Review accessibility of communication systems</p> <p>GP Services should regularly review the accessibility of the appointment booking systems, telephone menus, and digital platforms. Simplifying these systems and offering alternative methods of communication can help reduce barriers for patients with communication or cognitive difficulties.</p>	<p>Practices offer a range of appointment booking methods, including telephone, online access, and in-person requests, allowing patients to choose the most appropriate route.</p> <p>Where required, reasonable adjustments are made such as offering additional support during the booking process, involving carers, or adapting communication methods. For patients who are unable to use digital platforms independently, staff can complete eConsult's on their behalf to ensure equitable access to services.</p>
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Thank you very much for sharing this report and we look forward to reading the next one.

Kind regards,

Lynn Wilson, ICB Delivery Director Newcastle & Gateshead

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Northeast and North Cumbria Integrated Care Board

Appendices

Research objectives:

Objectives:

- a) Develop a checklist of reasonable adjustments:
 - Create a comprehensive and user-informed checklist of reasonable adjustments that can be requested by autistic people and people with a learning disability in a GP practice

- b) Engage and enable people:
 - Involve autistic people and people with a learning disability in the development process through focus groups or surveys to ensure the checklist reflects their specific needs and preferences.
 - Enable these people by increasing their awareness of their rights to request reasonable adjustments.

- c) Raise awareness among GP staff:
 - Develop educational materials and training resources for GP staff to raise awareness about the importance of reasonable adjustments.
 - Encourage proactive communication from the GP practice to offer reasonable adjustments to all people, especially those with diverse needs.

- d) Improve communication methods:
 - Enhance communication strategies between GP practices and people, ensuring information about reasonable adjustments is easily accessible and understandable, particularly through easy-read formats.

- e) Address barriers to healthcare access:
 - Highlight the barriers that prevent autistic people and people with a learning disability from accessing healthcare services effectively by ensuring they are informed and supported in requesting reasonable adjustments. Consequently, this should lead to the facilitation of removing the barriers.

- f) Promote a culture of inclusivity:
 - Foster a culture within the GP practice where inclusivity is prioritised, and reasonable adjustments are routinely offered and utilised to accommodate the diverse needs of all people.

Questions that were provided to Journey Enterprises:

Q1: How easy is it to make a GP appointment? What would help making a GP appointment easier for you?

Q2: What is it like when you do get an appointment- do you have to wait? How is that for you? What would make it easier for you?

Q3: Is it easy for you to get information from your doctor's surgery- do you have enough time to let the doctor know what the issues are for you?

Q4: What would make it easier to read or understand things from your doctor?

Q5: Do you feel that the doctors' surgery tries hard to help everyone get the information they need?

Q6: Do you have trouble understanding prescriptions, letters, leaflets from your doctor? Can you explain why?

Q7: What reasonable adjustments do you think the doctors' surgery can offer you when you go to make an appointment?

Questions that were provided to GPs:

Question 1: Are you aware of reasonable Adjustments?

Question 2: What Reasonable Adjustments do you offer patients for GP appointments currently?

Question 3: From this checklist, are there any reasonable Adjustments you currently offer?

Question 4: From this checklist, are there any Reasonable Adjustments you currently don't offer but are willing to going forward?

Question 5: From this checklist, are there any reasonable adjustments you currently don't offer and aren't willing to going forward? (this could be not for the want of trying).

Additional Comments:



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