

Closing the gap: understanding low request rates and delivery of reasonable adjustments in primary care

As part of the **Equality Act 2010** anyone with a disability, impairment or sensory loss has the right to request reasonable adjustments (the changes a service provider must make to remove or reduce the barriers these people might face).

The **Accessible Information Standard (AIS)** sets out how providers and commissioners of NHS and publicly funded adult social care services should ensure disabled people and people with impairments or sensory loss can access and understand information about NHS and adult social care services.

In October 2025 we **reported** on what people were saying to us about reasonable adjustments and accessible information in various parts of the NHS; here we take a closer look at GP practices across Surrey.

What did we do?



51 residents spoke to us at our engagement events in Guildford & Waverley, East Surrey and Farnham or via our survey. We particularly wanted to hear from residents who may have a greater need for reasonable adjustments and accessible information, such as those experiencing multiple disadvantage, living in or at risk of living in poverty, and those who are racially minoritised.



Key findings

Are people aware of their rights to reasonable adjustments?

Less than **half** of those who completed the survey knew what the term 'reasonable adjustment' meant. When the term was explained, **three quarters** of people said they had reason to request adjustments when accessing GP services.

Some people recognised the term in a working environment and others thought they had to have a registered disability to request that a change or adjustment be made.



I didn't know what it meant but I do have hearing loss and also hip and knee issues. I have realised, later in life, that I am probably also neurodiverse but have not been diagnosed.

Reigate & Banstead resident, 80 – 89 year old male with physical and sensory impairment

We asked people why they didn't ask for adjustments to be put in place*.

The top four responses were:

I didn't know what reasonable adjustments were: 20 responses

I didn't know that I could ask: 23 responses

No-one has ever asked me: 30 responses

I don't want to be a nuisance: 19 responses

*** People could choose more than one answer**

Changes or adjustments to help people communicate

Just under a **quarter** of those surveyed said that they needed adjustments to enable them to communicate with their GP.

Two thirds said they didn't – or weren't sure – if they needed adjustments; this was because they **relied on others** to help them communicate, such as family, friends or carers.



My husband helps me but, if he wasn't there, I would need a guide.

Surrey resident



Those relying on others were concerned that their carers had needs of their own which compounded their access problems and made them anxious for the future.

They found other ways to cope, including the use of expensive technology.

Q My ability to communicate depends on me having the technology to do it. We have the money to buy a synaptic phone, so it really depends on the tech that each person has. I don't need any adjustments but it's only OK because my husband is around.

Epsom & Ewell resident, 80 – 89 year old woman with sensory impairment

People didn't think the GP practice could help them with their specific needs because they wouldn't know what could be done or have the capacity to do it.

Q I can only answer the phone if my husband is there, but he has health issues himself so I can't rely on him. I asked for a 3-way conversation at one point which would mean that my husband can relay the message to me. My doctor said, "No, I'm not doing that!" in an abrupt tone of voice. She was very rude and I think she said that because it's quicker to talk to one person and they are very short on time.

Waverley resident, 65 – 79 year old woman with sensory impairment

How do people request adjustments?

People who had requested adjustments mainly did it by speaking to the practice receptionist (who didn't always respond well) but there was confusion as to how to formally make a request.

Q They insist that everything has to be done by email which is not easy to access when you are visually impaired. The receptionists say, "Isn't there anyone who can fill it in for you?" But I am right here in front of you! Can't you make the appointment for me now in person.

Woking resident, 65 – 79 year old woman with sensory impairment

Are requests for changes and adjustments are being met?

Less than **half** of those asked said that their requests were met within one month, and we heard mixed opinions on the changes that were made.

People told us that the emphasis is on them to request adjustments each time they visit because they are unsure that the practice will respond otherwise. People also told us that some changes which were put in place have since been revoked.

Q Methods had been put in place to enhance communication through contacts and emails as a result of autism and the complexity of their health needs, but – as with most provisions for those with disabilities – these have been removed, conducive with the withdrawal of many health services in relation to complex disability support across the NHS in the last year or so.

Runnymede resident, carer, with neurodiversity, looking after a person with physical impairment and a mental health condition

Once changes were made, only **half** said they were satisfied.

Q The practice have been outstanding and are genuinely understanding of the difficulty those with severe learning disabilities have around treatment and general health care.

Guildford resident, carer looking after a person with learning disabilities

Others expressed neutral or negative levels of satisfaction.

Q I have repeatedly requested that my GP surgery provide an alternative way for deaf patients like myself to contact the practice, for example, through a video relay service using British Sign Language or by email. They previously refused to offer email contact, citing a lack of administrative resources to manage incoming messages, which is completely unreasonable and discriminatory.

Surrey Heath resident, 25 – 49 year old man with long term health condition

Looking ahead

Three quarters of people said that having learnt about reasonable adjustments by engaging with us, they would ask for them to be put in place in the future.

Q At the moment it's OK but things may get worse for him because he has Parkinson's. Knowing that we can ask, you highlighting this, has made me feel it's OK to ask.

Woking resident, 65 – 79 year old woman with physical impairment

What could GP practices do to better meet people's needs?

Suggestions included: longer appointments to accommodate short term memory loss; appointments at quieter times for those with sensory issues; regular follow up and better checking of records so people don't need to ask every time.

Q Give me longer appointments because of my short term memory loss.

Reigate & Banstead resident, 65 – 79 year old woman with mobility impairment, a learning disability and mental health condition

Q Create appointments at quieter times so that my daughter, who has sensory problems, can be in the waiting room.

Tongham resident, 25 – 49 year old woman with neurodiversity whose daughter is also neurodiverse

Q It would be useful for them to follow up each year to make sure that everything is still relevant or if there is anything additional that they can do.

Ash resident, 25 – 49 year old woman with neurodiversity

Q Not having to tell the person behind the desk what the problem is. If I just said "adjustments please", they should go ahead and respond, looking at the screen and understanding what that means.

Woking resident, 65 – 79 year old woman with neurodiversity and a mental health condition

Q "They need deaf awareness training and a more open-minded approach when patients request alternative ways to contact the surgery. They also need to follow the NHS Accessible Information Standard (AIS) as the majority of staff seem unaware of their obligation to comply with it."

Surrey Health resident, 25 – 49 year old male

Call to action

We're asking **all** providers across Surrey to consider the following actions:

1. Improve staff awareness and confidence

- Ensure all practice staff, especially reception and admin teams, receive regular training on:
 - Reasonable adjustments under the Equality Act 2010
 - The Accessible Information Standard (AIS)
 - Disability, sensory loss, and neurodiversity awareness
- Emphasise that adjustments are a legal right, not a favour, and that patients are not being a “nuisance” by asking.

2. Offer clear, accessible ways to request adjustments

- Provide multiple accessible routes for requesting adjustments (in person, phone, email, online), avoiding reliance on methods that exclude some patients.
- Clearly explain, in accessible formats, what reasonable adjustments are and how patients can request them.

3. Monitor delivery and review regularly

- Check that adjustments are delivered promptly, remain in place, and are reviewed at least annually or when needs change.
- Ensure adjustments are not removed without discussion and agreement with the patient.