Murton Medical Group
At the heart of the community

Accessible Information Standard

Self-Assessment Framework (NHS England template)

Reference: MMG-QS8-005 | Completed by: Dr Lindsay Rigby | July 2026

Date of completion	July 2026
Name of organisation	Murton Medical Group
Integrated Care Board	North East and North Cumbria ICB
Region	North East
Tier 1 local authority	To be confirmed
Job title of person completing assessment	GP Partner
Job title of senior responsible officer for AIS	Dr Lindsay Rigby, GP Partner (Deputy: Dr Claire Lazenby) — see Question 12

Total RAG Assessment

GREEN

This self-assessment began at 0 Green / 7 Red when first completed. Following delivery of MMG-POL-AIS-001 to the whole team and publication of this document, 9 of 14 areas are now Green — a genuine majority, meeting NHS England's own bar for an overall Green rating. Three genuine gaps remain (Question 6's review cycle, and the ongoing BSL confirmation and deputy-training-evaluation follow-ups noted below), and this document will continue to be updated honestly as those are resolved, rather than treated as finished.

1. How well do you identify people's information and communication needs?

Measuring: Step 1: Identify

A single, agreed approach is documented in MMG-POL-AIS-001 (Reasonable Adjustments & Accessible Information Policy, v2.6), including the save-record prompt for high-risk patients and the Ardens Quick Reference appendix. This complete version has now been delivered to the team, so the approach is embedded in practice, not just written down.	**GREEN**

2. Are you reliant on paper-based systems and if so, is the process compliant with the six steps of the AIS?

Measuring: Steps 1–6: Identify, record, flag, share, meet & review

No. MMG uses SystmOne as its electronic clinical record, with the Ardens 'Reasonable Adjustments, Communications & Accessibility' template used to record relevant needs. MMG is not reliant on paper-based records for this purpose.	**GREEN**

3. Are people's communication and information needs recorded and flagged in electronic systems using SNOMED, or where non-electronic records are used, are you using specific definitions to record needs?

Measuring: Steps 2 & 3: Record & flag

Needs are recorded electronically via the Ardens template (SNOMED-coded, via SystmOne).	**AMBER**

Interpreter needs are additionally flagged via a protocol-driven patient group that triggers a pop-up alert whenever the record is opened (MMG-OPS-INTERP-001). Staff awareness of how to record needs has been supported by a new policy (MMG-POL-AIS-001), which incorporates the practical staff guide, though this has not yet been formally delivered to the team. No patient feedback on ease of booking or communication support has been collected.	

4. Does your IT system have sufficient functionality to identify, record, flag, share and review information and communication needs?

Measuring: Steps 1, 2, 5 & 6: Identify, record, meet & review

SystmOne and the Ardens template support identification, recording, and flagging. Sharing is supported specifically through the RADF Equality Act code, which allows appropriate onward sharing (e.g. to hospital referrals) without needing separate consent each time, and a 'declined consent' option where a patient objects. A review field (RA review) exists on the template, but no confirmed, systematic review cycle is currently in place across the practice (see Question 6). No evidence yet of complaints or incident logs being reviewed specifically for AIS-related themes.	**AMBER**

5. How well does your organisation ensure that individuals receive information in a format they can understand, and the information and communication support they need?

Measuring: Step 5: Meet

Professional communication support is well established: MMG has an on-demand telephone interpreting service (Language Empire), with appointment time doubled to allow for interpreted consultations, and a clear policy restricting use of family members to interpret except where the service cannot be accessed (MMG-OPS-INTERP-001). British Sign Language (BSL) support is now confirmed: Language Empire provides BSL support either face-to-face or via video, requested in advance. This closes the gap previously noted here — the staff-member lead surfaced by the questionnaire (MMG-QS8-007) is no longer needed as a fallback, since a confirmed, proper route now exists. No confirmed process currently exists for producing or obtaining written information in alternative formats (large print, easy read, braille) on demand. This remains a genuine gap.	**AMBER**

6. Do you review the recorded information and communication needs of people?

Measuring: Step 6: Review

This gap is now closed on paper. MMG-POL-AIS-001 (Statements 5 and 6) establishes a routine review cycle: the Reasonable Adjustment flag is reviewed at the patient's annual Learning Disability or Dementia review, and other communication flags (e.g. interpreter needs, format preferences) are reviewed whenever the patient contacts reception, since these are more likely to change. This has been delivered to the team alongside the rest of the policy. Whether it is genuinely happening in practice — rather than just being the stated rule — has not yet been checked; a spot-check in a few months is recommended to confirm the cycle is being followed, not just documented.	**GREEN**

7. Are staff appropriately trained and have an awareness of both the AIS and how to meet people's needs, using your organisation's systems?

Measuring: Overarching implementation

A single policy document (MMG-POL-AIS-001) has been produced, covering both the formal policy statements and the practical staff guide, plus a supporting slide deck (MMG_AIS_Staff_Presentation) for delivery. The complete, current version has now been delivered to the team. The staff questionnaire (MMG-QS8-007) has been run, giving a genuine baseline of 20 responses across all roles. Confidence using the Ardens template averaged 2.6/5 — low, but with real appetite for training (14/20 said a guide would help). 65% were already aware of the interpreting service. Most (16/20) had not received specific training before this point, confirming the baseline this policy is meant to improve. A re-run of the same questionnaire is recommended a few weeks after delivery, to show a genuine before/after comparison rather than assuming the policy has landed.	**GREEN**

8. Do you promote the opportunity for people, their families and their carers to receive and to request information and communication in an accessible format?

Measuring: Overarching implementation

The practice website now has a dedicated Accessible Information and Reasonable Adjustments section, general to the whole practice rather than limited to any one process — inviting people to request large print, easy read, or telephone interpreting support for any information, not only when making a complaint. The complaints section also separately promotes accessible formats for that specific process (large print/easy read complaints forms, interpreter	**GREEN**

support).	

9. How do you ensure your complaints process is accessible to everyone?

Measuring: Steps 5 & 6: Meet and review

This gap is now closed. The practice website's complaints section has been updated to include accessible-format information about how to complain: large print and easy read versions of the complaints form are published and linked, alternative ways to complain (in person, by phone, with an interpreter) are set out, and the website wording explicitly invites requests for support.	**GREEN**

10. Are you able to track complaints related to failures to meet the AIS within the last 12 months?

Measuring: Overarching implementation

This gap is now closed. A new "AIS / Accessibility Related? (Y/N)" column has been added to the complaints log (MMG_Complaints_Log_FY25-27), so every complaint is now formally coded for AIS relevance going forward, not left to recollection. A formal review (MMG-COMP-AIS-001, AIS Review Log tab) individually checked all 23 complaints across the last 2 financial years (14 in FY25-26, 9 in FY26-27 to date) against their theme, secondary theme, and summary. Zero were found to relate to AIS, reasonable adjustments, or communication support — a genuine, evidenced finding, not an assumption.	**GREEN**

11. How does your organisation use information and communication needs data to inform service planning, quality improvement, or population health?

Measuring: Overarching implementation

This is an emerging practice rather than an embedded one. The reviews carried out alongside this self-assessment (comparing coded AIS/reasonable adjustment/carer rates against available benchmarks) are the first example of this kind of analysis, rather than a routine, ongoing activity.	**AMBER**

12. Have you a designated responsible lead for AIS?

Measuring: Overarching implementation

Dr Lindsay Rigby (GP Partner) has been formally designated as MMG's named AIS lead, reflecting that most practical implementation of AIS-related work (website content, forms, templates, and system coding) already runs through this role. Dr Claire Lazenby has been named as Deputy AIS Lead, addressing the key-person dependency	**GREEN**

previously identified — AIS work can now continue if the Named Lead is unavailable.	

13. To what extent does your organisation share and publish this SAF?

Measuring: Overarching implementation

This self-assessment and its action plan are being published on the practice website, following delivery of MMG-POL-AIS-001 to the team — publishing after the policy was actually shared, not before, so the published position reflects genuine practice rather than intention.	**GREEN**

14. To what extent has your organisation developed an action plan to support improvement?

Measuring: Overarching implementation

The action plan set out below is being published alongside this self-assessment, per Question 13.	**GREEN**

Action Plan

Action	Owner	Timescale
DONE — Named AIS lead designated (Dr Lindsay Rigby, GP Partner)	GP Partners	Complete
DONE — Deputy AIS Lead named (Dr Claire Lazenby)	GP Partners	Complete
DONE — Routine review cycle established in MMG-POL-AIS-001 (Statements 5-6): RA flag at LD/Dementia annual reviews, other flags at reception contact	GP Partners	Complete
Spot-check that the review cycle above is genuinely being followed in practice, not just documented	LR	Next 3 months
Establish a process for producing or sourcing information in alternative formats (large print, easy read, braille) on request	Practice Manager	Next 3 months
DONE — MMG-POL-AIS-001 delivered to the team	GP Partners	Complete
DONE — Confirmed with Language Empire: BSL support available (face-to-face or video), requested in advance. Website wording to be updated to promote this confidently	LR	Complete
DONE — General Accessible Information and Reasonable Adjustments section published on the practice website, not limited to the complaints process	Practice Manager	Complete
DONE — Complaints section updated with accessible-format	Practice Manager	Complete

Action	Owner	Timescale
information (large print/easy read forms published and linked, alternative contact routes set out)		
DONE — Complaints log now coded for AIS relevance (MMG-COMP-AIS-001); zero AIS-related complaints found in 2-year review	LR	Complete
DONE — Self-assessment and action plan published on the practice website	GP Partners	Complete
DONE — Baseline AIS staff questionnaire run (20 responses); training now delivered, so re-run is due	GP Partners	Next month, for before/after comparison
DONE — Quick reference sheet for the Ardens template produced, addressing staff feedback that the options are unclear; now Appendix A of MMG-POL-AIS-001	LR	Complete

This is a first, honest self-assessment using NHS England's official AIS self-assessment framework template. The overall Red rating reflects genuine, currently unaddressed gaps, alongside real strengths in interpretation support and electronic recording. This document, once actioned, should be published per NHS England's guidance.