



Accessible Information Standards – Call for Evidence

OFNC response

The Accessible Information Standard (AIS) (<https://www.england.nhs.uk/long-read/accessible-information-standard-requirements-dapb1605/>) was refreshed in 2025 and aims to ensure that the individuals with information and communication needs, receive information in formats that they can understand. This survey is carried out by NHS England (NHSE) AIS Team, to support **evidence gathering for cost/ benefit realisation of the impact of making the AIS mandatory**. The information received from this survey will be part of an evidence base that will be used to assess whether the AIS should be made a mandatory.

We invite submissions of research, evaluations and surveys to support this activity. This request for information is targeted at organisations. These submissions will complement other evidence that is being collated to inform next steps for AIS implementation.

Please ensure you have carefully read the criteria for evidence set out within the questions below and our privacy notice:

Privacy notice: Please note that by submitting evidence, you are agreeing that: You are giving permission that your evidence may be shared with and used within the Department of Health and Social Care (DHSC) and its relevant public bodies for use in any policy development. When submitting evidence, you will be asked for your name, organisation and contact email address. Please submit using your work/ organisational email. This information will only be used if you consent to us contacting you and will be stored securely. Please do not provide any further personal identifiable data as part of the submission and please ensure any evidence does not allow for individuals to be identified. NHS England's Privacy Notice (<https://www.england.nhs.uk/contact-us/privacy-notice/>) describes how we use personal data and explains how you can contact us and invoke your rights as a data subject. We will process your information in accordance with the requirements of the Data Protection Act 2018.

When you submit this form, it will not automatically collect your details like name and email address unless you provide it yourself. (required)

Evidence Criteria

Please ensure you have read the evidence criteria carefully before submitting. The Accessible Information Standard (AIS) focuses on the communication and information needs of people with disabilities or sensory loss. This survey is collecting evidence to inform the economic considerations needed for a decision to be made on moving the

current advisory AIS to a mandatory Standard. We are collecting research, evaluations, reports, survey results and any other relevant data such as missed appointments or outcomes. In particular those relating to costs or cost-benefits of the following strands central to the AIS :

1. **Governance and leadership** e.g. Board/Executive level oversight
2. **Data management and quality** e.g. how communication/ information needs are recorded, flagged, shared. How data quality is assured/ updated.
3. **Workforce and training** e.g. Training modules, awareness programmes, embedding AIS requirement into roles and responsibilities for staff
4. **Communication and engagement** e.g. how organisations engage with individuals with communication needs such as feedback, how information is shared in accessible formats
5. **Assurance monitoring and compliance** e.g. monitoring adherence such as using AIS Self Assessment Framework (SAF), reporting, how feedback is incorporated into improvement plans
6. **Systems and processes** e.g. IT interoperability Reasonable Adjustment Disability Flag (RADF).

In Scope:

1. Evidence relating to Health and Adult Social Care services in England
2. Economic impact related to service efficiency, cost savings and patient outcomes
3. Direct and indirect impacts e.g. health outcomes, increased independence for disabled people, quality of life, on providers, ICB structures, service users and Government

Out of Scope:

1. Translation or interpretation of spoken community languages (e.g. Urdu, Polish, etc.)
2. Evidence from non-health/non-social care sectors (e.g. schools, housing, education-only)
3. Individual stories/ testimonies
4. Evidence that contains any personally identifiable information.

1. Please confirm that your evidence submission is in scope for the AIS Economic Review according to the criteria above?

☒ Yes

☐ No

2. Please confirm that your evidence submission is in scope for the AIS Economic Review according to the criteria above?

☒ Yes

☐ No

3. Please confirm that your evidence submission is in scope for the AIS Economic Review according to the criteria above?

☒ Yes

☐ No

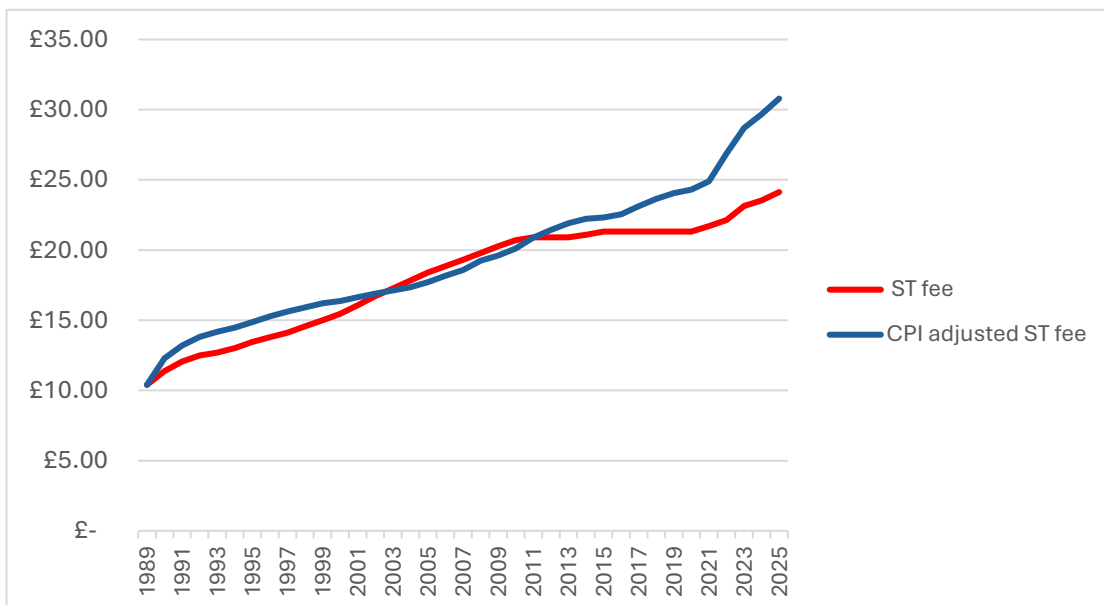
4. Please confirm you are submitting evidence on behalf of an organisation. Note - We are not accepting individual personal testimony.

☒ Yes

☐ No

5. What economic evidence does your organisation have of the impact of poor accessible information /communication e.g. Missed appointments, complaints, repeat visits? **Please list below and email your evidence following instructions at the end of this survey**

Whilst the primary eye care sector very much supports the principles of the Accessible Information Standard, this has never been funded in NHS sight testing contracts, which have also lagged seriously behind investment in hospitals and other areas of the NHS.



The fact that NHS sight testing fees have been depressed below inflation for many years has resulted in serious viability pressures on providers, many of which are struggling especially in more deprived areas.

Nevertheless, because NHS primary eye care is delivered, like most of primary care, on an independent contractor model, every NHS patient has positive value for every provider. As a result, NHS primary eye care providers compete with one another to attract and retain NHS patients including meeting their clinical, service and access (including communications) needs.

We also by definition care for patients with visual challenges, hearing issues, neurodiversity and cognitive impairments so meeting their individual communications needs is a high priority for providers. The duty to have regard to the AIS in the provision of NHS services rather than a mandatory requirement enables providers to meet the standard in ways that work for their practice populations and systems without having further unfunded costs imposed on them.

Primary eye care providers therefore take account of the Standard and self-assessments tool etc but adapt them to the circumstances of their own practices and neighbourhood. They record, check and apply communication requirements and preferences in ways that best suit their patients' need and wishes, and their internal management and IT systems.

NHS patients also have a wide range of providers and provider models to choose from with around 6000 practices in England. How well providers deliver the Accessible Information Standard is one of the criteria on which they base their choices.

To make the AIS mandatory at this time would involve significant new investment in systems and IT which it is doubtful the NHS would wish to fund and which primary eye care practices would be unable to meet from current NHS fees.

6. What are the biggest challenges your organisation faces in fully implementing the strands of the AIS? (please tick all that apply)

- ☐ **Governance and Leadership** - e.g. Board/Executive level oversight
- ☐ **Communication and engagement** - e.g. how organisations engage with individuals with communication needs such as feedback, how information is shared in accessible formats
- ☐ **Assurance monitoring and compliance** e.g. monitoring adherence such as using AIS Self Assessment Framework (SAF), reporting, how feedback is incorporated into improvement plan
- ☒ **Systems and processes** e.g. IT interoperability Reasonable Adjustment Disability Flag (RADF).
- ☒ **Data management and quality** - e.g. how communication/ information needs are recorded, flagged, shared. How data quality is assured/ updated

☐ **Workforce and training** - e.g. Training modules, awareness programmes, embedding AIS requirement into roles and responsibilities for staff

7. Can you explain in more detail, why you feel these strands of the AIS are your biggest challenge(s)?

NHS investment in IT connectivity between primary eye care and the wider NHS has lagged seriously behind other parts of the NHS, including in wider primary care. There have been false dawns, for example NHS-X Dynamic Purchasing Programme for electronic referrals in 2021 -

<https://www.contractsfinder.service.gov.uk/notice/7b03654d-9c92-4819-90bb-30ca3c0101f4>. However, the end result has been that there is still no national system for referrals, access to the NHS Spine or common standards for practice IT systems, and no NHS funding has been made available to procure them. Only in January 2026 NHS England have created a tender for “Digital Clinical Development and Support Services”, highlighting the challenges for the NHS in this space, challenges that if not resolved will hinder all those who rely on connected services.

8. If the AIS were mandatory, what would be the anticipated cost to your organisation in ensuring compliance? Where possible, please break down into categories E.g. IT upgrades, accessible material, interpreter contracts (do not include community language interpreter contracts), training time, governance/policy, complaints management **Please email any evidence following instructions at end of this survey**

Feedback from primary eye care providers across England suggests this would amount to many thousands of pounds per practice and would be unaffordable for most. Some would have to close or drop out of NHS provision altogether especially in high NHS areas.

9. What measurable benefits would your organisation like to see in successful implementation of an AIS mandatory standard? e.g. reduced DNAs, Improved patient outcomes, organisational implementation, Social Return on Investment (SRoI).

This would not affect us positively in these ways as we already have high levels of clinical outcomes and patient satisfaction. Practices also deploy whatever communications methods work best to support their patients in attending appointments and avoiding DNAs.

10. Which of the three shifts in the 10 Year Health Plan does your evidence align to? (tick all that apply) *

☒ Hospital to community

☒ Analogue to digital

☒ Sickness to prevention

We look forward very much to the implementation of the NHS App, the Single Patient Record and IT connectivity under the government’s 10 Year Health Plan - [Department of](#)

[Health and Social Care, 2025, *Fit for the Future: 10 Year Health Plan for England*, p.50](#), which must be implemented to enable the planned 'left shifts' above to happen. We have offered to work with NHS England on these projects to help bring them into effect in eye care. It is only at that point, in our view, that AIS should become mandatory as the NHS infrastructure will then be in place to support it.

Making it a requirement before then, will result in many accessible practices falling into non-compliance and, if they are to be judged as non-compliant on this measure, will discourage the significant effort that is made in this area. This will have an adverse effect on patients and accessible local eye health services and would be a serious NHS own goal, setting back the progress on the Accessible Information Standard from the levels we are now achieving.

11.If any of the evidence that you have referred to above is published, please provide the link(s) below. Please share a link below to any published evidence or send non published evidence to england.aisqueries@nhs.net and add '**FAO Andrew Ede - Reference Economic Case**' into the subject heading of the email.

About your Organisation

12.Please specify the name of the organisation you are submitting evidence on behalf of.

The Optometric Fees Negotiating Committee (OFNC) – the body recognised by DHSC as the representative voice of all primary eye care contractors and practitioners in England. This response is supported by The College of Optometrists which is not responding separately.

The OFNC is made up of the Association of British Dispensing Opticians, the Association of Optometrists, the British Medical Association and FODO - The Association for Eye Care Providers.

13.Type of organisation (please provide one response - where more than one response is applicable, please choose closest match)

- ☐ Local Authority (Adult social care providers and commissioners)
- ☒ NHS (inc GP, Trust/providers, Commissioners)
- ☐ Regulators (CQC, Patient Safety Commissioner)
- ☐ VCSE

14.What is your name?

Daro Bjayou

15.What is your job title?

Policy Officer

16.What is your email address? Please provide your work email address

policy@fodo.com

17.Are you happy for us to contact you with any further questions regarding your submission?

☒ Yes

☐ No