

Dear

We want to make sure that everybody who needs to use our surgery can do so. We are writing to you to ask if there is anything we can do to make it easier for you to use our services.

Here are some examples.

- **Please tell us if you need us to change how we communicate with you** – Do you need a british sign language interpreter? Do you use a hearing aid and need a loop system to reduce the background noise? Do you need staff to speak clearly and face you so that you can lip read? Do you need staff to be more patient and take their time to listen to you?
- **Please tell us if you would like letters and information in a different format to this** – Do you need information in large print, braille, on tape, disk or in another form?
- **Please tell us if we need to make changes to our appointment booking arrangements for you** – Does anxiety make it impossible to queue in the waiting area? Do memory problems mean you forget appointments and need a reminder?
- **Please tell us if you think we need to make changes to our building and entrance so that it is easier for you to access and use the surgery.** Is there any part of the building that causes you problems?
- **Please tell us if there is anything else we can do, to make sure that our services are accessible for you.**

We will try to meet your requirements. If we are unsure about how to help you, or whether we can, we will contact you to discuss things further or discuss this at your next appointment. We want to make sure we do what we can and get things right.

This is a standard letter going to all our existing and new patients to make sure we do not miss anyone.

There is a form attached that you may find useful, but please feel free to contact us direct and tell us the information if you prefer.

My Access requirements

Name:

Address.....
.....
.....

Telephone.....
Other contact details.....

Please tick the boxes that apply to you then give details.

I would like you to change how you communicate with me

Details:

I would like letters and information in a different format to this

Please give details:

I would like you to make changes to appointment booking and waiting arrangements for me

Please give details:

I would like you to make changes to the building and entrance to make it easier to access and use the surgery

Please give details:

I would like you to do other things to make to make your health services easy to use

Please give details:

Continue overleaf if necessary.

Please return this form in envelope attached. No stamp required.

As a surgery you may wish to add a Data protection statement