Here in Wales, one of the biggest barriers to effective communication comes from a lack of social model approach (despite the Welsh Government committing to embedding the social model of disability across public services back in 2002). This is keenly felt in healthcare, where disabled people are routinely 'locked out' of the services they need due to a 'one size fits all' communication method when it comes to booking appointments, sending letters etc. Unfortunately, we hear for many patients that this has actually got worse since the pandemic; colleagues in primary care especially are overwhelmed and burnt out, and many of the systems put in place before / during the pandemic (such as the abiliy to book appointments online, access telephone and video appointments) have been withdrawn in many areas, leaving patients unable to successfully navigate a system that fails to make reasonable adjustments for them.

Another key issue is the removal of millions of people across the UK from the COVID Vaccination eligibility list (many of whom are disabled and / or chronically ill) and not communicating this to patients affected. Not only does this increase the communication burden on primary care / vaccination staff who are being contacted by patients not yet invited to receive a vaccine, it has an adverse impact on patient wellbeing and the Government's 'prevention' goals to ensure that people are able to stay as healthy as they can be. It also means that patients lose trust and feel unheard. This decision was based on the updates from the JCVI but remains problematic. The decision fails to take into account that 68% of COVID deaths in Wales were among disabled people, that we have a higher than average disabled population (many of whom are living with multiple chronic health issues) and that the majority of 'women's health' issues (including those that impact more females than males, such as ME, fibromyalgia, and autoimmune conditions) are under researched, so decision makers don't know the true impact COVID infections can have – and don't take lived experience testimony into account.

Both of these issues have also impacted me personally and have had an adverse impact on my health and wellbeing.

It is positive that more is being done to address the gaps in Women's Health – the NHS Wales 10 year Women's Health Plan is an example of this. More needs to be done by Welsh Government to keep communicating the progress of the plan (many people we meet at events for example have no idea such plan exists) and ensure that the most marginalised voices are heard in its continued development.