

# What we heard about healthcare in 2024



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What we heard about North Yorkshire healthcare in 2024

# Introduction

**Healthwatch North Yorkshire, the independent champion for people who use NHS and social care services, listen to what people like about the care they receive, what works well and what could be improved.**

Healthwatch North Yorkshire produce monthly updates of feedback from people who have been in touch with us, have talked to us at events or have responded via Care Opinion (the UK's leading independent feedback website, enabling patients to share their experiences of healthcare services). These provide a snapshot of people's positive and negative experiences of health and care services.

This report provides a summary of feedback from over 1,000 people, who we heard from via our phone, website, social media, email and events, alongside our research projects, including our review into community postnatal care.

Four key themes were prominent in the challenges that people faced:

- Access to services
- Communication
- Cost of living
- Quality of care

Our report will explore these themes in more detail and highlight the potential risks if these concerns remain.

# Access to GP services

**Access to GP services ensures timely medical care, early diagnosis, and chronic disease management, reducing hospital admissions and health inequalities in rural communities with more limited healthcare options. Yet it remains one of the key areas that people talked to Healthwatch North Yorkshire about.**

People highlighted their frustration with long waiting times on the phone when attempting to book an appointment, accompanied by long waiting lists.



**However, when people were able to get an appointment at their GP practice, they were often happy with the quality of care.**

Issues with mis-timed phone call appointments were raised. People mentioned that when their surgery organised a telephone appointment, they would often phone them at a different time, meaning that they weren't around to answer and ended up missing the phone appointment. This resulted in the call being re-arranged, and often, weeks after the original call was scheduled, causing further delays and anxiety for the person needing the call.

Some people expressed confusion and discomfort with triage questions asked by GP reception staff and disliked giving detailed and personal information to receptionists who they felt then ultimately determined which health professional they would see.



**“I can’t get an appointment. I get put on a long waiting list.**

It took me five weeks to get an appointment for antibiotics and took my under one-year old nine weeks to get an appointment.”



**“I completed the lengthy questionnaire Tuesday morning and still waiting to hear back on Saturday.**

The automated email says not to contact them again if you don’t hear anything but how long am I supposed to wait before I must submit again?”



### **If GP access issues continue the risk is:**



Instead of accessing their GP people may decide to visit A&E more frequently, resulting in increased strain on an already overstretched service.



# Access to hospitals

**Nobody plans to end up in hospital, but if we do, we need help without worrying about access and long waits. Timely access is needed, but people have told Healthwatch this doesn't always happen.**

People mentioned the long waiting times for outpatient appointments. Particularly for cardiology and ophthalmology, with people saying that they may have to wait for over a year. Similarly, people mentioned that the waiting time to have a hearing-aid fitting can be between 2 – 3 years.

A lack of access was also a common theme in accident and emergency departments. Our feedback highlighted the concerns over the assessment of patients to decide who needs care first based on urgency. People said it felt chaotic and often resulted in extremely long waiting times for patients.

The struggle with access to hospitals extended into the struggle with patient transport and parking. People highlighted that many clinics, particularly in York Hospital have been moved from the main hospital building to other areas of the city. This proved difficult for some people to attend due to a lack of hospital transport.

Similarly, people also mentioned that in many hospitals across North Yorkshire, there is a lack of disabled parking spaces available, resulting in many people with disabilities having to use regular parking spaces and struggling to walk long distances to their appointments.



**We heard people consistently praise the quality of care by staff in the hospitals they attended. People have told us that despite increased pressures staff are caring, attentive and do all they can to provide excellent care.**

People have told us how important it is that staff show compassion, that they listen to the person and their carers or families and have time to support people through their treatment or appointment.



**“I got an actual appointment from York Hospital in December – a wait of seven months!**

Time expected before the report produced five to ten weeks so it would have been nine to ten months before I got a diagnosis. NHS wait time for elective

treatment and a stent is five months. **It would have taken 16 to 18 months to treat a life-threatening heart condition.”**



“I have been waiting for an operation for over 18 months. The waiting list was around 12 months.

Recently I have been to outpatients and the surgeon has retired and so I must start the waiting time all over. **I won't get the operation until 2026.”**



“I had major eye surgery. **All the staff concerned could not have been more helpful, caring or professional.** Very impressive, well done.”



### If hospital access issues continue the risk is:



People's mental and physical health may deteriorate, and health outcomes will worsen. This will also have wider impacts on finances, employment and social life.

# Access to NHS dentists

**Everyone should be able to see an NHS dentist. But right now, NHS dentists are almost impossible to find, and that's a huge problem. Funding shortages, workforce challenges, and high demand, still leaves many people struggling to secure appointments or facing long travel distances for care.**

Dental care isn't just about keeping your teeth looking good, it's about preventing pain, infections, and serious health issues. If people can't get timely check-ups, small problems turn into big (and expensive) ones. No one should suffer because they can't afford private treatment.

Most feedback in 2024 about dentistry centered around the difficulty in being able to access an NHS dentist in North Yorkshire if you weren't already registered. Many people said that they faced huge obstacles just getting on a waiting list, and those who were able to, often experience uncertainty about the length of the wait. With some being told it could be years before they could actually be registered and see an NHS dentist. Due to this, people's dental health has significantly deteriorated.



**Of the few people that we heard from who were registered with an NHS dentist they said how happy they were with the care they received.**

The feedback about dentistry has highlighted that people feel that access to an NHS dentist has significantly worsened since the pandemic [in 2020] and where there had been a local NHS dental practice, these were now few and far between.

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**“I have not managed to get an appointment at all.** I have pulled out four of my own teeth and number five is getting to stage it’s going to come out. It’s a total disgrace. I can’t even have my broken lower denture repaired or replaced. So, I won’t go out anymore.”



**“I was fortunate to be able to register with an NHS dental provider in the town where I live.** Their service has been fantastic. No issues. I offer praise and gratitude for what they do.”



### If poor NHS dental access continues the risk is:



People might give up trying to access a dentist leading to poor oral health and negative effects on other aspects of their lives such as mental health.



# Access to mental health services

**Everyone deserves support when they're struggling. NHS mental health services can be life-saving, offering therapy, medication, and crisis care. Without them, many people suffer alone. Mental health matters just as much as physical health.**

What Healthwatch heard about mental health services in North Yorkshire was mainly around the long waiting times to access mental health support once people had been referred by their GP.

A continuing theme throughout the year was focussed on access to child and adolescent mental health services (CAMHS), particularly for children with autism and/or attention deficit hyperactivity disorder. For example, one mother said that the only help that her son received was an email on coping techniques, which her son will not respond to. Other people mentioned that the waiting lists to be seen by CAMHS was extremely long, resulting in some people losing hope in the service.

Additionally, a repeated issue mentioned by many people last year focussed on the limited number of sessions that they were able to access by NHS talking therapies. As a result, one person mentioned that they turned to private trauma therapy instead.

Issues with telephone appointments were also raised with one person mentioning that they took time off work to attend their telephone appointment which was re-arranged on the day which they couldn't attend due to work commitments.



**On a positive note, people said that they had really benefited from being seen by a first contact mental health practitioner at their GP practice, resulting in them receiving quicker care and not needing to access specialist or hospital care.**



“There is no support for families with autistic children. My child has challenging behavior, and we were passed from pillar to post for over two years with no help. **We are at breaking point.**”



“I have used private trauma therapy services for the last 2 years. **The NHS cannot provide the appropriate amount of care needed.** It rations therapy to 6 sessions (12 at most). My complex needs cannot fit into a rationed service. The



service does not have enough therapists. Patients can only work with someone they trust.”

Everyone should get mental health support when they need it, not just those who can afford private counselling. NHS services help people before things get worse, but long waits leave many struggling alone. Mental health matters just as much as physical health—getting the right help, at the right time, can change lives. No one should suffer in silence.

### **If mental health access issues continue the risk is:**



People’s mental health could worsen resulting in more people presenting at A&E and requiring the crisis line.

# Digital access

**NHS digital access includes services that allow patients and the public to access their health and care information online. It includes the NHS app, where patients can use the NHS app to view their GP health records, including allergies, medicines, vaccinations, consultations, and test results. It also includes the NHS website.**

There was a mixed response from people using digital technologies to access services, including the use of apps (such as the NHS App). This was split between a lot of positive feedback from digitally literate people for whom it makes things easier, alongside concerns from people who are digitally excluded. For this section of the population, digital technology can make access much more difficult.

Some feedback suggested that services were not always giving people alternative non digital options to carry out tasks such as booking an appointment or ordering a repeat prescription. Other people mentioned that after filling in an online form through their GP practice, they then didn't receive a response from the surgery, resulting in them having to re-phone the surgery and being put in extremely long phone queues.

There was also feedback about poor digital connectivity particularly in rural areas of North Yorkshire. People noted that poor internet and phone signal was a significant barrier to accessing digital healthcare appointments.

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“I filled in an online form explaining my problem and **received a text later that day with a link which enabled me to make an appointment. This was a real stress-free way** of communicating with my GP.”

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“I now have to e-consult to see a doctor at my surgery. Which is **a little scary for me**. I had to have help from my daughter to do it on-line, what if I had no internet, how formidable for us older people.”

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### If there is over reliance on digital access the risk is:



Many people who are not able to use digital technologies will be excluded, resulting in widening health inequalities.



# Rural and transport access

**With over 618,000 people spread across a huge area. Most people in North Yorkshire live in small, rural communities, with only eight towns having more than 10,000 people. Add to the mix an older population, many of whom are isolated and this makes it harder for them to see a doctor, find an NHS dentist, or get to a healthcare appointment. Transport links are limited, internet and phone connectivity can be poor, and long wait times add to the struggle.**

We heard from people living in rural locations that the lack of services near to them, such as a GP, pharmacy, dentist or hospital significantly impeded their ability to access care or support. For many people transport issues puts them off seeking help.

We also heard that people with mental health concerns, dementia, and support for carers were all 'that much' more difficult to access when living rurally.

A key challenge highlighted by people living in rural areas was the loss of local services, thereby increasing the distance that they had to now travel to access the treatment they needed, such as dentists or going to a hospital.

A lack of local transport was also brought up as a significant concern. People said that unreliable public transport means they are reliant on their family, friends or neighbours to taxi them to/from appointments, if they didn't have their own transport.

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**People praised community transport as being a real ‘lifeline’ and that they wouldn’t be able to manage without it. But that they would like it to be more frequent and for timings to match their health appointments.**



“Time for appointments includes the travel time, parking time, and waiting to be seen. Because **hospitals are 45 mins away**, it’s a good 2.5 hours plus depending on if they are working on time.”



**If transport issues persist the risk is:**



Many people may miss or not attend appointments, and their health outcomes will worsen.



# Communication with general practitioners

**Good communication between GPs and patients is key to effective care. It helps with following treatments, taking medication correctly, and managing health issues. Clear updates and reminders prevent missed appointments and build trust. Whether by phone, email, or online, staying connected ensures patients get the support they need.**

A key theme from people's feedback about GP services often focussed on poor communication. Many people mentioned that they often felt dismissed by their GP, with a lack of follow-up appointments for diagnosed health issues. People noted the lack of continuity of care after a diagnosis, often leaving it in the hands of the patient to know whether a follow-up appointment was needed or not.

People said that they rarely saw the same GP more than once and couldn't develop any lasting relationships with them. People also said that they also had to keep re-telling their health and symptoms repeatedly with different GPs. With many being locums (a doctor who fills in for another doctor).

In addition, the move to digital has changed the way that many people now communicate with their GPs, as many appointments have moved to telephone and online appointments. The move to more digital consultations with GPs has proved beneficial to many people but problematic for others.



Many people have said that this new way of seeing your doctor, makes their life much easier when seeking health advice. However, this form of communication is not the preferred method for all.



**“Despite these issues with communication in GP practices, a lot of the feedback last year did mention that once people were able to have direct communication with their GP, their diagnosis and treatment was often very clear, concise and effective. People spoke highly of their GP’s compassion and kindness during their consultations.”**



“Unfortunately, the practice has chosen to introduce a complete virtual triage service now, meaning it’s **virtually impossible to get a face-to-face appointment**. The online triage doesn't open till 8 then closes early so you must keep logging in daily until you can begin to find slot for a consultation.”



“GP spent time listening to my concerns and explaining the best way forward. **Explained clearly the risks and benefits**. Was even better that the appointment being in person. Thank you.”



### **If GP communication issues persist the risk is:**



People may decide to access their GP less, resulting in their health worsening and potentially putting a strain on emergency services such as ambulances and A&E.

# Communication in hospitals

**Good communication between hospitals and patients ensures safe, effective care. It helps patients understand their treatment, feel in control, and worry less. Clear updates reduce delays and improve access to the right care. When hospitals listen and keep patients informed, it builds trust and leads to better health, smoother treatment, and a more positive experience for everyone.**

A re-occurring theme throughout 2024 that we heard from people about was poor communication between hospital staff and a patient's GP, another hospital and with families and carers. We heard from people that when staying in a hospital ward, they were given conflicting information. This included being given multiple diagnosis by different doctors or given contradicting advice on how to treat the diagnosis. Many people mentioned that this caused them to feel confused about their health.

This mixed communication extended outside of the hospital also, as we heard that many people experienced slow or non-existent transferring of notes from the hospitals to their GP surgeries. Once discharged, patients were sent to the care of their GP practice, who often hadn't received their discharge letters in good time, if at all.

Similarly, some people mentioned that after their diagnosis, they were not given clear advice on how to live their life with the diagnosis or the aftercare available from their GP practice. People said they felt like their issue was diagnosed and then they were sent on their way, without any clarification of what to do next.

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**Despite this, there was a lot of feedback throughout 2024 praising the quality of treatment that people had received in hospital. Particularly those who had undergone surgical procedures and treatments, praising the staff for their hard work, professionalism and compassion during their time in hospital. Despite the issues of communication, hospital staff's positive attitudes were consistently noted.**



"I attended for a gastroscopy. I was very anxious but all the staff I dealt with were kind, caring and reassuring. Everything was explained carefully, and **I can't fault anything**. The consultant was also friendly, kind and put me at ease."



"My Parkinsons is slight, but even so **I worry over the lack of contact** over the past year and a half or more. I know very little about the disease - if it is classed as a disease - and I would like to be better briefed. The pamphlets I have seen are slight and don't relate to my current state."



### **If hospital communication issues persist the risk is:**



People's recovery and wellbeing could be hampered, increasing long-term health issues.

# Communication in mental health services

**Good communication from mental health services helps people feel heard, supported, and understood. Clear, compassionate communication makes tough conversations easier, builds trust, and encourages people to seek help. It also helps patients understand their treatment, feel involved in decisions, and know what to expect.**

We heard from many people in North Yorkshire that were frustrated with the mental health service provided for them. Once they had overcome the barrier of accessing a mental health professional, they were often disappointed with the service received. We heard that the support offered was not always engaging enough for many people, for example they wanted more in-person support and less online support, which was often all they were offered. Particularly, for those people waiting for an autism or ADHD assessment.

This lack of face-to-face support resulted in many people dropping out of the service as they believed it to be unhelpful, after years of waiting.

One person said that during their assessment, they mentioned that their autism causes difficulty in processing phone calls. Despite this, they were still given a telephone appointment.

The lack of appropriate communication in mental health services also extended to the support techniques used. People mentioned that they felt like the professionals were very demeaning and used the same techniques repeatedly with no sign of improvement.



**However, we did hear positive stories, such as families using the child and adolescent mental health services (and children's charity, SELFA). Parents told us that they helped their child's mental health, with friendly and supportive staff who regularly contacted and communicated with them.**



**"Terrible service** to the point where I gave up using it and just used the GP and carried on taking my medication as prescribed."



"My son is talking about death and self-harm on a regular basis. I have been in contact with York & Selby CAMHS several times. They're very nice people but all they can do is send me documents via email. My son won't listen to any advice from his parents as he's a pre-teen so **sending me emails on coping techniques is utterly pointless** as he won't listen to me about them."



**If communication issues in mental health services persist the risk is:**



People's health and wellbeing may worsen impacting on their long-term health outcomes.

# Accessible information

**Accessible information matters because everyone deserves to understand their health. If people can't read or understand details, they may miss appointments or vital care. This is unfair. Whether due to a disability, language barrier, or reading difficulty, information should be clear and accessible.**

We have heard from people who struggle to read (due to education and/or visual impairment) but still receive text messages or letters with appointment and treatment information, which means that they often don't act on these notifications.

Similarly, people have told us that face to face appointments are more accessible which they prefer, and in some cases talking on the phone or online can present a communication barrier. For people who are deaf or hard of hearing, it is not possible to ring and book an appointment without support from someone else.

Whilst there have been improvements in NHS hospitals and from North Yorkshire Council in providing information in an accessible format, there is still more that needs to be done to ensure people feel supported and their communication needs are not forgotten or ignored.

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**"I struggle with phone appointments due to poor hearing.** This is exacerbated by consultant speaking rapidly or having a strong accent, or poor-quality phone line. I waited 4 months for an appointment that was rushed and over with in less than 5 minutes, not giving me an opportunity to ask questions."

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**If people do not receive information in a format that meets their needs, the risk is:**



Health inequalities may increase for the most vulnerable people in our community.



# Communication in postnatal care

**Clear communication in postnatal care is vital, helping parents navigate recovery, infant care, and mental well-being. With 5,000 births annually in North Yorkshire, ensuring equitable support is challenging. Good communication builds trust, reduces anxiety, and prevents misunderstandings, ensuring all families feel heard, supported, and confident as they adjust to life with a new baby.**

Mothers told us that they wanted more in-person visits from their health visitor rather than having online digital calls or phone calls. There were concerns from some mothers that their infants physical and emotional developmental issues cannot as easily be picked up on or identified over a phone or video call.

Mothers also highlighted to us that the use of virtual contact meant it was often harder for them to build up a relationship with their health visitor meaning they were less likely to talk about any difficulties they are facing.





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**“I saw the health visitor when my baby was two weeks old face to face then the 6-week check-up was over the phone. The one-year check-up was over the phone. They can’t perform a one-year check properly over the phone or virtually.”**

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**If communication issues within community postnatal care persist the risk is:**



Mothers could receive less tailored information which might affect the care they provide for their infant, impacting on the child’s development.



# Cost of living and GP practices

**The cost-of-living crisis is making it harder for people to see their GP, especially in rural areas. Isolation for some, travel costs, fuel prices, and limited public transport mean some can't make or afford the journey. No one should have to choose between their health and their finances.**

Many people highlighted their difficulty in obtaining a GP appointment. So, in response many people told us that they instead completed an online consultation form with their GP surgery, where in many cases they were recommended to go to their local pharmacy to seek advice and medication. In some cases, this was helpful for people, as it saved them time and was more convenient for them. But other people said that this increased the need for them to purchase their own medication, not via prescription, resulting in increased costs to them and their family.

Additionally, we have heard that some GP practices in North Yorkshire have stopping providing blood test services resulting in people having to travel further to access a blood test which then costs them more money on travel and impacts on their time. This is particularly a problem for those who need regular blood tests due to health conditions such as cancer.

We have also heard from many people who say they have no other option but to go private, for their care, either because of the long waiting times to see a GP or the reduction in the eligibility for treatment or care. We also heard from those who are in the same position but simply cannot afford to go private and so go without.



“For a start it has been difficult to get a GP appointment. More and more problems are being referred to pharmacies and **over the counter medication has trebled in price** in the last couple of years.”



**If the cost of living continues to affect people accessing their GP the risk is:**



People’s health and wellbeing may worsen, impacting on their long-term health outcomes.



# Cost of living and dentistry

**The rising cost of living was one of the most significant comments received by people due to not being able to access an NHS dentist. This is resulting in many people having to pay for private treatment as they have no other choice.**

People told us that they have struggled to afford private dentistry and have needed to save up for months to pay for basic treatment, often having to choose between food and/or heating or dental hygiene. However, this is not always an option for some as many people also mentioned that they simply cannot afford to pay for private dentistry.

As registering with an NHS dentist was so difficult throughout 2024 for many people, we were told that instead people had tried to register with an NHS dentist outside of their local area (using their parents or other family members addresses). But despite the money that this may save them by avoiding paying private costs, they felt the high costs in the form of travelling to and from their appointments was worth it. Where people would usually attend an NHS dentist in their local community, they are now travelling miles to secure an NHS appointment.



**“I have had to save up money over the past two years to afford private treatment.”**



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“I have used NHS dentist services since 2015. My dentist is excellent. But this year **the surgery announced that it will no longer provide NHS dentistry. I had to become a private patient, even though my low income entitles me to free NHS**

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**dentistry.** I need close dental follow up because of a chronic long term medical condition, that can cause tooth decay. I must now pay for my checkups and any work that needs doing. This is a very precarious situation to be in. **If I lose teeth, I may not be able to afford to pay the bill.”**

**If the cost of living continues to affect people accessing dental care, the risk is:**



People’s oral health may worsen impacting on their long-term health outcomes.



# Cost of living and people's health

## Keeping up with the costs of using medical aids and equipment

People mentioned that despite them receiving a financial assessment for their social care needs, often, the allowance provided to support the costs of running medical equipment at home was often not enough, chiefly due to ever increasing energy costs and household bills, resulting in them having to pay the difference.

## Impact on diet

People who have been diagnosed with a health condition that affects their diet, for example where someone may require gluten free products, told us that they were no longer eligible to receive any financial support or products on prescription. They told us that they were struggling to keep up with the increasing costs of the foods available.

Those people affected mentioned that gluten free, lactose free and allergen free foods often costed significantly more than regular food. For some people, it was almost impossible for them to be able to listen to medical advice, because they knew they simply could not afford to buy the food/products that they were being advised to use.

## Contenance poverty

People who have needed to buy continence products themselves, told us that the increasing cost of these products has sometimes meant that they have had to choose between continence products or other essentials or using products for far longer than intended, which could increase infection risk.

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**“The amount they are expecting me to contribute has been causing me to be overdrawn in the bank. I have rung several times telling the North Yorkshire Council’s customer service team for adult social care that I can’t afford it, breaking**

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down in tears”.

**If the cost of living continues to affect people’s health, the risk is:**



People’s long-term health outcomes may deteriorate resulting in widening health inequalities.



# Quality of care within GP services

**The quality of care received by people has been a key theme throughout 2024. With some people mentioning that they were happy with the experiences they had, whilst others had a very different experience and were not as satisfied.**

Whilst many people praised the quality of care that they received from their GP practice in 2024, others mentioned that they felt misunderstood or ignored by their GP. The most common piece of feedback that we received, centred on mental health referrals from the GP. Some people mentioned that after building up the courage to go to their GP for help with their mental health, they were often not taken seriously or given the adequate support that they felt they needed. With the mental health waiting lists so long, patients often felt left to fend for themselves during this time, with little support from their GP during this time.



**However, as previously mentioned, many people have noticed an improved service within their GP practice over the last year with the inclusion of more First Contact Mental Health practitioners at their GP practice, resulting in them receiving quicker care and not needing to access specialist or hospital.**

Other people mentioned that the continuity of care in their GP practice could have been better as they rarely saw the same GP twice. People felt that this was impacting the quality of care that they received as they often had to repeat previous health concerns and confidential matters repeatedly, when they had already discussed this with other doctors in their practice.

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**“I wish to say how much I appreciate the support, care and humanity that I have received from this surgery over many years.**

For me the recipe for being a consummate professional is a combination of humanity and a great/dry sense of

humour. This is a winning combination for being a great GP. Thanks also to all those members of staff who have helped and supported me through my many struggles.”

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**If there is poor quality of care within GP services, the risk is:**



People’s health and wellbeing may worsen, impacting on their long-term health outcomes.



# Quality of care within hospitals



**Similarly to GP surgeries, many people commented on the positive experiences that they had during their inpatient stays or outpatient appointments in hospitals last year. Our feedback mentioned that whilst patients felt nervous about their appointments and procedures, the healthcare professionals that they saw, usually made their experience better. People highlighted the friendly and caring nature of most staff during their visit.**

On the other hand, some people also mentioned that during their time in hospital, they often felt forgotten about. This was particularly evident with several people saying that they had been given a medication plan during their stay in hospital but that their doses/medication were missed due to hospital staff being too busy. This they felt, resulted in them needing to stay longer in hospital due to their health condition not improving.

Other people mentioned that they were not told a diagnosis directly by a doctor and instead were given a discharge letter with the diagnosis written on. This left them feeling confused about what this meant for them and how to seek support after diagnosis.

Concerns over quality of care also included people mentioning the poor cleanliness of the wards that they are staying on. Some mentioned that they were left in their bed for hours, without the opportunity to go to the toilet or be cleaned. Some family and carers commented on the concern that they had for their loved ones staying in hospital, as staff were often too busy to do regular checks on the patient's needs.



**“The NHS locally does not provide good information. Patients are just left in limbo.**

Fortunately, I understand my condition and how the system works. Most patients do not have this knowledge.”



“I went into the hospital for knee replacement surgery, and from admission to discharge **I was treated with the greatest of care, consideration and dignity** from all the people I met. I can't praise the staff enough, housekeeping, nursing, doctors, consultants and physio.”



**If there is poor quality of care within hospitals, the risk is:**



People's health and wellbeing may worsen impacting on their long-term health outcomes.



# Quality of care in community postnatal services



**Many mothers said they had good continuity of care as part of their postnatal care journey. This included mothers' saying that they were able to see the same health visitor who really helped with her support needs including mental health and breastfeeding advice. Others said that they saw the same midwife throughout their pregnancy and post birth which was helpful.**



**"The health visitor was brilliant, I had continuity of care, and she really supported me with my mental health** and once the feeding referral was done, she even chased it up. With her help and support I managed to breastfeed my baby again after having a break from it."



Some mothers however, felt that key information was not always consistently communicated between healthcare professionals, resulting in repetitive storytelling and confusion. Building a trusting relationship with a healthcare professional was deemed important for sharing feelings and concerns, but this was often challenging with a revolving door of different health professionals. Alongside this, mothers said that not always having face to face appointments with their health visitor, which were instead by video link or by phone, affected their quality of care.

Additionally, we heard that some mothers were unhappy around the absence of post birth physical examinations. The lack of these

examinations had meant many mums had to navigate their recovery alone, self-managing physical discomfort and issues with healing.

A recurring issue that mothers also told us was their desire to have local baby clinics available where they could attend for advice and support and a place to meet other mothers. Some mothers said they would rather ask questions at a clinic than ring up the health visitor number as they said they felt silly or not confident enough to do this.

**If there is poor quality of care within postnatal services, the risk is:**



Mother and infant health and wellbeing could be adversely impacted.



# Conclusion

**This summary report highlights that access, communication, cost of living and quality of care continues to be the key issues for many, whether it be with their GP practices, hospital appointments/stays, mental health services or dentists.**

However, when people do receive treatment and support, they are often positive about the care they have received and tend to be appreciative of the caring and hard-working staff.

The themes that have been explored in this report, reflect the feedback that we have heard throughout January to December 2024. With these themes comes potential risks to people and the consequential impact it has on services across the health and care sector.

Thank you to the people who shared their feedback with us, your voices will help inform and shape health and care services across North Yorkshire.



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