healthwatch North Yorkshire

What we heard about health and care services

October to December 2025

Contents

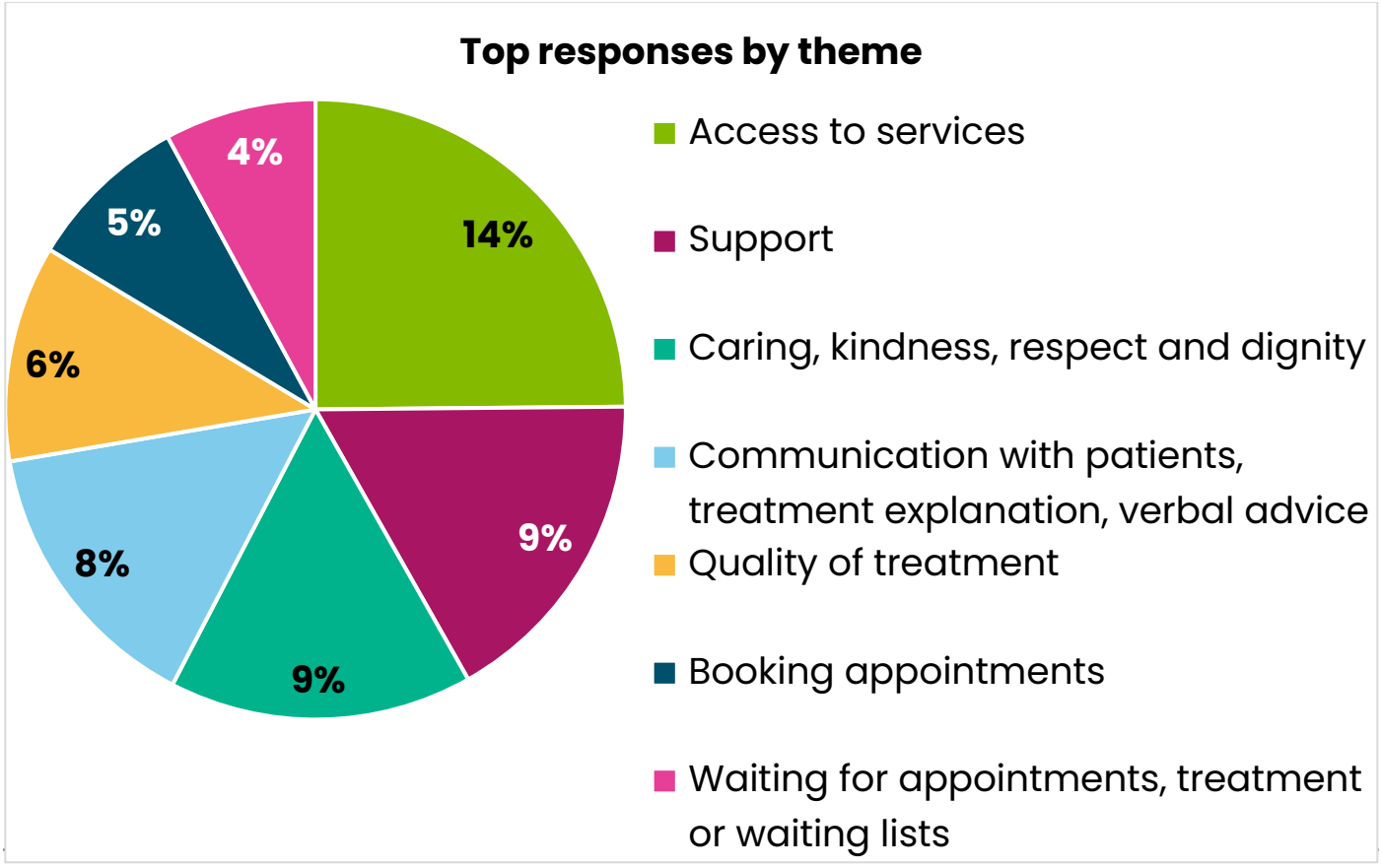
Report published in January 2026

Introduction

Healthwatch North Yorkshire is the independent champion for people who use NHS and social care services. We listen to what people tell us about their experiences of care, what works well, and where improvements are needed.

This report brings together feedback shared with Healthwatch between October and December 2025. It provides a snapshot of people's experiences of health and care services across the county and highlights emerging themes and potential risks where concerns are not addressed.

During this period, 229 people shared their experiences with us through our website, by phone, email and social media. We also spoke with an additional 491 people at community events across North Yorkshire. These figures do not include feedback collected through specific projects, surveys or our visits to care homes.



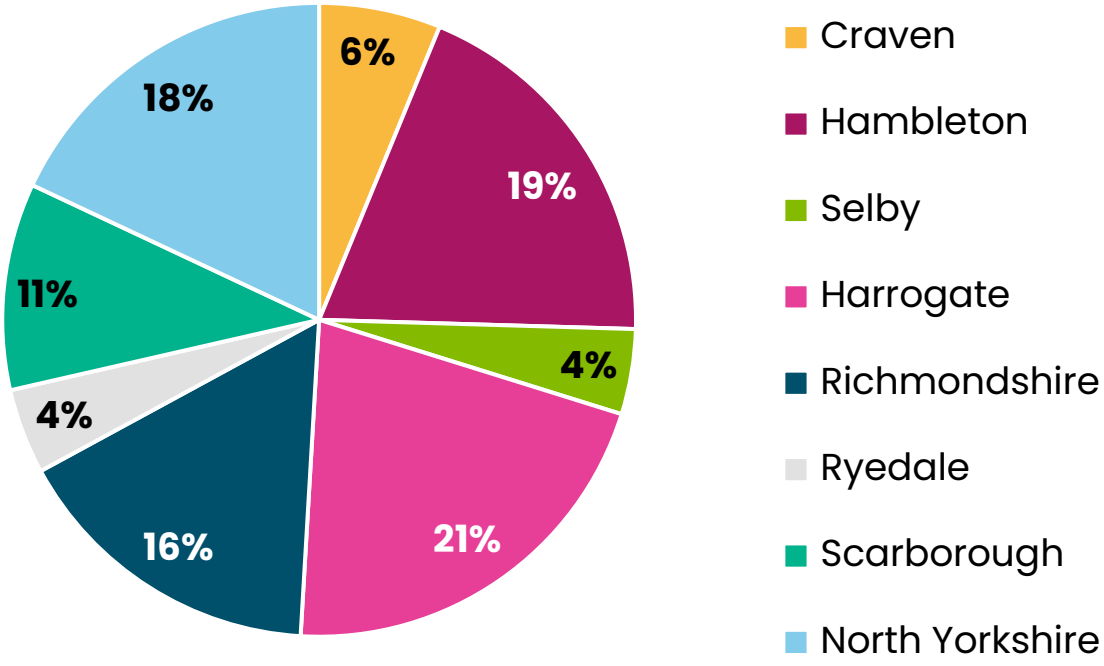
The five key themes consistently raised were:

1. Access to services
2. Support
3. Caring, kindness, respect and dignity
4. Communication with patients, treatment and verbal advice
5. Quality of treatment

This report explores each of these themes in turn and explains why they matter for people's health, wellbeing and confidence in services.

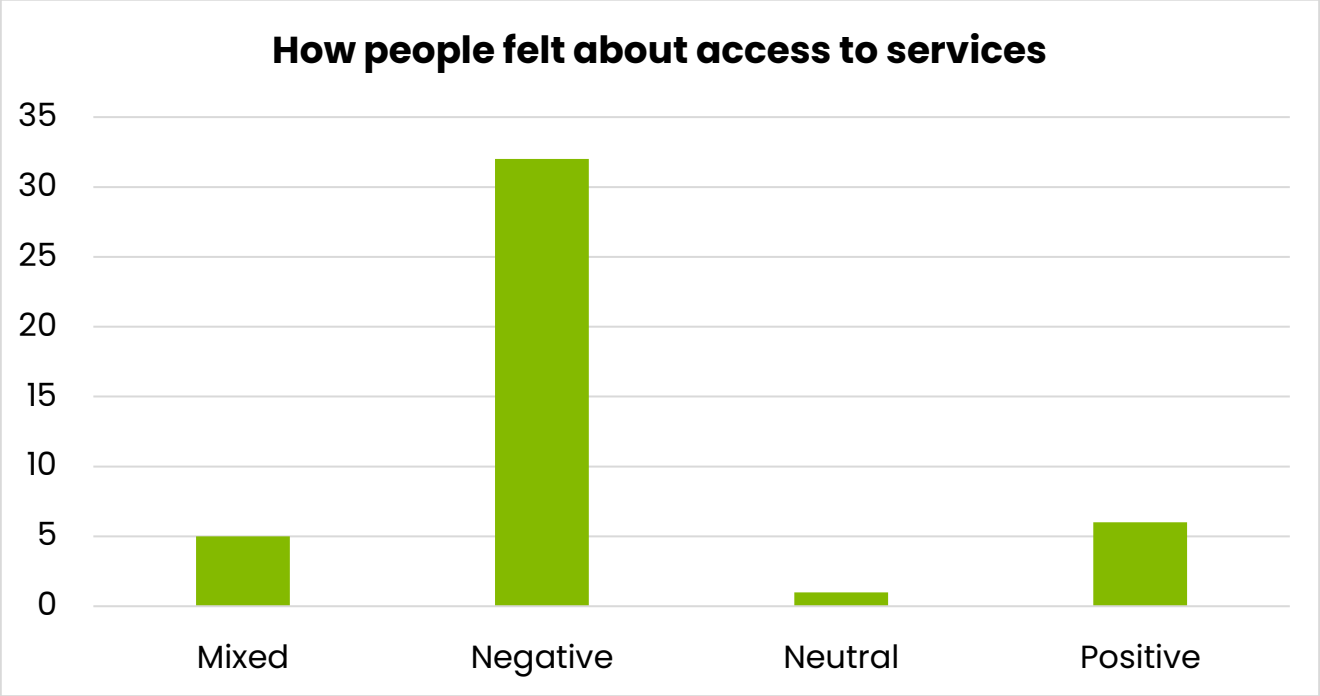
Most of the feedback came from people in Harrogate, accounting for 21% of responses. We also heard from people in Richmondshire at 16%, Scarborough at 11% and Craven at 6%. Smaller proportions came from Selby and Ryedale, each at 4%. Where people did not share their district, feedback is recorded as North Yorkshire. Every piece of feedback contributes to a clearer picture of local experiences and priorities.

Feedback by area of North Yorkshire from October to December 2025



Access to services

Access to health and care services remained the most frequently reported theme between October and December 2025. People shared experiences of difficulties accessing GP appointments, hospital referrals, community services, patient transport and NHS dentistry.



The largest amount of feedback came from people telling us about access to their GP surgery. While 5 people praised the responsiveness of their surgery, **"very happy with care and access to GP services,"** 15 others highlighted challenges with appointment systems, particularly online forms and triage processes. These systems often required people having to repeatedly providing the same information, which was especially difficult for those in pain or with complex conditions. Older residents and people with limited digital skills frequently found the shift to online booking stressful, with one person commenting that having to argue with reception staff at Skipton Medical Centre made them feel **"embarrassed"** and **"stupid".**

Delays and administrative issues in hospital care were reported by twelve people. Those that spoke to us described long waits for physiotherapy, specialist appointments and wheelchair services. Some young people transitioning from paediatric to adult services reported being left without appropriate care, with one parent explaining, **"we have constantly been told by adult services that she is paediatric and paediatric says she is an adult, leaving her with no specialist care"**. Urgent cases were also affected, with one family noting, **"the GP referred a family member to Airedale Hospital for suspected skin cancer. We had to go private to get seen urgently"**. Others described ongoing pain while waiting for treatment: **"I went to hospital with my arm to accident and emergency where they diagnosed bursitis. No follow up offered, hence me going via the GP route".** These experiences demonstrate wider issues with the referral process, coordination between services and communication.

Patient transport services were a barrier for eight people that contacted us (not including those that contacted us through our non-emergency patient transport survey). Changes to the eligibility of accessing non-emergency patient transport meant that people who had relied on this transport could no longer access the service, leaving some unable to attend hospital appointments. One person explained, **"without this service I am unable to access hospital appointments. Despite my objections, a transport booking could not be made"**. Another described the emotional impact, saying, **"they always say 'have you got any family members that can take you' which really triggers my mental health. This is making me not want to go to any of my appointments anymore".**

Access to NHS dental care continued to be a major concern for seven people with reports of long waits or having to pay for private treatment. One parent described the situation as, **"there are no NHS dentists available in our city. As a family we simply cannot afford to register for monthly payments and pay privately".** Access to other routine care, such as podiatry for older or vulnerable residents, was also reported as difficult.

One person explained, **"my mums toenails got into such a state… eventually she was seen by NHS podiatry, but the podiatrist refused to see her again and said we would have to go private in the future".** These experiences reflect ongoing gaps in access to basic NHS services, particularly for older adults.

Despite these barriers, eight people described positive experiences once care was accessed. Local hospitals, GP surgeries and pharmacies were praised for providing timely and effective treatment, demonstrating that services can work well when patients are able to reach them. One person reflected positively on pharmacy-led screening, saying that they are **"receiving good health screening first from GP and subsequently from local pharmacy, with flu jabs and blood pressure checking"**. He was pleased that his surgery was able to advise attending his pharmacy to avoid having to wait for a GP appointment. Another person also praised their GP and hospital referral process, noting that their care for a hernia was **"efficient and quick".**

Overall, feedback from 44 people about access to services shows that while clinical care is often effective, access remains the key barrier for many. Appointment delays, administrative errors, digital exclusion, transport difficulties and limited NHS dental provision continue to disproportionately affect older adults, people with complex health needs and those living in rural areas. Residents' experiences highlight the need for streamlined appointment systems, clearer communication and equitable access to services to ensure timely care for all.

> "It's impossible to get a GP on the day required. Triage doesn't work very effective. Some older people feel discriminated against by an increase in information technology, such as car parking and online booking appointments. They struggle to use these."

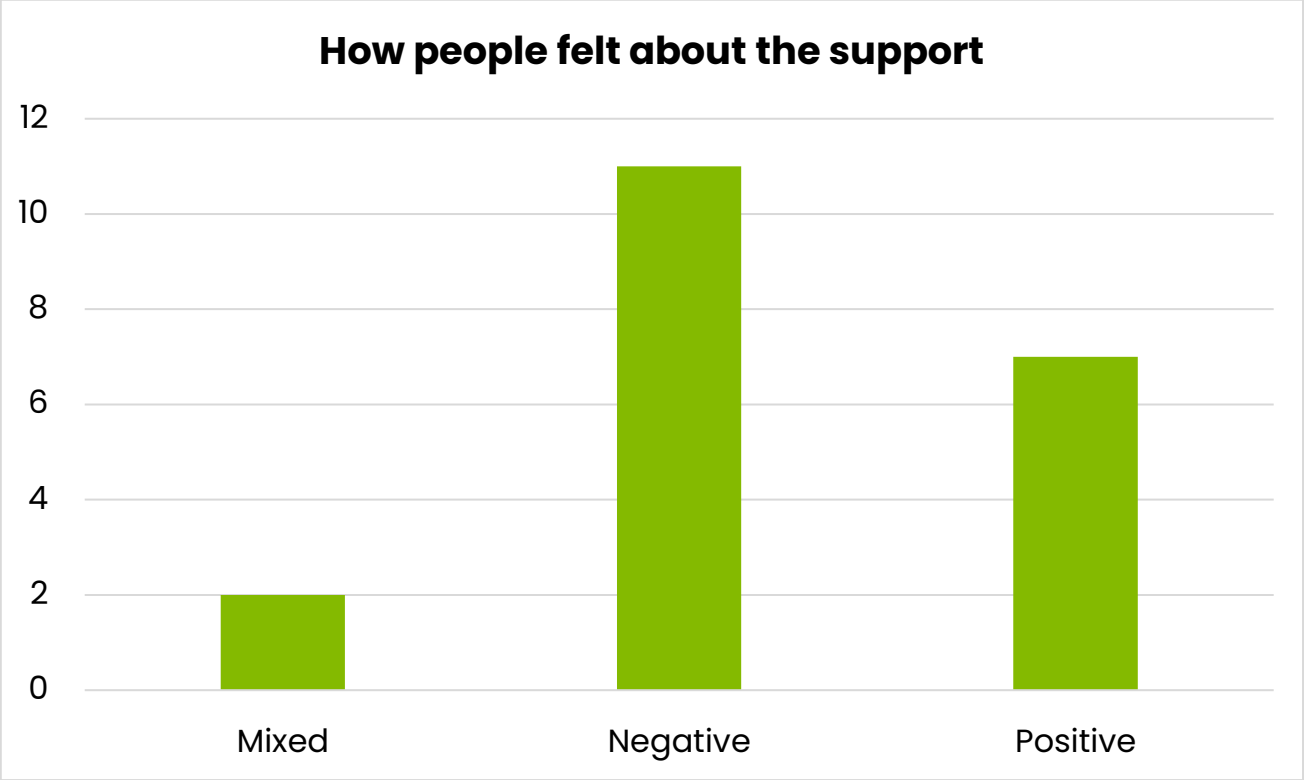
“I was referred by my doctor 6 months ago to get an electric wheelchair due to my condition. The doctor referred me to the NHS wheelchair service and I have not heard anything back from them in months. Only yesterday I received a letter from them to ask for me to fill in a form (after my social worker chased it for me), but the doctor already did this in the referral. I'm unsure of what to do now. **I am struggling to get by. I don't know how much longer I can wait**.”
Feedback about NHS wheelchair services.

If people cannot access healthcare in a timely way, and if access is not fair across North Yorkshire, the risk is:

People may experience delays or barriers in accessing GP appointments, hospital referrals, specialist services, patient transport and NHS dentistry. This can worsen physical and mental health, leave long term conditions unmanaged, and increase reliance on emergency care. Some people may feel forced to pay privately or stop trying to get help, which can widen differences in health between communities across North Yorkshire.

Support

Support was a recurring theme, with 30 people sharing experiences relating to emotional, practical, social or community-based support. While four people described positive and compassionate support, 22 raised concerns about fragmented or missing support that left them feeling isolated or overwhelmed.



Positive experiences were most often linked to individual clinicians or small teams rather than whole systems. Four people described receiving good support following a cancer diagnosis or during palliative care. One person explained that after surgery was no longer possible, the consultant at St. James' Hospital arranged palliative care and Sue Ryder support (a charity that provides palliative care, bereavement support and neurological care for people facing life-limiting illness and grief), which they said had been **"excellent"** and had **"improved everyday life and wellbeing"**.

The same consultant later contacted them about a cancer trial, which the patient joined and found beneficial. However, this individual did also describe an earlier missed opportunity for intervention, stating that **"St Luke's Hospital gave an all clear despite the lump continuing to grow and bleed".**

Gaps in support following hospital discharge or changes in care were reported by seven people, particularly carers. People described feeling unprepared to manage care at home and unclear about where to access help. One carer questioned the lack of clear guidance, saying, **"Discharge teams don't prepare you for the reality of organising care for a loved one at home"**. Concerns about dignity and continuity of care in residential settings were raised by three carers, including reports of personal belongings being lost. One carer, discussing the care at Sycamore Hall in Ripon said, **"Glasses and hearing aids are so important. How can they lose so many things?".**

Carer strain and reliance on informal support networks were raised by eight people, many of whom lived in rural areas or supported someone with complex needs. One rural resident explained, **"Friends and neighbours are such a support network. I don't know what we would do without community transport as services just don't care about us who live rurally"**. Another said, **"You can't rely on services – friends are what you rely on to cook meals and do your shopping"**. These account show that unpaid carers and community networks are frequently filling gaps left by formal services.

Mental health support was discussed by five people, all of whom described difficulties accessing consistent follow-up and coordinated support. Three people said they received initial contact from a service but no ongoing communication, leaving them feeling **"forgotten"** or **"anonymous"**. Others described a lack of continuity in care and limited guidance as needs increased over time. While two people praised

individual professionals or carers' groups for their empathy and understanding, these were described as isolated examples rather than part of a joined-up system.

Support from social prescribing and the voluntary sector was raised by four people, particularly those who were older, isolated or digitally excluded. One person described how a social prescriber supported them to apply for a blue badge, explaining that this help was **"vital"** due to the process being online only. Others suggested that increased community outreach and wellbeing events would help people access support earlier and reduce isolation.

Overall, the feedback shows that while compassionate and effective support does exist, it is often inconsistent and dependent on individual professionals, location or circumstance. Carers, people with long-term conditions, mental health needs, dementia and those living in rural areas were most likely to report gaps in support. Experiences highlight the need for improved coordination, clearer follow-up and more consistent access to support, so people are not left relying solely on informal networks during times of vulnerability.

> **"**My daughter was taken to A&E for attempting suicide and they discharged her in the middle of the night **without any support**. There are vulnerable people in the community, and **nobody is doing anything about it**."
>
> **Feedback about community mental health team**

"We last saw a neurologist at the Friarage Hospital in 2023. Two nurses came to the house soon after diagnosis but then signed him off. Things have got worse since then. They are always cancelling appointments so **we 'give up!**' Nurses can't do anything with medications. We just get a repeat prescription from GP. We still don't know what these tablets are doing as tremors are still there, but the consultant needs to review it and decide if it needs increasing. **We are lucky we have each other as no one else bothers about us**."

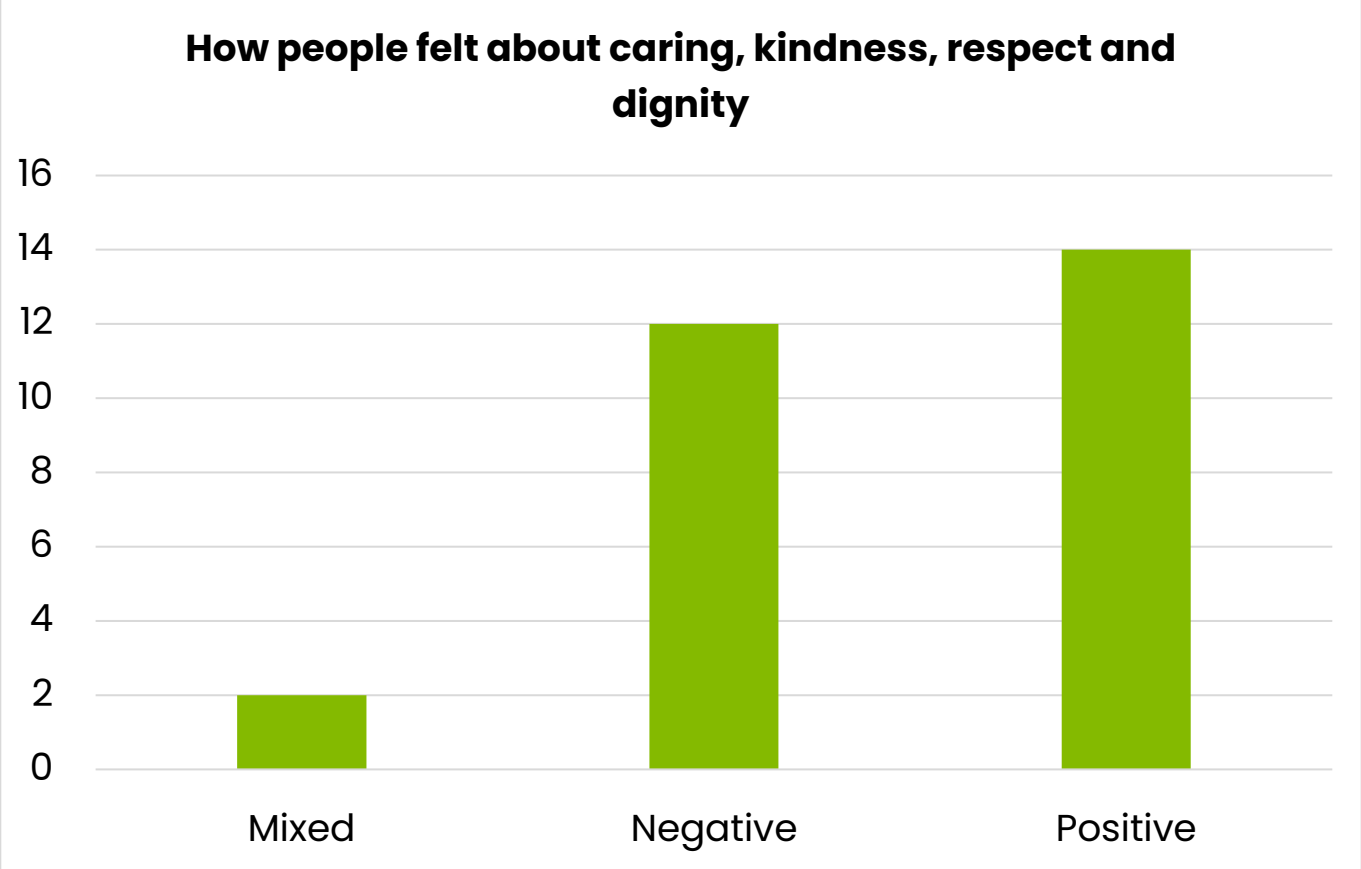
Feedback about the Friarage Hospital.

If timely, coordinated and person-centred support is not consistently available, the risk is:

People may be left without the practical, emotional or informational support they need to manage their health, recover safely at home, or care for others. This can increase carer strain, worsen physical and mental health outcomes, and lead to avoidable crises, hospital admissions or safeguarding concerns. Poor follow-up, unclear signposting and fragmented service may leave people feeling abandoned or forgotten, particularly those living with long term conditions, disabilities, mental health needs or caring responsibilities, increasing health inequalities and reducing trust in support systems.

Caring, kindness, respect and dignity

Feedback about caring, kindness, respect and dignity showed a wide range of experiences. 14 people shared positive experiences, 12 reported negative experiences and two described mixed experiences.



Positive experiences were often linked to staff taking time to listen, showing empathy and providing clear explanations. 8 patients praised GP services, particularly for continuity and understanding when managing complex conditions. One person with a long-term mental health condition explained that their GPs **"go above and beyond to reassure me and provide me an excellent standard of care,"** reflecting the importance of patience and consistency in building trust.

Outpatient and hospital services were also commended, with people noting punctual appointments, clear communication about procedures, and attentive discharge planning. One person described eye surgery at Harrogate Hospital, saying staff **"dealt with me promptly and kindly"** and checked they would be safe at home, while another noted that at the Friarage Hospital, **"everyone was on time, all procedures explained in detail. They followed up quickly by consultant appointments"**. Similarly, ambulance and paramedic services received positive feedback for being responsive and professional, with one person reflecting, **"ambulances prompt and helpful. Hospital treatment was good, as was the food. Nurses go above and beyond expectations. They couldn't do enough"**.

However, twelve people shared experiences where they felt care fell short of these standards, lack of empathy or poor communication contributing to distress. For example, one older patient reported waiting more than ten hours on a hospital trolley without anyone checking in on her needs, later reflecting: **"There is fear of getting older and needing care if this is how you are treated in hospital."** Others described negative experiences during emergency or routine hospital admissions, including long waits for pain relief or restricted visiting for relatives. One young man admitted with acute appendicitis felt that staff were **"insensitive and lacked compassion"**, which worsened his anxiety during his first hospital experience.

Feedback also highlighted instances of poor communication around serious diagnoses. One person who received a prostate cancer diagnosis over the phone from the Urology Department at Harrogate Hospital described the experience as **"heartless and cold"**, noting that staff offered no comfort or apology and that they were left to process the news alone. Similarly, some people reported frustration with GP and hospital services that lacked continuity, with one patient explaining they felt

“exhausted by the need to repeat everything to the next ‘new face’” and that care had become **“like being on a conveyor belt”**.
Mental health services were another area of concern, particularly around personalised care and dignity. One carer described how staff **“don’t see him as a person, just his condition. He is not listened to or treated with any dignity and respect”** and reflected on a lack of coordinated care between services. Difficulties were also reported for patients with sensory or cognitive impairments, with one severely visually impaired patient noting that staff were **“very rude and abrupt with no apology”** when trying to discuss multiple issues at a GP appointment.

Overall, feedback from 28 people shows that while many staff are caring, kind and respectful, there are ongoing inconsistencies in patient experience. Positive encounters often depended on the attentiveness of individual staff members, whereas negative experiences frequently stemmed from delays, poor communication, or a lack of personalised care. Patients and carers highlighted the impact of these experiences on their wellbeing, emphasising the importance of empathy, dignity and respectful communication in all interactions.

> “I’m happy with all care received from GP through to hospital and felt **staff were extremely kind and polite**. I felt that everything had been managed well.”

Feedback about Harrogate Hospital.

> “I had to wait to be taken to the exit by a nurse, who would push me in a wheelchair. How long does one have to wait? **The nurse in charge had no bedside manners whatsoever** the whole of the time I was in. I hope I never meet her again.”

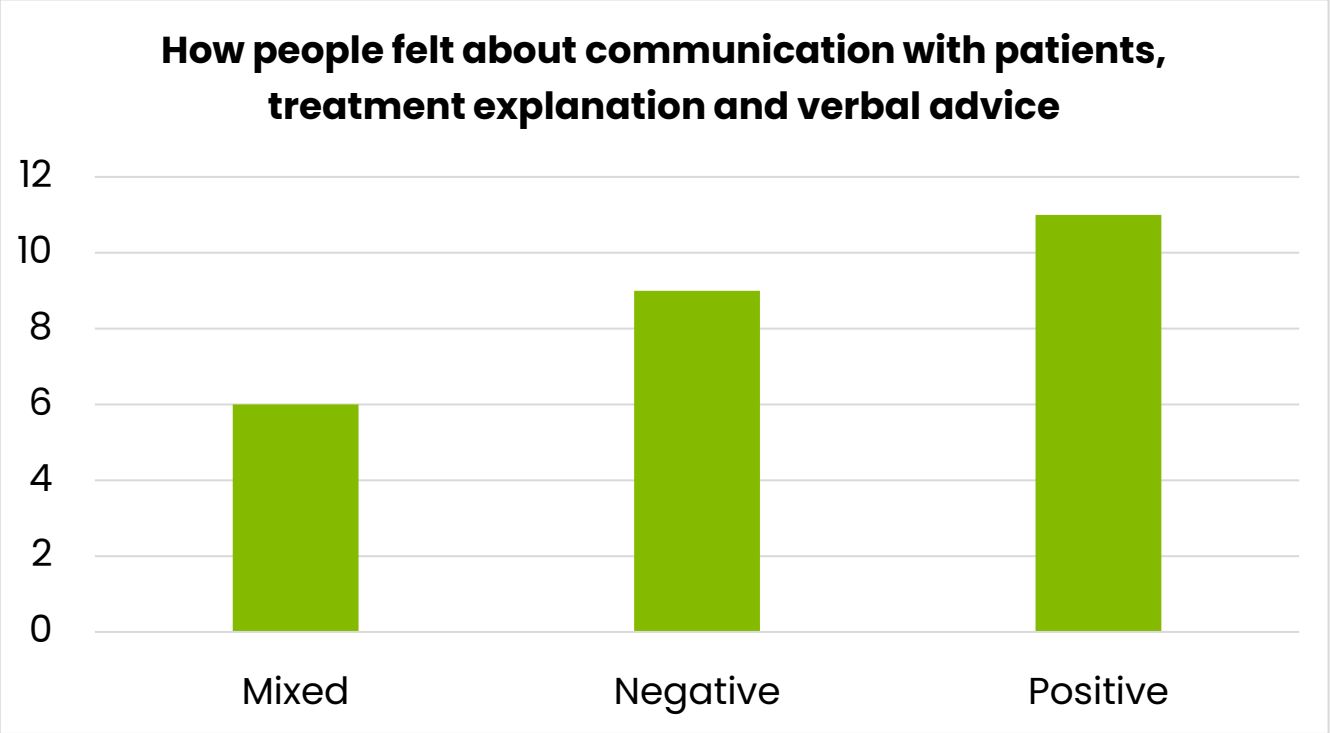
Feedback about Clifton Park Hospital, York.

If staff are unable to consistently provide compassionate, respectful, and dignified care, the risk is:

Patients may feel ignored, disrepected or distressed which could lead to increased anxiety, reduced engagement with services, poor adherence to treatment, and a decline in overall wellbeing. This could also undermine trust in healthcare services and negatively impact patient experience and satisfaction.

Communication, explanation and verbal advice

Communication was central to many people's experiences, with 26 patients and carers commenting on this theme. 11 people shared positive experiences, 9 negative experiences and six mixed experiences.



Many patients praised clear explanations, responsive staff and effective advice. For example, one patient reflected positively on care from both GP and hospital services, noting that concerns were **"managed quickly and efficiently following initial triage through the practice."** Another described smooth outpatient experiences, stating that appointments were **"usually on time and usually at a hospital near me"**. Specific hospital procedures were also commended, with patients appreciating detailed guidance and reassurance: **"All staff were very**

kind and courteous and explained everything several times including expected outcomes. I am very happy with care throughout." Positive experiences with maternity services and health screening were also highlighted with one patient noting that their GP was able to advise attending a pharmacy to avoid delays for appointments.

However, nine people reported challenges that reflect gaps in communication across services. Five people highlighted issues with continuity of care, particularly in large GP practices with rotating teams: **"My son is in hospital, and we visit every day and each day there has been a different team of staff. We feel we then must start at the beginning when talking about his care."** Another person that we spoke to, described difficulties navigating appointment processes and accessing advice: **"I'm having difficulties obtaining an appointment for concerns relating to painful bunions. I was advised by reception staff that appointments were not given for this concern and should be dealt with through podiatry services."** She told Healthwatch North Yorkshire that this was **"a surprise"** as it was causing her a lot of pain and didn't know how to access Podiatry or how to fix the problem.

Delays and inconsistencies in information were also reported. Patients described hospital letters arriving late, conflicting advice from different staff, or not being informed of discharge or test results, which sometimes caused frustration or anxiety. One person explained**: "Communication is not always good, I was discharged without being told and then had to be re-referred, wasting time."** Another noted confusion over appointment letters, leaving them unprepared for procedures: **"It doesn't state who and what the appointment is for. I went ahead anyway because I didn't want to waste the appointment. It left me feeling I have very little autonomy over my care."**

Carers and patients of people with complex needs, including mental health or learning disabilities, told us that poor communication compounded stress. One carer highlighted that services often worked in isolation, explaining: **"The mental health practitioner at the GP doesn't communicate with the community mental health team, so no care is coordinated. Some professionals don't see the person. They just define you as the mental health condition."** This lack of coordination and personalised communication made it difficult for carers to manage day-to-day needs and left patients feeling unsupported, emphasising the importance of clear, consistent and person-focused communication across all services.

A shift to digital communication was a further barrier for some. Older patients or those less familiar with technology told us of their frustration with online booking systems, with one commenting: **"I'm too old to learn new tricks now"**, reflecting the challenges of accessing information and advice in a changing digital environment.

6 people gave mixed feedback, reflecting experiences where care and communication were effective in some areas but inconsistent in others. For example, a patient praised staff for explaining procedures clearly but felt that follow-up or coordination between departments was lacking, leaving them uncertain about next steps.

Overall, feedback demonstrates that effective communication is crucial to safe and dignified care. While many services provide clear guidance and responsive advice, gaps remain, particularly around continuity of care, timely information and accessibility for people with complex needs or digital barriers. People emphasised the importance of proactive explanations, consistent teams and clear verbal and written guidance to feel supported, informed and confident in their treatment.

"**I'm very happy with recent service** from the GP from appointment access to care and respect given. I'm requiring referral to hospital for hernia. The experience was efficient and quick. I was referred within a month and seen at Harrogate Hospital".

Feedback about Leeds Road Practice and Harrogate Hospital.

"**Nothing has gone well** apart from one emergency prescription. I was sent for an ultrasound for suspected stomach cancer, the results are not on my file, but the GP said it was clear. **I have no alternative cause. I still have pain**."

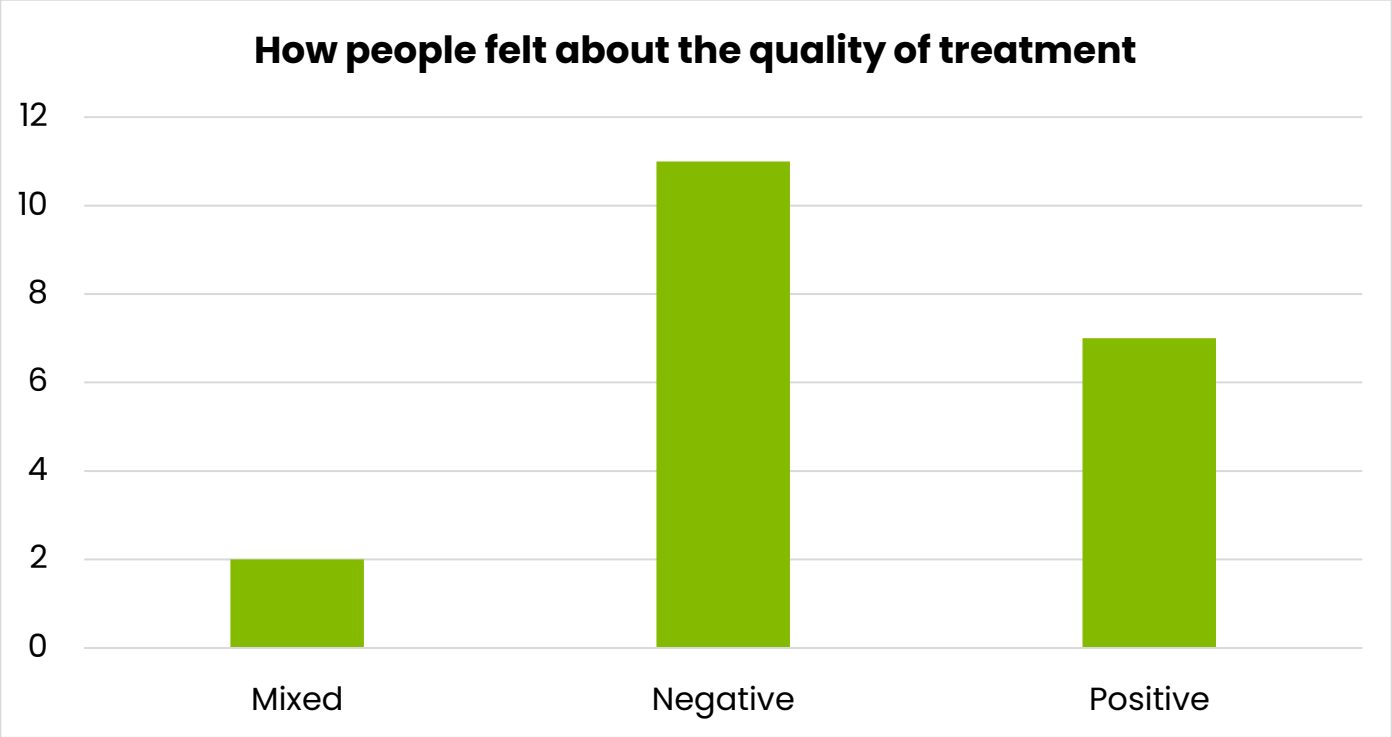
Feedback about Haxby Group, Scarborough.

If communication with patients, carers and families is inconsistent, the risk is:

Patients may not fully understand treatment, discharge instructions, or follow-up care, which could lead to delays in treatment, errors in self-management, reduced adherence to medication or care plans, increased anxiety and a loss of trust in healthcare services. Vulnerable patients, including those with complex needs, mental health conditions, sensory impairments, or limited digital skills, are particularly at risk of being disadvantaged.

Quality of treatment

Feedback from 20 people highlighted wide variation in the quality of treatment received. Seven people reported positive experiences, eleven raised concerns and two described mixed experiences.



Seven people praise the standard of clinical care when it was delivered effectively. One patient who underwent a lower leg amputation at York Hospital described the experience positively: **"I arrived at 12:30, was in theatre by 2:00, spinal block anaesthesia, and back on the ward by 5:00. Excellent nursing, doctor attention and food. The aftercare was excellent both in physio, and the vascular nurses."** Another person described prompt and reassuring care after a hip revision: **"I had a hip revision 21 months ago. I fell 4 days before leaving Australia onto my hip and was badly bruised and sore. A GP saw it and said to seek medical opinion on return home. I contacted the GP through online consultation, was referred to local urgent treatment centre. The x-ray confirmed**

prosthetic fine and no surrounding bone fractured, but there was a big haematoma. Advice was given regards treatment. I was very satisfied with response from GP service and from the urgent treatment centre." Positive experiences were also reported in routine procedures, cataract surgery and ambulance and paramedic services, with one patient noting transport to and from hospital was **"prompt and helpful"**, contributing to a positive overall care experience.

Conversely, 11 respondents reported significant concerns about treatment quality and continuity. One person reported persistent pain 13 months after a complex hernia operation, with follow-up at a new hospital refused despite repeated GP requests: **"The consultant conducted a physical examination but did not offer a scan. The original surgeon recommended a scan, but the patient remains in pain and suspects possible damage, preventing him from working."** Another patient described long waits for urgent scans and blood tests, leaving them concerned about rapid weight loss and their health.

Carers also highlighted gaps in care that affected recovery and patient safety. One carer described a relative with dementia being left alone while unconscious, with staff prioritising other patients: **"They felt that a suspected fractured hip and head injury should have been a priority. Staff said, 'What do you want us to do about it?'"** Similarly, a patient who had an elective leg amputation was still waiting months later for an occupational therapy visit to safely navigate their home.

Overall, the feedback demonstrates that the quality of treatment is highly variable. Positive experiences were consistently linked to clear communication, timely interventions and attentive staff. Negative experiences were most associated with delayed diagnosis, insufficient follow-up, poor post-treatment support, or a lack of responsiveness to patient concerns.

"**Nothing went well.** I was admitted by ambulance at 6.00pm. I waited in A&E in extreme pain on a seat till midnight. Staff refused point blank to contact my consultant at another hospital for advice about my ongoing health condition."

Feedback about Darlington Memorial Hospital.

"I have always had positive experiences with the GPs at Harewood Medical Practice. I am consistently treated with the utmost respect, understanding, and compassion."

Feedback about Harewood Medical Practice.

If the quality of treatment across services is inconsistent, the risk is:

People may experience worsening health outcomes, prolonged pain, avoidable complications, and deterioration in physical and mental wellbeing.

Conclusion

Accessing care, support, kindness, communication and quality of treatment continue to be key issues, whether with GP practices, hospital appointments and 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 October to December 2025. 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 improve health and social care services. The next report will share feedback from January to March 2026.

Committed to quality

We are committed to the quality of our information. Every three years we perform an in-depth audit so that we can be certain of this.
Learn more.

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