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Making health appointments work for everyone

What people told us about getting the support they need

healthwatch
North Yorkshire

Contents

Summary

Going to a healthcare appointment should be straightforward. For many people, it is not.

For people who need extra support, these barriers can have a direct impact on whether they are able to attend appointments and take part in their care at all.

People told us about long journeys, busy and overwhelming waiting rooms, and not being asked about the support they need. For some, this made attending appointments stressful. For others, it meant missing care altogether.

Local organisations and charities helped us to hear from 232 people across North Yorkshire about their recent experiences of GP, hospital and dental appointments. Many said they needed extra support to attend and take part in their care.

However, this support was not always offered or put in place.

- 82% of people who needed support said they were not asked about their needs when booking their appointment.
- 86% said they had not been asked if they wanted their needs recorded, meaning they often had to repeat the same information.

This report looks at what is working well, where things are not working as they should, and what needs to change.

What reasonable adjustments are and why they matter

Reasonable adjustments are changes that health and care services make to help people access care in a way that works for them.

This could include:

- offering a longer appointment
- providing an interpreter
- giving information in large print or Easy Read
- making sure a room is on the ground floor
- offering a quieter waiting space

These adjustments are a **legal requirement under the Equality Act 2010**. They help make sure people with disabilities, long term conditions or additional needs can access healthcare on an equal basis.

People should not have to ask repeatedly for this support, or struggle to access care because it is not in place.

When these adjustments are not in place, it can make healthcare harder to access and, in some cases, lead to people missing care altogether.

What Healthwatch did

Healthwatch gathered feedback from 232 people, including carers, through a survey and follow up conversations.

We wanted to understand what support people needed to attend appointments, what was in place, and where gaps remained.

We listened to people between November 2025 and January 2026 about experiences of GP practices, hospitals and dentists.

What people told Healthwatch

Most people who needed extra support were not asked about their needs, and many did not receive the help they were entitled to. These experiences were consistent across GP practices, hospitals and dental services.

Findings are grouped into healthcare appointments, environment and travel, and information provided.

Improving support at appointments

Most people who needed a reasonable adjustment said they were not asked about their needs when booking their appointment. 82% of people said this did not happen.

Awareness and use of the **Reasonable Adjustment Digital Flag** was also low. 86% of people said they had never been asked if they would like their needs recorded using the flag.

The Reasonable Adjustment Digital Flag is a system used to record a person's needs on their NHS record, so staff can clearly see what support they may need at future appointments and people do not have to repeat the same information.

Staff understanding of reasonable adjustments varied across services, with GP practice staff generally more aware than hospital staff. However, overall awareness remained low across all settings.

Many people said they would like longer appointment times and clearer information about how to request these, as well as more flexible appointment options to better meet their needs.

Staff empathy was an important part of people’s experiences. 61% of people said healthcare staff showed empathy and understanding towards their needs, which helped people feel more comfortable and supported during appointments.

Together, these findings show that support is not yet built into how appointments are routinely planned and delivered.

Improving access and the care environment

Most people said the buildings they attended were accessible. 89% said step free access was available where needed.

63% of people who needed a disabled parking space said they were able to access one.

People talked about limited availability of disabled parking spaces, long waits or having to park far from the entrance, which could make attending appointments more difficult.

Feedback about waiting areas was mixed. Some people described calm, well organised and comfortable environments, while others reported busy, noisy and overwhelming spaces. This was particularly challenging for people with sensory needs or anxiety.

66% of people said signage was clear and easy to understand. Clear signage plays an important part in helping people find their way around and feel more confident when accessing GP practices, dental surgeries and hospitals, especially in unfamiliar or busy care environments.

Some people still experienced difficulties navigating buildings, particularly in larger or more complex hospital sites.

Changes to patient transport and the need to travel longer distances for appointments made things harder on some people, particularly those without access to a car or with ongoing health conditions.

These issues are not just inconveniences. For some people, they can make attending appointments difficult or, at times, not possible.

Improving information and communication

Experiences of receiving information in a format that worked for people were mixed. 58% said their needs were met, while 42% said they were not.

Access to interpreters is an issue. Only 39% of people who asked for an interpreter said they received one. People described interpreters not being booked, arriving late or not attending at all, which affected their ability to understand information and take part in their care.

✓ Many people said staff communicated clearly and used plain language, which helped them understand what was happening and feel more involved in decisions about their care.

✓ Of those who wanted a carer, family member or advocate involved, 82% said this was respected. This often made it easier for people to understand what was happening and feel supported during appointments.

When communication does not work for people, it can limit their ability to understand their care and take part in decisions.

What needs to change

The following recommendations are based on what people told us through our survey and conversations.

They apply to GP practices, hospitals and dental services. They aim to improve people's experiences while supporting staff to confidently provide the right support.

Improving support at appointments

- Make asking about reasonable adjustments a standard part of referral and appointment booking, so people are routinely asked what support they need.
- Ensure people's needs are clearly recorded on their NHS record and used by staff at every appointment, so they do not have to repeat the same information at every appointment.
- Provide training for reception, booking and clinical staff so they understand what reasonable adjustments are and how to put them in place. This should include ongoing support to build confidence.
- Regularly review how well adjustments are being recorded and used in practice, including checking use of the Reasonable Adjustment Digital Flag so that needs are being recorded and used properly on their NHS record.
- Improve awareness of people's right to ask for support. This should be clearly explained in appointment letters, in waiting areas, on websites and staff conversations.
- Where needed, offer longer appointments and more flexible options. Make it clear how people can request this.

Improving access and the care environment

- Carry out regular checks of buildings and services to identify and fix barriers. This should include parking, waiting areas, room locations and toilet facilities.
- Improve signage so it is clear and easy to follow. This could include better contrast, simpler wording and maps or visual guides.
- Provide access to quieter waiting spaces where needed, particularly for people with sensory sensitivities or anxiety.
- Make sure people understand the rules for patient transport and what support is available. Where they are not eligible, clearly explain alternative options.

Improving information and communication

- Make sure the Accessible Information Standard is fully put into practice across all services and regularly checked.
- Ensure staff know how to arrange interpreters and that systems are in place, so interpreters are booked correctly and attend appointments.
- Provide information in different formats, such as large print or Easy Read, and include alternative ways to get in touch, such as email or text.

Making sure changes happen

- Healthcare providers should begin making improvements as soon as possible and review progress within 6 to 12 months, showing how changes have improved people's experiences.
- Updates should be shared in ways that are accessible and easy to understand, using a mix of digital and non-digital channels. This could include posters and updates in waiting areas, clear messages on websites and social media, information included in appointment letters or text messages and updates shared through community groups and local organisations
- Providers should also show how feedback has been used to make changes, so people can see the difference their experiences have made.

About this report

Accessing healthcare should be straightforward, but many people still face problems when attending appointments.

Under the Equality Act 2010, health and social care services are legally required to make reasonable adjustments. These are changes or support put in place to help people attend appointments and take part in their care.

Adjustments might include offering a longer appointment, providing an interpreter, giving information in large print or Easy Read, making sure a room is on the ground floor, or offering a quieter waiting space. They support people with disabilities, long term health conditions, sensory impairments, neurodiversity, mental health conditions, or people whose first language is not English.

Healthwatch North Yorkshire wanted to understand how this works in practice across local health and social care providers. By listening to people's experiences, this report talks about what is working well and where improvements are needed.

Key aims

1. Understand people's experiences of asking for or receiving reasonable adjustments at their healthcare appointments.
2. Show examples of good practice and gather suggestions on how services could be more accessible.
3. Use this evidence to inform local services and support improvement.

More information about reasonable adjustments and people's rights is available on the NHS website.

How we gathered people’s experiences

Healthwatch North Yorkshire carried out a survey to gather feedback about people’s recent healthcare appointments, including visits to a GP, dentist or hospital.

We wanted to understand what support people needed to attend appointments, whether this was discussed or recorded, and what happened when they arrived.

The survey explored three key areas

1. healthcare appointments, including whether people were asked about their needs and whether staff were aware of them
2. environment and travel, including access to buildings, parking, waiting areas and transport
3. information provided, including accessible formats, interpreters, clear communication and involvement of carers or advocates

To make sure as many people as possible could take part, the survey was available in a range of formats. This included online, by phone, on paper (including large print and Easy Read), and with support from a British Sign Language interpreter if needed.

In addition to the survey, Healthwatch staff and volunteers spoke to people one to one and visited community groups. This gave people the opportunity to share their experiences in more detail and receive support to take part where needed.

Feedback was collected between November 2025 and January 2026, capturing the experiences of 232 people.

This work does not represent everyone who may need support. However, it provides a clear picture of people's experiences across North Yorkshire.

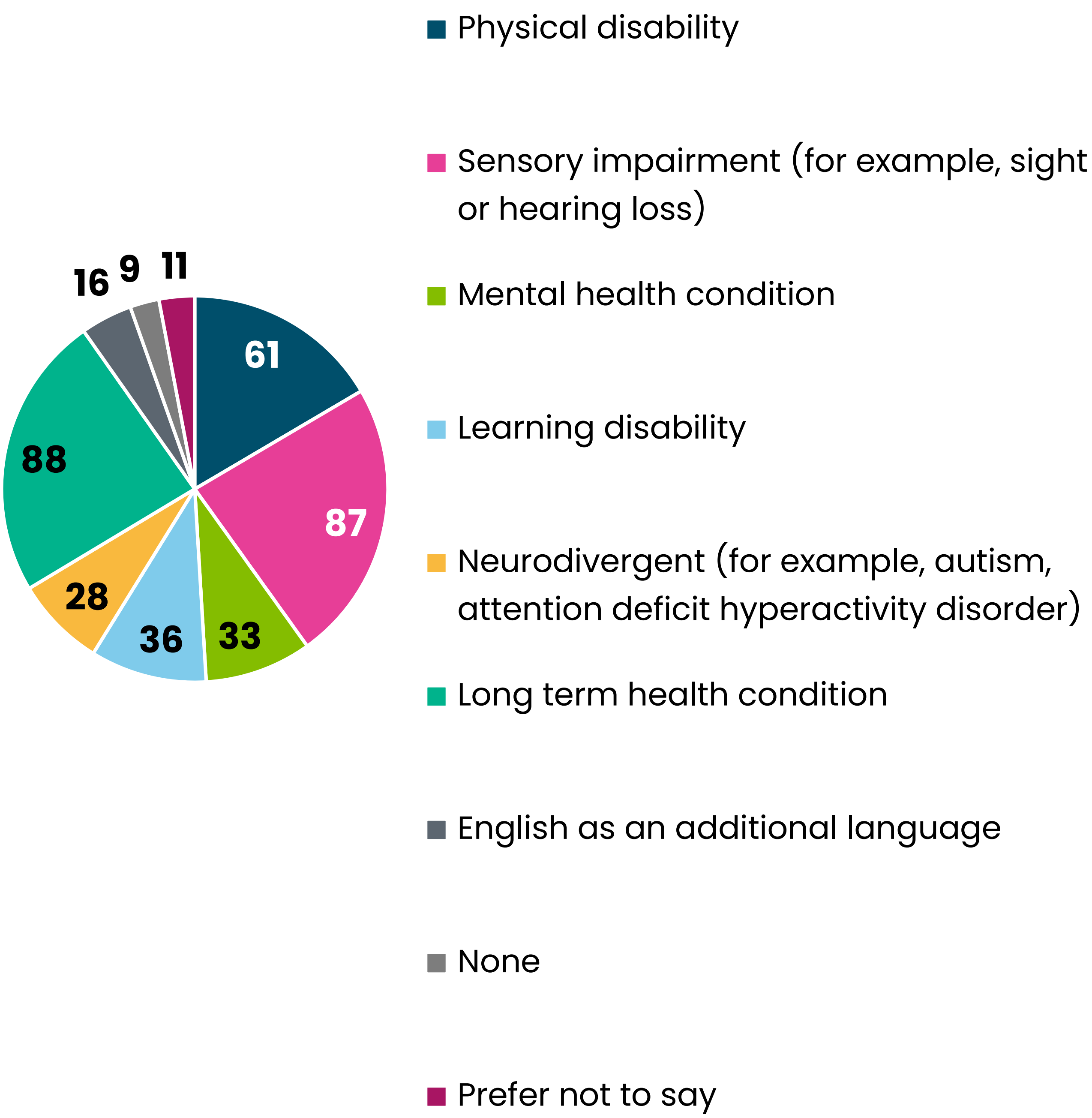
Responses were analysed to identify common themes, including both positive experiences and areas where improvements are needed. These findings are used to inform local services and support improvements in how support is identified, recorded and put into practice.

This helps ensure the findings reflect a wide range of experiences across different communities.

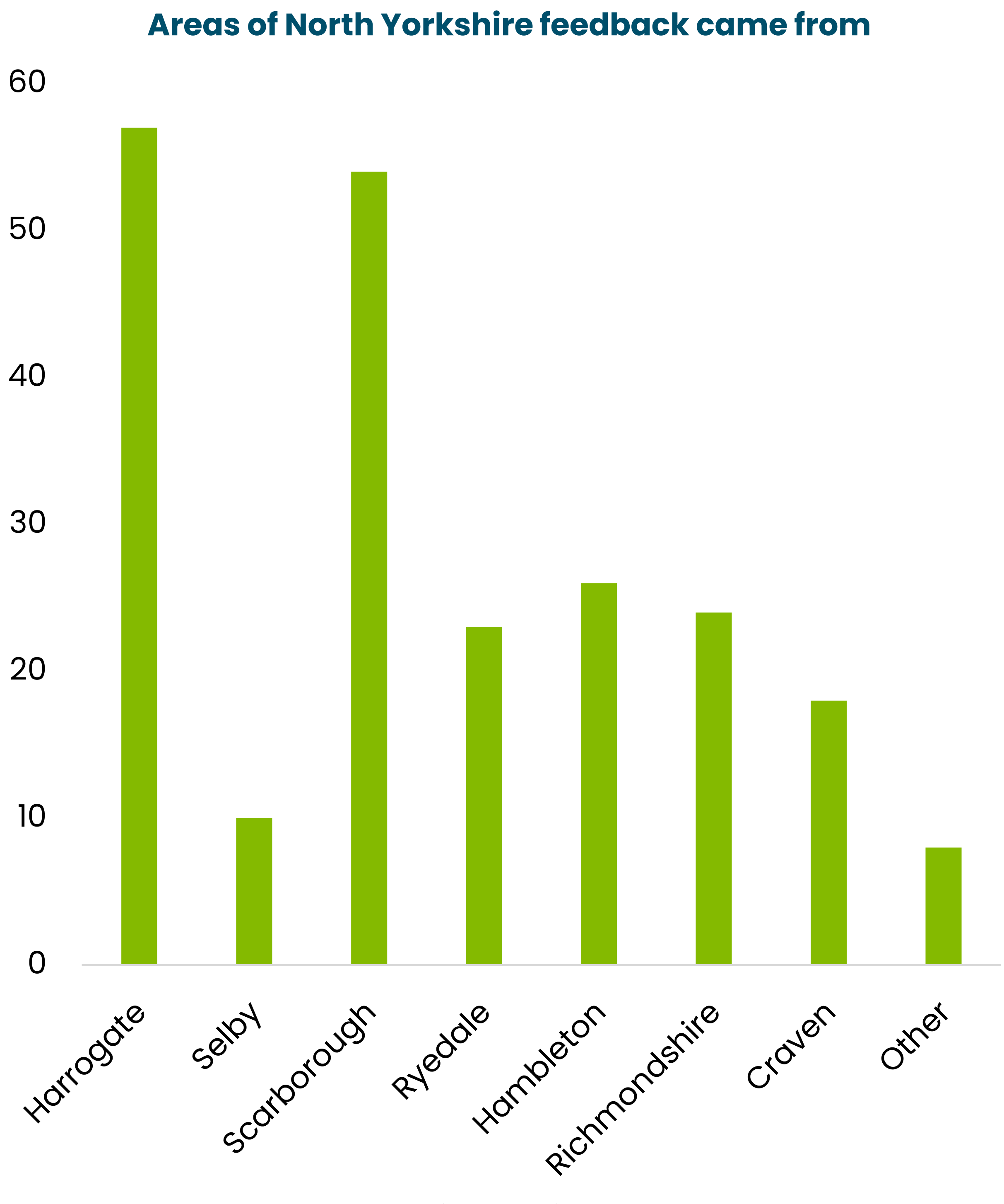
Who shared their experiences

People who took part in this work had a wide range of disabilities, health conditions and additional needs.

The range of needs people told us about

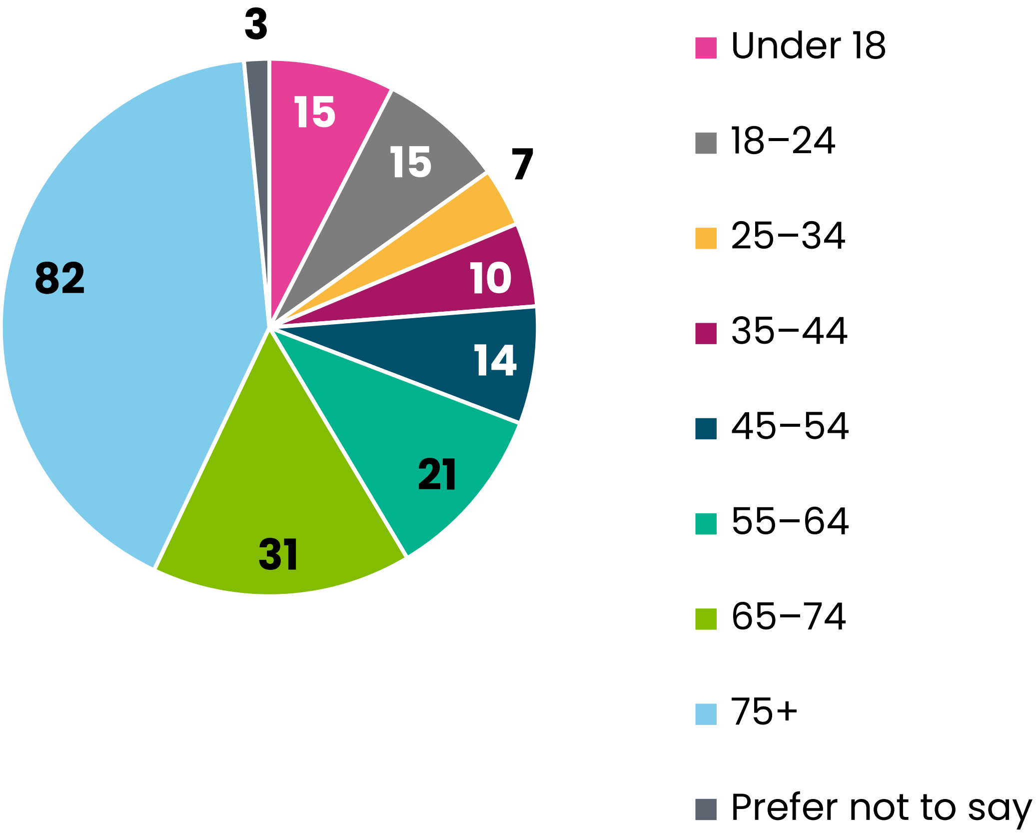


We received the most feedback from people living in Harrogate and Scarborough.



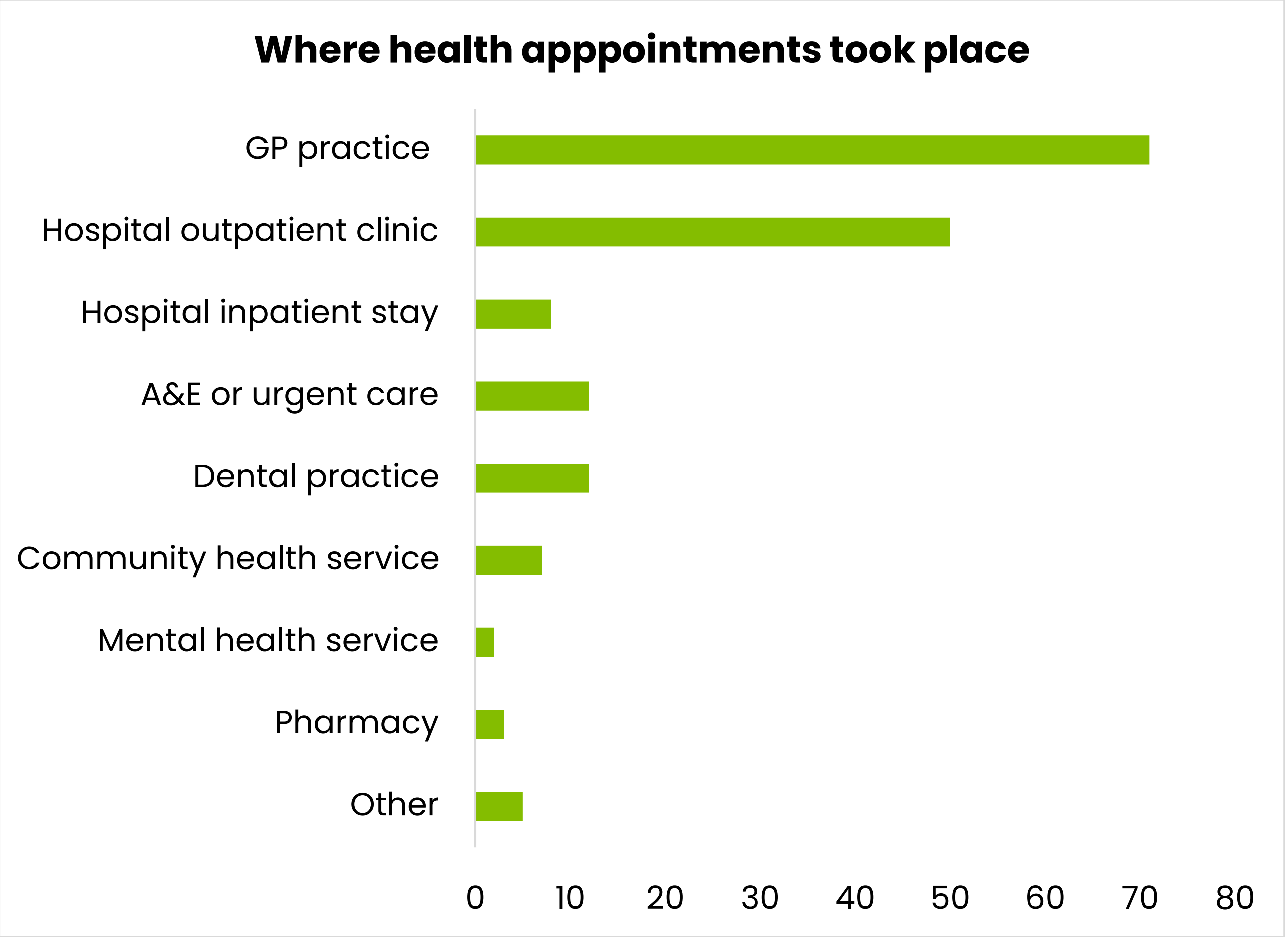
Most people who shared their experiences were aged 75 and over. Overall, 64% identified as female, 34% as male, and 2% either preferred not to say or described their gender in another way.

Age category



People mainly told us about recent experiences of GP appointments and hospital outpatient appointments.

The chart shows the different types of care people used.



The categories above refer to the type of care people used:

- **GP practice:** for a specific health concern, routine check-up, blood test or vaccination
- **Hospital outpatient clinic:** consultation, scan, or follow up appointment
- **Hospital inpatient stay:** overnight hospital stay for surgery or treatment
- **A&E or urgent care:** accident and emergency department or urgent care centre
- **Dental practice:** check-up or treatment

- **Community health service:** such as physiotherapy or podiatry
- **Pharmacy:** flu jab, blood pressure check, or minor ailments consultation
- **Mental health service:** appointment with psychiatrist, mental health nurse, or therapy session
- **Other:** a different place not listed above

These categories reflect the different parts of the health and care people may meet.

Experiences can vary between settings, as each has its own processes, environments and time pressures. However, the need for reasonable adjustments applies across all of them, whether someone is attending a routine appointment at a GP practice or receiving urgent care in hospital.

Understanding where people accessed care helps give context to their experiences and highlights where improvements may be needed most.

This mix of experiences helps provide a broad picture of how healthcare appointments work for different people.

Getting the support you need at health appointments

We asked people about their experiences of healthcare appointments and whether any changes were made to help them attend and take part in their care.

This included whether support was discussed and recorded, whether staff were aware of people's needs, and whether appointments were flexible and worked around those needs.

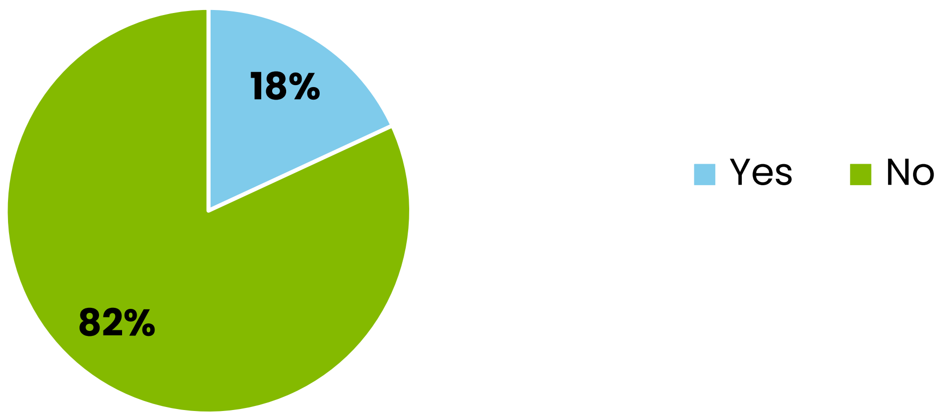
What people told us shows that support is not always recognised, written down, or provided.

Being asked about your needs

Most people said that no one asked what support they needed when booking their appointment.

Of those who needed additional support, 82% said they were not asked about their needs, while 18% said they were asked. This was similar across both GP and hospital appointments.

Were you asked if you needed any reasonable adjustments when booking the appointment?



As a result, many people felt they had to work out and explain their needs themselves.

This could be difficult, especially for people who did not feel confident speaking up or able to explain their needs without support.

> "Nobody asked my autistic teenage daughter about any additional support needs. She cannot explain them herself, which means I must do it on her behalf. At no point, before or during any of our hospital appointments, has anyone asked about adjustments. It is very disappointing."
> **— Hospital outpatient appointment**

"The staff were very considerate, but I had no knowledge that I could ask for reasonable adjustments."
— Hospital outpatient appointment

Another issue raised was the lack of support for people without a formal diagnosis. Some people felt their needs were overlooked or misunderstood because they did not have a diagnosed condition.

"One of the difficulties is that if you do not have a diagnosis, you are expected to be 'normal'. We have had negative experiences where a doctor became frustrated because behaviour did not match expectations. Without a diagnosis, there is no consideration that this may be linked to an undiagnosed neurodiverse need. Under the Equality Act, there is no reason why someone should need a diagnosis to receive reasonable adjustments if they need that support in their everyday life."
— GP appointment

Overall, this shows that identifying reasonable adjustments is not yet a routine part of how appointments are arranged. Asking people about their needs early and consistently would help ensure the right support is in place from the start.

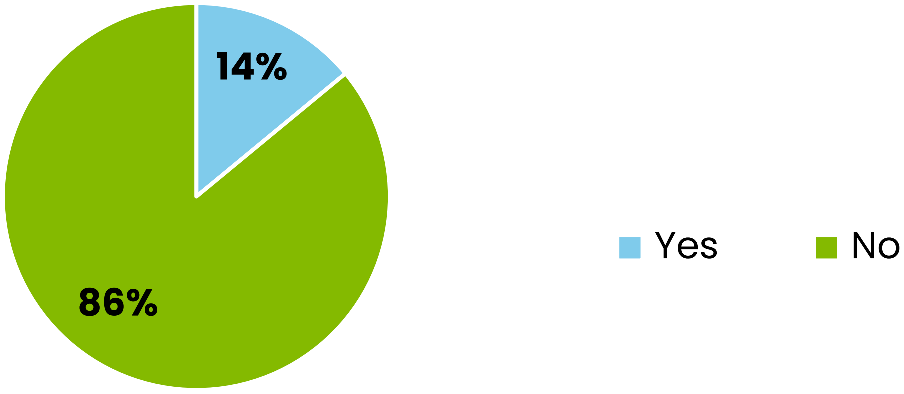
Recording and sharing people’s needs

Awareness and use of the Reasonable Adjustment Digital Flag was low. The flag is a way of recording a person’s needs on their NHS record, so staff can see what support they may need at future appointments and people do not have to repeat the same information each time.

Of those who needed support, 86% said they had not been asked if they wanted their needs recorded using the flag. Only 14% said they had been asked.

Use of the flag was slightly higher in GP practices than in hospitals, but overall levels were low.

Were you asked if you would like your adjustments to be recorded using the Reasonable Adjustment Digital Flag?



When needs were not recorded, people often had to repeat the same information at every appointment. This was frustrating and, in some cases, distressing.

"There is a digital flag in place showing she has severe learning disabilities and physical disabilities, which is really helpful and reassuring for us."
— Dental appointment

"There needs to be better communication between departments, so I do not have to repeat everything again. I often contact departments myself before an appointment to explain my needs, and some staff are not even aware that I am a wheelchair user or that I have additional needs."
— Hospital outpatient appointment

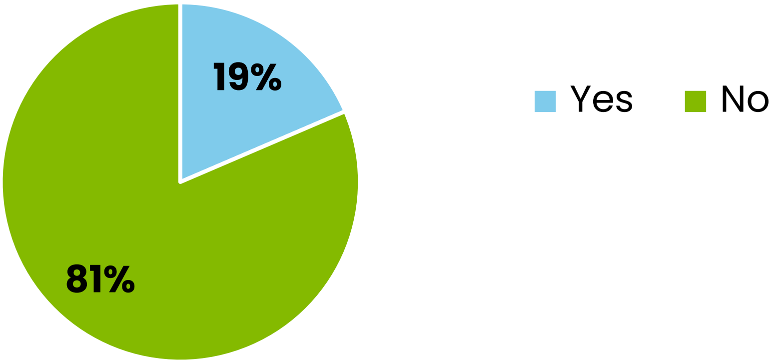
"It would be really helpful if this type of information was recorded somewhere so I do not constantly have to explain why I might seem quiet or why I might become upset over things that staff may not see as a problem, but which feel overwhelming to me."
— Hospital outpatient appointment

Do staff understand and act on people’s needs?

When asked whether staff were aware of their needs at the appointment, 81% of people said no, while 19% said yes.

Awareness was slightly higher in GP settings than in hospitals, overall remained low.

Did staff know about your adjustment needs when you arrived at the appointment?



This shows that even where people have support needs, these are not always recognised or acted on when they attend their appointment.

Some people described positive experiences where staff understood their needs and took steps to support them without being asked. This makes appointments feel more manageable and reduced anxiety.

“We had a positive experience when we needed hospital treatment. The dentist recognised what support was needed and referred us to the Learning Disability Service, even without a formal diagnosis.

Straight away, everything was put in place. We were given photos of the hospital, a nearby parking space, access to a quiet room, and clear information about what would happen. It felt like they understood without us having to explain. It makes you wonder why this does not happen in every area of healthcare."
— Dental and hospital appointments

"They always make sure my appointment is on the ground floor without me having to ask."
— Dental appointment

These examples show the difference that proactive support can make. When staff understand and act on people's needs, it can reduce stress and improve the overall experience.

However, others said that even when their needs were recorded on their NHS record, staff did not consistently check or act on the information recorded about them.

This means people often must repeat their needs at reception or during appointments, and in some cases advocate for themselves to receive the right support.

"I believe my teenager is signed up to a 'passport' where the information is already flagged on the NHS system, so I am not sure why nobody is picking it up."
— Hospital outpatient appointment

"My adjustments are logged on their NHS record, but most of the time no one checks it, as they are too busy, so I do not get any additional help."
— Hospital outpatient appointment

This shows that recording information alone is not enough. It needs to be easy for staff to see and use when people attend appointments.

People also felt that busy and pressured environments made it more difficult for staff to recognise and respond to individual needs. As a result, some people said they had to manage communication difficulties themselves, for example by choosing where to sit or relying on others for support.

In some cases, this had a direct impact on people's experience and safety.

"I had to attend the accident and emergency department with chest pains. It was very busy and I told staff I was deaf. When names were called, I could not hear them, so I had to ask other people to listen out for me. After several hours, I received a call from a doctor asking if I had left, as my name had been called. I had not heard it. This should have been flagged on my record."
— Hospital accident and emergency

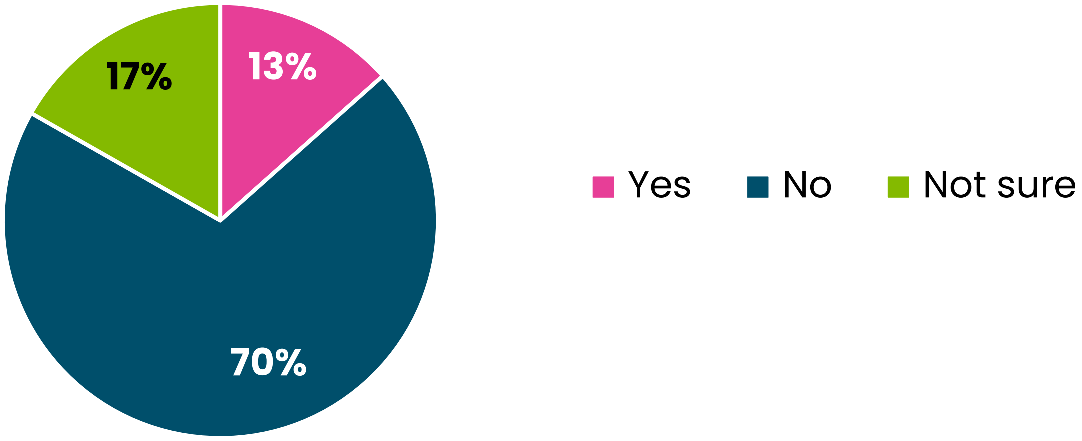
Overall, this shows that while there are examples of good practice, staff awareness of reasonable adjustments is not consistent. Improving how information is shared, checked and used in real life would help ensure people receive the support they need.

Knowing your right to ask for support

Many people did not know they had the right to ask for support.

70% of people said they did not see or hear any information explaining that they could ask for adjustments. Only 17% said they had seen this information, while 13% were not sure.

Did you see or hear any information explaining that you can ask for extra support or reasonable adjustments?



Some people mentioned seeing notices in GP practices, but this was not consistent.

People said clearer and more visible information would help them understand what support they can ask for and feel more confident asking for it.

"There are a few notices that have gone up recently at the GP that say if you can't go upstairs, we do have a lift. There is another notice about the hearing loop system too."

Appointments that work for people

Many people said standard appointment times were not long enough, particularly for those with complex or long-term conditions.

Some people felt rushed, anxious or unable to fully explain their situation. Others said they needed multiple appointments to cover related issues.

Phone appointments were particularly challenging for people with hearing difficulties, as they rely on visual cues.

"I would like more compassion and patience shown and more time allocated. I often find myself apologising for being deaf."
— Hospital outpatient appointment

"Long term conditions could do with longer appointments. I got myself a bit anxious for an appointment as it was a new doctor to me and lots has happened to me health-wise this year which is all linked. 10 minutes did not seem enough. It was fine for the follow up though."
— GP appointment

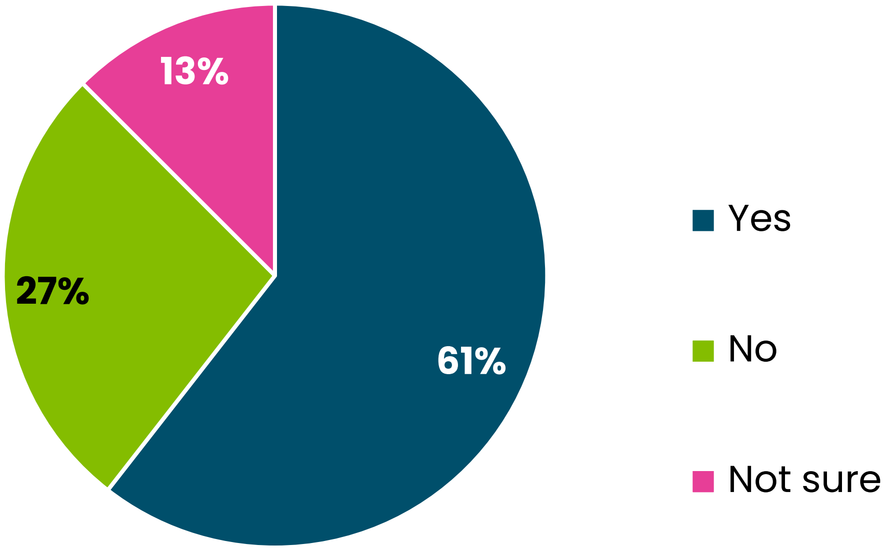
“It is difficult to hear on the phone when you cannot see visual clues. People end up talking over each other. You don’t when someone has stopped talking or just pausing to gather thoughts.
— GP appointment

Feeling listened to and understood

✓ **When staff showed empathy and understanding, it made a difference to people's experiences and helped build trust.**

61% of people said staff were understanding of their needs.

Did staff show empathy and understanding about your needs or condition?



"The GP could not be more supportive. They took time to explain in simple terms. They ensured my carer was also included in the conversations."
— GP appointment

"My GP remembers I'm profoundly deaf and wear hearing aids. They know I must sit near to hear and partly lip read. I'm also sight impaired. The doctor is very patient with me."
— GP appointment

"Staff were patient and talked me through the appointment."
— Hospital outpatient appointment

"Staff were very helpful. They asked if I needed guiding, asked about my sight and guided me properly."
— Hospital outpatient appointment

However, not everyone had this experience. Some people felt dismissed, rushed or not listened to, which could increase anxiety and negatively affect their overall experience of care.

"Staff were not understanding of my needs or sensitive to them. They expected me to be happy being weighed in a room with three other staff, two of whom I had never met. They didn't have any autism awareness and pushed me into a full autistic meltdown twice during the appointment. They didn't listen to me and were dismissive of my needs. It made me feel like an inconvenience and a problem. After the appointment I was very overwhelmed and shut down. I'm still affected by it now."
— Wheelchair services

"When I have someone with me, they listen and try to help. When I am on my own, I feel ignored."
— Hospital outpatient appointment

When support depends on who you see

The level of understanding and support often depended on individual staff members rather than being consistent across services.

This means people’s experiences can vary significantly, even within the same organisation.

“Communication varies depending on the department and individual staff. I have struggled with the neurology department, as they do not seem very helpful. In contrast, the day surgery team, when I had my knee operation, were very good with me and explained everything clearly in a way I could understand.”
— Hospital outpatient appointment

“I think how well reasonable adjustments are put in place can vary from practice to practice. Sometimes it only takes one committed practice manager to make things work well. However, with the way the NHS is changing, that may become less common. For example, one nurse practitioner where I used to work, an ex-military paramedic, did a lot to improve accessibility for veterans. That practice worked well because he had that lived experience and understood their needs.”
— GP appointments

While positive experiences were often linked to staff with personal experience or a strong commitment to supporting people, this approach relies on individuals rather than consistent systems. This can lead to uncertainty for people attending appointments, as the level of support they receive may change depending on who they see.

The value of seeing someone you know

Building a relationship with a healthcare professional was seen as important for understanding and meeting people's needs.

People said their needs can be complex and may take time and trust to explain. Without continuity, there is a risk that people are misunderstood, or their needs are not fully recognised.

"To understand what someone needs and record it properly, you first need to build a relationship with them. You have to open that conversation, because people do not always say 'I need this'. It can be complex. One of the biggest challenges now is that there is often no opportunity to build a relationship with a healthcare professional who understands you. There is also a risk that someone is treated as though they have a low level of understanding. There needs to be an opportunity for people to build a relationship with someone in healthcare. It might not be a doctor straight away, but a key person they can talk to who understands their needs and can advocate for them."

Getting to appointments and the environment around you

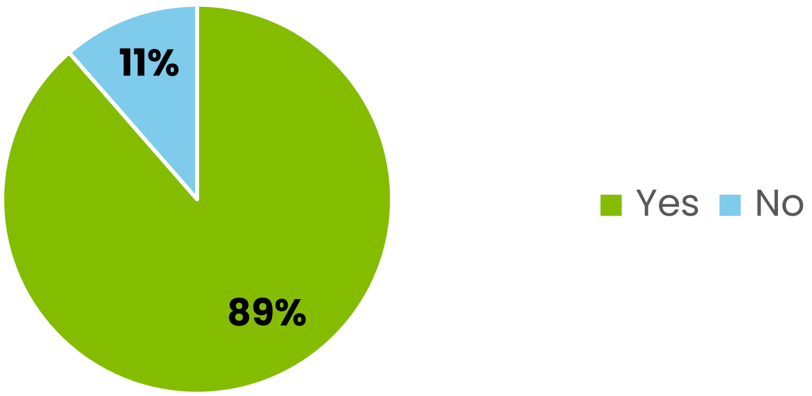
We asked people whether changes were made to the physical environment to make attending their appointment easier. This included access to buildings, parking, waiting areas, facilities and signage. We also explored how travel affected people's ability to attend appointments.

What we heard shows that while many buildings are physically accessible, there are still practical things getting in the way. These can make attending appointments difficult, stressful or, in some cases, not possible.

Can people access buildings easily?

✓ **Most people said the buildings they attended were physically accessible. Of those who needed step free access, 89% said this was available.**

Was there step-free access to the building



However, accessibility was not always consistent or guaranteed. For some people, uncertainty about whether their needs would be recognised or accommodated created anxiety before attending appointments.

“Sometimes it feels like every time you go to the doctor, you're anxious about going because you don't know whether you're going to get an appointment in a downstairs room, you don't know whether they know that you have mobility problems. Most of the receptionists and nurses, and doctors are brilliant. They'll adjust, but I'm often left thinking, shouldn’t they already know this? Or should I have to explain it every time I go?”
— GP appointment

This demonstrates that even where adjustments are made, people are not always confident that their needs will be known in advance. This can lead to uncertainty and the need to repeatedly explain their situation.

✓ Some people described positive experiences where staff recognised their needs and made arrangements without being asked.

“The only potential problem was climbing a narrow staircase to see my GP. I was accommodated on the ground floor for my appointment by my thoughtful GP.”
— GP appointment

“They always make sure my appointment is on the ground floor without me having to ask.”
— Dental appointment

These examples show the difference that proactive support can make. When staff are aware of people's needs, it can reduce stress and make appointments easier to attend.

However, others mentioned practical problems with buildings that made access more difficult.

"There is disabled access, but the doors are very stiff and hard to negotiate in a wheelchair. I always must ask for help."
— GP appointment

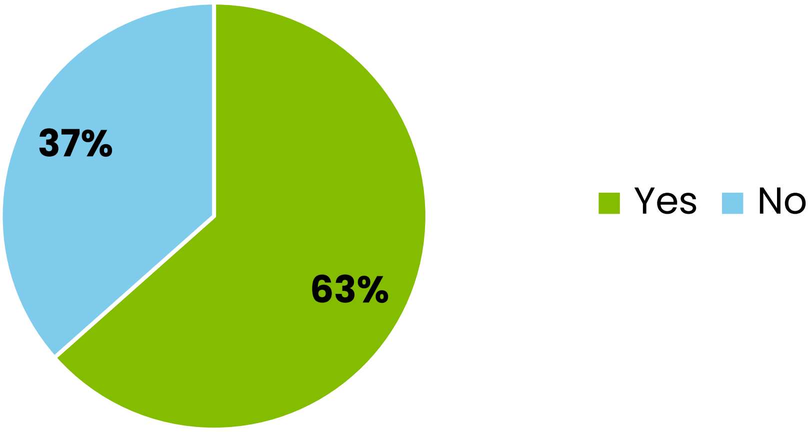
This shows that while buildings may meet basic accessibility requirements, smaller physical barriers can still have a significant impact on people's experience.

Overall, this shows that accessibility is not just about the building itself, but also about how consistently people's needs are recognised and supported.

Disabled parking and arrival at appointments

For those who needed disabled parking, 63% said spaces were available. However, several people reported problems accessing parking.

Were there disabled parking spaces available?



Some people described long waits for parking, limited spaces or having to park far from the entrance. For those supporting someone with limited mobility, this created additional stress and, in some cases, felt unsafe.

One carer described the impact when attending regular eye appointments with their mother, who has limited mobility and visual impairment. Disabled parking was often unavailable, and on one occasion they had to leave her alone inside while moving the car. There was also nowhere for her to sit while waiting. The carer felt that accessible seating or a volunteer to support patients while carers park would improve the experience.

“The problem is not the eye department but access to the main entrance of the hospital. I take mum, who has limited mobility and sight, to the eye department regularly. She has a blue badge but there is often no disabled parking available. I must drop her at the entrance and leave her alone while I go to park.. There is nowhere for her to sit whilst I go to the car, which can take 15 minutes depending on where I have parked. There can also be several ambulances at the entrance, so it is dangerous trying to pull up nearby. There really needs to be a clear plan for dropping off people who cannot be left alone, such as a seating area or a volunteer to support patients while they wait.”
— Hospital outpatient appointment

Others described similar challenges across different hospital sites.

“The medical treatment has been excellent, everything has been great, except for the car parking. Car parking at James Cook Hospital is… the word atrocious is not strong enough. I was told I could park anywhere with a disabled badge, but finding a space is virtually impossible. I spent about 15 minutes driving around before I found one.”
— Hospital outpatient appointment

People also described difficulties even when using a Blue Badge. Limited disabled spaces often meant arriving much earlier than needed or parking several streets away, which can be particularly challenging for those with mobility issues.

Moving from the car park to the clinic entrance was also highlighted as a difficulty, especially on large or uneven hospital sites.

“The parking is impossible, even for blue badge holders. I had to arrive two hours early and waited almost an hour to get a space. The hospital site is uneven, which makes it difficult for wheelchair access. I can no longer attend on my own. My mum had to stand for ten minutes in the waiting area before finding a seat further away from me.”
— Hospital outpatient appointment

Similar issues were reported in primary care settings.

“There are only three disabled parking spaces at the surgery, and they are always full. All other parking is on street parking, which is difficult for my mum. Sometimes we must park two or three streets away.”
— GP appointment

Some people also spoke about confusion around parking systems, particularly the need to register a Blue Badge in advance, which was not always clearly communicated.

“I’ve got a blue badge, but you must register it before you go to the hospital, and it is not well advertised. If you do not register it in advance, you can still get a ticket even if your badge is displayed.”
— Hospital outpatient appointment

Overall, parking and arrival were seen as a big issue. People suggested improvements such as more conveniently located disabled spaces and a “meet and greet” style service where staff or volunteers support patients from parking areas to clinics.

Waiting areas and how they feel

✓ **Some people described clean, well maintained and comfortable spaces, with good seating and useful information available.**

Calm features and well organised environments helped create a more reassuring atmosphere and made waiting feel more manageable.

There were also examples of practical adjustments that made a positive difference. For example, some people discussed the use of screens displaying patient names, which can help people who are deaf or hard of hearing know when they are being called.

> “We have weighing scales and a blood pressure machine, as well as many notice boards with useful information for patients, and a calming fish tank to look at.
>
> Seating is plentiful, well-spaced and very clean and comfortable.”
> **— GP appointment**

However, others reported that waiting areas could be overwhelming, particularly for people with anxiety, sensory sensitivities or hidden disabilities. Busy, noisy and brightly lit environments, combined with long waiting times and a lack of quiet spaces, increased distress.

Some people said they had explained their needs in advance but were told there were no alternative spaces available.

"I recently called the hospital before a day patient operation to ask if there was a quiet room available. I explained how stressful my previous experience had been but was told there was nowhere else for me to go."
— Hospital outpatient appointment

For some people, the combination of noise, medical equipment, crowded spaces and long waits created anxiety and acted as a barrier to attending appointments.

"There should be a quiet space without background noise. Waiting rooms can be a very difficult environment for someone with sensory needs. There is often music playing, bright lighting and lots of people sitting close together. It can feel overwhelming as soon as you walk in."
— GP appointment

Long waits in these environments could make the experience even more difficult. One person described becoming so overwhelmed during a pre operation wait that they had to leave the room in distress.

"I had to wait for several hours in a noisy pre operation room with other patients and constant activity around me. It became too much and I ended up in tears. When I asked about a quieter space, I was told there was nowhere else available."
— Hospital outpatient appointment

There were also challenges with digital check in systems. These are the self-service screens in waiting areas where people check in for their appointment instead of speaking to reception.

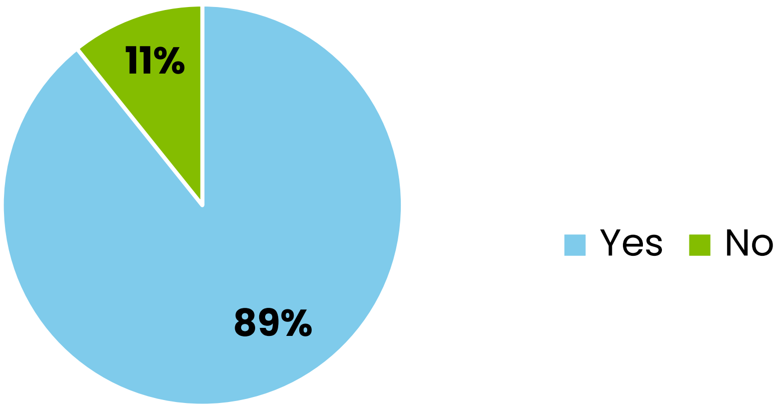
Some people with visual impairments said it was difficult to use the screens or know whether they had successfully checked in.

In one case, this meant someone waited for a long period without being called, as their arrival had not been registered.

These experiences show that while some waiting areas work well, others can create unnecessary stress and difficulty. Quieter spaces, clearer systems and more consideration of sensory needs, could make a real difference.

Accessible toilets and facilities

Most people who needed an accessible toilet said one was available at their appointment.


Was there a disabled toilet?

Some people raised concerns about the number, location and design of accessible toilets. This was particularly important for people with continence needs or those who require more time, space or specialist equipment.

For some, the lack of appropriate facilities created additional stress and made attending appointments more difficult.

“There needs to be more BS5810 standard accessible toilets alongside Changing Places facilities, not one or the other. Disabled people with access and continence needs often require more time, so having to share inclusive toilets creates a barrier. The provision of a single Changing Places toilet located far from clinics is not adequate. If that space is in use, there is nowhere else to go. We are encouraged to stay hydrated, but toilet provision is often not fit for purpose.”
— Hospital outpatient appointment

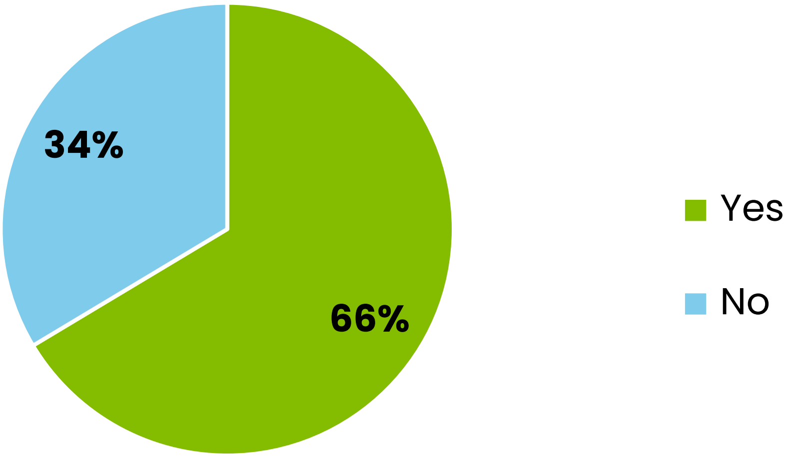
This shows that while facilities may technically exist, they are not always designed or located in a way that meets people’s needs. In some cases, people had to travel long distances within hospital buildings or faced delays accessing suitable facilities.

Overall, this shows that accessible toilet provision needs to be considered not just in terms of availability, but also location, design and how well it works for people in practice.

Finding your way around

The majority of people (66%) said signage was clear and easy to follow, while 34% said it was not.

Was there clear and easy-to-read signs to help find your way around the building?



Clear signage and directions made a difference to people's ability to navigate healthcare settings, particularly in larger or unfamiliar buildings.

Some people described positive experiences where signage was clear, consistent and supported by additional information.

"The ultrasound department was really well signposted with huge signs and arrows that you could not miss."
— Hospital outpatient appointment

Others spoke up about good practice where appointment letters included clear directions from the main entrance.

"I got a letter for an appointment at Bridlington Hospital with clear instructions, go in the main entrance, turn right, first door on that corridor, and look for the sign for radiology and ultrasound. All it needed was a photograph or a small map and it would have been perfect. There were lots of signposts and it was easy to find. I had never been there before, but it worked well."
— Hospital outpatient appointment

Providing visual information was also seen as helpful.

"When I attended for my PIP assessment, they sent an information sheet with photos of the building and a small map. Including something like this with appointment letters, or sending a link by text or email, would really help reduce stress and confusion."
— Hospital outpatient appointment

However, others reported difficulties navigating buildings. Poor or inconsistent signage, lack of contrast and busy environments with too many signs made it harder to find the right location.

"The signage in the hospital is very poor and there is no contrast to help people with visual impairments."
— Hospital outpatient appointment

Some people suggested practical improvements such as clearer layouts, colour coding and simpler directions.

"A simple map or clear bullet point directions would help. In busy hospital corridors, there are so many signs it becomes confusing. Colour coding departments would make it easier, especially for people with anxiety, neurodivergence or literacy needs."
— Hospital outpatient appointment

Physical layout also played a role. Long corridors, multiple levels and lack of support made navigation more difficult.

"It is hard to get around because of the long corridors and having to reach departments upstairs. When you have mobility issues, it is not easy. There are volunteers at some hospitals who help, but not everywhere."
— Hospital outpatient appointment

While signage is important, some people said it is not always enough on its own. Personal support remains essential, particularly for those with mobility or sensory needs.

"Even with signs, you still need someone to guide you. As my condition gets worse, I rely more on someone to walk with me and help me find where I need to go."
— Hospital outpatient appointment

Overall, this shows that effective wayfinding is not just about signage, but also about how buildings are designed and whether people can access support when they need it.

Getting to appointments

Travel was an issue for some people, particularly where services had moved further away or where transport options were limited.

Changes to the eligibility criteria for non-emergency patient transport in May 2025 meant that fewer people were able to access this support. For some, this created new problems to attending appointments.

Healthwatch North Yorkshire and Healthwatch York have also explored this issue in more detail in a separate report.

It shows the impact these changes have had on people's ability to get to appointments.

More information can be found here: **Getting to healthcare: what people told us about patient transport**

One person described the challenges of accessing specialist care when they were no longer eligible for patient transport, despite being unable to travel independently.

"I had to go to Newcastle for an assessment and transport has become my biggest challenge. I cannot drive anymore; I am partially sighted and profoundly deaf. I was told I was not eligible for patient transport and had to go to my MP to get the decision overturned. Even then, I had to do a lot of the work myself."
— Hospital outpatient appointment

People said they often had to rely on community transport or support from family and friends, which was not always reliable or sustainable. At the same time, where patient transport was available, it was highly valued.

"The patient transport service made sure you got to where you needed to be. They knew exactly where each department was and made the whole process much easier."
— Hospital outpatient appointment

Some people also talked about the impact of travelling long distances for relatively short appointments, particularly where local services had been reduced or moved.

"I must travel over 40 miles for appointments in York several times a year. It can take 4 to 5 hours door to door for a 10 or 15 minute appointment. If the appointment was local, I could ask someone to help me, but I cannot keep asking people to give up that much time."
— Hospital outpatient appointment

For people without access to a car, or with long term conditions, this could make attending appointments difficult, costly or, in some cases, not possible.

“I know people who have stopped going for treatment because they cannot get there.”
— Hospital outpatient appointment

“Someone I know travelled two hours for an appointment that lasted three minutes, then had to travel two hours back again.”
— Hospital outpatient appointment

Overall, this shows that travel is not just a practical issue, but a key factor in whether people can access care at all. Changes to transport eligibility, combined with longer travel distances, have increased the burden on individuals and, in some cases, led to delays or missed care.

Getting information in a way that works for you

We asked people whether information about their care was shared in ways that were clear, accessible and inclusive. This included whether information was provided in formats that met people's needs, whether interpreters were available, whether staff used plain language, and whether carers or advocates were involved.

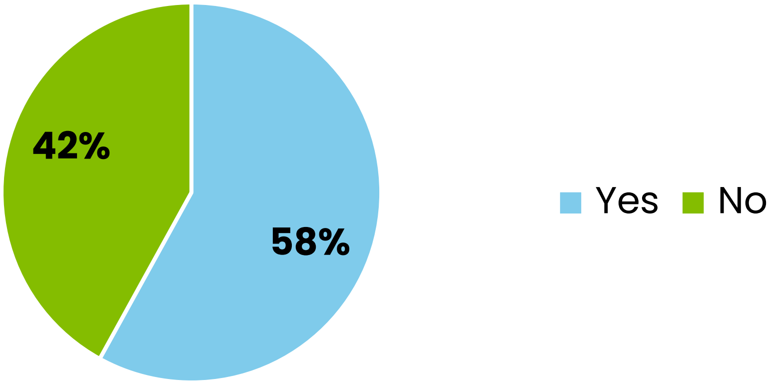
What we heard shows that while many people have positive experiences, access to clear and appropriate information is not consistent. For some, this creates barriers to understanding their care and taking part in decisions.

Receiving information in the right format

Experiences of receiving information in accessible formats were mixed. While some people said their needs were met, others said they were not.

Overall, 58% of people who needed information in a different format said this was provided, while 42% said it was not.

Was information provided in a format that is accessible to you?



When information is not provided in an accessible format, it can make it harder for people to understand their care or know what to do next.

“Even though I had asked for large print documents and information, none were provided.”
— Hospital outpatient appointment

Some people also raised concerns about how information is shared more generally. In some cases, agreed adjustments were not followed through, which reduced confidence that needs would be met consistently.

People talked about a lack of clear and consistent systems to support communication needs. One suggestion was that referral and appointment information should follow a standard format across services, with reasonable adjustment needs clearly recorded and visible so they are not missed.

Appointment letters were also raised as an issue. Some only included a telephone number, with no alternative way to get in touch. This created a big barrier, particularly for people who are deaf or hard of hearing, or who find phone communication difficult.

> “I received a letter recently and there’s a telephone number and that's it. So, I can’t contact them to ask questions or check if an interpreter has been booked. There is no text service or email option. There should be at least an email address.”
> **— Hospital outpatient appointment**

Others told Healthwatch of the challenges when trying to book appointments or access information and advice online. Online forms and booking tools were not always compatible with assistive technology, making them difficult or impossible to use.

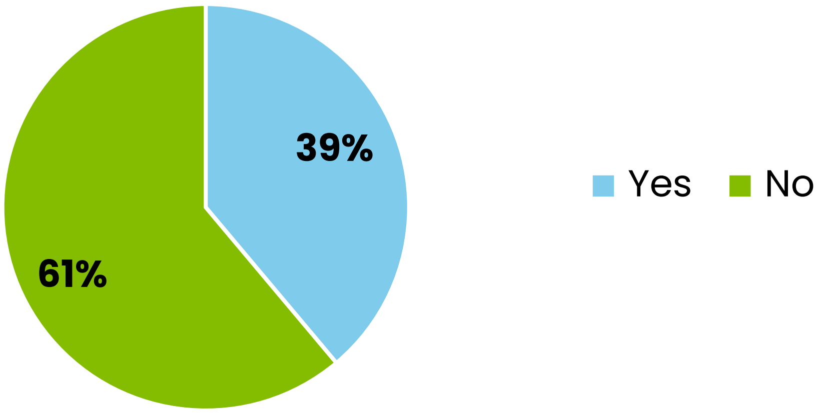
This included situations where speech recognition software did not work properly, for example not being able to select options when prompted.

Access to interpreters and communication support

Among people who needed this support, access to interpreters was limited. Of those who answered this question, only 39% said they were given access to an interpreter, while 61% said they were not.

This means some people cannot fully understand information, ask questions or take part in decisions about their care.

Were you given access to an interpreter?



One person described challenges accessing British Sign Language interpreting support after moving from a city to a rural area in North Yorkshire. While face to face interpreters had been readily available, there was now a shortage locally.

This meant appointments were often delayed or relied on Video Relay Services, which they felt were not suitable for more complex or routine medical discussions. It took over four months for their GP practice to arrange interpreting provision.

"When I moved from a big town to here it was a massive shock. Now I'm constantly nervous there won't be an interpreter."
— Hospital outpatient appointment

“For an emergency the video relay service is fine, but for routine appointments it should be a face-to-face interpreter.”
— Hospital outpatient appointment

“In Hampshire I was independent. Now I live in North Yorkshire I feel like I’m kind of going backwards.”
— Hospital outpatient appointment

People attending hospital appointments also reported that interpreters were not always booked or available. In some cases, remote interpreting services failed to connect or were not suitable for the situation.

As a result, some appointments were delayed or cancelled. Others went ahead without appropriate support, with people relying on family members or others whose signing or language skills were limited.

This reduced people’s independence and privacy and made it harder for them to communicate confidently about their care.

Some people also described confusion about who is responsible for arranging interpreting support. This led to situations where no interpreter was available at key points, such as after surgery or during ward rounds.

For people who needed spoken language interpreters, similar issues were reported. Interpreters were frequently not booked, booked incorrectly or did not attend appointments.

In some cases, staff were unsure how to access interpreting services or said no service was available.

This led to people relying on informal support, such as family members, volunteers or tools like online translation, which may not be accurate or appropriate for medical information.

Interpreters were also sometimes booked for only part of an appointment, particularly before procedures. This meant people could not fully understand what would happen afterwards, ask questions or give informed consent.

Some people with basic English skills said they were not offered an interpreter, even though they found it difficult to understand medical terminology.

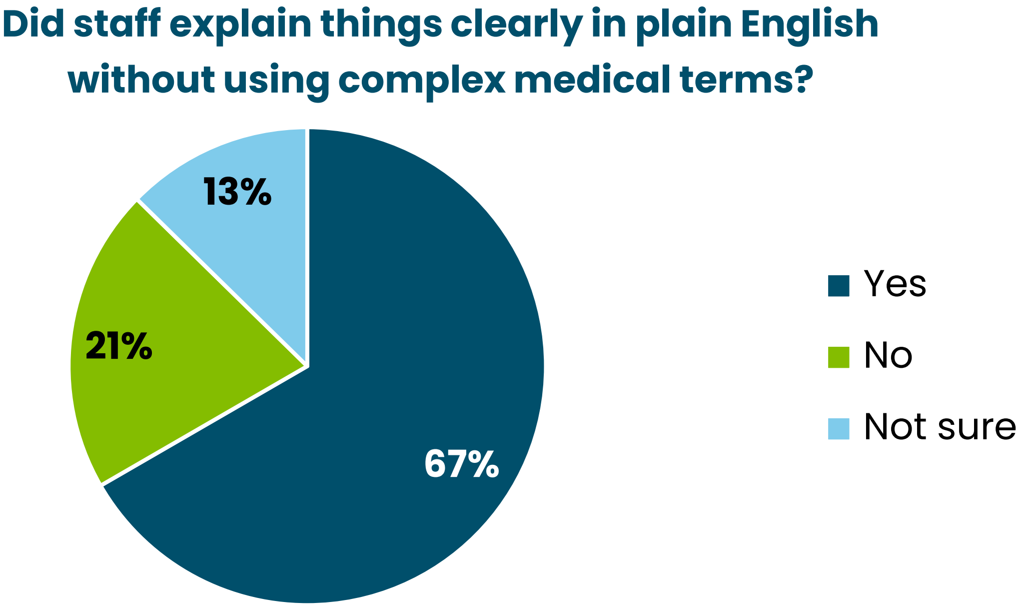
Where interpreting was provided, face to face interpreting was consistently reported as more effective than telephone or remote services, particularly for longer or more complex discussions.

These experiences show that access to interpreting support is not consistent and can majorly affect people's ability to understand and take part in their care. Improving how interpreters are arranged and provided would make a significant difference to people's experience and safety.

Clear explanations and simple language

✓ **Many people said that staff communicated clearly and used plain language.**

67% of people said information was explained in a way they could understand.



Positive experiences often involved staff taking time to explain things clearly, checking understanding and adapting how they communicated.

“The GP made sure I knew what was happening and that my carer knew and understood. He made diagrams and wrote down information for me to be able to refer to later or I would not remember. He could see that getting to appointments was difficult for me and my carer and that a reasonable adjustment was to support visits to my home instead for the future.”

“The dental practice is amazing. They always explain everything to me very simply and go above and beyond.”

Clear communication helped people feel more confident and involved in their care.

However, where this did not happen, people could feel confused or unsure about what was happening, particularly when complex medical information was not explained clearly.

Involving carers, family members and advocates

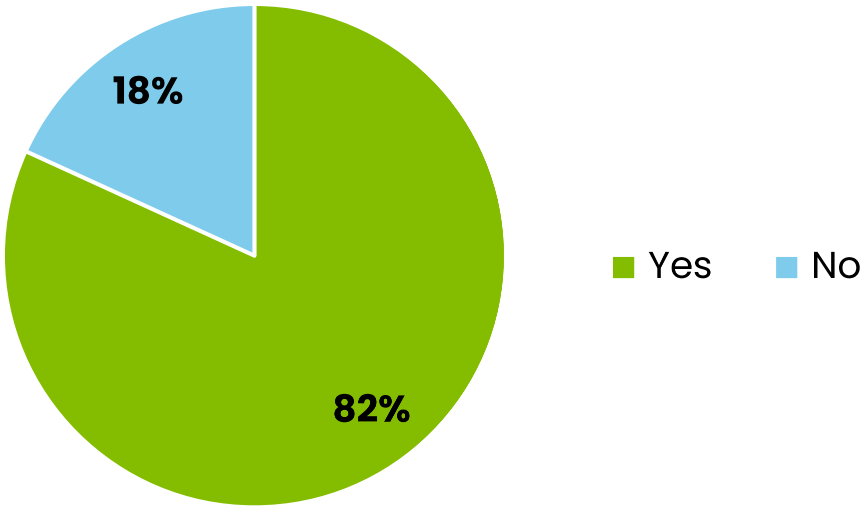
Many people rely on support from family members, friends or others close to them when managing their health and care. In North Yorkshire, around 1 in 10 people provide unpaid care, many without identifying themselves as "carers". Across England, this rises to around 1 in 5 people at some point in their lives.

For many people, having someone they trust involved in conversations can make a big difference. It can help them understand information, ask questions and feel more confident about decisions.

✓ **Most people said that carers, family members or advocates were included in conversations about their care when they wanted them to be.**

82% of people said this was respected.

Was your carer, family member or advocate included in discussions if you asked for this?



Some people described positive experiences where carers were welcomed and actively involved in conversations.

“I am my husband’s carer, and I am always included when attending his appointments. There are never any issues if I make enquiries on his behalf.”
— GP appointment

When carers were involved, it often helped people feel more supported and made it easier to understand information and make decisions.

However, this was not always consistent. Some people said carers were not recognised or were not fully involved, which made it harder to support the person they were caring for.

“I always have a carer with me, but some departments do not like it or do not recognise that they are there to support me.”
— Community health service appointment

Others described situations where they were not allowed to speak or act on behalf of the person they supported, which created additional barriers.

“Before we were married, I was told I could not act or speak on his behalf. There are a lot of barriers like that.”
— GP appointment

Some people also reflected on the need to formally identify themselves as a “carer” to be recognised by services, even if this was not how they saw themselves in everyday life.

“Even having to label myself as a carer is difficult. It is not something we would usually say, but when dealing with services it feels like we must, otherwise it feels like we are not taken seriously.

> In our normal day to day life, we are content and have adapted things so that we manage well. I do not see us as having disabilities or needing lots of help. But when we meet the NHS, that is where it becomes difficult and suddenly, we feel like we must label ourselves."
> **— GP appointment**

This reflects findings from Healthwatch North Yorkshire's work on recognising the people who support someone close to them. That work found that many people provide regular support but do not identify as "carers", meaning they can be overlooked or not fully involved when interacting with services.

Recognising and involving these individuals appropriately can improve communication, reduce stress and help people feel more supported throughout their care.

This mix of experiences helps provide a broad picture of how healthcare appointments work for different people.

Conclusion

There is more that healthcare providers need to do to improve the experiences of people with disabilities, long term conditions or extra support needs.

What Healthwatch heard from people shows that, while there are positive experiences, too many people still face barriers when trying to access care easily, confidently and safely.

There were many positives. People often described staff as kind, patient and understanding. Many also said that information was usually explained clearly, and that when they wanted a carer, family member or advocate involved, this was respected. These examples show the difference that clear communication and taking the time to understand someone's needs can make.

However, experiences were not consistent. Some people received good support, while others did not. This included differences in how well staff understood reasonable adjustments, whether information was provided in a way people could use, and how easy it was to navigate buildings or access appointments. This variation meant that people could not always rely on receiving the support they needed.

More concerning was that people were not always asked about their needs, and in many cases this information was not recorded or acted on. This meant people often had to repeat themselves and advocate for their own support, sometimes at times when they were already feeling unwell or anxious.

We recognise the pressures facing healthcare providers, including limited resources and increasing demand. However, making reasonable adjustments is a legal requirement and an essential part of providing fair and accessible care. Getting this right is not an optional extra, but a core part of safe and effective care.

The experiences shared in this report are not isolated. They reflect common issues that, if addressed, could improve care for many people.

Healthcare works best when it listens to people and acts on what they say. Involving people with experience, alongside carers and community organisations, will help ensure the right support is in place so people can access care in a way that works for them.

Acknowledgements

Healthwatch thanks everyone who supported this work.

We are grateful to the community groups, voluntary organisations and individuals who helped us speak to people and hear about their experiences. Your support meant we could reach a wide range of voices, including people who might not otherwise have had the opportunity to share their views.

Thank you to those who welcomed us into your spaces, supported conversations and encouraged people to take part.

We would also like to thank everyone who shared their experiences with us. Many of you spoke openly about both positive experiences and the challenges you have faced. This has helped build a clearer picture of what is working well and where improvements are needed.

Finally, we recognise the contribution of Healthwatch volunteers. Their time, commitment and local knowledge played an important role in gathering views and helping people feel comfortable sharing their experiences.

Committed to quality

Healthwatch North Yorkshire is committed to the quality of their information. Every three years, Healthwatch perform an in-depth audit so that they can be certain of this.

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