healthwatch North Yorkshire

Contact, care and what comes next

People's experiences of GP practices in North Yorkshire



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Report published in November 2026

Summary

Healthwatch North Yorkshire wanted to understand what it is like for people across our county when they contact and use their GP practice – what works well, what gets in the way and what could make things better.

We heard from 232 people through conversations and a survey delivered between May and August 2026 by our Healthwatch volunteers and staff through our website, social media and in person at hospitals and libraries.

People described positive experiences of helpful staff, good care and being listened to. Others described difficulties getting appointments, long waits on the phone, problems using GP practice websites or online forms, and uncertainty about what happens after an appointment, test or referral.

We asked people to rate their recent experience of their GP practice, rather than individual aspects such as getting an appointment or receiving care. Of the 228 people who answered, 58% (133 people) rated their experience as good or very good, 26% as mixed and 16% as poor or very poor.

Five main findings

1. **How easily people can contact their GP practice is closely linked to how they rate their experience overall.**
2. **Getting an appointment and getting through on the phone are the biggest barriers.**
3. **People value helpful staff, good care and being listened to.**
4. **One way of accessing GP care does not work for everyone.**
5. **Knowing what happens after an appointment matters.**

What these findings tell us

Good access to GP care is about more than getting an appointment. It means being able to contact a practice in a way that works for you, getting the right help when you need it and understanding what happens next.

Public feedback at a glance

People's experiences of GP practices were mixed. Many valued the care they received but also described difficulties getting appointments or contacting their GP practice.

Not everyone answered every question in our survey, so the number of people included in each percentage varies.

- **58% (133 of 228 people)** rated their recent overall experience of their GP practice as good or very good.
- **197 people** selected at least one difficulty accessing or using their GP practice. People could select more than one difficulty.
- **67% of those 197 people** said they had waited too long for an appointment.
- **65% of those 197 people** said they had difficulty getting through on the telephone.
- **38% of the 232 people who answered the question about next steps** said they were not always clear, or were unclear, about what would happen next after contacting their GP practice or having an appointment.

A positive overall rating does not mean every part of someone's experience was positive. People reported difficulties contacting their practice or getting an appointment, whilst still rating their recent experience with their GP as positive.

Why Healthwatch did this work

GP practices are often the first place people turn to when they need healthcare. According to **NHS England**, GP teams delivered around 388 million appointments in the 12 months to February 2026. Although access has improved nationally, **figures published in March 2026** showed that around one in four adults still did not find it easy to contact their GP practice.

Why North Yorkshire matters

North Yorkshire is England's largest county, covering around 8,000 square kilometres, and has an older population than the national average. According to **North Yorkshire Council**, 25% of residents are aged 65 or over, compared with 18.4% across England. This makes it particularly important to understand whether people can access GP care in ways that work for them.

With communities spread across towns, villages and rural areas, distance, transport and access to digital services can also affect how easily people get healthcare. These challenges can affect people of different ages and circumstances, but particularly older people.

We regularly hear from people about their experiences of accessing GP practices, from difficulties getting appointments or getting through on the phone to positive experiences of helpful staff and good care.

Our earlier **research into rural healthcare** also highlighted how distance, limited transport and difficulties accessing local services can make getting healthcare harder for some people.

This new work follows another report we published earlier this year**, Making health appointments work for everyone**, which looked at the experiences of people who needed adjustments or additional support when accessing healthcare.

This time, we wanted to look more widely at people's day-to-day experiences of contacting and using their GP practice. We wanted to understand what works well, what people find difficult and what could make accessing and using GP services easier, including follow up contact.

What people told Healthwatch

1. Access is closely linked with people's overall experience

People use different ways to contact their GP practice.

Of the 232 people that we heard from:

- 65% usually contacted their practice by phone.
- 49% selected the practice website or NHS App as a way they usually contact their practice.
- 22% selected visiting the GP practice and speaking to reception staff as a way they usually make contact.

People could choose more than one answer.

When we asked whether their usual way of contacting their practice worked well for them, 52% said yes. Around a third (32%) said it worked well sometimes, while 16% said it did not.

There was a clear relationship between how well people's usual way of contacting their practice worked for them and how they rated their recent experience of their GP practice as a whole.

Among people who said their usual way of making contact worked well, 88% rated their overall experience as good or very good.

This fell to 33% among people who said it only worked well sometimes and 11% among those who said it did not work well.

One person told us:

"Waiting to get through on the phone can be very long and when you are working full time this can be very inconvenient and frustrating."

Other people described much quicker responses. We found examples of people receiving same-day responses, prompt callbacks and good support after contacting their practice through its website or an online form.

What this tells us

Getting care starts with being able to make contact.
People who found it difficult to contact their GP practice were less likely to rate their overall experience positively. However, difficulties getting an appointment or making contact do not necessarily mean people were unhappy with the care they received.

2. Getting an appointment and getting through on the phone are the biggest barriers

Of the 232 people we heard from, 197 reported experiencing at least one difficulty when contacting or using their GP practice. People could select more than one difficulty.

Alongside problems getting appointments and getting through on the phone, people reported other difficulties:

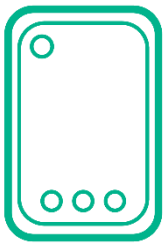
- 26% found GP practice websites or online forms difficult to use.
- 25% said communication after an appointment was unclear.
- 21% found it difficult to get help from the right healthcare professional.
- 14% said their accessibility or support needs were not understood.
- 14% selected another difficulty.
- 12% were unsure what type of help they needed.
- 10% said appointment times or opening hours did not work for them.

The two biggest barriers

Of the 197 people who reported at least one challenge:

- **67%** waited too long for an appointment.
- **65%** had difficulty getting through on the phone.

Getting through on the phone



Long telephone queues and waiting times came up repeatedly in people's comments.

Some people described calling as soon as their practice opened but still being unable to get an appointment. Others described waiting for 20 to 40 minutes, being far back in a telephone queue or eventually giving up.

“I might have to wait 30 to 40 minutes on the phone, only to be told that there are no appointments that day, not even telephone ones. That's after getting on the phone at 8am. I'm not sure how others get in ahead when I'm calling at 8am as well.”

“The 8am scramble for appointments doesn't work for working people.”

Getting an appointment



People also told us about long waits for appointments.

Among people who reported at least one challenge, waiting too long for an appointment was the most selected issue.

People’s feedback included waits of several weeks, although others described being offered urgent or same-day appointments when they needed them.

“I’d like to be able to book appointments on the following day, rather than having to ring at 8am and compete with everyone else for appointments. By the time you get through, all that day’s appointments have often been taken.”

When we asked what would make accessing or using their practice easier, people again raised greater appointment availability, shorter waits and easier telephone access.

Continuity of care



Another recurring issue was seeing different healthcare professionals for the same or ongoing problem.

"It would be helpful to talk to the same doctor more than once. It is always a different doctor, so you don't build any trust or connection."

People described having to repeat their medical history and finding it difficult to see a particular GP, particularly when they needed several appointments for the same issue.

"There is no continuity of care. I rarely see the same GP over a single issue if repeated appointments are needed. Both of us have chronic conditions."

These experiences show why continuity of care matters, particularly for people with ongoing health conditions. Seeing different professionals can mean having to explain the same problem repeatedly, making it harder to build trust and feel that someone understands their needs.

Appointment times



Some people who worked during normal practice hours told us they found it difficult to contact their practice or attend appointments. There were calls for greater availability outside traditional working hours, with people wanting more flexibility to arrange appointments around work and other commitments.

"I work full-time, so it's difficult to phone the GP surgery or attend appointments during the day. I've had to take time off work for appointments that only lasted ten minutes, and sometimes I've put off getting help because I couldn't find a suitable time. It would really help if the practice offered some early morning or evening appointments or let people book routine appointments further ahead rather than having to keep trying each day. Even being able to choose a telephone appointment during my lunch break would make a difference. I don't expect the surgery to be open all hours, just a bit more flexibility for people who work."

This illustrates how appointment times can affect people's ability to seek care, even when appointments are available. More flexible booking arrangements, advance booking for routine care and clearer information about available appointment options could help people fit healthcare around their work and other responsibilities.

Privacy when explaining care needs



Some people were uncomfortable explaining personal or sensitive information at reception. Others raised concerns about whether written online forms could fully convey the urgency or complexity of their situation.

One person described how this affected them:

"When you are typing text and not speaking to a human, then sometimes the urgency of the situation gets lost. Waiting 10 days for an appointment when I was in extreme pain and then to be prescribed oramorph when I finally did see a doctor is wrong. I needed an appointment much sooner, but my written request didn't convey to them how bad I was. Talking to someone would have got that across."

Another person was concerned that conversations about patients could be overheard by others in the waiting room:

"When I go for an appointment, I can hear staff answering the phone and I can hear the personal details of the patient being discussed on the phone (or at least the staff side of that conversation)."

They said they had raised their concerns twice in writing but had not received a response.

These experiences show that access is not just about the number of appointments available. How people make contact, how quickly they can get help and whether they feel comfortable sharing personal information all matter.

3. People value helpful staff, good care and being listened to

People didn't only tell us about what was difficult. When we asked what their GP practice did well, people praised reception staff, GPs, nurses and other practice staff for being friendly, helpful, caring and professional.

One person told us:

"Receptionists are always pleasant and have asked pertinent questions to give me an appointment with the correct professional."

Being listened to and having things explained clearly were also important.

"I've always had a quick response to problems or queries. It's good to have services like asthma, diabetic, and minor surgery clinics available on site. I feel listened to when I have spoken to GPs and nursing staff."

"I am a full-time carer and I find that our GP practice is always responsive to my wife's needs. They fit her in for face-to-face appointments as best they can but also clearly explain if that is not possible for several days. They take a genuine interest in the health of both of us"

People also praised quick responses after contacting their practice:

"I have always been contacted within 48 hours of using online services and often within 24 hours. I have always received the answers I've needed or an appointment if that is deemed necessary."

Other people praised practices for making time for their urgent problems, keeping them informed and arranging routine reviews, vaccinations or blood tests.

What people valued

Good care matters, even when getting an appointment is difficult. People's positive experiences show that difficulties getting an appointment do not necessarily reflect the quality of care they receive once they get help.

4. One way of accessing GP care does not work for everyone

People had very different experiences of contacting their GP practice by phone, in person or online, including through practice websites and forms used to request appointments or other help.

For some people, online forms made it quicker and easier to get help.

One person explained:

“Online forms are most effective as response times are much quicker than by phone. I’m fortunate in being able to access and work through the online form but I know people who can’t or aren’t happy about using computers.”

Other people found practice websites and online forms confusing, lengthy or repetitive. Some said they would rather speak to somebody, while others did not have access to the internet or a mobile phone.

One person described how a new online booking system had created extra difficulties. They found the form overwhelming and said that completing it at the surgery meant making another journey, without any guarantee of an appointment.

They also said they received no confirmation that their form had been submitted:

“There is no receipt sent to the patient confirming the form has been submitted, leaving the patient confused as to whether it is in a process.”

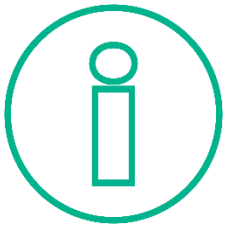
The person said they then had to telephone the surgery to check whether the form had been received.

Another person described how time-limited online forms could create additional difficulties:

“I often get a text asking the same questions that are on the online form, as I’m not very quick at typing on my phone I often run out of time before the link cuts off and I have to do it again.”

These experiences show that making more services available online can work well for some people but create additional steps or difficulties for others. Having a choice of how to contact a practice remains important, particularly for people who find it difficult to use websites or online forms.

Different age groups use different ways to make contact



Our survey showed differences in how different age groups usually contacted their practice.

Among people aged 18 to 64, 65% used their GP practice website or NHS App and 57% used the phone.

Among people aged 65 and over, only 40% used their GP practice website or NHS App and 70% used the phone.

These figures do not tell us which way is better. They show why it is important that people have a choice of how they can contact their GP.

Accessibility and support needs



70 people told us they had a disability, long-term condition or support need.

Among people in this group who reported challenges in contacting their GP practice, 28% said their accessibility or support needs had not been understood. This compared with 5% among people without these needs who reported challenges.

One person told us:

"I have a hearing impairment. Staff need to speak slower and clearer."

The survey covered a wide range of disabilities, long-term conditions and support needs. It did not specifically assess whether GP practices were meeting the **Accessible Information Standard**, which requires health and care services to identify, record, share and meet people's communication and information needs.

How practices communicate with people



Of the 230 people who answered our question about how their practice contacts them:

- 80% said by text message.
- 57% said by phone.
- 32% said the NHS App.
- 10% said a letter.
- 6% said by email.

People could choose more than one answer.

Most were positive about these methods: 69% said the way their practice communicated with them worked well.

However, 22% said it only worked well sometimes and 9% said it did not work well.

Some people valued text messages and updates through the NHS App. Others preferred telephone calls, letters or other ways of communicating.

One person described uncertainty about the type of appointment they had been given:

“When an appointment is made, it’s not clear whether it's a phone appointment or face to face on the confirmation text message I receive. I have been told it's a fault on the system!”

Other people highlighted that text messages and NHS App notifications can be one-way, leaving no opportunity to ask a question or clarify the information they receive.

When we asked what would make accessing GP care easier, the same mixed picture emerged. Some people wanted more opportunities to book appointments online and improvements to practice websites and online forms, while others wanted better access by telephone or in person.

What this tells us

One way of contacting a GP practice will not work for everyone. Telephone, online and in-person contact all have a role. But people need different ways to get in touch and receive information that works for their circumstances, accessibility and communication needs.

5. Knowing what happens next matters

Getting an appointment is only one part of people's experience.

We asked whether people were clear about what would happen next after contacting their practice or having an appointment.

Of the people who answered:

- 62% said yes.
- 25% said not always.
- 13% said no.

This means 38% were not consistently clear about what would happen next.

There was also a clear relationship between knowing what would happen next and how people rated their recent experience of their GP practice overall.

Among people who said they were clear about what would happen next, 75% rated their experience as good or very good. This fell to 38% among people who were not always clear and 14% among those who said they were not clear.

Test results



Some people told us they were unsure how or when they would receive their test results, or what the results meant. Others described having to check the NHS App or contact their practice themselves to find out.

One person described the anxiety caused by receiving an abnormal result without an explanation:

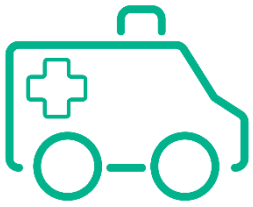
"I was told that a blood test is abnormal but not why, leading to anxiety. Then it is difficult to get an appointment to discuss."

Another person felt that being told no further action was needed did not provide enough information:

"The test results are not discussed. I was told 'no further action', which doesn't explain enough."

These experiences show that receiving a result is not always the same as understanding it. People may still need reassurance, an explanation of what the result means or information about what happens next.

Referrals and follow-up



People described uncertainty about what happens after an appointment, including when their GP refers them to a specialist or another NHS service.

Some people did not know whether their GP practice or hospital would contact them, how long they should expect to wait or what they should do if they heard nothing.

"I am unfamiliar with how the NHS works, so I don't understand what sorts of follow up or referral system is in place. This information is not offered by staff. I am usually already distracted (by the appointment itself or the medical reasons for the appointment) and forget to ask."

Others wanted to understand:

“How the next step fits with all the other treatments and what is the ultimate shared aim for me.”

Clear information about next steps was also important when people were making decisions about their treatment.

One person described contacting their GP practice through the NHS App because they wanted to reduce a long-term medication. They were directed to a clinical pharmacist but felt they did not receive enough information about how to manage the change.

“The telephone appointment with the clinical pharmacist was very brief. The prescription was stopped, but there was no discussion about how to reduce the medication safely, what withdrawal symptoms I might experience, or any follow-up support.”

The person said they subsequently experienced withdrawal symptoms and had to pause the reduction. They felt that a clearer plan, information about possible symptoms and knowing where to get support would have helped them feel more informed and involved in their care.

Some people also wanted clearer information about which healthcare professional they would be seeing, whether that was a GP, nurse or another member of the practice team, and what their role would be.

We also heard about people wanting written summaries, clearer timescales and information about who was responsible for the next step. When we asked what would make using GP services easier, people again raised better communication following tests, referrals and appointments.

What this tells us

Good communication doesn't end when an appointment finishes. People need to understand what happens next after tests, referrals and appointments, including when they can expect to hear something, who is responsible and what to do if they don't hear anything.

What this means for people

What people told us shows that access to care from a GP practice is about more than simply whether an appointment is available.

For people, good access means being able to contact their practice in a way that works for them, getting the right help within a reasonable time and understanding what happens next.

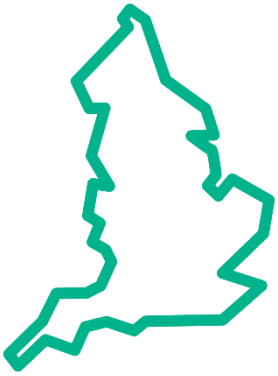
Different ways of contacting practices work well for different people. GP practice websites and online forms can make getting help quicker and easier for some people, while others need or prefer telephone or face-to-face contact. People's accessibility and communication needs also matter.

The positive experiences shared are important too. Helpful staff, good care, quick responses and feeling listened to can make a significant difference.

People’s experiences also show that the journey does not end when an appointment finishes. Clear information about test results, referrals, follow-up and who is responsible for the next step is an important part of people's experience of care.



National requirements and local responsibilities



There are already national requirements for how people should be able to access their GP practice.

NHS England's **2026/27 GP contract changes** include requirements covering telephone, online and walk-in access during core hours. They also introduce measures covering areas such as telephone waiting times and waits for non-urgent appointments, helping practices and the NHS understand demand and where improvements may be needed.

However, having different ways to contact a GP practice does not necessarily mean they work well for everyone. Our findings highlight why it is important to understand people's experiences, not simply whether contact methods are available.

GP practices are generally independent businesses contracted to provide NHS services, rather than being directly run by the NHS.



NHS England has delegated responsibility for **planning and funding GP practice services** to Integrated Care Boards, including overseeing contracts and supporting GP practices to improve.

Locally, NHS Humber and North Yorkshire Integrated Care Board has responsibility for these arrangements.

This means GP practices in North Yorkshire are responsible for providing care that meets the needs of their local communities and considering how well their services work for people.

NHS Humber and North Yorkshire Integrated Care Board has a role in identifying where problems persist, overseeing GP services and supporting practices to make improvements.

Recommendations

Based on what people have told us, we are making three recommendations to help improve people's experiences of accessing and using GP practices. These build on existing NHS requirements and reflect the responsibilities of GP practices and NHS Humber and North Yorkshire Integrated Care Board.

1. Use people's experiences to understand whether improvements to GP access are working

NHS Humber and North Yorkshire Integrated Care Board should:

- Use people's experiences, including feedback from Healthwatch, alongside existing GP access data to identify recurring problems.
- Work with and support GP practices where difficulties are identified to bring about improvements for patients.
- Review and report on whether changes are improving people's experiences.

Why this matters

People described difficulties getting appointments and getting through on the telephone.

Our findings also showed a strong relationship between how well people's usual contact methods worked and how they rated their overall experience.

Existing GP access data can help identify where improvements may be needed. People's experiences add an important perspective by showing whether changes are making a difference in practice.

2. Find out whether different ways of contacting GP practices actually work for people

GP practices should:

- Use people's feedback to assess how well telephone, website, online form and in-person contact options work for people with different needs and circumstances.
- Identify whether people can use these contact methods, get through to the practice and obtain the help they need.
- Address recurring barriers and check whether changes improve people's experiences.
- Review the training and support available to staff to help them recognise and respond to different accessibility, communication and support needs.

Why this matters

People described different experiences of contacting GP practices. Some found websites and online forms quicker and easier, while others found them confusing or difficult to use, or preferred to speak to someone.

National requirements already cover telephone, online and walk-in access during core hours. Our recommendation is therefore not simply about making these options available but understanding whether people can use them to get the help they need.

We are not recommending one way of contacting a practice over another. The important thing is that people can access help in a way that works for them.

3. Make it clearer what happens after tests, referrals and other follow-up

GP practices should:

- Explain what people can expect after appointments, tests and referrals, including likely timescales where known.
- Make clear who is responsible for the next step and whether people need to take any action themselves.
- Explain who people should contact if they do not receive an expected result, update or follow-up.
- Use people's feedback to identify where communication about next steps could be improved.

Where another NHS organisation is responsible for the next stage of care, practices should make this clear and help people understand how to seek further information or advice.

Why this matters

38% of people who answered this question said they were not always clear or were unclear about what would happen next.

People described uncertainty about test results, referrals and follow-up. Clearer information could help people understand what to expect and reduce the need to chase updates.

Our findings highlight the importance of communication beyond the initial contact with a GP practice, including when another NHS organisation may be responsible for the next stage of someone's care.

What Healthwatch will do next

We want the experiences people shared with Healthwatch North Yorkshire to help improve GP services and make a difference to people across the county.

Seek responses and follow up on recommendations



We will share our findings and recommendations with NHS Humber and North Yorkshire Integrated Care Board, GP practices and Primary Care Networks across North Yorkshire.

We will ask the Integrated Care Board what action is being taken to address the issues raised, what further improvements are planned and how people's experiences are being used to assess whether changes are working.

We also plan to invite GP practices to consider five questions about patients' experiences:

1. **How well are our different ways of contacting the practice working for patients?**
2. **How do we know we're meeting patients' different accessibility, communication and support needs?**
3. **How do we support staff to recognise and respond to patients' different needs?**
4. **How do we know patients understand what happens next after contacting the practice or having an appointment?**
5. **What have we learned from patient feedback, and what difference has it made?**

We will encourage GP practices to share practical examples of what's working well, what they've learned from patients' experiences and what improvements they've made or are planning.

We recognise that GP practices may already be making improvements and that challenges can vary between practices.

Our aim is to understand how existing arrangements are working for patients, rather than simply whether they are in place.

Healthwatch North Yorkshire will share examples of improvements made or planned by GP practices through our website, newsletter and conversations with people in local communities.

We will encourage GP practices to keep their own patients informed about improvements, building on what they already do through channels such as newsletters, Patient Participation Groups, text messages and practice websites. This will help patients see how their feedback is being used and what difference it is making.

Share the findings more widely



We will also share the report with North Yorkshire Council, NHS hospitals, care homes, voluntary and community organisations, local MPs and others involved in planning, funding, providing or supporting health and social care.

Although the report focuses on GP practices, issues such as communication, accessibility and understanding what happens after referrals can also affect people's experiences of other health and care services.

Sharing these findings more widely will encourage organisations to consider whether people using their services face similar difficulties, what they are already doing to address them and where further improvements could be made.

Continue to listen

We will continue listening to people's experiences of GP practices, including what is working well and where difficulties remain.

People can share their experiences with Healthwatch North Yorkshire at any time, whether they've received good care or faced difficulties getting the help they need.

We will use this feedback alongside the report's findings to identify recurring issues, recognise examples of good practice and understand whether people's experiences are changing over time.

We also know that experiences can vary between practices and communities. Continuing to listen will help us understand where further attention may be needed and make sure people's voices remain part of discussions about improving GP services across North Yorkshire.



Who Healthwatch heard from

Where people lived

220 people told us which area they lived in.

Area	Responses
Selby	63
Harrogate	40
Scarborough	26
Craven	22
Richmondshire	20
Hambleton	17
Ryedale	16
Outside North Yorkshire	16

Age

221 people answered our age question.

- 69 were aged 18 to 64.
- 145 were aged 65 or over.
- 7 preferred not to say what their age is.

Gender

224 people answered our question about gender:

- 153 women
- 60 men
- 10 preferred not to say what gender they are.
- 1 person described their gender in another way.

Disability, long-term condition or support need

209 people answered our question about whether they had a disability, long-term condition or support need. Of these, 70 selected yes, 71 selected no and 68 preferred not to say.

Our survey was open to anyone who wanted to take part. The people who answered it are therefore not necessarily representative of everybody who uses GP practices across the county.



How Healthwatch did this work

Our volunteers and staff spoke with people about their experiences of contacting and using their GP practice at community events, hospitals and libraries.

We asked people about:

- how they usually contact their GP practice
- whether their usual way of making contact works for them
- difficulties they have experienced
- whether they understand what happens next
- how their practice communicates with them
- their overall experience
- what their practice does well
- what would make accessing or using their practice easier.

We also shared the survey through our social media channels and email newsletter to help us reach people.

Paper copies were available at our contact points, along with large-print versions, so people could take part without needing to complete the survey online.

How we analysed the responses

232 people shared their views with Healthwatch.

Not everybody answered every question, so the number of people included in individual figures varies. Where people could select more than one answer, percentages can add up to more than 100%.

We looked at the answers to identify patterns and reviewed people's written comments to understand the main themes and experiences they described.

The quotations in this report are taken from people's survey responses. Some have been lightly edited for spelling, grammar or clarity, or shortened to make them easier to read. We have taken care to preserve the meaning of what people told us.

healthwatch North Yorkshire

55 Grove Road
Harrogate
HG1 5EP
www.healthwatchnorthyorkshire.co.uk

Phone: 01423 788 128
Email: hello@hwny.co.uk
Write to us (no stamp required):
Freepost HEALTHWATCHNORTHYORKSHIRE

Find us on X, Facebook, Instagram and LinkedIn