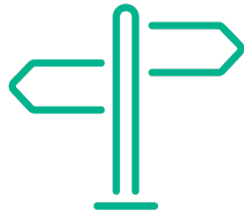




Craven Communities Together:

Timely access to health services



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This report has been produced by Healthwatch North Yorkshire on behalf of the Craven Communities Together Partnership.

Executive summary

Craven Communities Together is the name we have given to our Health and Care Partnership for Craven district. We are a well-established, inclusive and vibrant partnership, comprising colleagues from a range of health organisations, voluntary and faith sectors, district and county council, the Police and public safety team. Our partnership sits within the wider structure of two NHS Integrated Care Boards which are West Yorkshire Integrated Care Board and Lancashire & South Cumbria Integrated Care Board and the subsidiary Bradford & Craven Health and Care Partnership and South Cumbria Health and Care Partnership who are represented within Craven Communities Together.

There is evidence to suggest that people living in deeply rural areas experience delays in accessing health and care services, resulting in poorer health outcomes. We decided to test the evidence for this in Craven, seeking to understand the nature of the reasons for delays.

We designed and promoted the survey collaboratively, with over 550 responses, roughly 50% of which were from people living with chronic health conditions.

The survey gave us rich detail about the personal experiences and perceptions of health and care services including waiting times across a range of services and experience of accessing mental health, dentistry, GPs, hospitals and pharmacies.

We asked people what stopped them from using health or wellbeing services, or makes it more difficult and found the top three issues were:

1. Time taken for appointments/ inconvenience of appointment times.
2. Transport issues.
3. Wanting a face to face appointment or to see the same person.

Transport in Craven is what is described as a 'wicked' issue; it's fragmented, delivered by providers across different sectors, and funding is problematic. It isn't always accessible. Nevertheless, we felt our partnership should explore it further, and we held a follow up workshop specifically focused on transport to health appointments.

The strength of the partnership enabled us to have a good attendance of relevant organisations and people, including some people who organised, drove for and used community transport provided through the voluntary sector. The workshop participants helped us understand the transport enablers and barriers, and to start to envision ways to address the barriers, including ways to bring health services to people, thus reducing the need for transport. Some partner task and finish groups are going to look at this in more detail, together with the possibility of an improved community transport offer.

Craven Communities Together is very definitely more than the sum of its parts: using our collective knowledge, skills, resources, and vitally, passion for the best interests of Craven residents, we have worked together to understand and then address barriers to people accessing the most vital of things, services that impact hugely on their wellbeing and health.

Introduction

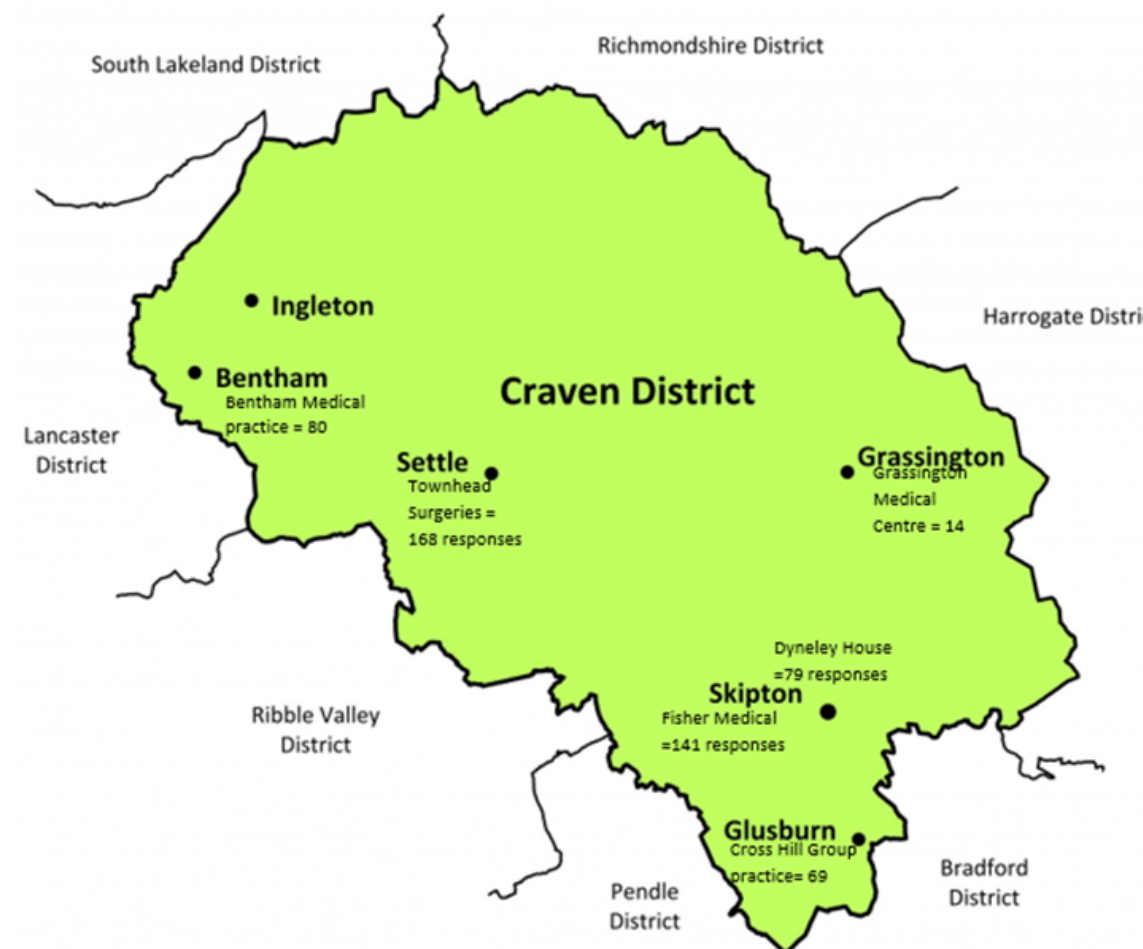
There is good evidence of a link between rural living and greater difficulties accessing services and support, which in turn can lead to poorer health outcomes¹. Craven is a highly rural district in North Yorkshire, therefore, Craven Communities Together Health and Care Partnership wanted to find out about people's experiences of accessing health and well-being services to help them understand what actions are needed to try to improve health outcomes in the Craven area.

To explore this, a survey was distributed from February to May 2022 across Craven. Surveys were collected through online and hard copy versions including hard copy versions in large print and Easy Read. Surveys were distributed electronically and physically, including copies in all Craven libraries, by Craven Communities Together member organisations. The survey received 571 responses in total (for demographic details of the sample see appendix one).

The Partnership worked hard to get information out to all communities and parts of the district. However, there was a slight geographical skew of responses, with more from South Craven and fewer from North Craven and more responses from those living in towns. There was also a low response rate (only 14 responses) from those in the Grassington Surgery catchment area in Upper Wharfedale. However, those in the catchment areas for Townhead GP practice in Settle are well represented. The geographical spread of responses reflects the reality that there are fewer GP practices in North Craven than in the South of the district.

Many of the issues, particularly access to GP practices and waiting times for mental health and hospital services, are in line with national trends as regularly reported in the media. However, the survey responses highlight more local issues linked to the rurality of Craven but also that while some issues may be in line with national trends, there are always local circumstances and issues that can be addressed without needing national direction and/or guidance.

The map below illustrates the geographical spread of the GP practices across Craven district and also includes the number of survey responses received per GP practice catchment area.



Craven district area is 1,179 square kilometres with a population of 56,900 (2021 ons.gov.uk). With an average population density of just over 44 people per square kilometre it is among the top 10 least densely populated areas in England. There is notably lower density in the most rural north/north west of the district, where all the rural towns/villages/ hamlets are in a 'sparse setting'. Craven has an older demographic, which increases in proportion to the rurality of the district.

¹ [Major inquiry highlights the urban-rural divide in accessing health and care - News \(nalco.gov.uk\)](https://www.nalco.gov.uk/news/major-inquiry-highlights-the-urban-rural-divide-in-accessing-health-and-care)

Waiting times for services

Respondents were firstly asked how long they had waited to access a range of services, such as GP appointments, mental health support, hospital treatment, urgent treatment and support from VCSE services. There was a mixed response to this question, with much of the feedback falling in line with national trends.

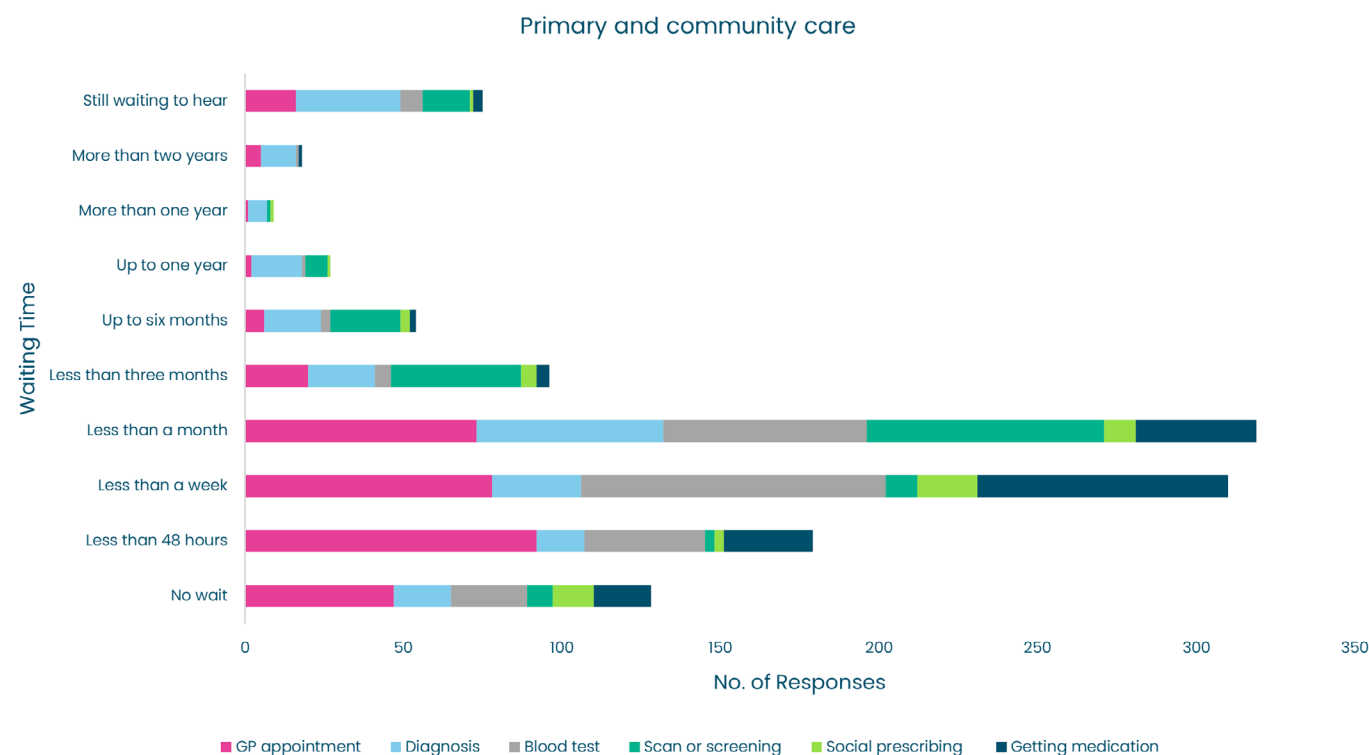
Primary and community care

In terms of **GP appointments**, 64% of people (217 people) said they had waited less than a week for an appointment, with 85% (290) waiting less than a month. However, 6.5% (21) had waited for more than two years or were still waiting for an appointment, this was particularly an issue for patients at Townhead GP Practice and Fisher Medical Practice. When asked about **getting medication**, 72% of respondents (125) said they get medication within a week and 94% (163) within a month.

When asked about diagnosis, 52.5% of respondents (120) said they were waiting for less than a month but 20% (44) had waited more than two years or were still waiting. For **blood tests**, 66% of respondents (158) waited less than a week and 93% (222) less than a month.

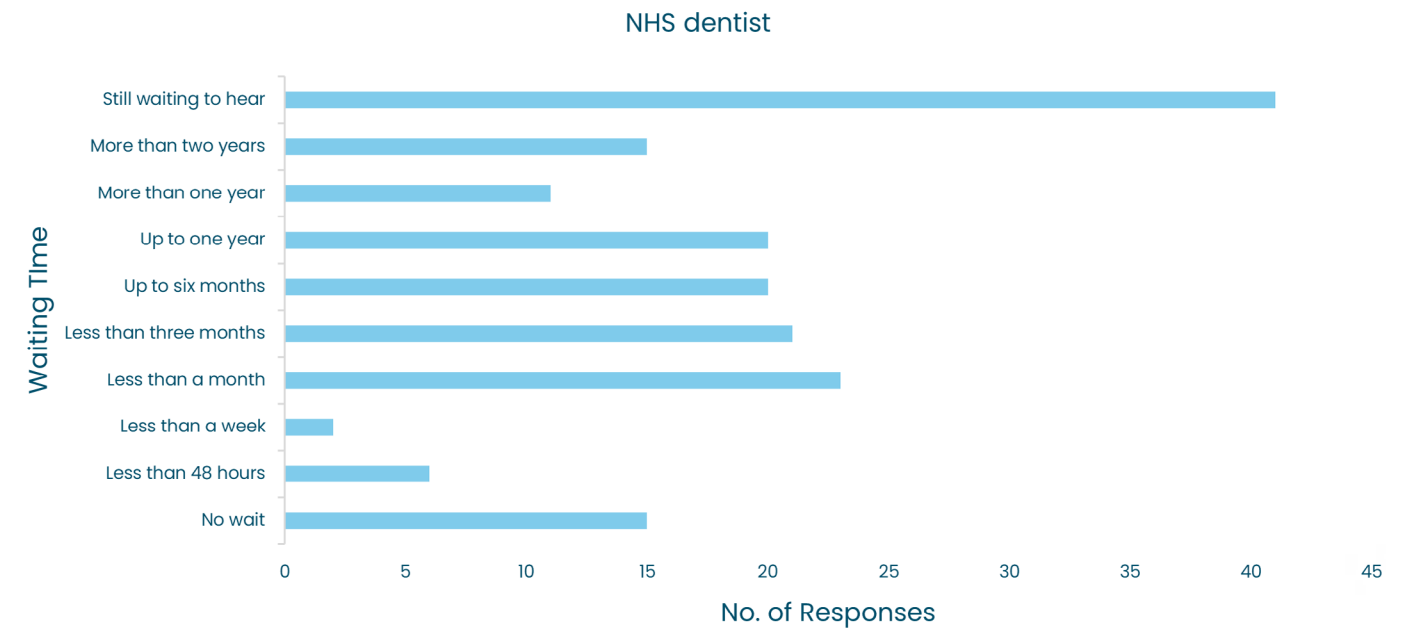
In terms of having a **scan or screening**, while the majority (53%) (96) said they had waited less than a month, an additional 23% (41) said they had waited less than three months, with 8% (5) saying they are still waiting.

Responses were positive for those who have seen **social prescribers**, with 80% (45) being seen within a month and most (63%) (35) within a week.



Dentistry

Unfortunately, accessing an NHS dentist still remains a significant issue for many people, both locally and nationally, and this is having a detrimental impact on people's health and well-being². In regards to **dentist appointments**, 26% of respondents (46) said they have been seen within a month, 36% (63) between three months and two years and 24% (41) are still waiting.



Mental health support

In regards to accessing a range of different mental health services and support, it is concerning that a large proportion of respondents said they are still waiting, as illustrated in the graph below. The waiting times broken down by the different types of mental health services/support are outlined below.

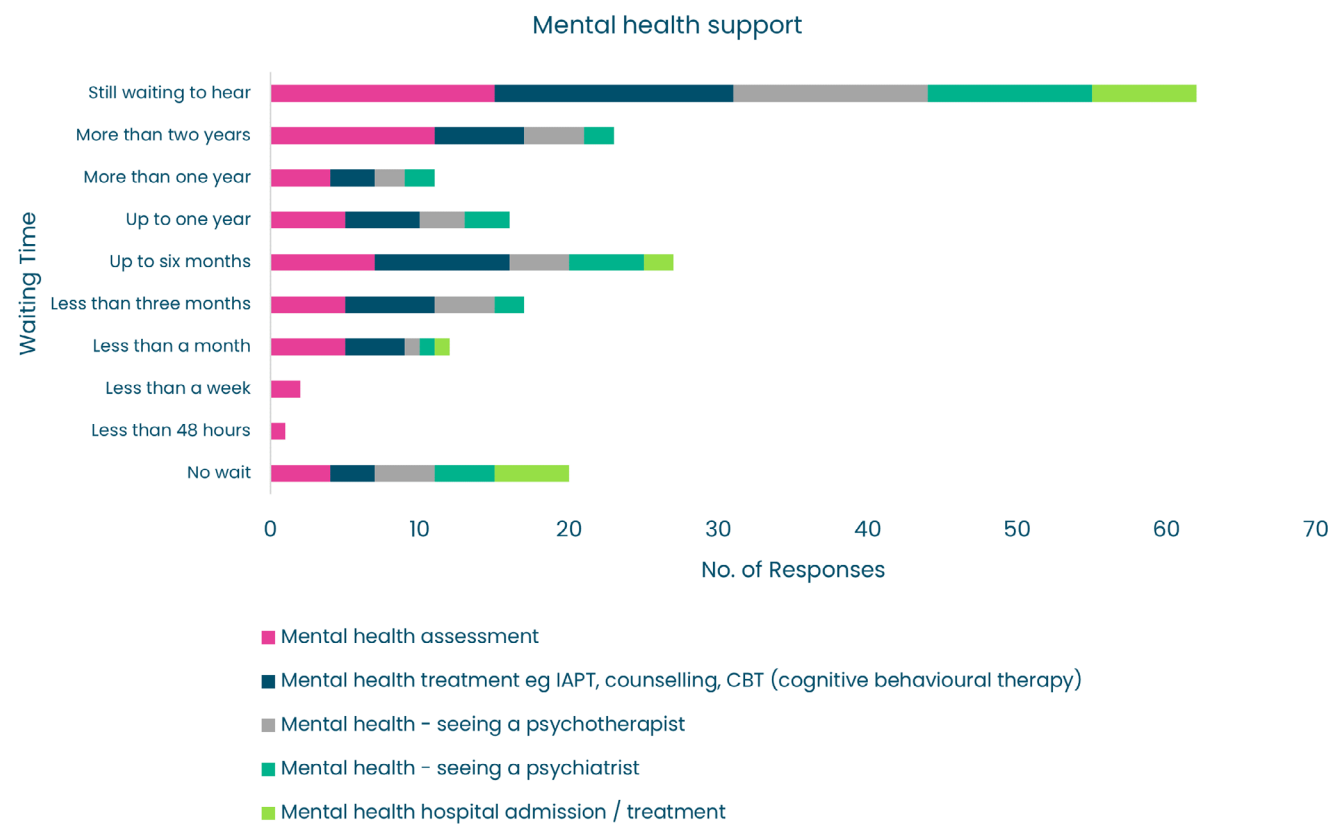
For **mental health assessments**, 12% of respondents (7) said they were seen within a week and 20% (12) within a month. Around 35% (21) are seen between six months and two years and 25% (15) are still waiting for an assessment. In terms of **mental health treatment**, 6% of respondents (3) said they received treatment within a week, 13.5% (7) within a month, 27.5% (14) between six months and two years and 31% (16) are still waiting for treatment.

Of those respondents who have wanted to **see a psychotherapist**, 11% (4) saw a psychotherapist within a week, 14% (5) within a month, 26% (9) have to wait between six months and two years and 37% (13) are still waiting. For those wanting to **see a psychiatrist**, 13% of respondents (4) said they saw a psychiatrist within a week, 16% (5) within a month, 24% (7) have to wait between six months and two years and 37% (11) are still waiting for an appointment.

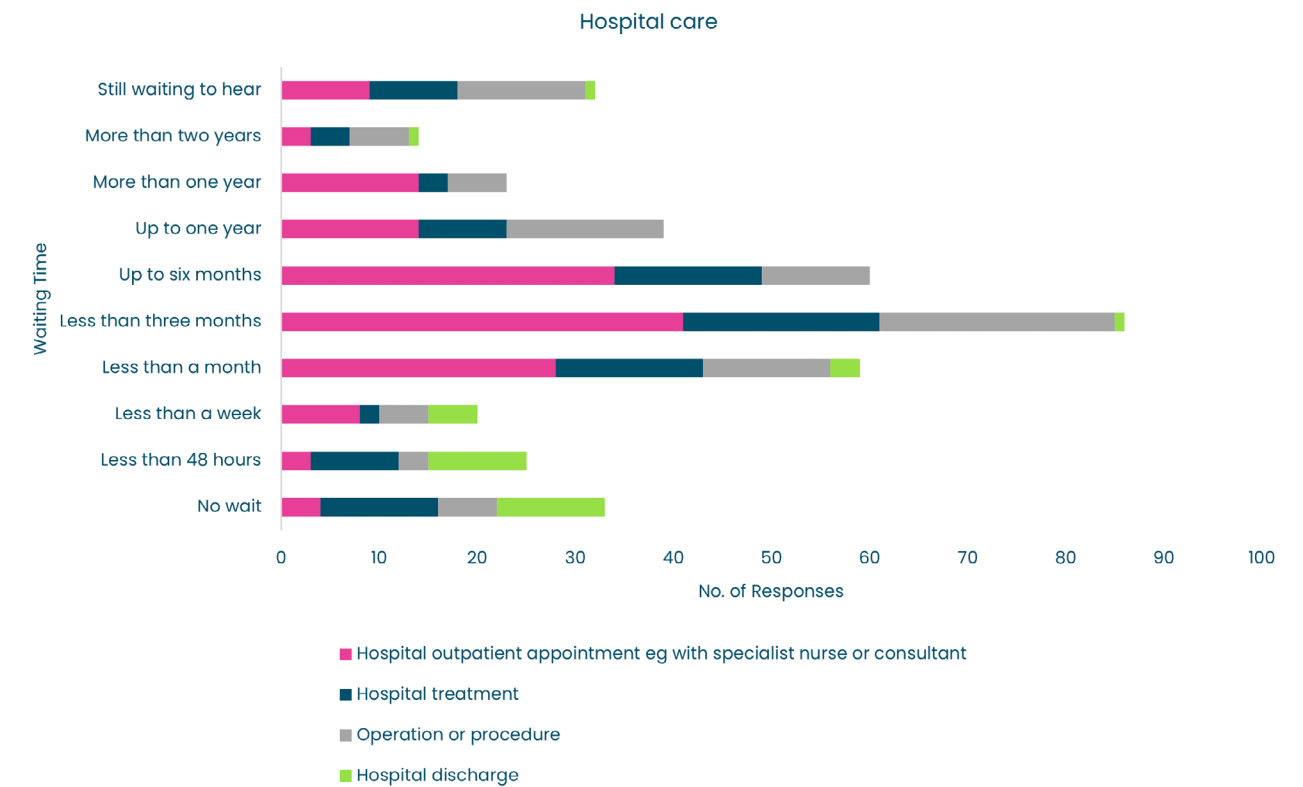
In terms of **getting mental health treatment in hospital**, 33% of respondents (5) said they were seen within a week and an additional 7% (1) within a month, 13% (2) had

² Oral Health report, May 2022.pdf (healthwatchnorthyorkshire.co.uk)

to wait for up to six months and concerningly almost half (47%) (7) said they are still waiting.



In regards to **hospital discharge**, the majority said they were discharged within 48 hours (66%) (21) or within a month (91%) (29).



Hospital care

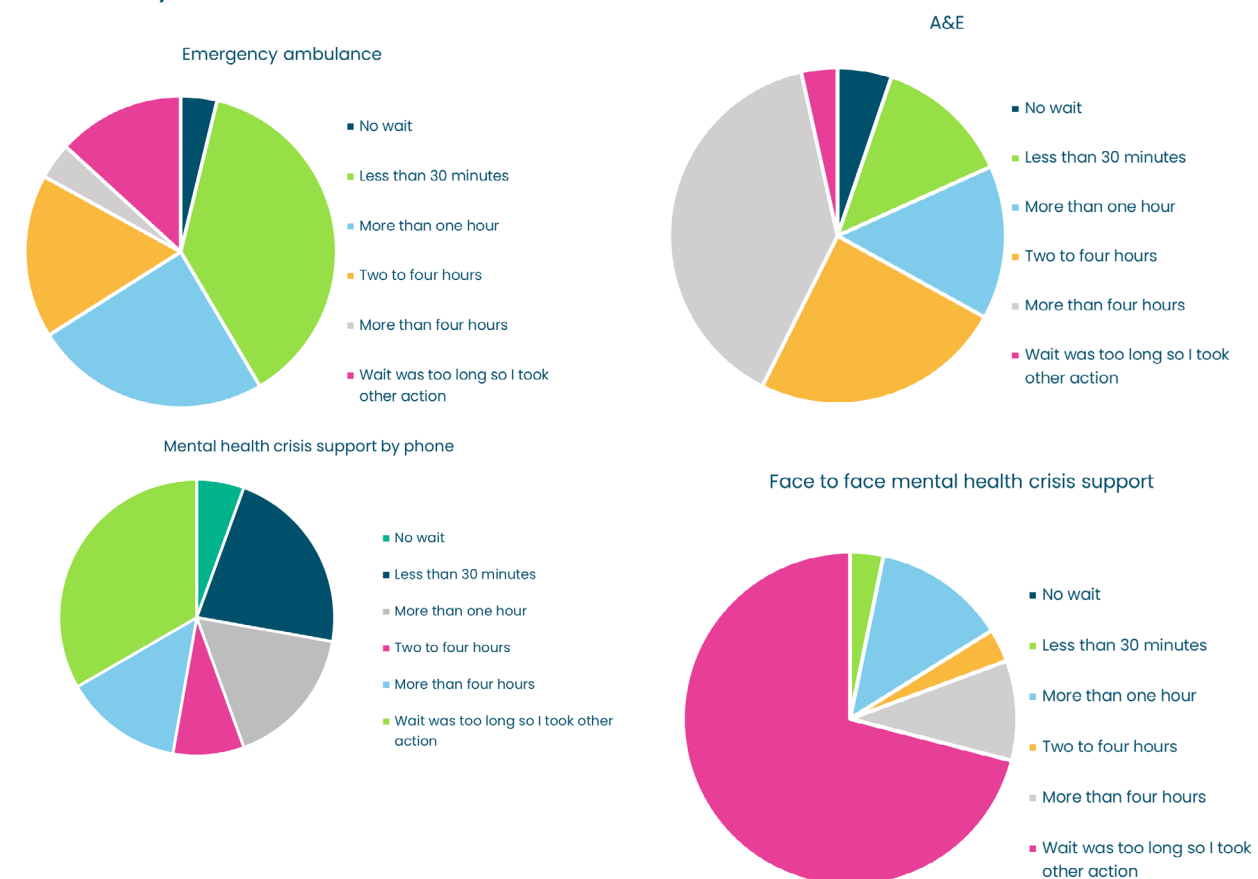
The hospital most commonly used by respondents was Airedale, but people who use Bentham GP practice tend to go to Westmorland or Royal Lancaster Hospitals as these are closer for them. The reasons for people going to hospital are generally for appointments related to long term conditions, tests, screening, maternity appointments or to go to A&E.

In regards to **any outpatient appointments**, approximately 27% of respondents (43) said they have been seen within a month, another 26% (42) within three months and a further 22% (34) within six months. Unfortunately, 20% (31) have waited for up to two years and 6% (9) are still waiting.

For **hospital treatment**, 38% of respondents (38) said they have been seen within a month, another 20% (20) within three months and a further 15% (15) within six months. 16% (16) said they had to wait for up to two years and 9% (9) are still waiting. For those needing an **operation or procedure**, 27% (27) said they have been seen within a month, another 23% (24) within three months and a further 11% (11) within six months. 27.5% (28) had to wait for up to two years and 13% (13) are still waiting.

Urgent and emergency services

In terms of waiting times for urgent care, fewer people had accessed these services, so the graphs below illustrate the experiences of the 147 who responded to this part of the survey.



For **ambulance services**, 66% (35) waited for less than two hours, 21% (11) waited for more than two hours and 13% (7) took other action as the wait was too long (note that the length of the wait was not specified in this instance). Geographically, respondents attending Bentham Medical Practice, Dyneley House and Townhead Surgeries were those who said they took other action as the wait was so long; those attending Fisher Medical Practice, Grassington Medical Centre and Townhead Surgeries reported waiting for more than two hours. More people who accessed services at Dyneley House said they waited for less than 30 minutes for an ambulance. For **A&E**, 33% of respondents (38) said they had waited for less than two hours, 64% (73) waited for more than two hours and 3% (4) took other action as the wait was too long.

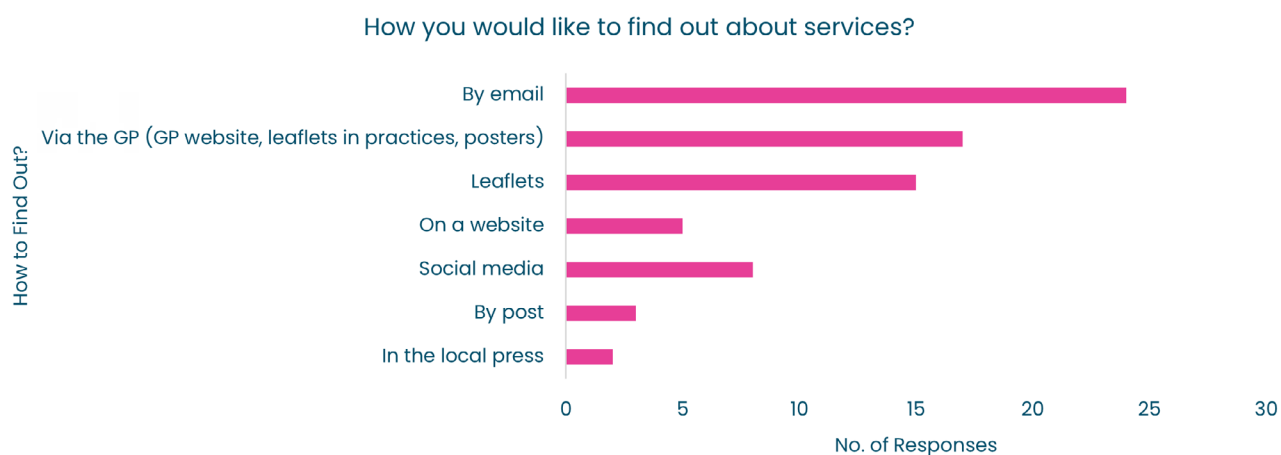
For the **mental health phone crisis line**, 45% (16) said they waited for less than two hours, 22% (8) waited for more than two hours and 33% (12) took another action as the wait was too long. In terms of **face to face mental health support**, 16% (5) waited for less than two hours, 13% (4) waited for more than two hours and a large proportion (71%) (22) took another action as the wait was too long.

VCSE (Voluntary Community and Social Enterprise) services

In terms of waiting times for people accessing services provided by the voluntary sector, only 15% (88) of total respondents answered this question and the overwhelming response was that people didn't know of the many VCSE services that exist. Of those who did respond, many were still waiting for services, but it wasn't clear who they had approached. The low response rate to this question may be in part due to the survey terminology used, which may have led people to not recognise that they had received support from VCSE services.

In terms of geography, people from most GP practices were part of those who had accessed services. However, no-one who attended Grassington Medical Centre had accessed any VCSE services.

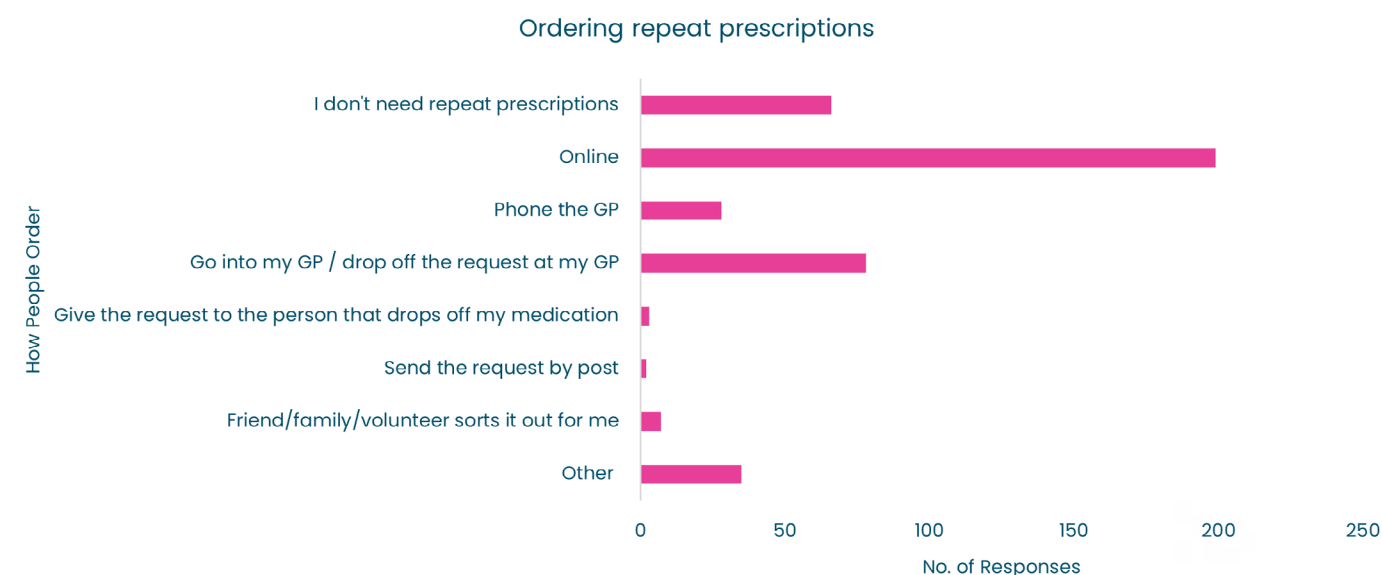
The small response rate to this question highlights that awareness of VCSE services is low and suggests a promotion campaign is needed to remedy this. For some people trying to manage, sometimes very small, simple things can make life so much easier but people cannot access this type of support if they do not know what is available. When asked how they would like to find out about services (any services mentioned in the survey) the majority of respondents said by email. Of those who said leaflets, six said they should be in Easy Read. Others mentioned having information in the library, audio messages, local adverts, community notice boards, community centres, parish magazines and with Council Tax information



Experiences of pharmacies

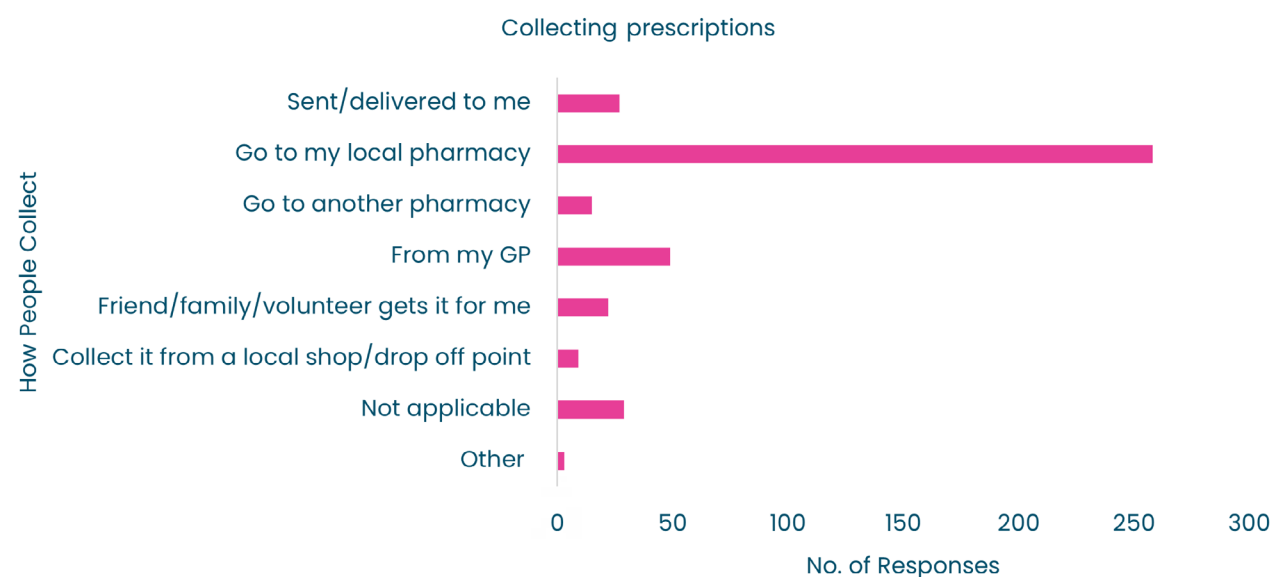
In terms of ordering repeat prescriptions, the majority of respondents said they either go online (52%) (199) or go to the GP (20%) (78). Geographically it is a similar mix; those accessing Bentham Medical Practice are more likely to phone the GP, while those using Dyneley House are more likely to use online options. Overall, responses to this question indicate good use of online methods and the NHS app to order repeat prescriptions. This could be in part due to the rurality of where people live or simply due to the ease of using online methods.

In age terms, those aged 65 – 79 are most likely to use online methods to order repeat prescriptions with 73% of respondents (73) in this age group doing this. Those aged 25 – 49 are most likely to phone the GP to get their prescription (16% (13) of respondents in this age group); those aged 80+ are most likely to go to the GP surgery (53%) (8), for other age groups it is approximately 21% (19-21) of respondents who choose this option.



In terms of collecting their prescriptions, a large proportion of respondents (68%) (258) said they go to the pharmacy. It is interesting to note that even in a rural district such as Craven, people go to their local pharmacy to collect prescriptions. In terms of geography, those attending Dyneley House and Fisher Medical Practice are more likely to have their medication delivered. They are also more likely than others to go to a different pharmacy. Those in the Townhead Surgeries' catchment area are more likely to get their prescription from their GP than those in other GP practices' catchment areas because this is a dispensing surgery.

All age groups use their local pharmacy, ranging from 77% (65) of 25 – 49 year olds and 73% (13) of over 80s. More people over 50 use their GP, with 16% (18) of 50 – 64 year olds and 14% (13) of 65 – 79 year olds favouring this option. There are similar percentages across all age groups for having medication delivered apart from over 80s where no-one used this option. 27% (4) of over 80s get help from family, friends or others to collect prescriptions while this is only about 6% (5-6) for all other age groups.



In terms of how people would rate their pharmacy, the overall rating came to 3.75 – (out of 5 stars). The table below explores the ratings and experiences for the different GP catchment areas across Craven.



GP Practice Catchment Area	Experiences & Ratings
Bentham Medical Practice catchment area	Ratings vary from 1 to 5. Those rating 5 tend to mention the efficient service and helpful staff. Those rating 1 mentioned short staffing, waits of up to a week to get a prescription fulfilled, rude pharmacists and often finding the medication needed is not available. Some people mentioned they would like to go to an alternative pharmacy but the GP will not allow this.
Cross Hill Group Practice catchment area	There was some variation in ratings for this catchment area, but generally the ratings are higher with the majority giving 4 or 5 stars. Boots and Sutton Pharmacy were noted as particularly good.
Dyneley House catchment area	The general rating for pharmacies in this catchment area was 4 or 5, with Craven Pharmacy mentioned positively. Lower ratings mentioned not having the correct medication and the waiting times to get a prescription.
Fisher Medical Practice catchment area	There were some ratings of 1 and 2 with issues about time taken to fulfil a prescription and availability of medication mentioned. However, the majority of scores were 4 and 5 with Tesco and Lloyd's highlighted for efficient, quick and excellent services.

Grassington Medical Centre catchment area	The ratings for pharmacies in this catchment area were lower, with ratings of 1 and 2. The issues raised were long waits, limited stock and unavailability of medications as well as limited opening hours with the pharmacy not open on a Saturday.
Townhead Surgeries catchment area	Where patients access the surgery dispensing pharmacy as well as community ones, the ratings were lower. One respondent said things had improved recently, but issues include timeliness of fulfilling prescriptions, stocking issues, short staffing, poor communication between the GP and pharmacy and long queues.

Considering all of the comments received about pharmacies together, many respondents complemented staff who they recognise are often struggling due to staffing shortages. However, in some cases respondents said they have changed pharmacies as a result of issues with staff. There were a number of comments about the time taken to get prescriptions being quite long, that some pharmacies have poor stock, don't always have what is needed and there can be long queues. Also, some people noted the poor communication that can exist between the GP and pharmacy and a few people mentioned getting the wrong medication. People seem to appreciate the text service that tells them when their prescription is ready, however there were some reports that this service does not always work.

"Friendly, helpful staff. Pharmacists willing to advise. Sometimes a long queue in the shop. Sometimes stock is low or limited." **(Townhead Surgeries catchment area).**

"Never have things in stock. Always a long wait. Pharmacist can be very rude, questions prescriptions from GP and tries to offer alternatives. We would prefer to use a different pharmacy but it is not possible." **(Bentham Medical Practice catchment area).**

"Outstanding service, caring, courteous and careful. Prompt delivery of all my many medications. Very good local delivery service." **(Cross Hill Group Practice catchment area).**

"They have limited opening times at the weekend or evenings, which is usually the only time I can access them. I've also dropped by in their normal opening hours on a few occasions and they have been shut at short notice. No way to know this before making the journey." **(Dyneley House Surgery catchment area).**

"Pharmacy doesn't do home deliveries any more and should. Reliant on someone to help, but would have no options if that person couldn't do it/was ill etc. as I am housebound." **(Townhead Surgeries catchment area).**

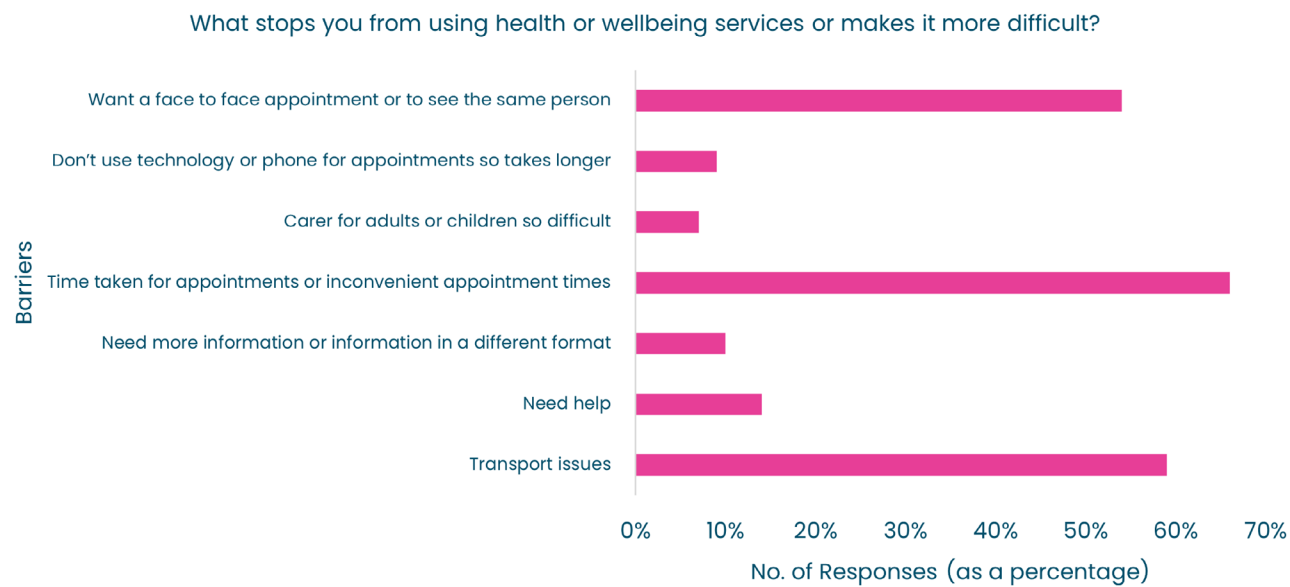
"Opening hours erratic – open one day and shut the next due to lack of pharmacist." **(Fisher Medical catchment area).**

"Long delay in obtaining prescription. Not open Saturday." **(Grassington Medical Practice catchment area).**

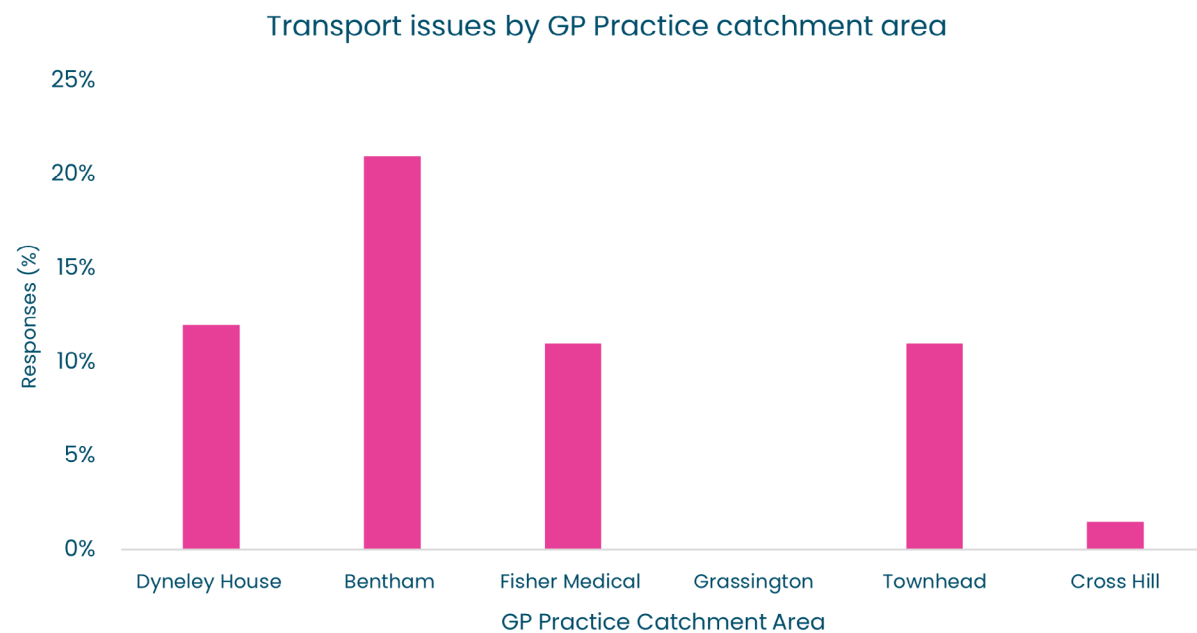
What stops people from using health or wellbeing services or makes it more difficult?

When respondents were asked what stops them from using health or wellbeing services or makes it more difficult, the top three issues raised were:

1. Time taken for appointments/ inconvenience of appointment times (197 people).
2. Transport issues (176 people).
3. Wanting a face to face appointment or to see the same person (162 people).



Geographically, the GP practice catchment area where transport featured most highly as an issue was Bentham, followed by Dyneley House catchment area. In contrast, no-one from Grassington GP practice catchment area mentioned transport.



“Massive distance to travel – and sometimes to be told to turn around and go elsewhere – past where you have come from. Also, no links with Lancaster so all my follow up maternity care was two hours away, a five-hour round trip, when Lancaster offered the same services two-hour round trip but I wasn't in area.” **(Bentham Medical Practice catchment area).**

“Airedale and Shipley a long drive away, and if your illness means you can't drive one is stuck. Out of hours centre is needed in Settle.” **(Townhead Surgeries catchment area).**

In terms of age, **time taken for appointments** or inconvenient appointment times was mentioned by 39% (47) of respondents aged 50 – 65 and for 38% (49) of those aged 25 – 49, but only 17% (17) of those aged 65 – 79 and 22% (4) of those aged 80+. **Transport issues** were the biggest concern for those aged 65 – 79, with 33% (65) of respondents in this age group citing them, it was 27% (5) of respondents for those aged 80+, 18% (22) for 50 – 65 year olds and 16% (21) for those aged 25 – 49. 22% (4) of those aged 80+ mentioned health issues preventing them leaving the house or needing help, whereas it was 6 – 8% (5-8) for other age groups. **Wanting a face to face appointment or to see the same person** was consistent across all the age groups.

Many of the other comments people gave regarding the difficulties they face were about GP practices, particularly the difficulties of getting through to the GP practice by phone and seeing a GP in person. These responses reflect the findings of a report Healthwatch North Yorkshire produced on the topic of GP access and appointments, where a number of respondents expressed their frustrations with long phone queues and waiting times for appointments³. There were also some comments about the difficulty of using online services to book appointments.

“Online services are confusing even though I am IT literate. I use them occasionally and the website pages always seem to have changed and everything seems to be done to deter people from seeking an appointment.” **(Fisher Medical catchment area).**

“Difficult to access e-consult as often no availability and practice phone constantly engaged but when you do get through the service is excellent.” **(Dyneley House Surgery catchment area).**

“Cross Hill GP has switched its phone lines to help deal with massive call volumes. They have temporarily disabled the e-consult service which has vastly delayed being able to contact the GP. Phone lines still constantly engaged and call back function means you get a call back hours later by which time all the appointments for the day have gone. You are told to ring back the next day. If you are not ringing for something urgent you are not offered an appointment in a few days' time, rather you are offered a telephone consultation three weeks away and told to ring back if it gets worse. I appreciate the GP surgeries cover a large area and the demands on them are massive but something needs to be done to either streamline the process or to increase their staffing to cope with demand because that demand is not going to go away.” **(Cross Hill GP Practice catchment area).**

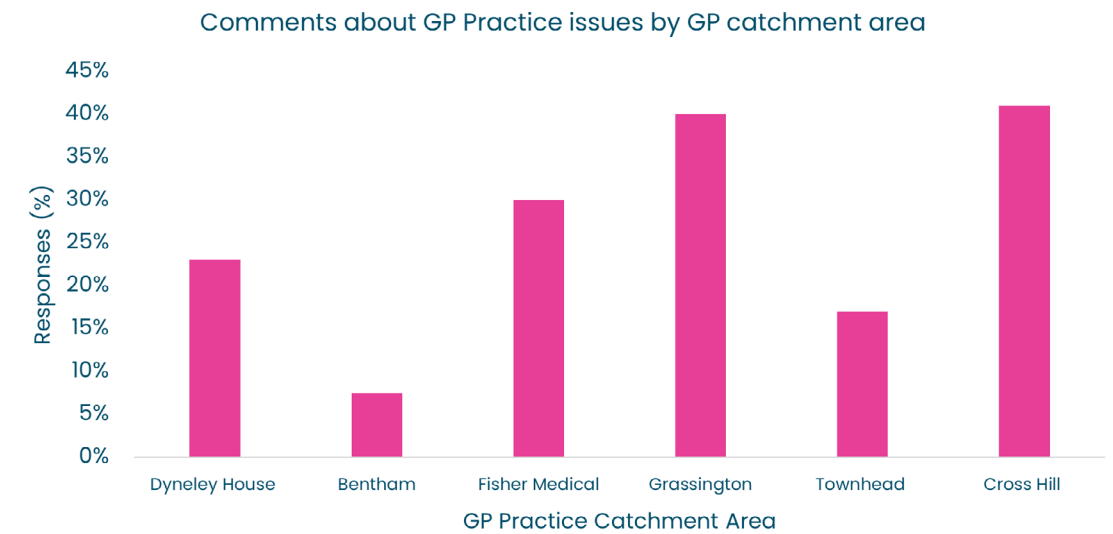
3 [Healthwatch North Yorkshire December GP Pulse Briefing 2021.pdf](#)

There was one respondent who expressed the difficulties they have faced trying to access support for their child with autism and complex mental health needs.

“Lack of community psychiatric nurses for children. None available and previous help, although staff kept changing, is no longer available due to CAMHS at Keighley not having sufficient staff. Promised CBT but taken off waiting list, promised art therapy but not on waiting list. Presently have no community nurse support for child with autism and complex mental health needs who has tried to commit suicide several times.” **(Fisher Medical Practice catchment area).**

What could help make it easier to access NHS services?

As reflected above, getting through to the GP practice was mentioned 51 times in response to the question asking what could help make it easier to access NHS services. The graph below illustrates the percentage of comments received about GP practice issues by GP catchment area.



Comments about how accessing GP appointments could be improved included being able to get a face to face appointment, more flexible times including out of hours appointments for people who work (many of whom can't answer the phone during work times) and being able to book appointments in advance rather than just on the day. Also mentioned was reopening the Gargrave GP practice which closed during Covid. A number of people mentioned this was the plan, but that it hasn't happened yet.

“Using local surgery more. Not having to phone and joining long queue. Didn't used to be like that so why now? Joining large practice was sold to us as a means of better services. Really? From 20 miles away!” **(Grassington Medical Centre catchment area).**

“Townhead Surgery is forever getting a new telephone system it has always been a problem in the four years we have been at the surgery. I have spent days and hours trying to get a reply. I believe the surgery has been contracted out and whoever has the contract, the management need to have the whole system re-assessed as it does not work. Staffing skills need to be looked at due to a lack of help or concern when one has been sent for an appointment for a physio assessment to the incorrect office and one has sat for thirty minutes after been told to take a seat to then be told one is in the incorrect place by a receptionist that told me to sit down in the first place after given my name. The fact that they overheard me say to a friend that had come in for an appointment and was still waiting made enquires, I was then told I should have been in the surgery side for assessment so half an hour late for my appointment with no apology and I was made to feel it was my fault. If the system was working correctly and staff informed correctly in appointment making as to where one should be then this all could have all been avoided. The physio gentleman couldn't even get the Internet to simply print off my exercises he had to send me an email link to print at home, how embarrassing in this day and age. This contracting out does not work and I know will be costing a fortune to run as in my working

life has been a contract manager.” **(Townhead Surgeries catchment area).**
“The new structure is a mess, Gargrave has an aging population and we



There were contradictory comments about whether information and services should be online, with some wanting less of this and some wanting more of this. This contradiction highlights the importance of choice when it comes to accessing health and care services and how digital access should be one of the available options, so it can be used where appropriate, but not the only option.

“More virtual appointments or GP based clinics, more awareness of the affect.” **(Townhead Surgeries catchment area).**

“Whilst I am relatively young (62) and healthy, and can use technology pretty well, I am aware through observation and the problems with my elderly parents, that this method of triage isn’t suitable for everyone, and as a result many older people, or the poorer community, will put off getting help.” **(Townhead Surgeries catchment area).**

“The Eventbrite system for booking blood tests is really clunky, difficult to navigate and feels inappropriate as though booking into a sporting event! I don’t know how the elderly manage as both myself and my 18-year-old find it difficult - much preferred the turn up and wait system.” **(Dyneley House Surgery catchment area).**



A number of people mentioned the need for better transport. Some respondents said as they can currently drive they can manage at the moment, but don’t know what they will do when they are no longer able to. Others mentioned the difficulty of trying to time appointments to public transport. Suggestions to alleviate these transport issues included having more local services.

“At the moment I do not have to access health or wellbeing services, but living in Ingleton I am aware transport would be a big issue for me if I was not able to drive myself. As I have already stated, it’s knowing what and where as a patient at Bentham surgery we can access and where this is? I live in North Yorkshire, but the hospital is either in Lancs/South Cumbria and the borders are barriers. Royal Lancaster Infirmary/Westmorland General Hospital may not know what is available in North Yorkshire/North Craven.” **(Bentham Medical Practice catchment area).**

“More local appointments at my local hospital, instead of having to get to a specialist hospital. Post operation appointments could be done locally; they have the equipment.” **(Fisher Medical catchment area).**

“Services here are really excellent - far better than where I lived previously. However, it relies on having your own transport and that may be a problem in the future.” **(Bentham Medical Practice catchment area).**

“Potential satellite services in local area.” **(Bentham Medical Practice catchment area).**



Having childcare facilities in healthcare settings was raised a suggestion by some respondents. The need for more accessible local facilities, including at GP practices was also mentioned.

“Wheelchair access- I have been known to have my flu jab in the corridor as the room is inaccessible for a power chair.” **(Dyneley House Surgery catchment area).**

“Wherever I attend for appointments I require reasonable adjustments to be made which include: extra time, spacious rooms, an understanding that my support team know me well and that they understand my communication style, an understanding that if I can’t cope staying in the appointment that people who know me well (my support team) can advocate for me.” **(Cross Hill GP Practice catchment area).**

“Accessibility is always an issue. I have found surgeries and hospitals quite difficult to access. Sometimes I find that medical staff do things like talk to the person pushing the chair and not to me. This does not apply to Dyneley, the breast screening service at St Luke’s or to the phlebotomy service at Skipton.” **(Dyneley House catchment area).**



Other comments included the need for timely mental health support for adults, children and children with autism. More information on services being offered to carers of disabled children was also mentioned, with one respondent saying how lonely and isolated they have felt due to having no support. A breast screening clinic and menopause clinic were also raised as suggestions.

What else could help improve health and well-being (excluding NHS services)?

In terms of what else could help improve health and well-being (excluding NHS services), respondents said access to cheaper exercise and more accessible walks in the countryside would be beneficial. Better public transport was raised a number of times as was support for financial issues. Lower level support around loneliness, such as more social groups, was also suggested.

Q "Cheaper access to sports, more publicity of local groups". **(Fisher Medical catchment area).**

"Someone to talk about issues - anxiety, depression, bills - in the local village hall." **(Fisher Medical catchment area).**

"Access to fitness and well-being classes that are flexible as I work shifts also they are expensive." **(Cross Hill GP Practice catchment area).**

"An LGBTQ+ Support group locally. Eat, Move, be Happy offering its range of physical activity services face to face in Settle." **(Townhead Surgeries catchment area).**

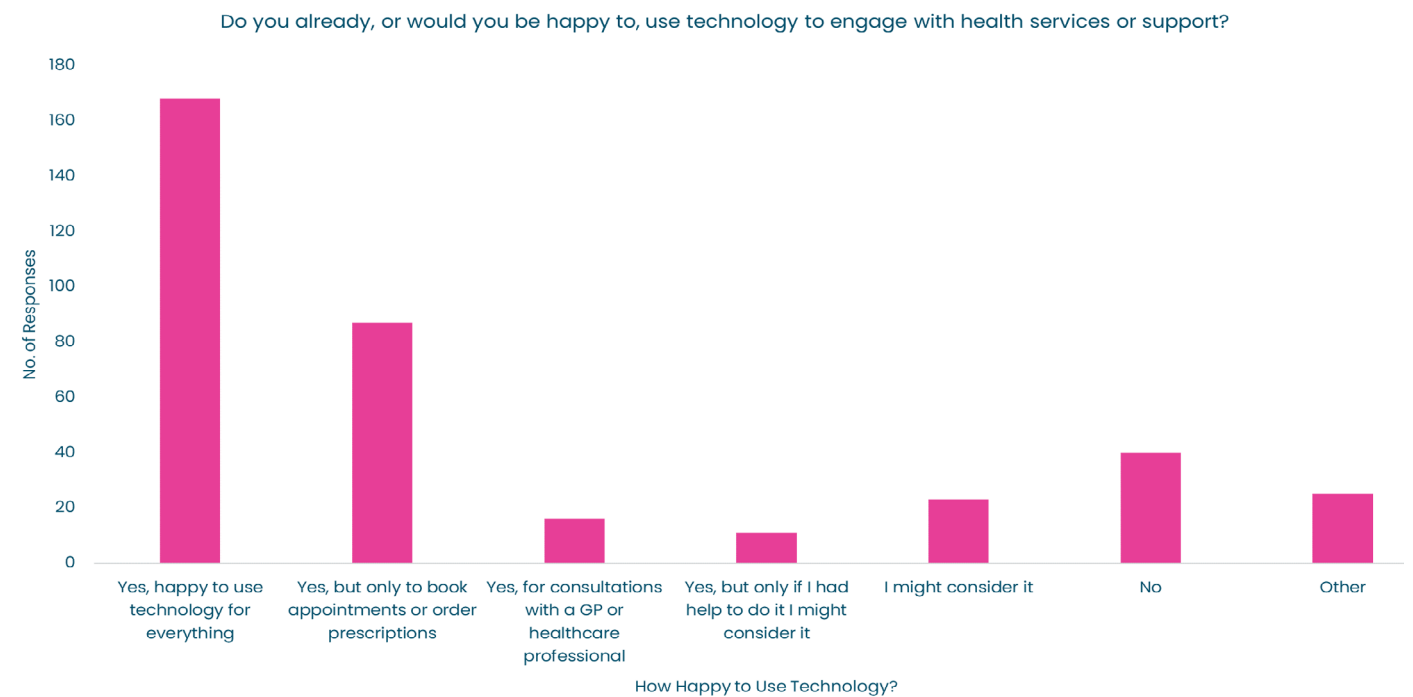
"Being able to get out into the countryside more - wheelchair accessible walks." **(Cross Hill GP Practice catchment area).**

"Having a regular reliable bus service, so that it is easier to attend hospital appointments." **(Bentham Medical Practice catchment area).**

"I want to go to more groups where I meet people." **(Fisher Medical catchment area).**

Are people willing to use technology for access to health services?

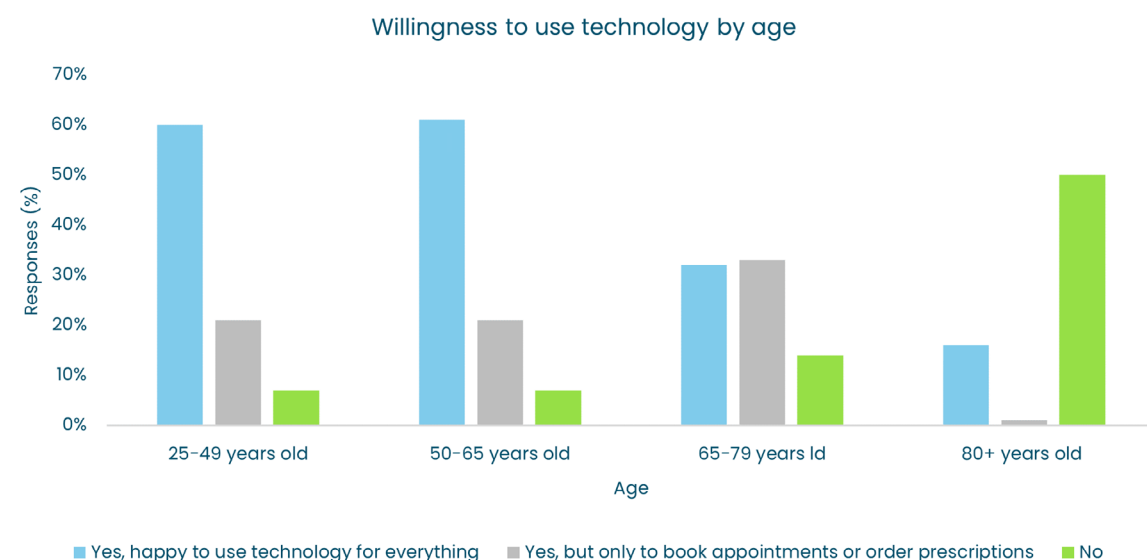
When asked how willing they would be to use technology for accessing health services around 45% (168) of respondents said they would be happy to use technology for everything, with 24% (87) saying they would use technology but just to book appointments or order repeat prescriptions. Only 10% (40) of respondents said they would not be willing to use technology for access to health services. There was no significant variation in responses by geography.



Q "This would make life so much easier for routine appointments." **(Cross Hill GP Practice catchment area).**

"Already use it for repeat prescriptions. I would use Zoom or similar or phone to speak to doctor but appointments difficult to get I believe." **(Townhead Surgeries catchment area).**

In terms of age, those aged under 65 were more likely to say yes for everything and over 80s were most likely to say no. Similar numbers of 25 – 49 year olds and 50 – 64 year olds (21%) (20/24) said they would use technology to book appointments and order repeat prescriptions. This increased to 32% (33) for 65 – 79 year olds and only one over 80 responded positively.



These responses suggest there is great potential to use technology more, but it cannot be at the exclusion of people who don't have access to technology/don't want to use technology. There must always be an option and each option should have equal priority and responsiveness. At no time should there be a two tier system which works better for those who have/can use technology⁴.

“Technology is fine but my experience is that Fisher has dispensed with booking this way currently and it doesn't always work. It also creates a two tier faster, queue jumping preferential service for those that can use technology. What about the elderly who are not tech savvy?” **(Fisher Medical catchment area).**

“Yes, for most things (e.g., one off appointments, prescriptions, bookings), but with a face to face option, particularly for mental health appointments.” **(Dyneley House Surgery catchment area).**

“I want to be able to speak to a human being for all medical consultations, preferably face to face.” **(Bentham Medical Practice catchment area).**

The need for healthcare professionals and individuals to have training so they can get the best out of using technology was also mentioned by some respondents.

“If someone helped me learn to set up and then use technology I would be happy.” **(Fisher Medical catchment area)**

A number of respondents also expressed the frustration that they would like to use technology, but some GP practices have blocked the use of e-consult which people had previously found very helpful.

“I have not been able to make an appointment to see GP via the online option, as this is not available at Fisher Medical. I am happy to order my repeat prescriptions online.” **(Fisher Medical catchment area).**

“Already use some of these, but cannot book appointments online because our surgery has blocked this facility.” **(Townhead Surgeries catchment area).**

Do people get information in an accessible format?

Since August 2016, the Accessible Information Standard has stated that health and care organisations are legally required to provide a consistent approach to identifying, recording, flagging, sharing, and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment, or sensory loss⁵. Although the Accessible Information Standard has been a legal requirement for six years, unfortunately, many people still do not receive information in a format that is accessible to them.

Around 57% of respondents (179) said they didn't need information in a different format and of the remaining respondents, 21% (67) said they always get information in their preferred format and 7% (22) get it sometimes. Around 8% (26) of respondents said they don't get information in the format that they need. These findings fall in line with the recent report produced by Healthwatch North Yorkshire and Healthwatch York that explored whether people receive information in an accessible format. The report found although some effort is being made, many still do not get information in a format that is right for them from health and care services⁶.

“Written updates would be better as I struggle to retain information told to me verbally during an appointment.” **(Dyneley House Surgery catchment area).**

“Sometimes yes but I am always supported to attend appointments by my support team - I could not attend without them.” **(Cross Hill Group Practice catchment area).**

“I would like Easy Read.” **(Townhead Surgeries catchment area).**

“I find blocked routes to access what I need. I cannot even ask a receptionist to make an appointment face to face. I am deaf so cannot use the phone. I am 95 and cannot use online.” **(Fisher Medical catchment area).**

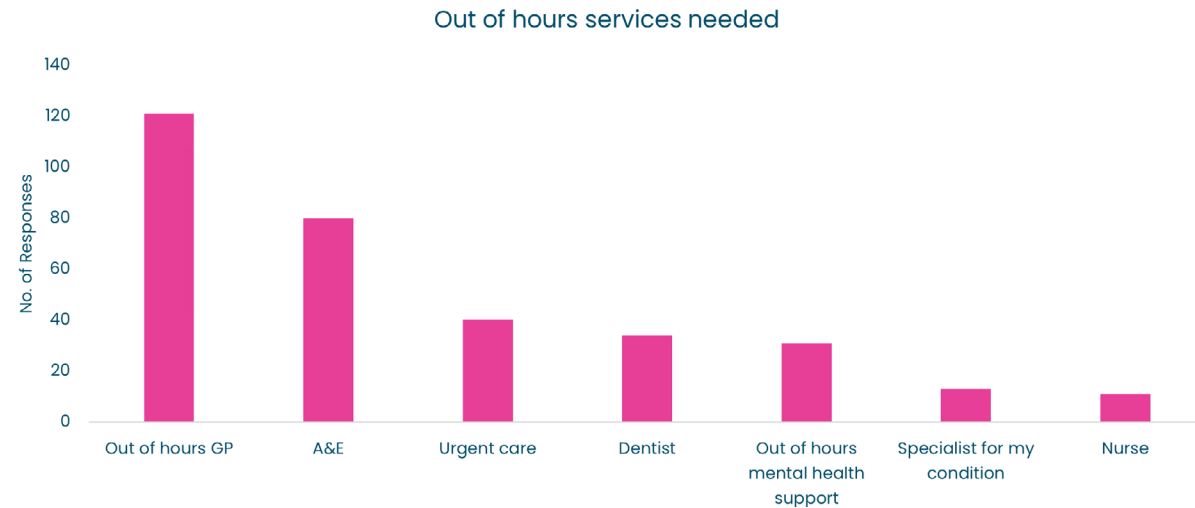
4 [The Healthcare Digital Divide | Spirit Digital \(spirit-digital.co.uk\)](https://www.spirit-digital.co.uk)

5 [NHS England » Accessible Information Standard](https://www.nhs.uk/accessible-information-standard/)

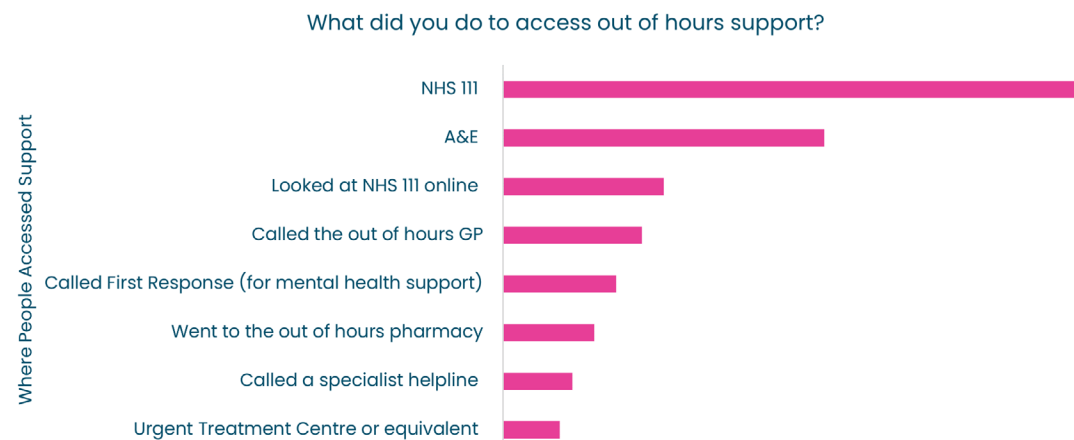
6 [Accessible Information Report - June 2022_0.pdf \(healthwatchnorthyorkshire.co.uk\)](https://www.healthwatchnorthyorkshire.co.uk/accessible-information-report-june-2022-0.pdf)

Access to out of hours services

In terms of out of hours support, 48% of respondents (166) said they haven't needed this type of support in the past year. Less than 1% (3) said they needed support weekly, 3% (10) said they need out of hours help monthly, 7% (25) said they need help occasionally (every 2-3 months), and 30% (104) said they've needed help once or twice a year.



Of those who said they had accessed out of hours services, over half of respondents said they needed the out of hours GP (68%) (121) and 41% (80) said A&E. To get support, a large proportion of people contacted NHS 111 or went to A&E at Airedale or Lancaster hospitals. For those who attended the Urgent Treatment Centre (or equivalent) this was in Wharfedale, Westmorland, Rossendale or Preston. There is no such service in Craven.

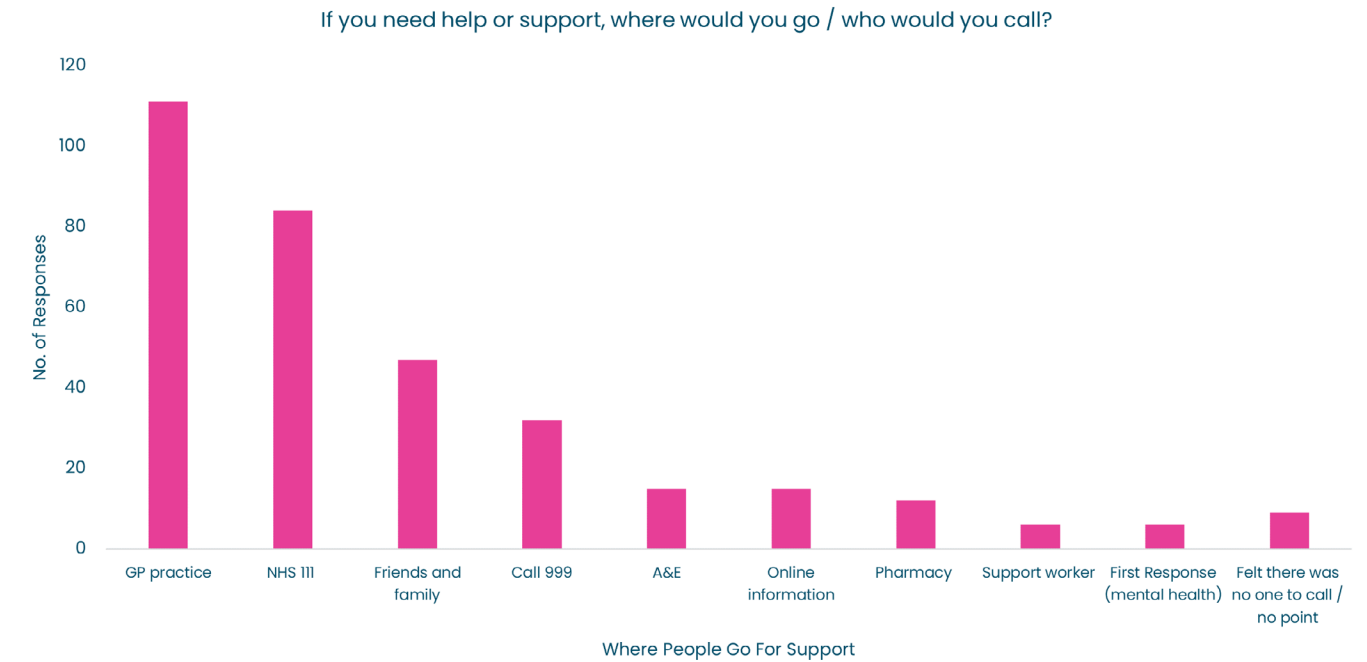


One respondent raised the issue of out of hours mental health support only being available by phone which is not accessible to them. This highlights the need for an alternative to only a phone line for emergency support.

“Out of Hours Mental Health Support is only available by phone which is not accessible to me.” **(Townhead Surgeries catchment area).**

Where do people go for support?

Towards the end of the survey, an open question was asked to explore where people go if they need help or support. A range of responses were received, as illustrated in the graph below.



There was no real difference in response in terms of age, with similar numbers contacting the different options. However, it is interesting to note the low numbers who go to the pharmacy despite significant publicity encouraging us to go to the pharmacy with initial health queries. Also, there were relatively low numbers of people who look online for information despite 45% (168) of respondents saying they would use technology to access health services and support.

Raising concerns about a health service

When asked about where they would go if they wanted to raise concerns or issues about a health service most respondents said they would not know where to go and a large proportion said it depended on which service they wanted to raise concerns about.

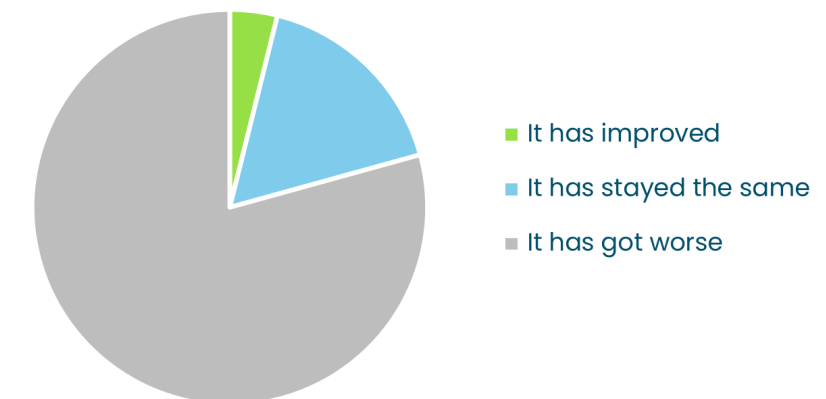
Of those who identified somewhere to go, most people mentioned going to their GP practice or the hospital. A minority of people mentioned PALS if there were issues with hospital services and fewer mentioned the CQC or Healthwatch. There were a few mentions of going to a local MP or councillor but the overwhelming response was that people did not know where to go.

“No idea, and I am a retired consultant!!” (Townhead Surgeries catchment area).

Impact of the pandemic on access to health services or support

The COVID-19 pandemic has had and is continuing to have a pervasive impact on all aspects of health and care⁷. When asked whether the pandemic has affected their access to health services or support, 73% (245) of respondents said it has got worse, 15% (52) said it has stayed the same and only 4% (12) said it has got better.

Has the pandemic affected your access to health services or support?



Geographically, those people who said services have improved use Bentham or Townhead GP practices and these also had higher proportions of respondents saying that things were the same. While people from every GP practice said that access to health services or support had got worse, the highest proportions came from people using Fisher Medical Practice and Cross Hill Group Practice.

When asked what has changed due to the pandemic, the majority of comments focused on getting through to the GP practice and particularly access to face to face GP appointments including the change to telephone triage. This was mostly seen as a negative, as people have missed seeing GPs in person, seeing the same GP and are very frustrated with long waits to get through to a GP practice by phone. However, a few people have appreciated the triage approach and increased use of technology.

⁷ COVID-19: Impact of the pandemic on healthcare delivery (bma.org.uk)

“It is no longer possible to make an appointment with a GP. E-consult isn’t always adequate and often when a doctor has called you back, they are quick to brush off your symptoms or belittle what you are feeling. Sometimes a good GP can pick up things that the patient may not think to mention. As a result, there is a chance that something may be missed. Patients are also reluctant to call the GP due to being brushed off in the past.” **(Townhead Surgeries catchment area)**.

“It has got worse can’t get an appointment with the doctor, it is always triage on the phone.” **(Townhead Surgeries catchment area)**.

“It is almost impossible to access a GP. NHS 111 is often inappropriate as they send you to A&E. I had a text from my GP advising me not to call as there were no doctors. It is completely unacceptable – people then inappropriately access ambulance service and A&E increasing their work load.” **(Cross Hill GP Practice catchment area)**.

“E-consult is brilliant. I can think what I want to say. And the doctor knows the background before I go.” **(Townhead Surgeries catchment area)**.

“I love that phone and video appointments are finally being allowed. This should have happened long ago. I find communication with a mask to be the biggest barrier as an autistic person.” **(Fisher Medical catchment area)**.

“I am now far more inclined to consider a telephone appointment. Dyneley House have been very good on the rare occasions I needed to chat to the GP.” **(Dyneley House Surgery catchment area)**.

“Local GP has closed and can’t get through to receptionist. One person made 145 repeat calls to try get to the GP, but gave up.” **(Fisher Medical catchment area)**.

Across the survey, a number of people also commented that they can no longer book GP appointments in advance for non-urgent long term condition reviews or appointments. Many GP practices seem to only offer urgent appointments that can be booked by calling on the day.

“Current model of consult/triage not suitable for people like me with long term chronic illness. Takes more than 10 minutes to explain myself, computer notes not thorough. Need named doctor, who would be quickly up to speed and more efficient. GPs and most other staff are exhausted and stressed. They are not happy about the quality of service they deliver.” **(Fisher Medical catchment area)**.

“Only urgent appointments available. Cannot make routine appointments. Feel like GP only available for urgent care.” **(Cross Hill GP Practice catchment area)**.

“Very difficult to get a face to face appointment. Very difficult calling at 8am for an appointment not being able to get through and needing to travel to work. Often when you get through all of the appointments are gone. Cannot book face to face appointments in advance for example if you have an ongoing health condition so don’t need an urgent on the day appointment. The staff are lovely it just feels like there are not enough on the phones/enough appointment available. I feel like there should be a separate line for non-urgent appointments as often I will call up and will be told my appointment is not urgent,

which I know and have identified myself, but there is no possibility to book an appointment for another time.” **(Fisher Medical catchment area)**.

Other comments noted increased waiting times and some regular reviews or appointments moving to phone or not happening at all.

“I have not had an annual check-up since 2019, I have two health conditions which were monitored annually.” **(Fisher Medical catchment area)**.

“Now been waiting over 12 months for a hospital appointment which has been cancelled four times.” **(Cross Hill GP Practice catchment area)**.

“Mental health crisis help is far too long. When people are in crisis they need support there and the 6–8 weeks is a ridiculous long time to wait when people are in a desperately low situation and need help there and then.” **(Cross Hill GP Practice catchment area)**.

“Significant lack of staff for children’s mental health services. Child started receiving weekly support from CPN but nurse kept changing, which was not easy for a child with autism to cope with. For several months now there has been no support at all. Now having to pay for private counselling to support autistic child with complex mental health needs and suicidal thoughts. Inability to support private care long term.” **(Fisher Medical catchment area)**.

“No mental health appointments for a nine-year-old. All we got was a call from CAHMS after being referred from the first response team. CAHMS said to contact charities for counselling but he is too young for them. I’m trying and trying but I can’t seem to get him any mental health support. It’s just impossible to get anything other than a ASD/ADHD diagnosis out of CAHMS. We’re now waiting 1+ years for his ADHD medication appointment because they have no staff.” **(Fisher Medical catchment area)**.

Services no longer being local, such as sexual health clinics and breast screening, was also mentioned as a negative change that has occurred since the pandemic.

“Sexual health clinic no longer local.” **(Dyneley House Surgery catchment area)**.

“Been phoning monthly for over a year now to find out when the mobile breast screening is coming to Settle/Bentham area – could they not let me know when they have dates? Will they ever have dates? I can’t travel to Bradford for it. Is it not available at Westmorland General?” **(Bentham Medical Practice catchment area)**.

“CAMHS Keighley is appalling and the fact we are under a service 40 miles from home is very poor.” **(Bentham Medical Practice catchment area)**.

While the majority of comments have been about GP practices, a number of people have mentioned not being able to access NHS dentists or long waiting times for appointments and the extreme actions some people feel they have had to take.

“NHS dentist – couldn’t get one, in terrible pain, ended up pulling my own teeth out, no help at all.” **(Bentham Medical Practice catchment area)**.

“As for dental care, it’s medieval, had to buy dental pliers to pull our own teeth out.” **(Townhead Surgeries catchment area)**.

Next steps

The first theme the partnership has started to address from the Timely Access Survey is delays in accessing health appointments due to transport issues. We wanted to understand more about the challenges, and invited a wide cross section of relevant people and organisations to a 'discovery' workshop to explore the topic further. This included staff and a governor from Airedale Hospital, representatives from: GP surgeries, Patient and Participation Groups, Yorkshire Ambulance Service, Primary Care Networks, Bradford & Craven Health & Care Partnership, voluntary organisations, community transport providers/drivers/users, district and county councils and the North Yorkshire Accessible Transport Group.

Yorkshire Ambulance Service shared changes to service and eligibility criteria for patient transport with us, and talked about a new project to test new approaches to improve patient transport services and to increase the range of transport options available to support people in accessing healthcare.

We then shared our own knowledge and experience on what is and isn't working to help people get to health appointments, which coalesced into themes centred around the older demography of Craven, our geography and alternative models to travel.

Further discussion on these themes centred on being curious about what we don't know - which bits of the 'jigsaw' are missing, and asking the question 'wouldn't it be great if...' to think creatively about what could be different and how we could achieve change, and from this came:

Wouldn't it be great if:

- We built on transport ideas such as Little Red Bus or PlusBus for Health that provide flexible door to door transport.
- Health care services were local and community-based, taking services out to people (eg. blood pressure checks) but underpinned by national guidance.
- Telemedicine was more available, used and facilitated.

We plan to continue our collaborative exploration of these ideas with the intention of piloting some new ways of working together in the future.

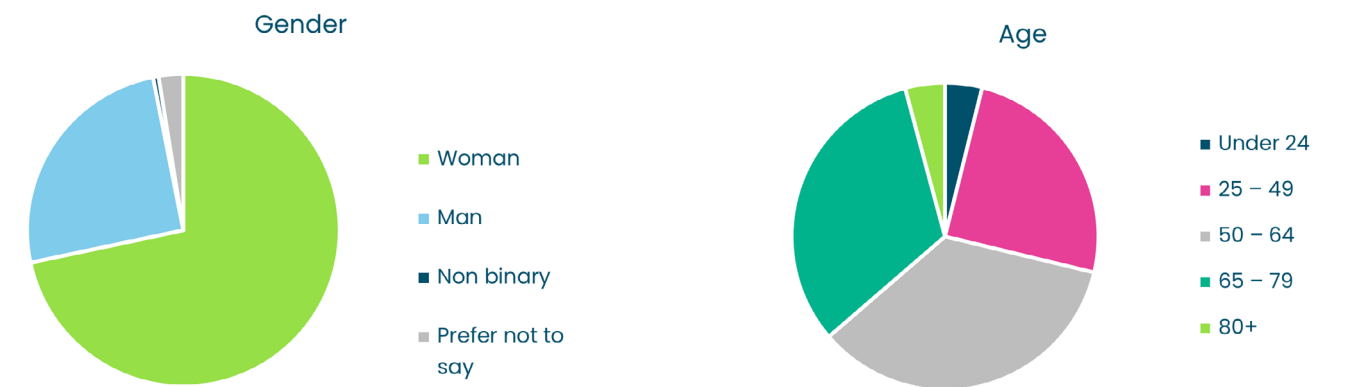
Separately, we are talking to our voluntary sector providers of community transport to understand whether there is scope to improve the existing range of transport options.

Thank you to everyone who responded to our survey and contributed feedback. We will continue to call for improvements on health and social care across Craven and the more feedback we receive the greater chance we have in influencing change - so thank you for continuing to share your experiences with us.

Appendix - demographic information

Most respondents (84%) (302) said they live next door to someone else. The majority of respondents (93%) (320) are not and haven't been part of the farming community. Only 3% (12) are part of the farming community, 0.5% (2) are retired but still involved in farming and 2% (7) are retired and no longer part of the farming community.

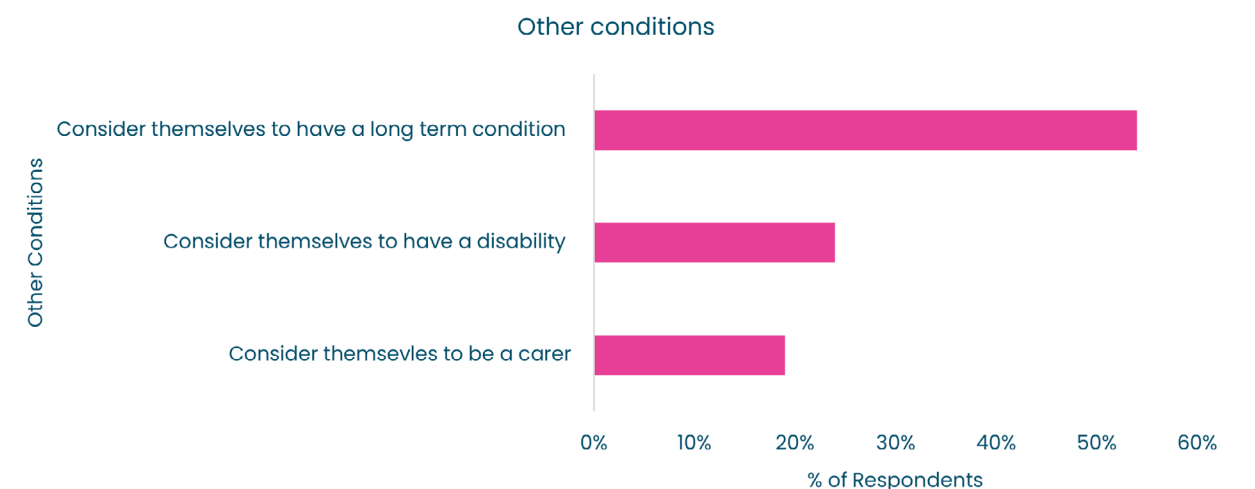
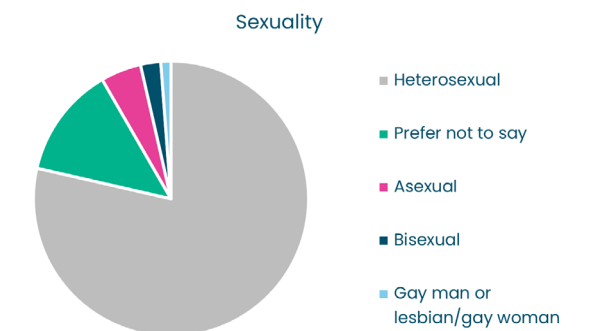
The majority of respondents were women (72%) (253), 25% (89) were men, 1% (2) non-binary and 3% (9) would prefer not to say. In terms of age, a large proportion of respondents were between 50-79 years old (67%) (240).



In regards to ethnicity, the majority of respondents were white British/white other (96%) (339). The remaining 4% (9) were of Asian and Black British ethnicities.

In relation to sexuality, the majority (79%) (264) said they were heterosexual.

When asked if they consider themselves to have a long term condition, disability or are a carer, 54% (192) said they consider themselves to have a long term condition, 24% (84) consider themselves to have a disability and 19% (65) of respondents said they are carers.





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