

Quarterly report to Systems Quality Group: What's important to the people of West Yorkshire?

June 2026

This quarterly report is based upon the collation of insight captured by each local Healthwatch across West Yorkshire via their enquiry, support and advocacy lines, outreach work and through West Yorkshire Voice. It summarises key themes as well as any emerging risks and issues.

For this report, we have reviewed insight and data for the period 01 February 2026 – 30 April 2026.

Below is a summary of the themes:

Access

Access and navigating systems

- We have heard that some people are struggling to access timely care, especially in GP, dentistry, mental health and specialist services.
- We have heard from a number of people who are struggling to access an NHS dentist. Waiting lists are long or closed, meaning that increasing numbers of people and children are without much-needed dental care.

“It took 8 years to find an NHS dentist. In this time, I had four teeth pulled – as the dentist couldn’t do the fillings

as needed and now, I face another four to be removed. Not being able to have routine appointments has in turn given the NHS more work and more time than needed."

- Some people are still finding it difficult to book an appointment with their GP due to appointments not being available.

"It's ok when you can actually get an appointment, can never get an appointment, not with a doctor anyway, can always see a nurse if you need blood tests though."

"Call on the 8 o'clock lottery, no doctors, so have to see a nurse. I don't even know if there is any doctors anymore. They are nice but so difficult to get an appointment."

- Booking systems are not working well for some people and are getting the way of them accessing the care they need.

"There is a phone number to ring, but you can never get through, so no idea how people get an appointment who can't get online."

Inclusive services

- There is a theme of some people feeling that services are not understanding of their needs and are not flexible to support access for some groups of people.

"X contacted their local dentist at the beginning of Ramadan and was told they were accepting new NHS patients. They did not want to attend immediately due

to the religious period but was told to contact afterwards and details taken. On contacting again, they were told they were no longer accepting new NHS patient."

- There is a need for services to have better training and awareness of how they can be more inclusive to support all people to access healthcare services and not feel excluded.

"Feels that there is little understanding within the health service for Trans people, dismissive attitude."

Patient transport, parking and accessibility

- There is a theme of patient transport not being as available to people and this is becoming a barrier to people being able to access their healthcare appointments and leading to poor experiences.

"I was discharged at 8pm on Sunday evening without any transport arranged. I did not have my coat with me and had very little money. Public transport was running reduced services at that time."

- Limited parking at hospital and health centre sites is causing people difficulties in getting to appointments, particularly when these are given at different locations and when public transport/funded patient transport isn't available.

"I arrived with my 93-year-old mum who was suffering a stroke at Calderdale Royal Hospital A&E by car (faster than waiting for ambulance!) to find no parking

available and no drop off space provision. It took 30 minutes to find a parking space about 10 minutes' walk away. Crazy!"

- The location of appointments can create a barrier, particularly for people who are reliant on public transport and who cannot afford to pay for taxis.

"Appointments are offered at GHS but it's 2 bus rides, not ideal when you are ill, or £10 in a taxi, which is not feasible for me."

- Expensive parking at hospitals is adding a financial pressure for some people.

"Parking at all hospitals is atrocious, can hardly ever get a space and £3 an hour is extortionate."

- We have heard that signage within hospital settings and health centres is sometimes unclear and confusing.

"Signs for Pre Op Assessment at HRI are useless on the back of a door and down a corridor out of sight of the main lifts. We ended up going into Medical Assessment."

Waiting times

- We have heard that some people are experiencing long waits to access their GP and for specialist referrals, diagnostics, surgery, access to CAMHS, for Autism assessments, Dentistry and Podiatry.

Coordination

- There is a consistent theme of referrals not being sent or received, or not being followed up within a timely way. Some people have told us that they are having to chase their own referrals and that this can be frustrating when trying to navigate complex health systems.

“After waiting weeks in pain, she eventually rang the appointment line, and they said she was not on the referral list, so she had to contact her doctors again. She reached back out to the surgery who confirmed a referral was not done.”

“The experience felt like a waste of time. I had to chase my own referral after not hearing anything for several weeks.”

- We have heard that communication and coordination between services and systems does not always work well for people who are referred for assessment or treatment out of area or with alternative providers.

“A patient with severe back pain and hip pain travelled to Worksop to get the MRI scan done that his gp asked for. Afterwards when he went to his GP for the results, the GP could not access them, and he had to be referred again and have the MRI scan yet again.”

“The experience felt like a waste of time. I had to chase my own referral after not hearing anything for several weeks.”

- There is a theme of services not following up after providing support/following discharge.

“I received excellent care and underwent retinal surgery as a day patient. I was discharged the same day with four different medications, but I did not receive a discharge letter with instructions on when to take each one. I had to rely on the limited information on the medication boxes, which was printed in extremely small text and not in a larger font, despite this being after eye surgery. I was given a verbal handover while still recovering from the sedative medication administered during surgery.”

- Some people with multiple conditions, are really struggling when services are not joined up, or access and communication is lacking.
- When services are well coordinated and talk to each other, people have a much better experience.

“On one occasion, I had three appointments scheduled on the same day. The care was well coordinated so that everything could take place in a single visit, avoiding

the need for multiple trips. This level of organisation is very impressive."

Compassion

- We consistently hear that staff are kind, compassionate, knowledgeable and caring. We have heard from people who praise the care they have received, often stating that once they have been able to get an appointment/seen the appropriate professional, the care and support is exceptional.

"The staff here are very kind and caring. From the moment I arrived, I felt comfortable and supported, which was particularly helpful as I was quite anxious being here for the first time. The team explained everything clearly and made me feel fully involved in my care."

- Some people have told us that they have not had a good experience in the care that they have received and that staff have been rude or lacking in empathy. Some people have put this down to the pressures that they perceive staff to be under and systems that are not effective.

"How rudely I was spoken to by the clinician who repeatedly interrupted me while I was trying to explain my neurodivergent YP's needs. She then went on to write on my YP's medical records that I repeatedly interrupted her during the appointment!"

Communication

- Clear, accessible communication is key to people being able to access health and care services and to have a good experience.

“The staff here are very kind and caring. From the moment I arrived, I felt comfortable and supported, which was particularly helpful as I was quite anxious being here for the first time. The team explained everything clearly and made me feel fully involved in my care.”

“Communication from the consultant has been excellent — clear, detailed and informative, without being patronising.”

- Written communication can be confusing for people – these should be written in plain English, without jargon, and provide clear information that is easy to understand.

“Outpatient appointment letters are almost unreadable in parts. Mostly acronyms and codes that mean nothing to the person receiving the letter.”

- People have told us that services do not always communicate well with each other. This can lead to people having to re-tell their story and can cause delays in care and frustration.

“Ring to try get an appointment and receptionists want to know the in's and out's, when you do get to see the

doctor all the information you told to receptionist is not logged or passed on, so you have to repeat it all again.”

- Carers are not always included in communications which can lead to missed appointments and confusion. It is important that carers are flagged on people’s records and included throughout a person’s care.

“Due to diabetes haven’t been able to get a home visit for father and have had in excess of 20 communications in last 18 months. This has included phone, email, completing forms and recent ask to take photos of his feet. Dad patient has a palliative care diagnosis and is bed bound.”

- People have told us that key information isn’t always passed on, including communication needs. This leads to information being missed or not delivered in a format that people can understand.

Quality of services

Postcode Lottery

- We have heard that there are some inconsistencies in the care that people receive dependant on their postcode.

“The patient received a letter from her GP practice stating that, following a review of patient lists, she was outside the practice boundary and would need to register with another GP. The practice agreed to retain

her as an out-of-area patient, which the patient reported she is very grateful for.”

- Service provision boundaries are potentially creating inequalities in care and creating barriers for people to access healthcare. This is also impacting on the quality of service that some people are receiving- different service providers in different areas are delivering different levels of care.
- Wheelchair services- we have heard that there is a stark difference in wheelchair services across West Yorkshire, with some places providing an efficient and holistic service to people, while others are operating with huge waiting times and are not meeting people's needs. This is having a significant impact on the people's quality of life.

“I've now been waiting almost a year with no joy. I am awaiting to trial a self-propelled wheelchair, and I still haven't heard anything.”

Continuity of care

- People have shared with us their experiences of care being fragmented, with experiences of poor handovers and not being able to see the same health professional throughout their care.

“She never sees the same doctor more than once or twice. Each time she has to update them about her illnesses, she has complex health issues, and by that point it's nearly the end of the ten-minute slot.

Why do they not try to see the whole person and not just the illness in front of them?"

- People have told us that they really appreciate being able to see the same clinician or GP at appointments; this helps to build relationships and trust, limits the need to re-tell experiences and gives continuity in care.

"Get to see the same doctor at each appointment – excellent communication – even tells me when he will be on annual leave, so I know not to call until he is back."

Maternity services

- We have heard mixed experiences of maternity care. Some people have told us that they were made to feel safe, felt listened to, they received personalised care and staff were excellent.

"My pregnancy at times has been really stressful with lots of complications and it has felt so much more manageable because I knew I was in such good hands. I'm really grateful for their expertise, and for how approachable and caring they have been at every appointment."

- We have also heard from people who have not had a good experience of maternity care. There are themes of delays in induction, poor postnatal support, lack of informed consent, poor communication and dismissive attitudes, issues with access for partner/family, and discharge delays.

“She did not feel well informed or kept up to date and had to request updates herself from staff members. She feels this should be communicated better. She further stated she didn't fully understand why she had to be kept as an in-patient and wasn't allowed to go home during this wait.”

Accessibility/Equity

- People have told us that services are not always designed to meet their needs and this creates a barrier for them to be able to access services and get the most out of their care.

“The online booking system is not deaf-friendly, and reasonable adjustments have not been made despite my needs being clearly communicated.”

- We have heard a higher number of poor experiences from particular people; including older people, people living with dementia, people with a learning disability or autism, people with mental health needs and disabled people.

“My gp refuses reasonable adjustments I'm a housebound patient who can't access the surgery at all due to it.”

“There should be more training, awareness, consideration and compassion when dealing with people with autism. There is an immense lack of

understanding, and this leads to massive problems for the person and their families.”

- We have also heard from people with language or interpreter needs, people living in rural areas and trans people.

“Feels that there is little understanding within the health service for Trans people.”

Move to digital/non face to face support

Non face to face support

- We have heard that some people feel like they are being pushed to use online systems or Apps and they do not feel comfortable with this and would prefer seeing someone in person.

“A man who has high blood pressure finds it hard to get a face-to-face appointment. When he sees a GP he is told to make another appointment in 2 weeks, and he can never get back to the GP with that time frame.”

Online systems

- We are hearing that digital and online systems are helping some people but are excluding others.

“I do not use online services, so I am unable to order my repeat prescriptions through the website or NHS App. I also struggle with my mobility, which can make it difficult to attend the surgery in person to complete a request form.”

- Digital first approaches to access are creating barriers and inequalities for some people and groups.
- We have heard that some older people, disabled people, carers, people in rural areas, and people with low digital confidence feel like they are being disadvantaged.

“I'd change the way older people and others are rapidly being made to struggle with systems designed for the computer literate only.”

- We have heard that flexibility around the use of digital and online systems is helpful and allows people to engage in a way that they are able to.

“I have been a patient here for decades and it's always been consistently good. I was shown how to use the NHS App but struggled and they've allowed me to continue phoning.”

- Some people would like more support to access online systems and appointments and would like to have a greater say in how these systems work to better meet their needs.

“I don't like the online services they use, you have to go onto their website, and a form comes up with options, and they don't always apply so I've ticked things that seem the closest to what I need. If they're pushing us to do things online it needs to be considered from how we use or need it not from what they want it to do.”

Unpaid Carers

- We have heard that carers do not feel well enough supported; that there is a lack of advice and support.
- Carers can feel burdened by having to navigate system gaps, having to chase services and coordinate care of the person they care for.

“How can carers recharge if they can’t be sure their loved one is safely cared for in their absence?”

1. We have heard from some unpaid carers who have told us they feel invisible.

“Whilst in the ward the parent carer reported he was left in a side room for so long that she was worried he would die. She tried to call help but was being dismissed.”

Risks

1. **People are facing barriers to accessing care and this is having a direct impact on people’s health.**
2. **There are disparities in the care that people receive depending on where they live.** Services are not being provided equitably across all places in West Yorkshire with some people having to wait for long periods or receiving insufficient care.
3. **Digital exclusion exacerbating health inequalities.** If people are not given non-digital options to access health services, book appointments and manage their health, the biggest impact will be on people who are already experiencing the most health inequalities.
4. **If services cannot provide support holistically, people will continue to move around a system that is unable to support their needs.**

5. **Increased dependence on family or unpaid carers and associated impact on carers' mental and physical health.** This is a risk both from reduced service offers and if services aren't accessible (e.g. communication needs are not met, or people are digitally excluded). Increased risks of 'falling out the system' for those who have no one to support or advocate for them.

Questions for systems Quality Group

1. What are we doing as a health and care system to address these risks? How can we be assured that we are doing enough?
2. How will these risks be managed as the WY ICB moves to be a Strategic Commissioner?
3. What is the role of Place Provider Partnerships in this?
4. How can we feed back to people about how their experiences are being used to shape and monitor health and care delivery?

Relevant reading

[Self-management of health – West Yorkshire Voice Report – Your Healthwatch Leeds](#)

[Neighbourhood Health – LCH – Your Healthwatch Leeds](#)

[Digital-access-to-GP-services.pdf](#)

[Ensuring access beyond digital in health and care – Your Healthwatch Leeds](#)

[The future of patient voice: learning from the Healthwatch model | The King's Fund](#)