healthwatch Wakefield

Real voices, real impact

April to June
2026

Contents

Services can't improve if they don't know what's wrong.

Your experiences shine a light on issues that may otherwise go unnoticed.

If you need this report in another format please get in touch.

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Introduction

This report shows how we've been listening to people and using their experiences to improve health and care services.

Every day, people contact Healthwatch Wakefield to share what it's like to use health and social care services — whether through conversations at community events, calls to our office, or messages through our website and social media.

We signpost people to services, contact services directly, and collect and analyse feedback to identify key themes and trends.

Rather than focusing on large numbers, we place high value on the depth and quality of feedback. We are interested in individual experiences, and we focus on personal feedback to help us understand how services impact people on a human level.

These stories often highlight issues that surveys or statistics might overlook.

We then work with services and decision-makers to share what people are telling us and this helps to shape better care for everyone.

This report highlights:

- Where and how we've collected feedback
- What we heard and why it matters
- What actions were taken as a result
- What's changing because of what people shared

Illustration showing how we use your voice to make change happen

Information

How do we hear from people

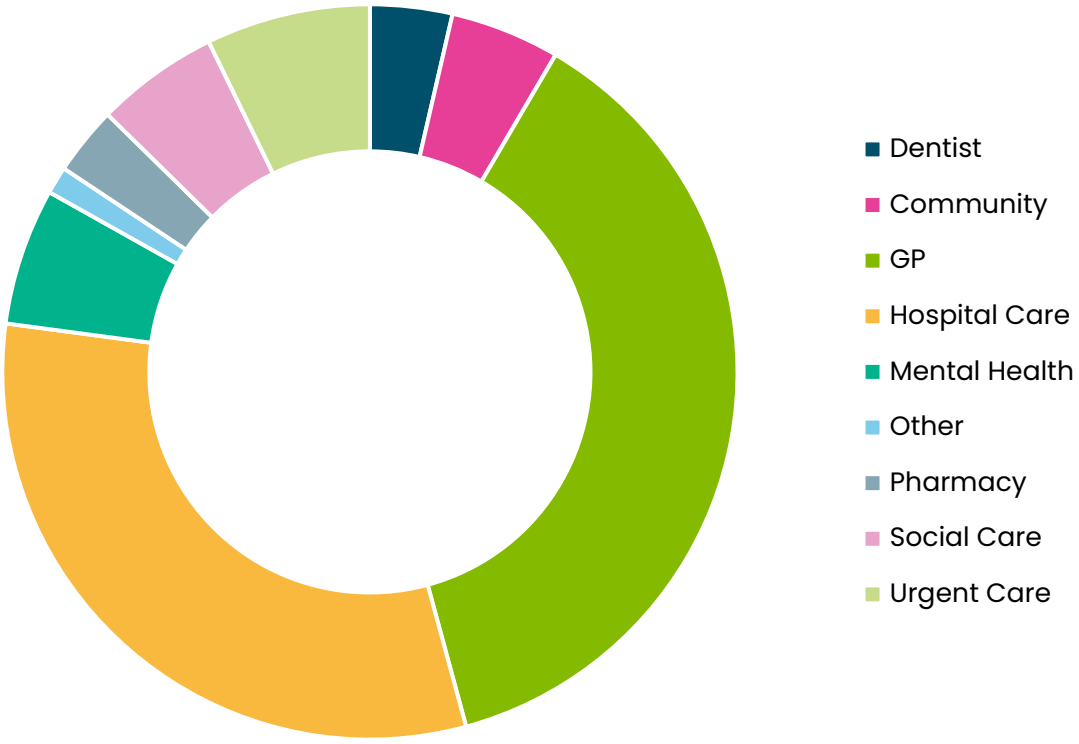
We hear from people in lots of different ways - through engagement, as well as telephone calls, our website, and social media. In these three months we received 166 pieces of information from people who have used health and care services. We talked to people at over 37 different events, meetings, and community locations, including:

- Portobello Community Centre Craft Group
- Warwick Exercise Group
- Wakefield City of Sanctuary
- Camphill College Open Day
- Hemsworth Stakeholder Group
- Eastmoor Family Event

We also talked to people at the regular panels and partnerships we run, which are the Mental Health Community Panel and Adult Social Care Citizen Panel. We also gather very detailed information from people when things haven't gone to plan or as expected through our independent NHS Complaints Advocacy Service.

Issues shared by service type

Chart showing proportional distribution of service issues



What we heard and why it matters

We analysed the 166 pieces of information that we received and have highlighted the four main themes that emerged this quarter. These are:

1. Access to GP care and continuity of care
2. Digital: improving access for some, excluding others
3. Joined up care: communication, coordination, and ownership
4. Person centred care: feeling heard and treated with compassion

Each theme is outlined in more detail below.

1. Access to GP care and continuity of care

Access to GP services continued to be one of the strongest themes this quarter. While people are generally understanding of the pressures facing primary care, many described how difficult it can be to access the right support at the right time. We heard about long waits for appointments, difficulties getting through by telephone, problems using online systems, and delays in receiving follow-up care. Alongside these practical barriers, people highlighted the importance of continuity of care, being listened to and seeing clinicians who understand their history and wider circumstances.

Many people described repeatedly trying to obtain appointments, only to be directed elsewhere or left waiting for weeks. For some, delays resulted in worsening symptoms, increased anxiety, or decisions to seek help from urgent care services instead.

"I have been trying and trying to make an appointment with my GP surgery. When you call, they put your call into a queue and before it is answered, your call is disconnected"

Another described the impact of digital appointment systems combined with limited telephone access:

"I am never able to get appropriate appointments. The Patchs system is ridiculously complicated"

We also continued to hear about difficulties accessing appointments following requests made by clinicians themselves. Several people described waiting weeks for appointments despite experiencing significant pain or deteriorating health.

"Not a lot went well. I requested telephone advice from a nurse or doctor. I needed this immediately as I was in a lot of pain. I was sent an appointment in two weeks"

Alongside access itself, continuity of care emerged as an important issue throughout the quarter. People with long-term conditions, complex health needs, or difficult personal circumstances described the value of seeing a GP who knows them and understands their history.

One person reflected on how important this continuity had been during a period of crisis, explaining that maintaining a relationship with a trusted GP had provided vital support and that losing this continuity made an already difficult situation significantly harder.

People also told us about delays in investigations, referrals, and follow-up care. Some described having to chase results or referrals themselves, while others felt opportunities to diagnose or treat problems had been missed. Others highlighted concerns about home visits for elderly relatives, obtaining medication reviews, accessing female GPs, and receiving clear communication about ongoing treatment.

Despite these concerns, we also heard many examples of excellent GP care. Patients consistently praised staff who listened carefully, explained treatment options, acted promptly and treated them with kindness and respect.

"There can't be a better service anywhere, absolutely brilliant. The care was efficient, no waiting for my appointment, the people were kind, caring, gave full explanations and answered all my questions"

We also heard positive feedback about proactive follow-up after injections, prompt health checks, supportive reception staff, and GPs who provided reassurance while taking the time to explain test results thoroughly.

This quarter's feedback demonstrates that while many people continue to receive excellent care from their GP practice, access remains inconsistent. When patients can reach the right clinician quickly, feel listened to and receive coordinated follow-up, their experiences are overwhelmingly positive. However, when access is delayed or fragmented, people can be left feeling anxious and unsupported.

2. Digital: improving access for some, excluding others

The increasing use of digital systems across health services continued to generate mixed experiences this quarter. While many people valued the convenience of services such as Patchs and the NHS App, others described feeling excluded, frustrated or overwhelmed by systems that did not meet their needs. The feedback suggests that digital services work well when they provide an

additional route into care, but can become a barrier when they replace more traditional ways of accessing support.

Some people talked about older people, describing difficulties using online systems or smartphones. One person shared concerns about their elderly parents, saying:

"They don't really know how to use their phones in that way, so it is a barrier when they want to make appointments and can't get through to the GP"

Others highlighted barriers linked to disability, literacy, or confidence using technology. One person with dyslexia explained that they struggled to access GP appointments online and only used their phone for making calls.

Several people described finding digital systems confusing or impersonal. Some were unsure which NHS app they needed to use, while others felt uncomfortable sharing sensitive health information through online forms. Others reported completing online requests only to find they still needed to telephone the surgery or were unable to secure an appointment.

Despite these concerns, we also heard many positive experiences. Several patients praised Patchs for making it easier to access appointments, request medication, and communicate with their GP practice. One patient explained about someone they knew:

"She uses Patchs and always gets an appointment. She prefers face to face and is able to obtain these appointments when required. Patchs is working well in her opinion"

These contrasting experiences demonstrate that digital healthcare can improve access when it is designed around people's needs and supported by alternative routes for those who need them. However, they also highlight the importance of ensuring that people who cannot, or choose not to, use digital services are not disadvantaged. As health services continue to expand digital ways of working, maintaining accessible alternatives will remain essential to reducing inequalities and ensuring everyone can access the care they need.

3. Joined up care: communication, coordination, and ownership

People continued to describe experiences of fragmented care this quarter, with communication and coordination between services emerging as a recurring concern. Many people felt they were responsible for joining up different parts of the health and care system themselves. Often having to chase appointments, referrals, test results, or information between services. This was particularly challenging for people with long-term conditions, multiple health needs, or those supporting family members.

Several people described receiving conflicting information from different professionals or organisations, leaving them uncertain about what should happen next. Others reported that

information had not been shared between services, resulting in delays, duplicated appointments or unnecessary inconvenience.

One patient described travelling to several different locations for diagnostic scans over a short period, only to discover that their GP was unable to access the results afterwards. Another patient had to undergo a repeat MRI scan because the original results could not be retrieved. Others told us about referrals that appeared to stall, complaints that went unanswered, or uncertainty about who was responsible for coordinating their care.

One person told us:

"I feel that the GP has let me down on several issues. Not just on a sick note problem, but the fact that he has neglected my medical needs for many months"

We also heard concerns from carers trying to navigate services on behalf of elderly relatives. One daughter described repeatedly trying to obtain support for her 95-year-old father, explaining that she was passed between different organisations and left unsure who was responsible for arranging the care he needed.

Alongside these examples, people described feeling that their concerns had not always been listened to or acted upon, particularly where care involved several different organisations. Some felt they had to continually explain their circumstances to different professionals or chase progress themselves, adding to the stress of already difficult situations.

Despite these concerns, there were also examples of services working well together. Patients valued proactive communication, timely follow-up and professionals who took ownership of coordinating their care. Positive experiences often centred on staff who explained what would happen next, kept patients informed and made sure that referrals, investigations and treatment progressed smoothly.

This feedback highlights the importance of joined up working across health and care services. While individual services often provide good care, people experience the system as a whole. When communication breaks down or responsibility is unclear, people can lose confidence, experience unnecessary delays and feel unsupported. Conversely, when services work together effectively and someone takes ownership of coordinating care, people's experiences are significantly improved.

4. Person centred care: feeling heard and treated with compassion

People's experiences this quarter reinforced the importance of person-centred care. While many people praised professionals who took the time to listen, explain and provide reassurance, others described feeling dismissed, unheard or that their individual needs had not been recognised. The feedback highlights how the quality of communication and the way care is delivered can have a lasting impact on people's confidence in health services, regardless of the clinical outcome.

Several people described experiences where they felt their circumstances had not been fully considered. This included people living with disabilities, those experiencing bereavement, individuals

with complex or long-term health conditions, and people requiring accessible communication. In many cases, people felt they had not been offered appropriate support or that assumptions had been made about what they needed.

One person who had a family member who sought support following bereavement told us:

"All she was offered was tablets. Why did they not tell her about social prescribing or signpost any local organisations that might be able to help her?"

We also heard concerns about communication with patients who had additional needs. A Deaf patient described difficulties accessing British Sign Language interpretation when seeking an urgent GP appointment, while another family questioned whether a brief telephone conversation was sufficient to assess concerns about possible dementia. Others spoke about the importance of professionals understanding people's wider circumstances, particularly during periods of crisis or when living with long-term conditions.

Some people also described interactions that left them feeling dismissed or lacking confidence in the care they had received, with one person describing the way that the GP treated them as 'atrocious'.

By contrast, positive experiences were consistently characterised by kindness, empathy, and clear communication. People valued professionals who took time to explain test results, discuss treatment options and involve them in decisions about their care. They also appreciated staff who recognised the importance of reassurance, particularly when people were anxious or facing significant health concerns.

One patient summed up their experience by saying:

"The nurse made an appointment for a follow up appointment with the test results. Everything worked smoothly and the test results were explained really thoroughly. The patient could ask questions and not feel silly"

We also heard examples of excellent care for people living with dementia, supportive reception staff who went out of their way to help, and GPs who looked beyond immediate symptoms to understand the underlying cause of a person's health concerns.

This quarter's feedback demonstrates that person centred care is about much more than clinical treatment. Feeling listened to, treated with dignity and supported as an individual can significantly influence how people experience health services. As services continue to face increasing demand, maintaining compassionate, inclusive, and personalised care remains essential to ensuring people feel confident, respected, and involved in decisions about their health.

What did we do

Advice, information, and signposting

We supported people with advice, information and signposting on a wide range of issues, helping them to understand their options, access services, and raise concerns.

We also signposted people to a huge range of organisations, websites, helplines, and services. This signposting makes a real difference to people.

We offer telephone and email support and signposting, and took 165 phone calls this quarter. We are often told that the telephone support provided is extremely helpful and valuable.

We also sent out 13 self-help packs.

Website and social media

A large amount of advice, information, and signposting happens through our website. Across April, May and June 2026, just over 4,300 people visited our website, www.healthwatchwakefield.co.uk and there were more than 6,500 views of pages.

We publicise and signpost to many different sources of information and campaigns though our website. Popular website visits this quarter included pages on the Patient Transport Service, our paid carers project, changes to Care Link, the NHS Reform Bill, advocacy and complaints information.

People who follow us on social media were interested in similar things, and also information on campaigns, activities, and events such as:

- 'Care workers support people every day. We want to support you. Tell us what it's really like to do your job in our short, anonymous survey.'
- 'As volunteer week comes to a close, we'd like to say another big thank you. To all our volunteers over the years, and the staff who looked after them then and now.'
- ''Brain Health Event' next Wednesday 20 May at St Catherine's Church Centre.'
- 'Have you heard of Dave's Respite Register?' It can help you find the right respite care for your loved one https://davesrespiteregister.com/.'
- 'We've been listening. Between January and March, 348 people shared their experiences of health and care services with us.'

Feeding into decision making meetings

In addition to direct feedback and signposting, Healthwatch Wakefield regularly shares insight at a wide range of strategic meetings across the district. This makes sure that the voice of local people influences decisions at every level of the health and care system.

These meetings include:

- Wakefield District Health and Care Partnership Board and its workstreams
- NHS Wakefield Quality Intelligence Group
- Adult Social Care Strategy Group
- Mental Health Provider Collaborative
- Learning Disabilities and Autism Partnership Board
- Experience of Care Network
- Wakefield and District Safeguarding Adults Board

At these meetings, we share current themes, lived experience, and emerging concerns. This enables system partners to respond quickly to public feedback, spot service gaps, and consider where deeper engagement or service changes may be needed.

Quality Intelligence Group

Each month we take all our information to Wakefield District Health & Care Partnership's NHS Quality Intelligence Group. This is an important monthly meeting which captures experiences of health and care – both positive and negative. This meeting is organised and Chaired by the NHS Senior Head of Quality. www.wakefielddistricthcp.co.uk

Feedback is gathered from a range of sources, including Healthwatch Wakefield, the Partnership website, the NHS website, engagement activities, complaints, social media, and health and care service walkabouts. Healthwatch Wakefield produce a monthly report which is shared with Quality Intelligence Group, this report is usually the main source of feedback for the group.

Each month, after considering and discussing all of the intel, three or four themes are identified by the group members, and relevant actions are agreed, with the ultimate goal to make experiences of services better for everyone.

Actions and outcomes from the Quality Intelligence Group

The table following shows the themes identified at the NHS Quality Intelligence Group for April, May, and June 2026, and some of the agreed actions. It shows how the information we receive at Healthwatch Wakefield helps to recognise good practice and also helps to influence change at a strategic as well as individual service level.

April 2026 themes	Some actions taken
Health Visiting Service (negatives)	1. Share feedback with Children and Young People Alliance and Public Health Lead Commissioner and ask for a response. 2. Analyse the feedback and assess potential impact on other health services.
Repeat prescribing delays for care providers	1. Include additional feedback for meeting with Medicines Safety Officer (March 2026 action). 2. Share additional feedback with Primary Care Programme Manager (Community Pharmacy).
Lack of parking at Pinderfields Hospital	1. Share feedback and theme with Mid Yorkshire Teaching NHS Trust Head of Patient Experience and ask for a response. 2. Healthwatch Wakefield colleagues to enquire with Healthwatch England about the feedback that has been shared on the national website re: parking issues at Mid Yorkshire Teaching NHS Trust.

May 2026 themes	Some actions taken
Eastmoor Health Centre: Patients sent for scans that GPs not able to 'read'	1. Discuss potential issue with Practice Manager.
Discharge and arrangements for end of life care	1. Incorporate feedback into current engagement on end of life care. 2. Discuss how feedback could be shared with Neighbourhood Multi-Disciplinary Teams (MDTs) with wider primary care team. 3. Share feedback with End of Life Care Board.
Ossett Health Centre: IT or booking system issues, inaccurate information, coordination of care	1. Healthwatch sent the person a self-help pack on how to make a complaint and raise issues directly with the GP Practice. 2. Discuss feedback with Practice Manager.
Waiting times at Pinderfields Emergency Department	1. Delivery plan to eradicate corridor care was presented to Mid Yorkshire Teaching NHS Trust's Quality Committee in April 2026 based on best practice for improving flow including the new Corridor Care Improvement Guidance. 2. Data on corridor care (against the new definition) will be published nationally from May 2026 on NHS England's website. 3. Risk associated with facilitating earlier discharges to reduce corridor care could result in rushed or inaccurate medication and/or communication provision on discharge. Monitor feedback for next 3 months.

June 2026 themes	Some actions taken
Examples of unsafe and poor discharge from hospital	1. Mid Yorkshire Teaching NHS Trust Discharge team are presenting at Adult Social Care Community Panel in August - share feedback with QIG. 2. Healthwatch project on care professionals. Theme emerging about lack of communication for service users on discharge from hospital. 3. Follow-up response from Mid Yorkshire Teaching NHS Trust about using NHS England toolkit on triangulating real time feedback on discharge. 4. Mid Yorkshire Teaching NHS Trust Medicines Information Team are no longer taking enquiries from GP practices about patient discharge discrepancies. Practices encouraged to report any patient safety incidents due to inaccurate, incomplete, incorrect, untimely information on discharge clinic communications through 'Learn from Patient Safety Events (LFPSE) Service'.
Medication - wrong medication or getting hold of medicines in time	1. Undertake a thematic review of QIG feedback related to medication issues for adult social care providers over last 12 months. 2. Share recent intelligence with Primary Care Programme Manager (Community Pharmacy). 1. Continue to encourage adult social care providers to meet with GP Practice and Community Pharmacy together to discuss and resolve medicines related issues. 2. Confirm adult social care provider for specific medicines safety incident and feedback to Local Authority (as supported living provider). 3. Share information sent to GP Practices about seven day prescribing and blister packs with adult social care providers.
Poor experiences of Ophthalmology service	1. Share feedback with Mid Yorkshire Teaching NHS Trust Head of Patient Experience. 2. Consider potential quality visit to Eye Clinic at Pinderfields. 3. Check whether Care Opinion post has been responded to by Mid Yorkshire Teaching NHS Trust.

What changed

Real stories, real impact

Here are some examples of the difference we have made this quarter.

Focus on signposting

This quarter we again spoke to many people through our outreach and engagement sessions and signposted many people to a variety of services across the district. Below are three examples of this.

Bereavement Support

While attending a Mental Health First Aid course, we spoke to someone who was struggling to access support following a bereavement. We supported them to sign up to attend a local Dying Matters Week event the following day, which one of our Engagement Officers was also attending.

The person attended the event and later thanked us for recommending it. They were able to speak with organisations including Age UK and a local Hospice, receiving information about bereavement support and wider services available in the community. Age UK also took their details and arranged to contact them with further support options.

The conversation also created opportunities for us as we made new contacts with local organisations. This demonstrates how simple signposting and connecting people with the right organisations can help individuals access support they may not otherwise have found, while also strengthening relationships that improve our future engagement and research.

Accessing GP appointments through Patchs

In another example, one of our Engagement Officers supported a woman at a community group in Portobello to access a GP appointment using the Patchs system. She had never used the online platform before and was unsure how to book an appointment. Having recently undergone a knee replacement, she was experiencing constant pain and was unable to bend her knee properly. With support, she was able to submit a request for a face-to-face appointment with her GP.

This demonstrates how providing practical support and digital assistance can help people overcome barriers to accessing healthcare, particularly those who may lack the confidence or skills to use online systems independently.

Family support with complex care needs

A further example comes from when we attended a community group in Knottingley Community Hub. We met a parent who electively home educates her disabled child and was looking for additional support. We signposted her to the Best Start Pomfret Family Hub's Complex Care Group, which Healthwatch helped to establish, as well as sharing information about support available for families who electively home educate.

This demonstrates how connecting people with local services and community support can help reduce isolation, improve access to relevant networks, and make sure families are aware of the help available to them.

Focus on our Community Mental Health Panel

Following discussions at our Community Mental Health Panel, members highlighted a lack of awareness of support available for people bereaved by suicide. In response, we invited representatives from the Samaritans to attend a panel meeting, alongside a facilitator from 'Facing the Future', a peer support service for people bereaved by suicide.

The meeting also introduced the 'Bright' text messaging service, which provides free emotional support in partnership with 'Shout', a grassroots suicide prevention text service. The discussion highlighted important gaps in awareness.

Panel members were unfamiliar with 'Facing the Future', while the Samaritans representatives had not previously heard of the 'Bright' service.

By bringing organisations and people with lived experience together, we increased awareness of available support, encouraged the sharing of knowledge and strengthened links between local services.

As a result of the meeting, several panel members also signed up for suicide 'SafeTALK' training to build their knowledge and confidence in supporting people affected by suicide.

Focus on giving people the confidence to speak up

Many people tell us they are unsure whether to raise concerns about their healthcare, worrying that making a complaint will be confrontational or that nothing will change. We help people understand their options, ask the questions they want answered and feel confident speaking up.

One woman contacted us after living with a painful knee injury for five years. She felt she had been dismissed because she appeared fit and healthy and was reluctant to complain.

After discussing her concerns with one of our team, she wrote a letter setting out the questions she wanted answered. As a result, she received the appointments she needed and is now awaiting surgery.

She later thanked us, saying she had felt lonely and unheard until someone took the time to listen.

In another case, we supported someone who felt their concerns about a rare medical condition had not been taken seriously. Through follow-up conversations and practical advice, they were able to secure a formal diagnosis, further investigations and information to help them access appropriate care in the future.

After speaking one-to-one with a survivor of domestic abuse, we worked with her to develop plans for a focus group bringing together women with similar experiences. She told us she felt empowered to share her story and believed it was important that other women also had the opportunity to be heard.

Sometimes the biggest difference we make is giving people the confidence to ask questions, understand their rights and make sure their concerns are heard. Many people tell us experiences they have never shared before. By creating safe opportunities for people to talk, we can help make sure that voices which are often unheard can influence future services.

Focus on building partnerships

Healthwatch regularly brings together organisations that might not otherwise work together, helping to strengthen local networks and improve support for local people.

This quarter we introduced a research midwife exploring Black women's experiences of maternity care to an ESOL (English for speakers of other languages) group, helping her engage with women whose voices are underrepresented.

We also began joint work with the local smoking cessation service to support engagement in a new area of Wakefield District. The service approached Healthwatch because of our strong community links and the value of working together to reach local people.

These partnerships help to make sure that local people's experiences continue to shape future improvements.

Looking back

Advocacy in action

One of the ways we improve health and care services for people across Wakefield District is by supporting people to raise formal complaints through our Independent NHS Complaints Advocacy service. Our Independent NHS Complaints Advocates work one to one with people, giving them the advice and support they need to make complaints.

Many people tell us they find the NHS complaints process daunting, particularly when they are already dealing with illness, caring responsibilities, or complex health needs. Our advocates provide independent support, helping people understand the process, express their concerns, and seek answers to the issues that matter most to them.

By helping people navigate the NHS Complaints Process, we not only support people to have their voices heard, but also encourage service and system wide learning and improvements that can benefit other patients.

Case Study: Ann's Story

Earlier this year, we supported Ann, who has several complex health conditions affecting her mobility and breathing.

Ann contacted Healthwatch after being given one of our Independent NHS Complaints Advocacy leaflets by another resident in her assisted living facility.

She received support to make a complaint following her experience with her GP Practice in August 2025.

Background

After badly cutting her finger, Ann was unable to access help at her GP practice and had to travel by taxi to a Walk-In Centre. Because of her COPD and spinal stenosis, the journey was extremely difficult and left her in significant pain.

Although she was advised to have the wound redressed by her GP four days later, her request for a home visit was refused because she had managed to attend the Walk-In Centre.

"I have always received home visits owing to my multiple complex health conditions, including severe COPD and spinal stenosis, which affect my mobility"

As her treatment continued, Ann experienced significant pain and distress travelling to appointments that she felt she was physically unable to manage.

Ann told us that the experience left her worried about whether she would be able to access medical care at home in the future if her health deteriorated further. She also worried about other people, and how they might manage:

"I was concerned about others who might not have anyone to help them speak up. I'm pleased with the changes made by the Practice, which will help make sure other patients feel listened to, supported, and treated with compassion"

With support from one of our Independent NHS Complaints Advocates, Ann submitted a formal complaint to her GP practice.

What was the impact?

The Practice acknowledged that her individual circumstances and mobility needs had not been fully considered and apologised for the distress caused. They confirmed that future home visit decisions would be based on her individual clinical needs rather than previous attendance at appointments, and added information about her mobility limitations to her medical record.

As a result of the complaint, staff also received additional guidance on handling home visit requests sensitively, communicating more compassionately with patients, and ensuring decisions are based on a full understanding of each person's circumstances.

While the changes were important for Ann personally, they also created an opportunity for wider learning in the Practice. By reviewing the circumstances surrounding the complaint and reinforcing expectations with staff, the Practice has taken steps to improve the experience of future patients who may require home visits because of complex health needs or reduced mobility.

This case demonstrates how Independent NHS Complaints Advocacy can empower people to raise concerns, secure meaningful responses, and drive improvements that benefit future patients.

It also demonstrates the value of independent advocacy in helping people who may otherwise struggle to have their voices heard because of ill health, disability or other circumstances. It highlights the importance of recognising each person's individual circumstances when making decisions about their care.

We want to hear from you

We report every three months on what we have done and the difference it has made.

The stories, concerns, and experiences shared in this report came directly from people in our community — and they've already helped to shape better health and care services across Wakefield District. But there's always more to do. We're here to keep listening, keep sharing, and keep pushing for change — and we need your help to do it.

If you've had a good or bad experience with local health or social care services, we would like to hear about it. Your feedback helps to shape better services for everyone.

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We are social people. Find us, follow us, message us.