

Real voices, real impact

January to March
2026



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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

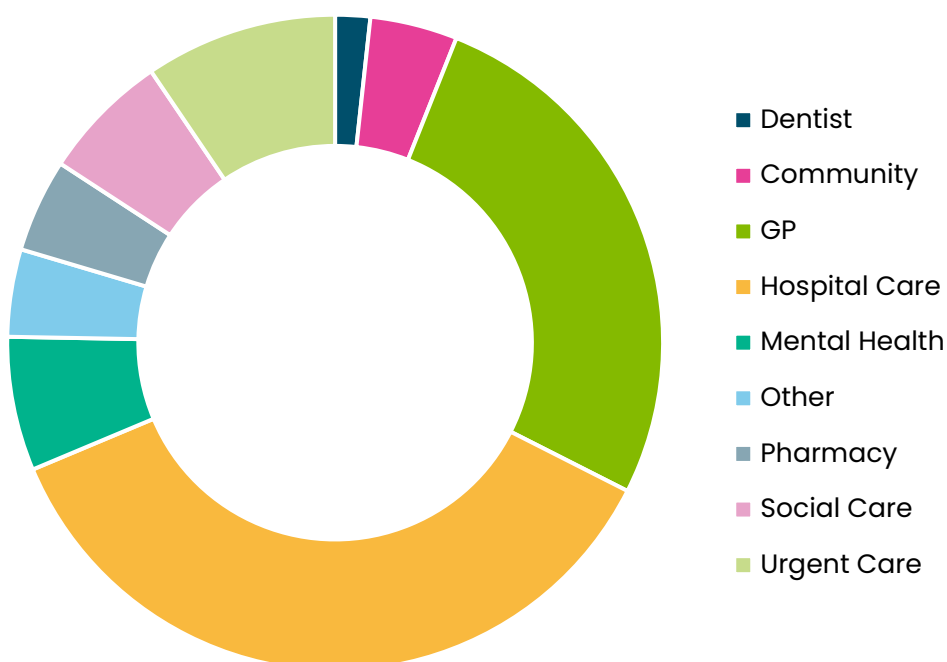
We hear from people in lots of different ways - through engagement, as well as telephone calls, our website, and social media. From the beginning of January to the end of March 2026, we received 348 pieces of information from people who have used health and care services. We talked to people at nearly 30 different events, meetings, and community locations, including:

- Silver Fishes Friendship Group at Netherton
- Cloverleaf autism support group in central Wakefield
- Riding for the disabled in Crigglestone
- Senior Citizen's group in Horbury
- Warwick community hub in Knottingley
- Kinship carer's group in Central Wakefield
- Five Towns Heart of the Community in Castleford

We also talked to people at the regular panels and partnerships we run: the Mental Health Community Panel, Adult Social Care Citizen Panel, and Maternity and Neonatal Voices Partnership. Alongside all of this, we 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 348 pieces of information that we received and have highlighted the 4 main themes that emerged this quarter. These are:

1. Access to GP care and system navigation
2. Digital access and exclusion
3. Hospital pressure and patient safety concerns
4. Fragmented care and coordination

Each theme is outlined in more detail below.

1. Access to GP care and system navigation

We continued to hear about difficulties getting GP appointments, long waits on the phone, delays in follow-up, poor communication, and problems with continuity of care. However, this quarter there was also a stronger emphasis on how complex and confusing the system can feel, particularly for people managing ongoing or multiple health needs. This was especially challenging for carers, people with long-term conditions, and those supporting children with additional needs.

In some cases, delays in accessing care or difficulties navigating the system led to worsening symptoms or increased anxiety. One person told us that they were unable to secure a GP appointment over a five month period following moving practice. Repeated attempts, via telephone and online, resulted in them being redirected to out-of-hours services, with no resolution.

The person told us:

“I haven’t been able to speak to a GP and I’m not being listened to, I’m really anxious about it all and about my health now.”

People described not being able to see the right clinician, not being contacted about test results, and having to chase referrals, prescriptions or reviews themselves. In some cases, people felt their symptoms were not taken seriously or that opportunities to diagnose or treat problems earlier were missed.

“I tried for three days to get a GP appointment. I ended up with a call back which was pointless.”

Other examples this quarter included people struggling to access home visits, delays in blood tests and prescriptions, long waits for GP contact, and concerns about administration errors leading to treatment delays. We also heard examples where people could not get support with ongoing or complex needs, including children with additional needs, people seeking ADHD assessment support, and patients trying to manage long-term conditions.

“I have been waiting for over two years for an ADHD assessment. I contacted my GP surgery to ask for a letter so I can access the right to choose. They said I could self-refer, but when I tried, I was told I needed a letter from my GP. When the receptionist still refused to let me speak to my GP, I submitted a formal complaint to the surgery, which has been totally ignored!”

Alongside this, we also heard examples of good GP care where staff and services were responsive and proactive, demonstrating the positive difference that accessible and well-coordinated care can make when it works well.

“My GP really listened to me. Patches worked well and meant I had a continuous run of medication. An appointment was made and a change in medication with a review appointment was also made.”

2. Digital access and exclusion

Digital systems such as Patches and the NHS App, continued to create both opportunities and barriers. While some people found these systems helpful and efficient, many others experienced confusion, frustration, and exclusion. Many described online systems as too complex, inaccessible or not working properly.

“When trying to get through by phone I was cut off 5 times... so I called in, in person, and was told to go home and go on Patches!”

There was also a strong sense that some people were being directed towards digital systems even when they were not suitable, leaving them feeling excluded or unable to access care at all.

“He does not have a smart phone and would not know about any apps.”

We heard about people being unable to request appointments or prescriptions, getting lost in long question pathways, or still having to phone the surgery after using an app. Digital barriers were often made worse by poor telephone access, leaving some people feeling that there was no workable route into care.

“Why do they make it so hard for me?”

3. Hospital pressure and patient safety concerns

We heard significant concerns about pressure across hospital and urgent care services, particularly in A&E. People described very long waits in A&E, corridor care, poor communication, delays in transfer to wards, and environments that felt unsafe or undignified. These experiences raised concerns about safety, dignity, and basic care needs.

“A patient of 79 was taken to A&E by ambulance at 8pm and was left on a plastic chair all night.”

Examples included patients waiting many hours without food or drink, elderly patients left in corridors or waiting areas, and a lack of communication about care plans or next steps. These experiences were distressing for vulnerable patients and their families.

“I was left waiting on hard, cold metal benches for 22 hours as no bed was available. Slowly turning yellow due to liver issues and I had no access to food or drink as I hadn’t brought money to use the vending machines and the water machines weren’t working.”

While people often recognised the efforts of individual staff, there was a clear sense that system pressures are impacting the quality and safety of care. There were examples of good individual care, which again points to the fact that many concerns reflect system pressure rather than lack of commitment from staff. Even so, the feedback suggests that current pressures are creating experiences that can leave people frightened, exhausted and feeling unsafe.

“I’ve just got home from A&E at Pinderfields where I accompanied a relative who is in her 90s. The Doctor was lovely and we were told she would have some fluids and an x-ray and most likely be discharged. When I left at 7pm she’d had no food or drinks, and only just before I left, did I manage to find out that a bed had been booked for her at Dewsbury. Nobody had told us. The professionals we spoke with were lovely, but we seemed to be constantly forgotten about... I had to leave at 7pm to catch the bus back and if I’m honest I don’t feel I was leaving her in safe hands.”

4. Fragmented care and coordination

A key theme this quarter was how disconnected the system can feel for people. We heard examples of poor communication between services, delays in sharing information, and a lack of clear ownership of care.

People described having to repeat their story many times, chase test results, and navigate between GP practices, hospitals, and other services without clear guidance. In some cases, this led to delays in diagnosis or treatment, confusion about next steps, and a loss of confidence in the system.

“She never saw the same GP.”

We also heard examples of people being passed between services without receiving the support they needed, particularly where care involved multiple organisations or complex needs.

This included issues with referrals, test results not being shared, and unclear responsibility for follow-up care.

“Nobody contacted them with the blood test results, they had to chase.”

One person with long-term conditions, including depression and a recent mental health crisis, told us about their difficulties accessing appropriate support, including issues with referrals, being directed between services and inability to get through to support lines. They told us that they were concerned about the dismissive attitudes of staff and lack of clear treatment planning. They also felt that medications were prescribed without any explanation.

“I want to see someone who actually understands my medical condition, not consultants who admit they haven’t dealt with it before and just print off information for me to read.”

This theme highlights how gaps between services can create additional stress and risk for people, particularly those with complex or ongoing health needs.

There were also positive examples of good support, particularly at points of crisis and within some specialist services.

“I received a quick call back and good assessment and treatment. This led to a good improvement in my symptoms, I felt reassured and supported.”

However, the overall picture was one of inconsistency and unmet need, particularly for people with complex, neurodivergent or trauma related needs. When talking about their experience of contacting Child and Adolescent Mental Health Services, one person told us:

“I did speak to someone about my neurodivergent child who was actively attempting suicide, but they seemingly had no advice or care to provide in a crisis.”

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 181 phone calls this quarter. We are often told that the telephone support provided is extremely helpful and valuable.

For example, a woman rang to talk to us about her experience accessing services for breast cancer. She was very upset on the call as she felt that her diagnosis should have been picked up a year earlier than it had. She told us of her frustration after speaking to many NHS staff members and services and not being given any help. After talking through options with her, she decided she would like to pursue a complaint herself and was sent a complaints 'self-help pack' and a follow up call was also scheduled with her.

"You're doing a wonderful job. You've made it so easy for me to talk and offload, I feel better now, thank you."

Website and social media

A large amount of advice, information and signposting happens through our website. Across January to March 2026, just over 4,000 people visited our website, www.healthwatchwakefield.co.uk, and there were 7,700 views of our pages.

We publicise and signpost to many different sources of information and campaigns through our website. Popular website visits this quarter included pages on changes to Care Link, the King Street Walk In consultation, stroke information, veteran specific information, how to make a complaint, and our report and information guide: 'What families with ADHD and Autism need to thrive'.

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

- Transitions: How was moving from Children's Services to Adult Social Care?
- Early Years Fest is back for 2026!
- Preparations for Learning Disability Week and nominations opened for the Marie Gibb Award.
- Unpaid carers offer to develop digital skills at Pontefract Library or receive a finance and benefit check at Wakefield Library.
- Introduction of yellow patient property boxes across our local hospitals.
- Public drop-in sessions to help residents learn more about Technology Enabled Care (TEC).
- Target Ovarian Cancer's new Yorkshire-wide online peer support group for women.
- The Royal School of Needlework and Hope for Home embroidery project, 'Fragile Threads'.

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.

Feedback for this group is gathered from a range of sources, including Healthwatch Wakefield, the Partnership website, the NHS website, engagement activities, complaints, social media, and 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.

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 workstreams
- Wakefield Health and Wellbeing Board
- 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.

What changed

Real stories, real impact

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

Focus on Stroke Snapshot report

In January we published a short snapshot report sharing what local people told us about their experiences of stroke services. The report is based on 53 experiences shared with us during 2025, it highlighted what is working well, where improvements are needed, and our recommendations for change.

People told us they valued high quality GP care, fast and effective hospital treatment, and strong rehabilitation and community support. However, concerns were also raised about long waits, poor communication and gaps in post discharge support.

Based on the feedback, we recommended improvements to A&E stroke pathways, access to early rehabilitation, post discharge support and stroke awareness in primary care. We shared these findings with local partners and stroke has now been identified as a priority area within Hospital HealthPathways, with a named clinical lead in place.

To support people affected by stroke, we have also produced a new stroke signposting and support guide which is available on our website. Our Research and Engagement Officers have been taking the report and signposting guide out with them to community engagement events and panel meetings. There has already been some really positive feedback.

“This is a great report, my husband had a stroke and I look after him now. The signposting guide is so helpful, thank you.”

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. This included:

- Signposting to the Fibromyalgia app Elyfia.
- Signposting to Carer’s Wakefield for a person that had not viewed themselves as a ‘carer’.
- Signposting to bereavement support through Age UK.
- Signposting to St Catherine’s food pantry for a recently bereaved lady who was struggling to manage.
- Supporting two people at a group in Hemsworth to navigate the Patches app, which they had not previously heard of.

Focus on support for those affected by Care Link closure

Following VICO Home's announcement that it was ending its delivery of the Care Link services we had a lot of feedback from people who were worried about what this would mean for them. This feedback came through all of our engagement channels as well as one of our Research and Engagement Officers who was asked to attend the lunch club at St George's Community Centre as people wanted to raise their concerns.

We spoke to Wakefield Council to make sure we had up to date information. They told us that affected people should have received a letter to let them know any steps they needed to take. We put this information on our website, along with links to the council information on their website and a phone number to call for anyone who still had concerns.

We have had feedback from many people that this information has helped to reduce their worries about this change.

Focus on advocacy outcomes

Access to surgery

Our NHS Complaints Advocates supported a man to raise a formal complaint after he experienced significant delays and barriers in accessing treatment. He had been seeking surgery and this was particularly important to his mobility due to another long term condition. Despite this, he was referred to pain management services whilst also waiting for multiple other procedures. Following a failed treatment and ongoing delays, he became increasingly frustrated and was discharged from the service after challenging the lack of progress and long waiting times.

Through advocacy support, the individual was able to raise their concerns formally and make sure that their situation was reviewed.

As a result of this, the individual has now been seen by the appropriate consultants and is progressing through treatment. The individual reported feeling more confident about the next steps.

At a system level, additional capacity has been introduced through a new elective surgical hub, increasing available sessions and aiming to reduce waiting times. Consultant recruitment has also been strengthened, with improved processes in place to make sure that future vacancies are covered quickly in order to minimise disruption.

The Trust has also introduced formal communication standards to improve patient experience, and this case has been shared within governance processes to support learning and improvement.

The individual reflected on the support he had received and told us:

“Without making a complaint I wouldn't have got anywhere... you have changed my life; you have been amazing in helping me to get my voice out there.”

Communication in general practice

In another example, our Advocates supported an individual to raise a complaint about their experience at a GP appointment. Concerns included a lack of communication about delays, difficulty getting support from reception staff, and concerns about how they were spoken to during the consultation.

Through this support, the individual was able to formally raise their concerns and have them heard.

As a result, the Practice has taken action to improve how patients are supported. Reception staff have been reminded to communicate delays more clearly and keep patients informed, and processes have been strengthened to make sure that, where possible, alternative clinicians are considered if waiting times become significant.

Staff have also been reminded to be attentive to patient wellbeing, including recognising when someone may be distressed and responding appropriately.

The GP involved reflected on the experience and said:

“I am grateful for the opportunity to reflect on the consultation and on how I can improve communication when consultations become tense. This reflection is an important part of continually improving patient care.”

Actions and outcomes from the Quality Intelligence Group

The table below shows the themes identified at the NHS Quality Intelligence Group for January, February, and March 2026, and some of the agreed actions. It shows how the intel 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.

January 2026 themes	Some actions taken
Negatives for hospital discharge	<ol style="list-style-type: none"> 1. Trusts are required to gain and triangulate 'real time' feedback on discharge - follow up with Mid Yorkshire NHS Teaching Trust on this requirement. 2. Plan a future Patient Safety Walkabout to the Pinderfields Hospital discharge lounge in March 2026.
Negative experiences of care for Dewsbury Hospital	<ol style="list-style-type: none"> 1. Healthwatch Wakefield colleagues will include a theme around experiences and perceptions of care at Dewsbury Hospital in current round of engagement. 2. Ask Mid Yorkshire NHS Teaching Trust if they collect and utilise feedback from volunteers as another source of insight. 3. Share feedback and theme with Head of Patient Experience at Mid Yorkshire NHS Teaching Trust. 4. Request the criteria for identifying patients eligible to transfer from Pinderfields Hospital to a ward at Dewsbury and how this information is communicated to the patient and their family/carers.
Poor communication, treatment and basic care needs for patients	<ol style="list-style-type: none"> 1. Review the progress of the Mid Yorkshire NHS Teaching Trust Quality Goals. 2. This overall theme links to themes and feedback that were found in the Insight Reports for the Neighbourhood Health workstreams. 3. Follow up on how culture within the staff group plays out on quality of care.
Availability of/delays in dispensing medication from community pharmacies for care providers	<ol style="list-style-type: none"> 1. Ask the Medicines Safety Officer to review the feedback. 2. Share the feedback and theme with the Primary Care Programme Manager for Community Pharmacy. 3. Ask Integrated Care Board (ICB) communications team about how information is shared between prescriber/provider (care home)/ patient around medication availability. 4. Explore whether feasible to ask at Care Home Sharing and Learning event about provider's business continuity arrangements when medication is not available from their usual community pharmacy.

February 2026 themes	Some actions taken
Some poor experiences and long waiting times at Emergency Departments including corridor care	<ol style="list-style-type: none"> 1. Ask Unplanned Care Lead about opportunities to signpost patients attending Emergency Department to other services, for example, Pharmacy First. 2. Yorkshire Ambulance Service's 45 transfer of care policy (maximum ambulance handover time of 45 minutes) has placed additional operational pressure in Emergency Department. Ongoing discussions between two Trusts on use of policy at times of significant pressure. 3. Explore opportunity to extend invite to High Intensity User 4. Group for frequent attenders for GP Practices to link to neighbourhood health approach.
Some issues around GP access and digital exclusion – particularly at Orchard Croft	<ol style="list-style-type: none"> 1. The Primary Care team has linked with the Council digital team re: digital exclusion and targeted digital inclusion training is taking place at specific GP Practices. 2. Primary care team are organising a WY access event for all GP Practices which will include digital inclusion / exclusion – update at future meeting. 3. Conexus are still running the Digital Champions Programme – share feedback with Conexus about specific practice.
Negative for change in age eligibility for Covid vaccines	<ol style="list-style-type: none"> 1. Share feedback with communications team to inform review of communication materials on eligibility for future covid vaccination campaigns. 2. Eligibility criteria are not going to change for 2026/27 covid vaccinations.
March 2026 themes	Some actions taken
The Care Link service stopping	<ol style="list-style-type: none"> 1. Issue already looked into and flagged to relevant agencies and stakeholders by Healthwatch. 2. Source and share information from the Council including communication that has been sent to those residents affected. 3. Share information provided by Council with GP Practices through Primary Care Bulletin.
Medication ordering in care homes	<ol style="list-style-type: none"> 1. Share latest feedback about community pharmacists with the Primary Care Programme Manager. 2. Follow-up with Associate Director of Primary Care. 3. Collect any additional feedback from WY Care Home Quality Group. 4. Meet with Medicines Safety Officer to discuss theme and latest feedback.

<p>Long waiting times in Emergency Departments</p>	<ol style="list-style-type: none"><li data-bbox="587 107 1463 302">1. A letter was published in March 2026 from NHSE re: eliminating corridor care. https://www.england.nhs.uk/long-read/additional-actions-to-virtually-eliminate-corridor-care/<li data-bbox="587 302 1463 649">2. Mid Yorkshire NHS Teaching Trust invited to attend NHSE Summit on Corridor Care on 26 February for Trusts facing the biggest challenges on corridor care. Each Trust asked to rapidly develop own set of commitments for action to be shared with the region. Mid Yorkshire NHS Teaching Trust propose to take this through their existing task and finish group and schedule for future quality seminar.
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Looking back

We have hosted the role of 'Maternity & Neonatal Voices Partnership Lead' for nearly 5 years. We also hosted the Neonatal Voices Coordinator role from December 2025 to March 2026. The Maternity and Neonatal Voices Partnerships (MNVPs) are part of a national programme led by NHS England. The aim of the programme is to make sure that maternity services are co-produced with services users, so care is safer, more personalised, and better meets local needs.

Revisiting our Maternity and Neonatal Voices work in 2025 / 2026

As our Maternity & Neonatal Voices Partnership Lead moved on to new opportunities in March 2026, and our Neonatal Voices Coordinator moved across to be hosted by Healthwatch Kirklees and Calderdale, we are taking this opportunity to take a look back at some of the huge impact and achievements of these roles over the last year.

While this 'Looking Back' marks the end of the current contract, it highlights the strength of the strong foundations that have been built.

Engagement Activity

A wide range of engagement activities took place throughout the year, where we facilitated multiple opportunities for families to share their experiences in ways that felt accessible and meaningful. This included:

- Two 15 Steps visits, co-delivered with local service users from diverse backgrounds.
- Regular "Walk the Patch" visits across our local hospital sites, gathering real time feedback at the time people were accessing care.
- Community outreach, including attendance at local events and engagement with specific groups such as parents of multiples.
- Digital engagement, including surveys and social media activity about a range of topics. One example being an online discussion about contacting maternity triage by phone - this reached over 150 service users explaining their experiences.
- In depth conversations and case studies, enabling a deeper understanding of individual experiences. Examples include experiences of instrumental birth, and care during home births.

This combination of approaches allowed for both breadth and depth of insight, capturing not only what is happening, but how it feels to receive care.

What we heard: key themes

Across all engagement activity, several consistent themes emerged.

Communication and Consistency

Clear communication was highly valued. However, inconsistent information often led to confusion and anxiety, particularly within more complex care pathways such as the Joint Diabetic Clinic.

Choice and Autonomy

Some women described feeling that decisions were made for them rather than with them. This sometimes led to a perception that choice had been removed, even where options existed.

Emotional Wellbeing

There remains a gap between clinical care and emotional support. Women with previous trauma, loss, or complex experiences often felt there was limited space within appointments to explore their concerns. Appointments frequently feel driven by clinical tasks.

Practical Barriers

Issues such as long or unexplained waiting times, parking challenges, clinic flow, and the physical environment had a significant impact on how care was experienced.

Compassionate Care

Kindness, reassurance, and supportive relationships with staff were consistently highlighted as a key strength. These connections had a lasting and meaningful impact on experiences of care.

Spotlight on 15 Steps Maternity Visit July 2025

This visit brought together a group of service users to explore maternity environments and experiences. We focused on experiences of migrant and newly settled communities, drawing on relationships with local group One Ummah Wakefield and the Trust's Maternity Befrienders.

Feedback highlighted the importance of feeling welcomed, safe, and respected, with positive reflections on compassionate care and supportive staff.

Areas for improvement included:

- Clearer signage and accessibility of information.
- Improved communication and language support.
- Greater cultural sensitivity and personalised care.

This work resulted in a set of co-produced recommendations, which were shared with staff and used to inform ongoing service development. A report launch event also brought together service users and professionals to discuss the findings and celebrate the collaboration.

Spotlight on Joint Diabetic Clinic Project

This project involved direct engagement with around 30 women across multiple sites, alongside staff input, to better understand experiences of diabetic antenatal care.

Key findings included:

- A strong perception that choice was limited within the diabetic pathway.
- Inconsistent information from different professionals, contributing to uncertainty.
- A lack of space to explore emotional concerns within appointments.
- Practical challenges, including long waits and clinic flow.

Despite these challenges, staff were consistently described as kind and supportive, with clear examples of good practice identified.

Findings were shared with clinical teams and used to inform discussions around improving consistency, communication, and patient experience.

Influence and Impact

A key focus of the MNVP is ensuring that feedback is not only heard but actively informs service improvement.

Throughout the year, service user insight has been shared at:

- Trust-level governance and quality meetings
- Maternity Quality Surveillance Group (MQSG)
- Local Maternity and Neonatal System (LMNS) meetings
- Personalised care and specialist working groups

The MNVP has also contributed to:

- Development and review of guidelines and patient information – such as patient leaflets about postnatal pain relief, induction of labour processes, and guidelines for trans, non-binary and gender diverse service users.
- Quality improvement initiatives and service reviews – one example is a review into how service users contact maternity triage by phone.
- Workforce development – supporting staff understanding of lived experience and the role of service user voice in practice. This included delivering an introductory session to newly qualified midwives, creating space to explore how they can engage with service users throughout their careers. In addition, a training session was delivered to perinatal mental health staff focusing on lived experiences of hyperemesis and the importance of recognising and responding to these experiences within care. We are especially encouraged to learn that in plans for a remodelling of the antenatal clinic areas, there will be a dedicated space for treatment of hyperemesis.

This work has helped to make sure that lived experience remains central to both strategic and operational decision-making.

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.

Contact us

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