

# Real voices, real impact

July to September  
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 experiences 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 **302** pieces of information from people who have used health and care services. Some of these included multiple issues with multiple services. We talked to people at over **30** different events, meetings, and community locations, covering the district including:

Airedale Smoking Cessation Clinic

Bless Tranquil Tuesday

Care to Talk

City of Sanctuary

Cuppa and Connect

Farsi Women's Group

Ferrybridge Medical Centre

Hemsworth and SESKU Carers Group

Knottingley Community Hub

Lift Up Friends

Memory Action Group

St Catherine's Food Pantry

St George's Men's group

Stroke Support Group Wakefield Central

Urban House

Wakefield District Sight Aid

Wakefield Street Kitchen

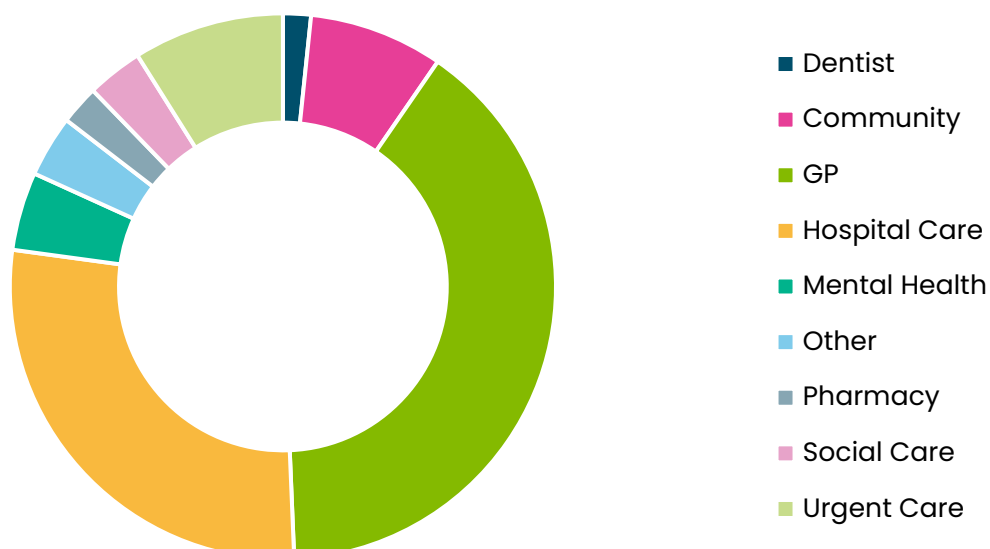
Warren Court 16-18 Year Old Accommodation

Weigh and Play Group

Wheelchair Service Users Group

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



# What we heard and why it matters

We analysed the experiences we received and found the main themes that emerged.

## Overview

### What local people told us: July to September 2026

Feedback this quarter highlights continuing challenges with accessing health and care services, including difficulties getting appointments, long waits for treatment and follow-up, and problems obtaining medication. People also described gaps in communication and coordination, leaving them to chase information and navigate complex systems themselves.

Digital services worked well for some people, offering quicker and more convenient ways to access care. For others, digital systems created additional barriers, particularly where people had disabilities, lacked internet access, or needed support to use online services. Their experiences highlight the importance of keeping accessible alternatives available.

People also told us about the difference that listening, compassion and person centred care can make. While some felt their concerns were dismissed or their individual needs overlooked, others praised staff who took time to understand their circumstances and help them get the support they needed.

Carers and families continued to describe the pressures of navigating services and coordinating care for loved ones. Alongside these challenges, positive experiences showed how responsive staff, clear communication, and practical support can improve people's experiences.

Together, this feedback highlights the importance of services that are accessible, joined up, and responsive to what matters to local people. It also gives us valuable insight to share with decision-makers and opportunities to highlight what is working well.

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## Positive experiences: what good care looks like

### Staff who listen and respond

People praised GPs who took concerns seriously, made timely referrals, and helped them navigate problems with other services.

### Efficient diagnostic services

People described positive experiences at Wakefield Community Diagnostic Centre, including quick appointments, friendly staff, and clear explanations.

### Care that recognises the person

Feedback included examples of staff helping people with dementia feel calmer, supporting families, and providing practical advice that made a difficult situation easier.

# Themes from July, August and September 2026

1. Getting through the door: access to appointments and treatment.
2. Digital services: helpful for some, a barrier for others.
3. Communication and coordination: people left joining the dots.
4. Being listened to: compassion, dignity, and person centred care.
5. Medication and continuity of care: gaps that can have real consequences.
6. Carers, families, and people with additional needs: getting the right support.

## 1. Getting through the door: access to appointments and treatment

People described difficulty getting GP appointments, long waits for hospital care and delays in referrals, investigations, and follow-up. Some people felt they had to keep chasing services or find another route to get help.

Examples across the quarter include:

- People struggling to get through to GP practices or secure appointments quickly.
- Patients waiting for scans, results, and specialist follow-up.
- Long waits in A&E, including a September report of someone spending 24 hours there.
- Delays affecting people with ongoing or complex health conditions.

A particularly stark example from August was the comment:

**“Doctors seem indifferent and happy for 2–3 week waits for appointment.”**

However, some people told us about services that made access easier, including quick appointments at the Community Diagnostic Centre, and positive experiences with GP practices that responded promptly.

Access problems are not just inconvenient. Delays can leave people in pain, anxious, and uncertain about their health, and may affect their ability to get timely treatment.

## 2. Digital services: helpful for some, a barrier for others

Across the quarter, people shared both positive and negative experiences of digital health services. Online systems can make it quicker and easier to contact a GP or manage appointments, but they can also exclude people who lack access, confidence, dexterity, or accessible information.

Examples include:

- People unable to use Patches because of visual impairment, physical difficulties, or neurodivergence.
- People without a smartphone or internet access who were unsure how to get an appointment.
- People experiencing problems with online booking, prescription requests, and appointment messages.

One comment in July highlighted the problem simply:

**“Not everyone can use Patches.”**

However, others praised Patches and the NHS App for helping them access services quickly. Digital options offered a convenient way to manage their health, including people who successfully booked appointments or arranged prescriptions online.

Digital access needs to be designed around people's different circumstances. Online options can improve access, but people must still be able to get help through other routes.

### **3. Communication and coordination: people left joining the dots**

A recurring issue was the difficulty people experienced when services did not communicate clearly with them, share information, or coordinate their care. Patients and families were often left chasing updates or trying to resolve problems between teams themselves.

Examples include:

- Patients struggling to obtain scan results or understand what should happen next.
- Delays and confusion when hospital departments or services needed to work together.
- People receiving unclear appointment information or attending appointments where the service could not provide the treatment they needed.
- Families trying to coordinate care for relatives with dementia or complex health needs.

In September, one patient described spending months trying to obtain MRI results and access appropriate treatment, despite their symptoms worsening.

**“I have been struggling for three months waiting for my MRI results and I have been in a lot of pain. I feel let down.”**

However, positive feedback showed the value of staff who explained procedures clearly, kept people informed, and helped them understand the next steps in their care.

Good communication is a vital part of care. People need clear information, joined-up services, and someone who takes responsibility for helping them understand what happens next.

### **4. Being listened to: compassion, dignity, and person centred care**

Feedback shows how much difference it makes when staff listen, take concerns seriously, and respond to individual needs. However, some people felt dismissed, misunderstood, or that their circumstances had not been properly considered.

Examples include:

- Patients feeling their symptoms or concerns were not taken seriously.

- People with disabilities or neurodivergent conditions struggling to get appropriate understanding and support.
- Concerns about care for people living with dementia, including whether staff had read and acted on their notes.
- Positive experiences of GPs who listened carefully, showed kindness and helped patients navigate complex care.

One July patient praised their GP for taking time to listen and help address problems following cancer treatment. They described how the doctor's:

**"...patience and kindness made a massive difference to my experience as a patient."**

We heard how attentive, compassionate care can make a real difference. One family told us that after changing care providers, their 95-year-old grandmother was happier, more communicative and had returned to her lunch club. They valued care professionals who took time to chat with her and stayed connected with the family. It was a reminder that small acts of kindness and taking time to get to know someone can have a significant impact on their quality of life.

Person centred care is not an optional extra. Listening, compassion, and understanding people's circumstances can make a significant difference to their experience and confidence in services.

## **5. Medication and continuity of care: gaps that can have real consequences**

Problems with prescriptions, medication reviews, and handovers between services appeared across the feedback. These issues can be especially worrying for people who rely on regular medication or need ongoing support for complex conditions.

Examples include:

- People experiencing delays or difficulties obtaining medication.
- A young person struggling to access ADHD medication and nearly going without it.
- Confusion over prescribing responsibilities between GP practices and pharmacies.
- People experiencing gaps in care when moving between services or reaching adulthood.

A young person was considering stopping their ADHD medication because the process of obtaining it had become so difficult.

**"He now thinks the only way it works, is to go in person to ask. This young person is thinking of stopping it as it is hard to get hold of."**

However, we also heard how GP support can make managing medication and reviews easier for families. One daughter helps her father order his medication. He struggles with technology following a stroke. It was difficult to manage multiple reviews for conditions like diabetes and asthma, but after speaking to the GP team, the arrangements were made more manageable for both of them.

Reliable prescribing, clear responsibilities, and continuity between services is essential. When systems do not work smoothly, people can be left without treatment or placed under avoidable stress.

## **6. Carers, families, and people with additional needs: getting the right support**

Feedback highlights the pressure on people who care for relatives, as well as the extra barriers faced by people whose needs are not always recognised by services.

Examples include:

- Carers struggling to access assessments or practical support.
- Families having to coordinate care and medication for relatives living with dementia.
- People with disabilities, communication needs, or complex conditions finding services difficult to navigate.
- Pregnant women experiencing transport and communication barriers.
- Positive examples where staff or specialist teams provided practical, compassionate support.

One carer in September described the carers assessment process as taking hours of their time and questioning why they had done it.

**“I think the whole process has taken 12 hours of my time and as yet I have had no help. It has caused me stress and my precious time. I so wish I hadn’t requested this assessment.”**

A positive example came from someone who said that during her elderly father’s stay on a general ward at Pinderfields Hospital, a nurse sat with him to keep him calm and help him understand what was going on. The family were very grateful for this care and the compassion shown.

Support should reduce the pressure on carers and families, not add to it. Services need to recognise individual circumstances and make accessing help straightforward and meaningful.

# What did we do

## Advice, information, and signposting

We give people advice, information, and signposting on a wide range of issues; helping them to understand their options, access services, and raise concerns. As well as face to face engagement, we offer telephone, email, and social media messaging support. We took **128** phone calls this quarter and sent out **8** self-help complaints packs. These phone calls can be lengthy, complicated, and involve multiple services. We often get feedback saying how much people appreciate being able to speak to someone who is willing to listen and understand, and how valuable this is along with the support and advice given.

## Where did we signpost?

We signposted people to a range of organisations, websites, helplines, and services. Some were signposted back to their GP or Consultant, along with PALS (Patient Advice and Liaison Service); but also signposted to the following:

|                                               |                                          |
|-----------------------------------------------|------------------------------------------|
| A&E                                           | Integrated Care Board (ICB)              |
| Access to Medical Records                     | ICB Individual Funding Requests          |
| Action Against Medical Accidents              | Legal Advice                             |
| Age UK Wakefield District                     | Memory Action Group                      |
| Aids and Adaptations Service                  | Men's Group at Knottingley Community Hub |
| Alzheimer's Society                           | Mental Health Community Panel            |
| Andy's Man Club                               | Mental Health Nurse                      |
| Care Quality Commission                       | NHS 111                                  |
| Carers Wakefield and District                 | NHS Advice                               |
| Children's Social Services                    | NHS England Digital                      |
| Citizens Advice Debt Team                     | NHS Open Access Services                 |
| Clinical Governance Team                      | NHS waiting times website                |
| Cloverleaf                                    | NICE guidance for IVF                    |
| Complex Care Group Kendall Drive Family Hub   | No Bulls Hit Men's Group at St George's  |
| Dental Practice                               | Pontefract Hospital                      |
| Digital Support at Knottingley Community Hub  | Psychiatry Services                      |
| District Nurses                               | Public Service Ombudsman                 |
| Drinkline                                     | Rethink                                  |
| Gasped                                        | Right to Choose                          |
| General Medical Council                       | Royal College of Obstetricians           |
| Health Care First Complaints                  | Samaritans                               |
| Heart of Yorkshire Education Group Complaints | SANeline                                 |
| Here For You                                  | Social Care Direct                       |
| Housing Department                            | Turning Point Talking Therapies          |
| Independent NHS Complaints Advocacy           | Wakefield Council                        |
| Information Commissioners Office              |                                          |

## Signposting: small introductions making a big difference

We met a man at the Wheelchair User Forum recently who explained how he missed going to the pub and chatting with other men. He no longer can access the venues he went to as they are not wheelchair friendly. We told him to the No Bulls Hit men's group at St George's Community Centre, as it is accessible and has a men's group that is thriving. We met the man and his wife to show them around the venue and introduce them to the team there. We then got a message from his wife, saying that he attended the men's group and was looking forward to the next one. He has attended every week since we introduced him.

**"Finding out about this group has been life changing for him. It's been so good for his health and his self-worth. He loves it! Playing dominoes is something he can do for himself; he doesn't need my help. The group has been most welcoming and very supportive to him."**

The Wheelchair User Forum is run by Wakefield Council's Wheelchair Service. You can find out more here: [www.wakefield.gov.uk/adult-social-care/keeping-independent-and-healthy/equipment-and-adaptations/wheelchair-service](http://www.wakefield.gov.uk/adult-social-care/keeping-independent-and-healthy/equipment-and-adaptations/wheelchair-service)

No Bulls Hit is a free weekly men's darts and social group hosted at St George's Community Centre in Lupset, Wakefield. A relaxed, friendly space for men (ages 18+) to play darts, dominoes, and card games, have a chat, and enjoy a brew or bite to eat. Every Tuesday from 5:00 pm to 7:00 pm. It's free. No need to book, you can just turn up. Call 01924 369631 and ask for Wayne for more information. <https://stgeorgeslupset.org.uk/>

## Website and social media

A large volume of advice, information, and signposting happens through our website. Across this quarter, 3,800 plus people visited our website, viewing more than 6,000 pages.

[www.healthwatchwakefield.co.uk](http://www.healthwatchwakefield.co.uk)

We publicise and signpost to different sources of information and campaigns through our website. Popular website visits this quarter included information about our care professional report 'Who cares?'; our snapshot report on the Non-Emergency Patient Transport Service; changes to the Care Link service; and information on how to make a complaint about a hospital service.

People who follow us on social media were interested in similar things, and also information on [Share2Care](#) for unpaid carers in West Yorkshire, and our new project asking people to tell us about their experiences of digital health and care services.

## Feeding into decision making meetings

As well as direct feedback and signposting to individuals, 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 / Wakefield Place Provider Partnership and its workstreams
- 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, people's 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

For years, each month we took our information to Wakefield District Health & Care Partnership's NHS Quality Intelligence Group, also known as the QIG. This was an important monthly meeting which captured experiences of health and care – both positive and negative. This meeting was organised and Chaired by the NHS Senior Head of Quality and included representatives from all parts of our health and care system. Unfortunately, this Group has now ceased and its last meeting was in August, but we can still report examples of actions and impact over this last few months. We also still have various routes to feed into for both health and care services.

## Actions and outcomes from the Quality Intelligence Group

### Poor experiences of the Ophthalmology Service

Following feedback given to us about different issues experienced with the ophthalmology service and Eye Clinic, the Group chose this as a theme to follow up with Mid Yorkshire Teaching NHS Trust. It was agreed to:

- Share feedback with Mid Yorkshire Teaching NHS Trust Head of Patient Experience.
- Consider a potential quality visit to Eye Clinic at Pinderfields.
- Check whether the Care Opinion post giving feedback has been responded to by Mid Yorkshire Teaching NHS Trust.

Specific issues relating to the Macula One Stop Clinic and different telephone numbers were investigated and the Head of Patient Experience has responded to say that with regards the overall theme of poor communication, it is clear there is more work to be done, and the service have an action to improve both verbal and written communication based on patient feedback. They will also be adding communication expectations to local staff induction and training.

## Trying to get an appointment at Trinity Medical Centre

Patients raised concerns about access to appointments at Trinity Medical Centre, describing the booking system as difficult to navigate and potentially unsafe. One patient was concerned that initial calls were handled by non-medical staff who might not ask the right questions or direct patients to the appropriate service. Having previously had cancer, she reported waiting five weeks for an appointment about symptoms that could have indicated a recurrence.

Another patient described receiving a telephone diagnosis and being prescribed antidepressants that they felt were inappropriate, with concerns that they had not been fully assessed.

A third patient reported that the online booking system only allowed patients to book a slot to arrange an appointment, which could result in unsuitable appointments and repeated attempts at communication. Her husband was given an appointment for three and a half weeks later to discuss a cancer diagnosis, but the family pursued an alternative route and completed the diagnostic process before that appointment was due.

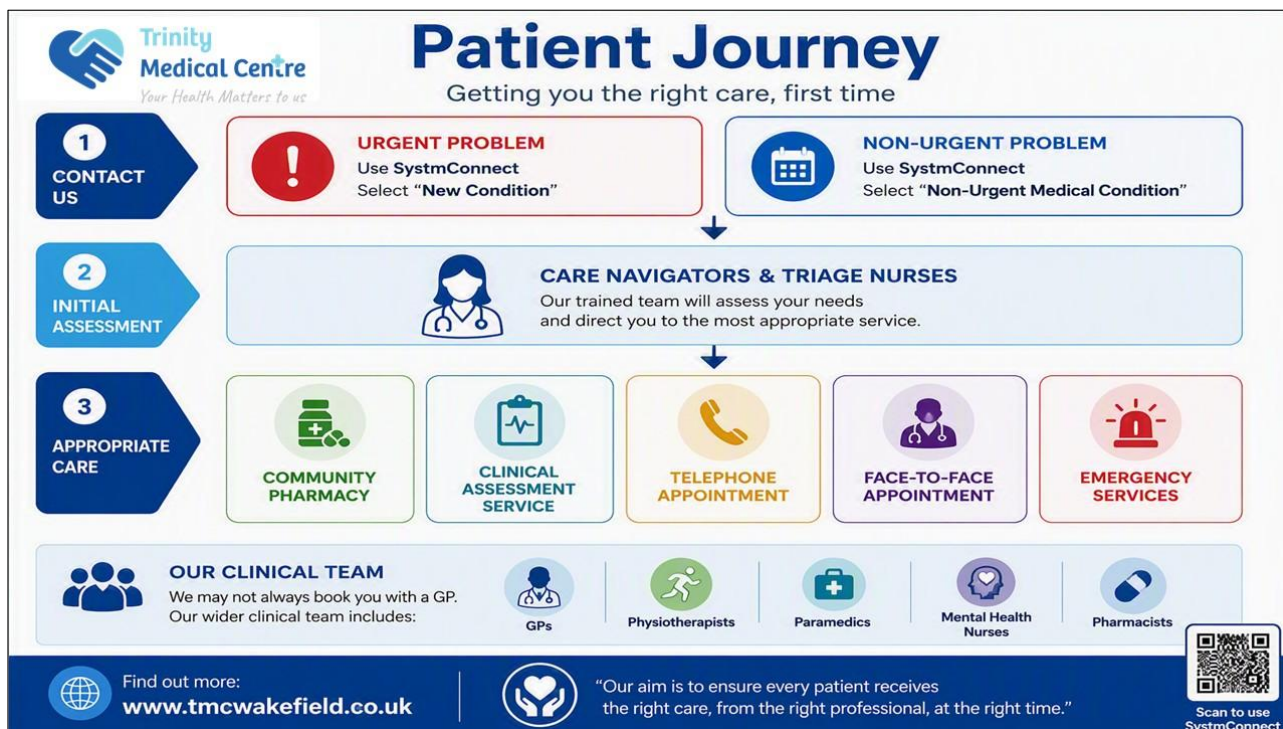
Our feedback was discussed at the Group and it was agreed that the Primary Care Team would discuss it with the Practice Manager and Service Manager, which they did. Detailed feedback was shared and a verbal update was given at the final August QIG meeting.

The Practice explained their appointment and triaging system and the following was noted:

- Patients are asked a set of questions – whether they access the practice in person, through the phone or online – and if the patient feels it is urgent they will be put on to the Urgent / Same Day List, if not they will go on to the routine list.
- The lists then go to the Access Team of Care Navigators who will book the patient in to see an in-house clinician, a clinician at their Clinical Assessment Service or signpost where appropriate to Pharmacy First / Minor Eye Conditions Service etc.
- Audits of the Access Teams take place with learning identified based on outcome / feedback. One session of GP time per day is protected to work with the Access Team to assess booking decisions.
- With regards to the lengthy appointment times, the practice always offers an appointment, rather than turn people away / signpost to the Walk-In Centre, hence there may be lengthy wait times for routine appointments given the practice's list size.
- They were aware that, to a patient, it can seem like a complex booking process, so an infographic has been designed with their PPG (Patient Participation Group) to explain the process clearly and more simply to patients. The infographic is displayed on their website and has been shared with Healthwatch.
- The practice agreed to repost the infographic on their social media channels and add to displays in the practice given the feedback received.

<https://www.tmcwakefield.co.uk/clinics-and-services/appointments/>

Please see the next page to view their diagram explaining the process.



We agree that to patients it could seem like a complex booking process, and one that an infographic may or may not help with, especially if people are not able to access digital platforms or don't have English as their first language.

We will continue to monitor feedback on this service and collect any further positive or negative experiences.

# What changed

## Real stories, real impact

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

### Focus on Wakefield Street Kitchen

We attended Wakefield Steet Kitchen and over 120 people turned up that evening. We saw that some people needed medical support so asked organisers if the Bevan Van had been out recently. It had been six to nine months since their last visit, so we encouraged them to get in touch and arrange a visit. We also met a lot of people that refused the offer of toothpaste as they had no teeth. Others were struggling with toothache and were asking for mouthwash to help with the pain. And some, including families with children, asked if there were any toothbrushes and toothpaste available. We contacted colleagues at Public Heath to see if there was any support available.

We are pleased to report the Bevan Van is now going out to the Street Kitchen again. We also heard that Wakefield District has received a large donation from Colgate and because we had raised the shortage of oral health supplies at Wakefield Street Kitchen, they have been given a large donation of supplies for both children and adults. We are so pleased to have been able to make a difference for local people and families who were struggling to access the basics that many take for granted.

If you can support Wakefield Street Kitchen, please do <https://wakefieldstreetkitchen.co.uk/>

### Focus on work with the Smoking Cessation Service

We have been working alongside the Smoking Cessation Service for a while, and it was lovely to hear how useful they found this as people who attend their sessions often come with many other health issues.

They wrote a piece in their newsletter sharing that a representative from Healthwatch Wakefield attended a clinic at Airedale Library to speak with people about their experiences of obtaining prescriptions. The session was well received, with people openly sharing the difficulties they had encountered when accessing prescriptions and obtaining medication for those they care for. This information will be shared with the relevant organisations to help identify opportunities to improve the prescription process.

The visit also gave people the time and space to explain their circumstances in greater detail. Staff welcomed the opportunity to introduce people to Healthwatch Wakefield, and many appeared to value being listened to and having their experiences heard.

The visit was a positive experience for both people attending the clinic and staff. There is hope that Healthwatch Wakefield will be able to attend regularly continue gathering feedback and helping local people have their voices heard.

There are stop smoking clinics across the District and you can find out more here <https://wakefield.yorkshiresmokefree.nhs.uk/> or by calling 0800 612 0011 or 0330 660 1166.

## **Focus on our Adult Social Care Citizen Panel**

### **Influencing change, championing carers, and improving communication**

The Adult Social Care Citizen Panel continued to influence services and help shape improvements for local people.

#### **Making transitions easier for families**

Concerns raised by parents and carers about the move from children's to adult social care helped highlight the need for clearer communication. Following consultation and Panel discussions, Wakefield Council's Senior Leadership Team received a report, and joint work between children's and adult social care services has been agreed. A quick reference guide has also been developed to help the Transitions Team explain its support to young people and families. The Panel was thanked for helping bring the need for change to the Council's attention.

#### **Recognising the value of care professionals**

The Panel discussed our Who Cares? project, which explored paid carers' experiences. Findings highlighted their passion for the job and the importance of relationships, alongside pressures around staffing, workloads, and communication. Carers want their skills and experience recognised, and the time and support needed to provide the quality of care people deserve. The Panel discussed the findings and possible next steps.

#### **Helping people find the right support**

Members explored how to raise awareness of unpaid carers, improve signposting and address barriers to respite. They also shared ideas on making Council communications about adult social care clearer, challenging negative perceptions, and reaching out to local people through trusted community voices.

## **Focus on our Mental Health Community Panel**

### **Shaping services, improving environments, and helping people find support**

Panel members continued to play an active role in improving mental health services across Wakefield District.

#### **Mental Health Pathways website**

They helped shape the new Mental Health Pathways website, developed in partnership with Nova, Young Lives Consortium and Age UK Wakefield District. Having contributed from the early stages, members reviewed the latest version ahead of its planned launch on World Mental Health Day. Discussions also explored how flyers, leaflets and information cards could help more people discover the website and find the support they need.

#### **Inpatient, outpatient and community services**

Members also had opportunities to influence the quality of local mental health services. One volunteered to take part in hospital walkarounds, helping identify good practice and areas for improvement to inform the development of inpatient wards.

At Drury Lane Health and Wellbeing Centre, a walkaround highlighted positive features, including a clean environment, suitable rooms for different therapy services and quieter spaces in reception for people who may need them. Panel members also suggested providing fidget toys for people waiting for appointments. The Hub Manager welcomed the feedback and confirmed that they are exploring the possibility of purchasing these when funding becomes available.

## **Focus on Independent NHS Complaints Advocacy**

### **Every complaint is an opportunity to learn**

Two complaints about very different NHS services highlighted a shared issue: the importance of clear communication, accurate information, and reliable processes when people need care.

Both highlight how communication can affect people's experience of care, their confidence in services, and their ability to get the support they need. And in both cases, raising a complaint gave the service an opportunity to recognise shortcomings and identify improvements.

### **The Early Pregnancy Assessment Unit**

A woman was 10 weeks pregnant when she experienced abdominal pain and diarrhoea. After initially being unable to get an appointment with the Early Pregnancy Assessment Unit, she had a scan the following day, which confirmed the baby's heartbeat. She was told the baby was measuring three days smaller than expected but was reassured this was nothing to worry about.

After four days of ongoing symptoms, she attended the Surgical Assessment Unit, where blood tests showed a mild infection. She was given possible explanations for her symptoms but no definitive diagnosis, and was advised to contact her GP if they continued.

Despite subsequently seeking support from her community midwife and GP, she felt she was unable to get the help she needed. She was also unable to contact her allocated midwife or the Community Midwifery Office, leaving her reliant on NHS 111 for advice.

Although her symptoms eventually did settle, two weeks later she discovered she had lost her baby. She believes that overall, her pregnancy never got off to a good start because of the lack of support and difficulty accessing advice and care when she needed it.

The service responded with the following:

"Please accept our sincere apologies for the lack of responsiveness you experienced. This is not the standard of care or communication we aim to provide. Your concerns regarding the difficulty in contacting the Maternity Team, and the impact this had on your overall pregnancy experience, have been taken very seriously.

We would also like to reassure you that we are actively working to improve the service we provide to women and families. As part of this complaint, we are introducing a dedicated Maternity Enquiry Line, which will help reduce waiting times for responses and provide a more accessible and reliable point of contact for support and advice particularly when a named midwife may be unavailable, for example during periods of annual leave. We hope this improvement will provide greater continuity, improved communication, and reassurance for patients accessing our maternity services."

## The Emergency Department

In our second highlighted case, A man with a history of heart attack and a fitted stent was advised to attend A&E after high blood pressure was identified at a clinic. During his attendance, he experienced communication issues relating to waiting times, his attendance status and how the department operated. An administrative oversight led to him being recorded as having left the department, and there were further concerns about paperwork and a missed planned observation.

In response to his complaint, the concerns were discussed with the Emergency Department's clinical and nursing leadership teams as a learning opportunity.

The hospital also reinforced the need for patients who make contact after being recorded as absent to be promptly reinstated on the electronic system, with their status clearly communicated to the wider clinical team. The importance of effective staff handovers and thorough checks when investigating concerns about patient records was also highlighted, including checking all relevant locations before concluding that documentation could not be found.

The hospital acknowledged that a planned observation had been missed and should have been completed and documented. Although it stated that this did not affect the man's assessment, treatment or overall management, nursing staff were reminded of the importance of completing and recording scheduled observations in line with departmental protocols, particularly during prolonged attendances.

Both cases show how complaints can bring concerns to the attention of NHS services, prompting them to acknowledge problems and identify opportunities to improve communication and care processes. While the longer term impact of these changes remains to be seen, responding to people's experiences creates an opportunity for learning that could benefit other patients too.

## Some feedback received for the Independent NHS Complaints Advocacy Service

"Thank you for being patient with me and for all your help, I really do appreciate it."

"Very pleased with how things were dealt with and also regular phone calls to see how things were progressing Many thanks."

"Thank you also for copying my email to make it easy for me to now send on. Little things like that mean such a lot to me when I just can't get my brain to work like others. So again, massive thank you to you for trying to understand me and my difficulties and guiding me every step of the way."

"I really appreciate you taking the time to go through everything and looking at each organisation separately. There has been such a lot that has happened across the different hospitals and services, so it is important to me that the full history and the impact it has had on me are properly considered. Thank you again for your continued help and support with this. It means a lot to have someone helping me work through everything."

# Looking back: more than a diagnosis

## Our work with families and ADHD and Autism

Earlier this year, we published 'More than a diagnosis: What families with ADHD and Autism need to thrive'. The report shared powerful stories from families navigating the ADHD and autism assessment process in Wakefield District.

We found that it is not just the child who goes through this journey, but the whole family. Parents and carers need information, understanding, and support to help their children, often while dealing with long waits and uncertainty themselves.

We also found that many local services are based on what a child needs, rather than requiring a diagnosis. This is a real strength, but families do not always know what help is available. Some may spend years waiting for an assessment before finding support they could have accessed sooner.

Alongside the report, we created a practical guide to help families find local services, community groups and other sources of support.

### Making families' voices count

Since publishing the report, we have continued to raise these issues with local decision-makers and ask what action is being taken in response to our recommendations.

We were concerned to learn that a pause on new referrals for children and young people needing ADHD and Autism assessments was being considered by Mid Yorkshire Teaching NHS Trust.

The plan was to stop accepting new referrals for up to a year, allowing the service to focus on its existing waiting list and introduce a new assessment process.

We understood the pressure on the service and the need to reduce waiting times. However, a decision of this scale could have a major impact on families. We were concerned that there had not been enough consultation or discussion about what it would mean for children, parents, and carers.

We raised our concerns with commissioners and through the Place Provider Partnership, helping bring the patient perspective into discussions about the plan. We challenged the assumptions behind the proposal, including whether the expected benefits were based on strong enough evidence to justify stopping new referrals.

GP's also raised concerns that families unable to access an assessment could turn to them for help, creating further pressure elsewhere in the system.

Following further discussions, we were told that the proposed pause would not go ahead.

The original plan had relied on forecasts linked to the return to school when referrals were expected to be particularly high. As this period had passed and the forecasts had changed, the expected benefits of the pause were no longer likely to be achieved.

We welcome this decision. By continuing to raise families' experiences and challenging the proposed approach, we helped make sure that the impact on patients remained part of the discussion.

## The work is not finished

Although the pause will not go ahead, the pressures behind the proposal remain.

Families are still waiting too long for assessments, and some turn to private providers or use 'NHS Right to Choose' to seek an alternative. These routes can bring their own challenges, including costs and difficulties with ongoing treatment and medication.

A diagnosis can be important, but it does not always lead to the support families expect.

We remain concerned that families can spend years waiting, only to find that they still have to work hard to get the help their child needs.

We believe this needs a joined-up response. Mid Yorkshire Teaching NHS Trust cannot solve the problem alone. Schools, Family Hubs, GP's, community services, voluntary organisations, and the Integrated Care Board all have a role in helping families get the right support sooner.

Recent information suggests that referrals have slowed, which may give local services a better basis for planning. We need to use this opportunity to build a system that can meet demand and support families throughout their journey, rather than focusing on assessment alone.

## Keeping our recommendations in focus

Our original report called for four key changes:

**Clearer referral processes** so families know what to expect and where to turn.

**Better support before and after diagnosis**, including clear information about local services.

**Greater recognition of parents and carers** as essential partners in supporting their children.

**Ongoing training for professionals** to improve understanding of ADHD and autism.

These recommendations remain as relevant as ever. We will continue to use families' experiences to ask local services what has changed, challenge gaps in support and press for progress.

This work also shows why an independent public voice matters. Families need someone who will listen to their experiences, bring those experiences to decision-makers and challenge plans when the impact on people risks being overlooked. As the future of Healthwatch is considered nationally, we must not lose sight of the importance of this role.

Our message remains clear: children and families should not have to wait for a diagnosis to get the support they need.

# 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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