healthwatch
Wakefield

Real voices, real impact

October to December 2025

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.

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
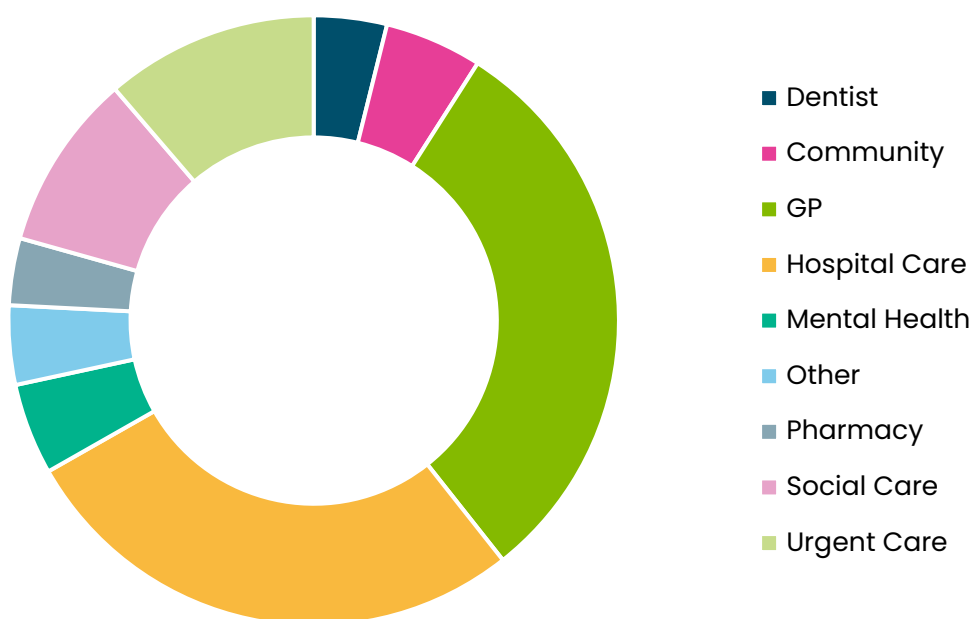
Information

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 309 pieces of information from people who have used health and care services. We talked to people at over 30 different events, meetings and community locations, including:

- Red Roof Community Centre, Kinsley

- Appletree Community Garden Women's Group, Agbrigg

- No Bulls Hit Group for men, St George's Lupset

- Craft and Photography Group, Portobello

- Bless Memory Friendship Group, Upton

- Seated Exercise Group at The Brig, Altofts

- Young Lives event, Kinsley

We 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. 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

- Dentist
- Community
- GP
- Hospital Care
- Mental Health
- Other
- Pharmacy
- Social Care
- Urgent Care

What we heard and why it matters

We analysed the 309 pieces of information that we received and found that five main themes emerged.

1. Digital access and exclusion

2. Access to GP care, continuity and responsiveness

3. Dignity and compassion and how people are treated

4. Hospital flow and capacity pressure

5. Mental health support gaps

Each theme is outlined in more detail below.

1. Digital access, exclusion

We continued to hear that digital systems can create barriers for some people, particularly those who are older, disabled, neurodivergent, have low digital confidence, lack suitable devices, or have sensory impairments. While some people benefit from faster access through online systems, others experience confusion, stress, delays, and additional financial burden when they are unable to use them effectively.

> **"He does not have a laptop, he does not have a smart phone and he is worried about how he will access his GP in the future."**

People told us that systems such as Patchs, AskMyGP and the NHS App can be difficult to navigate, especially when passwords, verification steps, accessibility features, or system errors create additional hurdles. Some people felt that they were expected to use digital systems even when this was not suitable for them, and that support to learn or troubleshoot these systems was inconsistent or unavailable.

We also heard that digital barriers result in some people having to make unnecessary journeys, pay for taxis, or rely on others to access basic care such as prescriptions or blood tests. This can risk widening health inequalities and place extra pressure on people who already face barriers to accessing services.

> **"Not being able to use Patchs to request a repeat prescription meant they were having to get a taxi to the surgery once a month to make the request at a cost of £8 per journey."**

2. Access to GP care, continuity and responsiveness

We heard repeatedly about difficulties accessing GP appointments, long waits on the phone, rigid booking systems, and a lack of continuity of care. Some people felt that systems were inflexible and did not take individual circumstances into account, while others described frustration at having to repeatedly chase referrals, results or follow-up actions.

> **"A patient found it hard to get repeat prescriptions... this patient felt communication is not good in the practice and the responsibility is on the patient to sort it out."**

People also told us about challenges when practices operate across multiple sites, leading to confusion about appointment locations and a lack of continuity with clinicians. Several people described situations where delays, lost correspondence, or poor communication had direct consequences for their care and this increased anxiety.

Alongside these concerns, we also received examples of positive and responsive GP care, demonstrating that when systems work well, people feel supported and confident in managing their health. However, inconsistency across services remains a significant issue.

> **"Service user used Patchs to send some pictures of a rash to the GP... They were diagnosed with shingles and prescribed medication which worked within a couple of days. They were very happy with the speed of service."**

3. Dignity and compassion

We heard that some people felt dismissed, judged, rushed or not listened to when accessing health and care services. These experiences were reported across GP practices, hospitals, ambulance services and mental health services. People described feeling that their concerns were minimised or that reasonable adjustments were not consistently offered or respected.

> **"The receptionist was rude and didn't show any concern or compassion."**

For people who are disabled, neurodivergent, carers, or experiencing crisis, these interactions can significantly affect trust, confidence, and a willingness to seek help in the future. Poor communication and lack of compassion can also increase distress at already vulnerable moments, including during serious illness, end of life situations, and mental health crises.

> **"Why could this doctor not have a bit of compassion for the family, coming into the home of someone who has died?"**

At the same time, we also heard examples of kindness and compassionate care. In particular, people spoke positively about individual clinicians and mental health nurses who took time to listen, provide reassurance, and offer consistent support, even when wider systems were under pressure.

> **"The Practice Manager rang to make sure I knew the appointment had changed, so thoughtful!"**

4. Hospital flow and capacity pressure

We heard about significant pressure across urgent and emergency care and inpatient services. People described very long waits in A&E, overcrowding, corridor 'care', delayed transfers to wards, and environments that felt unsafe or unsuitable for vulnerable patients.

While many people acknowledged the hard work and kindness of staff, there was a strong sense that the system itself is under severe strain. Some people described a growing lack of confidence that the system can respond safely and timely in emergencies, particularly for older people and those with complex health needs.

> **"The truth is… I don't expect to survive if I have a medical emergency."**

Environmental issues such as cleanliness, lack of basic facilities, and absence of call bells or appropriate monitoring added to people's distress and sense of vulnerability while waiting for care.

> **"I was isolated in a room in A&E… I did not have a buzzer to call for help. I was very breathless, struggled to even sit up, I was unable to even stand and go to the door to call for help"**

5. Mental health support gaps

Mental health concerns featured strongly across the quarter. People described difficulties accessing timely mental health support, uncertainty about medication management, and feeling dismissed or unsupported when in distress.

Some people felt that their symptoms were not taken seriously or that responsibility for decision-making was placed back onto them without appropriate clinical guidance.

> **"He said he had seen the GP for a review and said he didn't think the antidepressants were working… The GP asked him to choose a medication he might like to use instead."**

We also heard that delays and gaps in support can increase risk, particularly for people experiencing crisis, neurodivergent individuals, and those managing long-term mental health conditions. Where people did receive consistent, compassionate support, this made a significant positive difference to their wellbeing.

> **"He could not relate to anyone there. The Mental Health Nurse was the one person who made a huge impact on him."**

Alongside this, we have received positive feedback about our Mental Health Panel, which takes place every month.

> **"I find the meetings a really positive experience and it does feel like everyone working together does make a difference. Thank you for all the hard work you have put in!"**

What did we do

Advice, information, and signposting

We give people advice and information about numerous things including how to find services and what to expect, knowing their rights, how to raise concerns or complaints, self-help, advocacy and where to go for reliable health information.

We provide this information in ways that are as accessible as possible, for example we recently adapted one of our information leaflets following feedback that it wasn't accessible for people who were visually impaired. On sharing the updated information, they told us:

> **"It's lovely that you listen to what people say and that you would do this to help people."**

We also signpost people to a huge range of organisations, websites, helplines, and services. This signposting makes a real difference to people as the quotes and examples below show:

> **"We just wanted to share some feedback from the groups your Research and Engagement Officer recently visited. Numerous attendees have commented on how valuable the information you provided was, and how grateful they felt for your input."**

Signposting for carers at the Maintenance Cognitive Stimulation Therapy (MCST) Group

In November, one of our Research and Engagement Officers visited the MCST group in Castleford. This is a therapy programme group organised by Age UK to support people with dementia. It comprises of cognitive stimulation therapy over 24 weekly sessions and activities such as number and word games, discussions, and quizzes. Whilst at the group, we were able to signpost carers to a number of additional support options. These included the Connect to Support website for, amongst other things, technology in the home support.

Signposting for the Future Selph team

We received feedback from a previous Adult Social Care Citizen Panel Member who we signposted to the Future Selph Team. Future Selph is a mental and emotional wellbeing service for young people aged between 16 and 25 in Wakefield District. We were told that because of the signposting, this woman's daughter is now receiving support from the Future Selph Team. Her daughter is a wheelchair user belonging to the LGBTQIA+ community, and this support has been invaluable for her. Her mum said:

> **"My daughter finally feels that she has found her place, where she is understood and supported."**

Signposting for bereavement support

A Research and Engagement Officer had a conversation about a child who had lost his grandmother. The child's parent shared that school had told them that the child's behaviour had become disruptive and aggressive towards other children. This had started after the bereavement and the parent was struggling to know what to try and didn't know where to turn for support. She was signposted to Compass Wakefield.

> **"Thank you, why has nobody mentioned this before? I'm going to contact them straight away."**

Signposting for carers

A strong theme this quarter was signposting carers. For example, we attended a Stroke Support Group at Create Cafe and were able to signpost one of the couples there to Memory Action Group for support with dementia. We also signposted the accessible cycling scheme at Thornes Park as they were looking for an affordable way to exercise safely.

A woman who has recently given up working full time to be her mum's carer did not know all that was available to her as a carer. We signposted her to Carers Wakefield and District and their support groups, as well as the My Time grant. This is a support scheme that enables carers to apply for up to £100 per year to get a break from caring.

In another example, we spoke to a woman who was a carer for her husband, who has dementia. She shared how lonely and hard it was for her. She had not had a carer's assessment, and had no idea about Attendance Allowance. We signposted to the Adult Social Care Team who can also refer to the Aids and Adaptations Team.

> **"We have never received such a genuinely positive response as we did following your visit."**

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 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 ensures 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

- 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 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

Below are some examples of the difference we made in this quarter.

Focus on Young Volunteer Voices

Between June and October 2025, Wakefield CAMHS worked with Healthwatch to ensure that children and young people's voices were meaningfully embedded in the development of a revised CAMHS referral form and related service updates.

This began after CAMHS identified difficulties engaging children and young people through existing routes and approached Healthwatch to support targeted involvement. We promoted a focus group opportunity to our young volunteers and supported early discussions about how young people could be involved in reviewing new referral documentation.

CAMHS invited our volunteers to comment on a draft referral form and we coordinated feedback which highlighted some strengths of the form, including its clear structure, accessible language, and trauma-informed approach. Volunteers also made practical suggestions to improve the experience for young people, including:

- clearer reassurance around sensitive questions
- prompts and examples to support open-ended responses
- an expanded confidentiality statement
- clearer information about the support CAMHS can offer

We collated this feedback and shared it with CAMHS, who welcomed the input and confirmed it would inform refinements to the form.

As a result, CAMHS moved forward with wider communication of service changes, including a new phone number, updated referral criteria, and the launch of the revised referral form in November 2025. In these communications, CAMHS acknowledged the role of young volunteers, via Healthwatch and the Young People's Partnership Board, in shaping a more inclusive and accessible referral process. This is a good example of how our volunteers are able to influence and improve services.

- Young people directly influenced improvements to a key access point for mental health support.
- The referral form was strengthened in terms of clarity, emotional safety, and inclusivity.
- Young people's perspectives were embedded within wider system-wide service updates.

Focus on digital inclusion

We visited Memory Action Group and heard from members about significant difficulties using GP online systems such as Patchs. These barriers were affecting people's ability to book appointments, order repeat prescriptions, and access important health information.

Healthwatch shared information about local NHS digital support available through drop-in sessions. In response, the group leader arranged for a Digital Champion to attend the group and provide tailored, face-to-face support. Feedback from group members indicated that this support helped improve confidence and understanding when using digital systems.

- Carers of people with dementia received targeted digital support.

- Carer confidence in using GP online systems improved.

- Support provided reduced reliance on others to manage appointments and prescriptions.

Focus on advocacy outcomes

Our advocates supported a wheelchair user who had been unable to access patient transport to attend a hospital appointment; despite waiting over six months for care. The individual reported that they had been refused transport support and, as a result, were unable to attend their appointment.

Following Healthwatch's involvement, the Patient Transport Services reviewed the case and acknowledged that, although the initial call had been handled politely, the individual had not been provided with the level of support expected. In particular, alternative transport options had not been appropriately explained, and the case had not been escalated to the Eligibility Team to explore the individual's circumstances in more detail.

The provider confirmed that the call handler had not applied the revised eligibility criteria correctly. As a result, the staff member received further training, and the call was addressed directly as part of quality assurance processes.

As a direct outcome of Healthwatch's intervention, the Eligibility Team contacted the individual in October 2025, and a patient transport booking was successfully arranged.

- The individual was supported to access patient transport and attend their appointment.

- An error in the application of eligibility criteria was identified and addressed.

- Additional staff training was completed to improve future decision-making.

- The case highlighted the importance of clear explanation, escalation routes, and confidence in applying eligibility guidance.

This example demonstrates how advocacy can support people to resolve individual barriers to care alongside service learning and improvement. The support was appreciated, with the service user saying:

> **Thank you so much for your help. I would not have had this outcome without your good work…. well done, you are a star."**

Actions and outcomes from Quality Intelligence Group

The table below shows the themes identified at the NHS Quality Intelligence Group for October, November and December 2025, and some of the agreed actions. It shows how the intelligence 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.

October 2025 themes	Some actions taken
Negatives for Emergency Departments	• Update from the Integrated Care Board (ICB) visit in October was provided. • Following patient safety incidents reported the Trust is carrying out a walkaround to review all Temporary Escalation Spaces (TES) areas. • Mid Yorkshire Teaching NHS Trust are looking into a refresher of awareness raising and promotion of the VIP Red Bags in Pinderfields due to staff turnovers.
Negative feedback for the Patient Transport Service (PTS)	• Promote and share information on the Healthcare Travel Costs Scheme with GP Practices.
Positives for Alverthorpe Surgery	• Share positive theme and feedback with service at planned meeting with Practice Manager.
November 2025 themes	**Some actions taken**
Lack of reasonable adjustments (people who are deaf, use a wheelchair, have a health passport)	• Share theme and feedback with the Head of Patient Experience at Mid Yorkshire Teaching NHS Trust. • Look back at the last six months of feedback and pull an insight review together. • GP Practices share reasonable adjustment flag with Mid Yorkshire Teaching NHS Trust on referral - request assurance that the flag is utilised to plan reasonable adjustments required.
Poor staff attitude (across various services)	• Share theme and feedback with the Head of Patient Experience at Mid Yorkshire Teaching NHS Trust. • Request information on how 'compliance' with Mid Yorkshire Teaching NHS Trust recently launched communication standard will be monitored. • Share theme and feedback with the Head of Quality (YAS).
Poor experience in A&E	• Share theme and feedback with the Head of Patient Experience at Mid Yorkshire Teaching NHS Trust.

	• Review latest Friends and Family Test (FFT) data for A&E.
	• Reports are presented to Mid Yorkshire Teaching NHS Trust Quality Committee every two months from the Acute Care Division which include experience of care in the Emergency Department.
Negative feedback for pharmacies	• Share theme and feedback with colleagues in medicines optimisation and safety colleagues.
December 2025 themes	**Some actions taken**
Hospital Discharge (some issues in the feedback) for example, lack of communication, mobility, medicines	• Share feedback received at Adult Social Care Citizen Panel meeting with the Quality Team. • Discuss the theme and feedback with Head of Integrated Discharge at Mid Yorkshire Teaching NHS Trust. • Request progress on implementing the recommendations from the Healthwatch report on hospital discharge with Mid Yorkshire Teaching NHS Trust.
Positive theme for dementia care (e.g. good support for carers)	• Update the Dementia Insight Report for Neighbourhood Health programme • Multi-Disciplinary Teams with latest data and share with Neighbourhood Coaches who will help shape the new care models for local people • Increase in positive feedback as a result of raised awareness of the local support available for people living with or affected by dementia following October's dementia conference.
Positive experiences of care in dental practices	• Share feedback and theme with West Yorkshire Dental Commissioning Manager. • Increase in positive feedback as a result of raised awareness of the local support available for people living with or affected by dementia following October's dementia conference.
Positive experiences of care at the Walk-in Centre	• Share feedback and theme with ICB Involvement Lead to inform engagement launching in January 2026. • Request engagement feedback from public health about experience of service for vulnerable people with transient lifestyles. • Share feedback with the provider, Local Care Direct.

Negative theme around Patchs for GP Practices	• Encourage practices to reiterate offering support to people from the Primary Care Network Digital Champions. • Share positive learning with all practices from Healthcare First and their use of System Connect; and Ossett Surgery's case study on implementing online consultations and cloud based telephony (practice has gone digital not the patient).
Mixed experiences for flu vaccinations (but overall many positives with people appreciating the choice if they wanted a covid booster too)	• Monitor feedback on this theme during the next month.

Looking back

At Healthwatch Wakefield, we carry out several pieces of in-depth work over the year. Below we look back at a focused piece of work that we did into support around weight management.

Revisiting our work around weight management support

Background

In December 2024, we carried out engagement work across Wakefield District look into people's experiences around weight management. We particularly wanted to hear about people's experiences of seeking support around their weight, and what leads them to seek support. Also, whether there were any obstacles for engaging with support offers available in the district? What makes it easier or more difficult for people to access support?

Alongside this, we also wanted to find out whether the local authority funded Aspire Health & Wellbeing Programme was being utilised, identify potential barriers for residents, and propose potential service delivery changes. https://www.wakefield.gov.uk/sport-and-leisure/healthy-living.

We used two different ways to find this information. A survey was produced and publicised and 76 people completed this. This was followed by three in depth interviews to create case studies.

Our findings highlighted that weight management is an emotionally charged issue. One key issue identified by the people who took part was that many people are not aware of what services are available to them through Aspire and more widely. Personalised support was a key theme that came up time and time again.

Looking back: our impact, recommendations, and outcomes

Our report was published on the Healthwatch Wakefield website and publicised through our usual communication channels.

Weight Management Survey Report Figures

- 95 people followed or clicked our links to the survey, information, or news on the survey, and the report.

- 124 people visited and viewed our web pages relating to the survey and report.

- 962 views about the report on Facebook. We also publicised through Instagram, LinkedIn, and X.

Along with our report and subsequent recommendations, we have used our website and social media to provide the public with information how to access support through the Council's website.

Our report made three recommendations, including delivering a campaign to drive understanding of the offer from Aspire and to make it clear what people can expect and who is eligible from the start. One recommendation was to focus on consistency of messaging and how referrers and people who signpost to Aspire can simply inform and advise potential clients. This may be adding the services to the shared pathway referral for Primary Care, or a short script that can be given to referrers.

Lastly, to build up positive peer networks across funded weight management services and consider opportunities to develop a positive culture.

What was the impact?

As well as publishing our report and recommendations on the Healthwatch Wakefield website and social media, we have taken opportunities to speak to the public and raise awareness of our report, findings and recommendations through attending groups and engagement events.

We attended the recent 'More than Weight' Report Launch in September 2025. This report explored the human, social, and economic cost of obesity. It was commissioned by Humber and North Yorkshire and West Yorkshire Health and Care Partnership.

We met with Wakefield Council's Arts, Culture and Leisure Referral Services Manager and asked him to share his thoughts about our recent report. He said:

> **"The results of the report showing that clients wanted a person centred, holistic support as opposed to focusing purely on their weight aligns well with our approach and the findings have helped us to further refine our approach in how we best support the residents of the district to live healthier lives. From this we aim to create safe spaces where clients feel supported by professionals and peers alike and don't face shame or stigma related to their weight."**

We also spoke to another member of the Arts, Culture and Leisure Team and she shared the following:

> **"The Weight Management Services Report has been a valuable resource in shaping the Aspire Health & Wellbeing Service. The public feedback around diet culture and people's relationship with weight encouraged us to reflect deeply on how we communicate our offer. We're continuing to develop our marketing tools to ensure transparency, sensitivity, and a more holistic approach to supporting individuals on their health journey. This also aligns with regional campaigns focused on embedding a compassionate approach and reduce weight stigma into all that we do. We will continue to embed the views of Wakefield residents into the ongoing development of our service."**

Evergreen Active CIC were key in sharing our survey with their members at the groups that they run weekly in a variety of areas. They said that it was a great report and very representative of the anecdotal conversations that they have with people on a weekly basis.

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.