



What we are hearing

Quarterly Report: April-June 2025

healthwatch
York

Contents

Content warning: contains reference to cancer, mental ill-health, breakdown, trauma, stigma, self-harm, suicide and suicidal ideation, anxiety, distress, struggles with daily living, family breakdown.

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Key: Compliments in own words – no background, speech bubbles

3rd party reported compliments – green background

3rd party reported negative feedback – pink background

Concerns and complaints in own words – blue background

Introduction

What we do

Healthwatch York is your way to influence local health and social care services – hospitals, care homes, GP surgeries, dentists, pharmacies, home care services and many others. We make sure your voices are heard by those who buy and deliver local health and care services.

Healthwatch York:

- Provides information about local services to make sure you know how to access the help you need
- Signposts you to independent complaints advocacy if you need support to complain about a service you have received
- Listens to your views about local services and makes sure these are taken into account when services are planned and delivered

Every day we hear from people across York about your experiences of local health and care services. Where requested, we signpost and / or provide helpful information about their options. We share what we hear anonymously with the people who buy and deliver those services.

This Report

We have put this report together based on what you have shared with us in the 3 months from 1 April to 30 June 2025. This report gives a flavour of the issues and themes this quarter.

The service areas highlighted in this report are as follows:

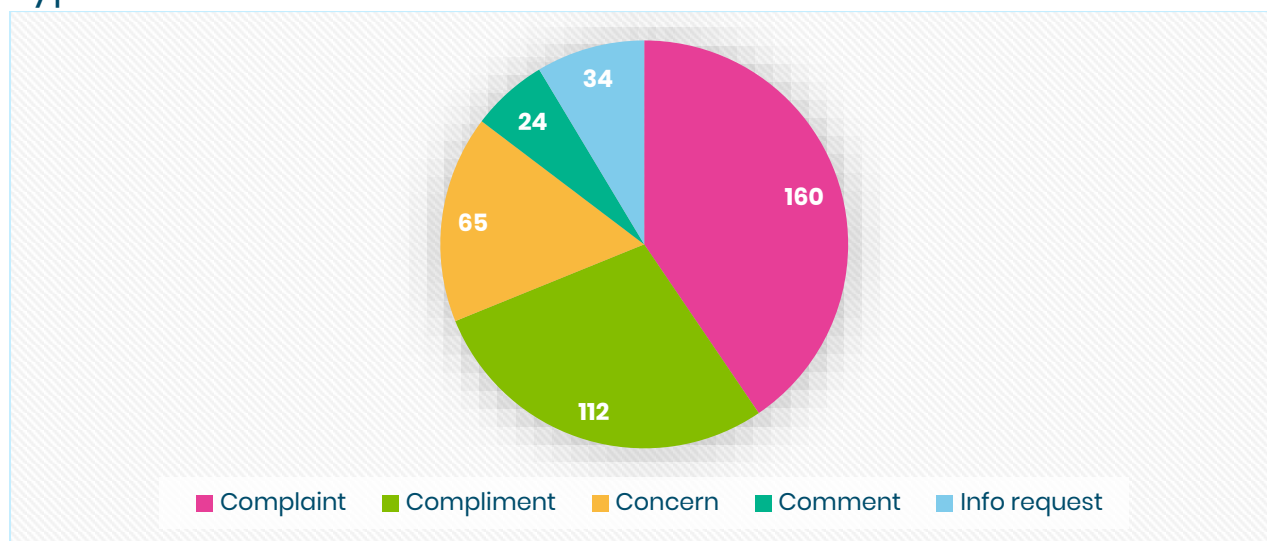
- GP services
- Hospital services
- Mental health services
- Social care services
- Dental services
- Neurodiversity support

- Navigating the system

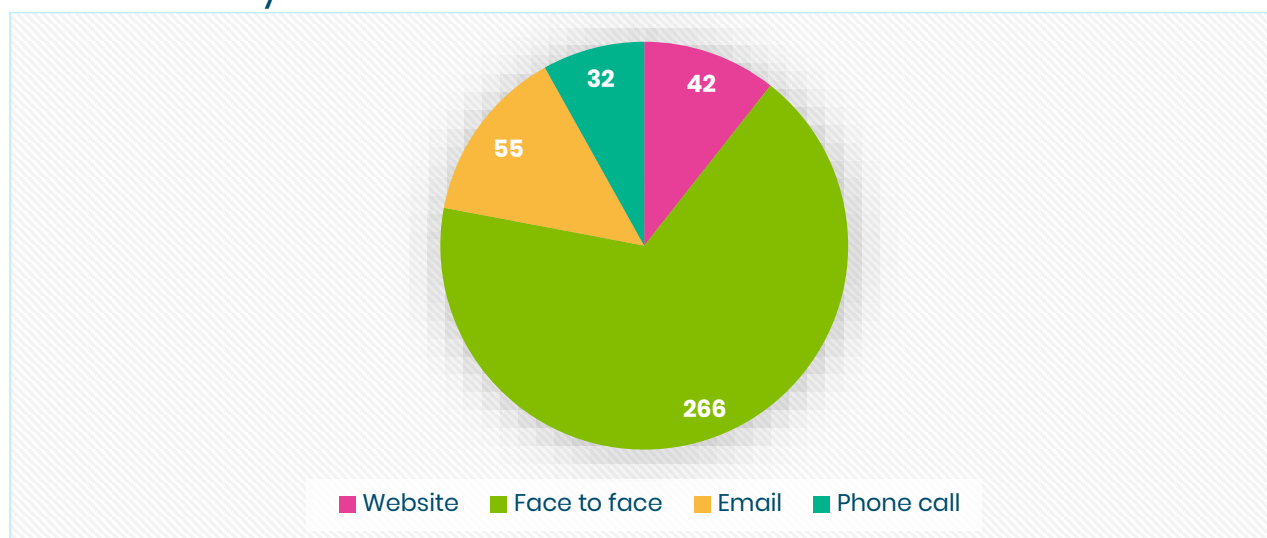
Overview of contacts received

From April to the end of June 2025 **395** people contacted us directly to ask for information / advice or share their feedback.

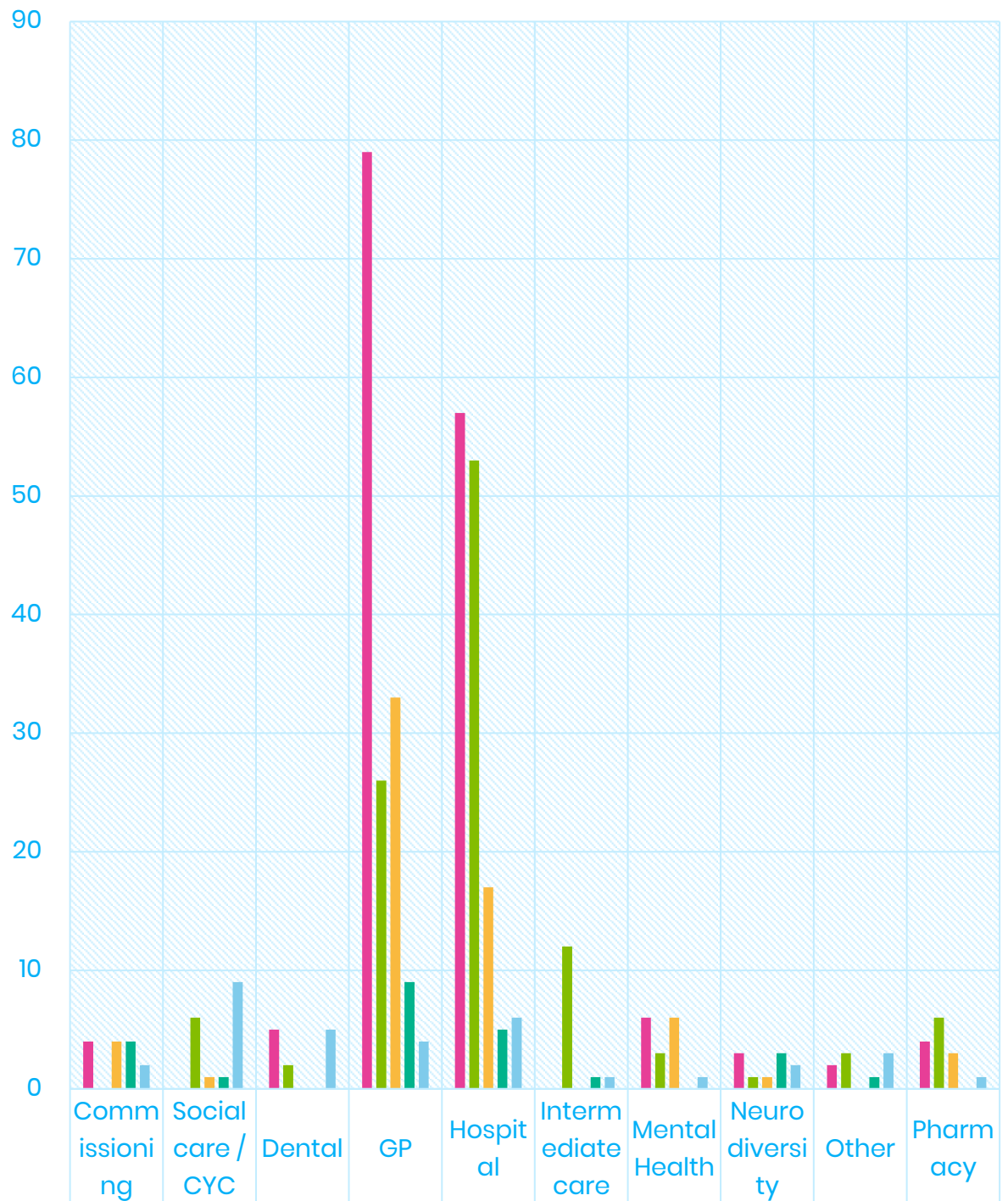
Type of feedback received



Contacted by



Feedback received by type and area of care



Complaint	4	0	5	79	57	0	6	3	2	4
Compliment	0	6	2	26	53	12	3	1	3	6
Concern	4	1	0	33	17	0	6	1	0	3
Comment	4	1	0	9	5	1	0	3	1	0
Request for info	2	9	5	4	6	1	1	2	3	1

Complaint Compliment Concern Comment Request for info

Key themes by area of care

GP Services

There were 26 compliments for GPs and GP practices.



I am now on to the seventh GP I have spoken to and he has been good. I have ME and he admits he doesn't know about it. But he is good at listening and is a mental health specialist so helpful about my mental health issues. He has now prescribed me new medication which has really helped with my anxiety and other mental health issues. While my ME hasn't changed, the new medication has helped as I can now cope better as I don't have the same mental health issues as I did before.





I have depression and anxiety and the social prescriber has been very good. They put me in touch with Menfulness who have been great.



I saw a nurse at my home for something and they spotted a deep bruise on my upper chest and said they thought I should see a GP. I contacted the practice and they asked if I could go to the surgery, but I struggle to walk so can't. I happened to mention where I live, which is very close to the surgery, and the GP said they could call round between 12 and 2pm. Just after 12 they arrived and were very helpful. I was very impressed.



 My neighbour was a new patient at Dalton Terrace. He is in his 80s and on joining was invited to lots of health checks. As a result he was referred to a specialist and has ended up having a double heart bypass. He had no symptoms, but thanks to Dalton Terrace's checks, this all happened before he had any issues. If it had been another surgery, he would probably have had a heart attack. 



Themes from compliments included:

- Personalised care that meets people's needs where they are
- Timely health checks supporting proactive healthcare
- Warm, caring staff
- Able to get appointments as needed


We also received 79 complaints, 33 concerns, 9 comments and 4 requests for information. Within these the key themes are:


- Difficulties with making appointments, including challenges with the online form
- Concerns about missed diagnoses and delays to diagnosis
- Medical records containing incorrect information
- Failure to signpost to further help and support

Personal Story: "No follow up."


 I went to my GP as I was worried I might have dementia. They did some tests and said they thought I did have dementia, but they didn't do anything else or tell me what happens next. 


Personal Story: “Appalling service.”

 I cannot get an appointment with the GP and nor can my partner. I had some blood test results and looked online. The record said that they had advised me about them, but they hadn't. It was a lie. They had sent me a text to say they wanted to talk to me about them, but I haven't been able to get an appointment to do that. My partner has been struggling and contacted the GP to say that he is mentally unwell with suicidal thoughts. Five weeks later he has heard nothing. It is disgusting.





Personal Story: “Missed diagnosis.”

 My friend had a bad back and contacted the GP. She was told to wait and she did, for months. Eventually she rang again and was told that she had been overlooked. She was given an appointment with a physiotherapist who was horrified that nothing had happened. The physiotherapist referred her for a scan which showed a broken vertebrae and osteoporosis.





Personal Story: “Our medical records need to reflect reality.”

 I was surprised to log into my online portal to discover I'd had a medication review which included considering my mental health and risk of self-harm.... the coding suggests I had a phone conversation which I didn't and in no medium was I asked about intended self-harm etc. despite a depression review also being coded. If they had asked, I would have told them I have some self-harm ideation but would find it really hard to hurt myself. I'm incredibly concerned about people who physically can harm themselves whose reviews have also been fudged...





Personal Story: “We need a regular GP visit.”

 We are all at Marjorie Waite Court and we have to arrange to go to see the GP separately. But when I was in a care home for respite, the GP came there once a week and we could see them if we needed to. That should be the process here. It would make much more sense and enable people to get seen early so things don't get too bad. The optician comes, the chiropodist, and someone to do vaccinations. Why not the GP?



Personal Story: “Missed cancer diagnosis.”

 I went to the GP with symptoms that I thought could be cancer. The GP did some tests and one came back as 200 rather than the top range of 20. The GP said that there was nothing more to do. When I questioned him, he said that the count goes up and down. But I thought that 200 was more than 'going up and down'. I went to a private GP who confirmed it is cancer and referred me to the hospital for treatment.



Hospital

We received 53 compliments about hospital care.



When I came out of hospital the social prescriber was very helpful. They also helped me before I went to hospital. A nurse visits every day to make sure I am doing OK.



I had a stroke and a heart problem and was taken to York Hospital. The staff were great. I was in hospital for eight weeks in total and everyone was helpful and supportive, particularly the health care assistants, OTs and physical therapist. They were all reassuring.



Excellent birth experience. The whole experience from start to finish was amazing. The staff on labour ward, G2 and the room where I got induced were unbelievable. They couldn't do enough for you, every step they made sure you were okay and your needs came first..)




Themes from compliments included:


- High quality care
- Good support on discharge
- Excellent, caring staff
- Shorter waiting times than expected

We also received 57 complaints, 17 concerns, 5 comments and 5 requests for information. Within these the key themes were:


- Concerns about lack of support for some health conditions
- Long waiting times
- Problems with medication
- Concerns about staffing levels and quality of care
- Failure to meet access needs

Personal Story: “No treatment for PoTS.”

 I spoke to my Cardiologist today, and he basically said that York hospital can't treat PoTS patients. He said his guidance hasn't really been clear, he is being told he can see them but not treat them which feels wrong for him, and it is, obviously. He said the closest place is Sheffield but they are refusing to take his patients. So it seems York Hospital feels like there are too many PoTS patients but it seems to me an opportunity to expand that service not take it away...when they have a very enthusiastic PoTS specialist. It's not our fault that we are a drain on their service, but the treatment makes a huge difference to our functioning levels and our level of disability which is obviously a good thing for us and the country.



Personal Story: “Communication problems, including wrong dose of medication.”

 I am on ward (no.) at the hospital and have been here for a week. The communication has been very poor. They don't explain what is happening. I do struggle to understand sometimes, but no one has ever taken the time to explain clearly to me and check that I have taken everything in. In the end I have called on the mental health staff at the hospital and they have been great. They do listen. Also when given some medication they said to take three a day, but what they gave me were 300mg. I take three x 100 mg

tablets, so I was overdosing even though I was doing what they said. I have tried to contact PALS to raise my concerns but have never been able to get through on the phone.



Personal Story: “Poor care after emergency.”

6 My father had a large bleed in the brain. He was transferred from York A&E to Hull for emergency surgery. He spent 26 days in ICU and neuro ward before being transferred back to York for rehab. York put him on a respiratory ward when he has no respiratory issues, under a respiratory consultant who tried to discharge him within 12 hours of arrival. My father has evident neurological issues he needs rehab for. But no assessments were conducted, no communication was undertaken with family, and no relevant specialist was aware. When we raised this to the ward the duty doctor said they would try and speak to Hull and the stroke ward at York to sort it. But they went home instead while we sat there. No doctor was available on the ward at all after that. Absolutely appalling lack of basic care and communication from staff. My father needed cognitive tests and a care plan and then his release would have been fine. But there was no concern or recognition of this from the ward.



Personal Story: “No interpreter in A&E.”

6 Last week my friend was in a lot of pain and I went with him to A&E. On arrival we explained that we are both deaf and needed an interpreter. We were waiting nine hours and never got an interpreter. It was a waste of time. No one even tried to help.



Personal Story: “Don’t recognise PTSD or provide support.”



I was in the army and suffer from PTSD as well as significant knee pain from an injury.

I really struggle going into hospital as the staff don't seem to understand what PTSD means. I really struggle with loud noises. And if I am stressed and in a difficult environment I can time out and think I am back in a war zone. Which is not good for me, but could have significant impact for other patients and staff as I might think they want to do me harm.

I was in A&E and waited for four hours for some bloods. They then said I'd have to wait for seven hours to see a doctor. There was nowhere quiet to go and they didn't understand so I had to leave even though they thought I might have had a heart attack. I couldn't stay if there was nowhere quiet for me to wait. The hospital really needs to have protocols in place for veterans with PTSD so they can support us and keep everyone else safe. I would struggle to go back to the hospital unless something changes.




Personal Story: “Long waits and don’t listen about medication.”




I went to A&E at 10.30am and wasn't seen until 6pm. I was next to an older lady who had been there since the day before and was told that she would have a bed by 6pm, but she didn't and didn't know what was happening. I heard the nurse saying there were over 100 people there and all the beds in the hospital were full. I was given a high dose of medication, but had explained that it was too high for me and ended up with palpitations and extremely high blood pressure.





Personal Story: “Service has deteriorated.”

 The last time I was in hospital I was in a lot of pain. At 3.30am I rang NHS 111 from home and they said they would send an ambulance. It arrived at 4.30pm the next day. I was taken to A&E where I waited for 24 hours as there were no beds. In all that time I did not get anything to eat or drink. When I got on to a ward they gave me a cardboard box of food but it was awful. I was in hospital for four days and all I ate was some shortbread biscuits. The staff seemed all to rush round and look at computers. All I got in terms of treatment was cocodamol. On another occasion I was in hospital for 10 days waiting for a 10 minute scan.





Personal Story: “Not got an x-ray despite asking.”

 I had a fall and went to Leeds hospital A&E as I was in Leeds at the time. I had injured my shoulder but they didn't do an x-ray. It still hurt so I went to Selby hospital and was referred to a physiotherapist. They said they couldn't touch me, so just gave me some exercises to do and again didn't refer me for an x-ray even though I asked. I am still in pain and so went back to Selby Hospital where the doctor I saw said he thought I did need an x-ray and has referred me. But why has it taken three tries for me to get an x-ray? The doctor also said he would look into getting me some help at home. Because of my shoulder I can't make the bed and need some help.



Personal Story: “Wait was too long.”

 I was told to go to A&E by a doctor. They arranged for a taxi which took me. I got there at 6pm and had not seen anyone by 4am when I went home. I take insulin and had missed a meal and was not offered any food in all the time I waited. It was an awful experience and has put me off ever going again.



Mental Health services

We received 3 compliments about mental health care.

Over the past six to seven months I have noticed that the crisis team seem to be better at responding to me when I call. In that time, they haven't told me that I was being childish, that I just need to go to sleep and they haven't hung up the phone on me. They seem more receptive and will listen more.

My wife was referred to the memory team in November about possible dementia. They booked a CT scan for her and said we would hear by Christmas. In January we hadn't heard, so I followed up and was told there was a 19 week wait. Due to a fall she went to A&E and they arranged a CT scan. I asked if they could share the results with the memory team at Huntington House. A meeting with the memory team then said that they need my wife to have an MRI before they can confirm the diagnosis. When I asked about the CT results, I was told they are still waiting for the full CT scan results so they can compare them with a scan from 2018. At the moment, they have just got the acute findings so there is still no formal diagnosis. My wife was really struggling so I rang the crisis team. They were fabulous. They told me to contact my GP practice to put pressure on radiology to get the CT results to the memory team. After the diagnosis we have been told she will be discharged to the community team. I have been in touch with the CMHT for support and they have been very good.

We received 7 complaints, 6 concerns, and 1 request for information. Within these the key themes were:

- Dismissive attitudes from staff
- Difficulties getting access to the right care and support
- Long waiting times for support


Personal Story: “Awful experience of the crisis line.”




I had to call the crisis team last night because I was self-harming again. I really didn't want to call them but I had no choice. So I spoke to 111 and 111 was lovely she put me through to the crisis line. A few minutes later a lady in TEWV crisis team answered. When I told her I was struggling and had been self-harming etc. her response was "well you've been like this a while haven't you so I don't know what your problem is." She then said she would go away and read my notes so she put me on hold. I waited over half an hour on hold so in the end I hung up because I didn't even know if she was going to come back to the phone. An hour later she called me back and then said "Sorry I can't remember what we was talking about so can you repeat it again." So then when I said to her that she was the one who said she was going to go away and read my notes she said "Yes I've read your notes and it looks like you have been offered a lot of stuff so again I don't know what your problem is." She also said I had been offered the "managing your emotions" work which I told her I have agreed to do but that isn't gonna help me right now when the CMHT will not even tell me when I can start this. She then started getting really nasty so I hung up.





Personal Story: “Too high risk or not high risk enough.”

 I have had some mental health issues over my life, including self-harm. I went to IAPT as I felt I needed therapy. But I was told I was too high risk for their service even though I wasn't self-harming at the time. They referred me to Access. But Access told me that I was not risky enough and so they couldn't help. So I was left with no support. I did get help through Open Door at the University who were very good. But it was so frustrating that I asked for help from the mental health provider and couldn't get it.





Personal Story: “IAPT was not helpful.”

 I had an assessment with IAPT and talked through what I was experiencing. They said I needed counselling. But they didn't provide it and gave me a list of links for places I could try – no NHS referral, just a list of organisations. It is not good enough. Surely the local mental health provider should be able to refer you for counselling.



Personal Story: “Nothing offered.”

 My son is 27 and he is getting no support for his mental health. He has tried his GP and talking therapies, and was booked on for talking therapy, but then it was cancelled and he has heard nothing else. He has been put on a waiting list for the Community Mental Health Team but the waiting list is nine months and he needs help now.



Dentistry

We received 2 compliments about dental care.



I moved to this dentist as an NHS patient after problems at another practice. The new dentist is very good. They gave me a check-up and cleaned my teeth in the same appointment for £23 on the NHS. It was excellent and the staff were so nice.



We received 5 complaints and 5 information requests.

Within these the key themes are:

- Lack of NHS dentists in the city
- Unaffordable costs of private care
- Reports of poor treatment and failure to remedy problems
- Challenges accessing care for potentially vulnerable groups and individuals

Personal Story: “Trying to find an NHS dentist.”



I only moved to York two years ago and have not been able to find an NHS dentist that will take me on. I have never had any problems with my teeth before but since being unwell I have had 2 fillings. I feel this is really unlucky timing for me because I am currently struggling to work so therefore have limited funds (currently in receipt of ESA & PIP which brings me out with around £700 per month.) I have called 111 to ask what dentists in my area are taking on nhs patients and they just mentioned a few dentists I have already contacted (at the best they have waiting list of up to three years). I have tried to discuss this with my doctor and explain how worried I am about this but they could not provide any help. I have researched things and found that because I

am receiving ESA it makes me eligible for free dental care. I have emailed my current dentist surgery saying this and they say they are private and can not help. They are now saying I am due a hygiene check and also a dentist check, I'm not sure why I have to have both.... I just need to look after my teeth at the moment because, whilst being unwell, my dental health has deteriorated. Hygiene appointment will cost me around £60 and added expense for dentist appointment. If I don't have the appointments and pay the money then they will strike me off the list. I feel this is so unfair and I have nowhere to turn for help!



Personal Story: "Negligence."

My dentist retired months ago and the practice are yet to recruit a replacement. A filling I had less than six months ago fell out and because a replacement dentist hadn't been recruited. I was asked to wait. And wait. And wait. The tooth became infected and the nerve is now abscessing. I'm in absolutely horrendous pain and having to go cap-in-hand to my GP for strong pain relief to manage while I continue to wait for a replacement dentist who can either complete a root canal or extract the tooth. I wouldn't be in this horrendous pain if the practice had utilised some common sense and considered recruiting a replacement when they knew my dentist was looking to retire.



Personal Story: "Need an NHS dentist."

I am a pensioner and moved to York a year ago. I've been trying to get a dentist ever since. My teeth need a lot of work. I need extractions and a denture and there is no way I could afford all the work privately. But I can't find an NHS dentist in York.



Personal Story: “No NHS dentists in York.”



I was unable to get to my dentist appointment due to being stuck in Egypt by the anti-Mubarak revolution. On my return I was told that I was no longer a patient of my dentist and that I could not have access to an NHS dentist in York as there was no dentist accepting new patients. That was 14 years ago! I still have no access to NHS dental treatment.



Social care and council services

We received 6 compliments about social care and council services.



My wife has four visits a day from carers from Comforting Hands. It is the second agency we have used. We liked the people in the first one, but unfortunately it lost its licence. The carers are good and hoist my wife into bed and chairs as she can no longer move herself. They are very responsive and we know who to contact if we need help.



The person who came to do a social care assessment for my husband was excellent. Getting someone to come was very hard, but once they came, I could not fault them.



We received 1 concern. We also received 9 information requests and 1 comment. Key themes from these include:

- People looking for information about dementia support
- People wanting more information about community support
- People seeking information about financial mediation for families
- Issues with sharps disposal


Personal Story: “Help to find things to do.”



I am struggling a bit with things to do. I used to go to chapel, but the women I met there have died. I would like to do more, but don't know where to go and am worried about meeting new people.




Personal Story: “More than six months to dispose of my husband's needles...”

 My husband had an operation and was sent home with some injections to use himself. He was told that when he had finished, he should get in touch with the local GP practice or pharmacy who would arrange for them to be disposed of safely. When the time came, both the pharmacy and GP said they didn't do that anymore and we should contact the Council. We did and they said they can come and pick them up – on 29 November!




Personal Story: “Not enough support and care.”

 I think there are real problems with social care at the moment. It is really difficult to get support. Both my sisters-in-law had dementia and ended up in a care home. But it took a long time and was a real struggle for my brothers who were in their 80s and 90s. The system needs overhauling.



Personal Story: “What is there to support people with dementia?”

 My husband has dementia and I am looking for activities in York. A friend's husband also has dementia and Parkinson's, is there anything for him in York?



Neurodiversity support

We received 1 compliment about neurodiversity support.



The Retreat was fantastic at diagnosing me with ADHD and autism. The aftercare was good too. I have six grandchildren who are neurodivergent. They live in different places and we are having to pay privately to get them diagnosed. I wish they could get the service I got from the Retreat.



We received 2 complaints and 1 concern. We also received 3 comments and 2 information requests. Key themes from these include:

- Long waiting times for accessing diagnosis
- Challenges in accessing education due to health issues
- Concerns about transitions from children's services to services for adults
- Lack of multi-agency working for those with the most complex needs


Personal Story: "Absence forms need to change."




My daughter is neurodivergent and struggles to attend school due to mental health issues. However, there is no absence form for this. If she had a physical health issue it would be straight forward. But not with mental health issues. The school has now said she can't go to the prom because of her attendance. But it is not her fault. She is missing out even though she has a legitimate reason she can't attend, but the school can't record it. The City Council won't change the absence system. The impact on me and my partner is significant. We are worried that we will get fined if she doesn't go to school, but making her go to school makes her mental health worse.





Personal story: “Challenges to get care for child with suspected autism/ADHD and eating issues.”

 My son (9) is probably neurodivergent but hasn't got a diagnosis. He has had traumatic experiences at school and has increased eating issues from July 2024 to the point now where he will only drink, not eat. I have been trying to get help since July. I asked my GP first and they referred him to a psychiatrist, but they said he was too complex for them to support. We saw CAMHS last September but they said they can only help with the eating issues if he completely stopped eating. The GP has made two referrals to the York paediatric team and one to Leeds, but on each occasion the referral was rejected as they said it was a mental health issue. Although I think there are some physical issues too, but no-one will listen. The play therapist he has seen says he needs to see a trauma therapist. The SENCO at his school told him not to tell me about some of the traumatic things that had happened as they were worried I would complain. He now has significant trust issues about school and hasn't been to school for a year. I know there is something wrong, but my son can't verbalise it and I have run out of who to turn to. Can you suggest anything or help?



Personal Story: “Need much better transition between CAMHS and adult services.”

 So many young people slip through the net when they are moving from CAMHS to adult mental health services, including my daughter. The whole mental health system isn't working. My daughter had suicidal thoughts and rang the crisis line. Four weeks later she got a message saying 'don't suffer in silence'! They need to make contact with mental health professionals easier, review the waiting lists, provide more specialist care, particularly for neurodivergent people, and understand the connections between different parts of people's lives and different conditions.



Personal Story: “ADHD and autism screening of no use.”



I filled out the questionnaire like I was meant to. Came back with things I wasn't expecting. Scored many traits on ASD several traits on ADHD, dyslexia and dyscalculia. Then what happens. Nothing. Leaves you with more questions than answers. So now I think there's something wrong with me but with know where to go. No follow up no contact. Nothing. Now I am at a loss. I did the profiler over a year ago maybe more and nothing. What's the point of it. You can do these questionnaires for free online. What help is there? None



Impossible to get on the waiting list for autism and ADHD assessment, despite various attempts over nine years.

Person under the care of Community Mental Health Team was advised by them to seek autism and ADHD assessments. They were sent the pre-assessment forms four times, filled them in and returned them each time, was told they were being referred and were on the waiting list. But two years later their GP told them they had never been added to the waiting list.

At that stage, their only option was the do-it profiler, but nothing came of it because at that stage they were not in one of the at risk groups. A week later, they would have been in a risk group, but they couldn't go back and revisit it, so lost their chance. They became very unwell and were admitted as an in-patient to a mental health hospital out of area. Whilst they were an in-patient they eventually got to see their medical records. They were shocked by how much wrong information they contained.

Navigating the system

We heard a number of stories this quarter that highlighted system issues.

Personal Story: “I am in despair at issues across the NHS.”



In April, we put in a request via the Single Point of Access (SPA) team for a district nurse to come and measure my wife for new compression stockings. At the beginning of this month, we chased up to find out what was happening. We were told that a prescription had been issued (towards the end of May). The following day, I went to collect the stockings but, instead, someone had prescribed leg wraps. When I explained the problem to a very helpful receptionist at the surgery, I was assured that this would be put right. Before I had got home from that discussion, the Medicines Optimisation Team rang in defensive attack mode to tell me that a prescription had already been issued. I did manage to explain that while A prescription was issued it was not THE prescription that is required. Last week, my wife was in the middle of therapy with the Care for the Older Persons Team and during that session, a district nurse turned up to re-measure my wife's legs. She was very understanding, and we arranged for her to return today to do the measurements rather than interrupting my wife's therapy. The next day, my wife was admitted to hospital. The following morning, I rang the SPA team to arrange to postpone today's visit. This morning, I rang the SPA team again, only to be told that my wife's details were no longer on their database, because her therapy had been completed. I did explain the whole background and reasons for my call and I was told that at some point, a nurse would come out for a non-urgent visit. I did tell the operator that I would be grateful if the visit could avoid one afternoon, when my wife has her definitive dementia diagnosis in Huntington House and also if the following afternoon could be avoided because we need to consult a GP to discuss management of her fistula. I had thought that I had made it clear that while I regard the prescription of compression stockings as important, I do not regard it as urgent. After

the call with the SPA team, I was called by someone on the District nursing team asking if it would be possible for me to take a housebound lady to a clinic. Why was my wife discharged from the SPA database while an appointment was still pending and would they have known that she is essentially housebound had she not been discharged? The fracturing of the NHS is now almost complete, when communications even within single organisations seem to be no longer fit for purpose.



Personal Story: “Lack of coordination between hospital and GPs.”



There is no coordination between the hospital and GP, especially about medication. I went to the GP and was put on one medication, went to the hospital and had another. I fainted when I was in Leeds and the doctor at Leeds hospital was amazed about all the medication I was on. He stopped my blood pressure medication and I have felt much better since. I have never had a medication review. I think the GP thinks I should organise it!



Personal Story: “No support after dementia diagnosis.”



My husband was diagnosed with dementia. The process was good and the staff at the memory clinic were excellent. But after diagnosis they sent him back to be looked after by his GP and we have had no support. They didn't tell us about the other organisations who can help. I had to find Dementia Forward myself. Thankfully we got in touch with the social prescriber and they have been very helpful and gave us a copy of your guide.



Things we want to hear more about

Through the feedback we've received recently, we are aware of:

- People waiting for social care support
- Support and services for people living with long Covid
- Long waiting times for assessments for ADHD and autism
- Conversations about what better mental health support would look like
- Challenges for people affected by patient transport changes

We welcome your feedback on all aspects of health and care. But we would particularly love to hear from you about your experiences of any of these concerns.

We have also recently published a report on women's health and intend to do further work. We wish to encourage more women to speak to us about their experiences of accessing healthcare. The areas we are focussing on are:

- Concerns around support available for people with ME / Chronic Fatigue
- A lack of support for those with Postural Tachycardia Syndrome, also known as PoTS
- No clear pathway of support for those with hypermobility spectrum disorders such as hypermobile Ehlers-Danlos syndrome or hEDS
- Difficulties accessing HRT and other menopause support for those experiencing early menopause
- Problems with diagnosis and support for endometriosis

Recent Reports

We have updated our Dementia Guide – find the latest version here:

Dementia Guide June 2025: <https://bit.ly/DemG625>

We have recently relaunched our Care Home Assessor programme. Our fifth report can be found here:

Mossdale Residence: <https://bit.ly/MossdaleR25>

And we'd love to hear from you if you have any feedback about care homes in our city.

We have recently published our Women's Health report. This can be found here:

Women's Health: <https://bit.ly/HWYWomen25>

Want more? Read our **Summer magazine:** <https://bit.ly/HWMSum25>

Why we do this

We believe that the best health and care services put people at the heart of their work. We put this report together to help local services hear more about your experiences of health and care in our city, and can use this to help shape what they do next.

We also want to encourage more people to speak up about their experiences, whether good or bad. It is important to celebrate those providing excellent care. It is also important to highlight what could be improved – when we share what doesn't work, we provide those delivering and buying care with an opportunity to make services better.

This report also gives more insight into the work we do through our signposting, information and advice service. This service exists to:

- help people find out about services and support available to them
- provide information that can help people understand their options and make decisions about health and care
- provide a listening ear to anyone who has had a difficult experience

We hope you find this report of interest, and please get in touch if there is anything we can help you with.

Glossary of terms used

Term	Definition
ADHD	Attention Deficit Hyperactivity Disorder
CAMHS	Child and Adolescent Mental Health Services. In this area, these are provided by TEWV (see below).
CT	Computed Tomography – a medical imaging scan
IAPT	Improving Access to Psychological Therapies – an NHS initiative providing treatments for anxiety and depression. It aims to improve access to therapy. Now usually referred to as NHS Talking Therapies.
ICU	Intensive Care Unit
ME	Myalgic encephalomyelitis, also called chronic fatigue syndrome or ME/CFS, is a long-term condition that affects different parts of the body. The most common symptom is extreme tiredness. The cause of ME/CFS is unknown. ME/CFS can affect anyone, including children.
OT	Occupational Therapist
PALS	Patient Advice and Liaison Service
PoTS	Postural Tachycardia Syndrome is when your heart rate increases very quickly after getting up from sitting or lying down, often making you feel dizzy or lightheaded. There's currently no cure, but it can be managed with medicines and lifestyle changes.
PTSD	Post-Traumatic Stress Disorder
TEWV	Tees, Esk and Wear Valleys NHS Foundation Trust. They hold the contract for delivering NHS mental health services for York and North Yorkshire.




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