

What we heard about healthcare

April to June 2025



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Report published in August 2025

Introduction

Healthwatch North Yorkshire, the independent champion for people who use NHS and social care services, listen to what people like about the care they receive, what works well and what could be improved.

Healthwatch North Yorkshire produce monthly updates of feedback from people who have been in touch with us, have talked to us at events or have responded through Care Opinion (the UK's leading independent feedback website, enabling patients to share their experiences of healthcare services). These provide a snapshot of people's positive and negative experiences of health and care services.

This report provides a summary of feedback from 287 people, who we heard from over the phone, website, social media, email and events. In total, we spoke with 421 people at events across North Yorkshire during this period.

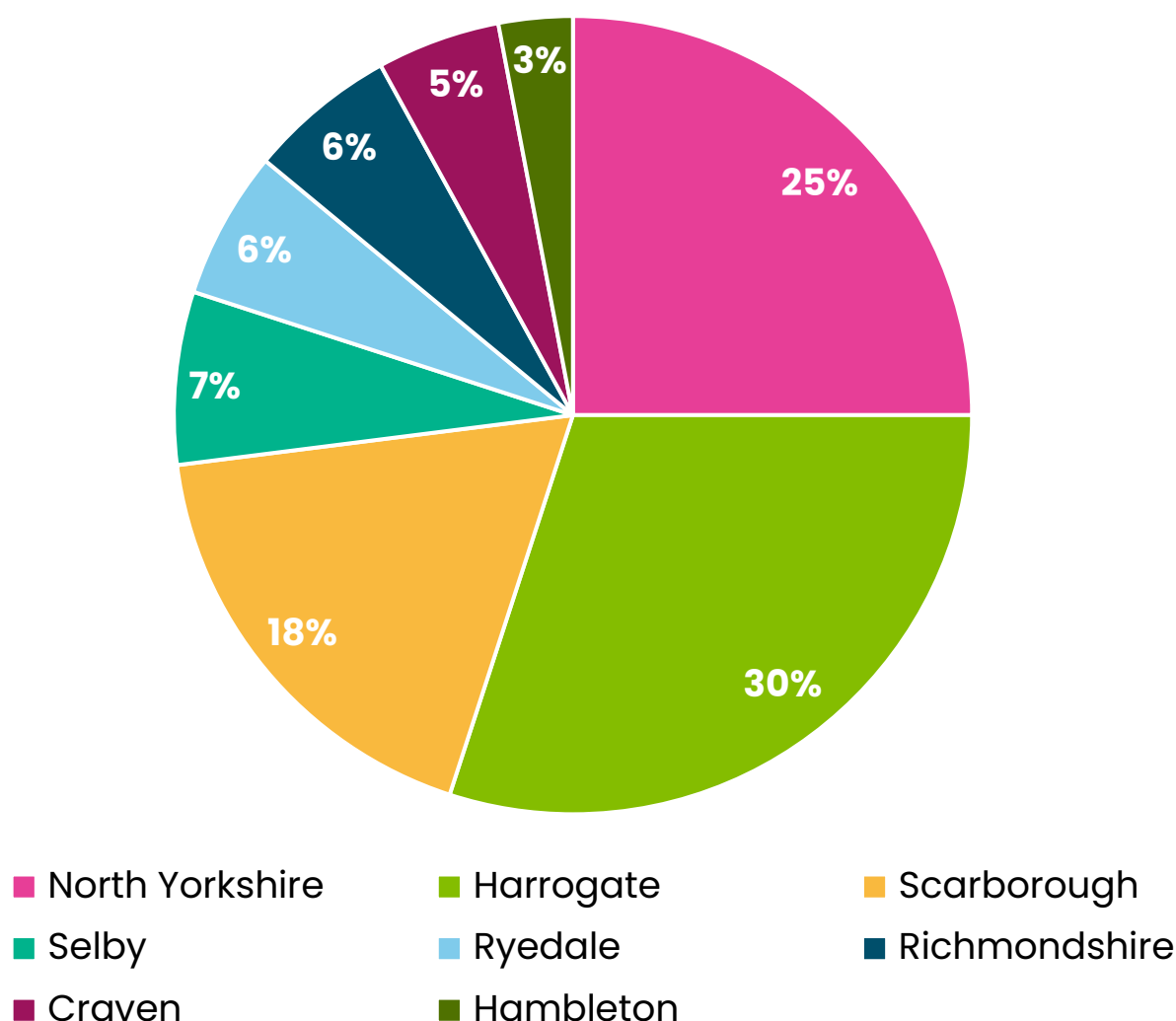
Four key themes were prominent in the feedback people shared:

- Caring, kindness, respect and dignity
- Accessing care: barriers, delays and the need for clearer communication
- Service organisation, change and closure
- Quality of treatment and communication in care
- The cost of care
- Accessibility and support

Our report will explore these themes in more detail and highlight the potential risks if these concerns are not addressed.

Most of the feedback came from people in Harrogate, accounting for 30% of all responses. This was followed by feedback from Scarborough at 18%. We also received valuable opinions and experiences from communities in Selby (7%), Ryedale (6%), Richmondshire (6%) and Craven (4%). While a smaller proportion of feedback came from Hambleton (3%) and other parts of the region. Those who did not share the district that they live in are labelled below as 'North Yorkshire'. Every contribution helps build a clearer picture of the public's experiences and priorities.

Feedback by area of North Yorkshire (April to June 2025)



Caring, kindness, respect and dignity

Kindness and dignity in care are vital components of good healthcare. We have heard both praise and concerns from people across North Yorkshire. The system must learn from both to ensure everyone is treated with the humanity that they deserve.

For many people, their experience of care was shaped as much by how they were treated as by the clinical outcome. People often described health professionals who went **“above and beyond”** to provide not just treatment, but reassurance, emotional support, and clear communication. These acts of kindness made stressful experiences, such as emergency care, long-term illness, or mental health crises, more bearable.

People told us how GPs and nurses took the time to explain procedures, provide comfort, and follow up after appointments in various community practices and hospitals. Ripon Spa Surgery and York Hospital’s Cardiac Care Unit were particularly praised for creating environments where people felt respected, safe and genuinely cared for.

Support during end-of-life care, cancer treatment, and mental health therapy was also highlighted. Where continuity of care existed, such as GPs maintaining contact during a cancer diagnosis, it helped people feel less alone during incredibly difficult times.

However, this wasn’t everyone’s experience. Seventeen pieces of feedback revealed distressing failures in empathy, respect and communication. People described being ignored in hospital corridors, having to beg for pain relief and feeling dismissed or belittled during appointments. This

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was particularly raised as an issue for those attending Harrogate Hospital and Scarborough Hospital A&E. There were reports of poor communication between services and administrative errors that led to delays and distress. A few individuals even described being scared to contact the mental health crisis team in Harrogate again because of how they were treated.

These experiences serve as a reminder that treating people with kindness, respect and dignity is not optional, it's fundamental. Especially when people are vulnerable or in crisis, the quality of interaction with staff can have a lasting impact on their wellbeing and trust in the system.

"I was supported by primary and then local secondary care to work on childhood trauma. **I cannot express how grateful I am to the staff who have helped and supported me.**" – Feedback about mental health support at The Anchorage, Whitby.

"We had to beg for pain relief. **Every interaction with the nurses and consultants was horrible.** They were extremely rude and not willing to help. My partner died in agony and didn't receive the care he deserved." – Feedback about Scarborough Hospital.

If caring, kindness, respect and dignity are not consistently practiced across services in North Yorkshire, the risk is:



People may avoid seeking help altogether, particularly for mental health, long-term conditions, or complex needs, leading to worsening health, delayed diagnoses and increased demand on emergency or crisis services.

Accessing care

Barriers, delays and the need for clearer communication

Timely and effective access to healthcare is fundamental to people's wellbeing. Across North Yorkshire, we heard from people who had both positive and frustrating experiences when trying to access care.

Whether trying to book a GP appointment, securing a specialist referral, or navigate hospital systems, people told us that delays and poor communication often left them feeling anxious, unheard or forgotten.

While many praised their local GP practices for providing prompt, compassionate care, others described difficulty even getting through on the phone or securing an appointment within a reasonable timeframe. People noted that online booking systems had made access more efficient and flexible to fit around people's lives. One patient shared that they contacted their GP at The Spa Surgery in Harrogate early one morning and received a message just hours later to say their prescription was ready, describing it as a **"great service"**.

However, for others, especially in rural communities or those without internet access, digital systems became a barrier rather than a bridge. We heard from people who have struggled to navigate online forms or automated callbacks, and from those waited weeks for routine appointments. Some described repeated efforts to be seen, only to be referred back to pharmacists or other clinicians when they felt a GP was what was needed.

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Access to secondary care, through referrals or hospital treatment, was often more difficult. Seventeen individuals told us of long waits for investigations, including scans, surgeries and specialist reviews, specifically in Harrogate Hospital, York Hospital and Scarborough Hospital. In some cases, patients were left without answers for months following concerning symptoms or test results. One person described waiting more than 11 months for a gynaecology appointment while another spoke of living in “**severe pain**” as they awaited two knee replacements at James Cook Hospital’s orthopaedics department. Others shared that even when referrals were made, they were sometimes denied or bounced between services due to administrative confusion.

For those with complex or long-term conditions, this lack of continuity was particularly distressing. One person described having to fight for re-referrals every few weeks for their terminally ill spouse, to maintain support that should have been ongoing without having to intervene. Another shared how repeated missed follow-ups, incorrect referrals and administrative errors led to worsening symptoms and a loss of trust in the system.

Geography also played a role in people’s experiences. Those living in remote areas (particularly those living in Scarborough, Whitby and Ryedale) described difficulties accessing hospital care without their own transport, especially during emergencies or for urgent dental care. Nine people told us that they had no choice but to travel long distances for treatment, sometimes at a great financial and emotional cost.

For people seeking care who do not speak English fluently, communication barriers can make already complex healthcare journeys even more challenging. At a Refugee Client Hospital Experience Group, we heard multiple accounts of interpreters not being booked, not attending, or only being available for part of an appointment or procedure.

Some patients were told that interpreter services were not available at all, leading to staff relying on Google Translate, family members or volunteers to fill the gap, despite this not always being safe or appropriate.

In one case, a 12-year-old boy with a broken hand was treated across three separate appointments without formal interpreting support. Others described cancelled procedures, missed appointments due to misunderstandings, and a lack of post-procedure explanations. People told us they felt excluded from their own care and unable to ask questions or give informed consent. Difficulties were compounded for those travelling long distances, such as from Catterick Garrison, where public transport is limited.

Overall, those attending the group reported much better experiences when face-to-face interpreters were present and called for clearer systems and more consistent use of professional interpreting services across all stages of hospital care.

Despite these challenges, many people still pointed to examples of excellent care when access was timely, and staff communicated clearly. GP surgeries that maintained consistent contact, explained referral processes thoroughly, and provided follow-up calls were highly valued. Community pharmacies were also praised for their quick turnaround on prescriptions and helpful advice.



“If you don’t drive, you’re stuck. There’s no way to get to an appointment unless someone takes you!” – Feedback from someone living in Richmondshire.



“I used the NHS app and it made it much easier to book and manage appointments.”



If barriers to accessing care continues, the risk is:



More people will delay or forgo necessary treatment, leading to a decline in health and wellbeing. Conditions may become more complex and harder to treat, increasing pressure on emergency and specialist services. This will widen existing health inequalities, especially for those in **rural areas, low incomes, or with limited mobility.**

Service organisation, change and closure

During April to June, 20% of people we heard from were concerned about how health and social care services are being re-organised, changed or closed. While service changes can sometimes be necessary, the way these changes are implemented, and the lack of communication, can leave patients feeling excluded.

One of the clearest examples of this was the decision by Egton GP Surgery to extend its weekly closures to a full day, instead of its intended half-day. This was communicated through social media posts, with no formal direct communication with its patients. The post was later closed to comments, which added to people's frustration. One patient told us, **"Why haven't you consulted with us, your user group, your patients? Don't we matter these days?"**.

Others described the decline in the surgery's service quality over time, linking it to wider organisational changes and leadership transitions. However, despite this communication issue, people have also praised Egton GP Surgery's new online appointment booking system, stating that since the introduction, they can contact their surgery in a simpler and more flexible way.

We've also heard concerns about the consolidation of services across larger groups of GP practices, particularly Eastfield Medical Centre in Scarborough where patients are no longer guaranteed continuity of care or access to a named GP. People reported feeling unsettled by frequent

use of locum staff, restricted roles (such as GPs unable to prescribe), and the shift toward digital-only access models without sufficient explanation or alternative options. These changes, while organisational in nature, can lead to uncertainty about how to access care and who is responsible for delivering it.

Seventeen people expressed concern about changes being made without clear rationale or patient involvement. For example, one patient was told that their thyroid test was cancelled due to a lab applying general policy rather than following specific clinical instructions, resulting in delays and the need to seek private care.

In social care, we've heard from families trying to secure suitable placements for loved ones with complex needs who have been affected by unclear or inconsistent organisational processes. One family member described efforts to place a relative in a care home being hindered by a lack of transparency around decision-making and eligibility, with discussions about alternative options reportedly excluded from their involvement. They told us: **"We have not been advised which homes were approached, or why they were deemed unsuitable"**.

We also heard from individuals who believe that changes in service organisation contributed to serious lapses in care. In one case, a patient was reportedly placed on end-of-life medication without consent or appropriate communications with family members. Others shared distressing experiences of care being withdrawn or altered without notice or explanation, highlighting the need for clear protocols, communication and respect for individual autonomy when making decisions that impact people's lives.



“The new appointment system introduced has actually made it easier for me to get through and see my doctor, **which feels like a real improvement.**” – Feedback about Egton Surgery.



“We weren’t informed properly about why the clinic hours were reduced. **It feels like decisions are made without considering how it affects patients.**” – Feedback about a local health clinic.



If ongoing changes and closures of local health services continue without clear communication and patient involvement, the risk is:



People may lose trust in the healthcare system, resulting in decreased conversations with essential health services, resulting in worsening health outcomes due to late presentation of symptoms or seeking care.



Quality of treatment and communication

Feedback has shed light on both the strengths and serious challenges within health and social care services. Whilst some praise their quality of treatment and communication, others reveal areas that need attention to ensure everyone receives compassionate, effective care.

Our conversations with those living in North Yorkshire have highlighted concerns around the quality of treatment experienced across a range of health and social care services. While some individuals have praised the professionalism and the compassion shown by dedicated and skilled staff, such as the **“thoroughness of a cancer consultant”** or the **“kindness of maternity and phlebotomy teams”**, others have shared troubling accounts where treatment fell short of expectations. For example, one family member told us of their daughter, whose speech and language therapy was abruptly withdrawn despite her clear needs, leaving her with delayed development and a lengthy wait for legal action to regain support.

Many people also described poor communication and inadequate explanation of treatment plans, which can lead to confusion, frustration and a sense of being unheard. For example, a patient with a complex skin condition told us that she felt **“dismissed”** by a dermatologist at St. James Hospital whose changing treatments failed to heal her ulcer, culminating in severe complications that could have been avoided with clearer guidance and timely referral. Another shared the distress of being discharged from mental health crisis care prematurely, with little explanation or support for ongoing needs, leaving them feeling **“isolated and abandoned”**.

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"I've always been treated with kindness and compassion during breast screenings, and the **staff were very professional during my recent mammogram and biopsy.**" – Feedback about breast screening service



"The crisis team discharged me despite my GP saying it was wrong, and when I called for support, the staff were **dismissive and made me feel worse during a very low time**" – Feedback about mental health crisis team



If issues with the quality of treatment continues the risk is:



Patients may experience inadequate care, feel misunderstood or neglected, which can lead to worsening health conditions, decreased patient satisfaction and increasing the rates of emergency visits.

The cost of care

People told us that the rising costs of health and social care services are making it harder for them to get the support they need. From expensive hospital parking to the lack of affordable dental care, it's clear that limited funding is putting up barriers to access.

Patients visiting Harrogate Hospital have expressed frustration over parking charges that they describe as disproportionate and unaffordable. One person told us that they were charged £11 for going just seconds over the parking limit, this, on top of a stressful day filled with delays, tests and waiting periods caused frustration.

Dental care is another area where cost and lack of service availability intersect to create significant inequalities. We've heard from numerous people who are unable to access an NHS dentist. Many dental practices have gone private or have stopped accepting new NHS patients, and those that remain often have long waiting lists or emergency-only options. One pensioner described paying nearly £30 for a four-minute check-up, whilst another has been without routine dental care for over a year despite urgent health needs.

We've heard from people on low incomes or with long term conditions, including autism and osteoporosis, described how the lack of accessible, affordable dental care is not only impacting their physical health, but severely affecting their mental wellbeing too.

Accessibility is closely tied to funding, and the ripple effects are felt across other services. In Easingwold, patients spoke positively about Millfield

Surgery but highlighted the absence of a local blood-taking service. Currently, patients of the surgery face a 17-mile drive to the nearest phlebotomy clinic which is a difficult journey for those without transport. People said they are subjected to long waits even when they get there.

We heard from families affected by postcode-based inconsistencies in NHS orthotics. One parent shared the story of her daughter who lives with multiple complex conditions. Although recommended NHS orthotic supports are available in nearby Leeds, her referral was rejected purely due to being outside of the catchment area. The alternative private care would cost the family thousands of pounds, with one essential item priced at £800.



"£29.50 for a four minute check-up is **daylight robbery**. Literally in and out, chair never got chance to get warm." – Feedback about White Cross Dental Practice



"They have **unfair pricing**, especially when we have to get there early for pre-operation checks." – Feedback about car park pricing at Harrogate District Hospital



If the cost of care continues to rise, the risk is:



inequalities.

Those on low incomes or with long-term health conditions may delay or avoid seeking necessary treatment, leading to worsening health outcomes and widening health

Accessibility and support

People are sharing powerful stories about how health and social care services are or aren't meeting their needs. While there are examples of outstanding support, particularly where staff take the time to listen, understand and adapt to individual circumstances, many people are still struggling to access the care they are entitled to.

Whether it's due to system inflexibility, lack of local provision, or missed opportunities to make reasonable adjustments, the consequences of struggling to access care can be distressing and harmful.

In some areas, people are being let down by delays and service gaps. One person described feeling **"abandoned by the neurology service"** at James Cook Hospital when their annual appointment was postponed by five months, with no alternative support offered and no help from their GP to access other specialists. They are now adjusting medication alone.

Some people spoke about having to wait months to access preventative services like diabetes support, simply because **"there wasn't anywhere in Richmondshire offering the programme"**.

These examples contrast sharply with stories of personalised and compassionate care. One person recovering from trauma, shared how support from both primary and secondary mental health teams, including years of therapy and CBT, had helped them rebuild their life; **"I spent most of my life battling suicidal thoughts... I cannot express how grateful I am to the staff who have helped and supported me"**.

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Another said their pharmacy is **“very good with the support that I need”**, showing how small, consistent efforts can make a real difference.

However, others described feeling dismissed or ignored by mental health crisis teams. One individual explained that despite suicidal thoughts and self-harm, they stopped reaching out because they felt staff **“try to get rid of you from the phone”**. Now they’re receiving support from their GP and an advocate, showing how crucial accessible advocacy and continuity of care can be when specialist services can fall short.

Accessibility, including physical and information access, remains inconsistent. A transplant recipient raised concerns about the lack of infection control in healthcare settings, saying they **“do not want to catch COVID when attending essential appointments”**. Meanwhile, a visually impaired patient has spent 20 years requesting large-print prescription labels, with little progress. Despite the Accessible Information Standard, Day Lewis Pharmacy in Scarborough failed to ask about their needs or provide consistent adjustments, leading to feelings of frustration and neglect.

In some cases, missed support is not just a matter of communication, but of safety. One person said they was discharged into a care home without any plan to mobilise her or assess her home for a safe return. She had no downstairs bathroom, and no occupational therapy assessment had taken place.

We also heard from carers and people coping with grief and isolation. One woman explained she could no longer drive safely after her husband went into a care home and requested a home visit from her GP, only to be refused more than once. Another told us about the difficulty finding a

suitable care placement for her elderly sister with a learning disability, despite numerous attempts and vacancies within Northallerton. **“She deserves more than what is happening to her”**, the family said, voicing frustration with a system.

People also called for more emotional support tailored to specific needs, such as being autistic and managing parenting and work. **“Everyone should be Oliver McGowan trained”**, one person said, highlighting a lack of autism-informed services that can genuinely understand and support emotional wellbeing.

At a sight loss group that we attended in Ryedale, people shared how difficult and costly it can be to access health and social care services. Many rely on community transport, paying up to £40 for hospital trips to York at times, with extra charges if appointments overrun. One person was refused patient transport because they could walk to the bus stop, despite there being no pavements, which is essential for those with sight loss. Others described indirect bus routes, unsafe crossings, and poor signage in hospitals. Inside, check-in screens are often hard to read, and one woman waited hours after her attendance wasn't registered.

At GP practices, people felt uncomfortable being asked personal questions at reception, and said communication preferences like phone calls instead of emails were often ignored. While some praised occupational therapy support, many said they feel worn down having to constantly push for basic adjustments.

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"The occupational therapist was really good; they came out to do an assessment and then arranged for handrails to be fitted to my house." – Feedback about occupational therapy services

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"The appointments that this surgery offers does not support people who work full-time! You are told to sit and wait for hours to be seen. It is not how a GP practice should be run, it is operated like an urgent treatment centre!" – Feedback about

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Catterick Village Surgery, Richmondshire.

If accessibility issues persist, the risk is:



People with additional needs may be unable to access essential care, leading to missed diagnoses, poorer health outcomes and growing health inequalities.



What matters most to your health?

This spring, we launched a campaign asking: “What’s one practical thing that would improve your health or wellbeing locally?” Through community visits and online conversations, we’ve been listening to what matters most and how services can better meet people’s needs.

What matters most to your health?	Number of responses
A friendly face and feeling listened to	23
Services closer to where I live	9
Transport help (including costs)	11
More time or flexible appointment times around work and/or life	15
Clear information about what to do and where to go for help	18
Access to green spaces, nature or a healthy environment	19
Support with life stresses (for example, with. money, housing, family) so I can focus on my health	12
Access to online tools or health apps and help to use them	9
More money to buy healthy food or cover costs like equipment or fitness classes	14
Motivation and someone to help me stay healthy	13
More time	15

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We've visited libraries and health settings across the county, including Thirsk, Scarborough, Selby, Ripon and Knaresborough, gathering around 200 responses during April to June. We've also welcomed feedback over our social media channels, helping us reach a broader cross-section of the community. The responses have been honest, thoughtful and highlight the everyday challenges people face when trying to look after their health.

Several consistent themes have emerged. Many people spoke about the importance of being able to access services in a way that fits around their lives. Flexible appointments were a high priority, with one person sharing, **"being able to book a GP appointment, ever, would be a start"**. Others told us they struggle to navigate complex systems, pointing to a need for clearer, simpler information about what support is available and how to get it. **"The online forms just aren't enough"**, said one person that we spoke to and continued by saying **"I haven't seen my GP in years"**.

Transport in rural areas were also frequently mentioned, **"Without transport, I can't get to classes or health services in nearby towns"**, one person told us. Many also highlighted the rising cost of living, and the impact this has on their ability to stay healthy and called for more support with food, fitness and community-led wellbeing activities.

People spoke honestly about their personal health concerns, from the need for more mental health support and local groups, to frustrations around the lack of NHS dental care and the desire for more face-to-face contact with health professionals.

As our campaign continues throughout the summer, we'll continue to listen and share what we hear with decision makers. People's feedback is already helping us to understand where improvements are needed and giving a stronger voice to the people of North Yorkshire in shaping the future of health and social care.

Conclusion

Kindness, accessing care, service organisation, quality of treatment, the cost of care and accessibility continues to be the key issues for many, whether it be with their GP practices, hospital appointments/stays, mental health services or dentists.

However, when people do receive treatment and support, they are often positive about the care they have received and tend to be appreciative of the caring and hard-working staff.

The themes that have been explored in this report, reflect the feedback that we have heard throughout April to June 2025. With these themes comes potential risks to people and the consequential impact it has on services across the health and care sector.

Thank you to the people who shared their feedback with us, your voices will help inform and shape health and care services across North Yorkshire.

The next report will share feedback collected between July and September 2025.



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We are committed to the quality of our information. Every three years we perform an in-depth audit so that we can be certain of this.

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