

What we heard about healthcare

July to September 2025



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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 204 people who we heard from over the phone, website, social media and email. Alongside this we spoke with an additional 644 people at community events across North Yorkshire during this period.

These figures do not include public feedback that we have heard as part of our projects, surveys or enter & view visits.

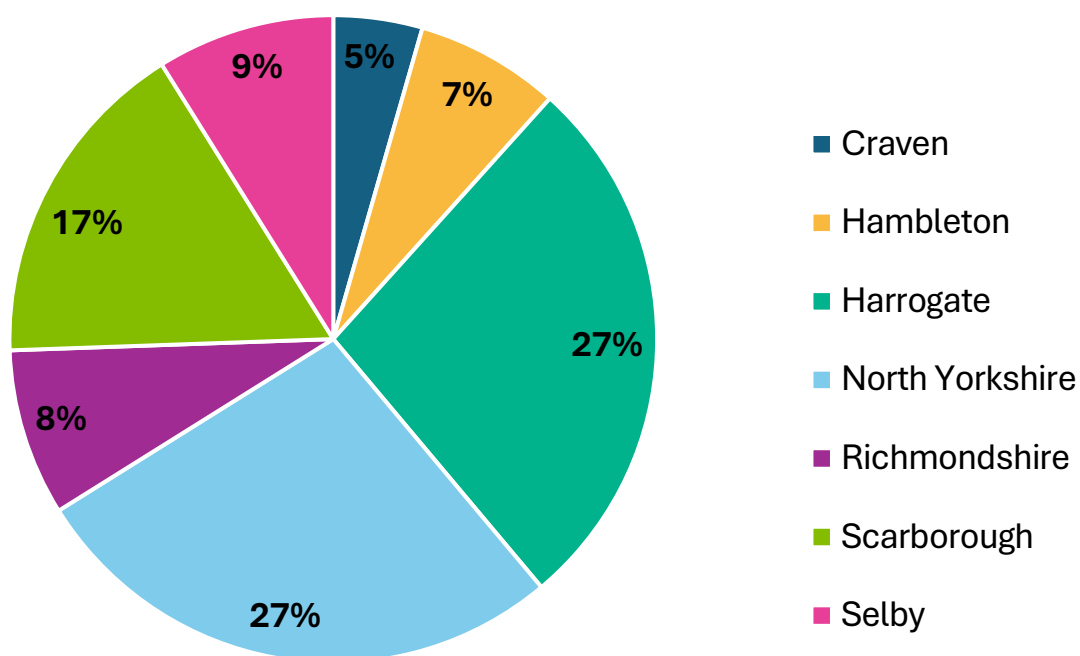
Five key themes were prominent in the feedback people shared:

1. Access to services
2. Caring, kindness, respect and dignity
3. Service organisation, delivery, change and closure
4. Accessibility and reasonable adjustments
5. Quality of treatment

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 27% of all responses. This was followed by feedback from Scarborough at 17%. We also received valuable opinions and experiences from communities in Selby (9%) Richmondshire (8%), and Hambleton (7%). A smaller proportion of feedback came from Craven (5%) and other parts of the county. 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.

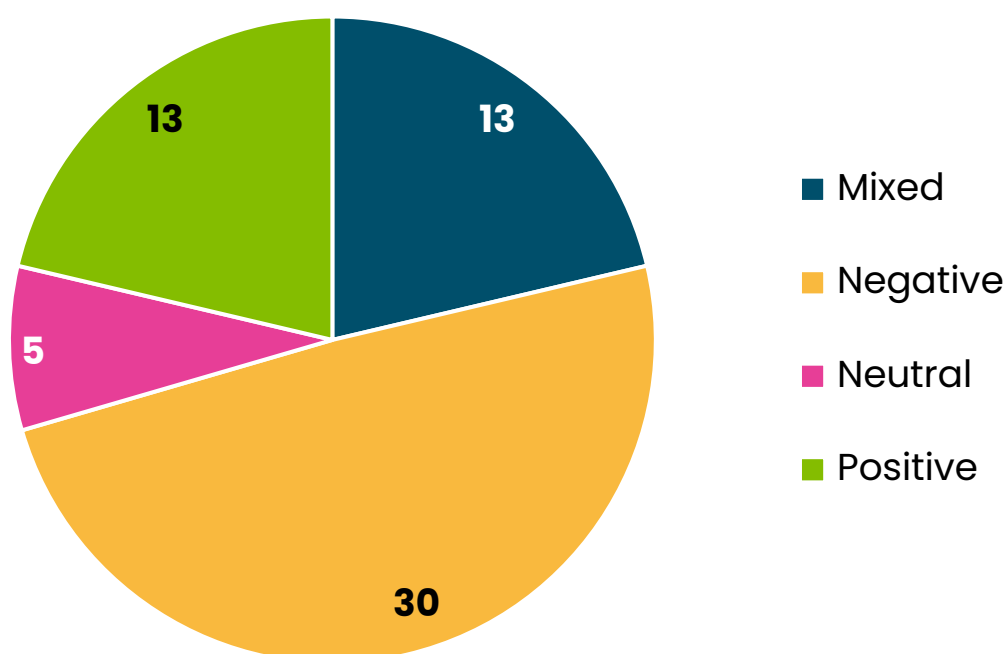
Feedback by area of North Yorkshire from July to September 2025



Access to services

Timely and effective access to healthcare remains a cornerstone of people's wellbeing, yet the experiences we heard illustrate a wide spectrum of both positive and challenging interactions with the NHS across North Yorkshire.

Feedback about access to services



For some, accessing care was straightforward. People praised their local GP practices for providing prompt and compassionate service. One individual described their GP at Leyburn as **“very good”**, always able to secure an appointment. Similarly, NHS dental services such as Lyon House were commended for accommodating patients promptly, even for complex issues. Positive experiences were also reported with minor injuries units and hospitals such as the Friarage Hospital, where care was described as **“excellent”**.

However, many people continue to face significant barriers. Long wait times to see a GP remain a frequent concern, with some reporting delays of weeks or even years. One individual has not seen a GP in over three years, due to a dispute with their surgery, which has impacted both their mental and physical health. Others highlighted challenges in accessing specialist care, including long waits for referrals, physiotherapy, and treatments such as knee replacements, sometimes leading patients to seeking private options when NHS care was too slow.

Transport and geography play a major role in access, particularly for people living in rural areas. Several patients described struggling to reach hospitals such as St. James' Hospital in Leeds or other specialist centres due to the lack of public transport and stringent NHS patient transport eligibility. Even when local community transport services were available, limitations such as requiring days' notice for return journeys added stress to those using the system, particularly following surgery. Elderly and disabled patients reported relying on neighbours, family or taxis to attend appointments, adding emotional and financial strain. For some, the need to travel long distances in emergencies, such as to A&E, was a serious concern given the impact on response times for critical conditions.

Access to dental care was highlighted as another significant barrier. One person described being unable to afford a dental plan after their NHS dentist retired, leaving them without routine care despite knowing they had untreated dental problems. This reflects the wider challenges around affordability and availability of NHS dental services that many people in North Yorkshire are experiencing.

Patients with complex or mental health needs also told us about their varied experiences. For some, timely intervention transformed their lives, such as one individual receiving an attention deficit hyperactivity disorder and autism assessment through NHS Talking Therapies, or a person with

bipolar and schizophrenia accessing regular support through local services and therapy programmes.

NHS Talking Therapies is a programme in England that offers free, evidence-based psychological therapies for common mental health problems like anxiety and depression.

Other people described prolonged delays or **“lack of support”**, leaving them feeling unheard or struggling with inappropriate treatments from their GP’s and mental health support services.

Digital systems were both a help and a hindrance. Some of those that contacted us appreciated online booking, automated reminders for vaccines, and prompt access to blood test results, which made care more convenient. Others, however, found digital platforms confusing or inaccessible, particularly when face-to-face interaction was needed to navigate complex care needs.

Additionally, sixteen people described challenges in accessing care for children or vulnerable family members, difficulties navigating hospital check-ins without assistance, and concerns about communication barriers for people without English fluency. One parent highlighted difficulties in contacting specialist teams directly for their child, instead having to go through their child’s school which created unnecessary delays in a learning disability diagnosis.

Overall, while many patients described excellent care once appointments were secured, repeated themes of long waits, transport barriers, affordability issues, and a lack of continuity in care illustrate the ongoing challenges in accessing timely and appropriate healthcare. There were clear examples of good practice, particularly where staff communicated clearly, supported patients through complex pathways, and offered flexible, responsive services. Yet for those living in rural areas, with

disabilities, or requiring specialist treatment, accessing healthcare remains a significant challenge.



"My GP at Leyburn is **very good**, I always get an appointment, and **the care is good** too."

– Feedback about Leyburn Practice, Leyburn.



"I have had to cancel outpatient appointments **as the hospital is too far away from where I live**. There is a very poor bus service so I have to rely on my family to take me if they can take time off work."

– Feedback about Patient Transport to The Friarage Hospital, Northallerton.



If timely and equitable access to healthcare is not consistently available across North Yorkshire, the risk is:

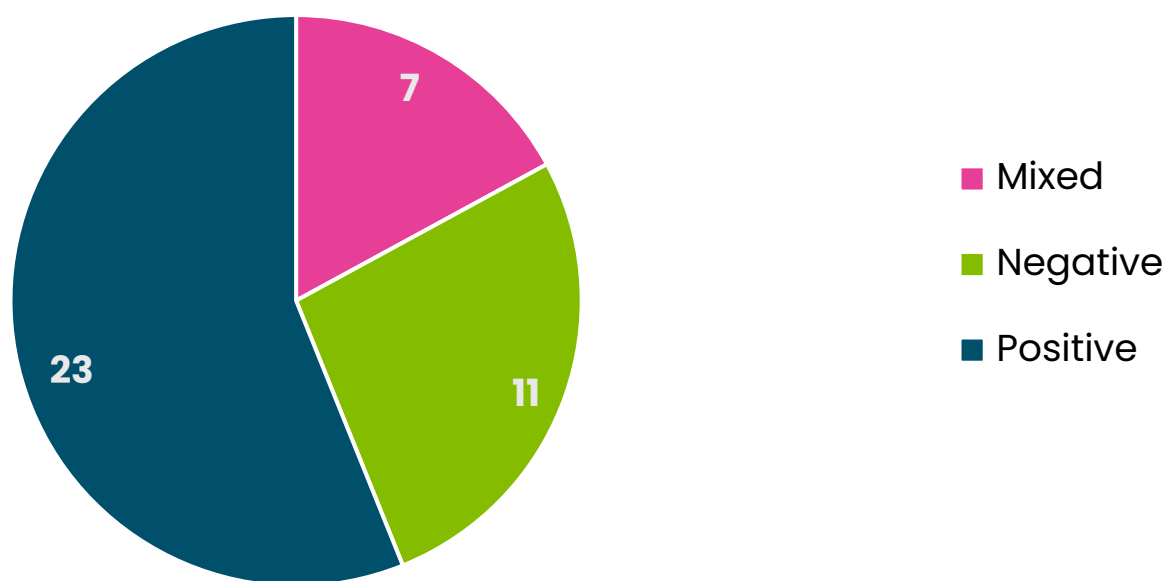


People may miss or delay essential appointments, treatments, or follow-ups, particularly those living in rural areas, with disabilities, or on low incomes. This can lead to **worsening physical and mental health**, preventable complications, increased reliance on emergency services and greater health inequalities.

Caring, kindness, respect and dignity

Across North Yorkshire, people told us that when health care services are delivered with compassion, attentiveness and respect, it makes a lasting difference to their wellbeing. We heard from many people who felt genuinely cared for and supported by staff who took time to listen, explain and involve them in decisions.

Feedback about caring, kindness, respect and dignity



For many, individual acts of kindness stood out. One person described their experience at the Respiratory Department at the Friarage Hospital as **“very professional, polite and engaging”**, adding that the environment was **“clean and bright”** and made them feel at ease during what could have been an uncomfortable procedure. Another said simply, **“everything was superb. The procedure wasn’t nice, but the staff, nurses and reception were brilliant”**.

We also heard that continuity and personal relationships can transform experiences, particularly at GP surgeries. One patient who accessed support through their diabetic nurse at Driffeld Medical Centre, described the period as **“incredibly smooth and very supportive”**, adding that **“she was amazing.”** Others praised staff at Harrogate Hospital and Beech Tree Surgery for the reassurance they offered at difficult times.

A carer in Whitby highlighted an example of respectful, inclusive care at Whitby Practice; **“the doctor asked the dementia patient questions but also involved the carer in a dignified way to ensure they were getting the full picture”**. This was contrasted with less positive experiences elsewhere, for example, carers reported that some opticians, including Specsavers in Whitby, lacked understanding of how to talk with people living with dementia and their carers. They said, **“they did not consult with me to check what activities the patient was capable of and provided glasses based on what the dementia patient said, which wasn’t true.”** They called for more dementia awareness training across community health services.

We also heard powerful stories of lives being turned around when compassion and coordination come together. One man who had lived with mental health challenges for over two decades described his transformation after moving to the Craven district and coming under the care of the local community psychiatric nurse and consultant psychiatrist. He explained that regular contact, careful medication reviews, and support from organisations such as the Pioneer Project, Skipton Step into Action and Bipolar UK had helped him regain stability and purpose. He said, **“following this experience, my life has been turned around... it’s such a shame I didn’t receive this kind of care when I was younger”**.

However, not all stories reflected the same level of care. Concerns were raised about Beechwood Care Home, including reports of poor hygiene, inadequate meals, and failures to involve families in care planning.

Relatives described feeling excluded and misled, and alleged that some records had been manipulated to **“create a false narrative”**. These accounts highlight the ongoing need for oversight, transparency, and staff training to ensure all residents are treated with respect and dignity.

Overall, people’s experiences this quarter underscore that kindness, empathy and respectful communication remain at the heart of good care. Where services are compassionate and inclusive, people feel valued and confident in the system. Where they are not, trust can quickly break down.



“The paramedics who attended our home after my father-in-law’s fall were **kind, supportive and compassionate.**” – Feedback about the ambulance and paramedics in Scarborough.



“GP services are good although like most practices doctors actually seeing patients **seems to be a last resort**”. – Feedback about Hawes Surgery.



If compassionate, respectful and dignified care is not consistently embedded across services, the risk is:

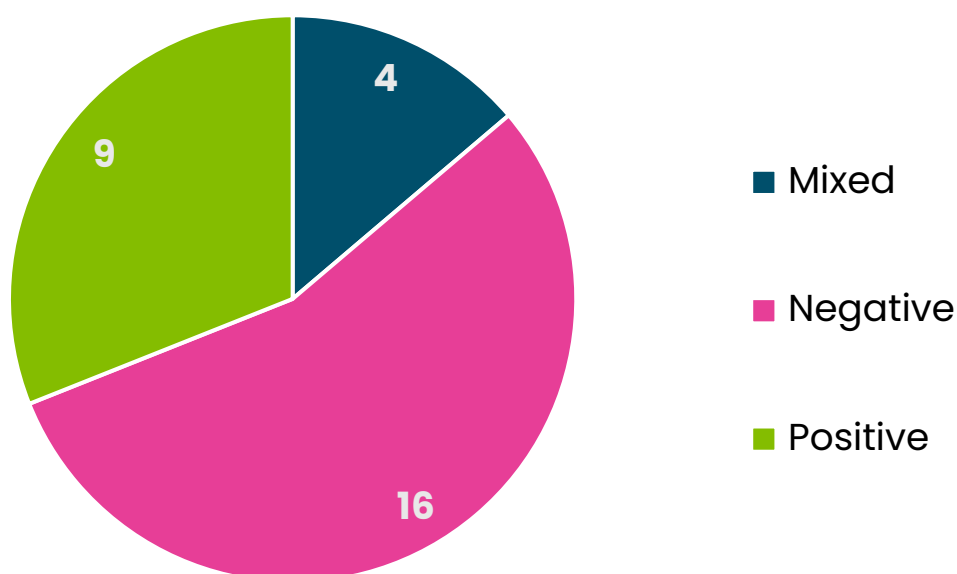


People may feel **dismissed, devalued, or excluded** from decisions about their care. This can lead to a loss of trust and confidence in health and care services, poorer mental and physical wellbeing, and a reluctance to seek help in the future. A lack of empathy and understanding, particularly for vulnerable groups such as people living with dementia or mental health conditions, may result in unsafe or inappropriate care and increased complaints.

Service organisation, delivery, change and closure

Across North Yorkshire, people continue to tell us that changes to how services are organised and delivered have a direct impact on their ability to access the care they need. While some shared examples of smooth, joined-up support, others described how service changes, closures, or rigid systems created barriers, particularly for those living in rural areas, older people or those with limited mobility.

Feedback about service organisation, delivery, change and closure



For those without access to a car or reliable public transport, attending appointments remains a significant challenge. One resident told us, **“Living in a rural area with very little public transport as I don’t drive means that I must cancel appointments if I can’t get a lift.”**

Others described similar experiences when essential transport services had changed or become more difficult to access.

A 76-year-old patient also shared how the withdrawal of NHS non-urgent patient transport had made it nearly impossible to attend specialist cancer appointments at St. James' Hospital in Leeds, despite a decade of regular use; **"They told me I was no longer eligible. I was on hold for 15 minutes trying to speak to a manager, but no one answered. Friends my age are all struggling – it's not acceptable"**. They reflected that most patient transport is volunteer-led and called for the service to be reinstated or better communicated to those that use it.

Access to dental care also continues to cause distress and frustration. Five people told us of long-standing NHS dentists retiring or switching to private plans, leaving patients without affordable options. One person from Craven said they had been unable to find an NHS dentist for over a year, explaining, **"I can't get an NHS dentist, the few that are left try and change to private and/or refer you to private."** Others echoed similar experiences, describing the situation as a **"crisis"** and expressing disappointment that government action had not yet resolved the issue.

People also spoke about the challenges of continuity and accountability within local GP services. One family shared that their practice had failed to act when their relative's symptoms worsened, and despite acknowledging failings, the surgery had not followed up on their complaint as promised; **"we believe they just think that if they ignore us, we'll go away – but we won't, because it's vital for other patients"**.

Alongside these concerns, people also noted areas where service organisation and partnership working were improving. One person in Whitby described a **"positive experience"** through a one-year project involving five local-surgeries, where access to occupational therapy and

counselling had expanded. They said they “**quickly benefited**” from additional support and called the experience “**great**”.

One person raised issues about inefficiencies and waste across the NHS, for example highlighting difficulties and confusion around returning walking aids or commodes once they are no longer needed. They noted that the process for returning equipment is not always clear, which may lead to items not being reused as intended.

Overall, these accounts show that how services are organised and communicated has a profound impact on public trust and access to care. People value joined-up, transparent systems that recognise their individual circumstances but when changes happen without clear explanation or flexibility, they risk leaving patients excluded, anxious or unable to receive the care they need.



“Our local GP service really **let us down** and we were lucky that a physiotherapist at my husband’s work noticed that something was wrong and arranged for him to have the appropriate treatment.” – Feedback about Great Ayton Health Centre.



“Our surgery is part of a 1-year project. All 5 surgeries in the Whitby area are included and I **quickly benefitted from the support of a local occupational therapist**. We also have access to counselling. Great experience.” – Feedback about

Sleights & Sandsend GP Surgery.



If changes to local health services, closures or service reorganisations continue without clear communication and consideration of individual patient needs, the risk is:



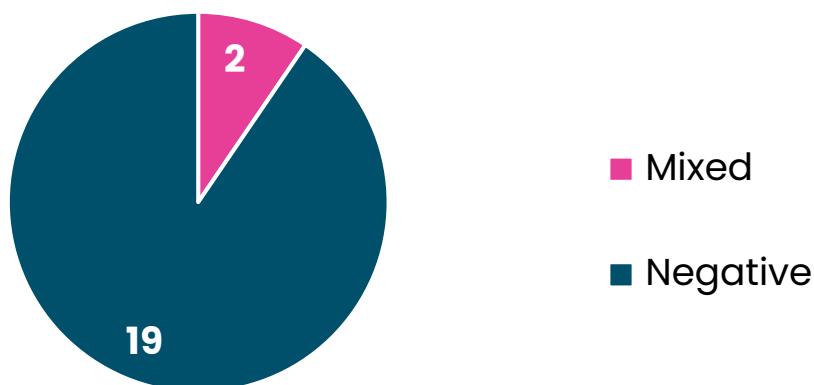
People may miss or delay essential care due to confusion, transport barriers, or inaccessible appointment systems. This could result in worsening health outcomes, increased anxiety, and reduced trust in the healthcare system.

Accessibility and reasonable adjustments

Reasonable adjustments are small changes or extra support that help make sure everyone can use services or take part equally. Across North Yorkshire, people told us that accessibility and reasonable adjustments remain significant barriers to receiving care.

These challenges affect those with disabilities, long-term conditions, mental health needs or older people, and those living in rural areas. For many, accessing appointments, transport and services that accommodate individual needs can be stressful, time-consuming and at times impossible.

Type of feedback about accessibility and reasonable adjustment



Transport barriers were a recurring issue. People living in rural areas or without access to a car described having to cancel appointments if lifts were unavailable, while others struggled to access patient transport for themselves or family members. One resident explained that in York and Scarborough, patient transport is often only available to those who are

completely unable to walk, leaving people with mobility impairments without support. Elderly patients attending outpatient appointments reported similar difficulties, sometimes needing to rely on strangers to reach their destination.

Rigid appointment systems and procedural rules also created barriers. One army veteran with a disability described being told by a receptionist at Lambert Medical Centre that routine appointments could only be booked by ringing at 8am. He told us; **“Because of my medication, I can’t get up at that time, and I don’t need an urgent appointment. I thought surgeries had to cater to accessibility needs”**. He said this made it almost impossible to arrange care without additional stress or reliance on family. Others describe similar issues when accompanying relatives to appointments, including rules preventing carers from travelling with patients through booked patient transport even when support was essential.

Inflexible scheduling extended to diagnostic and therapy services. Blood tests or routine appointments offered only in the morning led to some working people having to take time off or rearrange schedules, and mental health services often failed to provide alternative options. One individual with complex trauma recounted being offered only a 12-week group therapy course by Tees Esk Wear Valleys NHS Foundation Trust that conflicted with part-time work, leaving them without any support.

Digital systems, such as self-service check-ins, were another barrier for those needing assistance. An elderly outpatient struggling with mobility described needing support at a hospital check-in desk but finding no staff available, highlighting that digital processes alone cannot meet the needs of everyone.

These experiences demonstrate that accessibility and reasonable adjustments are central to ensuring fair care. Without flexibility in

transport, appointments, therapy options, and on-site support, people can be inadvertently excluded from services. As one resident reflected on their struggles with travel and scheduling, the system's rigidity caused **"great stress"** and added unnecessary complexity to already challenging health journeys.



"I have bad spinal arthritis but because I can just walk 15 metres or so, my local patient transport says that is enough to **rule me out of assistance**".
– Feedback about patient transport services.



"Referred and heard nothing for 8 long months during which time I was at crisis point several times and accessed crisis services. I contacted them on a couple of occasions to check that I hadn't been forgotten and was told I was on a



waiting list." – Feedback about Tees Esk Wear Valleys NHS Foundation Trust, the local NHS mental health service.

If health and care services do not provide accessible options or make reasonable adjustments to meet individual needs, the risk is:

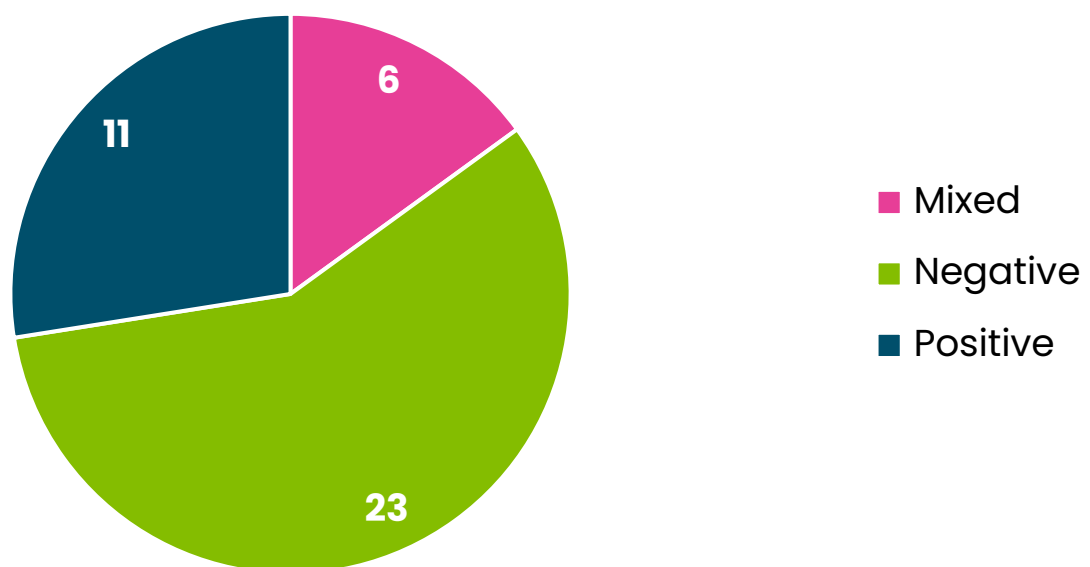


People may be unable to attend appointments, access treatments, or communicate fully with healthcare services. This can lead to worsening health outcome, increased stress and anxiety, and a loss of confidence and trust in the healthcare system.

Quality of treatment

People across North Yorkshire reported a wide spectrum of experiences regarding the quality of treatment they received, reflecting both excellent care and serious concerns. While some praised the dedication and skill of individual staff, others described situations where errors, delays, or systemic pressure had significant negative impacts on their health and wellbeing.

Feedback about quality of treatment



For many, quality of treatment was linked closely to continuity of care and timely interventions. One patient recounted a prolonged and distressing journey following an injury sustained by neglect in a ward in Harrogate Hospital. Despite multiple hospital visits and interventions, complications including a wound caused by a compressor went untreated, eventually requiring intensive care to prevent the loss of a leg. The patient described how this wound took months to heal, from December 2024 to July 2025, illustrating the long-term consequences of treatment failures.

Other people highlighted difficulties in navigating complex referral pathways and diagnostic processes. For example, one resident described being repeatedly referred between minor injuries units, GPs, and larger hospitals for scans and X-rays, facing long waits and repeated travel across rural areas. The individual noted that while local minor injuries services were **“excellent”**, accessing specialist imaging required significant additional effort and caused frustration and delays in care.

Positive examples of high-quality treatment were also shared. Eleven people praised the skill, compassion and professionalism of NHS staff, particularly in emergency situations. A family in Scarborough expressed gratitude for staff who assisted both their elderly mother and husband during separate emergencies. They wrote: **“Paramedics and nurses, you were amazing and so kind. The NHS often gets bad press, but I can hand on heart say both have had amazing treatment”**.

Staff wellbeing and resourcing were also raised as factors affecting quality of care. One person described how a family member working in the NHS was forced to **“crisis manage”** their department due to recruitment freezes and withdrawal of agency staff, leaving them stressed and concerned that mistakes could occur. This illustrates how pressures on the workforce can have a downstream effect on patient care.

People’s experiences also highlighted challenges in complaints and accountability processes. One individual who suffered injury during surgery at St. James’ Hospital in Leeds back in 2014, reported being unable to reopen their complaint due to complex internal procedures, despite ongoing physical and mental impacts. They described paying privately for legal advice to ensure that what happened to them would not be repeated for others, highlighting the consequences of ineffective complaint systems on perceived quality and trust.

The feedback demonstrates that quality of treatment is shaped by a combination of staff skill, attentiveness, system efficiency and the ability to respond flexibly to individual circumstances. Where these align, people feel supported, safe and valued. Where they do not, experiences can have long-lasting physical and emotional consequences.



“A lot went wrong in my surgery, and **I did put in a complaint to the hospital which was shut down from them.** I am still suffering physically and mentally from this and I do wish to re-open the complaint, but it is proving very difficult to do so.” –

Feedback about St. James’ Hospital, Leeds.



“I would like to give a huge thank you to the staff and paramedics from Scarborough who helped my elderly mum and husband over the past few days. It has been quite stressful as I have had to call them within a space of days for two emergencies.

There are too many to name but a big thank you” – Feedback about the Accident & Emergency at Scarborough Hospital and the Yorkshire Ambulance Service NHS Trust.



If healthcare services are unable to consistently provide safe, timely and effective treatment due to staffing pressures, systemic inefficiencies, or gaps in processes, the risk is:



People may experience harm, prolonged recovery, or deterioration in health, and may lose confidence and trust in the system. This can result in increased physical and mental health complications, reduced conversations with healthcare services and greater reliance on emergency care.

Conclusion

Accessing care, kindness, service organisation, quality of treatment, 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 July to September 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 October and December 2025.



**Committed
to quality**

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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