

Real voices, real impact

July to September 2025



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Services can't improve if they don't know what's wrong. Your experiences shine a light on issues that may otherwise go unnoticed.

If you need this report in another format please get in touch.

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Introduction

This report shows how we've been listening to people and using their experiences to improve health and care services.

Every day, people contact Healthwatch Wakefield to share what it's like to use health and social care services – whether through conversations at community events, calls to our office, or messages through our website and social media.

We signpost people to services, contact services directly, and collect and analyse feedback to identify key themes and trends.

Rather than focusing on large numbers, we place high value on the depth and quality of feedback. We are interested in individual experiences, and we focus on personal feedback to help us understand how services impact people on a human level.

These stories often highlight issues that surveys or statistics might overlook.

We then work with services and decision-makers to share what people are telling us and this helps to shape better care for everyone.

This report highlights:

- Where and how we've collected feedback
- What we heard and why it matters
- What actions were taken as a result
- What's changing because of what people shared

Illustration showing how we use your voice to make change happen



Information

How do we hear from people

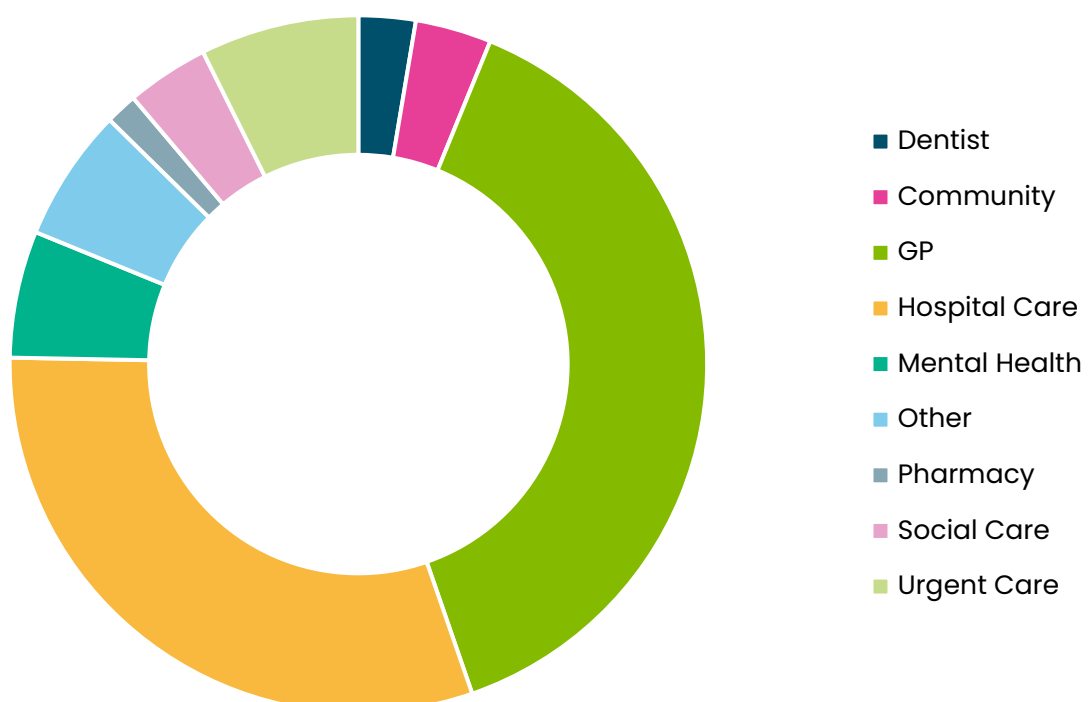
We hear from people in lots of different ways – through engagement, as well as telephone calls, our website, and social media. In these three months we received 340 individual personal experiences from people who have used health and care services. We talked to people at many different events, meetings, and community locations, across the district including:

- St Marys Community Centre Fair
- The Stroke Association Coffee Drop In
- Ducklings Toddler Group
- Armed Forces Day
- Wakefield Mela
- Carer Voice Network Event & Roadshow

We also talked to people at the regular panels and partnerships we run: the Mental Health Community Panel, Adult Social Care Citizen Panel, and Maternity and Neonatal Voices Partnership. We also gather very detailed information from people when things haven't gone to plan or as expected through our independent NHS Complaints Advocacy Service.

Issues shared by service type

Chart showing proportional distribution of service issues



What we heard and why it matters

We analysed the 340 pieces of information that we received and found that 6 main themes emerged.

1. Blockers to care not being adequately addressed
2. Care pathways being long and without enough communication
3. Patients not being taken seriously
4. Missed opportunities and delayed care as a result
5. Poor patient experience because of staff attitudes
6. Community and VCSE services making a huge difference

Each theme is outlined in more detail below.

1. Blockers to care not being adequately addressed

We heard that services are sometimes rigid and when a person has additional needs or requirements, the service often struggles to adapt.

- Parking for GP appointments is often very limited and where there are disabled parking bays these are not always left free for those who really need them.
- Appointments with interpreters are hard to book, and even when they are booked, they sometimes don't go to plan. When not booked it can take a long time to arrange for an online or phone interpreter and the person has to wait as long as it takes.
- When children and adolescents have appointments or are seen on the ward the clinicians talk to the parents and the child is left feeling unseen and they don't understand what is happening. This was also reported by people with speech or sensory difficulties too, the patient feels disempowered and 'done to'.
- Virtual appointments are the default in some services, and there are barriers to these appointments for those with additional needs, and for some conditions they aren't appropriate. But it seems that it is difficult for patients to book face to face options and if they do, they often have to wait longer.

2. Care pathways being long and without enough communication

We heard from many people about the long waits following referral. In several cases clinicians pushed for faster appointments because the delay was worsening health.

- Several people told us that they had been told that the wait was going to be over a year for some services.
- Some people told us that they believed they were on a waiting list, but in fact the referral hadn't gone through and they only found out months later that they had to start again. In some cases, people were dropped off the waiting list and they had no communication about why.

- Some told us that they had agreed with their referring clinician that they needed to be fast tracked, but this hadn't happened and as a result they were worsening or the health outcomes were worse.

3. Patients not being taken seriously

We heard many people talk about feeling that they were not taken seriously. In several cases this led to misdiagnosis or being sent home without care, which was needed, and the patient representing in a worse state shortly after.

- Several people told us that they had to repeatedly request appointments or referrals because they were 'fobbed off' at first, and things were getting worse or not improving. Sadly, some said that they found that they had significant life changing impacts due to delayed care as a result.
- Some told us that they were taken to the wrong unit as the clinicians didn't recognise the right pathway for the condition, and so they couldn't receive the right treatments needed.
- Some told us that clinicians had fixed mindsets and would only consider one diagnosis despite contradicting signs or symptoms. In some cases, the clinician focussed on a completely different matter than the one the patient was concerned about, this was particularly the case for patients who were overweight or obese.
- In one case a receptionist mistakenly offered a routine appointment for an urgent issue and when the patient completed the online form through Patches they were urgently seen at the same practice, which avoided a serious deterioration in health.

4. Missed opportunities and delayed care as a result

Many people told us about the missed opportunities for better care, and conversely some told us how much difference it made when a clinician went above and beyond to make the most of an opportunity, and how much difference this made to the patients care.

- There were several reports of people missing being put on a referral waiting list as the clinician didn't consider it or forgot to complete it. This led to much longer waits and in some cases worse outcomes.
- Several people told us about automated systems which were too restrictive, essentially the computer said no, and as a result care opportunities were missed which would have made a positive difference.
- Several people talked about different teams not talking to each other, for example a clinician may make an urgent referral but it is treated as routine. In other cases, had one team talked to another the patient would have been seen much quicker or received more holistic care, but instead the patient had to deal with multiple silo services.

5. Poor patient experience because of staff attitudes

A lot of people talked about the attitude of clinicians and care services. Many talked about being treated as a nuisance or drain on time and energy for needing care or having additional needs. We

also heard that when patients ask for information or raise concerns they are often responded to defensively and in some cases told to leave or discharged.

- Many talked about a lack of compassion from staff, and a general sense of burnout leaving staff with no patience or energy to do a good job.
- Several told us about being left for hours or days without any checks, water or communication. At the worst people were left in beds or wheelchairs unable to move.
- Several told us that if they needed to change an appointment or couldn't answer when called they would find themselves discharged for not engaging, despite them trying to.
- In some cases, patients were made to feel like they needed to be grateful for care and if they weren't appreciative enough the care could be rescinded.

6. Community and VCSE services making a huge difference

Several people told us about the good experiences they had, and in particular they tended to focus on the community and VCSE services which made the care pathway more bearable.

- People told us that they felt that the services saw them as an individual and they didn't have the same 'computer says no' attitude.
- People told us that community services to rebuild mobility and live independently really improved their quality of life and helped to avoid future admissions.
- Some told us that they didn't know all of the opportunities around and found out by accident, but when they found out it was excellent.

What did we do

Advice, information, and signposting

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

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

Signposting for women to access care more easily

A craft group in a local community centre was made up of various ages of women who talked to us about women's access to healthcare. This included discussion on cervical screening and mammograms being more accessible. Only one person was using Patchs to access their GP. We explained how Patchs can help with getting appointments and prescriptions and we looked at their GP websites to see if this was an option there for them to use.

Signposting for people who are trans and non-binary

We produced a guide on different health and care support services available for trans and non-binary communities. This was posted on our website, through social media, took paper copies to our local Pride shop, and it was featured in the Daisy Chain online magazine, which all aimed to help put this where as many people can make use of it.

Signposting for benefits support

We met with a carer who was struggling to cope with the additional burdens of claiming Personal Independence Payment, as a result their claim was not proceeding and they were going without financial support. We helped connect them to DIAL, a local charity, and Yorkshire Cancer Community who could help with the claim and provide a valuable peer support group and access to information to help them in their caring role.

Signposting support for people with Fibromyalgia

We met up with a resident at a VICO homes coffee morning. They mentioned they were struggling with Fibromyalgia, and although they attend a support group, they had other issues they needed help with. We signposted them to the Elyfia app which provides mentoring as well as her local GP social prescribing service which both could help offer additional support outside of the group, in particular helping her to think about activities that help staying active and improve wellbeing.

Signposting to local social care services

A partially sighted man at a Wakefield District Sight Aid group mentioned he was unsure how to reach out to social services. We provided the information for him for the relevant team. He appreciated how quickly he got the information he needed as he had been waiting for five months.

Quality Intelligence Group

Each month we take all our information to Wakefield District Health & Care Partnership's NHS Quality Intelligence Group. This is an important monthly meeting which captures experiences of health and care – both positive and negative. This meeting is organised and Chaired by the NHS Senior Head of Quality.

Feedback is gathered from a range of sources, including Healthwatch Wakefield, the Partnership website, the NHS website, engagement activities, complaints, social media, and service walkabouts. Healthwatch Wakefield produce a monthly report which is shared with Quality Intelligence Group, this report is usually the main source of feedback for the group.

Each month, after considering and discussing all of the intel, three or four themes are identified by the group members, and relevant actions are agreed, with the ultimate goal to make experiences of services better for everyone.

Feeding into decision making meetings

In addition to direct feedback and signposting, Healthwatch Wakefield regularly shares insight at a wide range of strategic meetings across the district. This ensures that the voice of local people influences decisions at every level of the health and care system.

These meetings include:

- Wakefield District Health and Care Partnership Board and workstreams
- NHS Wakefield Quality Intelligence Group
- Adult Social Care Strategy Group
- Mental Health Provider Collaborative
- Learning Disabilities and Autism Partnership Board
- Experience of Care Network
- Wakefield Safeguarding Adults Board

At these meetings, we share current themes, lived experience, and emerging concerns. This enables system partners to respond quickly to public feedback, spot service gaps, and consider where deeper engagement or service changes may be needed.

What changed

Real stories, real impact

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

Focus on improvements at hospital for children with more complex needs

A parent who came to the Healthwatch Wakefield 'SEND Fest' event received one of the 'Red Bags' we handed out. A 'Red Bag' for a child is a special bag containing important information and items to help them have a less anxious hospital visit. It acts as a visual flag to hospital staff that the child may need extra support and ensures their personal belongings and crucial information are kept together. Contents often include personal details, healthcare information like a hospital passport, and sometimes sensory items like ear defenders to help them cope with the hospital environment.

She needed to take her daughter to A&E at Pinderfields Hospital, and the receptionist recognised the red bag immediately and took them to a quiet side room. As a result, her daughter was a lot calmer when the doctor came to examine her. The doctor also saw the bag and knelt down and spoke directly to her daughter, at eye level and asked her how she was feeling and to explain it to him. All these small gestures had a huge positive impact on this family.

A Healthwatch staff member then had a conversation with someone from the Complex Care Team for children at Pinderfields around the experience of parents with children with special educational needs and disabilities (SEND). They were then able to connect both parties who are going to do some work together going forward about improving staff training for children with SEND at hospital.

Focus on support for families of children who have ADHD and / or Autism

We delivered a project to understand the experiences of families going through the Autism and ADHD assessment process in Wakefield District. This report explores the barriers and challenges faced by families and the young people themselves in navigating the process. We highlighted that one of the key barriers was people not knowing what was available locally.

We have produced an information booklet with lots of links to local services and support. We shared this with the families who had been part of the project and they found it really helpful, including options that they weren't aware of.

"The information booklet is good; there are a few things in it that I've not come across before and good to have all the information in a booklet rather than end up with lots of leaflets."

The report and information booklet can be found on our website.

Focus on advocacy outcomes

Focus on support through a life impacting procedure

A patient approached our NHS Complaints Advocacy service to make a complaint about the care they received following an orthopaedic surgery which led to urology complications. They hadn't had clear communication and the consultant's attitude to further investigations and options to resolve the issues left them feeling alone and without any hope of things getting better.

We took this complaint to the Trust and they responded with an action plan to make improvements including increasing communication, sharing contact details so patients know who to call if they have follow up issues and reviewing the follow up appointment booking process to make it smoother.

For the patient themselves, the clinical staff arranged to do follow up tests, and make sure that they were supported on the day with a nurse who could go through follow up options. The team also made sure the patient will be seen by only female staff, in line with their trauma informed care plan.

Focus on access to the local Walk In Centre

The patient is Deaf and made complaints about physical access to King Street Walk in Centre and access to British Sign Language (BSL) interpreting within the setting.

In response to the complaints, Local Care Direct, who run the service, apologised and set up a Health Inequalities Steering Group. It highlighted the need for improved access at King Street Walk in Centre and took action to address this.

They launched a new BSL service in June 2025 to provide Video Relay Service. They confirmed its interpreters met the required registration standards and confirmed training would take place for all its staff.

They have created two new policies, a British Sign Language Standard Operating Procedures, and an Accessible Information Standard (AIS) policy. The BSL policy includes advice for all staff on improving communication with patients, who are Deaf or hard of hearing. The AIS policy ensures compliance with the standards will be monitored and reported, including seeking patient feedback.

They explained that on arrival a patient will be booked in without an Interpreter, the Interpreter will then be booked for the patient's consultation time.

Actions and outcomes from the Quality Intelligence Group

The table below shows the themes identified at the NHS Quality Intelligence Group for this quarter, and some of the agreed actions. It shows how the intel we receive at Healthwatch Wakefield helps to recognise good practice and also helps to influence change at a strategic as well as individual service level.

July 2025 themes	Some actions taken
Mixed experiences of using NHS App and Patches. Some people feeling digitally excluded from accessing GP services online or via the NHS App	<ul style="list-style-type: none"> Digital champions and digital team at Conexus hold sessions, outreach and support patients with registering and getting people 'set up' with online access. Confirmation that alternative access should still be available at GP Practices e.g. telephone calls, walk-in. Further promote role of Digital Team and Digital Champions through communications – share information with Healthwatch and add to agenda for September Patient Participation Group Network.
Negative experiences for women's health: mammogram, cervical screening, the contraceptive pill and diagnosis for Endometriosis.	<ul style="list-style-type: none"> The Women's Health Hub has been developed between primary care, Conexus and Mid Yorkshire Teaching NHS Trust https://www.wakefielddistricthcp.co.uk/news-blog/article/the-menopause-care-partnership-team-scoops-celebrating-excellence-award/ Invite attendance to a future QIG meeting to share information on the Women's Health Hub. Share comms materials being developed by Mid Yorkshire Teaching NHS Trust with Healthwatch to promote.
Poor staff attitude at Mid Yorkshire Teaching NHS Trust	<ul style="list-style-type: none"> Share feedback with the Head of Patient Experience at Mid Yorkshire Teaching NHS Trust. Review the complaints section of the next Mid Yorkshire Teaching NHS Trust Patient Experience Report when it is available. The Head of Patient Experience at Mid Yorkshire Teaching NHS Trust will be attending our October 2025 QIG meeting to provide an update on experience of care as our guest speaker. The October 2024 Experience of Care Network focused on care and compassion, particularly how staff experience can impact on people's experience of care.

August 2025 themes	Some actions taken
Access to services and appointments, particularly digital access	<ul style="list-style-type: none"> • Review the relevant pieces of feedback in relation to equity of access across the 3 methods and reiterate requirement with specific practices. • Triangulate feedback with results of GP Survey. • GP access including national patient survey results scheduled to be presented to future PPG Network and People Panel. • Collate the positive and negative feedback about digital access to feed into ICB 10 year plan implementation engagement.
Negative feedback for Patient Transport Service, for example, financial impact – people are unable to afford taxis to hospital and appointments	<ul style="list-style-type: none"> • Change of eligibility criteria was focused on at previous People Panel. People Panel member identified to support post-implementation engagement. • Collate feedback to feed into post-implementation engagement to give understanding of preferences for travel and cost of alternative transport. • Share feedback with Head of Quality for Yorkshire Ambulance Service. • Share information about process for individual queries about decision to no longer provide patient transport with Healthwatch.
Negative feedback about the lack of choice and informed decision-making in labour – great example of a student midwife advocating for a person	<ul style="list-style-type: none"> • Common theme identified in work on Maternity and Neonatal Voices Partnership. Continue to share feedback with Mid Yorkshire maternity services and advocate for change. • Specific engagement carried out by Maternity and Neonatal Voices Partnership on informed consent during assisted birth. • Informed consent to be included in training for maternity staff and newly qualified midwives.

September 2025 themes	Some actions taken
Some issues with prescriptions from GP Practices / pharmacies (back and forth) which have resulted in delayed medicines, Social Care Direct	<ul style="list-style-type: none"> • Include reminder regarding Electronic Prescription System (EPS) clinical prescription tracker in next prescribing bulletin for GP Practices and for next GP Prescribing education event. • Share feedback received with Community Pharmacy West Yorkshire. • Produce information about how to access the EPS clinical prescription tracker to share with Social Care Direct.

Clean bathrooms / toilets at Emergency Departments	<ul style="list-style-type: none"> • Share feedback with the Head of Patient Experience at Mid Yorkshire Teaching NHS Trust. • Ask Head of Patient Experience at Mid Yorkshire Teaching NHS Trust to include this area in their update at the October 2025 QIG meeting and guest speaker presentation. • Review cleanliness of environment at ICB visit to Pinderfields Emergency Department on 8 October 2025.
Positive feedback about various voluntary and community sector organisations	<ul style="list-style-type: none"> • Share positive theme and feedback with services.
Long waiting lists once referred	<ul style="list-style-type: none"> • Share feedback with Planned Care Alliance. • Request future 'so what?' session on Waiting Well service (now funded through Healthy Working Life funding).

Additional actions in September based on Healthwatch Wakefield feedback	
<p>Concerns about Emergency Department (A&E) facilities, cleanliness, staff attitudes, patient flow and discharge effectiveness were raised with the Senior Quality Lead at West Yorkshire Integrated Care Board (ICB) and assurance sought on these matters.</p> <p>The ICB responded providing assurance about the Trust action plan to continuously improve quality. They also shared that Pinderfields A&E unit was being reviewed regularly and that these concerns would be considered as part of an upcoming visit to the site.</p> <p>Follow up information included details on how the visit had gone and that the matters of concern were reviewed. The matters were also put to a representative from Mid Yorkshire Teaching Hospitals NHS Trust at the October Quality Intelligence Group meeting and they provided further assurance of addressing quality.</p>	

Looking back

At Healthwatch Wakefield, we carry out several pieces of in-depth work over the year. Below we look back at our work with veterans and looking back at any changes and impact as a result of the work.

Revisiting our work with veterans, service leavers, and non-mobilised reservists

Background

In April and May 2024, we carried out engagement work with local veterans, service leavers, non-mobilised reservists, friends and families across Wakefield District. The overall aim was to find out how much veterans and their families knew about specialist services, and to understand their experiences of using these services. We also wanted to learn about the health and care needs they have and the support they might need.

We used two different ways to find this information. A survey was produced and publicised and 74 people completed this. This was followed by five in depth interviews to create case studies.

Our findings highlighted challenges around a low awareness and understanding of veteran needs and veteran specific pathways. One key issue identified by the people who took part was that many veterans do not identify as such, and this can cause difficulties in getting appointments with GPs, dentists and hospitals. A recurring theme was the need for more information and better advertising of veteran specific services for both physical and mental health. Some respondents felt they had been left with a lack of ongoing support when they had accessed services.

Recommendations for change

Our report was published on the Healthwatch Wakefield website and publicised through our communication channels. To date, 378 people have accessed the website landing page where our report is held, and 459 people have viewed our veteran information through our Facebook page, a total of 837 views altogether.

Along with our report and subsequent recommendations, we have used our website and social media to provide veteran specific information, share contact details about dedicated health and care services for veterans, and highlighted veteran specific news items. We have also shared resources for staff working in primary and secondary health and social care.

Our report made eight recommendations, including highlighting the need to ensure smooth and straightforward access to health services and dental services, and to encourage promotion of mental health, social care and specialist physical health services for veterans on healthcare provider websites.

We recommended a focus on Veteran Friendly Accreditation for GP practices, staff education, and training, and emphasised that good practice should be highlighted and shared widely. Our recommendations have been well received, and we have highlighted some areas of positive change, following.

One of our recommendations was for an increase in the number of GP practices with Veteran Friendly Accreditation. Most local practices previously achieved this accreditation pre-covid, however as accreditation only lasts for three years, work is ongoing across Wakefield District with the Integrated Care Board and GP surgeries to prioritise achieving or renewing Veteran Friendly Accreditation by 31 March 2026.

Data provided to Healthwatch Wakefield by the West Yorkshire Integrated Care Board shows that 24 GP surgeries have completed or are working to renew accreditation, and nine surgeries are working towards accreditation. Our report said it was important that staff working in accredited practices were aware of what this is, and that they understand what it means for veterans.

Our report has been promoted through internal communication systems across practices and is being used to start conversations with staff; it is also being shared to raise awareness of the needs of veterans in monthly practice manager meetings, as well as being used to support discussions about Veteran Friendly Accreditation during annual practice visits and quality assurance calls. Using the report in this way has further supported staff education and training.

Our recommendations encouraged all healthcare providers to routinely ask about veteran status during patient registration and consultations to support accurate veteran identification, and we supported this by creating a [Have you asked?](#) campaign with a short video, sharing it on our website and through our social media channels to coincide with the upcoming Armistice Day and Remembrance Sunday. The aim of the video was to raise awareness for the public, healthcare professionals in primary and secondary care, and the West Yorkshire Integrated Care Board about the importance of asking people about their veteran status during healthcare appointments and when registering with a GP surgery.

Further training for GP's is also scheduled. The Integrated Care Board are arranging sessions for all GPs about veteran-specific health needs, how care for veterans can be improved, the importance of asking about veteran status, and the importance of obtaining Veteran Friendly Accreditation.

The session will be planned to use the findings from the Veterans Report, as well as discussions with team members at Healthwatch Wakefield, and will include input from a GP who is a reservist, alongside Kirsty Farrar, Practice Manager at College Lane Surgery, a practice identified as an example of best practice for the services they provide for veterans.

We recommended that examples of good practice within primary care were shared across the Wakefield District. At our Healthwatch AGM in November 2024, we invited Kirsty Farrar to deliver a presentation and highlight the gold standard work of the College Lane Surgery's services for veterans. As the AGM was attended by key contacts in health and social care from the NHS, local council and the voluntary sector, the work of the Practice was able to be shared widely.

The [Veteran Friendly Framework](#) holds information about accredited care homes. Following the Healthwatch Wakefield AGM, both Sophie Shepherd and Laura Elliott, Senior Head of Quality, for the West Yorkshire Integrated Care Board have updated us with news that their team have been sharing information about the accreditation opportunity at activity coordinators meetings and when meeting new care home managers.

Three care homes in the region have signed up to the Veteran Friendly Framework: Roop Cottage, Newfield Lodge and Earls Lodge. During a recent visit to Newfield Lodge by the team, positive changes were observed. Residents' veteran status is highlighted within their care plans, and staff use a poppy on the bedroom door as an indication of veteran status to highlight possible engagement and conversation opportunities or possible stressors to anyone meeting with those residents.

Follow up meetings with all care homes will explore if there have been any changes to their processes or engagement practices when accreditation has been achieved.

So what?

As well as publishing our report and recommendations on the Healthwatch Wakefield website and social media, we have taken opportunities to speak to the public and raise awareness of our report, findings and recommendations through attending groups and engagement events. We attended Armed Forces Day in 2024 and 2025 and were able to speak to veterans, service leavers, non-mobilised reservists, and their friends and families about their experiences.

Feedback received from veterans since the publication of our report demonstrates that mixed experiences continue when accessing services.

"I always see the same GP. Not having to repeat my story to different doctors and relive my trauma is a big positive for me".

Veteran and patient of Castleford Medical Practice

In contrast, a veteran and service user of Riverside Medical Centre shared the following feedback with us.

"My GP surgery know I am a veteran and that I have PTSD. Despite this I still have difficulty in being able to get a GP appointment".

One veteran told us:

"I asked my GP to put on my medical record that I am a veteran. They asked why – they didn't understand why it was important".

Based on the findings and recommendations of our report, ongoing work across Wakefield District should continue to make sure veteran needs are being met.

What was the impact?

We hope to continue to work with colleagues throughout the district to promote and improve awareness of veteran specific services. Our veteran specific information has been shared across

our Primary Care Networks through a fortnightly bulletin; a planned formal training session run by the Integrated Care Board for GPs and Practice Managers will also be an important step in raising awareness among healthcare professionals. Alongside this work, Wakefield Council are going to add our signposting document to their information pack for contracted residential care homes and share it in their bulletin which is sent to all providers. Furthermore, our document will be highlighted in the next Care Home Conference agenda for information purposes.

The West Yorkshire Integrated Care Board has continued to involve local veterans by running feedback sessions, sometimes aimed at specific groups, such as female veterans. This has identified further types of support that veterans may benefit from, such as a demand for a veteran specific menopause support group. Healthwatch Wakefield also aims to run focused engagement events for specific groups of veterans to further explore the healthcare challenges faced.

We want to thank all the veterans, their friends and family members, who took part in our original veterans project. We would also like to thank Nicole Siswick, Primary Care Manager at West Yorkshire Integrated Care Board who sits on the Armed Forces Covenant Strategic Partnership, for continuing to work with us to share resources across her networks and organise training sessions within the Integrated Care Board. Thanks also to Kirsty Farrar, Practice Manager at College Lane Surgery, for working with us to promote examples of good practice, and for speaking at our Annual General Meeting.

“I went back to a group this morning, specifically to see if I could find an attendee I’d spoken to a couple of months ago and who had provided a quote that I included in the veterans impact report. I shared with him the original report and the impact report... and showed him how I had included his words. He was a bit emotional but had the biggest smile on his face! He thanked me and said he would read both reports to educate himself about support that was available for Veterans and would use the reports to help him get the help he needs from organisations. He wants to help other veterans understand what is available and will use our reports to help him do this too.”

Healthwatch Wakefield Research and Engagement Officer, November 2025

We want to hear from you

We report every three months on what we have done and the difference it has made.

The stories, concerns, and experiences shared in this report came directly from people in our community — and they've already helped to shape better health and care services across Wakefield District. But there's always more to do. We're here to keep listening, keep sharing, and keep pushing for change — and we need your help to do it.

If you've had a good or bad experience with local health or social care services, we would like to hear about it. Your feedback helps to shape better services for everyone.

Contact us

Telephone 01924 787379

Mobile 07885 913396

Email enquiries@healthwatchwakefield.co.uk

Website www.healthwatchwakefield.co.uk

We are social people. Find us, follow us, message us.