

# Overgate Hospice Engagement Report

April 2026



*Overgate*  
HOSPICE 

*Because you care we can*

# Contents

<b>Introduction</b> .....	3
<b>Who we heard from</b> .....	3
<b>Key Findings</b> .....	5
<b>Findings</b> .....	6
<b>1. Feedback from the public</b> .....	6
<b>2. Feedback from current patients, relatives and carers</b> .....	11
<b>3. Feedback from professionals</b> .....	15
<b>Conclusion</b> .....	17
<b>Recommendations</b> .....	17
<b>Overgate’s Response</b> .....	22

## Introduction

Healthwatch Calderdale gathered feedback from local people, current patients and their families, and professionals to understand awareness of Overgate Hospice, experiences of care, and views on future services.

Overgate Hospice provides expert care, support, advice and information for patients who have a terminal illness or an advanced long-term condition that cannot be cured, also known as life-limiting conditions. They also offer support to relatives and carers.

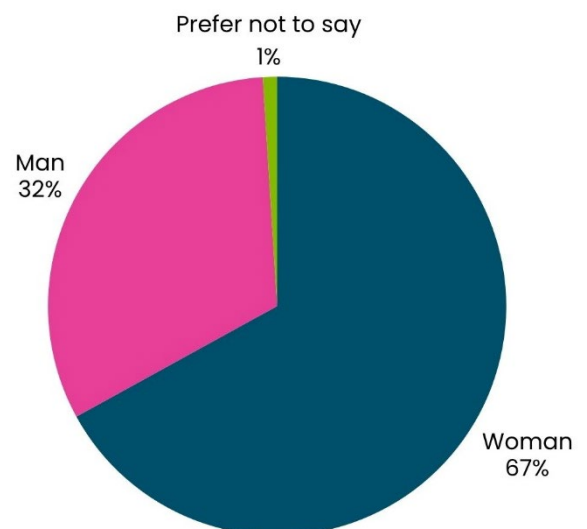
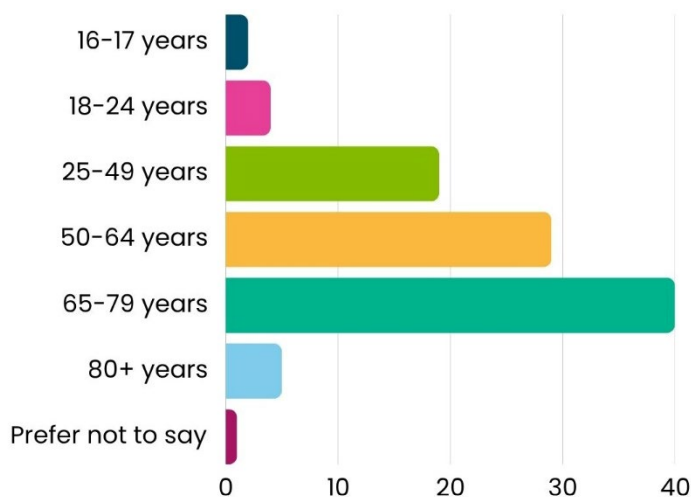
This year, Overgate will open the doors to their brand-new inpatient unit. This new building will bring to life a modern, purpose-built hospice designed around the needs of the community.

This report brings together the key themes from the feedback. It highlights what is working well, where there are gaps in awareness or access, and what matters most to people when thinking about hospice care.

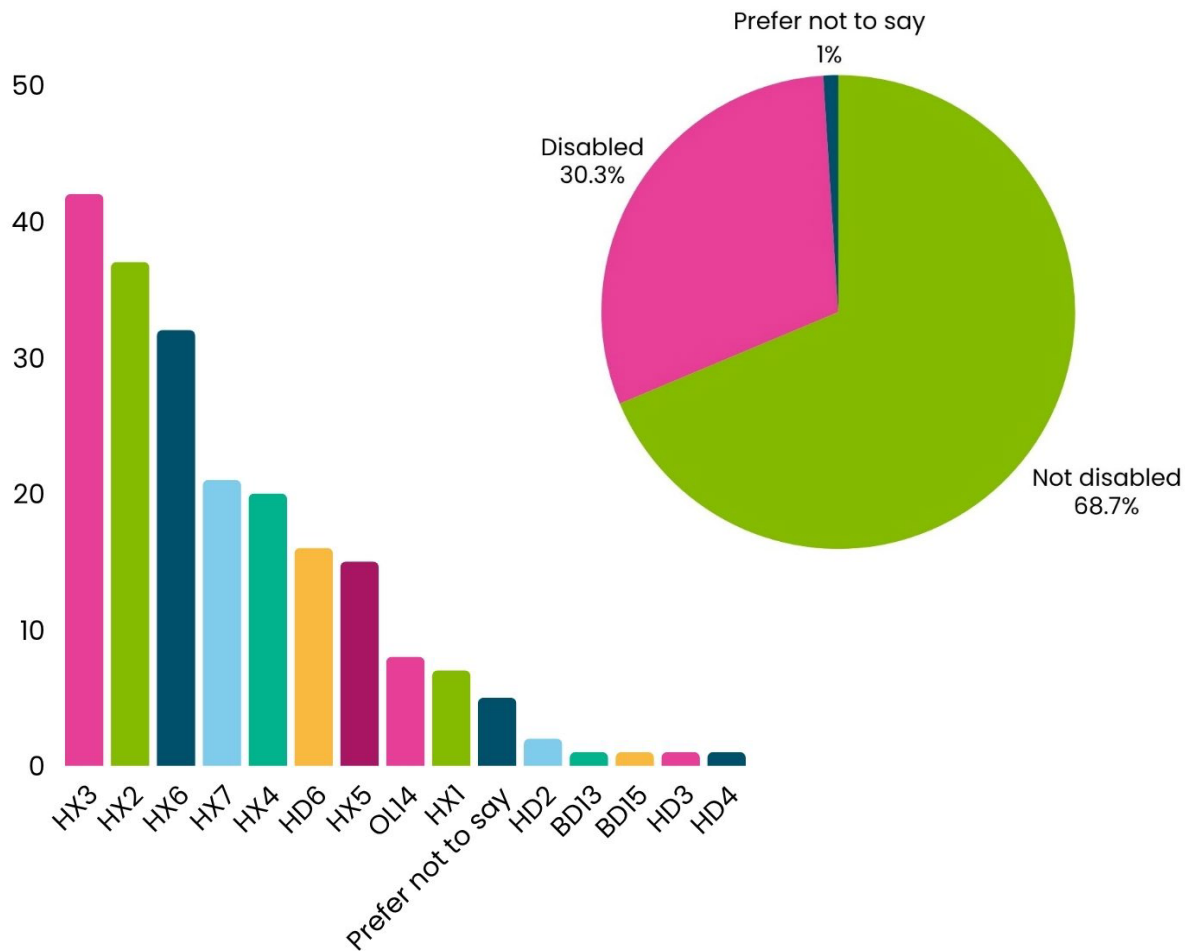
## Who we heard from

A total of 241 people shared their views. Most respondents were members of the public (82%), with smaller numbers of current patients, relatives, carers, and professionals.

- 67% of respondents were women
- 40% were aged 65–79



- 30% identified as disabled
- Most respondents lived in Calderdale, particularly HX3 and HX2 areas

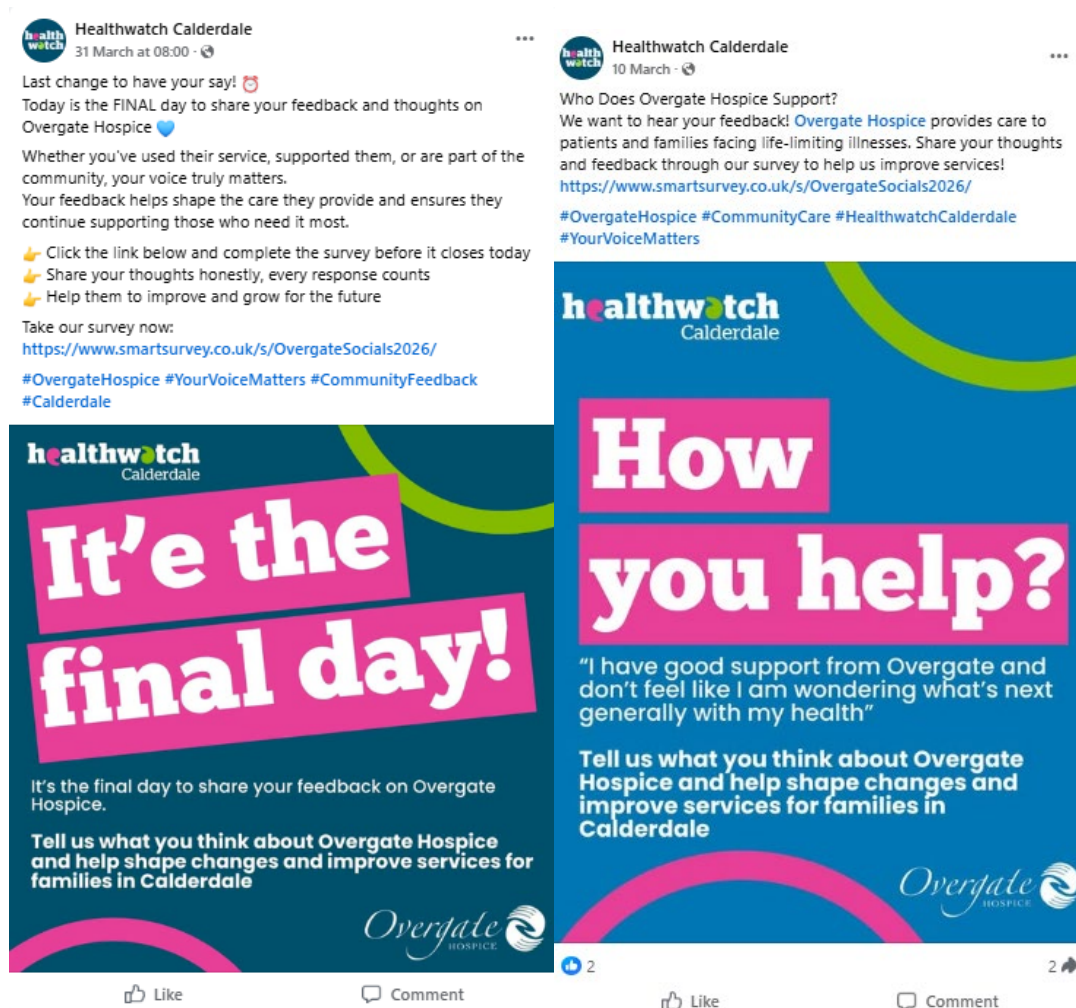


## What we did

We visited community-based groups in Calderdale to speak to members of the public about their views of the hospice.

We also attended some of the Overgate Hospice hubs, where we were able to gather insight from people who had used Overgate's services themselves or for a relative or friend.

Our survey was shared on social media platforms.



We shared our survey with key contacts and other voluntary and community groups.

We also shared the survey with professionals through hospital networks and newsletters.

## Key Findings

- **Strong reputation for care:** People who had used services described compassionate, high-quality care and strong support for families and carers.
- **Limited understanding of services:** While awareness is high, many people do not understand the full range of services available.
- **Barriers to access:** Most people do not know how to access services or who is eligible.

- **Fear and uncertainty:** Concerns about hospices being “a place you go to die” and not knowing what to expect remain common.
- **Preference for care at home:** Many people would like to see support available in their own home or closer to where they live.
- **Gaps in communication:** Some patients, carers, and professionals described confusion between hospice, hospital, and other services.
- **Opportunities to improve:** People highlighted the need for better information, improved coordination and more support for carers.

## Findings

### 1. Feedback from the public

#### Awareness and understanding

Most people had heard of Overgate Hospice, but understanding of what it does was often limited to end-of-life care.

Almost all respondents (95%) had heard of Overgate in some form, with slightly greater awareness among women (97%) compared to men (92%).

Many people described the hospice as something they only learn about when they need it:

“It’s one of those places where you don’t know what it does until you need to know.”

“I’ve heard of it but can’t say much beyond they care for people at the end of their lives.”

There was also uncertainty about:

- what services are available
- what medical care can be provided
- how hospice care differs from hospital care
- whether services are free

Awareness was highest among people aged over 50.

## **Access and knowing who to ask**

Many people said they did not have knowledge about how to access services, with only a small proportion feeling confident about this.

Only 23% of people said they knew how to access services for themselves or family members. This could be because they haven't needed to know how to access any of the services.

People also described not knowing who to turn to for advice or guidance:

“Not knowing what they can do medically”

“Not knowing what a hospice does”

## **Fears, perceptions and the unknown**

Fear of the unknown was a strong theme throughout the feedback. The most common concerns included:

- not knowing what to expect
- uncertainty about facilities
- the belief that a hospice is “a place you go to die”

“The same concerns you'd have going to any hospice as it is a new experience.”

56% of respondents said their main concern would be not knowing what to expect, while 48% felt that a hospice is a place you go to die.



## **Practical concerns: cost, environment and privacy**

Some people raised practical concerns about using hospice services.

Privacy was a key issue, mentioned by 17% of respondents, with women more concerned about privacy than men. 33% of those respondents said this would discourage them from accessing hospice care.

Participants also highlighted several related concerns, including:

- uncertainty about cost and whether care is free
- concerns about sharing rooms or lack of privacy
- questions about what the environment is like

“Having to share a room with other very poorly people could be distressing”

“...individual rooms will help turnover of patients instead of 4 bedded male / female ward! Much more privacy to talk about personal needs.”

“Is it like a care/ nursing home for some people? Who decides who goes where? Care homes cost a lot, is this a free version for people who cannot afford it?”

“I still think I’d prefer to be in a hospital at the end of my life anyway, but really I cannot visualise what a hospice really is like to know any different. Is it like a nursing/care home? Are you confined to a bed all the time? I haven’t met anyone to know what the experience is.”

### **Preferences for care and support**

People said they would value more support for families, both before and after bereavement.

Some also said they would prefer a peaceful environment, rather than a hospital setting.

Several people highlighted the need for someone to talk to or ask questions, as well as support in other areas such as work.

While people recognised the importance of 24-hour end of life care, some felt additional services could make a difference. This included making inpatient areas more accessible for families, particularly children.

There was strong support for:

- care in people's own homes
- community-based services
- telephone advice and support

"If I was the patient I'd want support for family before & after death. If I was the family I'd want a peaceful place, not a hospital environment for my family member who was ill"

### **Previous experience of using Overgate Hospice**

A small number of people who took part had previous experience of Overgate Hospice, either through their own care or by supporting a family member.

These individuals had a clearer understanding of the services available and spoke positively about their experiences.

Feedback highlighted:

- high quality, compassionate care
- strong support for families, including after bereavement
- positive experiences of both inpatient and community services

"The care we received for mum and the support after her passing was first class and made the most difficult time of our lives just that little bit easier."

"Provided excellent care for my wife at the end of her life... I went to their hub a few times too which helped."

Some people also described ongoing support after bereavement, which helped them cope during a difficult time.

This feedback contrasts with wider public responses, where people were more likely to describe uncertainty, lack of awareness, and concerns about hospice care.

## **Supporting the charity**

84% of people were aware that Overgate is a charity that relies on donations.

Using and donating to Overgate's charity shops was the most common way people said they would support the hospice (54% responses). This suggests there is potential to use the charity shops as assets to increase awareness of the hospice's work.

After this, the most common ways people said they would support the charity were taking part in events (37%) and making a one-off donation (35%).

## **Hospital or hospice?**

Some people said they were unsure how hospice care differs from hospital palliative care, particularly in relation to pain relief and medication.

"I would want to know if the pain relief is on a par with what they can give at hospital... if the hospice cannot ease the pain like hospitals can, I'd want to be in hospital myself."

"If the hospice's selling point is it's less clinical more pleasant environment people may like that, but if the 'offer' is a slower death then I can see people preferring the hospital."

There was also a sense that better communication and coordination between services would help improve people's experiences.



## **Right to die legislation**

During face-to-face discussions, some people posed questions about future legislation around the right to end life and how or if the hospice may support that.

“I'd like to know the hospice's view on the right to die if the legislation changed & whether they would support a person's right to die if the law changed or if it would be up to the individual staff members beliefs?”

## **2. Feedback from current patients, relatives and carers**

We received only a small number of responses from current patients, relatives and carers (19).

100% of those who had experience of Overgate would recommend it to others who may need its services.

63% of current patients said they had used the respite service with 9 patients (56%) having accessed hubs in the local community.

## **Quality of care and staff**

People with direct experience of Overgate spoke very positively about the care they received. Many described feeling supported, reassured, and well looked after during what was often a very difficult time.

Overall, 94% of respondents said they were either satisfied or very satisfied with the service.

People shared powerful comments about the difference Overgate made to them and their families:

“We could not have wished for better end of life care for my mother.”

“The service is so friendly and professional, it makes you feel so welcome, like one big family.”

"The care we received made the most difficult time of our lives just that little bit easier."

"It's our second time at the Hebden Bridge Hub and we've really appreciated that we can drop in, my husband had a hand massage last time he really enjoyed. It's a nice social environment with staff here to answer questions or just get to know us as we discover together how my husband's Parkinsons develops"

### **Support for families and carers**

Support for families and carers was a key strength. Many carers spoke positively about the support they received, with 90% saying they were very satisfied.

Carers also showed a higher awareness of Overgate services (54%), suggesting they are more familiar with the support available.

People described the difference this support made to them and their families:

"Support offered to me and my family too"

"It's been a lifeline... giving her that well needed break."

"The care we received for mum and the support after her passing was first class and made the most difficult time of our lives just that little bit easier"

"Provided excellent care for my wife at the end of her life, after she passed they kept in touch with me and offered support. I went to their hub a few times too which helped"

"We could not have wished for better end of life care for my mother. I have nothing but praise for the respect and dignity shown to my mother during her inpatient care"

While feedback from carers was largely positive, some people shared challenges with the support they received.

One person felt that bereavement support ended too soon, particularly at a time when it had only just begun to feel helpful:

“Just as it started to feel meaningful, I was told I could not have more sessions, which felt like another loss.”

Others described difficulties with respite services, including cancellations at short notice and support that did not fully meet carers’ needs.

“I was satisfied with the care when we received it, but respite was cancelled last minute on two occasions.”

“Arranging the respite was a bit of headache took several attempts to get confirmation of dates and it all happened very quickly once we got the green light but the care was excellent and gave me good break that I needed caring for my husband”

Some carers also said that services designed for patients did not always provide meaningful respite for them.

“I used to take my husband to the Thursday group, but it wasn’t for carers. I had to wait around for two hours, which didn’t work for me.”

### **Communication and coordination of care**

Some people told us they found it difficult to know who to contact and how different services worked together.

“I don’t know whether to turn to Overgate or the hospital about my needs sometimes.”



“...who do I ask for help for respite at home? Gateway to Care you go round in circles. Cares Count have helped me but I got a text saying I was approved for an allowance for a cleaner and I had to think 'which organisation is this person from again?' all these support services need to link up better so the admin isn't on me to sort”

There were also a small number of concerns about continuity of care. One person, while speaking very positively about Overgate overall, described an issue with pain management when their family member was admitted.

“Overgate is fantastic in every sense... but when he was admitted, his pain relief was reduced. His pain increased until I raised this and it was adjusted.”

### **Privacy, dignity and environment**

Some people highlighted the importance of privacy and dignity, particularly in relation to shared spaces.

Some people (14%) said they would feel uncomfortable sharing rooms, especially during such a sensitive time.

### **Areas for improvement**

Only half of respondents (50%) said they knew how to give feedback about the care they had received. Awareness was lower among some groups, with only 25% of people with a disability saying they knew how to do this.

There were also differences by gender, with 55% of women aware of how to give feedback compared to 33% of men.

People shared a number of suggestions to improve services. These included improving communication between services, providing clearer information, increasing availability, and offering more support for carers.

Some people felt that referral pathways were not always clear, and that services could feel disconnected.

“Do staff at Gateway to Care or the hospital really know how a referral into Overgate can help people? I’ve met people who had to find it themselves.”

“There are issues with social services and Gateway to Care, it feels disjointed... but I cannot fault what is provided by Overgate.”

### **3. Feedback from professionals**

#### **Understanding and referral pathways**

We received a small number of responses from professionals who may refer into Overgate Hospice (10).

Only two respondents (29%) said they had made a referral, while the majority (71%) had not.

The most common reason for this was that they had not needed to make a referral. However, some responses suggest that awareness of how to refer, and who is responsible for doing so, may be unclear.

Of the two respondents who had made a referral, both said the process was straightforward.

One care home worker described uncertainty around how referrals into the hospice are made:

“I work in a care home, so we tend to send patients to hospital. They may be moved to the hospice, but it’s not our decision. There is a team of nurses who visit and make that call.”

## **Perceptions and barriers**

Professionals echoed many of the concerns raised by the public, particularly around a lack of understanding of hospice care, uncertainty about available services, and fears about what hospice care involves.

One nurse highlighted uncertainty around how hospice and hospital services work together, and the challenges this can create for patients and families:

“There is so much they can do for patients on wards, but how the link works isn’t clear to me as a nurse... patients are often asked to make choices at a time when they can process it the least.”

There was also a sense that greater awareness of hospice services is needed. One respondent felt that more could be done to promote the full range of support available:

“Unless you have personal or professional experience, people don’t have a full awareness of the services on offer or where they are delivered.”

## **Future service priorities**

Professionals supported more care being provided in people’s homes and closer to where they live, including through community-based services.

They also highlighted the need for better communication and coordination between services, particularly between hospitals and the hospice.

In addition, professionals highlighted a lack of awareness and understanding of hospice services, suggesting that more could be done to promote what support is available and how to access it.



## **Conclusion**

Feedback shows that Overgate Hospice provides highly valued, compassionate care that makes a real difference to patients and families at a time when they may feel most vulnerable.

People consistently described positive experiences, particularly the quality of care, support for carers, and the kindness and professionalism of staff.

However, the findings also highlight some challenges. Many people do not fully understand the range of services available or how to access them, although this is sometimes linked to not having needed to use the service.

Misconceptions about hospice care remain, with some people unsure what to expect, or viewing hospices primarily as places for end-of-life care. Practical concerns, including cost, privacy and the hospice environment, also contribute to this uncertainty.

There is a strong demand for more care to be provided at home or closer to where people live.

People also highlighted the need for clearer communication and better coordination between the hospice, hospital, and other services such as Gateway to Care, particularly at key points in a person's care.

Overall, Overgate Hospice is seen as a trusted, caring and valued local service.

## **Recommendations**

These recommendations build on the strong services already provided by Overgate Hospice. While clear information and support are available, our findings suggest that awareness of these resources could be improved so that more people know what support is available and how to access it.

## **1. Awareness and understanding of services**

Many people have heard of Overgate Hospice but do not fully understand what services are available or who they are for.

### **Overgate Hospice should:**

- Continue to provide clear, simple information about the full range of services, including support beyond end-of-life care
- Improve awareness of this information so that more people know what support is available and how to access it
- Use real-life examples to show what support looks like in practice
- Increase promotion of services in the community, including through charity shops and local spaces.

### **System partners should:**

- Share consistent information about hospice services across health and care settings

## **2. Promote information and advice**

Most people who have not used Overgate before would not know how to access services or who to contact for support.

### **Overgate Hospice should:**

- Continue to provide clear information about referral routes and eligibility and make this more visible to both the public and professionals.
- Promote more widely the [Useful Information for Patients and Families - Overgate Hospice](#) as a point of contact for advice and questions. Share link on social media and with key partners.
- Increase links with hospital wards which tend to have more palliative care patients, spending time speaking to patients and families about hospice over hospital pathways.

### **System partners should:**

- Ensure professionals are aware of referral pathways and how to access existing guidance
- Support earlier conversations about hospice care in hospitals, care homes, and community settings.

### **3. Continue to address misconceptions and fears about hospice care**

Some people feel uncertain about hospice care or associate it only with dying.

#### **Overgate Hospice should:**

- Continue to provide clear information about what to expect from hospice care
- Increase visibility of existing FAQs and guidance across community and healthcare settings. [Frequently Asked Questions - Overgate Hospice](#)
- Reassure people about pain management, dignity, and quality of care
- Share images, videos, and examples to help people understand the hospice environment

### **4. Strengthen support for carers and families**

Carers value the support provided but would like more flexibility and joined-up services.

#### **Overgate Hospice should:**

- Continue to provide support for carers and families, and make information about this more visible
- Consider more flexible or joint activities for patients and carers
- Provide clearer information about available support, including bereavement services and how long support can be accessed.

### **System partners should:**

- Improve coordination between services so carers do not have to navigate multiple organisations

## **5. Enhance links between services**

Some people experience confusion when moving between hospice, hospital, and other services. Greater collaboration would support closer links between services. Some professionals are unsure about hospice services and referral processes.

### **Overgate Hospice and system partners should:**

- Strengthen communication between hospice, hospital, and community teams such as Gateway to Care and care homes.
- Ensure clear handovers when people move between services
- Make it clear to patients and families who to contact and when
- Strengthen links with hospitals, GPs, and community teams
- Increase awareness among professionals of existing services and referral pathways

### **System partners should:**

- Ensure staff feel confident discussing hospice care with patients and families
- Promote earlier and more informed conversations about advanced care plans, including end-of-life care

## **6. Increase availability and improve privacy**

People value the care provided but would like more availability and improved facilities.



**Overgate Hospice should:**

- Explore ways to increase capacity, particularly for respite care
- Continue to improve privacy, including access to private spaces and rooms
- Ensure environments support dignity and comfort

**7. Expand community and home-based support**

There is strong demand for care closer to home.

**Overgate Hospice should:**

- Continue to develop services delivered in people's homes and local communities
- Build on existing hubs and outreach services

**System partners should:**

- Support the development of community-based hospice care
- Ensure services are accessible across different areas

**8. Strengthen early conversations about hospice care**

Feedback suggests that conversations about hospice care often happen late, when people may feel overwhelmed.

**Overgate Hospice should:**

- Support earlier conversations about hospice care through community outreach and partnerships
- Provide guidance and resources to help people understand their options before a crisis point

**System partners should:**

- Encourage earlier discussions about palliative and end-of-life care within healthcare settings
- Support staff to feel confident initiating these conversations

**9. Improve feedback and involvement opportunities**

Not all people know how to share feedback or feel involved in shaping services.

**Overgate Hospice should:**

- Make it clearer how people can give feedback about their care
- Provide a range of ways to share feedback, including informal and accessible options
- Involve patients, carers, and families in shaping and improving services

**System partners should:**

- Promote opportunities for people to share their experiences and contribute to service development

**Overgate's Response**

"We would like to sincerely thank Healthwatch Calderdale and everyone who took the time to engage with this important piece of work. We are delighted by the level of engagement and the openness with which people have shared their experiences, thoughts and ideas. It is encouraging to see such strong community interest in Overgate Hospice and the future of our services. We will now take time to carefully consider the findings and recommendations in more depth and discuss the feedback across the organisation before formally responding. We value every contribution and

remain committed to listening, learning and continuing to develop services that meet the needs of our community.”