Barriers To Care:

Quality of Hospital Appointment Letters

Survey of Rochdale Residents

September 2025

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About us

Healthwatch Rochdale is the local independent health and social care champion for the Rochdale borough. We are here to listen to local people's experiences of using health and social care services and we use those experiences to help improve services locally and nationally.

Acknowledgments

Healthwatch Rochdale would like to thank Rochdale residents who took part in this survey. Thanks to Caring and Sharing, Rochdale, for facilitating the space to hold the focus group and to those who attended the Focus Group or one-to-one sessions.

We would also like to thank the Rochdale voluntary and community sector organisations who shared the survey with their group members and additionally all those who shared via social media platforms.

Introduction

Healthwatch Rochdale – Our Focus This Year

At Healthwatch Rochdale, we are committed to tackling the barriers that prevent local people from accessing health and social care services.

This year, our priority is to listen closely to residents' experiences, highlight the inequalities they face, and make sure their voices influence local and regional decision-makers.

By working with partners across the system, we are striving to ensure that services in Rochdale are fair, accessible, and equitable for everyone in our community.

Kate Jones, CEO
Healthwatch Rochdale

Barriers Summary

"The current system assumes we are all digitally literate English speakers with reliable transport but that's not who we are."

Voice of a Rochdale Resident

Summary

Why We Did This Research

- Healthwatch Rochdale conducted this survey to understand how well hospital appointment letters work for local people. These letters are often the main way patients find out about their appointments, so it is important they are clear and contain the right information.
- The survey was prompted by concerns that appointment letters weren't meeting patients' needs, particularly as services have expanded across multiple sites within Greater Manchester. We heard residents' experiences to understand barriers to attending appointments including Did Not Attend (DNAs).
- We wanted to:
    - better understand barriers to care
    - identify problems with current communication and find ways to improve access to healthcare services
    - hear real patient experiences and
    - identify areas for improvement in communication, accessibility, and service delivery

What We Did

- We carried out the survey between May and June 2025 using two methods: an online and paper survey with **75** complete responses, plus a focus group and one-to-one sessions with Rochdale residents. This gave us both statistical data and detailed personal experiences about appointment letter communication.

What We Found

- Nearly a quarter of respondents (**24%**) have missed appointments because they didn't receive notification letters. Practical information is consistently missing from letters, with 55% lacking parking details, 51% missing clinic directions, and 47% not knowing what to expect at their appointment.

Nearly a quarter of respondents (24%) missed appointments because they didn't receive notification letters

- The system assumes all patients have internet access, transport and speak English fluently, but this doesn't match the reality of Rochdale's diverse population.
- Appointment letters do not always give patients what they need to know. Different departments use inconsistent communication methods, and the service quality has changed since hospital mergers, with reports of it's *"not the same as it used to be."*

- A major impact of the wider Northern Care Alliance (NCA) area was that appointments were at 20 different venues extending well beyond Rochdale, including unfamiliar private sector locations and specialist centres. Respondents reported stress and confusion about travelling to distant, unfamiliar locations without adequate information. Some had to travel significant distances with increased travel costs e.g. cross-border travel at £6-£10 in bus fares.

A major impact of the NCA merger of hospitals was that appointments were at 20 different venues up to an hour away by car and some without public transport links from Rochdale

- Administrative errors are common, including blank letters and wrong contact details for appointment changes.

Next Steps

- The findings show that simple, practical changes would significantly improve the system. Recommendations include standardising letter templates across all sites and departments, both NHS and private sector delivering NHS services. Respondents want essential information like parking and public transport details, offering choice in communication methods, and providing better language and other support.
- Healthwatch Rochdale recommendations are shared with NHS commissioners to help improve services, reduce missed appointments, and ensure equitable access to healthcare.

How this report fits in

The NHS 10 Year Plan[1]

- The NHS Plan aim is to ensure digital transformation is inclusive and equitable. However the Rochdale survey findings show the gaps as the current system assumes people are digitally literate English speakers.
- The NHS Plan cites patient empowerment and moving more care from hospitals to communities. However, the survey finding show how the impact of expansion to multiple distant sites has disempowered patients, creating stress and confusion rather than accessible community care.

The Healthwatch Bury Clearer Patient Communications Project[2]

- Both the Bury and the Rochdale reports highlight missing essential information e.g. travel details, digital exclusion problems, language and accessibility barriers, excessive, irrelevant information overwhelming patients, communication Inconsistencies and no single letter template across the NCA footprint.

[1] https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future
[2] https://healthwatchbury.co.uk/report/2025-03-24/clearer-patient-communications-project-report

Survey findings

Results from the digital and paper-based survey with 75 respondents.

Q1 How did you get your appointment letter?

%*	Method
74.3%	Letter by Royal Mail
36.5%	Text message
32.4%	NHS App
21.6%	Phone call
13.5%	Email
10.8%	Hospital App e.g. MyMFT
5.4%	Other: hospital staff arranged

"There was a link sent via text with a suggested appointment date and time, then a link to click to confirm, decline or amend appointment. I don't trust links. It might be a scam."

* Some respondents received appointment details in multiple ways, hence total percentage adds up to more than 100%.

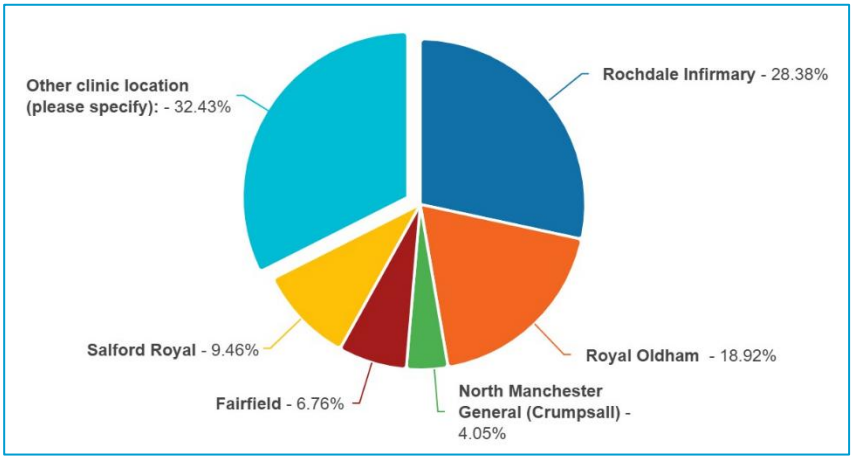
Comments Received

- *I received a text regarding my appointment at pm on a Friday for an am Monday morning appointment. My letter arrived approx. pm on the Friday, and I was lucky to get time away from work for this.*
- *The letter was dated January, it came in March, and appointment was for April.*
- *I prefer the digital method of receiving my appointments and clinic letters it's much quicker and more reliable than the post.*
- *Some at Salford Royal/Northern Care Alliance send appointments to me electronically which I prefer. One department in particular, Rheumatology, only send them via post. There should be more consistency in how they communicate appointments.*
- *I find that you are informed in too many ways for appointments i.e. text, email, NHS app and letter. I have had various appts over the past years in various departments and hospitals around the same time which can be difficult to unravel which is which.*

Q2 What kind of appointment was the letter for?

%	Appointment type
46.7%	Regular appointment ongoing care
34.7%	New appointment
2.7%	Diagnosis
16.0%	Other: Diagnostic tests (5), Telephone follow up (2), Cancellation & rebook of an appointment (2)

Q3 Where was the appointment at?



Respondents gave **20** different locations with the majority (nearly 1/3) going to not the 'usual' locations.

We heard that appointment letters don't often give travel or parking information.

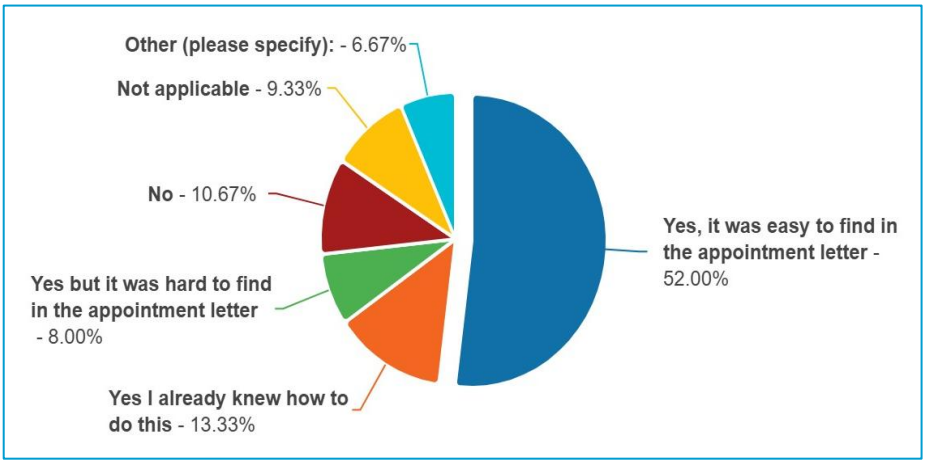
Other clinic locations

Christie Manchester	Clinic at supermarket	Croft Shifa
Face Medical Heywood	Highfield Hospital	Manchester Royal Infirmary
Nye Bevan House	Phoenix Centre Heywood	Preston Royal
Radcliffe Clinic	Smallbridge Clinic	St Mary's Manchester
Tameside General Hospital	Telephone	Wigan Infirmary

Comments Received

- *The letter said which entrance to use but not where the actual clinic is. Could download plan of hospital but not competent in online things. Surely directions could be put in the letter.*
- *When arrived on the date and time stated on letter at Health centre, the receptionist told us that the consultant was sick and had notified them that morning and assured them they had cancelled or notified everyone - clearly not.*
- *As a first-time patient at Salford Royal, I needed to use Google maps to find out where the hospital was. The hospital is very large and has several entrances. It was very difficult to find the department that I needed, so it would have been helpful if a map of the location was provided and a map of the hospital departments.*
- *I found the requirement to check details online frustrating. Didn't check the location of appointment and arrived at the main entrance to find I needed to walk through the whole hospital to the very rear area of the hospital.*

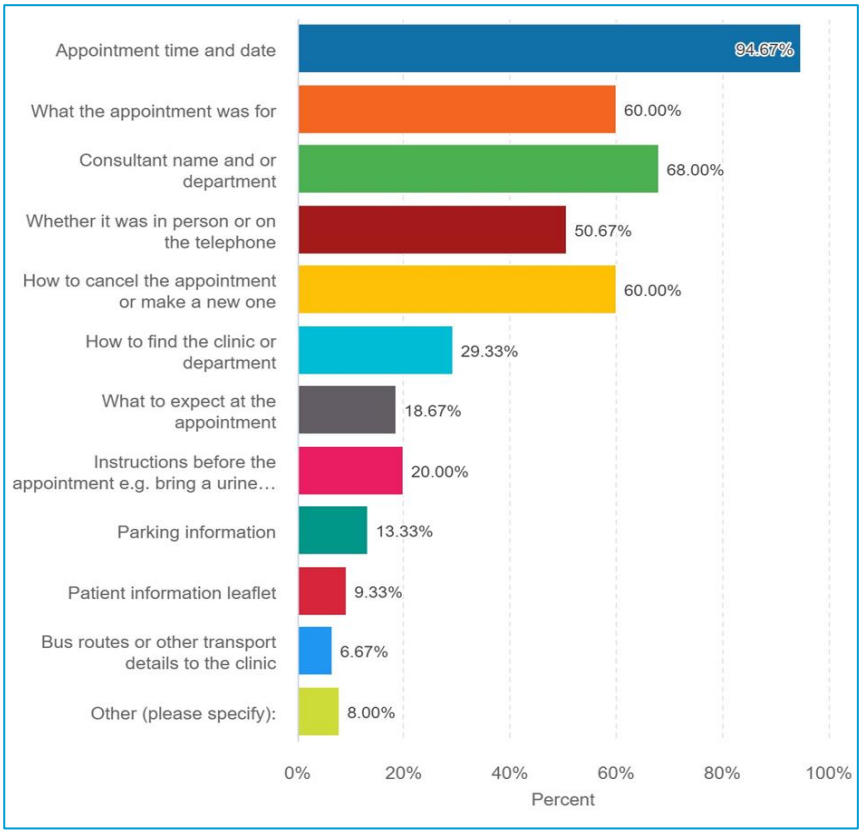
Q4 If you needed to cancel or change your appointment, did you know how to do this?



Comments Received:

- *Appointment was cancelled at the end of the day in June, was told in January operation would be in weeks.*
- *It has been cancelled 3 times and it's for post op care.*
- *had a telephone consultation, waited for the call, it never came. this has happened several times. unacceptable.*
- *I tried calling outpatient appointments, I was told they didn't do this. Told to contact consultant's secretary which led to delays. She told me outpatient appointments should have handled it.*

Q5 What information was in the letter?



Comments:

- *Department was specified, however when attending the appointment, I was advised the location had moved to the other side of the hospital.*
- *Lots of things in it I couldn't understand as far too many details.*
- *Lots of references were in the 2 letters but they referenced web addresses and required me to access the information online, e.g.. finding your way to the dept, access to free travel, or patient transport service. Also MyMFT code access.*

Q6 What information was missing in the letter?

%	Missing information
54.7%	**Parking details** (see quote)
51.0%	How to find the clinic/department
47.2%	Information about what to expect
47.2%	Patient information leaflet
45.3%	Bus routes/travel information
18.9%	Getting information in suitable format
18.9%	Information on what appointment for
17.0%	Book an interpreter
15.1%	How to cancel/make new appointment
5.7%	Whether in person or on the phone

*"Whichever hospital I go to, and I've been to a few within the last few months, parking is the biggest worry beforehand and a pain in the XXXXX when you get there, at **ALL** hospitals."*

Comments:

- *What to expect at the appointment and what to do if the consultant cancels.*
- *Info referenced online and so as a patient I was required to look up the information online. Which assumed I have suitable access and had the ability to do this.*
- *Map of hospital, not available in envelope or online for Rochdale infirmary.*
- *Vaguest letter I've ever had yet the initial booking text was very detailed.*
- *Department was specified, however when attending the appointment I was advised the location had moved to the other side of the hospital.*
- *There was no parking at the hospital or on the surrounding streets, I spent 45 minutes trying to find somewhere to park and because of this missed my appointment.*
- *Parking impossible at Oldham. Must use private car park at Oldham athletic and £5!*

Q7 If you have had your appointment, how did you travel there?

56% car	13% taxi	15% public transport
6% walked	6% telephone appointment	4% hospital arranged transport

Comments Received:

- *Two buses there and two back. Cross border to home address so two different bus networks (more expensive day pass at £6 but if paid single fares would have been £10).*
- *Needed family member to take me as couldn't get patient transport for it.*
- *Was hard to get there by bus.*
- *1st appt early Sunday morning and couldn't afford tax - no public transport so early.*

Q8 What extra assistance do you need to attend a hospital appointment?

- **78%** said no extra assistance needed
- **8%** booking an interpreter
- **8.7%** needed the letter in other formats or languages
- **4%** to arrange a chaperone
- **7%** need wheelchair access

Comments Received:

- *I need support to find a quieter waiting area due to autism.*
- *Require a female practitioner for scan*
- *I speak ok English but for medical things need in my own language, so it makes sense.*
- *Was an appointment at Smallbridge it was a 50 metre walk to the door on unstable flags which my mum struggled with as she walks with sticks.*
- *It was online, and I am not competent finding these. Had to ask someone to help as eyesight isn't as good. Disabled patient using rollator as no-one to push me into hospital.*
- *Not enough disabled parking spots. I had to arrive early to ensure we could park near the entrance.*

Q9 Was extra assistance offered to for your appointment & was it easy to arrange?

- **13%** said extra assistance was offered in the appointment letter
- **25%** said it was hard to find on the letter or did not see it
- **41%** said extra assistance was not offered in the appointment letter
- **3%** said extra assistance was easy to arrange
- **4%** said it was not easy to arrange

Q10 Have you ever missed a hospital appointment because you did not receive the appointment notification or letter?

24% yes	68% no	8% don't know

Comments Received:

- *I missed my first scan as the letter came after the date of the scan.*
- *I was removed from services as I had 'missed' an appointment that I had not been made aware of.*
- *I received a letter the day after I was supposed to attend the appointment, asked if they could have telephoned instead, the person laughed and said it made sense.*
- *They had mistakenly written the wrong door number on the letter, so I never received it.*
- *Didn't realise letter was there online. Hard copy needs to be sent out in good time for appointment.*
- *I was informed at a subsequent appointment that I missed an appointment sent by the NHS App but hadn't received any notification.*

Conclusions

- Communication failures are contributing to missed appointments(DNAs)- **24%** of patients have missed appointments due to not receiving notification letters, with some removed from services entirely.
- Important practical information is consistently missing. Over half of patients lack parking details (**55%**) and clinic directions (**51%**), while **47%** don't know what to expect at their appointment.
- Digital-first approach excludes vulnerable groups. The system assumes digital literacy and English proficiency, disadvantaging elderly patients, those with limited English, and people without reliable internet access.
- Transport and accessibility barriers are widespread - **45%** lack public transport information, and patients are traveling across multiple bus networks and paying high costs to reach appointments outside Rochdale.
- Appointment locations are increasingly dispersed - Patients now attend **20+** different venues extending well beyond Rochdale, including unfamiliar private sector locations, causing stress and confusion.
- Language and cultural needs are inadequately addressed - letters assume English is widely read.
- Cancellation and rebooking processes are unclear. More than one in ten respondents (**11%**) don't know how to change appointments, with patients receiving wrong contact numbers and being passed between departments.
- Administrative errors are common. Patients receive blank letters, wrong addresses, and notifications arriving months after appointments have passed.
- The current system doesn't account for Rochdale's demographic diversity, creating inequitable access to healthcare services.

The ten survey recommendations are on the next page.

Survey Recommendations

	Healthwatch Rochdale Recommendation September 2025	**Northern Care Alliance Response** *Name & position of responder*	**Northern Care Alliance Update/Actions/Comments**
1.	We recommend standardising essential appointment information across all sites to include parking and travel information, clinic directions, and what to expect at the appointment.	Sarah Hall, Deputy Chief Operating Officer	**1. Bury Rochdale and Oldham appointment letters already compliant.** 2. The action plan for Salford appointment letters is progressing through changes in business as usual and we anticipate all services to be of the same standard and include the same information by Qtr 4 26/27. 3. The 4 hospital sites accross the NCA host clinics for other Trusts, such as MFT, Christie, Wigan, Preston and Tameside and therefore the letters for these services will not meet the NCA standard, as they are generated by the originating Trust. 4. The organisation is undergoing significant strategic restrucure accross all sites and services, this means that the completion of the standardisation work will take longer than we would have anticipated and therefore stnadrdisation of essential appoointment infrokaton accross all sites will be copleted by Qtr 4 26/27. 5. Oldham now has a new 'off site' privately owned carpark available for patients close by and details for this is included on the hospital map and the website. ACTIONS 1. Salford services compliant by Qtr 4 26/27. 2. NCA to issue all hosted Trusts with notice served to amend their patient correspondence to include information with regards to parking, travel and clinic directions in line with NCA standards by February 26.
2.	We recommend making it easier to find the	Sarah Hall, Deputy Chief Operating Officer	**1. Bury Rochdale and Oldham appointment letters already compliant.**

	information on how to cancel and change appointments in the patient's preferred communication method.		2. The action plan for Salford appointment letters is progressing through changes in business as usual and we anticipate all services to be of the same standard and include the same information by Qtr 4 26/27. ACTIONS 1. Salford services compliant by Qtr 4 26/27. 2. NCA to issue all hosted Trusts with notice served to amend their patient correspondence to include infromation on how to cancel or change an appointment in line with NCA standards by end February 26.
3.	We recommend all appointment communications clearly explain how to access interpreter services and alternative formats.[3]	Sarah Hall, Deputy Chief Operating Officer	**1. Bury Rochdale and Oldham appointment letters already compliant.** 2. The action plan for Salford appointment letters is progressing through changes in business as usual and we anticipate all services to be of the same standard and include the same information by Qtr 4 26/27. 3. The NCA Interpreter service is introducing a new system where the clinican will dial into an on demand service. This service is already established in 1 of the 4 sites and is being rolled out accross all other sites by the end of Qtr 1 26/27. Actions 1. Salford sites compliant by Qtr 4 26/27. 2. NCA to issue all hosted Trusts with notice served to amend their patient correspondence to include interpreter services and alternative formats in line with NCA standards by February 26.
4.	We recommend including trusted digital markers to address patient concerns about scam links in electronic communications.	Paula Markham Associate Director of Application Services	The RCS (Rich Communication Service) has been delayed by DrDoctor, due to network issues accessing the messages. A trial has been undertaken for appointment letters in the first instance and will be one of the first trusts to test this if/when it does happen. The NCA has multiple applications where text messages are sent to patients, this includes other hosted Trusts and can cause confusion to patients.

[3] **As per The Equality Act (2010) on accessibility and providing information in accessible formats.**

			Actions 1. The NCA is exploring the move from system one to Dr Doctor, to align SMS messages to patients. 2. Development for RCS is currently delayed, awaiting external provider action. NCA maintains engagement with Dr Doctor on release of RCS functionality.
5.	We recommend providing NHS App support and training to help patients use digital appointment systems to increase access and build trust in the digital first system while maintaining non-digital alternatives.	Paula Markham Associate Director of Application Services	The NCA don't offer specific training around this as this is lead by NHS England/Wayfinder teams with support from ICB's. Text reminders and the trust website provide links with guidance on downloading and using the app and turning on notifications. In the past Salford ICB have provided onsite training to patients and staff. In 25/26 the Dr Doctor portal was updated to advise and remind patients to turn on notifications in the NHS app. Actions 1. NCA to continue to sign post staff and patients to the NHS app via Trust website, posters and other internal formal communications. Additionally the NHS national team also provide guidance to patients on accessing their app. 2. NCA plan to hold communication on-site 'education stands' in 26/27 on 2 of the 4 sites, supported by the ICB to guide patients to use the NHS app. 2 sites were completed in 25/26, and will be revisited in 26/27.
6.	We recommend providing training to community groups on appointment systems and using the NHS App.	Paula Markham Associate Director of Application Services	The NCA systems do not provide appointment booking solutions at this time for patients. Links and guidance on using the NHS app is provided linking patients to national guidance. Letters printed can be provided in different formats to meet the needs of our patients. Text reminders accessed by patients are not in a flat file and therefore can be read aloud and translated using the patients phone or is conjunction with other accessibilities software that the patient may utilise. Actions 1. NCA to continue to sign post staff and patients to the NHS app via website, posters and other internal formal communications. Additionally the NHS national team also provide guidance to patients on accessing their app.
7.	We recommend giving patients choice in how they	Sarah Hall, Deputy Chief Operating Officer	1. The NCA has this in place. Patients are asked to opt out of text reminders and digital letters when they check in for their

	receive appointment notifications (post, text email, or app) and to continue to offer non-digital alternatives for those who need them to reduce digital exclusion.		appointment at all sites. SMS messages are sent to patients, which can be accessed by the NHS App and includes apppintment letters digitially for those that prefer a digital format. For all other patients letters remain offered via the post for those that do not interact with the digital portal. 2. Additonally all services will default to having text reminders turned on unless they choose to opt out, with justification. Actions 1. Performance data for patients accessing the portal is reviewed monthly in Outpatient steering group and internal promotions are ongoing with services to increase the use of digital communication with patients, for those that want it. 2. All clinics to default to text reminders by February 26.
8.	We recommend offering residents a choice of appointment location at the time of booking to better meet their access, cost and convenience needs.	Sarah Hall, Deputy Chief Operating Officer	Currently the majority of outpatient appointments are fixed booked, which means the location is chosen based on chronological order and clinical need. For non fixed appointments, where there is a choice of site for that particular clinic, patients are able to choose via a telephone conversation. Offering care closer to home where this is available remains a strategy for the NCA. Actions 1. The NCA have started to roll out a new way for patients to book appointments, whereby patients will be invited to telepone the call centre to book their appointment. This will allow patients to discuss their preferred day and time before agreeing to an appointment type, in some instances and where appropriate this will include location. This is in addition to our usual booking processes. This change commenced in September 2025 and will contintue throughout 2026 until all services are booking in this way.
9.	We recommend including patient information on what to expect at an appointment to reduce unnecessary anxiety and allow preparation and planning.	Sarah Hall, Deputy Chief Operating Officer	see response in recommendation 1 above.
10	We recommend the co-production of hospital	Trudy Taylor Head of Patient	The NCA values the voices of our service users and actively welcome feedback from all communities. Wherever possible, we act

	communications with residents, including diverse communities and those with additional needs.[4].	Experience & Volunteers	on this feedback to improve the accessibility, inclusivity, and quality of our services. A recent example of this commitment is the successful introduction of our d/Deaf Strategy, which was co-produced with members of the d/Deaf community. This strategy directly reflects patient feedback and includes practical solutions to remove barriers and ensure that care is accessible and responsive to individual communication needs. We remain committed to working collaboratively with our communities to shape communications and services that truly meet their needs. Actions 1. Replicate the model used in the successful intoduction of our d/Deaf strategy and apply the same approach to co-production with all individual improvement projects including patients and residents with diverse communities and those with additional needs.

[4] **As per The Equality Act (2010) on accessibility and providing information in accessible formats.**

Demographics

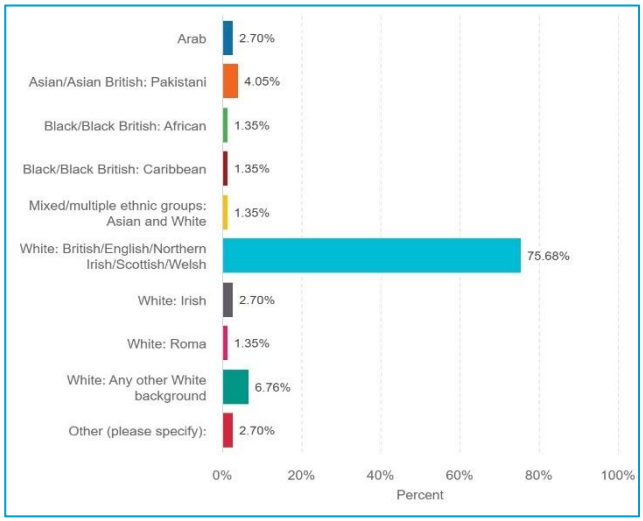
Gender: Woman 78.3% Man 20.3% Non-binary 1.4%

Is your gender the same as you were assigned at birth? Yes (97.3%) Prefer not to say (2.7%)

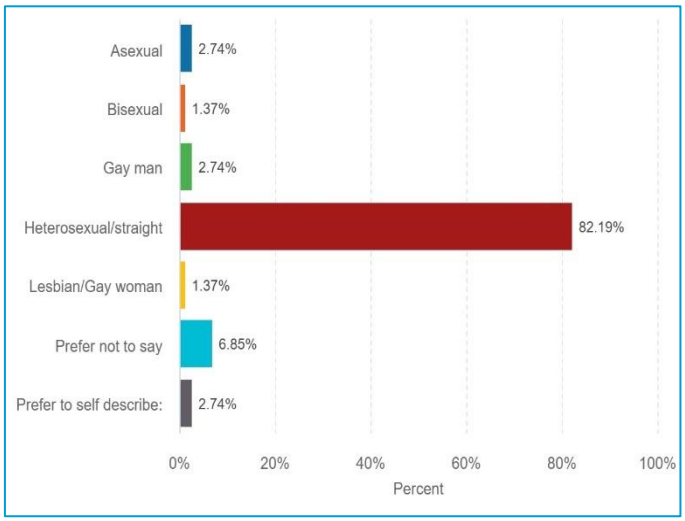
Do you have a disability or long-term health condition? Yes (67.5%) No (31%)

Are you a carer for a friend or family member whether paid or unpaid? Yes (17.6%) No (81%)

Survey Ethnicity



Survey Sexual orientation



Appendix

- Healthwatch Rochdale: Hospital Appointment Letters Research Report. Findings from the Focus Group and One-To-One Interviews.

References

- https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future
- https://healthwatchbury.co.uk/report/2025-03-24/clearer-patient-communications-project-report
- Revolutionising care - digital tools empowering patients at Northern Care Alliance :: Northern Care Alliance
- The Equality Act (2010)

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