

# Exploring access to GP Services in York

Interim Report September 2024



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Content warning: Contains reference to mental ill-health and distress.

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## Acknowledgements

We understand the challenges faced by GP practices in the current climate. Throughout our research, we heard from a wide range of people to build a picture of access to healthcare and the challenges faced by both GP practices and patients. We are thankful to everyone who has shared their experiences, and we aim to provide a balanced view of the current situation.

We recognise that GPs and practice staff are working incredibly hard during these challenging times. The dedication and commitment shown by healthcare professionals are highly commendable, and their efforts are crucial in ensuring continued high quality patient care.

We are committed to working collaboratively with healthcare professionals, patients, and stakeholders to achieve these improvements. Thank you for your continued hard work and dedication to patient care.

We want to extend our sincere gratitude to everyone who took the time to complete our survey. Your responses are the heart of this report. We also extend our thanks to all colleagues in Primary Care who supported us and helped share the survey.

Every voice matters. Thank you for speaking up and for listening.

Cover image from Julia Zyablova via unsplash

# Executive Summary

Our report examines people's experiences of accessing GP services in our city. Many respondents highlighted areas of good practice within the city.

What people value about their local GP practice are:

- Friendly, caring, listening staff at every level of the organisation providing quality care
- When practices provide a range of contact options including being able to make appointments face to face, phones being answered, email, and online options that make it easy to ask for what you need
- Access to appointments when you need them including same day if needed and face to face without phone triage
- Prioritised care for children, providing reassurance to parents
- Continuity of care, seeing the same doctor who knows you
- Good communication – quick responses, getting in touch when promised, proactive and responsive
- Convenient locations making it easy for people to access care
- Providing vaccinations

The survey also highlights several critical issues affecting patient experiences in GP practices. These are:

- Access and appointment issues
- Communication and administration
- Quality of Care
- Inclusivity and equality
- Mental health and emergency response
- Staff attitudes and behaviours
- Continuity of care
- Systemic issues

# A message from our Chair

Healthwatch exists to be the voice of local people in our health and care system. We wanted to look at general practice as this is one of the issues we hear about most from people in York. The bulk of this report is direct quotes from individuals who completed our survey. There are many very positive comments about the service that people received from general practice. I am however struck by how disappointment and dissatisfaction is not limited to patients. Many of our GPs, practice nurses and other practice staff are also far from happy.

In this report (as in several reports that Healthwatch York have published over the last few years on areas of health and social care important to people in York) issues of access, communication and information have been highlighted. According to NHS England, the solution is the pursuit of “Modern General Practice”<sup>1</sup>. This encourages primary care to follow five principles in tackling the challenge of capacity versus demand, namely:

1. Optimising contact channels
2. Structured information gathering
3. Using one care navigation process across all access channels
4. Better allocating capacity to need
5. Building capability in general practice teams.

In other words, Modern General Practice is about embracing technology, a wider range of roles in our GP teams, and seeing the person the system wants you to see.

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<sup>1</sup> [NHS England » Modern general practice model](#)

The first two items on the Primary Care Recovery Plan are investment in IT systems and telephony. When we shared this at one of our voICeS meetings<sup>2</sup>, there were audible groans from the people present. No one is denying that good IT and good phone systems can improve administration. However it seems to ignore that millions of people remain digitally excluded, for a number of reasons. It also ignores that what people really want hasn't changed. Through our survey people have told us they want to see someone who knows them, knows their medical history, and wants to help them manage their health in a way that works for them.

This highlights one of the key challenges facing general practice – it risks falling into the void that exists between what people tell us they want, and what NHS England believes it has to become.

We don't have the answers, but we want to work with people in York who use GP services and those people who work within practices to see if we can develop solutions together. Are we brave enough in York to encourage local practices and people together to design and try out our own solutions to the problems general practice is facing?

Janet Wright, Chair of Healthwatch York  
September 2024

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<sup>2</sup> Our voICeS network and meetings are for everyone in York who wants to share their views on health and social care. These are usually themed around a particular topic. For more information or to join our mailing list please get in touch with us.

# Background

GPs, or General Practice, are one of the four pillars of primary care services alongside pharmacies, dentistry and eye care. Access to GP services is one of the most common issues Healthwatch York hears about. Because of this, we have chosen access to GP services as a priority for our work in 2024.

## National context

Recent years have seen GP services under significant pressure. Even before the pandemic, it was clear that there were significant challenges for GP practices in meeting demand. In June 2024 alone GPs across the UK provided 28.7 million appointments, including 51,000 Covid-19 vaccinations. 44% of these were same day appointments. 68% were face to face<sup>3</sup>.

There have also been significant concerns about GP wellbeing, with higher levels of stress and anxiety in the GP workforce than are seen in the wider population<sup>4</sup>. In 2022, a study found just over a third of GPs were considering leaving the profession<sup>5</sup>. In June 2024 there were 37,643 fully qualified GPs working in the NHS in England, working the equivalent of 27,670 full time GPs based on a 37.5 hour working week. This represents 1,694 fewer full time GPs than in 2015<sup>6</sup>.

The Covid-19 pandemic increased these concerns – a University of York study considering its impact <sup>7</sup> highlighted growing dissatisfaction, isolation, stress, anxiety and burnout of GPs during this time. One GP is quoted reflecting on the change to their working life: “It’s a different world,

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<sup>3</sup> [Appointments in General Practice, June 2024 - NHS England Digital](#)

<sup>4</sup> [What are the sources of stress and distress for general practitioners working in England? A qualitative study - PMC \(nih.gov\)](#)

<sup>5</sup> [Third of GPs to quit within five years – study | The Independent](#)

<sup>6</sup> [Pressures in general practice data analysis \(bma.org.uk\)](#)

<sup>7</sup> [Finalreport\\_ExploringGPwellbeingduringCOVID\\_070921.pdf \(york.ac.uk\)](#)

isn't it? I mean I think I thought I was busy [before COVID], but I didn't have a clue what busy was, basically. I just can't believe the workload explosion since COVID. I just don't know what the situation is. I mean, it's bizarre. So it was busy, it was stressful [before COVID], but I had my head above water."

Another continues this theme, stating: "Now it feels like the system's creaking, and people are creaking as well... it's a marathon, not a sprint... it becomes a lot more difficult to kind of keep focusing that energy."

And others highlight the wave of seriously unwell people that didn't seek help during the pandemic: "We are seeing really serious pathology... nine months of rectal bleeding or coughing up blood for the last six months and three or four stone weight loss, don't know why. You're thinking goodness me, why haven't these people come in?"

"...people sitting on cancers, literally, and then presenting with late diagnosis. So that has been stressful and sad... we know a lot of our patients haven't been coming in with certain symptoms. And in the last few months we've had quite a big influx of these patients who've come in with a ten-month history of this... haven't come 'cause they didn't want to put a burden on the NHS. And actually have gone on to have pretty bad, if not terminal diagnoses. And it's that sort of thing that actually you fear. It's the stress of knowing that's probably going to happen more and more. And then the worry that actually, that's going to just be blamed on GPs when actually a lot of that's unfortunately been unavoidable just because of what's been going on."

The Fuller Stocktake Report (May 2022) makes it clear that the current model of primary care is unsustainable.



In March 2023, when publicising their 'Fit for the Future'<sup>8</sup> report, the Royal College of General Practitioners warned that a quarter of GP practices could close because of workload pressures<sup>9</sup>. There are concerns that closures that have been increasing since 2013 are now escalating, with recent announcements of a planned closure in Hyson Green Nottingham<sup>10</sup>, the closure due to bankruptcy of Hawes Lane Surgery in Rowley Regis<sup>11</sup>, and a closure of the only practice in St Davids in Wales<sup>12</sup>.

In May 2023 NHS England published the delivery plan for recovering access to primary care. This provided an update on support to practices and Primary Care Networks, alongside checklists of actions. The key elements of this recovery plan are:

- Emphasis on digital technology at GP practices
- Offering appropriate care through an increase in non-GP roles within practices
- People will be encouraged to manage their own health at home
- More services will be offered through community pharmacy<sup>13</sup>

There are evident tensions between urgent and routine care, leading to growing frustrations among both patients and healthcare professionals (National Patient Survey Results 2023). There are also continuing concerns about the safety of a digital first approach and the risks of misdiagnosis<sup>14</sup>.

On 17 June 2024 the BMA announced they had opened a ballot for GPs around taking collective action<sup>15</sup>. Although GPs are not being asked to strike, they are being asked to take one of ten actions<sup>16</sup>.

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<sup>8</sup> [RCGP-Fit-for-the-Future-A-New-plan-for-General-Practice.pdf](#)

<sup>9</sup> [A quarter of GP practices could close because of workload pressures, warns Royal College of GPs \(rcgp.org.uk\)](#)

<sup>10</sup> [Fears of 'worrying' trend amid Nottingham GP practice closure - BBC News](#)

<sup>11</sup> [GP practice closes following 'bankruptcy order' - Pulse Today](#)

<sup>12</sup> [The Welsh city that doesn't have a GP surgery \(msn.com\)](#)

<sup>13</sup> For more information about the increased role see [Healthwatch York Community Pharmacy Report February 2024](#)

<sup>14</sup> [Online GP consultations have led to harm and death, investigation finds | NHS | The Guardian](#)

<sup>15</sup> [Ballot for collective action opens for GPs in England - BMA media centre - BMA](#)

<sup>16</sup> [GP contract 2024/25 changes \(bma.org.uk\)](#)

These include limiting the number of patients they see, withdrawing from voluntary contracts, delaying sign up to data sharing agreements, and switching off some local and national software. The Chair of the BMA's General Practitioner Committee, Katie Bramall-Stainer said:

“Over 99% of our members who responded, that’s more than 19,000 GPs and GP trainees, rightfully rejected the Government and NHS England’s 2024/25 GP contract changes. Despite numerous warnings and their refusal to improve the contract we’ve been left with no choice but to take action to save general practice. I urge all GP partner and contractor members to vote 'yes' and show the next Government that GPs can no longer tolerate running practices with less and less funding as demand continues to spiral. We want to provide patients with a quality service but it’s increasingly clear, and our patients can see for themselves – we simply cannot do that without sufficient investment and more GPs in our surgeries.”

GPs have not staged action since 1964 when family doctors collectively handed in undated resignations to the Wilson government. Dr Clare Gerada, former president of the Royal College of General Practitioners stated that “It is dangerous to see 60-70 patients a day – it really is... I have been a GP for 34 years and I have never seen it as bad.”<sup>17</sup> According to the Royal College of GPs, practices dealt with 20% more appointments in August 2023 compared to August 2019, with 883 fewer fully qualified full-time GPs working. It has now been confirmed that GP Partners have voted in favour of this collective action<sup>18</sup>.

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<sup>17</sup> [Overworked GPs are dangerous for patients, says doctor's spokesperson as strike threat looms | The Independent](#)

<sup>18</sup> [GP partners vote in favour of taking collective action - Pulse Today](#)

## Local context

Reflecting the national picture, local GPs have shared their concerns about the future of General Practice. In November 2023 a number of York's GPs published Protect and Recover<sup>19</sup>. This report, based on data from many of York's practices, outlines concerns about the increasing demand for urgent care, which leads to further delays in essential routine care that supports people to manage long term health conditions. It highlights the capacity gap that exists. For the 31 weeks of the study they identified 264,370 appointment requests, but only 215,765 contacts made. This leaves 48,605 requests for contact that did not lead to an appointment. To put this in simplistic terms, if a GP did nothing but 10 minute appointments for them all, this equates to over 8,000 hours of GP time needed.

New models of care, such as the Frailty Advice and Guidance Hub at Acomb Garth Community Centre and the Children's Ambulatory Treatment (CAT) Hub, are being developed. These initiatives offer new approaches, but evaluations are not yet available so it is uncertain how these models could be adapted to meet the diverse needs of different communities.

Both patients and healthcare professionals agree that change is necessary, though consensus on what that change should be has yet to be reached. In the longer term, we aim to bring together patients and healthcare professionals to develop practical, pragmatic, and mutually beneficial solutions to the identified issues. These solutions could be piloted or implemented at practices in York.

Our survey highlighted some significant challenges in accessing primary care services in York, revealing widespread dissatisfaction among patients who are struggling to obtain care due to overwhelming demand. However, we also heard from people who were very happy with their GP

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<sup>19</sup> Currently not published online. Please contact us for further information.

practice, and we saw significant variation within the responses we received, including not only differences in larger practices between surgeries but also for individual surgery sites.

# What we did to find out more

We developed a simple online patient survey to explore people's experiences of GP practices in York. We publicised it throughout March 2024, taking it out to engagement events and activities across the city. We asked people to score their practice out of ten, and asked three simple questions; 'What is the best thing about your GP practice?', 'Is there anything you are unhappy about at your GP practice? If yes, what is the main thing?' and 'What would make it better?'

Thanks in large part to our team of volunteers and the support of GP practices, we heard from 1,349 people from York and its immediate surroundings. This report outlines the initial findings of our survey.

## Key findings

Out of 1,349 survey responses, the overall average score was 5.5 out of 10, with 10 being excellent. Nearly a third (29%) of respondents scored their practice at 8 or more out of 10.

We worked with our research volunteers to analyse and theme the responses to the survey. Our report highlights several critical issues affecting patient experiences in GP practices, namely:

### **Access and appointment issues**

For some respondents there were a range of contact options (in-person, telephone, email, online forms) and they described a system that they felt worked effectively. There was praise for the availability of same-day and face-to-face appointments without phone triage. Also, the prioritisation of care for children was reassuring for parents.

However, many other respondents described situations in which high demand and limited availability led to difficulty in booking appointments. Long wait times were felt to delay treatment and exacerbate health problems. People raised concerns with online portals for booking appointments, accessing records, and communication. People felt their preference for in-person consultations was not being met.

### **Communication and administration**

Some respondents described good communication with quick responses and proactive staff. However, many described inefficient telephone systems with long hold times and a lack of email communication options. There were also instances of perceived poor administrative follow-up causing missed or delayed tests and treatments. These inefficiencies sometimes led to patients having to handle administrative tasks themselves. In addition, gaps in communication between GPs and hospitals sometimes led to disjointed care. Issues with the poor administration of prescriptions were also reported.

### **Quality of Care**

Generally good clinical care was reported by many patients. However, there was a perception of GPs treating symptoms in isolation rather than considering holistic health. Some problems with prescription accuracy and timeliness were shared, as were concerns about being treated by unqualified or inadequately trained staff. A significant number of people raised concerns about patient privacy in busy or poorly designed reception areas.

### **Inclusivity and equality**

We found some disparities in healthcare access and treatment for marginalised or vulnerable populations including accessibility issues for

disabled patients and some specific issues of concern for female patients. In addition, some respondents described a lack of regular health checks due to administrative oversights or resource and capacity limitations.

### **Mental health and emergency response**

There were some instances where there was felt to be an inadequate response to acute mental health problems including suicidal thoughts and depression, and mixed experiences with the NHS 111 service for urgent medical advice. We also heard about inadequate or incorrect diagnoses and treatment plans.

### **Staff attitudes and behaviours**

Friendly, caring, and attentive staff were described by many patients, however, there were some complaints about rude or dismissive behaviour from staff and varying quality of in-person consultations affecting patient satisfaction.

### **Continuity of care**

Some patients described consistent care from the same GP and how much they valued this. Many others had difficulty in regularly seeing the same GP, disrupting the continuity of their care and leading to time consuming repetition of symptoms and patient history.

### **Systemic issues**

There was positive feedback about the provision of vaccinations. However, there was a feeling from some respondents that resource constraints or policy decisions were affecting treatment availability and limiting some patients' access to locally-based care. There was feedback concerning constrained appointment times and some specific challenges in accessing blood tests. The complaints processes were sometimes reported as cumbersome and ineffective.

# Findings in more detail

## Access and appointment issues

Some patients reported having access to appointments when they needed them including same day if necessary and face-to-face without phone triage. Some felt that they were provided with a range of contact options: booking an appointment directly at the practice, telephone, and email and had experienced practices that have online forms that work well and offer a quick response. Some felt that care for children was prioritised, which was reassuring for parents. However, others often struggled to book appointments due to high demand and limited availability, leading to frustration and delayed care. Respondents felt that long waiting times for securing a GP appointment can exacerbate health issues and delay treatment. There was significant concern about the difficulty in securing face-to-face consultations, which many patients prefer over virtual or phone appointments and frequent problems with online portals for appointment booking, records access, and communication.

### Positive comments:

“They are excellent. I was quite ill and have been given my own designated GP who I see every time. He got me an appointment with the hospital within two weeks. If I need to see him, I ring up and he arranges an appointment or rings me back. I've also seen the physiotherapist at the GP, they are very good.”

“When I have ticked the urgent appointment option, I have always been offered an appointment really quickly. Within the next day or two and sometimes on the same day. Even when I haven't considered it urgent, I have often been offered a much sooner appointment than I expected. I think their triage system works really well.”



“I think the online form is a great idea. They are fantastic at prioritising children, I have four-year-old twins who have continuous illness and we have had to contact the surgery a lot of the past year, they have always been given a same day appointment which has been brilliant!”

“They are responsive when something can be dealt with quickly and easily. They also pick up quickly anything needed for my children.”

“Use of the Klinik system allows for effective triage and, in my experience, has ensured that I/my family have been able to speak to or see a practitioner within a reasonable timescale.”

“Online triage system mostly works for me. I can spend time documenting my problem in detail, which is more efficient.”

“They can give you a doctor contact on the same day if you have an urgent problem and you can arrange this over the phone.”

“Contact via the website is excellent. They get back to you promptly and provide good follow up.”

### Negative comments:

“The only way to book an appointment is through an online system that does not reflect the things you need to communicate to the practice, often ends up with the wrong team, and takes weeks to get a response. It relies on the patient being able to guess the correct combination of answers to questions to get their enquiry to the correct team, and often the reply if your enquiry goes to the wrong team is a simple text message saying ‘this team can't deal with that issue’ with no ability to reply, leaving your only route to be to log another enquiry and wait another four to six weeks for a reply.”

“It is near impossible to get an appointment other than a telephone call. They don't tell you the time or even the day of the call just a vague text message telling you it could be up to six weeks. If you miss that call due to being at work, for example, you have to go through the whole process again.”

“Booking appointments when you have a chronic health condition is very difficult. I have regular injections and book them in advance. For almost every time since I joined this practice, they get in touch the week before to cancel the appointment, change the time or location. They know I don't drive and have mobility issues; the injections are also time sensitive. Ideally, I need to go to the local practice, but they always send me to another practice that I will struggle to get to.”

“Unable to get through on phone and using their website is a nightmare as it assumes you are tech savvy. It needs to be clear using easy to understand language.”

“The receptionist also told me that no one else had any problems getting through by phone but I kept getting ‘we are busy, ring back later’ and was then cut off. This happened eight times spread across one day.”

“It is very difficult to get an appointment. I've very nearly given up calling the GP because it's such a faff to get through and to get an appointment scheduled. I have, in the past, also felt as if I've been brushed off and my concerns not listened to.”

“Trying to get an appointment is impossible for anything urgent. Likewise, if you've got something that needs to be seen but not immediately the wait is over a month; there's no wonder A&E is absolutely packed.”

“Trying to make contact. Making an appointment for a suitable time is impossible. Routine appointment timescales are far too long, therefore you have to choose urgent.”

“When I have managed to get an appointment the waiting room is empty, which I find bizarre as I know people find it difficult to get appointments, especially face-to-face. I am also unhappy about the practice not functioning at all as this was my local and easy to get to.”

“Availability of appointments outside of 9-4pm. I teach, so getting to appointments during the week and during the school day is very difficult.”

“Not being able to get an appointment even when really ill and/or symptoms are impacting on daily life and work (and fall into the category of something that should be checked quickly) - often having to wait at least six weeks.”

“When you do get an appointment there is no choice in day/time/location (even when you have notes on your file due to needing to be on a public transport route and not being able to easily take time off work at certain times), and the tone of the messages is too harsh (with the subtext saying that if you can't make the appointment you have been given you will be sent back to the bottom of the list no matter how ill you are, or what chronic illnesses you are living).”

“Sometimes the triage system flags an issue as urgent, but all the urgent GP slots are taken. In these cases, text messages have asked me to call NHS 111, and NHS 111 has unnecessarily referred me to A&E with big wait times.”

“Lack of privacy in reception areas.”

“Having to justify one’s need of an appointment to a non-medical receptionist, often having to divulge deeply personal details of one’s problem and condition is demeaning and embarrassing. When a request is then followed by a text saying it will be considered in three to six weeks, this is disrespectful.”

“The terrible online patient portal / triage system and the wait times for an appointment. Often you have an issue that’s not A&E worthy, but you can’t wait for more than a few days and you’ll get an automated message telling you a clinician won’t even look at the case for six weeks – i.e. that doesn’t even guarantee an appointment at six weeks.”

“The fact it’s nearly impossible to actually SEE a GP. The online triage system will generally categorise an issue as not urgent without any medical expertise.”

“No appointments to book. I work and have young children. Waiting six weeks for a phone call at their convenience just isn't good enough. And if you miss it, you have to start all over again. They refuse to text you to confirm when simple things have been done.”

“Difficult to get an appointment. Often waiting weeks for a phone call and expected to be available to attend surgery if required despite not having any warning of when the call will be.”

“Making you wait six to eight weeks for an appointment, which then takes place by phone. When they realise you need to be seen face-to-face you have to wait again. By that point the problem is much, much worse and requires greater treatment.”

“Appointment wait times are ridiculously long if available at all. Was recently told I needed a medicine review but NO appointments available!”

“I have had cause to contact the GP for things such as passing blood and persistent coughs that have had advice advertised on the radio campaigns to get in touch with a GP and the GP has taken up to 12 weeks to do anything about it.”

“Klinik [online form] is frankly not fit for purpose and clearly hasn't been tested by real people often enough for it to be the first point of contact when you have an issue.”

“The Klinik Form! I pity anyone who doesn't have a computer/smart phone, etc. and who isn't computer literate. The form is designed to frustrate you. The questions are badly framed, and you learn not to put all your symptoms down as you have to write a mini essay about each one!”

“I'm beyond frustrated by the Klinik system [online form]. I feel defeated by it. There has to be a better way.”

“It's impossible to get an appointment, it's impossible to speak to anyone on the phone about really anything including to do with appointments. Everything is done online and by filling in forms which makes the service even less accessible.”

“They actively shy away from dealing with you face-to-face. You get vague times for a call – case in point my daughter will be contacted ‘Friday afternoon’ this week. She's in school. Will it be at 1, 4, 5pm? And then it's your fault when you can't take the call.”

“The main thing is the booking system. It's all online, it's not flexible enough. You have to pick from a list of symptoms and body parts and that's not always relevant. And then list times when you can't be contacted. Well, sometimes you're waiting weeks, things change, you can't be expected to keep your whole calendar free in case someone phones.”

“It feels like every attempt to get you to avoid using the service is made and you have to advocate for yourself and keep pushing to see a doctor until eventually they cave and give you a telephone appointment.”

“The appointment system is not fit for purpose. For example, I have waited six weeks for an appointment. I received a text yesterday to say a GP would phone me sometime next Wednesday afternoon. Unfortunately, I will be unable to receive a call that afternoon so I spent all afternoon trying to get through on the phone to be told they couldn't change my appointment and I must request a new appointment online! So back to square one. This appointment follows blood tests where a GP has noted on my records that I need an appointment to discuss abnormal results. I have a blood cancer, and this is just one example of many as to how frustrating their appointment system is.”

“...having to suffer the long-winded introductory message which is totally unhelpful and far too long. It's totally soulless and heartless and makes the patient feel they are just an inconvenience. It feels like it's an exercise in deterring people, if at all possible, from accessing any service. It is demoralising and makes your heart sink at the prospect of having to ring the doctors.”

## **Communication and administration**

Whilst some patients described good communication with quick responses, practices getting in touch when promised, staff being responsive and proactive, others resorted to handling administrative tasks themselves due to inefficiencies at GP practices. The desire to communicate with surgeries via email is growing, but many practices still lack this facility. Poor administrative follow-up can result in missed or delayed tests, treatments, and other essential services. Many problems were reported about getting prescriptions. Inefficient telephone systems often led to long hold times and increased the difficulty in people talking

to someone. Gaps in communication between GPs and hospitals were seen to lead to disjointed care and missed follow-ups.

### Positive comments

"Can call, email in or complete a simple google form that doesn't require me to remember log in details! Also, a text messaging service."

### Negative comments

"The communication between the hospital and GP is very poor and the same between GP and health visitors. Everyone always says it is someone else's responsibility or tells me different things."

"Always have to chase for test results and further action if required."

"With test results, there are lots of hand offs/lack of communication. The staff seem to assume patients know what to do next to get results, when to call, who to speak to, etc. when it is generally an infrequent event and the patient doesn't know. Provide clear information."

"...receiving a letter inviting me to phone to make an appointment, then phoning, to be told I will be phoned back, which I never was."

"...being told I had missed an appointment when I had not been notified of it."

"Poor communication as regards contact for any medicine review or blood tests which are needed regularly."

"Communication is a big problem. I have witnessed elderly people turning up at the surgery to make an appointment and being told to go home and make an appointment online."

“Tried before to ring and the message is aggressive and felt to tell me to get off the phone as someone else is more important and I have to do it all online.”

“The telephone system is bad. Three responses are possible when calling the surgery.

1) the call is answered (very rarely)

2) you are asked if you want to join the queue for a call back. An excellent system but sadly not always available

3) a message says our lines are busy call back later and you are disconnected. Very frustrating, happened to me four times in a day. No wonder patients become aggressive after experiencing this.”

“Getting through on the phone is a nightmare! Call at 8.00am and if you are lucky enough to speak to someone, the appointments are already gone. I was on hold once for so long, I was able to drive across town go into the practice and then found it so quiet and two ladies on reception with no patients around. I then hung up my phone and was able to make appointment directly with them. They could give no explanation why nobody was answering the phone!”

“It is extremely difficult to contact the practice by telephone – often waiting in a queue of several people – and when using the online appointment request system it takes a long time (20 minutes or more sometimes) to complete the request form to even be considered for an appointment.”

“There is no follow-up appointment after tests if they do not indicate need for immediate treatment so there is no way of asking questions about borderline results or obtaining advice on stopping an issue from getting worse.”



“Any test results received by the surgery don’t get uploaded onto the NHS app.”

“The communication is pretty rubbish. I have access to my NHS records, so I read them to find out everything.”

“The administration needs to be much better run. At the minute, services are delivered in the way that is most convenient for the staff delivering them, rather than for the patients receiving them. I feel that little thought is given to what it's like to be on the receiving end of some of the services and the text messages. What you are told will happen needs to happen rather than something else or nothing at all. Staff stop needing to send text messages which don't contain full information.”

“Receiving texts from doctors etc., about bookings that I cannot reply to. Having to send messages back and forth via Klinik is painfully inefficient and slow. Again, previously a quick call to the surgery would resolve problems very efficiently.”

“I've been trying to resolve a health concern for three years, the delays between appointments, request for referrals, worrying confusion over mis-reported test results, and a general apathy and acceptance that this is how the system is, are leaving me feeling like a child that they need to occasionally pacify.”

“I needed a repeat prescription of HRT and was told I needed an appointment as a review. Then I was phoned back saying I shouldn't have made an appointment and they've cancelled it. Then I was phoned again saying I do need an appointment? Ridiculous.”

“Just tried to order a repeat prescription of my son’s epilepsy medication. I can’t use the NHS app as that doesn’t let you have dependents. I can’t

drop it off at any group as it's Saturday morning and the door is locked. I can't use their online system as it is also closed on a weekend. I can't get hold of anyone. This is appalling."

"We heard about the closure of the site in our village via the village magazine, not the practice."

### **Quality of care**

Many people reported good clinical care, but there is a perception amongst some that GPs often treat symptoms in isolation rather than considering the patient's overall health. There were concerns about being treated by unqualified or inadequately trained staff members. Ensuring patient privacy can be problematic, particularly in busy or inadequately designed practices. Some respondents reported problems with getting prescriptions filled correctly and in a timely manner.

### **Positive comments**

"I have a chronic condition and the GP practice are always very responsive when I seek help. They are also very efficient at organising my repeat prescriptions when I request them."

"After some terrible 'care' during 2022, our family have got a much better feeling about the practice over recent months ... hopefully things will continue to improve."

"We have found the care co-ordinator and social prescribing services extremely helpful in assisting us to cope with my wife's dementia."

"At a recent appointment, I was given over 20 minutes to discuss my health needs which was so good - I felt heard, and able to develop some self-care strategies. I don't know if this was just the GP I was seeing or a

general new approach but more of this can only help – especially where there are other people involved such as carers.”

### Negative comments

“I have felt very dismissed and felt like I am a burden/hassling the practice for simple things such as trying to get appointments, request follow up appointments, even when trying to order prescriptions.”

“If you do get an appointment, they always feel rushed and quite frankly the doctors and practitioners seem not to care. They don't listen and just want to rush through. I never feel like I've been listened to or have their full attention. It seems they would much rather deal with you through text messages which is very impersonal. In fact, the messages I assume are automated.”

“The GP has so little time. Phone consultations feel rushed and impersonal.”

“It feels like firefighting with no dialogue about maintaining health so I don't feel I can do my best to take responsibility for doing all I can.”

“Lack of help regarding a chronic painful and debilitating condition they diagnosed. Was told to self-medicate and if it got any worse, to go to hospital A&E.”

“Many people feel let down by care. They are now told to change their own catheter bags. One man in his 90s with memory problems can't do this and thought he had to change the catheter. He also couldn't remember if or when he'd changed the bags.”

“I have seen my own dying family members care be absolutely dreadful, from lack of communication, lack of consistency, lack of follow ups, lack of

reading their case notes ahead of appointments meaning my family had to re-explain their palliative care needs, especially around prescription mistakes (wrong doses and huge gaps in sending prescription orders over, leaving family member in extreme pain) when caring for a dying person is already highly stressful and emotional.”

“I was told my son had eaten something funny, but he had appendicitis. I phoned four days in a row, being told maybe it’s a sickness bug. I was refused appointments day after day. When I said I’ll take him to A&E an appointment became available. Unfortunately, it was too late, the appendix burst, emergency surgery needed, Peritonitis, Sepsis and nearly three years on he has multiple health issues.”

“They failed to refer me for tests with a lump in my neck for months, it finally was diagnosed as cancer.”

“Medication is constantly being changed for cheap alternatives which are inferior. It is also confusing to older patients when the size, shape and colour of tablets are constantly changing.”

“Medical negligence, prescribed gabapentin when trying to conceive and had a miscarriage.”

“I was seen by a nurse practitioner at the beginning of lockdown and diagnosed as having acid reflux. Two months later I had a stent after suffering a heart attack.”

“My husband was ill so I phoned the GP and couldn't get through. I tried three times and then phoned NHS 111. They got a doctor to phone back. In the meantime, I tried the GP again to get an urgent appointment. I was told there weren't any and to phone NHS 111. NHS 111 said they had no right to say there were no urgent appointments and they arranged for a GP to

visit. The GP said my husband should go to hospital, but he didn't want to. The next day medics came and took him to hospital, and he died a week later."

"Failed to refer or diagnose endometriosis in time."

"Currently, un-trained receptionists are making clinical decisions not just about how urgent cases are but also completely blocking people from seeing GPs even when patients try to argue and explain why they really need to see a GP. This is incredibly dangerous and could lead to harm coming to patients or even patient death."

"Completely ignored NICE guidelines regarding treatment for ME."

"Most GPs do not seem to understand or care about illnesses such as ME and fibromyalgia."

## **Inclusivity and equality**

A priority for some respondents was to address disparities in healthcare access and treatment for marginalised or vulnerable populations. We also received challenging individual complaints from female patients regarding specific procedures including smear testing and the fitting of coils. The lack of regular health checks for all patients, which can be overlooked due to administrative oversights or resource limitations was raised as were overall accessibility issues, including physical access to GP premises for those with disabilities.

## **Positive comments**

"I was diagnosed with ADHD and they were excellent, treating me with care and understanding. They referred me to the Tuke Centre."

“The GP will always look for a consulting room on the ground floor when I have an appointment, so I don't have to struggle with the stairs, it is much appreciated.”

“I am blind and they either phone me about things or send me a large print letter.”

“They were excellent on menopause. The nurse practitioner was great, and I didn't have to wait long to see her.”

“They have been very good about medication for my son who has additional needs and offering learning disabilities health checks.”

### Negative comments

“I run some menopause socials in York and the stories I hear about women's experiences at their GP surgery is quite disturbing. They receive misinformation, it can take weeks to get an appointment and the lack of face-to-face appointments offered when they do, the fact they are often given HRT with no proper discussion about symptoms and then not given advice on how to use it, and also the lack of knowledge GPs have around menopause.”

“They are too dependent on online services; you can't even book an appointment at reception...it has to be done online. I think that this is discriminatory and a barrier to care.”

“With my autistic son, a GP said, ‘if you cannot tell me what is wrong, I'm sorry I cannot help you.’ Despite having a diagnosis of autism on his records, there are no adjustments with communication due to time pressures. Now I understand why autistic people have such poor health outcomes as they struggle to access health services. No reasonable

adjustments or even any direct questions other than 'how can I help you?' to which both myself and my son could only answer 'I don't know'."

"I have elderly parents who are not tech savvy and get so frustrated with this system. I believe it discriminates against elderly and vulnerable people who do not have anyone to support them with this."

"I had a smear test done by a nurse who made me feel incredibly uncomfortable, silly and vulnerable. There was no consideration for dignity (being asked to get ready without explaining what get ready means, not closing the curtains around the bed or providing anything to cover myself with as is usual practice)."

"That they fit coils in people without numbing, proper pain relief is absolutely barbaric, horrific, cruel and unnecessary."

"I often feel as a woman, any medical issue is brushed over as 'just being a woman' or 'it's because you're on birth control'."

"Getting my, female, health issues taken seriously. There seems to be an anti-female bias. My husband and I had the same symptoms. We both went to the GP to see different doctors. He was told that it was difficult for him, was given seven days of antibiotics and told to come back if things got worse. I was told that this was usual for women, I should get over it and was given three days of antibiotics. One male GP told me I'd have to see a female GP. Another said, 'you don't know how much is in your head'."

"Communication is nigh on impossible, and they don't listen to complaints at all. They make no adjustments to invisible disabilities, and I am constantly facing prejudice and ignorance, especially with regards to the complex comorbidities which come with my disabilities. I have had to endure ridicule, dismissal, gaslighting and fat shaming from clinicians and

GPs on a regular basis. I can't remember when I last had a meaningful, helpful consultation."

"The distance we have to travel now is fine for people like myself with a car but puts elderly and others without transport at a disadvantage. [Since local practice in Stockton on the Forest closed]."

"The assumption that everyone has a smart phone. I do not. So replying to texts and booking via Klinik is difficult for me. Similarly, there seems to be an assumption that everyone has a car or can afford taxis. Perhaps doctors are just completely out of touch with the challenges their patients face?"

"At 90 I can't cope with a smartphone and can only do basic things on my computer, so I want to be able to phone the surgery. I get a horrendous succession of menus, often repeating what previous menus have said, and not always clearly audible. My easiest option is to get on a bus and go there, but what about the people who aren't capable of that - including perhaps me in a year or two?"

"It's taken me two months (including three surgery visits, an online request, a letter and two emails) to sort out proxy access to the NHS app for my learning-disabled son. It really shouldn't be that hard."

"...some staff still get pronouns of transgender patient wrong, after three and a half years, despite it being on front page of notes."

"Klinik software is NOT compliant with the Gender Reassignment Legislation - it should NOT expect me, as a 20+ transitioned woman to have to state my birth gender on a routine online form to request an appointment for example, a chest infection. It is offensive and I have no



idea if the world and his wife can see that information which should remain private between me and my GP.”

“Been dealing with dementia for my mum. Slow process. Now admitted into care before diagnosis reached.”

“Most GPs do not seem to understand or care about illnesses such as ME and fibromyalgia.”

“I dislike having to travel to Acomb Garth for many appointments, especially MSK appointments, as it is difficult when using mobility aids and expensive by bus (two buses each way) or taxi (£25+).”

“It is a medical group, and they always try to send me to other surgeries rather than my nearest one. I don't drive! And when I'm ill, or my daughter is ill, I don't want to be getting two buses across town just to be seen.”

“I've had to pay a private GP for some worthwhile menopause advice.”

“Everything done online / on the phone which is hard as I am deaf.”

“I am blind, and they always send me information in standard print. It is as much use as a chocolate teapot. I need Braille. Instead, my son has to read everything for me.”

“I need large print but don't get it. I get standard print which I can just about read.”

“I have to attend GP appointments with my family members to translate for them as they don't speak English and no interpreters are provided.”

## Mental health and emergency response

A number of responses raised concerns about inadequate responses to people with suicidal thoughts, depression, and other mental health concerns. People reported mixed experiences with the NHS 111 service, which is intended to provide quick medical advice and support. Some people also shared instances where they felt their diagnosis or treatment plan was inadequate or incorrect.

### Positive comments

"I have a child who sees one particular GP who is amazingly patient and caring with mental health."

"I have received good support over the last few years for my mental health."

"They regulate my medication due to my mental health which is something my old GP did not do."

### Negative comments

"Waiting times for some appointments- offered four week wait for suicide."

"I had great talking therapy for my mental health needs after I self-referred to IAPT. When I went to my GP six months earlier, despite my pleas for talking therapy and being suicidal, I was given a prescription, which only made me feel worse, and told I would be placed on a waiting list for talking therapies, but it would be over a year's wait. I now know I was never put on any waiting list. No one ever followed up regarding my suicidal nature and the fact I wasn't taking what I'd been prescribed. If I hadn't heard about IAPT self-referral who knows what would have happened."

"I suffer from depression and instead of giving me appointments, I get generic texts asking if I'm suicidal. [It] seems very thoughtless and if I was worse, probably feel no one cares and do something stupid."

"I have been struggling with my depression just lately, (having suffered for 15 years on and off with it) I rang up to try and get some anti-depressants and was told I had to wait three to six weeks for the doctor to get in touch with me. I pleaded and pleaded for help as I really couldn't manage to wait that long, and the staff hung up on me! This pushed me to the edge and luckily, I was with someone at the time to help me. I ended up ringing 111 who booked me a phone appointment for the next day, but they never rang. I then had to ring 111 again and again they booked me an appointment for the next day. It's took me three days and five phone calls to get some tablets. A total waste of the NHS time and someone who is suffering from depression doesn't need the extra stress of having to go through all of that as it's hard enough to manage to make the call in the first place."

"The process puts you off trying to see a doctor. You try to do what you can at home, so you don't need to go. I turn to NHS 111 when I'm ill now. It is a really helpful service."

"The last time I told someone at the surgery I was having a difficult time, the phone call was immediately followed up by a text listing all the other places I could go for help. There wasn't a 'Hello' or a 'Sorry to hear you're having a hard time, here are some numbers which might be useful' - just the list on a text without introduction and that had a very negative impact on me. It felt as if someone thought I might take my own life, so was covering their own back by sending the Samaritans contact details."

“Difficult to express myself and contact others when my mental health is not doing well. I feel it's pointless getting in touch as there no practical support offered, just tablets.”

“I rang them up about my mental health and I was told I have a three to six week wait for a phone call. Also, I have been signed off work with mental health and I only spoke to a doctor once, which I think is disgusting.”

“When someone is in crisis a proper care plan needs to be in place. I have no faith in my GP to provide basic care for me or my children and have learned I have to fight for everything. That means hours on the phone and driving to surgeries to try and speak to someone!”

## **Staff**

The attitudes of staff can significantly affect patient experience, with complaints about rude or dismissive behaviour. Varying quality of in-person consultations, with some patients finding friendly, caring, listening staff at every level within practices and to others feeling their concerns were not adequately addressed.

## **Positive comments**

“All of the doctors I've met have been compassionate and taken me seriously.”

“The practice nurses are wonderful. Really kind, understanding and helpful when you manage to get to see them. I imagine that their workload is huge, but they still make you feel as you are the important one and give you time.”

“The doctors and all staff seem to genuinely care and are always compassionate and caring in their approach. They proactively make contact to check in on my welfare.”

“Wonderful caring doctors, can get an appointment, immediate attention when required.”

“Staff always polite and very helpful, will go the extra mile for patients. The nurses at the practice are brilliant. When promised a call from a GP this is always within an acceptable time. I can't fault them!”

“The best thing about the GP practice is that the majority of the time, when you actually manage to see a doctor, they're excellent at what they do and are incredibly helpful. Almost all of them are sympathetic to the situation with the service at the minute and you rarely feel like you've wasted their time.”

“Having moved recently to York from the South Coast I have been impressed with the sympathetic helpfulness of the staff from receptionists, nurses and doctor. I have been able to consult the same doctor each time I have requested this which makes such a difference to me as a patient. My medical difficulties have been listened to and tests arranged at York hospital.”

“The reception team are excellent. Always friendly, helpful, efficient...listen to your issue and try to help as best they can.”

“Lovely staff but terribly under resourced, overstretched and underfunded.”

“The people who work in the surgery, especially the reception staff, get the brunt of people's frustration and that's not fair. They end up being defensive and unhelpful and so the cycle continues.”

## Negative comments

"I went in to get copies of my husband's death certificate (this was 28 days after my daughter died). They just said they couldn't help and didn't acknowledge the reason I was there and that I might need support after my husband's death. The library and tax people were more helpful than my GP practice."

"The practice seems to be more and more for the convenience of the medical personnel and not the patients."

"At the minute, services are delivered in the way that is most convenient for the staff delivering them, rather than for the patients receiving them. I feel that little thought is given to what it's like to be on the receiving end of some of the services and the text messages."

"The receptionists can be exceptionally rude and unhelpful – I try to be sympathetic to this as I work for the NHS myself and have a feeling for what they must experience day in and day out, but it feels as though you're assumed to be a difficult patient until you prove otherwise and are immediately met with defensiveness and sometimes hostility the moment the phone is answered."

"The staff on the phone are extremely rude and will not help you in any way. Some of the receptionists even try to diagnose you over the phone or tell you just to call 111. They will not let you have an appointment."

## Continuity

Whilst some reported seeing the same doctor 'who knows you'. For many there was difficulty in seeing the same GP consistently, which disrupts continuity of care.

## Positive comments

“Having a named GP who knows the family, always get an appointment when needed; amazing GP.”

“One particular doctor has been my contact for over a year which means he knows all about me so that has been really good after years of getting different doctors every time.”

“It’s good to be able to see the SAME GP on multiple occasions and feel relaxed with them, and that they know my background and understand my particular issues.”

## Negative comments

“Always see someone different. You don’t feel known. When I joined the practice, during Covid, I expected some kind of initial introductory interview with a doctor, at some point. But this has never happened. I guess resources don’t permit. At my previous practice I felt they knew me.”

“There is zero continuity of care every time you see a GP. They have failed to look through your records, so you’re spending the full 10 minutes repeating your medical history.”

“Two different GPs gave different advice about same symptom.”

“...being sent to a series of different doctors (often extremely inexperienced it would seem) over a single condition happening over several months – such a disjointed service. No-one appears to talk to another. They’re happy to fob you off easily if you become a persistent patient who has chronic issues.”

“The almost total lack of continuity of care. One rarely, if ever sees the same doctor or nurse twice, even about the same condition. This I am sure means that they are not familiar with your medical history and do not know you as a person. I have only seen my 'nominated doctor' once and that was well over two years ago.”

“Requests to have an appointment with a specific doctor being persistently ignored. I find dealing with other doctors very stressful and traumatic because of previous difficult and verbally abusive experiences with unknown doctors.”

“I've seen 12 different doctors since 2018 and have only seen the same GP twice. For the first five minutes of an appointment, they are reading your notes as they know nothing about you.”

“Have a named GP for people with long term conditions and particularly those with dementia.”

## **Systemic issues**

Practices are in a convenient location for some patients, whilst others experience limitations in accessing care based locally. Some treatments may be limited or unavailable due to resource constraints or policy decisions and some felt that appointment time was being constrained. In addition some patients reported finding complaints processes cumbersome and ineffective. Many people felt that the provision of vaccinations was effective and efficient. There were challenges for some people accessing blood tests.

## **Positive comments**

“It's local and I can walk to the surgery.”



“Presence of Nimbuscare at Acomb Garth offering a range of skills and home visits at Frailty Hub is very welcome. Should be replicated in Tang Hall/Heworth.”

### Negative comments

“Having to go to Monks Cross for blood tests is really inconvenient and time consuming.”

“Having to travel miles on two buses for a blood test when my practice is less than ten minutes’ walk from my house.”

“Closing of our local surgery. Cost and inconvenience of travel to various other surgeries. We have been asked to travel to Huntington, Haxby and Acomb. No Haxby Group surgery is on a direct bus route.”

“I feel bounced between the pharmacy and the surgery. Access to the surgery is difficult as the phone number directs you online and the online system only accepts requests under certain headings. I've used it to report this problem and got no response.”

“There are hardly any consultations at Poppleton. It appears that Old Forge Surgery is being run down and will close. We have to travel to Acomb. There are no transport links between the two.”

“Closing of GP Practice in Poppleton is contrary to all common sense, with all the new housing and with many retired residents.”

“They closed the Stockton on Forest GP practice and now I have to go to Wigginton even if I don't have transport.”

“They closed the Clementhorpe site for almost all purposes, so now I have to travel to either Cornlands Road, Fulford or one of the other sites, which

can be inconvenient. I would prefer to have a GP in reasonable walking distance.”

“Wanting an appointment nearer to our homes not the other side of York, I don't drive, and I am 82 so rely on buses.”

# Recommendations

As this is an interim report, we are not making formal recommendations. However, we hope our initial research can contribute to local service improvement plans. We believe GP practices can enhance patient experience, reduce waiting times, and provide more personalised care through the implementation of practical and achievable solutions. These must take into account the huge pressures faced by healthcare providers. We are very pleased that some local practices are already taking action to improve waiting times and access, such as changing triage processes and making referrals into Pharmacy First where appropriate.

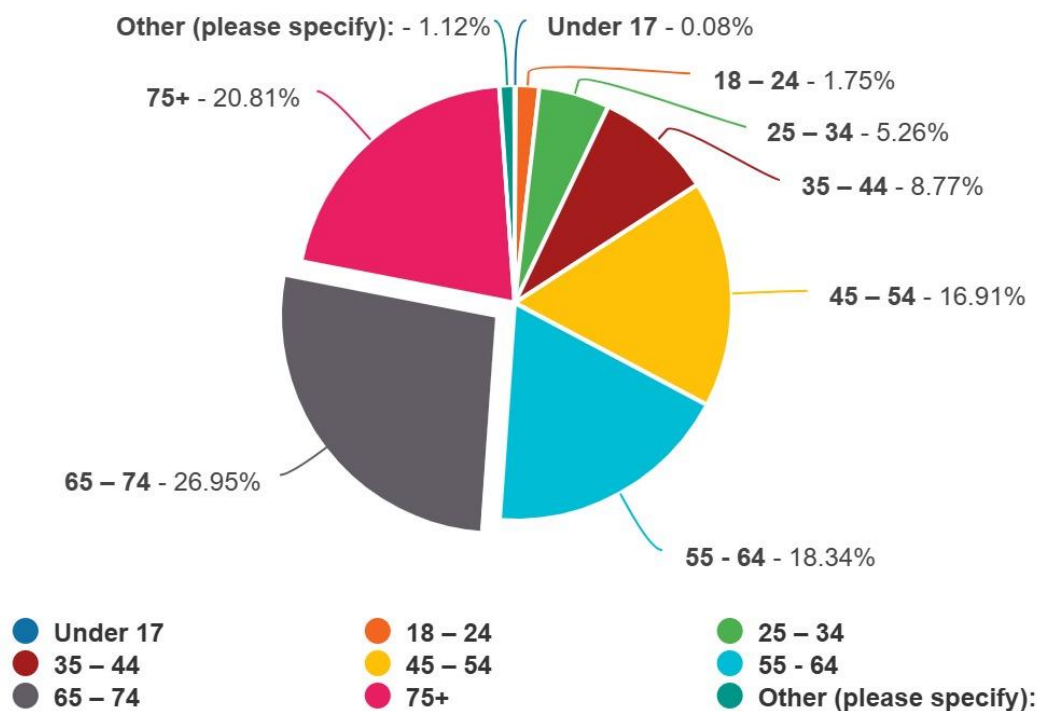
## Next steps:

- We propose to work collaboratively with a GP practice to pilot a new approach that helps to move towards more a preventative model of care.
- We will feedback directly to all York's GP practices to share the feedback specific to that practice and work with them to explore opportunities for positive change.
- We will develop and facilitate focus groups to explore specific aspects of people's experiences or the experiences of a particular group of people.
- We will work to identify GP practices who are currently meeting part or all of the Accessible Information Standard and work with them and other practices to share and implement good practice and to ensure those who need interpreters, including British Sign Language, get the support they need to access healthcare independently.
- We propose the creation of a team of volunteers to assess GP websites and surgeries against agreed local and national criteria, such as the York Poverty Truth Commission's Organisational Charter, and the Accessible Information Standard.

# Demographic information

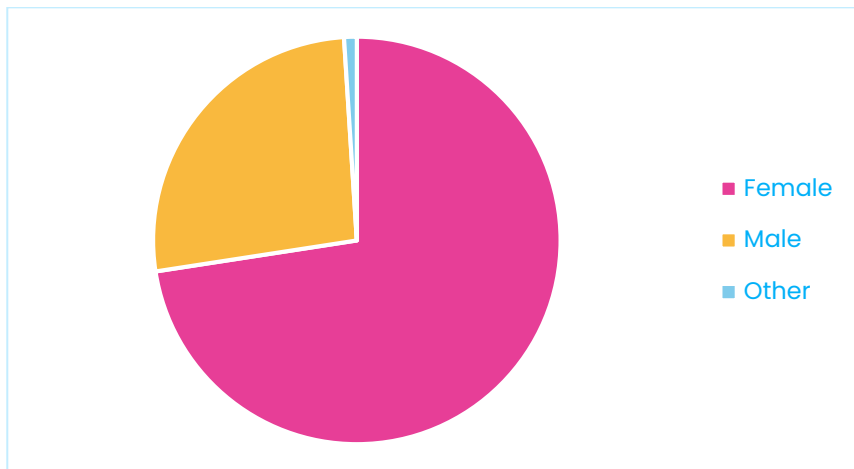
At the end of the questionnaire there was an optional section offered for respondents to tell us more about themselves.

What is your age?



1,254 respondents answered this question

## Gender:



1,192 respondents answered this question. Other included trans, responses reflecting sexual orientation, and variations on "mind your own business".

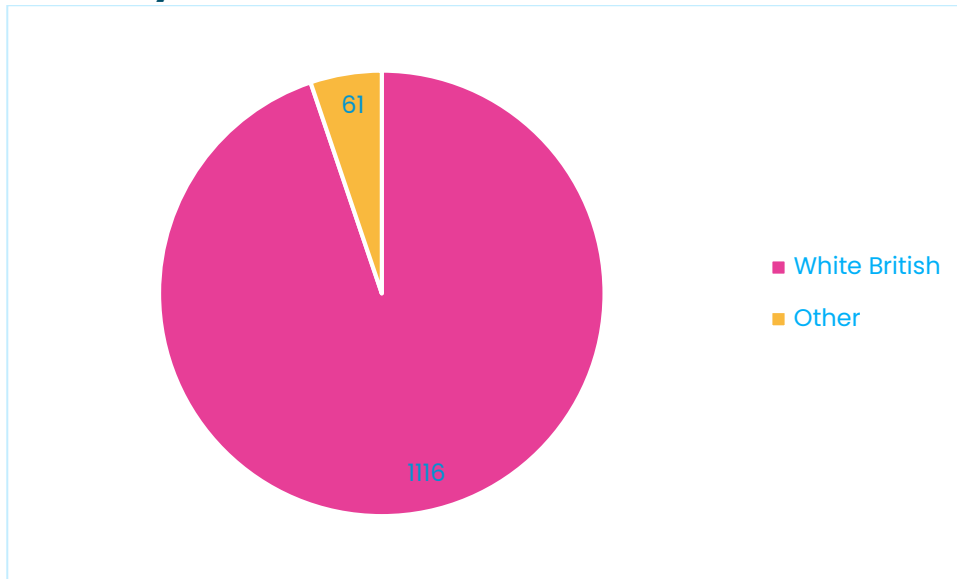
## Council Ward:

Where do you live?

Ward	Percentage of respondents
Acomb	8
Bishopthorpe	2
Clifton	5
Copmanthorpe	1
Dringhouses and Woodthorpe	5
Fishergate	3
Fulford and Heslington	5
Guildhall	4
Haxby and Wigginton	11
Heworth	6
Heworth Without	2
Holgate	5
Hull Road	2
Huntington and New Earswick	11
Micklegate	6
Osbaldwick and Derwent	6
Rawcliffe and Clifton Without	2
Rural West York	6
Strensall	3
Westfield	2
Wheldrake	1
Other	4

1,263 respondents answered this question

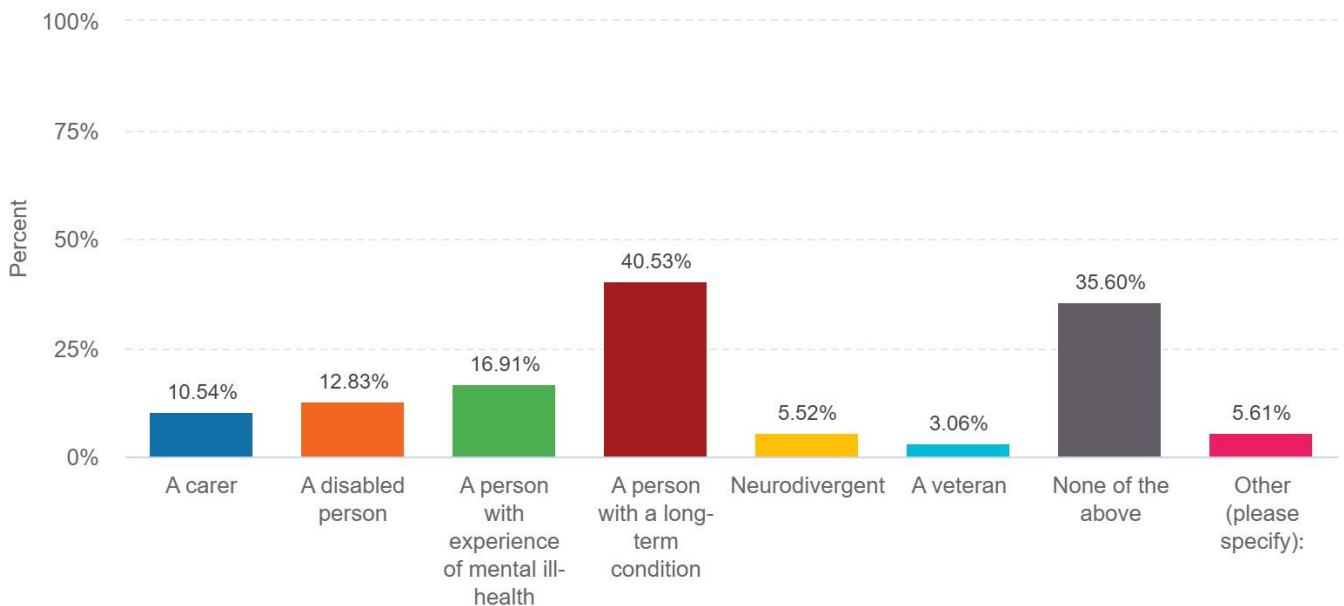
## Ethnicity:



Other included 61 respondents, 5% of the total, who selected Asian, mixed, European, Black African, Irish, Afghan, British Indian, British Pakistani and Chinese.

1,177 respondents answered this question

Do you consider yourself to be:



1,177 respondents answered this question

# Appendix 1 – Survey

## Primary care survey

We want to hear what you think about your local GP practice. What is working and what you would like to change?

This short survey is the start of a wider Healthwatch York project about primary care services across our city. Your answers will help us understand the situation and prioritise topics for further investigation and discussion.

The survey is anonymous. It takes less than 10 minutes to fill in.

The closing date is Friday 5 April.

Thank you in advance for your time and help. We really appreciate it.

Please return this survey to:

Freepost RTEG-BLES-RRYJ

Healthwatch York

15 Priory Street

York YO1 6ET

**1. What is the name of your GP practice?** Please include the geographical location if your GP practice is part of a group

**2. How would you rate your GP practice? Please give a rating between 0 (very poor) and 10 (excellent).**

**3. What is the best thing about your GP practice?**

**4. If there is anything you are unhappy about at your GP practice? If yes, what is the main thing?**

**5. What would make it better?**

**6. Is there anything else you want to tell us?**

## **About you**

**The next few questions ask about you. You do not need to answer any of these. But it helps us if you do.**

### **7. Which Council ward do you live in?**

### **8. What is your age?**

Under 17

18 - 24

25 -34

35 - 44

45 - 54

55 - 64

65 - 74

75+

### **9. How would you describe your gender?**

### **10. How would you describe your ethnicity?**

### **11. Do you consider yourself to be:**

- A disabled person
- A carer
- A person with experience of mental ill-health
- A person with a long-term health condition
- Neurodivergent
- A veteran
- None of the above
- Other (please specify)

## **Thank you for completing our survey.**

Got more to say? Call us on 01904 621133 or email us at

[healthwatch@yorkcvs.org.uk](mailto:healthwatch@yorkcvs.org.uk)







# healthwatch York

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