

# **Responses to recommendations 2024–25**

**Partner responses from reports published in  
2024–25  
November 2025**

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# Introduction

Part of the role of a local Healthwatch is to make recommendations to health and care partners – both providers and commissioners (the people who buy the services.)

This briefing includes the recommendations Healthwatch York has made in chronological order, with responses from partners. Initially this report planned to cover our reports from April 2024 to March 2025.

The partner responses detail the actions taken as a result of the recommendations. Most of these updates were provided in June 2025. We have also included previous responses where updates have already been requested.

# Exploring Access to GP Services

September 2024

Full report can be seen here: <https://bit.ly/YorkGPs0924>

## Report recommendations

E1 We propose to work collaboratively with a GP practice to pilot a new approach that helps to move towards a more preventative model of care.

R **HWY**

At the time of writing the report we had an opportunity in mind. Due to national developments this did not progress. However, we have had positive conversations with GP partners about other areas of work. We will update further as these areas develop.

**YMG**

We would be happy to be the pilot site or offer any support that we can with this initiative.

E2 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

R **HWY**

Done.

E3 We will develop and facilitate focus groups to explore specific aspects of people's experiences or the experiences of a particular group of people.

R **HWY**

We have begun exploring specific aspects of people's experiences, relating to gender health. We will update further as this work develops.

- E4 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.

**R HNY ICB**

The ICB has commissioned a comprehensive service with a range of interventions including face-to-face, video conference and telephone interpretation. The service follows best practice and follows NHS guidance.

**HWY**

We welcome the decision of the Integrated Care Board to support all GP practices with BSL and translation services. We remain concerned that these solutions must be reliable. We understand there have been significant challenges in using the services provided. Getting this support right is vital if we are to tackle the health inequalities experienced.

**YMG**

The practice currently has access to AA global who offer BSL service and translation. We have experienced issues with availability of translators (even when booking in advance) as well as difficulty getting through to AA Global on the phone.

- E5 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.

**R HWY**

Done. For more information see our later reports and recommendations for GP websites and surgeries.

# Listening to Neurodivergent Families

## January 2025

Full report can be seen here: <https://bit.ly/NDFamilies0125>

	Report recommendations
L1	Consider how to embed across the health and care workforce the importance of connections, and signposting to peer support at the first moment people approach for help. Make sure this includes not just parent carer awareness but recognises young sibling carers too.
R	<p><b>TEWV</b></p> <p>When we're approached to consider a young person for neurodevelopmental assessment, our Single Point of Access Team provides a screening pack that includes both national and local resources for parent/carers support.</p> <p>Neurodevelopmental referrals are discussed at a multi-disciplinary panel. We then contact the young person / family / carer by letter to update on outcome of the panel and to offer information about support services in the community. This would include details of support available from SENDIASS (Special Educational Needs and Disabilities Information Advice and Support Service), their local authority, education support and the voluntary sector. We're currently reviewing the content of letters in partnership with families, carers and young people.</p> <p>We have a Keeping in Touch process to support young people and families who are on our neurodevelopmental assessment waiting list. This includes information sharing about services/organisations who may be able to provide support, contact details for young people, families / carers to update us</p>

about any relevant changes in their situation, and details of who to contact in case of a mental health crisis.

We circulate updates and regular newsletters for the Young People's Co-Creation Group and the TEWV CAMHS Parent and Carer Forum.

### **YMG**

The practice uses reasonable adjustment markers to records how best to support patient with extra needs. Carers are identified, signposted to York Carers and a code added to their medical record. York Carers did a presentation at a recent PLT event as well as an update about Cares at our Site Meetings in May.

We employ a social prescriber and first contact mental health workers who signpost and support patients to other health care and voluntary agencies. We have a complex care team who support patients with complex health needs and have reduced access to care. We have a named learning disability and dementia nurse who offer longer annual health checks, supported by the complex care team who ensure patient receives an appointment at their preferred surgery and a time that suits them.

L2 Make a commitment to stopping parent blame.

### **R TEWV**

We're committed to ensuring parents feel supported and to reduce any feelings of parental blame. We work closely with families and engage with them at every stage. We also welcome conversations and feedback from parents on how this can be continually improved.



	<p>From November 2025 we will be offering a support/information group about ADHD for all parents/carers of young people in the local area including those already on our waiting list for assessment. This is in addition to our already established post-diagnostic group for which we have received good feedback from the perspective of learning new skills, and also the value of peer support between parents.</p>
L3	<p>In partnership with local ND and parent carer groups, seek funding and support through local research networks to develop a Neurodiversity friendly schools charter and encourage local schools to adopt this, covering:</p> <ul style="list-style-type: none"> <li>• ND training for educators.</li> <li>• How to recognise the signs of EBSA, burnout and school trauma.</li> <li>• Developing a best practice mental health pathway where such signs are observed.</li> <li>• Developing school behaviour models that do not discriminate against people who are neurodivergent.</li> <li>• Transition planning and help to support young people through transition and beyond, with a menu of potential reasonable adjustments that can be accommodated within the school environment.</li> </ul> <p>This will rely on identifying funding to support such research. This should also consider the links to the Human Rights schools approach in York.</p>
R	<p><b>TEWV</b></p> <ul style="list-style-type: none"> <li>- We have regular contact with local authority education teams.</li> <li>- CAMHS contribute to Education, Health and Care (EHCP) plans, especially the health sections.</li> </ul>

	<ul style="list-style-type: none"> <li>- Our Wellbeing in Mind Team (WiMT) respond to any education based needs that are identified in schools/colleges where the teams are available. Our teams also provide support in situations where young people are not attending school/not in education.</li> <li>- A transitions panel process is in place to explore possible pathways for young people nearing the age of 18. This is a multi-agency panel and could include adult mental health services, Talking Therapies, GPs and VCSE sector services. Quality and governance aspects of this process are monitored internally in TEWV, and we strive to continuously learn and improve the quality of co-created transition plans.</li> </ul>
L4	Develop local expertise around neurodivergence and gender identity. Put in place a clear policy around shared care arrangements and an escalation process for those whose GPs cannot or will not support them.
R	<p><b>TEWV</b></p> <p>Our CAMHS service supports young people and families to review and complete referrals to the Gender Identity Service and we continue to train our staff in relation to how neurodivergence impacts on accessibility of our services. The trust also has a specialist team who provide support and guidance to staff to improve the support and intervention we provide to autistic people.</p> <p><b>YMG</b></p> <p>There is currently no shared care arrangements within our ICS for prescribing medication for ADHD. We are in the process of developing a policy which aligns with other York practices, not to take on prescribing responsibilities for any new patient on ADHD medication.</p>

	Staff have undertaken LGBTQ training plus yearly Oliver McGowan training. We are currently reviewing our policy for prescribing hormones for patients with gender dysphoria.
L5	Develop and deliver local training around PDA for health, care and education professionals.
R	<b>HNY ICB</b> This is being considered as part of the development of the SEND Hub. Training is available and we will make a better effort to promote this to ensure relevant staff are aware and can access it.
L6	Bring York into line with the wider ICB by making sure there is a clear sleep pathway that offers behavioural support and further specialist help where this does not address the problems experienced, including identifying who will prescribe melatonin where this is clinically assessed as right for the child, and how the transition to adulthood will be managed. Provide clear information about the offer for the workforce and parent carers.
R	<b>HNY ICB</b> This is being considered as part of the development of the SEND Hub. The ICB is mapping current sleep services in York and developing a clear pathway for specialist interventions, including guidance on melatonin prescribing and transition to adulthood. Support services in place will be communicated to the workforce and parent carers once finalised.
L7	Improve access to information for parents whose children become unable to access the school environment. This must

	include, as above, making them aware of peer support and statutory rights.
R	<p><b>TEWV</b></p> <p>We are part of a co-ordinated system wide graded response, led by the local authority. We offer advice to families and promote access to the local authority led response of SENDIASS. Our Wellbeing in Mind Teams also support young people and families in this situation.</p> <p><b>CYC</b></p> <p>Review of local offer is taking place</p>
L8	Make sure all services comply with the Accessible Information Standard and that providers seek to understand the communication needs of parents and children and respect requests for information in particular formats. This duty sits with providers, not families.
R	<p><b>TEWV</b></p> <p>Easy read versions and other language formats can be available on request. Any communication preferences are captured within the Trust's electronic patient record. We're able to accept referrals to our Single Point of Access Team by telephone as well as referral form. We can offer face to face or telephone appointments.</p> <p><b>YMG</b></p> <p>YMG's website has a New Mother's support page.  <a href="https://www.yorkmedicalgroup.co.uk/new-mothers-support/">https://www.yorkmedicalgroup.co.uk/new-mothers-support/</a></p>
L9	As per the recommendation in our Children's Mental Health snapshot report, improve administration processes for

	<p>paperwork related to the formal assessment and diagnosis pathway in secondary care. As above, this must include seeking to understand and respecting people's communication preferences. Checking preferred communication methods should form part of any initial SPA conversation.</p>
	<p><b>TEWV</b></p> <p>Easy read versions and other language formats can be available on request. Any communication preferences are captured within the Trust's electronic patient record. We are able to accept referrals to our Single Point of Access Team by telephone as well as referral form. We can offer face to face or telephone appointments</p> <p>We recognise there are opportunities to improve and work co-creatively with young people, families and carers. We continue to welcome feedback and respond to suggestions to improve the process, and address any issues raised</p>
L10	<p>Consider ways to improve support for families of neurodivergent young people. This must include considering how existing services such as school SENCOs, SENDIASS, Local Area Co-ordination, Family Navigators and Social Prescribers can play a role connecting families and consider how integrated approaches and multidisciplinary teams can address the challenges families experience, with more proactive and co-ordinated support.</p>
R	<p><b>City of York Council</b></p> <p>Being considered as part of the development of the SEND Hub.</p>

## **Response shared within the report.**

### **Humber and North Yorkshire ICB**

The Humber and North Yorkshire Integrated Care Board (ICB) and Mental Health, Learning Disabilities & Autism Collaborative were anticipating the opportunity to develop this report together with Healthwatch York and as such would have welcomed more time to consider the draft content describing the local picture and findings. Receiving the report just before Christmas has limited the time to digest, discuss and respond.

The findings will be discussed at a future Executive meeting of the Mental Health, Learning Disabilities & Autism Collaborative, which will enable a more comprehensive response to the recommendations and reflect these in programmes for neurodivergent families. We would like to develop this response in partnership with Healthwatch York, voluntary sector organisations, and representatives of children, young people, and families.

Moving forward the Integrated Care Board is committed to building sustainable and equitable services, balancing diagnostic capacity with appropriate support and ensuring that the right interventions are in place across the system. This demands careful planning, collaboration and a long-term strategy.

We are working with both regional and national teams to address the demand for autism and ADHD (Attention Deficit Hyperactivity Disorder) services, while our Mental Health, Autism, and Learning Disability Collaborative drives pathway improvements. This includes learning from other regions, taking direction from NHS England's national team and sharing resources to better manage demand and meet the needs of the population.

A number of key workstreams have been identified as part of our programme of work include:

- Reviewing waiting lists to ensure accuracy and transparency.
- Creating unified service specifications for both adult and children's assessment services.
- Developing consistent thresholds for assessment eligibility across the system.
- Ensuring diagnostic tools are applied consistently.
- Aligning transition policies between children's and adult services.
- Mapping commissioned and non-commissioned pre- and post-diagnostic support services to identify gaps and assess levels of need.
- Piloting early identification and support initiatives.
- Expanding peer support networks and community advocacy programs.
- Planned development of a central website hub for autism and ADHD resources.

These initiatives aim to address the complexities of autism and ADHD pathways by improving access, quality and outcomes. While this report focuses heavily on autism and ADHD, in York, we are also undertaking several key workstreams around other neurodiverse conditions.

These include initiatives related to Down Syndrome, Foetal Alcohol Spectrum Disorder, Tics and Tourette's Syndrome, Epilepsy, Deaf Autism and ADHD Assessments, hearing checks, and Project SEARCH among others. These efforts reflect our commitment to supporting

the diverse needs of our population and ensuring that individuals with a wide range of neurodiverse conditions receive the care and support they need.

### **Inaccuracies/Potentially Misleading Information**

Assessments for children under 5 take a year to ensure a thorough evaluation over a longer period of time to distinguish between developmental delays and autism.

The report says there is no support available pre and post assessment, however there is a variety of support available depending on the needs of the young person, individual and family. This includes NHS and York Council commissioned services, as well as support from our partners in the Voluntary Community Social Enterprise (VCSE) sector. Some examples include Autism Central, SHOUT, MIND Cafes, Autism Plus, Neurodiverse Parents Group and Castaway Music Theatre. In addition, there are more specialised support services available, tailored to specific needs, such as help with managing finances or getting active. We are also strengthening our collaboration with local businesses within York to better support their neurodiverse customers, ensuring that our communities becomes more inclusive and an increased understanding of diverse needs.

TEWV (Tees Esk Wear And Valleys NHS Foundation Trust) currently use International Classification of Diseases (ICD)-10, and there are other organisations within our Integrated Care System that also use this tool. There is no mandatory implementation for organisations to use ICD-11, however our aim is for all organisations to use ICD-11 as we move forward with our programme of work to ensure consistency across our geography.\*

There is no blanket policy preventing GPs from entering shared care; decisions are made based on clinical judgment and the validity of



the assessment and we are advising families to remain with the same provider for the entire episode of care to ensure continuity, as switching between independent and NHS providers often causes delays.

The section on auditory processing disorder (APD) should note that there are services available for assessment and support, such as the Royal National Ear Nose and Throat Eastman Hospital and Great Ormond Street Hospital. These centres accept referrals from York families, with eligibility assessed case-by-case, typically requiring prior hearing checks. Support strategies, while not curative, are widely available and effective in helping individuals manage auditory processing disorder.

The Designated Clinical Officer (DCO) for Special Educational Needs has oversight of health's statutory duties and/or Disabilities (SEND) in York and Associated DCOs have reviewed the guidance for education setting regarding requesting health information for Annual Reviews with colleagues from the Local Authority. This guidance has been shared across school networks and the DCO and ADCO have attended Special educational needs coordinators network meetings, both in person and virtually to deliver training regarding this guidance and the process for education settings to request health advice. Alongside the guidance we have also shared Single Point of Contact email directory for health providers, a timeline for the process and a digital health questionnaire that can be provided to parents/carers and young people to complete ahead of their annual review which informs which health services are currently involved with the child or young person. The timeliness of initial health advice provided for Education Health Care Plans is monitored by the DCO and ADCO and this information is shared with the SEND Partnership Board. In Quarter 2 (2024/25) 97% of health advice was returned

within the statutory timeframe 6 weeks, 1 piece of advice was returned late by 1 day.

## **Engagement Opportunities**

It would be beneficial for Healthwatch York to engage with children's and young people's organisations that specialise in this area. Two key partners to consider are the Parent Carer Forum York and the Nothing About Us Without Us Group. We also link in closely with several local groups and national organisations, such as the National Autistic Society and ADHD360 and would be happy to connect these organisations with Healthwatch York, if they are not already linked in. Nothing About Us Without Us is a Humber and North Yorkshire wide lived experience advisory group which includes representation from Children and Young People aged 10-25 from across our diverse communities including those with autism and ADHD and learning disabilities. The group holds regular place based and system wide events to enable children and young people to share their lived experience and collaborate with senior leaders to coproduce solutions to recommendations from consultations, improve access and experience of services and to shape the mental health priorities for 2025 and beyond. For more information please contact [Be.Heard@nhs.net](mailto:Be.Heard@nhs.net).

Sarah Coltman-Lovell York NHS Place Director York Health and Care Partnership

\*TEWV confirm that the current recommendation from NHS England is for all NHS providers to move across to ICD-11 by 2028. The Trust is working hard to meet this deadline.

## **Response received after publication**

### **City of York Council**

Apologies for the delay in providing a response to the Healthwatch report on Listening to Neurodivergent Families. As always the reports that Healthwatch produces help to promote reflection and healthy challenge. The evidence provided from families and young people about their lived experience is important for us to hear and is informing the work we are doing.

We know and accept that some young people have found the education system really challenging and that this has not been helped by the changes to school accountability measures over the last 10 years. The Covid lockdowns created further challenges for some neurodivergent children, with the return to busy classrooms proving really difficult in particular for children who mask.

In January 2024 City of York Council Education launched a full year of training for schools, parents/carers and other professionals. This was delivered both through the ADHD Friendly Schools Award and the PINs project (which will enter its second year from April 2025). Feedback from the webinars and face to face training events have been very positive. In partnership with the Pathfinder Teaching School Alliance and Whole School SEND, adaptive teaching training has been introduced and an increasing number of schools and academies in the city have engaged with the training and are implementing adaptive teaching to improve inclusive mainstream practice.

We have continued to engage with The Land to learn from the lived experience of families and this is being used to inform the deep dive work we are doing to understand the causes of severe absence from school linked to neurodivergence and to plan a response with schools which will see the development and launch of the inclusive education charter and action plan in September 2025.

The York Parent Carer Forum and York Disability Rights Forum continue to work with us to develop the understanding of schools and other education providers about the experiences of neurodivergent children and young people and this is informing the review of the city's SEND and AP strategy which will be launched in September 2025.

The development of the SEND Family Hub is a direct response to the need to bring professionals, the community and voluntary sector and families together so that accessing support feels more joined up.

There is still much to do but be assured there is a commitment to encourage greater consistency of response across the education system in York so that the quality of provision for neurodivergent children is consistent across all settings and schools.

# Young People's Experiences of Health and Social Care

## A Core Connectors report

March 2025

Full report can be seen here: <https://bit.ly/CoreConnect0125>

	Report recommendations
C1	<p>Introduce cost of living support:</p> <p>Signpost food banks in schools, colleges and community centres to increase awareness among young people. Offer youth-focused “pay what you can” meals in local hubs and youth centres to make sure they have access to affordable food.</p> <p>Provide clear, accessible information on discounted transport options specifically for young people, with details shared through social media platforms and local resources.</p> <p>Partner with pharmacies to offer discounts or subsidies on essential medications and guide young people on how to access free or low-cost healthcare services.</p>
R	<p>No response received from CYC or ICB to date. However, we are aware of and welcome the work to develop an anti-poverty strategy for the city.</p>
C2	<p>Reduce wait times for mental health support:</p>

Work to shorten wait times for mental health services and provide interim resources. Place signs or posters in York's hospitals and GP offices, highlighting available mental health resources and support options during wait times.

R

**TEWV**

Child and adolescent mental health services (CAMHS) -up to age 18:

- we closely monitor and report on our waiting times for CAMHS referrals. Children and young people who are referred for neurodevelopment assessments do have longer waiting times than those referred for other reasons. We strive to continuously reduce our waiting times through quality improvement initiatives and close working with our commissioners and other partner agencies.
- Wellbeing in Mind (WIMT) teams are available to support young people up to 18 years in schools/colleges and those who aren't currently accessing education.
- In addition to our Single Point of Access resources pack (shared following a young person/family/carer request for consideration for neurodevelopmental assessment), our Think Together team is able to offer group work while young people are waiting.
- For young people in mental health crisis, the national 24/7 NHS 111/option 2 for mental health has been implemented.

TEWV adult mental health - 18-25 years:

- Our Talking Therapies service regularly recruits staff to minimise waiting times to access the service we offer. The service has a training plan for various treatment options to minimise any disparities in waiting times. Talking Therapies outcome letters include information on resources available for people while they're waiting, for example Recovery College resources and crisis information.

- Across all mental health services in North Yorkshire, York and Selby we continue to keep in touch with people waiting for an initial assessment. We have robust systems in place across our community teams that enables us to keep in contact. It also ensures that we offer an initial needs review to ensure people remain safe and in receipt of communication.
- We continue to work with Primary Care Network leads around GP referrals. Where we have First Contact Mental Health Workers in place we are able to monitor the positive impact this is having for the public, as well as ensuring that people are being seen by the right person at the right time in the right place.
- For those in mental health crisis, the national 24/7 NHS 111/option 2 for mental health has been implemented."

#### **YMG**

Our website has a Mental Health library directed from the Home Page.

We have Stay Safe information on our screens which has details for MH services in York.

#### **C3 Tackle GP and dental wait times:**

Address long wait times for GP and dental appointments within the York region, aiming to reduce delays and improve access to essential healthcare services for young people.

#### **YMG**

YMG regularly monitors wait times which allows flexing of appointment types to meet demand and reduce wait times. Total triage also ensures patients received the appropriate appointment, with the right clinician in the right timeframe, as well as ensuring any prework – such as investigations, photos are requested in advance of the appointment. Direction of

	<p>patients to PharmRefer ensure more appointments are available for more complex issues. Nurse appointments are also being reviewed so these can be balanced against demand. The practice has a multidisciplinary team which helps ensure patients can be seen quicker by Mental Health Workers, ANPs including extended access for patients needing out of hours appointments.</p>
C4	<p>Create affordable social and community spaces:</p> <p>Establish affordable, accessible community spaces where young people can gather, socialise, and engage in activities to help reduce social isolation.</p>
R	<p><b>CYC</b></p> <p>Castle Gateway and the Eye of York intend to create free safe spaces for all to enjoy. As part of the design proposals Make Space for Girls and General Accessibility for all were considered. The proposed designs for the planning application will be submitted in July 25.</p>
C5	<p>Transition to adult services:</p> <p>Provide guidance for young people transitioning to adult healthcare services, with clear information available through schools, posters, and social media in York to help them navigate the system and access necessary treatments.</p>
R	<p>No response received from CYC or ICB.</p>
C6	<p>Improvements to public transport:</p> <p>Invest in improving public transportation in the York region, expanding routes to rural areas to make sure young people have reliable and accessible transport options.</p>



R	<p><b>CYC</b></p> <p>Secured funding from the Mayoral Combined Authority to continue the £1 Young Persons single trip fare. This discounted fare applies across York and North Yorkshire.</p> <p>. Agreed to extend the operating hours of Park and Ride Services until 10:30 in the evening across all Park and Ride sites</p> <p>. Working on proposals for bus service enhancement</p>
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## **Humber and North Yorkshire Mental Health, Learning Disability and Autism Collaborative**

In response to the above two reports, colleagues at the Integrated Commissioning Board have shared the Humber and North Yorkshire Children and Young People's Mental Health Strategic Transformation Plan. Included below is the delivery plan for the first two years of the plan showing the actions to be taken.

Children and Young People's Mental Health Strategic Transformation plan 2025 - 2030  
– Delivery plan – Year One and Two.

A system approach to radically improving the mental health of children and young people so they can thrive in their communities and into adulthood.

This is the year one and two (2025-2027) high level delivery plan to deliver the priorities and ambitions identified in the Humber and North Yorkshire (HNY) Children and Young People's (CYP) Mental Health Strategic Transformation plan 2025 - 2030.

The aim of this delivery plan is to lay the foundations and drive forward the successful delivery of the 5-year plan and to drive continuous improvement, productivity and efficiency across the Thrive Framework for Children and Young People's Mental Health. This plan aligns with and compliments the Priorities of the HNY Inpatient Provider Collaborative (Spec Comm). It also reflects the priorities in the 10-year health plan for England: Fit for the Future, NHS planning guidance, HNY ICB plan, the HNY Start Well Children's plan and the HNY Mental Health, Learning Disabilities and Neurodiversity strategy.

The plan has been developed in partnership with health commissioners and providers, Local Authorities Children's Services and Public Health teams, VCSE, Primary care and Education. It has also been coproduced with CYP with lived experience through the HNY Nothing About Us Without Us group.

This plan will ensure an integrated system wide approach to improvements to prevention, early intervention, access, waiting times, outcomes, and experience across the system and at place. This is an inclusive plan with all priorities seeking to

identify and reduce health inequalities and barriers for the most vulnerable CYP delivering against the CYP Core20Plus5 and reducing the impact of poor mental health on wider outcomes. It will ensure a clear core offer, reduce unwarranted variation, address unmet need and gaps in provision, reduce duplication and improve quality and efficiency. It will also promote closer working, collaboration, and co-operation with partners who support children and young people and families to ensure more cohesive provision as part of a “team around the child/family.”

Overall responsibility for the successful delivery of this plan will be the HNY MHLDA Collaborative Executive and the HNY CYP Mental Health Programme Lead. Progress will be delivered through the HNY CYP Mental Health Steering group which has members representing a wide range of partners who worked collaboratively to produce this plan.

**Over the course of the life of this plan we will deliver the following by 2030:**

- **Improved and expanded prevention, identification, and early intervention** of emerging mental health issues to reduce need for clinical services and inpatient admissions while supporting children and young people and families to have the knowledge skills and resilience cope with life challenges.
- **Improved use of digital tools** to enhance support for good emotional wellbeing and mental health.
- **100% coverage of Mental Health Support Teams** working in partnership with other universal and early intervention services to provide a consistent core offer and reduce unwarranted variation and gaps in the system.
- **Improved access to CYP Mental health services** by reducing overall need across the system while also having sufficient capacity to meet it for all CYP with a mental health condition – Meet 100% of need not 30% (which is the current CYP Mental Health access target).
- **Reduced waiting times in CYP Mental Health services** so no child/young person who needs one will wait more than 4 weeks to access a mental health intervention.
- **Improve accessibility and proactive prevention and support for those most at risk of poor mental health** – remove inequalities barriers to access and ensure services provide interventions adapted to meet needs.
- **Improved outcomes and experience** recording and reporting to evidence impact e.g. 90% of paired outcomes reported for CYP in Mental Health services who exit in a planned way and expected improvement in outcomes for 75% of those exiting in a planned way.

- **Reduce unwarranted variation** to develop a clear core offer across the system across the Thrive Framework
- **Reduced need for mental health crisis services and inpatient admissions –** When specialist support is required, it is provided as close to home/in CYP friendly environments (including home)/least restrictive as possible.
- **Reduced presentations at A&E for mental health issues**
- **Reduced risk of suicide**
- **Trauma Informed approach embedded across the system** in all services working with children and young people and families.
- **Effective coproduction systems embedded in all services** to ensure the voice of children and young people with lived experience is heard and acted upon, and improvements are coproduced and there is shared decision making.
- **A system wide workforce plan** which ensures staff working with children and young people and families have the appropriate level of knowledge and skills for their role.
- **A well trained and adequately staffed mental health workforce** including working across pathways to provide flexible capacity.
- **Move from a crisis led model to a cost-effective model which meets need early –** Prevention and early intervention (thriving/getting advice/getting help) funding has parity with clinical funding (and mental health funding has parity with physical health).
- **An improved culture of learning across the system to deliver improvements and meet need.**
- **Respond to wider national guidance and initiatives to ensure improving mental health is embedded in this wider work** e.g. Integrated neighbourhood teams, Working Together guidance etc.
- **All partners understand their role in delivering this plan and are actively working to deliver these priorities**

#### ***What this will mean for Children, Young People and Families:***

- *Children and Young People have trusted adults in community, schools, and family they can talk to about their emotional wellbeing and mental health who are confident in listening, identifying need early and supporting them to access the right mental health services if needed.*
- *Children and young people and families feel supported to build knowledge, skills, and resilience to cope with life challenges, there is early identification of emerging need and a reduced need for clinical services and inpatient admissions.*
- *Parents and carers are partners in improving the emotional wellbeing and mental health of their children and young people and feel supported in doing so.*

- *No wrong door approach – children and young people and families are supported to access the right service to meet their needs not just “signposted”*
  - *CYP and their families get the right support at the right time before issues escalate and the system is easy to navigate for CYP/Families and those who work with them.*
  - *CYP and families who do need a clinical service are supported while waiting to reduce escalation of need and crisis*
  - *All parts of the system are connected and communicate effectively with each other and with children, young people, and families to provide a whole person approach to care.*
  - *When specialist support is required, it is provided as close to home/in CYP friendly environments (including home)/least restrictive as possible.*
  - *Team around the child/family approach so care is joined up to meet needs.*
  - *Transitions from children’s mental health services to adults’ mental health services when needed are seamless and needs led not age led.*
  - *Those most at risk of poor mental health experience improved accessibility and proactive support.*
  - *Appropriate and adapted mental health support and interventions for CYP who are neurodivergent/have a learning disability {with or without diagnosis}*
  - *Improved access, waiting times, outcomes, and experience.*
  - *Reduced need to access crisis services, A&E for mental health issues and inpatient admissions*
  - *Reduced risk of suicide*
  - *Services are trauma informed*
  - *Services are coproduced with CYP with lived experience to reflect need and there is shared decision making in care*
- This reflects what Children, young people and families with lived experience tell us they need.*

**This will improve wider outcomes for CYP where mental health is a factor including:**

- Improved physical health.
- Improved school readiness
- Improved school attendance and reduced exclusions,
- Reduction in NEET’s
- Preparing young people for adulthood

**Improved performance and quality assurance**

Actions		When	Responsible leads (to be finalised)	How we know things are improving	Progress
1.1	<p>Finalise all aspects of the HNY CYP Mental Health data dashboard and production of monthly data packs for place and delivery partners.</p> <p>Embed consistent performance standards in all contracts and specifications (linked to the work on reducing unwarranted variation)</p>	<p>December 2025</p> <p>April 2026</p>	HNY CYP MH Programme lead and MHLDA senior performance analyst.	<p>Dashboard expanded to include the monthly reporting on following measures:</p> <ul style="list-style-type: none"> <li>• Outcomes</li> <li>• DNA's/Were not Brought.</li> <li>• Representations within 6 months</li> <li>• Breakdown by presenting issues/pathways.</li> </ul> <p>UpToDate data which enables effective performance management and identifies areas for improvement</p>	<p>Monthly reporting in place for all NHS funded CYP Mental Health Services on:</p> <ul style="list-style-type: none"> <li>• Access</li> <li>• Waiting times</li> <li>• Presentations for mental health at A&amp;E (including wait time breaches and admissions to acute paediatrics)</li> </ul> <p>Production of monthly data packs for place and delivery partners.</p>
1.2	<p>Develop trajectories for key 2030 targets:</p> <ul style="list-style-type: none"> <li>• Access to NHS funded mental health services.</li> <li>• 4 week wait times.</li> <li>• Outcomes – 90% of paired outcomes reported for CYP who exit in a planned way and expected improvement</li> </ul>	October 2025	HNY CYP MH Programme lead and MHLDA senior performance analyst.	<p>Effective progress to achieve targets.</p> <p>More CYP who need them accessing services and waiting less time to receive an intervention.</p> <p>Improved evidence of impact.</p> <p>Improvement plans in place when trajectories not being achieved.</p>	In development

	t in outcomes for 75% of those exiting in a planned way.				
1.3	Quality improvement demand and capacity programme with Royal College of Psychiatry to improve productivity and efficiency.	April 2025 – March 2027	HNY CYP MH Programme lead and CAMHS managers	Services are reviewed and redesigned to maximise capacity to deliver improved access and reduced waiting times.	This is a two-year project with all four camhs services taking part. Summary of work for each place being finalised to be shared with place.
1.4	Improved performance management and quality assurance including focus on outcomes as well as outputs	October 2025 onwards  April 2026	HNY CYP MH programme lead and CYP MH place leads	Delivery against trajectories are on track and /improvement recovery plans are in place and actioned to address variations.  Single performance matrix across system for providers/services including Narrative, Quantitative and Qualitative performance measures, mitigation etc.	<a href="#">Production of monthly data packs for place and delivery partners.</a>

#### Improved Prevention and Early Intervention to reduce need and crisis

Actions	When	Responsible leads (to be finalised)	How we know things are improving	Progress
2.1 Review current prevention and early intervention provision across the partnership to	March 2026	HNY CYP MH programme lead and CYP MH place leads and PH/LA leads	Improved prevention and early intervention offer that reflects need. Reduce need for clinical services and	

	develop a robust and expanded clear core offer and reduce unwarranted variation.			inpatient admissions and build resilience to support CYP to cope with life challenges.	
2.2	Review and further develop effective early intervention pathways/services to address key issues at the earliest opportunity.	March 2026	HNY CYP MH programme lead and CYP MH place leads and PH/LA leads	Improved prevention and early intervention offer that reflects need. Reduce need for clinical services and inpatient admissions and build resilience to support CYP to cope with life challenges	
2.3	Implement roll out of additional MHST across the system.  Review current staffing structures of MHST to maximise reach, productivity, efficiency, and impact.  Develop a generic specification for all MHST across the system	September 2025 – March 2030  December 2025  March 2026	HNY CYP MH programme lead and CYP MH place leads and MHST managers	100% coverage of MHST across the system  Structures reflect skills mix needed to deliver impact and meet need	
2.4	Review current delivery of Mental Health PSHE (Personal, Social, Health Education) across the system against statutory guidance and identify areas for improvement /joint working, training e.g. whole school approach	June 2026	HNY CYP MH programme lead and CYP MH place leads, Public Health and Education leads	PSHE delivery meets the requirements of statutory guidance. CYP have appropriate knowledge and skills. Mental Health services work with schools to ensure PSHE for mental health and emotional wellbeing is evidence based	



2.5	Map current training for non-clinical staff across the partners working with children and young people and develop a clear evidence-based core training offer e.g. Youth Mental Health First Aid etc	September 2026	HNY MH Workforce lead	Multi agency staff working with children and young people and families across the system have the appropriate level of knowledge and skills for their role.	
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**Developing a core offer of mental health services to reduce unwarranted variation across the system**

Actions		When	Responsible leads (to be finalised)	How we know things are improving	Progress
3.1	Mapping current provision by place including capacity to meet need and gap analysis.  Map current investment in CYP Mental Health	April 2025 – December 2025	HNY CYP MH programme lead and CYP MH place leads	Improved understanding of capacity in the system to meet need  Identification of gaps in provision to develop a clear core offer.	Mapping complete Gap analysis in progress Mapping of current investment underway
3.2	Review of current mental health services specifications, pathways, thresholds, and delivery to quality assure and redesign provision where needed to meet current needs as part of a clear core offer.  Identify financially viable opportunities to scale up/down services based upon outcomes	September 2025 – March 2027	HNY CYP MH programme lead and CYP MH place leads, Provider leads	Improved understanding the current level of offer, activity and gaps in service, performance, and outcomes. Best practice examples and potential for replication scoped to reduce variation and improve outcomes, including people experiencing multiple unmet needs. Improved understanding of the level of available resource, including clinical speciality and how the service	

	<p>and performance across the Thrive framework.</p> <p>Develop a fully costed list of priorities for future funding to address gaps and meet need consistently across the system.</p> <p>Work with partners, stakeholders, clinicians, and professionals, together with experts by experience to devise improved delivery model, specification, threshold, outcomes, and measures.</p>			<p>can/could reduce health inequalities. Implementation of delivery at the agreed scale, with planned evaluation to provide assurance that the expected outcomes are being achieved.</p>	
3.3	<p>Establish clear and consistent pathways and thresholds across HNY for existing and new and emerging conditions.</p>	<p>January 2026 – July 2026</p>	<p>HNY CYP MH programme lead and CYP MH place leads, Provider leads</p>	<p>Clear consistent pathways understood by partners, CYP and Families</p> <p>Best practice examples and potential for replication scoped to reduce variation and improve outcomes, including people experiencing multiple unmet needs.</p>	
3.4	<p>Enhance seamless transition from CYP mental health services to adult mental health</p>	<p>April 2025 – July 2026</p>	<p>HNY CYP MH programme lead and CYP MH place leads, Provider leads.</p>	<p>Transitions are needs led not age led.</p>	<p>NICE Quality Standards embedded in all providers policies.</p>

	services in line with NICE guidance and a needs led approach. Embed in core offer/Specifications				
3.5	Map current interventions and develop improved support for CYP waiting to access clinical mental health services and embed in core offer/specifications.  Audit and evaluate impact	January 2026 – June 2026  March 2027	HNY CYP MH programme lead and CYP MH place leads, Provider leads	Improved support while waiting for clinical services. Reduced presentations at A&E and Crisis	
3.5	Improved use of digital technologies /interventions to compliment face to face Digital scoping – Scoping alternatives to face-to-face models of support to provide a blended offer.	April 2025 – March 2026	HNY CYP MH programme lead and IRIS lead	Services can offer an evidence based digital offer as part of a blended provision to reduce barriers to access	Evaluation underway of currently used digital interventions e.g. Silvercloud and Lumi Nova in partnership with HNY IRIS team which will conclude by the end of the year. Exploring options to scale up offer depending on outcome of evaluations Working with digital providers to scope and test new, NICE approve digital interventions in partnership with HNY IRIS team
3.5	Work in partnership with HNY Inpatient Collaborative to implement new	September 2025 – March 2027	HNY CYP MH programme lead and Inpatient	Develop a more robust intensive mental health support provision in the	Awaiting final sign off of commissioning guidance by NHSE

	national commissioning guidance for intensive mental health support for CYP		collaborative lead.	community to reduce need for inpatient admissions and out of area placements in line with new national guidance. Benchmarking by place current provision and identifying and address gaps to reduce variation. When specialist support is required, it is proved as close to home/in CYP friendly environments (including home)/least restrictive as possible.	
3.6	<p>Map current workforce initiative and develop a system wide workforce plan which ensures staff working with children and young people and families have the appropriate level of knowledge and skills for their role.</p> <p>A well trained and adequately staffed mental health workforce including working across pathways to provide flexible capacity.</p>	June 2026	HNY CYP MH programme lead and HNY CYP MH workforce lead	<p>Multi agency staff working with children and young people and families across the system have the appropriate level of knowledge and skills for their role.</p> <p>Improved training for Mental health staff to adapt provision to meet need and to work flexibly across pathways. Increase Advanced Practice roles for nurses and AHPs to reduce international recruitment. Prioritise staff wellbeing to counteract the poor wellbeing among NHS staff.</p>	<p>HNY CYP MH workforce mapping completed, and plan developed in line with National workforce plan. These needs refreshing in line with the recent release of the NHS 10-year plan to ensure it addresses all aspects especially the renewed focus on productivity.</p>

				AI training for staff to increase technology-enabled productivity	
<b>Addressing inequalities of access for CYP most at risk of poor Mental Health</b>					
<b>Actions</b>		<b>When</b>	<b>Responsible leads (to be finalised)</b>	<b>How we know things are improving</b>	<b>Progress</b>
4.1	<p>Undertake annual Equalities access audit of CYP Mental Health services to understand levels of access by those groups who experience health inequalities and are most at risk of poor mental health.</p> <p>Development of population profiles by system and place to map levels of need for vulnerable groups against current access to services</p> <p>Services to develop a plan to address barriers and improve access for these groups of CYP to deliver against Core20plus5</p>	<p>September 2025 – December 2025</p> <p>June 2025 – September 2025</p> <p>November 2025 – January 2026</p>	<p>CYP Mental Health services managers</p> <p>HNY CYP Programme lead and Population health lead.</p> <p>CYP Mental Health services managers</p>	<p>Improved understanding of who accesses services (and who does not)</p> <p>Addressing barriers to access and access improved for inclusion health groups/ underrepresented communities ensure services provide interventions adapted to meet needs.</p>	Audit tool provided by NHSE
4.2	Review current mental health support and interventions for CYP who have ADHD/Autism/learn	September 2025 – June 2026	HNY CYP MH programme lead and CYP MH place leads and	Appropriate and adapted mental health support and interventions for CYP who have ADHD/Autism/learning	

	ng disability {with or without diagnosis)  Identify training needs and actions to improve and evidence-based training.		CYP MH service managers	disability {with or without diagnosis)  Mental health needs of CYP with ADHD/Autism/learning disability {with or without diagnosis) are met and barriers to access are addressed.	
4.3	Review and improve current mental health support and interventions for CYP who also accessing support for substance misuse issues	May 2025 – March 2027	HNY CYP MH programme lead and University of Hull Centre for mental health and addictions	Joined up care and barriers to accessing support on both issues are addressed.  Clear pathway to address the need for dual diagnosis	Working in partnership with centre for mental health and addictions on 2-year research project
4.4	Implement HNY Care leavers hub and spoke project to test new models of care and deliver improved access, waiting times and outcomes	June 2025 – September 2028	HNY CYP MH programme lead with CYPMH services managers and leaving care team managers	All staff working with care leavers are confident in providing information, advice, and support on mental health issues. Improved multi agency formulation Care leavers have improved access to appropriate mental health support and services at the earliest opportunity. Improved mental health outcomes for care leavers. Provision for care leavers is Trauma Informed	Funding approved in May 2025 Implementation plan being finalised
4.5	Review current provision for LAC and those with social care involvement needing mental	October 2025 – June 2026	HNY CYP MH programme lead, CYP MH place leads and LA CYP social care leads	Clear and consistent offer for LAC and those with social care involvement needing mental health support which meets need.	

	health support to reduce unwarranted variation and improve access, waiting times and outcomes				
4.6	Develop our workforce to improve access and support for CYP with protected characteristics/health inclusion groups who experience health inequalities and are at higher risk of poor mental health e.g., LGBT, Minority ethnic CYP, CYP who have neurodivergent/LD conditions etc.	January 2026 – June 2026	HNY CYP MH programme lead and HNY CYP MH workforce lead	Staff are confident in providing appropriate support and interventions and making reasonable adjustments to meet the needs of CYP with protected characteristics/health inclusion groups	

#### Embed a Trauma Informed Care Approach across all services working with CYP and Families

Actions		When	Responsible leads (to be finalised)	How we know things are improving	Progress
5.1	Review current engagement of stakeholder in programme and develop plan to improve engagement in those where engagement is less progressed	August 2025 – October 2025	HNY TIC programme partnership manager	Improved engagement in stakeholders as per stakeholder map in HNY TIC strategy	
5.2	Further develop the HNY TIC Programme's Training Offer to ensure it continues to meet need of stakeholders as part of the effective	April 2025 – March 2028	HNY TIC programme partnership manager HNY TIC community of practice manager	Training is accessed by a wide range of stakeholders, evaluates well and is embedded into policy and practice	

	system change work.				
5.3	Ensure sustainability and embedding of the training via the HNY TIC Community of Practice and continue to develop and broaden their reach e.g. senior leadership, education, health etc	April 2025 – March 2028	HNY TIC programme partnership manager and HNY TIC community of practice manager	Training is accessed by a wide range of stakeholders, evaluates well and is embedded into policy and practice	
5.4	Further develop the work with stakeholders to embed TI approaches within their organisations through the Organisational Toolkit and to build on the number of organisations working on this	April 2025 – March 2028	HNY TIC programme partnership manager and HNY TIC community of practice manager	Organisations are embedding TI approach in policy and practice	
5.5	Improve multi agency formulation to ensure trauma informed approach to care	April 2025 – March 2028	HNY TIC Clinical lead	Organisations working with CYP who have, or may have, experienced trauma work in a joined up consistent trauma informed way to develop effective plans of support	
5.6	Develop sustainability plan for HNY TIC programme including sustainability of funding for test and learn sites working directly with CYP	September 2025 – December 2025	HNY CYP MH programme lead and HNY TIC programme partnership manager	Clear plan to mainstream work of test and learn sites	

**Improved and Embedded Effective Participation and Coproduction with CYP with lived experience across the system**



Actions		When	Responsible leads (to be finalised)	How we know things are improving	Progress
6.1	Launch the HNY CYP Participation and coproduction strategy which has been coproduced with partners and CYP (Nothing About Us Without US). The strategy <b>builds</b> on and compliments existing place-based activity, to capture and measure the engagement of children and young people and the impact of this	October 2025	HNY CYP participation and coproduction manager and HNY CYP MH programme lead	<p>Robust systems in place across the partnerships to ensure CYP with lived experience and their families can influence provision across the Thrive Framework</p> <p>Engagement and Co-production with CYP with lived experience and their families to feature through every process.</p> <p>Shared learning and strategic support to place through understanding of successful developments and joint challenges and gaps.</p>	Strategy has been finalised and launch in October is now being planned.
6.2	Implement and coordinate regular communities of practice to embed strategy and ensure consistency of approach using the Lundy Model and peer to peer support and learning between services and partners.	December 2025 – March 2028	HNY CYP participation and coproduction manager	<p>Integrated and co-ordinated approach including sharing findings from previous engagement across places to build on findings rather than repeat and duplicate consultations.</p> <p>Shared learning and strategic support to place through understanding of successful developments and joint challenges and gaps.</p> <p>Partners working in CYP MH at place have</p>	Initial community of practice scheduled for December 2025

				the skills and knowledge to embed engagement and coproduction in all processes.	
6.3	Continue to deliver Nothing About Us Without Us system wide events and manage young volunteers. Support place partners to run regular place events.	April 2025 – March 2028	HNY CYP participation and coproduction manager, Place engagement leads.	<p>CYP with lived experience are supported to continue to work with senior and operational leaders to improve services to meet need.</p> <p>Young People from across our diverse communities can influence change to meet their needs.</p>	Work to strengthen place based codelivery is underway.
6.4	Work with partners to enable them to embed the 50 recommendations for improvement developed by Nothing About Us Without Us.	April 2025 – March 2028	HNY CYP participation and coproduction manager/CYP MH place leads.	<p>Engagement and Co-production with CYP with lived experience to feature through every process.</p> <p>Mental health services and wider partners act on recommendations to deliver improvements. Young people can see evidence of improvements based on coproducing solutions to recommendations.</p>	Places are RAG rating current provision against 50 recommendations to prioritise actions.

# GP Surgeries in York: Website Audit Findings

## February 2025

Find the full report here: <https://bit.ly/GPweb0225>

	<b>Report recommendations.</b> These are general recommendations. We recognise that some surgeries already provide some of the following:
W1	Make sure information on practice websites is up to date and all the links work.
R	<b>YMG</b> Regular check are made of the website to make sure old news posts with no longer relevant information are removed.
W2	Make sure information on practice websites is up to date and all the links work.
R	<b>YMG</b> This is the method we employ on our web pages.
W3	Always provide two ways for people to get in touch, so there is an option for people who can't use a phone or for those who can't access IT.
R	<b>YMG</b> We have made our services available online, via the phone, and we have also included on-site IT options for patients. We felt it was more important to include a digital solution for service

	rather than patients having to relay information to our reception teams as we wanted to make our services equitable. Staff are on hand to offers support should patients need it.
W4	Keep the website as clear and simple to follow as possible. Use tabs or menus to provide easy to find information.
R	<b>YMG</b> We follow NHS guidance and include About us, Appointments, Prescriptions, New Patients, Opening Hours, News as out title tabs on each page.
W5	Have the most important information for patients clearly on the homepage either as text, or more likely as a linked tab, box or in a menu. This should include frequently requested information including about opening times, contact details (including for multiple surgeries if appropriate), appointment information, ordering a repeat prescription, getting test results, registering as a new patient, sick notes etc.
R	<b>YMG</b> On our home screen we also include quick links to Meet the Team, Clinics & Services, Have your Say, Job vacancies, Update your details, Log in to online services. We also have health information page links on the home page. Mental Health, long term conditions, Minor Illness, Our Health Hub, and tests and results.
W6	Where possible have seasonally appropriate information on the homepage like vaccination information.
R	<b>YMG</b> We always add our Winter vaccinations to our quick links.

W7	Provide a search function and thoroughly test it.
R	<p><b>YMG</b></p> <p>Our search function is available on every page. We have tested it but we are unsure on how we make certain information more searchable and are in discussion with our website provider on how to improve this.</p>
W8	If you have online forms, provide guidance on how to use forms for people who are not familiar with them.
R	<p><b>YMG</b></p> <p>Action:</p> <p>We need to create a guide for this. we used to have a useful video from Klinik but we need to create one for our other website forms.</p>
W9	Provide accessibility options on the website which enables people to change the font size or colour, read the text out and to translate information into other languages.
R	<p><b>YMG</b></p> <p>We were informed by our website provider that as per NHS policy, accessibility buttons and popovers cannot be used and must be removed. However, we have been able to get these reinstated.</p>
W10	Provide information about physical accessibility at the surgery/surgeries. This should include information about how to arrange an interpreter.
R	<b>YMG</b>

	This is included in the about us section on our website and also in our practice leaflet.
W11	Provide information about staff roles (and staff as appropriate) that explains what that role does and why someone may have an appointment or be in contact with that person.
R	<b>YMG</b> We have a meet the team page available via our home page.
W12	Provide an email address for patients to get in touch about non-urgent issues, particularly those that do not require an appointment.
R	<b>YMG</b> We currently do not offer this service but have reviewed incoming queries and feel these are covered by patients phoning, coming to site or using our online access service.
W13	Test your website, or any updates, with your patients or others and particularly with people who may not be familiar with the website or are not confident website users.
R	<b>YMG</b> When VHA was developed PPG helped feedback on the system.
W14	Always make sure that there are options for people to use who don't use websites and that they do not have a poorer experience due to not having online access.
R	<b>YMG</b> Patients are able to contact the practice via the phone and staff can help submit digital requests on their behalf but also

we try to be digitally equitable and offer the option of digital tools in our reception with support from our reception staff.

# GP Surgeries in York: Accessibility Audit Findings

## March 2025

Full report can be seen here: <https://bit.ly/GPAccess0325>

### Report recommendations.

These are general recommendations. We recognise that some surgeries already provide some of the following:

A1	<p>Make sure all signage is clear and easy to read for everyone. Signage should include:</p> <ul style="list-style-type: none"><li>• How to get into the surgery if someone can't use the main entrance. If you have a bell, make sure it is at a height a wheelchair user can use and is clearly marked.</li><li>• Assistance dogs are welcome. For more information about assistance dogs, visit: <a href="https://www.assistedogs.org.uk/">https://www.assistedogs.org.uk/</a>.</li><li>• If there is a hearing loop at reception. All receptions should have a hearing loop if they don't already.</li><li>• Tell people what to do if they need help while they are waiting.</li><li>• Explain if there is a quiet waiting area available for patients to use if appropriate and how to access it.</li><li>• To and from any accessible toilet as appropriate.</li></ul>
R	<p><b>YMG</b></p> <p>The practice does have hearing loops at all sites, but a training review will be scheduled.</p> <p>WL and WT have automatic doors. Tower Court is due for an update within the next year, which includes the installation of automatic doors. Due to costs, it isn't possible to install</p>



	<p>automatic doors at all sites. (MG recently received a quote of £15k for installation of automatic doors)</p> <p>The sites do provide a quiet room if space is available, alternatively, a space in the waiting area will be identified away from patients.</p> <p>Disabled loos are available all site</p> <p>ACTIONS: Monitors to have info on what to do if need help whilst waiting.</p> <p>An audit of doorbells and signage is to take place at all sites with recommendations.</p> <p>Staff training for hearing loops</p>
A2	<p>For important signage, like that above, make sure it is not in a cluttered area, so it is easy for people to see and not surrounded by other information. Where possible use words and images with good colour contrast.</p>
R	<p><b>YMG</b></p> <p>The practice reviewed our posters and agreed set posters which would be displayed on poster boards and on monitors. All posters have YMG branding and wording agreed to.</p> <p>ACTION: Review posters against the accessible standards. Include Accessible standards policy on the website.</p> <p>Include more images on our posters.</p> <p>Review displayed posters to check that they still comply to our Poster Policy display.</p>
A3	<p>Make sure that any display areas or posters are not cluttered and provide space around posters to make it easier for people to differentiate and read them. Perhaps theme posters under a heading/in a particular area.</p>

R	<p><b>YMG</b></p> <p>All sites have a board designated to Carers which is updated with a monthly newsletter.</p> <p>Some sites that have extra space also have a Baby Board with vaccinations information (MG and TC).</p> <p>All posters are branded with headings and a standardised display.</p>
A4	<p>Make sure waiting areas are quiet. Don't have the radio or music on as this can make waiting difficult for some people. Or have a quiet waiting area/space and clear information about where it is or how someone can access it.</p>
R	<p><b>YMG</b></p> <p>Radios are played to ensure confidentiality for our patients as some consulting rooms are very close to the waiting rooms. The radio is always on a low volume.</p> <p>Action: Consider a poster re requesting a quiet area</p> <p>Use reasonable adjustments flags to document this</p> <p>Ensure teams are aware of these and are reviewed when making appointments or talking to the patient.</p>
A5	<p>If you are planning to redecorate, make sure there is good colour contrast between walls, floor and seating. This will make it easier for blind and partially sighted people to identify the seating.</p>
R	<p><b>YMG</b></p> <p>We will bear this in mind when next redecorating our sites.</p> <p>When MG was redecorated, we had support from an advise on colours to use to support patients, especially those with autism.</p>
A6	<p>If you are updating seating, make sure there is a mix of seating. If possible include seating with and without arms and bariatric</p>

	seating. Some higher and lower seating is also beneficial for patients with different needs.
R	<p><b>YMG</b></p> <p>Refurb at TC will address the fixed seating area.</p> <p>All other sites have a mixture of chairs with and without arms as well as a bariatric chairs.</p> <p>Consider: Different height chairs</p>
A7	Make sure the waiting room has space for a wheelchair user to wait comfortably, where they don't have to sit in the middle of the waiting area or in what could be thoroughfares. If possible add signage to say this is an area for wheelchair users so it doesn't get used for other things.
R	<p><b>YMG</b></p> <p>Waiting areas have space for wheelchairs.</p> <p>Action: Review wheelchair areas and consider marked area</p>
A8	If there isn't any accessible parking, investigate introducing some or providing information about where someone with a Blue Badge can park close to the surgery. Make sure there is clear space around the parking space in line with the appropriate BSI standard.
R	<p><b>YMG</b></p> <p>All sites have disabled parking - but no clear or easy access at Acomb.</p> <p>Consider: Redesigning and remarking the car park.</p>
A9	Make sure that there is a clear, safe path for people to use to walk to the surgery entrance from both the pavement and car park. Where possible, this should be a straight and well marked

	path which doesn't cross a car park. If it has to cross the car park, make sure there is a warning for car drivers to take care as people will be walking through the car park.
R	<p><b>YMG</b></p> <p>Due to cost this will be reviewed when the car parks are resurfaced.</p> <p>Action: Review MG signage and parking space at Acomb and TC</p>
A10	Provide a dropped/lower part of the reception desk, so it is easy for wheelchair users to communicate with receptionists.
R	<p><b>YMG</b></p> <p>All sites have this, but not always used.</p> <p>All sites have either louvre glass or sliding glass windows.</p>
A11	If possible, make sure that there is a gap in any screens at a reception desk for people who are hard of hearing to see the reception staff clearly.
R	<p><b>YMG</b></p> <p>Recommendation noted and fed down to staff</p>
A12	Make sure your patient records are up to date with patients' reasonable adjustment and any language needs. Regularly check with patients about any changing needs or have information available to remind patients to let you know so their patient record can be updated.
R	<p><b>YMG</b></p> <p>New patients are asked for any adjustments needed and these are coded on their record with their digital flag updated. This is</p>

	<p>also reviewed at patients long term condition review, dementia review. We are training our teams to discuss with patients and with their consent to update medical records with support patients may need.</p> <p>Action: Produce an SOP and add code to the formulary. CCT attending site meetings to promote awareness.</p>
A13	If someone requests information in a different format, ensure that this is recorded and they always get information in that format.
R	<p><b>YMG</b></p> <p>Complaints form is available in Polish (our largest group of patients for whom English is not their first language.) Currently we have no way of sending out bulk letters (such as long-term conditions, vaccination invites) that highlights when a patient has requested letters in a different format, therefore a sentence is added at the bottom of the letter in large font asking them to contact us if a different format is required. NHS guidance has been updated telling practices to remove translation apps or accessible information apps from websites. However, we have managed to get these reinstated.</p>
A14	Make sure patients who need interpreters are aware of how to be sure they have an interpreter booked for their appointment. This could include having information leaflets (including in other languages) available, contacting patients directly to let them know or introducing a card system whereby they can use a card/other to request an interpreter for an appointment or let the surgery know about their need.
R	<b>YMG</b>

	Interpreters are booked for the patient when this is recorded on the medical record. The Practice Leaflet gives information about how those with interpreter needs can request support on page 5.
A15	Surgeries should never ask friends or family members to interpret for a patient and should only ever use interpreters who have had training in medical language and terms.
R	<b>YMG</b> The Practice would not do this, though would agree if the patient chooses to do this and the clinician is comfortable with this choice
A16	Work with patients who are wheelchair and powerchair users to make sure that the surgery, waiting areas, lifts (if appropriate) and consulting rooms are accessible for them.
R	<b>YMG</b> Thank you for the suggestions Action: Review our access for wheelchair users. Consider enlisting someone from the PPG to support with this
A17	Always ask patients what works for them. Use the information you collect about people's reasonable adjustments to ask them if there is anything else that could help them comfortably and safely attend appointments.
R	<b>YMG</b> Part of reasonable adjustment plan. Action: Consider phrases for FOH/Contact Centre teams to use when talking to patients

## Response received from Haxby Group

## Healthwatch Accessibility Review – Premises Summary and Actions

This document outlines the findings and actions arising from the Healthwatch review of accessibility across Haxby Group surgeries. It includes outstanding issues, completed actions, and areas for further discussion and improvement. We welcome continued collaboration and feedback from stakeholders as we work to improve accessibility across all sites.

### Outstanding Actions

#### Hearing Loops and Signage

- All surgeries are equipped with hearing loops. However, signage is inconsistent:
  - One surgery did not have a loop at the time of inspection.
  - One surgery had poor signage.
  - Two surgeries had loops but no visible signage.
- **Action:** Ensure clear, visible signage is in place at all surgeries to inform patients of hearing loop availability.

#### Huntington Surgery

- While car park access is suitable for wheelchair users, it presents challenges for patients who are blind or partially sighted due to bollards and railings near the automatic doors.
- **Action:** Install guiding rails or tactile markers around the automatic doors to improve safety and meet health and safety standards.

#### Gale Farm Surgery

- The main entrance is not clearly visible from the car park; patients may inadvertently enter via the pharmacy.
- **Action:** Install clearer directional signage to guide patients from the car park to the main entrance.

## Completed Actions

- All reception desks across surgeries are easily identifiable.
- All sites are equipped with patient check-in screens.
- All fixed seating has been removed from Gale Farm and New Earswick surgery following renovations in March/April 2025.
- Additional seating with arms has been added to all waiting rooms, and new bariatric chairs have been ordered.
- All notice boards have been reviewed and decluttered.
- Consistent signage across all surgeries, both externally and internally, to indicate that assistance dogs are welcome.

## For Discussion

**Discussion point:** Is it necessary to offer quiet waiting spaces at all surgeries? This may require use of clinical rooms and further resource planning. A space is always available for patients but there is not a designated room at any sites currently.

**Discussion point:** Are primary care premises required to have hoists on-site? If implemented, staff training and space allocation would be essential.

## Recommendations

To enhance accessibility and inclusivity for all patients, we recommend the following actions across all surgeries:

### 1. Clear and Consistent Signage:

- a. Entry routes for patients who cannot use the main door.
- b. Location of bells, ensuring they are at an accessible height and clearly labelled.
- c. Confirmation that assistance dogs are welcome.



- i. Further guidance available at:  
<https://www.assisteddogs.org.uk>
- d. Availability of hearing loops at reception.
- e. Instructions for patients requiring assistance while waiting.
- f. Whether a quiet waiting space is available and how to request access.
- g. Directions to and from accessible toilets.

## **2. Waiting Room Environment:**

- a. Aim to reduce sensory distractions. Avoid playing music or radio in waiting areas.
  - i. **Note:** We have received some feedback that waiting rooms feel too quiet, prompting the addition of radios. A balance will need to be struck – perhaps designating a clearly signposted quiet area at each site.

We are committed to creating accessible and welcoming environments for all patients. The above points will be addressed through ongoing quality improvement planning, and we appreciate continued feedback and collaboration from external organisations and patient groups.

# Other reports published during the period

## What we are hearing:

April to June 2024: <https://bit.ly/WWAHApr-Jun24>

July to September 2024: <https://bit.ly/WWAHJul-Sep24>

October to December 2024: <https://bit.ly/WWAHOct-Dec24>

January to March 2025: <https://bit.ly/WWAHJan-Mar25>

## Migrant Healthcare across Humber and North Yorkshire, June 2024:

<https://bit.ly/MigrantHealth0624>

## Care home reports:

Ebor Court Care Home, December 2024: <https://bit.ly/EborCourt1224>

Riverside Care Complex, January 2025: <https://bit.ly/Riverside0125>

Birchlands Care Home, February 2025: <https://bit.ly/Birchlands0225>

Rawcliffe Manor Care Home, March 2025: <https://bit.ly/Rawcliffe0325>

# Glossary of terms / abbreviations used

Term	Meaning
BSI	British Standards Institution
CCT	Complex Care Team – a team of care co-ordinators working with people who have significant long term health needs to develop personalised care plans
CYC	City of York Council
CYP	Children and Young People
FOH	Front of House or reception
HNY ICB	Humber and North Yorkshire Integrated Care Board
HWY	Healthwatch York
LD, MH & Autism Collaborative	Providers of learning disability, mental health and autism services working together across Humber and North Yorkshire.
MG	Monkgate (A YMG site)
PPG	Patient Participation Group
SOP	Standard Operating Procedure
SPA	Single Point of Access
TC	Tower Court (A YMG site)
TEWV	Tees Esk and Wear Valleys NHS Foundation Trust
TIC	Trauma Informed Care
VCSE	Voluntary Community and Social Enterprise (sometimes also VCFSE where F stands for Faith)
VHA	Virtual Health Assistant
WL	Water Lane (A YMG site)
WT	Woodthorpe (A YMG site)
YHCP	York Health and Care Partnership
YMG	York Medical Group

# Appendix 1 – Health and Wellbeing Board minutes

Listening to Neurodivergent Families report – Minutes of the discussion of the report at the Health and Wellbeing Board meeting 22 January 2025:

The Healthwatch York Manager presented the report; paying tribute to the families, organisations and partners who contributed. She emphasised that sharing stories was an important step to show families not alone and that parents' expertise of their own children and family situation should be recognised.

The Director of Public Health thanked the report authors as well as the public speaker and all involved in producing the report, noting that the Autism and ADHD strategy for the city was currently being written, and had been discussed at the Health Scrutiny committee, and as such this report could not be better timed. He agreed that there was a need to incorporate the voices of those with lived experience of neurodiversity, stating that the larger aspiration was to be a city with a better understanding of neurodiversity in areas such as education and transport, as well as pathways through diagnosis. He assured the board that the Neurodiversity and Mental Health working group for children, adults and those transitioning between services was being well briefed on this issue and hoped to have the strategy completed by May 2025. He added, while the report discussed professionals finding ways of saying "no" to things, this refusal was not due to it not being needed, rather it was due to lack of funding.

The York Place Director commented on the perceived "defensiveness" of the report discussed in public participation – she explained that

the ICB had been invited to fact check, and there had a short turnaround of 10 days due to Healthwatch requesting the ICB comment over the Christmas period. She assured the board that York Teaching Hospitals now included a digital flag on their systems, where there were any doubts over accuracy of any points in a report, and she encouraged people to get in touch online via the ICB website regarding commissioning and support. She said that she had read the report with great personal and professional interest.

The Corporate Director of Children's and Education commended the report, stating that there were good things ahead, although the school system needed to change. He said that the ICB had done good work regarding Trauma-Informed Practice but noted that children and adults who experience autism and ADHD experience "trauma" every day. He also discussed development of this strategy in York, with an additional £60,000 funding to authority, families, SENDIASS.

The Director of Adult Safeguarding said it was a difficult report to read but nothing compared to the difficulties faced every day by the families involved. He advised that a strategic, attitudinal, and trauma-informed workforce approach would help respond to concerns raised.

Board members asked whether the report would be presented to primary and secondary school networks, given the prominent discussion of neurodiversity in schools and the exclusion levels of neurodiverse children in the report. The Director of Children's and Education answered that this was discussed at the Safeguarding Executive Board and would indeed be taken to schools.



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