



# York volCeS

What you've told us so far in 2022

**healthwatch**  
York

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# Introduction

Healthwatch was set up in 2013 to hear people's experiences of health and care services. Healthwatch is your health and social care champion. We make sure NHS leaders and other decision makers hear your voice and use your feedback to improve care. There is a local Healthwatch for every part of England. Healthwatch York covers the City of York area.

Healthwatch York at York CVS is based on a very simple idea – that the best people to help shape our health and care system are those who use (or struggle to use) health and care services.

With the new Health and Care Act 2022, Integrated Care Systems are now responsible for delivering health and care services across England. There are two parts to the ICS – an Integrated Care Board, or ICB, responsible for overseeing NHS services, and an Integrated Care Partnership or ICP. The ICP is a wider partnership looking to improve people's experiences of the health and care system.

The York Health and Care Partnership Joint Committee (formerly York Health and Care Alliance Board) is the Place Board for York within the Integrated Care System. To help outline the work the Board need to do, the Public Health team from City of York Council led a partnership exercise to gather an understanding of what local residents felt was important to maintaining their wellbeing. This was through asking York's Big Question.

Also, as part of our preparation for the transformation from CCG to ICS we gathered views of how people understood this change and what they wanted from the new ICS. We did this as an extra question in our annual Awareness Survey.

Throughout this report responses from the big question survey are in blue. **Answers from the awareness survey are in green.**

## **Why are Healthwatch York sharing these responses?**

One of the guiding principles for new Integrated Care Partnerships is for them to be rooted in the needs of people, communities and places. Our intention with this report is to make sure what we have heard to date is publicly available, and shared with health and care partners. We want to make sure we share everything we hear, so that local health and care partners shape our local plans around you, and to encourage more people to feel confident in sharing what matters to them with us.

## **What we did to find out more**

Under the banner of 'the Big Question' the partnership developed a set of questions to explore what residents valued when it came to their health and wellbeing. This questionnaire was circulated across the wider health, VCSE, and public sector; we as Healthwatch York contributed to this via our public engagement activities and social media. Within Healthwatch York we received 45 responses.

Our annual Awareness Survey is part of our contract, to help us understand what people know about our work. This was developed by Healthwatch York towards the end of 2021, and was circulated via our communication and engagement work e.g., publications and social media from January to March 2022. We received 70 responses in total.

# Key findings

Across both surveys we identified these recurring themes:

- A need for an increased number of NHS dentists
- Lack of access to GP appointments, but it is generally felt that once accessed the services are good
- People feel that York health care services as well as York as a whole does not provide adequate accessibility for, and understanding of, the distinct needs of disabled people
- People report that there is a lack of information on how to access services and what services are available
- Services are overstretched and underfunded
- In order to improve health and social care ICSs need to listen to local people and have an understanding of the local areas needs
- Difficulty accessing mental health services
- An apparent need for more joined up services
- Green spaces are vital for both mental and physical wellbeing
- Importance of neighbourhood and community for happiness and wellbeing
- Lack of support for those who are neurodivergent

# What people said – in more detail

## A need for an increased number of NHS dentists

“Unable to get an NHS dentist.”

“Lack of NHS dentists and the ones that are NHS currently not offering treatments just reviews.”

“Cannot get a dentist to take me on as a patient”

“The quality of dental services is poor. I’m in constant worry about mine and my family’s current and potential health problems.”

“No NHS dental access, cannot get on to a waiting list in York.”

“Lack of dentist services”

“Dentists are non-existent”

“Terrible access to dental care”

“Dentist really hard to get through and make appointment”

(York needs) “more NHS dentists.”

(York needs) “Better access for resident to NHS dental care”

“Like a lot of people I am very concerned about the state of NHS Dentistry in York. The trouble is that it has been deteriorating for YEARS. No one cares or so it seems.”

“The frustration of accessing some services locally, e.g. NHS dentists and my local GP group”

“Dentist services seem hard to come by, GP services are over stretched.”

## **Lack of access to GP appointments, but it is generally felt that once accessed the services are good**

“GPs are overwhelmed, too many patients to deal with. Hospital under pressure, long delays for routine treatments.”

“Not enough GPs.”

“Most of them are good and accessible. My doctor is usually good for getting appointments, this new omicron variant has changed that putting my appointment weeks out.”

“Health – fine once you to speak to a health professional but takes far too long at present. Worse now than during first lockdown.”

“Our GP practice is good, but overworked.”

“GP's are stretched beyond their capacity due to pandemic meaning illnesses are missed.”

“Doctors’ appointments have to be booked 2 weeks in advance of you being sick. Health accessibility is very poor.”

“I have been to the GP regularly for medication check-ups and there is always a problem with getting an appointment, especially with a preferred doctor. The system of everyone ringing up at 8am for same day and future appointments is ridiculous.”

“Health-wise, GP and hospital services I had had to access have been great, no thanks to Tory underfunding.”

“Health services are overstretched. Getting GP appointment is a huge issue. Getting appointment to see a consultant involves a huge waiting list.”

“Access to GP can take time but more about they have higher case numbers not a failing of GP.”

“During the last 2 years, with being a pensioner and not driving, when I needed help I found I didn't meet the criteria. Tried twice to speak to a GP last year and wasn't regarded as urgent enough to speak to anyone. Not impressed.”

“I think the staff available are outstanding. But the lack of funding is appalling. The waiting lists are ten times too long and there simply aren't enough staff so the good ones available are stretched too thin. Waiting lists, lack of staff and lack of funding are causing many services to become ineffective. As they are often too late to be any help or only available in a crisis”

“Healthcare in York at the moment is non-existent - when you ring GP surgery they ask you to ring 111 - 111 advise you to ring GP surgery”

“Very inadequate, GP practices are appalling, dentists are non-existent, hospital not large enough, social care is mainly unheard of.”

“Absolute rubbish, cannot access a doctor or practice nurse, surgery closed after 12 noon, cannot reach them by phone, if you don't have technology you cannot contact them. If you go into the surgery the receptionist says we cannot deal with you go home and go onto our website and leave a message.”

“I think that the doctors are good. Never had a problem with my doctors always easy to get an appointment and good follow up service.”

“Once you get to a GP or the Hospital the care is excellent.”

“Once you are in the healthcare system you get good help.”



“Able to access specialist services via GP promptly and has been efficient, prior to pandemic as no experience since it started.”

“Our GPs are pretty good at timely appointments: these may be by telephone, but that's not generally a problem.”

(York needs) “Better access to GPs.”

(York needs) “More resources; GPs, more community health and social care services, more hospital beds and more NHS dentists.”

(York needs) “Access to GPs in a reasonable timescale not 6 weeks for a phone call!”

“I would really like to get back to easy access to GP. I find the online access very frustrating”

“No consistency with a GP. Never speak to the same person.”

(ICs need to be aware of the) “Time it takes to access GPs services”

(ICs need to be aware that) “GP services are over stretched.”

“Access to GP's so that what is right for the patient is suggested and progressed and not multiple visits and discussions and no action taken.”

(ICs need to be aware of the) “Lack of GP access”

(ICs need to be aware of) “The frustration of accessing some services locally, e.g. NHS dentists and my local GP group.”

**People feel that York health care services as well as York as a whole does not provide adequate accessibility for, and understanding of, the distinct needs of those with disabilities**

“Making sure that everything is accessible for disabled people, and that they are accepted into the city.”

“As a city, York could definitely be more accessible for people with physical disabilities, and restrictions on cars into the city centre is disabling to those who need mobility aids, as well as parents with small children.”

“Loss of blue badge use for city centre. Not very inclusive anymore.”

(Healthcare professionals) “Need more training to make sure that they know how to help and support people who are disabled.”

“There is a lot of medical gas lighting of disabled people in both health and social care services and an assumption that disabled people are trying to get more care than they need or that somehow, it’s ok that we don’t have enough care- disabled people are still treated as less worthy.”

(Health and social care) “Could be better for young disabled adults”

“Young disabled adults need support and effort to make part of society, a reason to get out of bed, supported living opportunities set up and opportunities to work.”

“I think that they need more training to make sure that they are able to communicate to people who are disabled.”

“People who are Deaf miss out on a lot information due to limited access with no interpreter, non-subtitled information videos on GPs websites. Lack of understanding of the needs of Deaf people. Deaf people not being able to access information regarding Diabetes information, for example, diet, exercise, zoom meetings through having no interpreter access.”

(ICSSs need to be aware of) “Number of people with disabilities”

(ICSSs) “Need to know a lot about people with disabilities, and how to help and support them, and to make sure that things are accessible and information is in easy read.”

“Disabled people are so often treated badly by health and care services”

(ICSSs) “Need to know about people who have disabilities”

### **People report that there is a lack of information on how to access services and what services are available**

“How and where people find out about local services, including via other non-health advice and support services and local community hubs.”

“Keep information about changes very clear and straightforward. Communication between services is effective –high priority. Don't make changes for changes sake.... see what is working and go from there. Don't make it difficult for public to access a service.”

“More information”

(Would like to know about) “Services that you specifically offer.”

### **Services are overstretched and underfunded**

“So much has been cut away, for example community and youth services and facilities, public transport is expensive, bike routes don't feel as safe as they used to”

“The damage governments have done since 2010 have made health and social care services much worse. Health and Social care staff training has not been supported, social care services have been cut owing to lack of

funding for the council, the growth of large primary care groups have made services more difficult to access, the cuts to hospital and social care beds/ support are part of this damage. The lack of effective mental health services, including those for children and young people is very damaging. The lack of preparedness for the pandemic was shocking.”

“They do their best on a small budget.”

(Health and social care) “Needs more funding and resources.”

“I think they should be properly funded and staff need to be well looked after. Staff in roles that cause secondary trauma, such as social care, need opportunities to rest, take secondments and access counselling when needed.”

“Social care and health chronically underfunded with York having big financial deficits in both systems and no real way of recouping.”

“Health-wise, GP and hospital services I had had to access have been great, no thanks to Tory underfunding.”

(Health and social care) “Not great. I guess lack of money”

“Poor services, everything has been cut to the bone. Mental health services very limited unless you've reached crisis, especially for children and young people, access to GP can take time but more about they have higher case numbers not a failing of GP. No NHS dental access, cannot get on to a waiting list in York.”

(Health and social care services are) “Overstretched.”

“They are over-stretched and very under-resourced.”



“Stretched and difficult to access (but York is not alone in this as it is a problem nationally)”

“I think the staff available are outstanding. But the lack of funding is appalling. The waiting lists are ten times too long and there simply aren't enough staff so the good ones available are stretched too thin. Waiting lists, lack of staff and lack of funding are causing many services to become ineffective. As they are often too late to be any help or only available in a crisis”

“They try hard, are staffed by caring people but due to underfunding are not providing nearly enough for those who are in need.”

“Population has outgrown the services provided. Provision of health care hasn't developed to keep pace with the growth and development of housing.”

“Think there isn't enough services for the size of the city. The hospital is difficult to access with so many road closures and not enough parking”

“Underfunded. A lack of home carers. Terrible access to dental care”

“It's totally underfunded and offers less than it used to - it's dangerous”

“Funding. The main co-morbidities that affect York and how to treat them / prevent them. Services that you specifically offer.”

“They know already but there is a lack of adequate resources.”

“Social care needs more money as does mental health in York.”

**In order to improve health and social care ICSs need to listen to local people and have an understanding of the local areas needs**

“They need to understand what 'local need' means for this area so they can respond to it - do different communities have different needs, e.g. urban or rural, poorer or more affluent - they must be able to respond to

different needs, rather than take the easier option of over-generalising (which more services seem to be doing now, to save time and money...but who does that really help?)”

“Some health issues go across the board, but there are many issues that need a local approach”

“They need to meet with groups like York Inspirational Kids and York Ausome kids. They need to hear from schools and parents about the level of unmet need following the pandemic and they need to invest emergency funding.”

“The challenges faced by people with care and support needs and how they may be addressed. Person-led, not service-led. How to communicate effectively with residents/patients/clients.”

“That there are huge differences in needs across the area. Provision needs to reflect the local situation”

“Listen to local view points and ensure care is tailored to local issues and not just where the Head Office is based. All areas deal with and have different issues. Just because it is bigger doesn't mean it is better.”

### **Difficulty accessing mental health services**

“Lack of effective mental health services, including those for children and young people is very damaging.”

“Poor experiences of mental health support.”

“Mental health services very limited unless you've reached crisis, especially for children and young people”

“Very poor CAMHS service - experience over seven years. Young people are badly let down.”

“MIND are doing a project this and last year listening to the voices of young people. This is a great step in the right direction and I hope it can receive further funding”

“Depressed during lockdown and I took more time up at the doctors. More places in the centre for the elderly to socialise would reduce strain on mental health services.”

“Better collaboration with mental health services- Dementia diagnosis in the region is very poor. No way to share documentation or get in home mental health support in a near crisis.”

“CAMHS –waiting time for autism assessment over a year. Is this adequate provision for adolescents?”

“Child mental health support”

“Inadequate access to CAMHS. Waiting lists too long, parents of children and young people with additional needs or mental health difficulties are exhausted and overwhelmed. We are trying to support and keep our children safe but witnessing worsening mental health.”

“I am saddened that it took me a year to access therapy through IAPT and that the therapy is only available during office hours, meaning that I have to use annual leave to be able to attend.”

### **An apparent need for more joined up services**

“Lack of joint working. Systems do not share info in a timely way if at all.”

“Better collaboration with mental health services- Dementia diagnosis in the region is very poor. No way to share documentation or get in home mental health support in a near crisis.”

“Work together and be less concerned with where borders cross. Help should not depend on a boundary.”

“Joined up care with the person / patient in the centre - holistic care.”

“Different services liaising with each other -as it is very tiring and time consuming trying to contact and make appointments etc.”

“Communication between services is effective - high priority”

“How difficult it is for different services to have an equal voice -integrated working is hard to achieve and needs support / regular reviews of how it is going, and most of all true commitment. Some years ago a scheme was trialled where people with multiple needs were allocated a co-ordinator who oversaw their care -could be any part of healthcare team; nurse, OT, physio etc. and they chased up anything that needed to be done. It was an invaluable service, two people I knew in Poppleton were able to access it, the service worked across community and hospital treatment and care was wonderful.”

“Integration of travel requirements with health care appointments”

“Make sure ALL services can work together. Work for the whole community, that's including the homeless.”

## **Green spaces are vital for both mental and physical wellbeing**

### **What's important:**

“Access to outdoor spaces (where dogs are allowed), park runs”

“Easy access to shared garden near car-free walks, in accommodation that will suit me for the rest of my life.”

“Green space. Local environment that is well cared for.”



“Outdoor space social activities friends.”

“Safe, affordable housing Employment Access to healthcare Connection to others Access to leisure activities Outdoor spaces good food.”

“A balanced lifestyle with access to green spaces, nature reserves and good transport links across the city.”

“Walking out in Nature. A sense of belonging. Time with friends/family.”

“Able to walk and for free in parks.”

“Peace, non-violence, healthy diet, green spaces for exercise.”

(What’s good in York is) “Cycle paths, chatty benches and socialising.”

(What’s good in York is) “Access to services for all abilities: access to open spaces for all abilities.”

(What’s good in York is) “Park run sport opportunities- from climbing to swimming and walking.”

(What’s good in York is) “I have access to great countryside walks on my doorstep”

(What’s good in York is) “We live near lots of green space which is wonderful and so important particularly during lockdown.”

(What’s good in York is) “Access to good quality facilities and resources e.g., leisure services, health services, resources for children and young people, open spaces”

(What’s good in York is) “A pleasant & safe area to go out and exercise.”

(What's good in York is) "Lots of green spaces allowing easy walking and cycling."

(What's good in York is) "Spaces such as the museum gardens and minster gardens which are free and open to everyone are priceless and good for our psychological and physical health."

## **Importance of neighbourhood and community for happiness and wellbeing**

"Seeing friends and socialising."

"The people around me."

"Community and a well-resourced council/ NHS"

"Being in touch with my friends, family and girlfriend."

"Connection to others Access to leisure activities Outdoor spaces good food."

"Being included in all levels of society."

"Friendly neighbours. Affordable access to music / theatre / arts. Affordable fitness opportunities."

"Having good neighbours and friends."

"Groups where me and my family feel safe and welcome"

"Friendship and a close community spirit."

"People with disabilities being able to be a part of the community they live in."

“Having community activities to do and a safe environment for them to be done.”

“Family activities involving all age groups. Inclusivity.”

“There are lots of nice and understanding people around”

“Meeting up with friends for a cuppa”

“WI, community cohesiveness, library”

“Good neighbours and local shops but we could be helped by having more local activities.”

“Nice neighbours who want to live in the same type of community as I do. Local services and healthcare.”

“Local clubs Volunteer opportunities Continuing education Libraries Art and culture Sports facilities”

“Investment in communities. A holistic approach investing funding, resources, people and making assets available for all to use. Investment in creating safe, comfortable spaces for people of ages to live and connect with one another. For example parks, libraries, public toilets and community centres that offer safe spaces for young people, older people and people of all abilities to enjoy and thrive.”

“Great neighbours good relationships local knowledge”

“The Arts Barge Project. Being part of a community band. Neighbourhood WhatsApp group. Parent and toddler group The Green Party Great Yorkshire Fringe”

“Friendship”

“The neighbours in our area are a pleasant, sensible bunch”

“Local community activities, more police presence which is nil”

“Good friends and neighbours”

**There is a lack of support for those who are neurodivergent**

“ADHD diagnosis in female adults is poor around the country. Partner may have it but cannot get a diagnosis and is affecting her life and work.”

“Support for adults with Attention Deficit Disorder”

“Massive waiting times for adult ADHD and severe OCD treatments and diagnosis. My partner currently going through this.”



# What we've heard each month

Through our core Information and Signposting service, and through our regular engagement activity, we also log issues from the public every month. We now publish monthly updates to help flag up the key issues we're hearing. These posts reinforce many of the key themes people raised in the surveys:



## What we've heard May

- More NHS dentists are going private.
- People are moving to York and are now for the first time having to pay for private dental treatment.
- People are having difficulty getting through to the mental health crisis team when they call.
- People are waiting 18+ months to receive any free Mental Health Care.

## What we've heard June

- People cannot contact their relatives when they are in hospital, they can't get through to the ward.
- People are feeling pressured to chose private dentists as they desperately need dental care.
- Individuals that need interpreters for their doctors/hospital appointments can't get one provided.

## What we've heard July

- The cost of living increase has meant people do not have money to pay for Health and Care.
- Families are struggling to find social care and mental health support for their children.
- Families are struggling to find suitable care homes for their family members.

## What we've heard August

- Families are finding it difficult to find care homes for their loved ones.
- People do not have the money to cover the cost of health care, due to the rise in living costs.
- Care homes are struggling to find enough staff to look after their residents.

## **What we've heard September**

- People are relying on foodbanks for food and essential items.**
- People are worried about the older generation within their community and how the cost of living is effecting them and their health.**
- People are worried about the winter coming with cost of heating.**

# Why we use the term disabled people

At Healthwatch York, we follow the social model of disability and therefore use the term disabled people as a political one. People may have physical or sensory impairments, mental health conditions, or learning difficulties, but they face barriers in daily life because of the way society has developed. They are, in essence, disabled by society.

For example, a wheelchair user may have a physical impairment, but if buildings are developed with ramps and lifts, they are not 'disabled'. Similarly, if we provide sign language interpreters at meetings, Deaf people who use signing are not disabled, but if we do not, they are.

In this report we directly quote the words people used in the survey. It is vital these voices are heard, as disabled people face some of the most significant barriers to accessing facilities, places and services many of us take for granted.

We are aware that some people are more comfortable talking about “people with disabilities”. We do not wish to tell anyone how they should describe themselves, and we aim to reflect their terminology in our one-to-one conversations with them.

But, we feel it is important that as an organisation we use the terminology that reflects our belief in empowering people and removing barriers to their inclusion.

We have worked closely with a number of disabled people who are passionate campaigners for a greater understanding of the social model. We hope by using their preferred wording, and explaining why we do this, that we contribute our voices and demand social change.



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