

What we heard about healthcare

North Yorkshire and the Humber



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“This report matters because it reflects what people are really experiencing day to day. When people take the time to share what is working and what is not, it gives a clear picture of where care needs to improve. Listening to these experiences is essential if care is going to work for everyone.”



Report published in April 2026

What we heard about healthcare in 2025

Introduction

This report brings together what people have told their local Healthwatch. It draws on feedback collected across North Yorkshire, York, Hull, East Riding of Yorkshire, North Lincolnshire, and North East Lincolnshire.

It reflects people's experiences of using the NHS and social care, highlighting where things work well and where people face difficulties.

We have organised the findings into key things that came through consistently in what people told us:

- Accessing care, including waiting times and digital access
- Challenges navigating care
- Difficulties getting the right support
- Quality of care
- How care is organised and delivered, including staffing levels and how much demand staff are dealing with
- Financial barriers

People shared a wide range of experiences. Many described compassionate care and positive outcomes. At the same time, others told us about ongoing difficulties, including long waits, unclear processes and barriers to getting the right help.

By bringing together experiences and views, this report provides a clear and balanced picture of how care is working for people. It highlights common patterns while recognising that experiences can vary locally. Most importantly, it ensures that the voices of patients, carers and families are heard and can help shape improvements.

Access to healthcare

Feedback from across Humber and North Yorkshire shows that getting healthcare remains a significant concern for people.

People told us that barriers are often shaped by where they live, how easy it is to travel and how long they must wait. While some people described smooth and timely care, many others shared ongoing difficulties that affect their ability to get help when they need it.

Getting care generally

Locally people frequently told us that simply getting to appointments can be difficult. This is especially true in rural and coastal communities, where transport options are limited.

In North Yorkshire, transport was repeatedly identified as a barrier.¹ One person explained:

“If you don’t drive, you’re stuck. There’s no way to get to an appointment unless someone takes you!”

Another person in North Yorkshire described how distance and limited bus services meant they sometimes had no option but to cancel care:

“I have had to cancel outpatient appointments as the hospital is too far away from where I live. There is a very poor bus service, so I have to rely on my family to take me if they can take time off work.”

¹ [Patient Transport Report](#)

Similar issues were reported in York, where people described how the location of appointments can create additional challenges for those relying on public transport. One person said:

“Every time I get a face-to-face appointment, it is at the GP surgery, which is only accessible from the village by public transport by taking a bus into town and a bus out to it. This takes over an hour and is not really feasible if you’re unwell.”

They also highlighted how this affects ongoing care, noting that some people needing regular treatment must travel long distances because help is not available closer to home.

Transport challenges were also raised in East Riding and North East Lincolnshire. In East Riding, changes to eligibility for non-emergency patient transport mean that some people can no longer get help they previously relied on. In North East Lincolnshire, people described what happens when transport arrangements fall through, including missed or rearranged appointments due to driver shortages.

Alongside transport, being able to see an NHS dentist was one of the most consistent concerns across the whole region.

In York, people described how difficult it is to find an NHS dentist, even in urgent situations. One person told us:

“The receptionist basically laughed at me and said those places were filled really quickly as they’d had a queue outside when people found out.”

Another person said:

“I live in York; I have two broken teeth causing me constant pain and an abscess. The only emergency dentist with availability is in Leeds. I live on painkillers as I can’t get help.”

In North Lincolnshire, some people told us they had been left without any dental care at all:

“I don’t have a dentist anymore.”

Others described calling multiple practices listed as accepting NHS patients, only to find that none were taking on new registrations.

In North East Lincolnshire, similar issues were reported. People described waiting lists of several years for registration, while others have been forced to travel long distances to stay with a dentist elsewhere. One family said they continued to travel several hours back to their previous dentist because there were no local NHS options available.

Some people also told us that understanding how to get help can be confusing, particularly for younger people or those less familiar with how care works. In Hull, young people said they were not always aware of what help is available or how to access it. They also suggested that some types of support, such as sexual health, could feel easier to approach if offered in community settings rather than clinical environments.

Despite these challenges, people also shared examples where things worked well. One person in North Yorkshire described a smooth and timely experience:

“I was referred within a month and seen at Harrogate Hospital.”

These experiences show that when things work well, people can get the help they need quickly and with clear support.

Waiting times

Waiting times remain a major concern across the region, affecting both urgent care and the timeliness of follow-up care.

People described the stress and uncertainty of waiting for appointments, test results or treatment.

In York, one person described the anxiety of waiting months for the results of a heart MRI scan:

“My anxiety levels are higher than ever while I am waiting. I just want my scan results.”

Others told us they were waiting long periods for specialist care. Across North Yorkshire, we heard examples of people waiting many months for appointments or procedures, including:

“I’ve been waiting more than 11 months for a gynaecology appointment.”

Another person described living in “severe pain” while awaiting knee replacements.

In some cases, people reported being referred but hearing nothing for long periods. One person explained:

“In North Yorkshire, I was referred and heard nothing for 8 long months. I contacted them to check that I hadn’t been forgotten and was told I was on a waiting list.”

Waiting times can also have a significant emotional impact. In Hull, one person said:

“It is impacting me immensely. To know that there could be something available for me that could help me and not have access to it feels cruel and ridiculous. It feels very unfair and frustrating”

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When trying to get a GP appointment, some people described the booking process as difficult to use. One person in North Lincolnshire said:

“Making GP appointments is difficult. There are no routine appointments available for at least a month in advance.”

Experiences of urgent and emergency care were mixed. Some people described quick and effective treatment, even when departments appeared busy. However, others shared more concerning experiences, including long waits and people leaving before being seen.

Overall, feedback shows that long waits, limited updates and uncertainty about what happens next can have a significant impact on people’s wellbeing, particularly when they are already unwell.



Digital access

The increasing use of online tools in healthcare is changing how people get help. For some, this has made things quicker and more convenient. For others, it has created new barriers.

Some people told us that online tools can improve convenience and make it easier to manage appointments. One person in North Yorkshire said:

“I used the NHS app, and it made it so much easier to book and manage appointments.”

Others described receiving quick responses when using online tools to request prescriptions or ask questions.

However, people reported the opposite experience, particularly where online tools replace other ways of getting help.

In York, one person described how their GP requires an online form to request an appointment, but the form is often unavailable:

“When I get home to fill in the form, it is always disabled and says it will come back next day in the morning. It is very worrying when the form is not available, as it makes it harder to get help when needed.”

In East Riding, people told us that digital-first approaches can unintentionally exclude those who do not have smartphones or feel confident using apps. One person said:

“I was just told to book on the NHS app, but I don’t know how to set it up.”

In North East Lincolnshire, some people felt that online options do not take account of people without internet access or those less confident using technology. One person said:

“The appointments are online and they assume you have the internet, it’s not good for the over 40s.”

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Others described receiving care entirely through digital platforms without speaking to a clinician. One person in North East Lincolnshire said:

“Everything was done on an app. I was given an exercise plan, and that was it. I haven’t even spoken to anyone.”

For some people, particularly older people, those in rural areas, or those who prefer face-to-face contact, online options can create an additional barrier rather than improving access.

Overall, feedback suggests that while digital tools can work well for people, there needs to be a balance so that people are not excluded.

Additional experiences

People in York described delays in getting assessments:

“My mother-in-law went to the GP thinking she might have dementia. It took two years before she saw someone.”

In North Lincolnshire, people spoke about the impact of not being kept informed:

“It would have been better if we were told that the blood test would take six hours. Then we could have gone to get some refreshments and avoided the stress of not knowing what was happening.”

People in North East Lincolnshire described long waits for dental care:

“He has now been told that it is a two-year waiting list. He can be seen for an emergency appointment, but he would then have to return to the waiting list.”

In North Yorkshire, people highlighted how appointment tools can affect those who work:

“The appointments this surgery offers do not support people who work full-time. You are told to sit and wait for hours to be seen. This doesn’t feel like this is how a GP practice should be run. It feels like it is operated like an urgent treatment centre.”

People in North Yorkshire also described long waits for equipment and support:

“I was referred by my doctor six months ago to get an electric wheelchair due to my condition. The doctor referred me to the NHS wheelchair service, and I have not heard anything back from them in months. I am unsure what to do now. I am struggling to get by and don’t know how much longer I can wait.”



Finding your way through care

Feedback shows that people find it difficult to understand how to get care and who to contact for help.

People told us they can struggle to know where to go, how to raise concerns, and how to get clear information about what is happening with their care or what will happen next.

Raising concerns and complaints

Healthwatch heard about the difficulties when attempting to raise concerns or complaints. Some individuals reported uncertainty about how their concerns were handled after contacting the Patient Advice and Liaison Service², while others felt there were delays in receiving responses.

In North Lincolnshire, one person told us that their complaint had been passed on without their consent, which left them feeling uncomfortable and unsure about the process:

“I made a complaint to the hospital Patient Advice and Liaison Service at the time, and they passed my complaint onto the matron, who rang me asking if I had complained. I don’t remember saying that I wanted my complaint passed on. People feel uncomfortable raising concerns. I have already logged a call with them earlier in the week. They said that someone would get back to me in 5 to 10 days.”

Experiences like this show how important it is for people to understand how their concerns will be handled and who will respond.

² [What is PALS \(Patient Advice and Liaison Service\)? – NHS](#)

Communication and coordination

In some cases, poor communication between teams had a direct impact on families already dealing with difficult situations.

In North Lincolnshire, one family described delays following the death of a relative, caused by difficulties contacting another hospital team:

“It then came to light that the mortuary team had been trying to contact cardiology Castle Hill all week to arrange for mum’s implantable cardioverter defibrillator (a heart device) to be dealt with ahead of cremation – and that this still hadn’t been resolved.”

They explained that this lack of coordination added distress at an already difficult time and that they were even asked to organise transport between hospitals themselves.

Some people told us they did not feel listened to or taken seriously.

In East Riding, one person contacted Healthwatch after feeling unsure how to take their concerns further. They described confusion about the complaints process and the difference between raising a concern and making a formal complaint.

In North Lincolnshire, people also shared experiences where they felt their concerns were not fully considered during appointments. For example, some people told us that discussions focused mainly on weight, rather than other health issues they wanted to raise.

Knowing where to go for help

People told us that it is not always clear where to go for help.

Across East Riding, some people described being passed between different places, such as their GP, an urgent treatment centre or Accident and Emergency, without clear advice. This led to frustration and delays in getting care.

In North East Lincolnshire, one person said their appointment letter did not include any information about how to arrange transport, leaving them unsure how to get to the hospital.

These experiences show how unclear information and a lack of guidance can make it harder for people to get the help they need.

Digital and telephone systems

Digital and automated tools were also raised as a barrier for some people.

In North Lincolnshire, one person described difficulties using an automated telephone system when trying to book an appointment:

“I telephoned the surgery to make an appointment and was put through to the AI receptionist. There was a delay after each time she spoke, making me repeat myself and think it had a cut-off. I had to list my medication, and when it repeated them back, it was wrong. I gave up and went online instead to request an appointment.”

This shows how tools designed to make things quicker can sometimes make it harder for people to get help, especially if they are not easy to use or do not work reliably.

Overall

Overall, people told us that finding their way through health and care can feel complicated, especially when they are dealing with more than one organisation or trying to resolve a concern.

People highlighted the importance of clear information, timely responses and feeling involved in decisions about their care. As one person in Hull said:

“People want to feel that their care is happening with them and not to them.”

Additional experiences

People across the region also shared the following experiences, which reflect many of the challenges described above.

In North Lincolnshire, one person raised serious concerns about communication and care:

“I felt very concerned about the standard of care and the level of communication between staff. From my experience, I did not feel confident that patients were always safe.”

In North East Lincolnshire, one person described the emotional impact of not being able to speak to someone directly:

“The daughter of a patient rang to ask if she could speak to the Patient Advice and Liaison Service, as she had tried many times without any response. The lady was in tears and explained that she wanted to speak to them about one of her parent’s recent cancer diagnosis. She did not want to speak to a machine, she wanted to speak to a person.”

In North Lincolnshire, one person described uncertainty around test results and ongoing symptoms:

“Nothing has gone well apart from one emergency prescription. I was sent for an ultrasound for suspected stomach cancer. The results are not on my file, but the GP said it was clear. I have no alternative cause. I still have pain.”

In York, one person described how a diagnosis was communicated in a way they found difficult:

“My aunt was diagnosed with stage 3 kidney disease by text message. There was nothing else, no information, no opportunity to talk to anyone, just a text. It is appalling.”

In North Yorkshire, one person described confusion around appointment communication:

“I received a letter in February telling me that my appointment for 7th March was cancelled and changed to 10th March. I never received an appointment for the 7th.”



Difficulties accessing the right support

Feedback shows that people do not always get the support they need in a way that works for them.

People told us about challenges getting the right help, particularly when they have a disability, a long term health condition or a communication need. While some people shared very positive experiences, others described barriers that made it harder to get support or have their needs understood.

Good support and planning

Some people shared examples of good practice, where their needs were recognised and planned for in advance.

In York, one person described how support from a specialist hospital team helped make sure their needs were understood throughout their care:

“I have been in touch with the Autism Liaison Service at the hospital about a forthcoming operation. They helped me to do a health passport and made sure that the person doing my pre-op saw my passport and so met my reasonable adjustments.”

They also explained that staff were working together ahead of their admission, helping to make sure the right support was in place.

Communication support

However, other people told us that support is not always provided consistently, particularly for those with communication needs.

In York, people who use British Sign Language³ described difficulties getting an interpreter at appointments. One person said:

“I have been to York Hospital many times, and often they cannot find the interpreting tablets, or they do not work as the Wi-Fi is not good enough. Lots of times I get there, and there is no interpreter.”

Another person described waiting many hours in urgent care without support:

“On arrival we explained that we are both deaf and needed an interpreter. We were waiting nine hours and never got an interpreter.”

These experiences show how important it is that communication support is reliable and available when people need it.

Transport and access

People also described challenges linked to transport and getting to appointments.

In North Lincolnshire, one person explained how they were not eligible for patient transport, despite having significant mobility needs:

“I was refused transport because I am not on oxygen or such, even though I am permanently in a wheelchair. I must travel nearly an hour in a taxi or nearly two hours on a bus.”

³ [What is British Sign Language?](#)

In North Yorkshire, another person described a similar experience:

“I have bad spinal arthritis, but because I can just walk 15 meters away or so, my local patient transport says that is enough to rule me out of assistance.”

These experiences suggest that current eligibility criteria⁴ may not always consider the wider impact of mobility issues or the practical realities of travelling to healthcare appointments.

Getting specialist help

Some people also told us about the challenges of trying to get specialist help.

In North East Lincolnshire, one family described ongoing difficulties moving their daughter’s care to a specialist children’s hospital. They said that referrals had been sent incorrectly and that they had already been waiting several weeks for a response, despite raising concerns with the Patient Advice and Liaison Service.

These experiences highlight how delays and unclear processes can make it harder for people to get the care they need.

Mental health and neurodiversity

In York and Hull, people also highlighted challenges getting the right support for neurodivergent people and those needing mental health support.

⁴ [What’s changed with non-emergency patient transport — and what it means for you](#)

Some people described long waits for assessment and limited support while waiting. Others said that support did not always feel suitable, with one person explaining that approaches could be too general and did not meet individual needs.

People also told us that they did not always feel listened to, particularly when their needs were seen as too complex or not severe enough to meet thresholds for support.

Overall

Overall, feedback shows that support is not always consistent or tailored to people's needs.

Positive examples show that when staff plan ahead, communicate clearly and understand individual needs, people have a much better experience. However, a lot of people told us that barriers remain, particularly around communication, transport and getting specialist help.



Additional experiences

People also shared the following experiences.

One parent described the difficulty of getting communication support:

“I booked an appointment for my three-year-old son in York. I am a British Sign Language user, which the GP practice knows. However, there was no interpreter. They said it was because the appointment was last minute, but they did not even offer a video service. It feels like a fight every time.”

In North Lincolnshire, we heard concerns about how decisions around transport are made:

“I have a patient who is a double amputee and is visually impaired who no longer can access patient transport since the change in service. Probing questions are asked to determine whether a patient can afford to take a taxi.”

In Hull, one person described the environment while waiting for care:

“They could do with more comfortable chairs, especially when people are waiting long periods of time or are disabled. There has been no food or water offered while I have been here.”

One person described a situation involving end of life care:

“A relative of a patient in North East Lincolnshire who was living with dementia was denied travelling with her husband in patient transport, even though he was end of life care.”

In York, one parent described the difficulty of getting help for their child:

“My son is probably neurodivergent but has not got a diagnosis. I have been trying to get help, but the referrals keep being rejected. It feels like I’m not being listened to.”

What we heard about healthcare in 2025

The quality of care

Feedback shows that people's experiences of care vary widely.

People shared positive experiences, describing kind staff, effective treatment and support that made a real difference to their lives. At the same time, others told us about experiences where communication, dignity or follow-up support did not meet their expectations.

Positive experiences

Healthwatch heard about care where staff went above and beyond to support people.

In York, one person living with type 2 diabetes reflected positively on their experience:

"I have type 2 diabetes and moved here from the south in 2011. I have had wonderful care and support. I think if I'd stayed in the south, I would have lost my sight by now."

Others shared positive experiences of maternity care. In York, one person described their experience as exceptional:

"The whole experience from start to finish was amazing. The staff on labour ward were unbelievable. They couldn't do enough for you. Every step they made sure you were okay and your needs came first."

These experiences show the difference that attentive and compassionate care can make to people's confidence and wellbeing.

People also highlighted how important it is for staff to take time to listen and respond.

In York, people spoke positively about GPs who took a thoughtful and proactive approach. One person with a long-term condition explained how much it meant to have a GP who took time to understand their needs, including arranging a follow-up appointment after researching their condition.

Another person in York described how quick action from their GP made a significant difference:

“The GP was fantastic. They helped me detox and got me the medication I needed within two hours. They saved my life.”

Positive feedback was also shared in North Yorkshire, where people described staff as kind, supportive and professional.

One person reflected on the support they received when addressing trauma:

“I was supported by primary and then local secondary care to work on childhood trauma. I cannot express how grateful I am to the staff who have helped and supported me.”

Others described positive experiences with emergency care. One person said that paramedics were kind, supportive and compassionate when responding to a fall at home.

In North East Lincolnshire, people also highlighted how preparation and attention to detail can improve experience.

One person described attending a physiotherapy appointment where the clinician had reviewed their records in advance:

“The physiotherapist had my notes and scan results ready before the appointment.”

They explained that this helped them feel confident that their needs were understood.

Communication and dignity

Alongside these positive experiences, people also shared examples where care did not meet their expectations.

In York, one person described receiving a diagnosis in a way they found abrupt and distressing:

“He had told me I had epilepsy and said if I had come by car, I could not drive home or drive again as I was a danger to others. I was really shocked by this and by the way he told me.”

This highlights how the way information is communicated can have a lasting impact, even when the diagnosis itself is important.

Other people described experiences where they felt they were not treated with dignity or compassion.

In York, one person attending urgent care said:

“I had been vomiting for four days and had started to vomit blood. I was left sitting on a chair for 14 hours without any pain relief.”

They felt that their previous experiences with addiction influenced how they were treated, which left them feeling judged and reluctant to seek help again.



Safety and discharge

In North Lincolnshire, people also raised concerns about safety and standards of care.

One family described finding their father distressed in a hospital car park, despite being told he would be kept safe on the ward.

Another person described being discharged with a medical device still in place:

“They discharged me without taking out the cannula. I got it caught on the crutch and left a trail of blood everywhere.”

These experiences show how important it is when it comes to clear communication, safe discharge processes and consistent care.

People also told us about gaps in communication around diagnosis and treatment.

In North Lincolnshire, one person explained that their husband’s condition had been visible on scans but had not been communicated to him, leading to delays in treatment and prolonged pain.

Follow-up care

Some people described a lack of follow-up support after treatment.

In North East Lincolnshire, one person recovering from a serious leg injury said they felt support ended too soon:

“I used to be very active, but now I cannot even walk to the shops. I am still in significant pain.”

Overall

Overall, people told us that the quality of care they receive is not consistent.

We heard about positive experiences where staff were kind, attentive and responsive, and where care made a real difference to their lives.

However, others shared experiences where communication, dignity, safety or follow-up support fell short. These experiences show how important it is to provide care that is not only clinically effective, but also compassionate, well communicated and consistent.

Additional experiences

People across Humber and North Yorkshire also shared the following experiences:

In York, one person described the importance of feeling listened to:

“I’ve had ME/CFS for five years and have found it very difficult to find medical support. Having someone who seems to genuinely care and tries to help makes a huge difference.”

In North Lincolnshire, one person described a situation that raised concerns about dignity:

“A gentleman was examined in a baby changing room next to the toilets as all cubicles were full.”

In Hull, one person described a positive experience of care:

“I arrived this morning at 8 am. The process was good. They were gentle and kind, and they felt very connected to their work.”

In North East Lincolnshire, one person described a positive experience of follow-up care:

“The staff are really helpful and had referred her to the Orthopaedic Clinic due to issues with her knee following a recent operation.”

In North Yorkshire, one person described a very difficult experience at the end of life:

“We had to beg for pain relief. My partner died in agony and did not receive the care he deserved.”



How care is organised and delivered

Feedback from across Humber and North Yorkshire shows that how care is organised, along with staffing levels and pressure on staff, can have a direct impact on people's experiences.

While some people described improvements or well-coordinated care, others told us about difficulties caused by delays, poor communication, administrative errors and a lack of staff.

How care is organised

People described situations where the way care is organised affected the treatment they received.

In York, one person explained that important information in their medical records had not been acted on:

“My medical notes stated that I was allergic to a particular antibiotic, but I was given that antibiotic and I nearly died.”

In the same area, another person described how they were questioned about attending urgent care, despite having a serious condition:

“When I went to A&E, the receptionist challenged me, saying I should have gone to my GP.”

They were later diagnosed with a ruptured appendix and required surgery the same day. These experiences highlight how early decisions and communication can affect patient safety.

Communication and coordination

People also told us about problems caused by poor communication and a lack of coordination between teams.

In North Lincolnshire, one person said they were unable to speak to someone in person when trying to raise a concern and were instead directed to call a telephone number. Another person described how incorrect information had been recorded in their medical records for many years, including a drug allergy dated long before they were born.

In York, one family described how their father was transferred back to hospital following emergency brain surgery but was placed on a ward that did not meet his needs:

“York put him on a respiratory ward when he had no respiratory issues. No assessments were conducted, no communication was undertaken with family, and no relevant specialist was aware.”

They felt that this lack of coordination delayed the support he needed for recovery.

People also described confusion about what should happen after a death. In York, one person explained that after their relative died at home, they were given conflicting information about who was responsible for issuing the death certificate. This led to delays and confusion between different organisations.

Getting responses and raising concerns

People told us it can be difficult to get a response when raising concerns.

In East Riding, we heard from more people who were struggling to book appointments or contact their GP practice. People also described difficulties getting responses after raising concerns, with some feeling their issues had not been acknowledged.

Similar issues were reported in North East Lincolnshire, where some people described lengthy complaint processes or difficulty receiving responses. One person explained that after contacting the patient experience team about their concerns, the case had remained unresolved for a significant period before eventually being closed without further treatment.

Others described confusion when attempting to escalate concerns, with the NHS Integrated Care Board⁵ advising them to contact the patient experience team again after they had already done so.

Getting specialist help

Some people told us about gaps in specialist care.

In York, one person explained that although their condition could be identified locally, treatment was not available:

“He basically said that York Hospital cannot treat people with postural tachycardia syndrome⁶, a condition that affects heart rate and causes symptoms such as dizziness and fainting. The closest place is Sheffield, but they are refusing to take his patients.”

⁵ [NHS England » What are integrated care systems?](#)

⁶ [Postural tachycardia syndrome – NHS](#)

This left them unsure where to go for help. These experiences show how gaps in specialist care can create uncertainty for both patients and staff.

Staffing levels and high demand

People also described the impact of staffing pressures and the number of staff available.

In York, one person described trying to get support for a family member with dementia but being told there were no social workers available.

Others described how staff appeared rushed and under pressure. One person said their carer repeatedly told them:

“I’ve got to get everyone out of bed!”

This left them feeling that care was being rushed and not tailored to their needs.

In North Yorkshire, people also described how cancellations and changes affected their care. One person explained:

“They are always cancelling appointments, so we give up! It makes it feel difficult to continue seeking help.”

Another person said that changes to clinic hours had been made without clear explanation, which made it harder to access care.

However, there were also examples where changes had improved people getting care. One person said that a new way of booking an appointment had made it easier to contact their GP practice.

Overall

Overall, feedback shows that how care is organised, along with staffing levels and communication between teams, plays a key role in shaping people's experiences.

While some changes have improved access and coordination, people told us that pressure on staff, administrative processes and limited capacity can make it harder to get timely and effective care.

Additional experiences

People across Humber and North Yorkshire also shared the following experiences:

In York, one person described how the booking system can affect their experience, even when staff are supportive:

"The GPs are all fantastic, but the GP practice feels disorganised and communication could be improved."

In North Yorkshire, one person described how delays in recognising an issue affected their care:

"Our local GP really let us down, and we were lucky that a physiotherapist at my husband's work noticed something was wrong."

Financial barriers

Feedback shows that the cost of care can be a barrier for many people.

People told us about the impact of paying for dental treatment, travel and other costs linked to appointments. These pressures can affect whether people seek help, how quickly they get treatment and their overall experience of care.

Cost of dental care

Getting NHS dental care remains a major concern across the region. People told us they have been unable to find an NHS dentist and have felt pushed towards private treatment instead.

In York, one person said:

“I am on Universal Credit and have had a lot of problems with my teeth. It got so bad I had to go private, and the treatment cost £125. I just cannot get an NHS dentist in York.”

In North East Lincolnshire, people described long waiting times and limited local options. One person said they had been waiting over three years and were unable to travel to an alternative appointment due to their age and transport difficulties.

In East Riding, people also described feeling they had little choice:

“I cannot afford to go private, but I do not see any other way.”

Ongoing and rising costs

For some people, the cost of private dental care is not a one-off expense but something they face repeatedly.

In York, one person described facing ongoing costs of around £900 for treatment, raising concerns about how to manage what they described as “sky high prices”.

Others described struggling to afford even basic care, including check-ups or hygiene appointments. In North East Lincolnshire, one person said they were unable to afford an initial private consultation costing £200.

These experiences show how ongoing costs can lead people to delay or avoid care, which may affect their health over time.



Travel and transport costs

Travel costs were also raised as a significant barrier, particularly for people living in rural areas.

In East Riding, one person described the cost of getting to appointments:

“I had to pay for a taxi. It cost me £75 each way.”

In North Lincolnshire, an older person who uses a wheelchair described spending £30 on taxi fares in a single week to attend appointments.

In North East Lincolnshire, people without access to a car told us they were unable to attend appointments offered in other areas because they could not afford the travel costs.

These experiences show how distance and cost can make it difficult for people to attend appointments, even when care is available.

Fairness and choice

Some people raised concerns about fairness and differences between NHS and private care.

In North East Lincolnshire, one person described being quoted £500 per tooth privately while being unable to get a hospital referral. This left them feeling that they would need to become more unwell before being eligible for NHS treatment.

Others told us they felt pressured to consider private options, even when they could not afford them. Some people said this made them feel excluded from care.

Additional costs linked to appointments

People also described other costs linked to attending appointments.

In North Yorkshire, one person described the cost of a short dental check-up as **“very expensive for such a short visit”**.

We also heard that the **“overall cost of care can quickly add up, especially when further treatment is needed”**.

People also spoke about additional costs such as hospital parking, particularly when they were required to attend early or for multiple visits.

Overall

Overall, feedback shows that financial pressures can affect whether people are able to get the care they need.

The combination of limited NHS dental availability, high private costs and the cost of travel means some people feel they have no affordable option. This can lead to delays in treatment or people avoiding care altogether, which may have longer-term impacts on their health.



How experiences vary across the region

People told us about several common issues around getting care, finding help, the quality of care and staffing levels.

However, people's experiences are not the same everywhere. The challenges they face are often shaped by where they live, how care is set up locally and the needs of the population.

North Yorkshire and York

In North Yorkshire and York, being able to get help is strongly shaped by distance, transport and availability of care.

People frequently described long travel distances and limited public transport as major barriers. One person in North Yorkshire said:

“If you don't drive, you're stuck. There's no way to get to an appointment unless someone takes you!”

People told Healthwatch they have to travel long distances even for routine appointments or ongoing care.

In York, similar challenges are seen, particularly for dentistry and care provided in the community. People described long waits, limited availability and, in some cases, having to rely on emergency or private treatment.

Waiting times are another shared concern. People spoke about delays in diagnosis and long waits after being referred for further care. These delays can increase anxiety and, in some cases, affect people's health.

Experiences of online tools are mixed. Some people said they found them helpful. One person in North Yorkshire explained:

"I used the NHS app and it made it much easier to book and manage appointments."

However, others found online systems difficult to use or not available when needed. In York, one person said that online forms were "always disabled" when they tried to complete them.

East Riding and Hull

In East Riding and Hull, people's experiences often relate to understanding how to get help and knowing what is available.

In Hull, particularly among younger people, there is a clear need for better information and more accessible ways of getting support. Some people said:

"I am not always aware of what is out there in terms of care and support and how to use it."

In East Riding, people described confusion about where to go for care. Some said they were unsure whether to contact their GP, go to an urgent treatment centre or attend A&E. Others described being passed between different places without clear guidance, which led to delays and frustration.

Digital access was also raised as an issue. Some people said that a digital first approach can make it harder to get help if they do not have the right technology or confidence to use it.

Transport remains a challenge in this area as well, particularly following changes to eligibility for non-emergency patient transport. Some people said these changes have made it harder to attend appointments, especially in rural or coastal areas.

People also described difficulties raising concerns or getting a response, including problems contacting their hospital Patient Advice and Liaison Service (sometimes called patient experience teams) and understanding how to make a complaint.

North Lincolnshire and North East Lincolnshire

In North Lincolnshire and North East Lincolnshire, people's experiences are more often linked to staffing levels, communication and continuity of care.

Seeing an NHS dentist was raised as a major concern across both areas. People described long waiting lists, a lack of available appointments and feeling pushed towards private treatment.

In North Lincolnshire, one person said they contacted several dental practices listed as accepting NHS patients but found that none were able to take them on. In North East Lincolnshire, another person described being on a waiting list for up to three years.

These issues are often made worse by transport difficulties and eligibility rules. Some people said they were unable to attend appointments because they could not get patient transport or did not meet the criteria.

People also raised concerns about communication and coordination. This included delays in responses, unclear processes and feeling unsupported when trying to raise concerns.

Some people described being unable to speak to a person at difficult times, instead being directed to voicemail or left waiting for updates.

Workforce pressures were also reflected in people's experiences, affecting appointment availability, consistency and the overall quality of care.

Overall

Across all areas, some issues are consistent, particularly getting to see an NHS dentist, waiting times and the impact of staffing pressures.

However, the way these issues are experienced varies.

In North Yorkshire and York, distance and transport are the main challenges. In East Riding and Hull, people more often struggle to understand how to get help and where to go. In North Lincolnshire and North East Lincolnshire, concerns are more focused on communication, continuity and the availability of care.

These differences show how important it is to improve care in ways that reflect local needs. While some challenges are shared, the reasons behind them and the ways to address them are often specific to each area.

Conclusion

Feedback from across Humber and North Yorkshire shows that people's experiences of care are mixed.

Many people described positive care, with staff who are kind, supportive and make a real difference to their lives. At the same time, others shared experiences where delays, communication issues or barriers to access made it harder to get the help they needed.

Several common issues were raised.

Getting care remains a challenge for a lot of people.

Long travel distances, limited transport and difficulty accessing NHS dental care were raised consistently. Waiting times, including delays in diagnosis and long waits after being referred, continue to affect people's wellbeing.

It can also be difficult to understand how to get help or what will happen next.

Unclear communication, delays in responses and being passed between different organisations adds to frustration and uncertainty.

For some people, getting the right support remains a challenge.

This includes people with disabilities, long term conditions or communication needs, who do not always receive support in a way that works for them.

The quality of care people receive is not always consistent.

While many experiences were positive, others highlighted concerns about communication, dignity, safety and follow-up support.

How care is organised also plays an important role.

People described how staffing pressures, administrative processes and coordination between teams can affect their experience.

Financial pressures were also raised as a growing concern.

The cost of dental treatment, travel and other expenses can affect whether people seek help or are able to get care.

Overall, this report highlights the importance of listening to people's experiences and using this feedback to improve care.

While there are many examples of good practice, the challenges described show that there is still more to do to make sure care is accessible, consistent and works for everyone.

Making it easier for people to get help, understand what is happening and feel listened to will be key to improving experiences across Humber and North Yorkshire.

As one person told Healthwatch:



"People want to feel that their care is happening with them, not to them."



Thank you to the people who shared their feedback with Healthwatch. Your voices will help inform and shape NHS healthcare and social care across Humber and North Yorkshire.

2025 reports

Healthwatch York

Quarterly reports

- January to March: <https://bit.ly/HWYQJ-M25>
- April to June: <https://bit.ly/HWYQA-J25>
- July to September: <https://bit.ly/HWYQJ-S25>
- October to December: <https://bit.ly/HWYQO-D25>

Themed reports

- Listening to Neurodivergent Families: <https://bit.ly/NDFamilies0125>
- Core Connectors – Young People’s Experiences of Health and Care: <https://bit.ly/CoreConnect0125>
- GP website audit report: <https://bit.ly/GPwebaudit25>
- GP access audit report: <https://bit.ly/GPaccessaudit25>
- Women’s Health: <https://bit.ly/Womens25>

Care home work

- Birchlands: <https://bit.ly/Birchlands0225>
- Riverside Care Complex: <https://bit.ly/Riverside0125>
- Rawcliffe Manor: <https://bit.ly/Rawcliffe0325>
- Mossdale: <https://bit.ly/Mossdale0425>
- South Park: <https://bit.ly/SouthP0525>
- The Oaks: <https://bit.ly/TheOaks0725>
- Ivy Lodge: <https://bit.ly/Ivy0825>
- The Lodge: <https://bit.ly/TheLodge1025>
- Amarna House: <https://bit.ly/AmarnaH1125>

Information and signposting

- Healthwatch York Dementia Guide, June 2025: <https://bit.ly/DemG25>

Healthwatch York magazines:

- Summer 2025: <https://bit.ly/SummerM25>
- Autumn 2025: <https://bit.ly/AutumnM25>

Healthwatch North Yorkshire

Themed reports

- Accessing Adult Social Care: Ethnic Minority Communities: [Accessing adult social care: ethnic minority communities | Healthwatch North Yorkshire](#)
- Non-Emergency Patient Transport Report: [Getting to healthcare: what people told us about patient transport | Healthwatch North Yorkshire](#)
- What Matters to Your Health and Wellbeing: ["Well, well, well" – What matters to your health and wellbeing? | Healthwatch North Yorkshire](#)
- Cancer Awareness: [What's awareness of cancer like across North Yorkshire? | Healthwatch North Yorkshire](#)
- Barriers in Farming and Healthcare: [Ploughing through barriers in farming and healthcare | Healthwatch North Yorkshire](#)
- Mental Health: [Building bridges to better mental health | Healthwatch North Yorkshire](#)

Feedback reports

- January to March: <https://www.healthwatchnorthyorkshire.co.uk/report/2025-05-01/what-we-heard-about-your-health-and-social-care>

- April to June: [What we heard about healthcare \(April to June 2025\) | Healthwatch North Yorkshire](#)
- July to September: [What Healthwatch heard about healthcare | Healthwatch North Yorkshire](#)
- October to December: [What Healthwatch heard about health and care | Healthwatch North Yorkshire](#)
- Annual Report 2024/25: [Unlocking the power of people-driven care | Healthwatch North Yorkshire](#)

Visits to care home reports

- Ashfield Court Care Home: [A closer look at life at Ashfield Court Care Home in Harrogate | Healthwatch North Yorkshire](#)
- The Millings Care Home: [Behind the doors: What life is like at the Millings Care Home | Healthwatch North Yorkshire](#)
- Leeming Bar Grange Care Home: [Listening, learning and improving care at Leeming Bar Grange Care Home | Healthwatch North Yorkshire](#)
- Hillcrest Care Home: [Listening and learning at Hillcrest Care Home, Catterick Garrison | Healthwatch North Yorkshire](#)
- Southlands Care Home: [Southlands Care Home, Harrogate | Healthwatch North Yorkshire](#)
- Beechwood Place Nursing Home: [Beechwood Place Nursing Home, Malton | Healthwatch North Yorkshire](#)

Healthwatch East Riding

Themed reports

- The Parkinson's Project: [Template](#)
- Goole Hospital: [Goole-Drop-ins-2025-min.pdf](#)
- Driffield Show: [Driffield-Show-2025-min.pdf](#)

What we heard about healthcare in 2025

Feedback reports

- September: [2509-HWERY-Intelligence-Report-September-2025-min.pdf](#)
- August: [2508-HWERY-Intelligence-Report-August-2025-min.pdf](#)
- July: https://www.healthwatcheastridingofyorkshire.co.uk/wp-content/uploads/gravity_forms/61-6aa3cf220f46365191ac5dd936ec6b99/2025/10/2507-HWERY-Intelligence-Report-July-2025-min.pdf
- June: [2506-HWERY-Intelligence-Report-June-2025-min.pdf](#)
- May: [2505-HWERY-Intelligence-Report-May-2025-min.pdf](#)
- April: [2504-HWERY-Intelligence-Report-April-2025-min.pdf](#)
- March: [2503-HWERY-Intelligence-Report-March-2025-min.pdf](#)
- February: [2502-HWERY-Intelligence-Report-February-2025-min.pdf](#)
- January: https://www.healthwatcheastridingofyorkshire.co.uk/wp-content/uploads/gravity_forms/61-6aa3cf220f46365191ac5dd936ec6b99/2025/05/2501-HWERY-Intelligence-Report-January-2025-min.pdf

Healthwatch Hull

Themed reports

- Cancer Awareness: [Public-report-on-cancer-awareness-in-Hull-Final-min.pdf](#)

Feedback reports

- July: https://healthwatchkingstonuponhull.co.uk/wp-content/uploads/gravity_forms/68-b8346e3e88d39a054831be6d7781d989/2025/09/July-Intel-2025-min.pdf
- June: [June-intelligence-2025-min.pdf](#)

What we heard about healthcare in 2025

- May: https://healthwatchkingstonuponhull.co.uk/wp-content/uploads/gravity_forms/68-b8346e3e88d39a054831be6d7781d989/2025/06/May-intelligence-2025-min.pdf
- April: https://healthwatchkingstonuponhull.co.uk/wp-content/uploads/gravity_forms/68-b8346e3e88d39a054831be6d7781d989/2025/05/April-Intelligence-2025-min.pdf
- March: [March-intelligence-2025-min.pdf](#)
- February: [February-Intelligence-Report-2025-min.pdf](#)
- January: [January-intelligence-2025-min.pdf](#)

Healthwatch Lincolnshire

Themed reports

- Mental Health: [Mental Health in Lincolnshire Research Project Report | Healthwatch Lincolnshire](#)
- GP access: [GP Access Snap Survey Report | Healthwatch Lincolnshire](#)
- Neurological Health Research: [Healthwatch Lincolnshire Neurological Health Research Project | Healthwatch Lincolnshire](#)

Feedback reports

- May: [Healthwatch Lincolnshire Update Report – May 2025 | Healthwatch Lincolnshire](#)
- March: [Healthwatch Lincolnshire Update Report – March 2025 | Healthwatch Lincolnshire](#)

Healthwatch North East Lincolnshire

Themed reports

- Focus Adult Social Care: [Focus-LD-Project-Report-cd-changes.pdf](#)
- GP website: [GP-website-audit.pdf](#)
- Cancer awareness: [Public-report-on-cancer-awareness-in-NE-Lincolnshire-Final-min.pdf](#)

Feedback reports

- December: [December-intel-report_-min-1.pdf](#)
- November: [November-intel-report_.pdf](#)
- October: [October-intel-report_-min.pdf](#)
- September: [September-intel-report_-003-min.pdf](#)
- August: [August-Intelligence-report-Copy-Copy-min.pdf](#)
- July: [July-Intelligence-report-min.pdf](#)



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