

healthwatch

East Riding of Yorkshire



Quarterly Report

Year 13, Quarter 2



Overview of Quarter 2

This report provides an overview of Healthwatch East Riding of Yorkshire's (HWERY) activities and achievements during Quarter 2 of the 2025/2026 year. During this period Healthwatch East Riding of Yorkshire was given the news, along with all other local Healthwatch teams, that as a result of the Dash review, that they were to be abolished and functions absorbed into the Department of Health and Social Care (DHSC), however the timeline has not yet been disclosed. Despite the news, we have continued our day-to-day engagement and project activities as normal.

Highlights from Q2

- Goole Hospital Community Engagement: Over 100 residents, including NHS staff and families, contributed their views on the future of Goole Hospital, shaping ICB planning and highlighting the need to retain key local services such as minor injuries and diagnostics.
- Youth Voice Impact: The Youth Engagement Project Officer relaunched college hubs, engaging 71 students at Bishop Burton and delivering the Sexual Health Education – Share the Information report, whose recommendations are already influencing education and health partners across East Riding.
- Collaborative Community Partnerships: We strengthened partnerships through projects with Endo Buddies, Parkinson's UK, and the Carers Advisory Group, supported by signposting, developing a

carers' handbook, and improving inclusion networks for people with dementia.

Healthwatch East Riding quarterly performance report

Quarter 2 2025/2026

Healthwatch East Riding are required to evidence activity and progress against each of the following outcomes, which are in line with the statutory functions of local Healthwatch.

Outcome 1 – Community Voice & influence

Key performance outputs (annual)

- Development of an annual workplan
- Produce at least 4 public engagement reports with clear recommendations and evidence they are being listened to and acted upon.
- Produce an annual report.

HWERY will play a central role in enabling local people to have their views, ideas and concerns represented as part of the commissioning, delivery, re-design and scrutiny of health and care services. HWERY will enable and support local people to understand how the health and care system works, express their views and share their experience. HWERY has a particular role to play in ensuring that the voices of people and communities who are easily ignored or excluded are heard.

Outcome 2 – Making a Difference Locally

Key performance outputs (annual)

- Regularly update annual workplan in response to local views.

- A comprehensive programme of Enter and View visits. To include visits undertaken and outcomes of reports submitted.
- Evidence that reports and recommendations are considered by commissioners & providers. To also include details of any research or investigation ongoing.

HWERY conducts formal and informal research and investigations of high quality, free from outside influence and manipulation, and does not act based on personal motives or those of interested parties but responds appropriately to issues and views raised by the public.

Outcome 3 – Informing People

Key performance outputs (annual)

- Annual survey of the public on HWERY’s visibility and effectiveness
- Maintain record of digital engagement and digital & face to face interactions
- Produce quarterly newsletter
- Recruitment of volunteers operating on an outreach basis

Service users, carers and the wider community in the East Riding of Yorkshire have easy access to appropriate support and advice and accurate information to enable them to make informed choices about health and care, for themselves and those for whom they care.

Outcome 4 – Relationship with Healthwatch England

Key performance outputs (annual)

- Make recommendations to CQC
- Provide HW England with local intelligence and insight and respond to requests from HWE to undertake specific work.

- Details of any issues referred to Healthwatch England / CQC

HWERY will work with Healthwatch England to enable people's concerns to influence national commissioning, delivery and the re-design of health and care services. Sharing reports, recommendations and issues identified at a local level enables a national perspective to be developed, incorporating local views from across the network.

Outcome 5 – Strategic Context & Relationships

Key performance outputs (annual)

- Establishment of an agreed HWERY governance structure and appointment of a governance body.
- Establishment and maintenance of appropriate staffing structure.
- Representation and participation in Health & Wellbeing Board.
- Annual 360° feedback on performance and conduct of HWERY.

HWERY will work positively and effectively at a strategic level, particularly through its place on the East Riding of Yorkshire Health and Wellbeing Board. HWERY will establish effective working relationships with key stakeholders and share its insight into local health and care services to inform their priorities. HWERY will work with existing networks to form relationships and ensure that the voice of the public is heard and, if needed, establish additional networks to ensure that lesser heard groups are also engaged and listened to.

Outcome 6 – Children Young People & Vulnerable Adults

Key performance outputs (annual)

- Children, young people and vulnerable adults are represented in all levels of HWERY activity.

- All HWERY representatives have sound knowledge of issues affecting children, young people and those who are most disadvantaged.
- Capacity and skills to work with these groups.

HWERY is effective in engaging and involving children and young people, vulnerable adults and particularly those who are most disadvantaged, in HWERY activities.

This report provides an overview of activity during Quarter 2 2025/26, mapped against these outcomes.

Communications and Engagement

Local Intelligence Reports (Outcomes 1+2)

Within this quarter we have completed three monthly intelligence reports which are shared via a distribution list and uploaded to the website. These reports detail every single piece of intelligence gained within that month and are categorised by service area.

Below is a summary of the three intelligence reports results from this quarter:

The main themes:

General Practice

- Access to services and booking appointments: Consistent difficulty reaching surgeries by phone or online, limited appointment availability, and frustration with digital GP online booking systems, excluding older or digitally excluded patients.
- Communication and being listened to: Reception barriers and feeling dismissed or not taken seriously by clinicians, as well as desire for better communication about ongoing conditions.
- Respect and compassion: Some praised long-standing, supportive surgeries, while others reported a lack of empathy and inconsiderate treatment of carers or vulnerable patients.

Secondary Care

- Continuity and coordination of care: People described disjointed pathways, particularly after discharge, and poor follow up between hospital and community services.
- Access and travel: Patients frustrated by being referred to distant hospitals (Scunthorpe, Grimsby, Hull) for treatments available locally, creating cost and transport barriers.

- Staff dedication vs system pressures: Staff at local hospitals like Goole were widely praised for professionalism and kindness, but morale was affected by uncertainty over service changes and workforce pressures.

Dental

- Severe lack of NHS availability: Multiple year waiting lists across coastal and rural areas, leaving many with no access other than expensive private options.
- Cost and inequality: Rising costs forcing patients to delay or forgo treatment.
- Quality of treatment (where available): Positive feedback for individual NHS and private dentists providing compassionate, thorough care despite system strain.

Pharmacy

- Reduced opening hours and service availability: People in smaller towns and villages reported closures or shortened hours limiting access to prescriptions.
- Signposting and advice gaps: Patients often unaware of pharmacy services that could prevent unnecessary GP or hospital visits.

- Medication shortages and delays: Concerns around access to regular prescriptions, particularly ADHD and HRT medications.

Social Care

- Respect, dignity, and communication: Complaints about intimidating safeguarding referrals and a lack of compassion in interactions with professionals.
- Access to appropriate support and housing: Many stories of individuals waiting months for home adaptations or care packages, often leading to repeated hospital visits.
- Workforce capacity and continuity: Care providers described staffing shortages and inconsistent support from social services, though collaboration forums (e.g. Parkinson's UK, Dementia Inclusion Network) were praised for improving communication.

Social Media (Outcomes 1 and 3)

Healthwatch East Riding has produced 34 individual social media posts, which have been shared over all platforms. This has been a balance of promoting our engagements, surveys and community partner content.

	Target	Q1	Q2	Q3	Q4
Newsletter subscribers		99	112		
Newsletter editions		1	1		
Website views		4713	1545		
Users		1125	781		
New users		1057	734		
Facebook Followers	900	812	832		
Facebook Views		18,612	15,271		
Instagram	50	53	59		
X Followers	1900	1612	1609		
Linked In	250	180	198		
TikTok followers	50	98	107		
TikTok likes	750	63	77		
TikTok views	50,000	9535	16,324		

*Despite having an X account, we do not currently actively post on this platform.

Engagement (Outcomes 1+2+6)

Primary and Secondary Care

Endometriosis and Adenomyosis Project

The project report for the Endometriosis and Adenomyosis project was distributed to stakeholders and made available for public distribution this quarter. The report, which was done in collaboration with Endo Buddies, has been praised for its content, capturing the voice of those with the condition. This piece of work continues to support Endo Buddies in raising awareness of Endometriosis and Adenomyosis, as well as a support resource to those with the condition. We will continue partnering with Endo Buddies and would like to thank them for the collaboration in this project.

Goole Hospital – Listening to Local Voices

During Quarter 2, we undertook research into the thoughts and feelings surrounding the future of healthcare services in Goole, ensuring members of the community were included in conversations about the future of their local health services.

Two public events were held in May and June 2025 at The Courtyard, Goole and Old Goole Working Men's Club, where the team spoke with around 100 residents, including NHS staff, families and retired professionals. Feedback was shared with the Humber and North Yorkshire Integrated Care Board (ICB) and Humber Health Partnership.

Key Themes

Trust and communication:

Residents described a growing mistrust in the NHS, believing Goole Hospital is gradually losing services to Scunthorpe and Grimsby. People called for greater transparency and consistent updates on future plans.

Access and travel:

Travel distance and cost were major concerns, especially for those without transport. Some patients reported being sent to other hospitals for short appointments available locally, and families worried about the impact this has on older people and young carers.

Staff and services:

Goole Hospital staff were praised for their dedication and care, but many expressed anxiety about redeployment and uncertainty about the hospital's future. Residents emphasised the need to retain minor injuries, diagnostics, orthopaedics and nurse-led clinics within Goole.

Impact and Next Steps

The engagement captured strong community attachment to Goole Hospital and highlighted how vital local care is for wellbeing and equality of access. Findings have been shared with NHS leaders to inform planning, and Healthwatch will continue to ensure the public are included in any future decisions about Goole's health services.

Adult Social Care

Care Home and Specialist Provider Forum

In July, we attended two forums hosted by East Riding Council – one for Care Home providers and one for Specialist Providers. Here we introduced Healthwatch and our work, in particular the work we are doing in collaboration with Parkinson's UK. In addition to the presentation, we brought Parkinson's UK resources such as information booklets and support group flyers which were greatly received. We got to chat to service providers about any concerns or issues they are seeing as well as offer Healthwatch visits to activity groups to gather independent feedback from residents.



Carers Handbook

We are pleased to be supporting the Carers Advisory Group to produce a handbook for unpaid carers in the East Riding. The handbook includes information on available support, rights as a carer and information on contingency planning.

This handbook will centralise all information for carers so that they are equipped with the most important information about their role as a carer. We are contributing information about available services, hospital processes, and how to have your voice heard.



The HWERY team continued to collect information and experiences relating to adult social care and feed back into the local authority, as well as assisting to signpost, where appropriate.

Community Services

Healthwatch Hubs

This quarter, we have continued the Healthwatch Hubs at both Love Driffield Community Centre and The Hinge Centre. Feedback from the engagements include:

- Pleased with the new offer of weight loss injections from Driffield GP Practice.
- Positive feedback about in-person services on offer at Love Driffield by Yorkshire Health Partners. This person found them really helpful, particularly the blood pressure checking.
- Feeling of being ignored by social services in Bridlington – this person's house is unsuitable but on the waiting list. They have continuous falls and trips to hospital due to limb amputation and MS. I signposted them to Café Neuro – a support group at The Hinge Centre for people with neurological conditions.
- Complications with eye procedure appointments at Malton hospital. The patients are told they are not allowed to drive immediately after the procedure but public transport is difficult from Bridlington. One person rang to change their appointment at which point they were offered Bridlington hospital, which they'd asked for months prior but denied.

Parkinson's Project

Data collection has finished, and we are currently writing up the report in collaboration with Parkinson's UK. To be on the distribution list for this report, please email Emma at elillico@healthwatcheastridingofyorkshire.co.uk

Dementia Inclusion Network

This network is a collaboration of organisational and service leaders to discuss how we can work together to make the East Riding more dementia friendly. Here, we share information from the Carer's Advisory Group and public engagements about how people affected by dementia are coping and what needs to change. We heard about research opportunities for people affected by dementia and how we can involve young people in discussions about dementia.

Google Digital Garage Training

Hosted at Bridlington Spa, the Google Digital Garage workshop provided free training on how to boost skills to improve confidence and digital literacy. This training covered the basics on how and where AI is already being used and how it can be used safely to increase creativity and efficiency in the workplace. Through working with communities, we hope to use the skills and knowledge gained to help digitally excluded communities in work moving forward.

Also covered were basics in advertising and promotion of services and how to target audiences to get noticed online and increase engagements. Overall, it was an interesting event with lots to take away from it.



Newsletter

In August, we shared the new issue of our quarterly newsletter promoting all our current projects and finished reports. To see all of our newsletters head to our [website](#).



Case Study

A Bridlington resident (pseudonym Greg) who is diagnosed with autism, asthma and diabetes has a suspected tooth infection causing pain. Whilst being visited by a community nurse, the nurse gave Greg the number for the community dentist service at Bridlington Hospital. The community dentist declined to see Greg and his GP practice have said they “don’t do referrals” to them. Greg interpreted this to be a slightly aggressive rejection. Greg’s mum explained that as Greg has been told “no”, he will not try or ask again because of his autism. As GPs cannot prescribe antibiotics for dental issues and there are no NHS dentists in Bridlington, Greg is left without care. Greg’s mum says that the emergency dentist appointments are usually given in Hull or York, which are too far to travel for Greg. In the meantime, Greg is using shop-bought gels to manage the issue and his mum describes his inability to receive treatment as “self-harm”.

Youth Engagement Project Officer

During Quarter 2, Healthwatch East Riding's Youth Engagement Project Officer continued to expand the reach and visibility of Youth Voice activity across the East Riding, ensuring young peoples lived experiences continue to inform local health and social care priorities.

Youth Voice Hubs

Following a summer break during July and August, hub sessions restarted in September at Bishop Burton College, marking the first youth hub of the 2025/26 academic year. The team engaged with 71 students, reconnecting with returning learners and introducing Healthwatch to new students.

Two light-hearted tabletop questions were used to open discussion – “Cheese on chips: yay or nay?” and “Have you heard of 5 & Drive?” The latter referred to a social media myth suggesting that consuming five alcoholic drinks is safe for driving. This led to rich discussions around alcohol awareness, rural transport challenges, credible information sources, and the effects of alcohol on developing brains. Students also reflected on social pressures around drinking and how to look after friends during nights out.

Through these sessions, students demonstrated a strong interest in understanding the risks of misinformation and wanted clearer, youth-friendly education around alcohol and health safety.

SEND Engagement and Parent-Led Drop-ins

This quarter saw sustained attendance at SEND Collective and East Yorkshire Parent Carer Forum sessions, with parents highlighting ongoing concerns around ADHD medication shortages, EHCP delays, and inconsistent communication between services.

At the Driffield session, Healthwatch facilitated direct engagement between families and clinicians from the Neurodiversity Front Door Service, enabling real-time responses to parent queries about assessment waiting times and medication management. Families expressed gratitude for this opportunity, noting it eased stress and strengthened trust in local services.

Further sessions explored Pathological Demand Avoidance (PDA) and Education Health and Care Plans (EHCPs), revealing both frustration and good practice examples from local schools. Parents consistently expressed the need for earlier intervention and clearer service accountability.

Autism & ADHD Partnership Board

Healthwatch continued to co-chair the East Riding Autism and ADHD Partnership Board, ensuring young people's concerns are represented alongside professional updates.

Quarter 2 discussions focused on assessment waiting times and transition clarity between child and adult pathways. HWERY committed to working with the Neurodiversity Front Door Service to create clearer communication resources for families awaiting diagnosis.

Coproduction Workshop

In collaboration with East Yorkshire Parent Carer Forum and East Riding of Yorkshire Council, we attended a coproduction workshop with young people with SEND, their families, and professionals. The session explored how to improve collaboration between services and families. Participants co-designed a visual “flower” model representing principles of good coproduction, which is now being developed for wider use in local communications.

Children’s Mental Health Access

We attended the River and Wolds Neighbourhood Health Partnership to strengthen links between community priorities and mental health services. Presentations from the Mental Health Support Team (MHST) enhanced Healthwatch’s understanding of early-access support for students, particularly during school holidays when families can self-refer.

Resources for the Young Healthy Minds website were distributed across all engagement events and hubs, ensuring students can access accurate information and self-help tools for anxiety, stress, and low mood.

Sexual Health Education – Share the Information Report

Following publication in September, the Sexual Health Education – Share the Information report was presented to the Hull and East Riding Sexual Health Network. The report’s seven recommendations are already being acted upon by local education and health partners to improve the quality

and consistency of sexual health education for young people across East Riding.

Partnership and Safeguarding

The Youth Engagement Project Officer presented findings to the East Riding Safeguarding Children Partnership (ERSCP), outlining community concerns about the government's proposed benefits changes highlighted in Q1. This enabled partners to consider the broader socioeconomic impact on children and families, helping to inform local safeguarding priorities.

Looking Ahead

Quarter 3 will see the continuation of Youth Hubs across multiple colleges, alongside three short projects developed with Young Healthwatch volunteers focusing on:

- Dyslexia and its impact on wellbeing and education outcomes.
- School meals, nutrition, and lunchtime environments.
- The hidden cost of caring – exploring the physical, emotional, and financial impact of being a young carer.

These projects aim to amplify young people's lived experiences, ensuring their perspectives continue to shape East Riding's future health and care provision.

Volunteering (Outcomes 1+2+6)

Healthwatch East Riding of Yorkshire currently has 17 core Volunteers who completed 24 hours of volunteering this quarter.

Read Right

This quarter there have been no Read Right opportunities.

Relationship with Healthwatch England

The HWERY Delivery Manager meets with Healthwatch England on a quarterly basis to report current local trends, themes and activity for East Riding of Yorkshire. Information is shared monthly with the hope of linking in and sharing information to support other areas of research being undertaken nationally.

Additional Contract Requirements

Progress against Specified Performance Targets

Key indicators

	Q1	Q2	Q3	Q4	Total
Direct Enquiries	46	36			
Engaged via research/investigations	691	588			
Engaged via promotional activity	112	55			
Volunteer Numbers	10	8			
Young HW Volunteers	9	9			
Volunteers Hours	72	24			
Enter and View	0	0			
Revisits	0	0			
Public Engagement Reports	2	3			
Annual Report	1	0			