healthwatch Dorset

NHS patients in Dorset:

The impact of poor communication and fragmented care

September 2026

Contents

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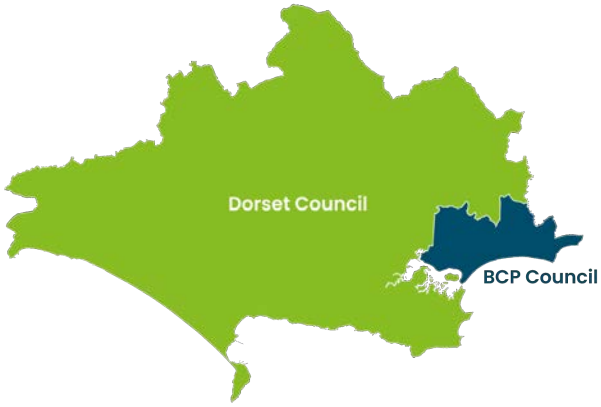
About us

Healthwatch Dorset is your health and social care champion.

We listen to your experiences of using local health and care services and hear about the issues that really matter to you. We are independent and impartial, and your feedback is confidential. We can also help you find reliable and trustworthy information and advice to help you to get the care and support you need.

As an independent statutory body, we have with the power to make sure that NHS leaders and other decision makers listen to your feedback and use it to improve standards of care. This report is an example of how your views are shared.

Healthwatch Dorset is part of a network of over 150 local Healthwatch across the country. We cover the geographical area of Dorset, which includes the unitary authority areas of Bournemouth, Christchurch and Poole (BCP) and Dorset.



Background

The number one issue people raise with us, when sharing their feedback, is communication. Every day we receive examples of poor communication within all areas of the NHS and social care.

> It took ages to find the right person to contact. I had no information after my operation and didn't know if what I was experiencing was normal. All it would have taken was an information leaflet.

In December 2024, Ipsos carried out a national poll on behalf of The King's Fund, Healthwatch England and National Voices about people's experiences of NHS administration and patient communications: *Lost in the system: the need for better admin in the NHS*.

This was followed up a year later by a second Ipsos poll: *Still lost in the system: the urgent need for better NHS admin*.

We wanted to know if people in Dorset experience the same problems that people reported in the national polls. As Ipsos was not able to provide data for Dorset alone, we decided to undertake a survey in collaboration with a GP surgery. We also wanted to hear from people facing health inequalities and gather feedback face-to-face at events throughout the year.

What we did

Survey

Swanage Medical Practice Patient Participation Group (PPG) agreed to pilot the Healthwatch Dorset survey at Swanage Medical Practice during PPG Awareness Week (2-6 June 2025). The PPG is chaired by Margaret Guy, who is also a Healthwatch Dorset volunteer and Vice Chair. This survey focused on a question included in the public polling conducted by Ipsos, which asked people whether they had experienced any of a list of specific issues within the last year. The survey questionnaire also included some demographic questions.

Which of the following, if any, have you experienced when receiving NHS care and treatment in the last 12 months? (Please tick all those that apply)

1. Had to chase for your results (for example, test, scan or X-ray results).
2. Not being kept updated about how long you would have to wait for care or treatment.
3. Not been told who to contact about your care while waiting.
4. Received an invitation to an appointment by letter or text after the date of the appointment.
5. Tried to contact NHS to change or cancel an existing appointment but not been able to do so.
6. Been told or sent information that you could not understand.
7. Attended an appointment, but the right information (for example, test, scan or X-ray results) was not available.
8. Been told or sent the wrong appointment date or time.
9. Been given incorrect contact information.

This face-to-face survey was carried out by members of the PPG who gathered feedback from 159 people - 90 women and 67 men (two people declined to give their gender). The majority of the people who took part (53%) were aged 70+, 32% were aged 50-69 and 15% were under 50 years of age.

Community engagement

Our community engagement insights came from building relationships with local refugee and asylum seeker support groups. Our Engagement Officer, Lucy, visited three groups supporting 40+ people across Dorset:

- Ukrainian Support Group in Dorchester
- Iranian Refugee Group in Townsend, Bournemouth
- Gillingham & Shaftesbury Refugee Support Group

Our volunteers, together with Lucy and Lindsey (our Volunteer Officer), also gathered people's views while they were at community events, Healthwatch Dorset promotion stands and meeting with local groups in 2025. Of those spoken to, 62 people agreed to answer three questions about NHS communication.

How good or poor do you think the NHS is at each of the following?

1. Communicating with patients about things like appointments and test results.
2. Ensuring there is someone for patients to contact about their ongoing care if they need to.
3. Keeping people informed about what is happening with their care and treatment, such as referrals and waiting times.

The answers we gathered came from a diverse mix of people from across Dorset, including public events in Sherborne and Bridport, community groups in Shaftesbury and Blandford, and wellbeing sessions in Wimborne and Weymouth.

Key messages

Digital

People told us that digital systems do not work equally well for everyone. People who are more digitally able are at an advantage in gaining access to appointments, test results and details concerning ongoing care.

> I HATE technology. Anima (GP appointment booking system) is rubbish. No one listens to what older people want.

> The digital divide would affect my parents, if I wasn't around to help. They just wouldn't manage.

> Not confident to use digital and there's no signal in Spetisbury.

Where digital systems were working well and GP practices were using eConsult, respondents told us they had a good experience.

> EConsult works really well, and there's usually a very appropriate response before the date and time given to get one (before the extended hours from 1 Oct).

> The receptionist said [there would be a] six week wait, so I used eConsult and had one week wait instead.

There were reports of online systems at GP practices not working consistently and where problems did arise, little or no alternative system was on offer. While there are rare examples of staff intervening to help where problems arose, those were the exception not the norm.

> My surgery has very good communication. I prefer to use a landline but have to complete an online form to get an appointment. So I call and the Receptionist will fill in the online form for me.

Approximately 75%[1] of all adults in England signed up to use the NHS App, leaving one in four unable or choosing not to use it. Where patients are confident in using the NHS App there are reports of it working well, most notably for prescription requests. However, even in this relatively small sample there were examples of respondents either unable or choosing not to use it.

> Lost access to the NHS App and I haven't been able to get back on.
>
> I don't use the NHS App. I feel invisible, just given meds with no follow up.

Ongoing care

People told us they struggle with how to navigate the system after appointments or tests, with 58 issues reported to us in total. These included reports of no follow up, no named contact, unclear next steps and no updates while waiting. The refugee and asylum seeker community in particular told us that improvements in waiting times, dental access, interpreter provision, transparent referral tracking, and follow-up communication could address many of their concerns.

> Never heard from a paediatrician following a child with sepsis of the face, even though they were told they would.
>
> Being kept informed about care is bad.

The criticisms we heard were directed less at staff providing the service and more at the systems and processes in place. People often described a positive experience alongside a poor one with examples of strong GP support systems but poor hospital follow up, or excellent oncology care but poor outpatient communication. Even so, almost a quarter of the people we heard from describe chasing results and/or referrals, needing to search to find the right contact and follow up on appointments, and monitor wait times. People told us they struggle and become frustrated when they are left uninformed, uncertain, and need to take on the responsibility for chasing information.

> Once you are in the system it works well but getting in is difficult. I'm still waiting to see a neurologist for a few months and also waiting to visit the memory clinic. My wife is also waiting for musculoskeletal services since September (five months); we've heard nothing.
>
> If I don't chase it, nothing happens.

1 NHS App Management Information - April 2026

Communication

In the Swanage Medical Practice PPG survey, 28 people, 14% of those who took part, had received appointment letters after the date of their appointment[2]. But the results from our engagement show that communication failings are more common than administrative errors. Namely the need to chase test results and not being kept updated on waiting times.

Just under half of those who participated in the survey had not experienced any of the issues listed in the questionnaire during the previous year, although they may have experienced other problems that were not included in the questionnaire. A further 7.5% of respondents reported experiencing more than one of the issues listed as repeated issues within the same aspect of care.

We also heard from refugees and asylum seekers who struggle to get the support they need for language and communication barriers.

> Communication about things like appointments is bad; still had no letter three weeks after operation.

> I have an issue with Poole Hospital. In February 2025 I was due a review, but I've not heard a thing.

> I need a translator to talk to my GP as the language barrier makes it hard for me to talk to them.

What people told us

Survey findings

Although the survey work undertaken by Swanage Medical Practice PPG on behalf of Healthwatch Dorset does not match exactly to the National Ipsos Survey, the top themes are the same: having to chase results and not knowing how long the wait will be, or who to contact, along with receiving appointment letters after the date of the appointment.

A total of 159 people took part in the survey, 75% of them aged 60+, so our data is heavily skewed towards older people.

Just over half of those who participated in the survey (51%) had experienced at least one of the issues listed in the questionnaire within the last year and 37% had experienced two of the issues listed. One person had experienced all nine issues.

The small percentage of people experiencing multiple issues (7%) is particularly concerning, as we know that people with multiple long-term conditions and/or complex needs disproportionately bear the brunt of NHS service strain and can feel unsupported by the NHS in managing their overall health.

2 Swanage Medical Practice PPG Survey of 14%, compared to 20% of the National Ipsos Survey.

Engagement findings

Engagement at community events provided a rich narrative of people's experiences, with challenges in communicating effectively about ongoing care emerging as the strongest theme. Nine of the respondents reported specific issues around timing or rescheduling of their appointments, while 24 respondents reported receiving insufficient information about their follow-up care including who to contact, waiting times, results and referrals.

> Have asked to see the consultant but not heard for three years. Have asked GP to chase and GP doesn't know who to ask either. 'It's confusing.' I want to see a consultant as I want to know if other symptoms I have are due to Parkinson's or something else.

> No information about who to contact about ongoing care.

Assumptions within the NHS that patients have digital literacy and internet access is a common theme, with a systemic failure to provide alternatives when either patients were unable to access online systems or when those online services failed.

> He uses the NHS App but can't send a message to his GP via the App or email surgery directly, even though he has asked. So he wrote a letter to the doctor requesting a referral - this worked. However, as he requested referral to a named consultant he was given a private appointment and had to pay £300; he wasn't given an option for NHS.

Digital development is viewed positively by a number of respondents but as a significant barrier by others and those with digital literacy would appear to be at a distinct advantage when compared to those who do not.

> Have to use eConsult but don't use the internet - I don't know how to do it, so am reliant on my wife.

> Trying to help a very elderly lady as she's not got a computer and needs simple phone call access.

> I find it difficult to get GP appointments. They rely on everyone to go online but I'm 84. I can phone and text but that's about it.

This signals the need to ensure that multiple access routes are made available and that there is also an element of choice for the patient.

Feedback from refugees and asylum seekers reported difficulty accessing care in what they considered to be a timely manner, particularly specialist services, mental health support, dentistry and GP appointments. People told us that they weren't kept updated about the status of their referrals and they had no idea how long the wait would be or how to follow up.

NHS dental access emerges as a major issue, particularly for vulnerable individuals and those requiring urgent treatment before other medical procedures. While the number of reported issues may be small, the risks and anxiety experienced by the patient is high.

Delays that change lives

One woman we spoke to has an 11 year old daughter who needs orthodontic treatment, but she has been told the waiting list is one year. Dorchester Orthodontic Clinic have given the initial consultation but the woman told us the waiting time for treatment is too long and they've received no updates. The current situation is impacting her daughters development, it's becoming quite traumatic for her and she is trying to hide herself away. Her mum is worried that the long wait may result in surgery.

> Trying to access mental health support for my 18-year-old son, worried about his mental health. His exams are soon, and his anxiety is so high. Poole College have helped in the short term, but he needs support long term and waiting times to access mental health support is very lengthy. In general, the NHS is good, but you have to wait so long.

> I'm having chemotherapy and I need to see a dentist, but I can't see one at all.

> I can't get my mum registered at a dentist. We've been trying for 2-3 years.

There were also reports of significant language and communication barriers which compounds access issues.

These findings mirror our young volunteers report from last year: Navigating the NHS: Voices from immigrant communities in Bournemouth.

> The language barrier makes it hard for me to talk to them.

> I didn't know how to cancel the appointment because of the language barrier.

> There was no translator and the connection was very poor.

As with the public event respondents, there are reports of becoming 'stuck' within the system, unsure who is responsible for their care or how to progress their treatment.

> The GP says to call NHS 111 and NHS 111 says to call the GP.
>
> I've had no follow up and I don't know how to get one.
>
> I've called a few times to try and speed up the referral, but I've not heard back.

Additional feedback

- Patients frequently describe fragmented care, poor coordination between providers and uncertainty over responsibility.
- A number of respondents perceived a shift toward remote or triaged care and report difficulty obtaining in-person appointments.
- Long queues and medication access emerge as a secondary but important theme where respondents talked about pharmacy services.
- Mental health support is discussed less frequently than waiting times overall but emerges as a significant issue due to long delays and interpreter challenges for refugees and asylum seekers.
- As with all surveys there were numerous examples of consistently positive feedback about healthcare providers. This was particularly evident in the insights shared at community events. The real value is in revealing how that best practice can be understood and replicated.

> NHS communication was brilliant, spot on.
>
> I'm not online but I know who to contact for ongoing care.
>
> I was given a contact (for 9 am-5 pm) and kept fully informed.

> NHS communication brilliant at all times. Given contact about ongoing care - very good. Kept informed about treatment at all times.
>
> ***~Chemotherapy patient***

Case study

Joan's story

Joan is aged 93 and lives alone in a third floor flat owned by her daughter who lives in Asia. Joan is fiercely independent, likes to keep up with the news, and does all her own cooking, housework and shopping, with help once a fortnight to clean the kitchen and bathroom floors. She has a bus pass and recently obtained a blue badge, so friends can take her out.

Joan learned to use a computer to chat to her daughter on Skype, but since that is no longer available, she relies on her landline. She has no mobile phone. Her daughter recently fitted her up with an alarm watch, but she really does not know how to use it.

She has had pension credit for the last three years and her daughter, on a recent visit, contacted BCP Council about a reduction in council tax. Possibly as a result of this, she had a visit from Adult Social Care who provided her with a leaflet about various entitlements for those on pension credit, including help with shopping. But the leaflet refers all benefits to further information online, so Joan has no idea how to apply.

She has diabetes which now affects the peripheral nerves in her hands and feet, and her eyes. She had a second cataract operation last year. She still has issues with her eyesight but is not due for an eye test until later in the year. She has had a painful knee for several years since she twisted it trying to avoid an electric buggy in Poole High Street. Her mobility is now very restricted. She chooses to attend a pharmacy in Parkstone as the bus stops outside, so it's easier to access.

Joan rarely sees her GP (at the Adam Practice, Longfleet Road) but is able to contact them by phone to get appointments when needed. The Poole circular bus route from the end of her road takes her right there. A couple of years ago, she had an infected cyst on her back which was treated at the surgery. The doctor referred her to the hospital and after visiting three different hospital departments she was referred back to the GP who treated it. The nurse told her to dress it every day and seemed surprised that she had no relatives who could do this for her. Joan felt embarrassed to have to ask her neighbour to help her.

Joan has an appointment at the Diabetic Clinic on Lifeboat Quay every six months - they send the appointments by letter. She takes a bus to the bus station and then the ASDA free bus. This does restrict the timing of appointments - one time when she was late, she had to take a taxi home, at considerable cost. She has a phone number for the Diabetic Clinic in case it is needed.

Joan has eye tests and podiatry appointments in the Dolphin Centre. It takes her 20 minutes, with frequent stops and a lot of pain, to walk there from the bus station. Getting her bi-monthly podiatry appointments has been challenging, her last appointment was in February and she received no further appointment. She phoned in May and was given an appointment on 29 June.

Last time her podiatry appointments were delayed, she developed an ingrowing toenail, the podiatrist cut her foot when trimming it and she was lame for several months. Joan told us she tries to keep mobile so she can look after herself and not end up costing the NHS for her care.

What Joan told us about her life highlights how much the health and care system is designed for people who have digital access and skill, family support and their own transport. Joan wants to be able to look after her own health and wellbeing but the burden of administration, organisation and logistics she experiences often hinder rather than support her.

Recommendations

The strongest opportunities for improvement lie in the following areas:

1. **Make booking GP appointments easier and fairer**

   GP practices should offer equitable ways to book appointments (online, phone and in person), to make access fair regardless of digital skills, especially for the elderly, vulnerable groups and those with limited online access.

2. **Be transparent about referrals, response times and further help**

   The NHS should inform patients about who is responsible for their ongoing care with contact information and further help. Wait times should be made clear together with regular updates.

3. **Tackle barriers for specific groups**

   GP surgeries should identify, record and meet the communication needs of their patients, and arrange accessible information and interpreters for people who do not speak English, according to NHS England statutory guidance.

4. **Keep patients informed about test results**

   There should be an effective system for monitoring and notifying patients of test results.

Next steps

We will share our findings and recommendations with NHS Dorset, the GP Alliance, local hospital trusts and the Health & Wellbeing Boards in BCP and Dorset.

This year we are working on access to Primary Care with a focus on the impact of the new GP contract. From 1 April 2026 the new GP contract has brought in six key changes for patients:

1. You should not be told to 'call back tomorrow'. This change aims to reduce the number of times people need to contact their GP surgery for an appointment, and the uncertainty around when they might be seen.
2. Clinically urgent requests should get a same-day response. This change does not always mean a face-to-face appointment will be offered that day, but it should mean you are assessed and told what happens next.
3. Online request systems should not cap requests during core hours. This is intended to reduce the experience of online forms being closed partway through the day, which can push people onto busy phone lines or force them to try again later.
4. GP surgeries must clearly show how and when you can contact them. Clearer information should reduce confusion about when appointments are available and make it easier for patients to understand the options available to them.
5. Advice and guidance will be used more often before referrals. Practices will be required to use advice and guidance before, or instead of, a planned care referral where clinically appropriate, in line with locally agreed referral pathways.
6. The contract will require the use of the national online registration system for all patients joining a surgery for the first time. If you can't use the online form, you can bring in a paper registration form, and the practice staff will enter the information into the national online system.

The insights in this report were gathered before the introduction of the new GP contract, so this year we will look at how the changes have impacted the issues raised in this report.

Stakeholder comments

Dorset General Practice Alliance

"This report highlights the real impact that communication and administrative processes have on patients' experience of care. It is important because it helps us understand where barriers exist and where we can learn from examples of good practice already taking place across Dorset. The findings will help practices continue to improve access, communication and support for all patients."

NHS Dorset

"NHS Dorset welcomes this report and would like to thank Healthwatch Dorset, its volunteers, Swanage Medical Practice PPG, community organisations and everyone who took the time to share their experiences.

"The report provides valuable insight into how people experience communication across the health and care system, particularly around appointments, referrals, test results and ongoing care. We recognise that good communication is fundamental to delivering high-quality care and that when communication is poor, it can add to people's anxiety, frustration and uncertainty, especially when they are already managing health concerns.

"We recognise the concerns raised about communication while people are waiting for treatment, appointments or referrals. While reducing waiting times remains a priority, the report highlights that keeping people informed, providing clear expectations and ensuring they understand what happens next can significantly improve people's experience even when waits cannot be avoided."

Dr Dean Spencer, PLACE Director - Dorset

"This report provides a valuable reminder that communication is not an additional part of healthcare, it is a fundamental part of the patient experience. The stories shared by local people show how important it is that patients understand what is happening with their care, who they can contact and what they can expect next.

"I would like to thank Healthwatch Dorset, its volunteers and everyone who contributed their experiences. Their feedback helps us better understand where we are getting things right and where we need to improve. We are committed to working with our partners across Dorset to make healthcare easier to navigate, ensure communication is accessible to everyone and help people feel informed and supported throughout their care journey."

Acknowledgements

With thanks to our amazing volunteers, the community groups and voluntary sector organisations we worked with over the year and to everyone who shared their experiences with us. A special thanks to our volunteers Margaret Guy, who carried out the Swanage Medical Practice survey, Jackie Parry, who helped us pull together the findings and write this report, and Jan Walker who spoke to Joan as part of the case study.

healthwatch Dorset

Healthwatch Dorset
The Bridge
Chaseside
Bournemouth
BH7 7BX

healthwatchdorset.co.uk

0300 111 0102

enquiries@healthwatchdorset.co.uk