

MK Health Check-In: Patient perspectives



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Context and key findings

MK Health Check-In: Patient experiences of health and social care

Context and purpose

Between October 2025 and January 2026 Healthwatch Milton Keynes ran a **MK Health Check-In Survey**. The survey was designed to gather insight into residents' experiences of accessing health and social care services in Milton Keynes, at a time where digital access to appointments has been embedded within General Practice. The survey combined structured questions with free-text responses to capture both the prevalence of common issues and the lived experience behind them.

We mainly received responses from residents with regular contact with services, including older people, carers, people living with long-term conditions or disabilities, and those with experience of mental health support. While not statistically representative of the whole population, the responses provide relevant insight into how current system arrangements are experienced by people who rely on them most.

Access to services

Access to services was the most consistent and widely-reported challenge. Over half of respondents identified long waiting times and lack of available appointments as major barriers, with booking processes also frequently cited. These issues described by residents were experienced as interconnected pressures at the point of entry into care.

Free-text responses highlighted that repeated difficulty accessing appointments can lead to residents delaying contact, managing symptoms independently, or disengaging after several unsuccessful attempts. This pattern could suggest the presence of unmet needs that may not be fully visible through activity or performance data alone.

Movement through the system and referrals

When asked what would make it easier to get support, the most common response related to improving referrals to other services residents described uncertainty following referrals, delays without updates, and lack of clarity about next steps or responsibility for follow-up. This indicated that for residents, challenges did not end once they had accessed services.

For many respondents, the difficulty lay in navigating onward pathways, particularly where communication was limited, demonstrating that care coordination and follow-up are a significant part of how care is experienced.

Digital access

Experiences of digital access were mixed. Some respondents reported that online systems improved speed and convenience. Others, particularly older residents, carers and people with disabilities, described confusion, lack of reassurance, or uncertainty when digital requests did not result in clear outcomes.

Several free-text responses highlighted concerns about knowing what to do if a digital request was declined or closed. These findings point to the importance of clarity and supported alternatives alongside digital routes.

Communication and continuity

Communication was a recurring theme across free-text responses. Residents reported increased uncertainty and frustration where there were long periods without updates, where results were provided without explanation, or when appointments were cancelled without notice.

Continuity with a known professional or team was associated with greater confidence and understanding, even where waiting times remained. This was particularly evident for people managing long-term conditions and mental health needs.

Mental health

When asked about mental health support, most respondents reported feeling comfortable discussing their mental health with professionals. However, free-text responses indicated that this comfort is conditional and influenced by trust, time to listen, previous experiences of care and concerns about what might follow disclosure.

Some respondents described hesitating to raise mental health concerns due to fear of being dismissed, concerns about confidentiality, or uncertainty about how information would be used. These factors affect both whether and when people choose to engage with mental health support.

Overall interpretation

Taken together, the survey findings show that many residents adapt their behaviour in response to access barriers and uncertainty, rather than raising concerns or complaints which may impact the visibility of issue to planners and decision-makers. This includes delaying care or relying on informal support, particularly among older people, carers and those with long-term needs.

The findings provide contextual evidence to inform neighbourhood-based and system-level planning, highlighting the importance of access, coordination, communication and continuity as they are experienced in practice. They also underscore the value of combining quantitative data with lived experience to understand how system pressures translate into resident behaviour and outcomes.

Methodology

Purpose of the engagement

This activity was designed by Healthwatch Milton Keynes to capture residents' recent lived experience of accessing health and care services in Milton Keynes, with a particular focus on access, navigation, communication, and confidence engaging with services. The aim was not to produce statistically representative findings, but to generate meaningful insight that could inform service improvement, neighbourhood planning, and system decision-making.

The approach reflects our statutory role to gather, analyse, and present patient and public insight, particularly where experiences signal risk, inequality, or unintended consequences of system change.

Survey design

A mixed-method survey was developed, combining closed questions (yes/no and multiple-choice) to identify patterns and prevalence of specific issues such as access, waiting times, and confidence discussing mental health. Open free-text questions were included to enable residents to describe experiences in their own words, explain context, and highlight issues not easily captured through predefined options.

This design ensured the survey could capture both breadth of experience through structured responses, and depth of experience through narrative accounts.

Several questions allowed respondents to select more than one option, recognising that residents often experience multiple, interacting barriers.

Distribution and participation

The survey was shared with residents in Milton Keynes through our communication channels and community networks. Participation was voluntary, and respondents self-selected to contribute their views.

As with much engagement-led intelligence, the sample reflects those residents who are motivated to share their experience, often have regular contact with health and care services and are more likely to be affected by access pressures, long-term conditions, disability, caring roles, or service delays.

The findings are not statistically representative of the entire population, but they are relevant for understanding health and care system pressure points and lived experience, particularly among higher-use and higher-risk groups.

Some communities (e.g., certain ethnic minority groups) are under-represented in these results, and the findings reflect experience during a specific period of time. These limitations are typical of engagement-led insight and don't diminish the value of the findings for service design and improvement, particularly where risks to access and equity are identified

Survey questions

We designed the MK Health Check-in survey questions to explore residents' experiences of accessing health and care services in Milton Keynes. They focused on identifying barriers to access, understanding how people experience navigating services, and exploring confidence, trust, and engagement. We included questions about access and support for mental health in response to resident feedback from our *Priorities for 2025-26* engagement activity. The questions combined multiple-choice, closed and free-text formats to capture both patterns and personal context.

Questions asked

1- What are the biggest challenges you face when trying to access health and social care services in Milton Keynes? - *(Multiple choice – respondents could select more than one option)*

2- Can you share a recent experience (positive or negative) you've had with healthcare services or social care services? - *(Free text)*

3- Are health services asking for the views of your community – for example, through surveys, meetings, or local groups? - *(Yes / No / Not sure)*

4- Have health services listened to what people in your community have said – for example by offering more mental health support or making it easier to get a GP appointment? - *(Yes / No / Not sure)*

5- Do you think health and social care services understand what matters most to people who are often overlooked – such as carers, disabled residents, or older people? - *(Yes / No / Not sure)*

6- Do you think health and social care services are working with local organisations or community leaders to understand what is really going on for residents? - *(Yes / No / Not sure)*

7- What would make it easier for you and others in your community to get the health and social care support you need? - *(Multiple-choice; respondents could select more than one option)*

8- Do you feel comfortable talking about your mental health with a healthcare professional? - *(Yes / No)*

9- Can you tell us more? If you answered no, what would make you feel more comfortable? If yes, what has helped? - *(Free text)*

Background and equalities questions, including GP practice, age group, ethnicity, gender, long-term condition or disability, caring responsibilities, and sexual orientation. - *(Optional)*

Results

What are the biggest challenges you face when trying to access health and social care services in MK?

Challenge identified by residents	Percentage of respondents
Waiting times	56.4%
Not enough appointments	53.8%
Problems with the process of booking appointments	41%
Transport options to appointments	15.4%
Communication issues	10.3%
Accessing community support	2.6%
Multiple websites/ systems causing confusion	2.6%
Unclear how to use services the right way	2.6%
Referral-related challenges	2.6%
Information not shared between staff	2.6%
Perceived lack of care/compassion	2.6%

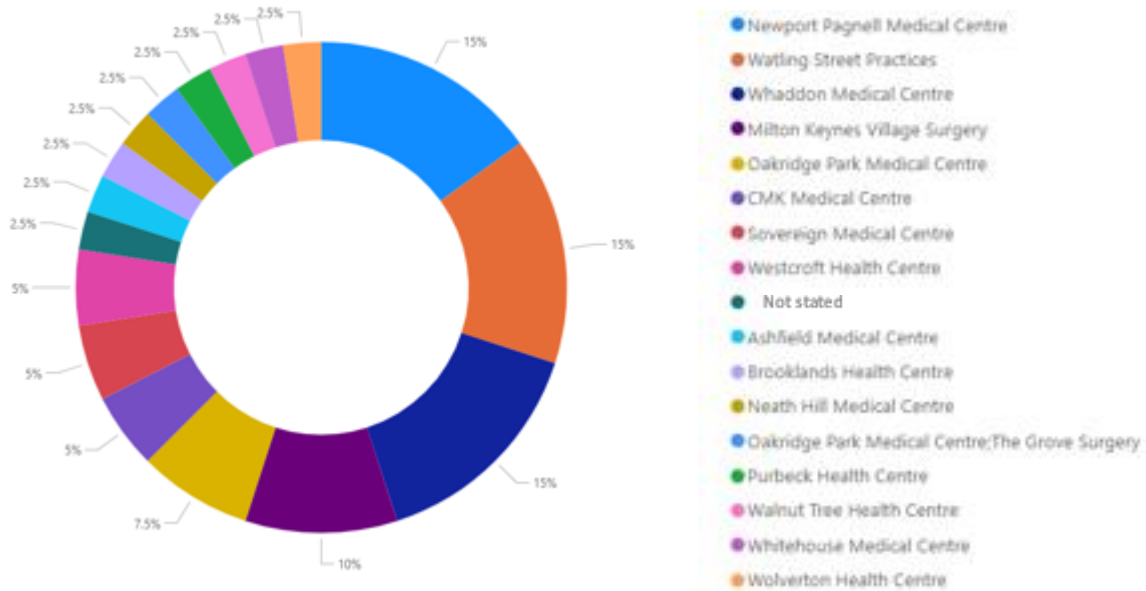
Findings showed that difficulties accessing healthcare dominate residents' concerns. The most frequently identified challenges relate to waiting times, appointment availability, and booking processes, indicating that problems arise early in care journeys.

While fewer respondents selected other barriers such as transport or communication issues, these remain relevant for specific groups and can intensify access difficulties.

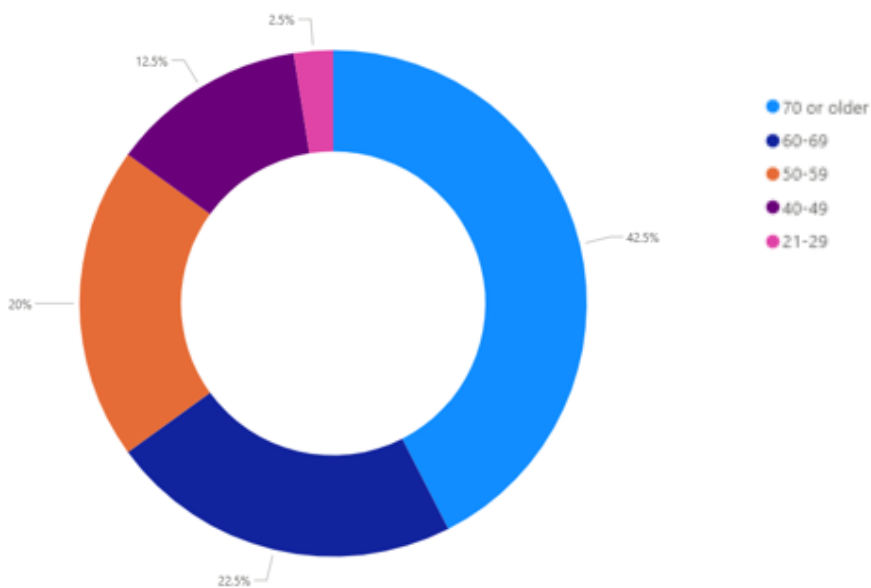
Overall, the findings highlight that opportunities to raise concerns and seek care are most constrained at the point of access, underscoring access as the primary challenge for residents navigating health and social care services in Milton Keynes.

Respondent profiles

GP registration



Age



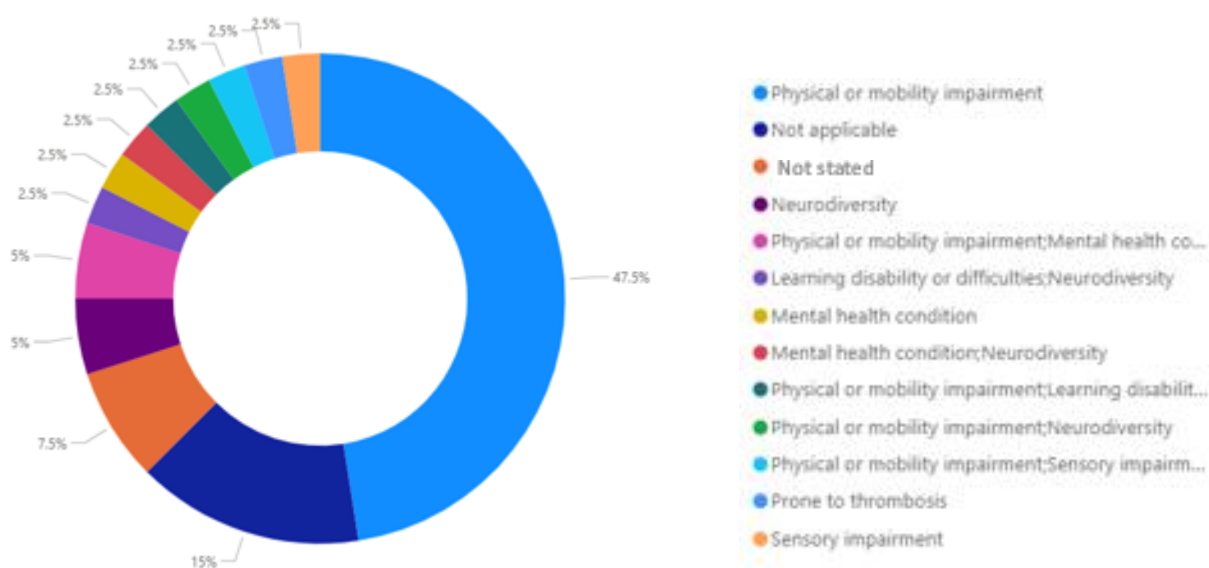
Respondent profiles

Resident characteristics

Response	Percentage of Respondents
I have a long-term condition	66.7%
I have a disability	33.3%
None	17.9%
I am a carer	15.4%
Other	2.6%
Prefer not to say	2.6%

This question allowed multiple selections, so percentages do not total 100%. The findings show that many respondents are navigating health and social care alongside ongoing or complex needs, with a majority reporting long-term conditions or disabilities and a proportion also holding caring responsibilities. This intersectional context supports interpretation of the wider findings on access, waiting times and continuity, as many respondents are managing ongoing needs rather than one-off episodes of care.

Disabilities/long-term conditions



Listening, participation and community engagement

We asked the following questions to understand whether residents were aware of local opportunities for engagement, or feel that their experiences and views are being heard and used to shape services.

Are health services asking for the views of your community – for example, through surveys, meetings, or local groups?



Response	Percentage of respondents
No	66.7%
Yes	33.3%
Not sure	17.9%

Residents who added comments to this question described poor or limited visibility of engagement activity, rather than an absence of it. Several residents said that they were aware of standard opportunities such as the Friends and Family test and complaints processes but were unsure whether these counted as meaningful ways of sharing views, or whether their feedback led to any change.

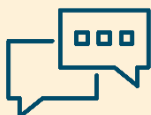
Responses reflected uncertainty around how views are being gathered and opportunities to share feedback, particularly in community settings.

A small number of comments highlighted concern that where feedback is collected it isn't clear whether such feedback is acted upon, reflecting a sense that opportunities to share views may feel limited or ineffective in practice.

Overall, the free-text responses indicate that although some engagement activity is recognised, in person opportunities such as meetings or involvement through local groups are less visible, and residents are often unsure whether sharing their views influence decisions or lead to tangible change.

Listening, participation and engagement

Have health services listened to what people in your community have said – for example by offering more mental health support or making it easier to get a GP appointment?



Response	Percentage of Respondents
No	69.2%
Yes	12.8%
Not sure	17.9%

Additional, detailed responses to this question from residents suggest that awareness of services acting on community feedback is also limited. Where respondents felt that services had listened, this was often linked to specific changes, such as improvements in appointment systems or digital access. However, even in these cases, some respondents described changes as only partially effective or unevenly experienced.

Again, residents expressed uncertainty whether feedback had influenced service changes at all and reflected doubt as to whether any changes observed were the result of specific community input rather than nationally driven changes and decisions. For example, comments suggested that digital services and systems were interpreted as a response to service pressure and demand, rather than as a direct reflection of what communities had asked for.

A small number of residents reflected scepticism about mental health support, with some stating that they did not feel meaningful improvements had been made in response to community concerns.

Residents may not see or recognise links between voiced population-level challenges that drive national directives to improve care and subsequent changes to local services. Even when changes are visible, it isn't always clear to residents how improvements are tailored for local communities and their impact not always clear or widely felt.

Listening, participation and engagement

Do you think health and social care services understand what matters most to people who are often overlooked – such as carers, disabled residents, or older people?



Response	Percentage of respondents
No	66.7%
Yes	12.8%
Not sure	20.5%

Supporting free-text responses shared with us suggest that most respondents do not have strong confidence that health and social care services fully understand what matters to people who are often overlooked, including carers, disabled residents and older people.

Many respondents communicated their uncertainty, indicating that any understanding of what matters most to residents isn't consistently apparent in people's experiences of care.

Where people expended on their answers, carers and older residents were most frequently referenced as groups whose needs were not felt to be adequately reflected in how services operate day-to-day, particularly in relation to access and continuity of care.

Residents can find it difficult to see how the needs of some vulnerable groups influence service planning and day-to-day journeys of care and this appears to affect confidence that these perspectives are fully considered.

Mental health

We asked for feedback on mental health support to understand how confident residents feel raising mental health concerns and how they feel about the support available.

Do you feel comfortable talking about your mental health with a healthcare professional?



Response	Percentage of Respondents
Yes	75%
No	25%

Three quarters of respondents stated that they felt comfortable talking about their mental health with a healthcare professional. We asked a follow-up question - **Can you tell us more? If you answered no, what would make you feel more comfortable? If yes, what has helped?** - to identify enablers and barriers to mental health support.

We found that residents' comfort in discussing mental health is closely linked to trust, continuity, and the quality of interactions rather than access to services alone. Where people felt able to talk openly, this was often associated with having a known professional, feeling listened to, and having time and space within appointments. Embedded mental health or wellbeing roles were frequently mentioned positively, particularly where they enabled more relaxed and supportive conversations.

For those who expressed reluctance, responses highlighted a range of barriers including concerns about confidentiality, fear of being dismissed, uncertainty about what might happen following disclosure, and negative past experiences with healthcare professionals. Some respondents reflected generational attitudes or discomfort with how mental health is framed within services, which influenced their willingness to speak openly.

Confidence in raising mental health concerns appeared to be situational and developed over time, shaped by relationships and reassurance rather than assumed from service availability. Experiences of crisis support also emerged as influential, with a small number of comments suggesting that difficulties during acute periods can affect longer-term willingness to seek help. Overall, the responses suggest that while mental health is widely recognised as important, people's ability to discuss it openly depends heavily on feeling safe, heard, and clear about what support will follow.

What residents told us in their own words

In this survey, people took time to explain what happened when they tried to access health and care and how those experiences felt, the effort required to navigate the system, and the ways this shaped their confidence, wellbeing and future behaviour. This offers insight into how pressures on services are lived day to day in our community.

Access problems can wear people down over time

When residents talked to us about access, they often described a gradual wearing down. Many stories shared through our survey follow a similar pattern of people trying to get help, facing repeated barriers such as long queues, closed digital requests or no available appointments, and then how they adapted to perceived barriers.

That adaptation meant for many that they delayed care, tried to manage on their own, or simply stopped contact altogether. Some described repeated contacts, only to be told there were no appointments, until they eventually “gave up and lived with the problem”. Others said they stopped contacting services for long periods, not because they were better but because the process felt exhausting and unproductive.

When people stop trying, their needs still exist but they can become invisible to the services they need.

Many people explained that they deliberately delay seeking support because they might be wasting professionals time, or they try pharmacies, self-care or private services first. When these options don't work, contact with services like their GP often happens later when problems are more serious and harder to resolve.

Digital access isn't universally welcomed

Residents described mixed experiences of digital systems. Some found them quicker and more convenient, especially if they were confident using them. Others, however, described digital access as difficult or worrying. Common issues included requests being closed without explanation, long waits after submitting online forms, difficulty explaining more complex or sensitive symptoms in writing, and uncertainty about what to do next.

A number of responses highlighted concerns that online systems such as triage to access a GP appointment can disrupt or replace clinical judgement. Several residents gave examples where appointments were declined for symptoms that later turned out to be serious.

Several people said that when a digital request was rejected, they were left asking: What happens now? Who is responsible for helping me next? Insight suggests that digital access can reduce barriers for some people, while increasing them for others, particularly if reassurance and follow-up are unclear.

What residents told us in their own words

Waiting causes uncertainty

Residents often spoke about waiting as an experience that affected them. While they waited, some described their pain increasing, their mobility becoming more limited and increased levels of anxiety, especially when receiving little or no information about what was happening.

What came through repeatedly was both frustration with long waits and with the lack of updates along the way. Residents described being left unsure.

The most difficult experiences included long waits for specialist appointments while in pain, referrals being cancelled, appointments being rescheduled multiple times and test results arriving without any supporting explanation. One person described having to “beg” for an appointment to understand a diagnosis letter, while another worried their condition might be getting worse because no follow-up ever came.

Communication and service continuity is where trust is built, or lost

Communication is often a key theme in our community research and insight gathering and this survey substantiated ongoing challenges for residents. Respondents shared that communication problems were often the point where their frustration turned into a loss of trust in the care provider. Residents described appointments being cancelled without notice, chasing progress updates about referrals, being told someone would call back and then hearing nothing and being sent information that wasn't explained, with no channel to seek information, advice or clarity. For people with hearing loss, learning disabilities and anxiety, these breakdowns were described as particularly impactful.

When people detailed positive experiences, they nearly always mentioned a specific person involved in their care who had listened to them and taken time to explain things. However, even respondents who praised individual professionals often said that continuity of care was rare. Many described having to repeat their story over and over, seeing unfamiliar clinicians each time, and feeling that no one really “held” their history.

Taken together, these responses show residents who are thoughtful, aware of pressures on services and often reluctant to add to the burden. Over time, however, repeated barriers, difficult communication and lack of continuity lead some people to disengage quietly rather than raise concerns. Residents return again and again to basic needs, including knowing what is happening, being listened to, being followed up and being treated as an individual. Trust is eroded by accumulation of micro-negative experiences.

The value of these lived experience accounts is that they help explain how pressures on services translate into everyday experience and why some people stop asking for help long before they stop needing it.

Conclusion

Resident insight reinforces the neighbourhood ambition and points to where policy intent has yet to be felt in practice.

The results from our MK Health Check-In Survey provide timely insight into how current health and care arrangements are experienced by residents, particularly those who frequently rely on services. Taken alongside the NHS 10-Year Plan and the Bedfordshire, Luton and Milton Keynes (BLMK) neighbourhood health ambition, the views and experiences shared reinforce the direction of travel towards more community-based, joined-up and preventative care. Their findings also highlight the frequently-occurring gaps between policy intentions and lived experience.

Residents consistently describe difficulties at the point of access and uncertainty as they move through services. Their needs are clear: residents ask for clarity around follow-up, communication about their care journeys and understanding about who is taking responsibility for their care journey.

We've heard that challenges are often experienced cumulatively and over time can lead some people to delay seeking help or disengage. This pattern could indicate hidden unmet need, particularly among older residents, carers, disabled people and those living with long-term conditions. We've heard that trust is built through care continuity, clear communication and feeling known by services. This insight aligns closely with the principles set out in the Neighbourhood Health Framework.

Where residents recognise relationships, coordination and local ownership, experiences are more positive, even in the presence of waiting and service pressure.

Importantly, the findings indicate a level of uncertainty about whether feedback is heard, acted upon, or reflected in service design. The findings of this survey support the need to embed neighbourhood health approaches in a way that is recognisable to residents, reduces the work people need to do to access care and increases confidence that local insight is shaping decisions.

This survey is likely to be one of the last of its kind produced by Healthwatch Milton Keynes and sits within a substantial body of local listening activity spanning many years, during which residents have raised consistent themes about access, communication and involvement. As local Healthwatch comes to an end, it will be essential for the Milton Keynes system to design and embed alternative, structured and credible ways of hearing directly from residents so that outcomes and the lived experience impact of neighbourhood health models can be monitored to ensure its effectiveness.

Recommendations

Findings from the MK Health Check-In Survey point to several areas where there may be opportunities to strengthen how health and social care services are experienced locally, particularly as neighbourhood approaches continue to develop.

Supporting access at neighbourhood level

Access to care remains a central challenge, particularly in relation to booking processes, appointment availability and waiting times. As neighbourhood health services arrangements mature, there is value in neighbourhood leaders exploring how access routes can be made clearer and more consistent across Milton Keynes, so that residents better understand how to seek help when first attempts are unsuccessful.

Improving clarity and coordination through the care journey

Uncertainty often increases once residents have entered the system, particularly around referrals and follow-up. Neighbourhood coordination offers an opportunity to strengthen how services communicate next steps, confirm ownership, and support residents as they move between services, especially those with ongoing or complex needs.

Ensuring digital access is balanced with alternative routes

Digital access works well for some residents but creates additional barriers for others. As local services continue to develop digital approaches, there is benefit to ensuring that alternative ways of accessing support remain clear, supported and easy to navigate for people who are less confident or able to use digital systems.

Valuing continuity and relationships

Continuity with known professionals is associated with greater confidence and understanding. Neighbourhood models may offer opportunities to consider where continuity is most important, and how consistent relationships can be supported for groups who benefit most, such as people with long-term conditions, carers and those accessing mental health support.

Making listening and involvement more visible

While residents are often willing to share their views, people are often uncertain about whether feedback is heard or influences change. There may be value in strengthening local feedback loops, particularly at neighbourhood level, so residents and community organisations can better see how their insight is shaping priorities and service development.

Sustaining resident insight beyond Healthwatch

As local Healthwatch comes to an end, it's important for the Milton Keynes system to consider how structured routes for gathering resident experience are maintained, so that progress can be monitored, and the impact of neighbourhood and system changes can be understood over time.

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