

Clear communication supports self-care

Understanding and managing care in Kirklees, Calderdale and West Yorkshire

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People are increasingly encouraged to take an active role in their health and care. They may need to understand test results, follow a treatment plan, monitor symptoms, make choices and know when to seek help. Many people want to be involved in these ways. Whether they can do so depends partly on the information and support they receive.

Communication is one of the concerns people most often raise with Healthwatch Kirklees and Healthwatch Calderdale about NHS and social care services. People tell us about staff who listen and explain things well. They also describe information they have to chase, letters they cannot readily understand, digital systems they cannot use and uncertainty about what happens next.

This report brings together what we know about those experiences. Clinical letters sent after outpatient appointments provide a detailed example they record a consultation and may set out a plan someone needs to follow. We connect people's accounts of those letters with our wider work on communication, digital access, VCSE conversations about understanding health information and West Yorkshire findings on supported self management.

The question running through the report is when people receive information about their care, can they use it to understand what is happening and what they need to do?

Communication is more than a letter

People need communication throughout their care. They need a conversation in which they can explain what matters to them, an understandable account of findings and options, time to ask questions and clarity about what happens next. If a plan changes they need to know. If several services are involved, those services need to give consistent information.

Our local report on people leaving hospital for reablement or intermediate care (Healthwatch Kirklees, 2024) shows the consequences when this does not happen. People described receiving different messages from professionals and having to push for information about discharge. One Kirklees respondent said:

"The discharge co-ordinator said one thing, the consultant said another and nothing was communicated to us." (Man aged 50–64, describing discharge to reablement.)

This concerns communication between professionals as well as communication with the person receiving care. It is difficult to plan for recovery at home without knowing what has been arranged or which advice to follow.

In our work with people affected by dementia in Kirklees and Calderdale, communication and coordination between services were also often poor (Healthwatch Kirklees, 2026). A person or carer trying to understand a diagnosis and arrange support needs information that remains consistent as care moves between teams.

Across West Yorkshire, Healthwatch has heard that people value staff who listen, explain treatment clearly and involve them in decisions. In work on self management (West Yorkshire Healthwatch, 2024), people described the value of time for questions, written next steps and knowing when to seek help. They also described rushed explanations, jargon and mixed messages.

Communication therefore includes listening, explaining, checking understanding, recording a plan, sharing it between services and updating people when it changes. A letter after an outpatient appointment is one part of that process. It can preserve a useful conversation or reveal a gap when the written account is incomplete, unclear or different from what the person thought had been agreed.

When people need additional support

Anyone may need more help to understand or act on health information at some point. A new diagnosis, distressing result, pain or an appointment covering several decisions can make information hard to take in. Other barriers may be continuing, particularly when a service's usual way of communicating does not work for the person.

Some people need information in a different format or additional communication support. This may include people with visual or hearing impairments, learning disabilities, dyslexia, neurodivergence or cognitive changes. A report on equality, diversity and inclusion (West Yorkshire Voice, 2024) recorded people receiving letters they could not read or understand. Communication needs were not always kept up to date in records or shared between staff.

Others need information in another language or an interpreter. A respondent in our clinical letter sample relied on his wife and a translation app to understand heart care correspondence. Community organisations and Kirklees Community Champions have also heard how language and difficulty understanding information can affect access to screening (Healthwatch Kirklees and Community Champions, 2024). Family support may be valuable, but services should establish the person's needs rather than assume a relative can interpret clinical information.

Digital communication presents additional demands. Someone may lack a suitable device or connection, find a system inaccessible, or need help setting it up. In our digital access survey (Healthwatch Kirklees, 2025), only 6% of respondents said they had been offered help to use online services. Digital difficulty is not confined to one age group.

People managing several conditions may also have to reconcile advice from a hospital, GP, community team and social care service. Anxiety, fatigue, caring responsibilities, financial pressure or a lack of practical support can further affect what they can manage. West Yorkshire Healthwatch (West Yorkshire Healthwatch, 2026) found that self management depends on continuing support and living circumstances as well as information.

These circumstances may overlap or change. Age, disability or first language alone cannot tell a professional what an individual understands or wants. It is more useful to establish how the person wants to communicate, what they understand about the plan and what help they need to carry it out.

Support might mean an interpreter, Easy Read or large print information, a phone conversation rather than a digital message, more time for questions, a written account of agreed actions or appropriate involvement of a carer. It may also require a professional to check back rather than expect the person to reconcile several services' instructions alone. The NHS Accessible Information Standard sets requirements for identifying and meeting relevant information and communication needs of disabled people and people with impairments or sensory loss.

Why the letter after an appointment matters

An outpatient appointment may cover a diagnosis, test results, treatment choices and several actions. It can be difficult to remember everything, particularly if the information is new or worrying. A subsequent letter can give the person a record to revisit, share appropriately with someone supporting them and use alongside their GP.

Clinical letters have traditionally been an important means of communication between hospitals and GPs. The NHS outpatient letter standard (NHS England, 2025) notes that a letter may be the sole record of an outpatient consultation. Patients increasingly receive or can view that record themselves. NHS England advises clinicians to consider both the clinical detail professionals need and the effect of medical language on patients reading it.

A useful letter needs to help the person understand what happened, what it means for them and what happens next. Professional guidance recommends writing outpatient letters directly to patients in understandable language while copying the GP.

Receiving a letter can also help someone check that the record reflects the consultation, prepare questions and explain their care to family or others supporting them. These benefits depend on the letter being accurate, sufficiently complete and written with its patient reader in mind.

What people told us about clinical letters

Healthwatch Kirklees and Healthwatch Calderdale spoke to a small sample (34 people) regarding communication of care in January 2026. Twenty two people indicated that they had received a letter following an appointment and 20 rated its readability and their understanding. The examples include letters from people visiting services for cardiology, neurology, cancer care, stroke, thyroid care and seizures.

Fifteen per cent of those 20 respondents found their clinical letter difficult or very difficult to read. Forty per cent reported feeling confused, worried or frustrated when reading it.

Comments highlighted unfamiliar medical language and acronyms, missing advice, unclear results and difficulties accessing digital versions.

There were also positive findings 65% found the letter easy or very easy to read, 80% rated their understanding good or very good and 70% found it helpful or very helpful. People could report both positive and negative feelings. Worry may also relate to the health condition itself, so these figures do not establish that the wording of the letter caused every reported feeling.

These findings describe a small, incomplete sample and should not be treated as representative of all patients in Kirklees or Calderdale. The comments show how letters helped and what people still had to work out for themselves.

A written account helps people remember

“The appointment itself was very useful but left thinking that’s was a lot of information to remember so I was grateful when I got that letter that it covered everything we discussed an I have it to refer back to and my GP has a copy” (Respondent aged 50–64; woman; identified her ethnicity as Black; reported a long term health condition. The letter concerned heart care.)

A respondent who had attended a neurology appointment also valued having a detailed record to revisit and show family members who would support their care. For these people, the letter helped the conversation remain useful after they had gone home.

A letter can be readable but still need explaining

“I’m dyslexic and struggled to read the letter, language was not easy, had to google lots of medical words, would be useful to have a contact for someone to speak to if dont understand what its telling me” (Respondent aged 35–49; woman; identified her ethnicity as White British; reported a long term health condition. She said she sometimes needs help reading health related written material. The letter concerned thyroid care.)

A respondent receiving a prompt account of care for angina and atrial flutter appreciated the summary but found “the letters (acronyms) and use of codes” hard to interpret. (Respondent aged 50–64; man; identified his ethnicity as White British; reported a long term health condition.)

Someone may understand a letter’s broad subject while remaining unsure what its terms or findings mean.

The written account must include the agreed advice

One respondent said useful advice discussed in a heart care appointment was absent from the letter:

“The appointment was very useful and consultant gave me lots of advice and protocols I should follow none of which were detailed in the letter.” (Respondent aged 50–64; man; identified his ethnicity as Black; reported a long term health condition. The letter concerned heart care and angina.)

He said that including the advice would have helped him remember it and show it to his GP and employer. The issue was not just how the letter was written but information needed to follow the plan was missing.

Tone, accuracy and access affect trust

A man aged 65 or over said his neurology appointment had included reassuring discussion, but the subsequent letter sounded less positive. He felt more worried after reading it than he had felt when he left the appointment. Accurate clinical information remains essential, his experience shows why the written account should reflect the discussion and explain its meaning.

A woman aged 65 or over said she had to ask her GP for a copy of a letter about her heart condition. She believed it contained misleading assumptions and said seeing it allowed her to seek a second opinion. This shows why people need access to what is written about them and a way to ask questions or seek correction.

Receiving a digital letter does not mean it is easy to use

A woman aged 35–49 described receiving a text link to a digital cancer care letter. She had to download the document, find it on her phone and wait for it to open. She said the process heightened her health anxiety before she could read the contents.

A man aged 50–64 said his wife translated his heart care letters and they sometimes used a translation app. He said Kurdish was his first language, usually needed help reading health related material and would welcome a Kurdish translation option.

These accounts show why successful delivery of a letter does not necessarily mean successful communication.

Individual demographic details in this section were matched to the relevant responses in the supplied workbook. They describe those respondents, not everyone with similar characteristics.

An insight from our appointment letter work

Healthwatch Kirklees and Healthwatch Wakefield's volunteer-led 'From letter to appointment' project concerned invitations to outpatient appointments, rather than letters summarising a consultation. Its findings have not been combined with the clinical letter survey. One comment illustrates a barrier relevant to any hospital correspondence:

"I couldn't read the letter due to the colour of the paper. I had to get someone to read it for me."

Digital communication can help and exclude

In 2025, Healthwatch Kirklees and Healthwatch Calderdale heard from 773 people about digital access to GP services (Healthwatch Kirklees, 2025). Many valued the convenience of online tools. Others described complicated registration, technical problems, multiple systems and difficulty finding support.

Only 6% of respondents said they had been offered help to use online services. This study concerned GP access; it did not measure whether people could open digital outpatient letters. It shows why providing a digital route does not establish that someone can use it.

"Too many different systems- NHS app, patches, online system. Everything needs to be in one place" (Woman from Calderdale, aged 65–79.)

The same report drew on a separate Community Champions survey of 352 people in Kirklees about the NHS App and vaccination booking. In that group, 36% said they used the app and 64% said they did not; 53% said they would welcome help to download and learn to use it. These are findings among people reached by Community Champions, not population estimates. They show that people may want the benefits of digital access but need support to obtain them.

Digital access also changes when people encounter information. Healthwatch Leeds (Healthwatch Leeds, 2025) has heard that people sometimes see test results in digital records without a wider explanation, causing confusion or anxiety. A result becoming visible and a person understanding what it means are different events.

Digital communication can make information easier to revisit and share. Its usefulness depends on accessible systems, clear explanations, practical support and alternatives for people who need them.

Health literacy is more than reading ability

Health literacy involves being able to access, understand, assess and use information about health. It is shaped by the demands of the information and services, as well as by a person's own skills. A confident reader may struggle with a new diagnosis, an unexplained risk figure or a letter that does not say who owns the next action.

The National Literacy Trust estimates that 18% of adults aged 16–65 in England have very poor literacy skills and may struggle with unfamiliar written material (National Literacy Trust, 2026). NHS England cites research suggesting that 43% of working age adults may struggle with written health information, rising to 61% when numbers are included. These national figures measure different things and cannot be used as local rates of difficulty with clinical letters.

Age is not a reliable shortcut for assessing an individual's needs. England's Survey of Adult Skills (Department of Education, 2024) found lower average literacy scores among adults aged 55–65 than those aged 25–34, with substantial variation within each group. It does not cover adults older than 65, although many people receiving outpatient care are older.

Kirklees Community Champions' conversations add local context. In 2023 cervical screening engagement (Healthwatch Kirklees and Community Champions, 2023), 107 respondents said they had low literacy levels. Among those describing barriers to attendance, women identifying low literacy were particularly likely to cite language barriers or difficulty understanding. This describes participants reached through that engagement; it is not a Kirklees prevalence figure.

When people have to work out the meaning for themselves

Receiving information is not always the end of the communication. In our clinical letter sample, people described Googling medical words, using a translation app, asking family for help and

chasing explanations of test results. These steps can help, but they require additional work and may leave people relying on information outside the clinical team.

New tools may become part of that effort. Healthwatch Leeds has discussed the possibility of people turning to search engines, social media and AI to understand healthcare information (Healthwatch Leeds, 2025). A small published study compared original clinical letters with AI adapted versions of 23 letters. Fifteen patient representatives rated the adapted letters more highly for understanding diagnoses, plans and language. This was a controlled rewriting study, not evidence of patients independently uploading their letters to AI tools.

The wider question is how much explanation someone has had to find for themselves. A tool may help them understand a term or prepare a question. It cannot confirm what a result means for that individual, supply advice omitted from the original letter or give an accountable answer from the clinical service.

The effort required is also uneven. Some people have time, confidence and someone to help. Others may be managing care alone or alongside several conditions, caring responsibilities and financial pressures. Communication that leaves gaps can place additional demands on those already finding care difficult to manage.

Communication supports self care when the plan is clear

People are increasingly encouraged to monitor conditions, follow treatment plans and know when to seek help. Our positive clinical letter comments show that people want a written account they can use for those purposes. Other accounts show the limits, someone cannot confidently act on advice absent from the letter, interpret an unexplained result or know whether they must arrange the next step themselves.

The 2026 West Yorkshire Healthwatch report heard from 155 people about managing their health (West Yorkshire Healthwatch, 2026). People asked for clear explanations, enough time for questions, written next steps, information about warning signs and guidance on when to seek support. Some described rushed explanations or jargon. The report also found that cost of living, existing conditions, accessible information, digital access and support from family or carers affect what people can manage. It concluded that self management requires suitable, continuing support and shared responsibility between individuals and services.

“Long letters are really hard. They don’t make it easy for you; they make it ten times harder.”
(Focus group participant)

NHS England describes supported self management as building people's knowledge, skills and confidence with appropriate support. Sending someone information and enabling them to use it are different steps.

Communication can support self care by explaining why an action matters, making instructions manageable and establishing what to do if the plan does not work. It should also make clear which responsibilities remain with services. People should not have to guess whether the hospital will arrange a test, the GP will change a prescription or they must make contact themselves.

What communication needs to enable

Once a person has had an appointment or received a result, can they answer these questions?

- What happened, and what were the findings?
- What does this mean for me?
- What did we agree I would do, and when?
- What will the hospital, GP, social care team or another service do, and when?
- What should I look out for, and when should I seek help?
- Who can explain, check or correct something I do not understand?

These questions apply whether information is given in a conversation, a letter, a phone call or a digital record. They are also relevant to a carer supporting someone with their agreement.

Personalised communication means reflecting the person's consultation, decisions, circumstances and communication needs. Under the NHS Accessible Information Standard, services must identify and meet relevant information and communication needs of disabled people and people with impairments or sensory loss. Plain language benefits everyone some people additionally need another format, an interpreter or other support.

A person's needs should be acted upon when information is produced and shared, rather than left for them to explain again at every contact.

Conclusion

Communication shapes people's ability to take part in their care. A clear conversation, consistent messages between services and an accurate written plan can help someone

understand a decision and carry out their part of it. When information is inaccessible, incomplete or unexplained, people and carers may be left to translate, search, chase and coordinate for themselves.

Our clinical letter sample is too small to establish how often each problem occurs across Kirklees or Calderdale. Our other reports examine different parts of the care journey and their figures should not be combined into a single local rate. Together, they show a consistent relationship the more people are expected to do to manage their health, the more important it is that services communicate clearly and provide support that works for the individual.

Bibliography

- Department of Education. (2024). *Survey of Adult Skills 2023 (PIAAC): National Report for England*. Retrieved from https://assets.publishing.service.gov.uk/media/675330e020bcf083762a6d48/Survey_of_Adult_Skills_2023_PIAAC_National_Report_for_England.pdf
- Healthwatch Kirklees. (2024). *Leaving hospital: experiences of those needing reablement support at home or intermediate care*. Retrieved from <https://healthwatchkirkleesandcalderdale.com/wp-content/uploads/2024/12/Leaving-hospital-experiences-of-those-needing-reablement-support-at-home-or-intermediate-care.pdf>
- Healthwatch Kirklees. (2025). *Digital access to GP services*. Retrieved from https://nds.healthwatch.co.uk/sites/default/files/reports_library/20251117_Calderdale_Kirklees_Digital-access-to-GP-services.pdf

- Healthwatch Kirklees. (2026). *Understanding Experiences of Dementia Care and Support*. Retrieved from <https://healthwatchkirkleesandcalderdale.com/wp-content/uploads/2026/08/Understanding-Experiences-of-Dementia-Care-and-Support-in-Kirklees-and-Calderdale.pdf>
- Healthwatch Kirklees and Community Champions. (2023). *Cervial Screening barriers*. Retrieved from <https://healthwatchkirkleesandcalderdale.com/wp-content/uploads/2024/12/Community-Champions-cervical-screening-findings.pdf>
- Healthwatch Kirklees and Community Champions. (2024). *Cervical Screening Insights*. Retrieved from <https://healthwatchkirkleesandcalderdale.com/wp-content/uploads/2024/12/TSL-Cervical-Screening-Insights-2024.pdf>
- Healthwatch Leeds. (2025). *Keeping every door open* . Retrieved from Healthwatch Leeds: https://nds.healthwatch.co.uk/sites/default/files/reports_library/20250929_Leeds_Keeping%20every%20door%20open_%20Breifing.pdf
- National Literacy Trust. (2026). Retrieved from <https://literacytrust.org.uk/parents-and-families/adult-literacy/>
- NHS England . (2025). *Accessible Information Standard – requirements*. Retrieved from NHS England: <https://www.england.nhs.uk/long-read/accessible-information-standard-requirements-dapb1605>
- West Yorkshire Healthwatch . (2024, Oct). *National reports library* . Retrieved from Healthwatch England : <https://nds.healthwatch.co.uk/reports-library/themes-impact-people-who-find-it-harder-access-healthcare>
- West Yorkshire Healthwatch. (2026). *Self Management of Health*. Retrieved from https://nds.healthwatch.co.uk/sites/default/files/reports_library/20260513_Leeds_Bradford-Kirklees_Calderdale_Wakefield_Supported-self-management-report.pdf
- West Yorkshire Voice. (2024). *Equality, Diversity and Inclusion*. Retrieved from https://healthwatchkirkleesandcalderdale.com/wp-content/uploads/2024/12/Equality-Diversity-and-Inclusion-Strategy-Report_Sept-2024.pdf