

Delivering the Neighbourhood Health Service: Estates

Health and Social Care Select Committee call for evidence

Yorkshire Cancer Research response, February 2026

Introduction

Yorkshire Cancer Research is Yorkshire's independent cancer charity, existing to ensure that more people live longer healthier lives, free of cancer. The Charity's 100 years of pioneering research, medical breakthroughs and life-saving progress have redefined what is possible for people affected by cancer in Yorkshire and beyond.

The Charity funds innovative research and services that help prevent cancer, improve earlier diagnosis and enable more effective treatment. Through this work, Yorkshire Cancer Research has developed deep insight into the needs of the region and created meaningful, measurable impact in Yorkshire and beyond.

Summary

Yorkshire Cancer Research recommend that investment for the Neighbourhood Health Service is prioritised in communities with the lowest healthy life expectancy, highest deprivation and greatest pressure on existing services, ensuring resources flow to areas of greatest need rather than those easiest to deliver in. Much of this need is concentrated in the North, including Yorkshire, where poor access to primary care, longer waiting times and higher rates of late diagnosis persist.

Using and expanding existing NHS estate, such as Community Diagnostic Centres, alongside non-NHS community venues can maximise reach and impact, especially when co-locating prevention and diagnostic services. Third sector organisations such as Yorkshire Cancer Research can play a vital role, offering trusted community spaces, local insight and established partnerships to support neighbourhood-based care.

Effective delivery also requires multi-year funding, flexible estate design, thoughtful approaches to rural and coastal access, digital options that avoid digital exclusion and mobile units to reach underserved neighbourhoods. Co-design with communities, patients and local partners is essential to ensure neighbourhood centres are welcoming, accessible and capable of delivering integrated, preventative, multidisciplinary care close to home.

2. What criteria should be used to prioritise the investment in the estate to enable it to deliver the Neighbourhood Health Service?

- 2.1. To deliver the Neighbourhood Health Service in a way that most effectively reduces health inequalities, the criteria should prioritise investment in places with the lowest healthy life expectancy, highest levels of deprivation and where existing services are overstretched, such as areas with the highest number of patients per GP. These are the communities facing the

longest waiting times, poor access to care and higher rates of emergency presentation.¹ Deprived areas have the highest rates of emergency presentation, with nearly one in four (24.0%) cancers diagnosed in the most deprived areas in England being diagnosed through an emergency route. This is substantially higher than the proportion diagnosed through emergency routes in the least deprived areas in England, which see 16.4%, or one in six, diagnosed through this route.² People living in the most deprived areas are also more likely to experience longer delays in the time it takes to begin treatment. People living in the most deprived areas were 33% more likely to wait over 104 days to start treatment compared to people in the least deprived quintile.¹ Criteria for investment should put local need ahead of ease of delivery. Even where this requires higher initial investment, directing resources to areas of greatest need is likely to deliver greater long-term value by relieving pressure on services, improving prevention and early diagnosis, boosting local productivity and narrowing the health gap between communities.

2.2. This aligns with the 10 Year Health Plan commitment to deliver Neighbourhood Health Centres first in areas with the lowest healthy life expectancy.³ Much of this need is concentrated in the North of England, including Yorkshire, where healthy life expectancy and life expectancy are significantly below the England average. Yorkshire has the third lowest life expectancy of any region in England, with life expectancy for men and women being at least a year lower than the national averages.⁴ Additionally, Yorkshire experiences significantly greater inequality in life expectancies compared to the England averages. The difference in life expectancy for men living in the most deprived areas compared to the least deprived areas in Yorkshire is 12.0 years and 9.7 years for women.⁵ Both gaps are significantly larger than the national averages of 10.5 years for men and 8.3 for women.⁶ Data on cause of death suggests that upwards of 40% of these gaps can be accounted for by circulatory diseases and cancer, and a further 15% to 19% by respiratory conditions.⁶ Within these geographies, prioritisation should reflect pressure on existing services, including longer elective and cancer waiting times, poor GP access and higher emergency presentation. This will help enable the Neighbourhood Health Service to deliver on its intended function to reduce pressure on services such as hospitals and primary care.

2.3. Within Yorkshire, Hull illustrates the scale and nature of the opportunity. Hull has the lowest life expectancy in Yorkshire with a life expectancy 4.4 years lower than the national average for men and 2.9 years for women. In addition, GPs in one area in Hull have some of the highest numbers of patients per GP in the country. GPs in Kingston Upon Hull East care for an average of 3,664 patients compared to the national average of 2,236.^{7, 8} Cancer outcomes in Hull are also poor, with 713 deaths each year in a relatively small population, Hull has the 2nd highest cancer mortality rate of any area in the country.⁹ Strengthening neighbourhood provision in places such as Hull can reduce pressure on overstretched services and improve outcomes through improved prevention and earlier diagnosis. Organisations with deep regional knowledge and established relationships, such as Yorkshire Cancer Research, have an important role in supporting this approach. Yorkshire Cancer Research's focused geographical area allows the Charity to have an in-depth and wide-reaching knowledge of the needs of people with cancer across the whole of the region and strong relationships with NHS partners. These connections can help ensure that Neighbourhood Health Centres are designed and used in ways that genuinely address local need and improve outcomes across the cancer pathway.

- 2.4. The programme should invest in existing NHS estate where possible, drawing lessons from the rapid mobilisation and repurposing achieved during the pandemic.¹⁰ For example, community diagnostic centres (CDCs) could be used to deliver a wider range of community services. Currently, despite being well located in the centre of communities, these centres are often underutilised. This aligns with the National Cancer Plan commitment to make better use of CDCs, including increasing their opening hours where possible to 12 hours a day, 7 days a week. This commitment could help facilitate the delivery of the Neighbourhood Health Service within existing estates. It is unclear why this will only be possible in some areas; it is important that improvements and expansions to CDCs to bolster the Neighbourhood Health Service are made equitably.
- 2.5. To ensure full use of these buildings, the scope of provision within these centres could be broadened to include further diagnostic as well as some non-diagnostic capabilities. Existing CDCs, for instance, could provide phlebotomy services and preventative interventions. This could maximise the use of existing spaces, where underutilised, and maximise the opportunity of a teachable moment. Yorkshire Cancer Research funded the Yorkshire Enhanced Stop Smoking (YESS) study which measured the success of an opt-out, co-located smoking cessation service delivered alongside the Charity's Yorkshire Lung Screening Trial (YLST).¹¹ The YESS study team identified co-location as a key factor in increasing uptake, as it reduced the burden on participants and enabled practitioners to capitalise on the moment when individuals were already focused on their health.¹² Beyond lung screening, attendance at any diagnostic appointment can provide a similar opportunity to engage people in preventative support. Therefore, broadening the remit of CDCs to include co-located prevention services could amplify their impact. Where co-location is not feasible, individuals should at a minimum be referred to appropriate community-based prevention services.
- 2.6. In addition, the Neighbourhood Health Service should look to community pharmacies to extend its reach into deprived communities. Despite typically having insufficient GPs, deprived areas often have more community pharmacies. To reduce strain on overstretched GPs in these areas and enable more people to access care as soon as they need, the services provided by community pharmacists should be extended. Yorkshire Cancer Research currently funds DETECT-CRC which investigates the possibility of provided faecal immunochemical tests through community pharmacies to help identify people with bowel cancer. This trial will work to support existing primary care pathways and improve early detection in deprived communities, which have recognised poorer bowel cancer outcomes.
- 2.7. Where using existing NHS estate is not feasible, the Neighbourhood Health Service should utilise suitable non-NHS community assets or develop purpose-built facilities. However, delivery and investment must be determined by need and impact rather than the availability of a convenient building, consistent with the 10 Year Health Plan principle.³ Delivering on this commitment may require improvements in the quality of NHS estates data, to ensure that decisions are based on an accurate understanding of local assets and gaps.¹⁰

4. How could non-NHS settings or infrastructure be used to support the delivery of care in neighbourhood settings, and what arrangements would be needed to

facilitate it? a) What are the challenges of delivering care services in these settings and how would they be addressed?

- 4.1. Yorkshire Cancer Research funds Active Together which provides a comprehensive prehabilitation and rehabilitation pathway for people with cancer. The Charity are currently in the process of rolling out this service across Yorkshire, and although some delivery is done on NHS-sites, where possible the service utilises existing, non-NHS settings within the community such as gyms and leisure centres as well as purpose-built centres, bringing the service as close to people as possible. The programme provides direct evidence for policymakers on funding models, governance requirements and cross-sector coordination needed to deliver care in neighbourhood settings.
- 4.2. Active Together is associated with an overall 10% improvement in survival for people with bowel, lung and upper gastrointestinal cancers.¹³ Participants have shown clinically significant improvements in fitness, spent less time recovering in hospital after surgery and experienced fewer side effects. Active Together achieved strong participation rates: 81% of those referred attending the service, with a 92% appointment attendance rate. The programme is also associated with a net saving of £366.36 per patient to the NHS, likely due to reduced time spent recovering in hospital. Evidence also indicates that prehabilitation and rehabilitation can reduce the risk of cancer recurrence by up to 66%, reducing the need for future cancer treatment.¹⁴
- 4.3. Active Together provides a strong case study for the significant potential for community-based provision to reduce pressure on acute services. Yorkshire Cancer Research is pleased to see the National Cancer Plan has committed to developing national quality standards for prehabilitation, citing Active Together as an example. This is set out as a 'digital-first' offer using the NHS App and other digital channels and signposting to digital services such as smoking cessation services and exercise classes. For people with higher needs, such as comorbidities, it may not be safe or effective to exercise without in-person support from professionals. It is therefore important that alongside the digital offer, which may be appropriate for some people, there is also community-based, in person provision delivered by a qualified, multi-disciplinary team. This can be delivered as part of the Neighbourhood Health Service.
- 4.4. Yorkshire Cancer Research has worked closely with partners across the region including NHS Trusts, Cancer Alliances, ICBs and local leisure providers to roll out Active Together across the region. Active Together is currently being delivered in collaboration with seven NHS Trusts in Yorkshire, plus a further independent service at the Charity's head office in Harrogate. Delivery from one additional trust is expected to start in 2026/2027. This process has provided insight into the practical requirements for the successful delivery of neighbourhood-based health services. The insights below provide actionable lessons for developing the Neighbourhood Health Service at scale.

4.5. Multi-year funding

- 4.5.1. Multi-year funding commitments give partners the stability required to invest in facilities and workforce. When rolling out Active Together the Charity uses a step-up, step-down funding model. This means the Charity progressively contributes a slightly reduced proportion of the funding and the contribution of NHS-partners progressively increases.

However, without multi-year budgets ICBs have been unable to commit to more than one year of this funding process. This affects the sustainability of service delivery. Multi-year budgets will be needed to enable the Neighbourhood Health Service to work within non-NHS settings, allowing other organisations to help with the initial costs with agreements in place for the NHS to step-up their contributions as the cost benefits of the Neighbourhood Health Service are felt, releasing funding from hospital budgets.

4.6. Leasing costs

4.6.1. Additionally, the Charity has found the cost of leasing space in community venues which are equipped to deliver the service to be challenging. There is often capacity within existing sites but the cost of leasing these can add significant burden and makes it difficult for the Charity to arrange for NHS trusts to take on the long-term service cost. To resolve this, the Charity is exploring a co-funded partnership model with shared resources as an asset from providers rather than financial assets. Instead of expecting a provider to contribute money into a partnership project, they can contribute staff time, expertise, facilities or existing services. Another opportunity to reduce service delivery costs for NHS partners is by integrating community services with health on the high street. The Charity is exploring the potential of utilising the Charity's retail spaces which are located within communities across Yorkshire to deliver community-based services using this model.

4.7. Public-VCSE-Partnerships

4.7.1. In addition to delivering Active Together via existing non-NHS settings, the Charity has two purpose-built centres, located in Hull and Harrogate, which have been specifically designed and equipped for the delivery of Active Together. These centres also provide dedicated space for the Charity's smoking cessation services in an accessible, non-clinical space within the community. These centres are designed to enable multiple services to be delivered within a single, community-based environment.

4.7.2. The Department should explore opportunities to partner with VCSE organisations in addition to public-private-partnerships to deliver the Neighbourhood Health Service. Community and VCSE locations are often deeply rooted in the neighbourhoods they serve. People are familiar with them, feel comfortable attending and may perceive them as less intimidating than clinical environments. This community-centred, non-clinical atmosphere indicates potential to improve engagement, support behaviour change and increase uptake among groups who may otherwise be less likely to access healthcare services.

4.7.3. There are significant opportunities for Yorkshire Cancer Research to work with the Department of Health and Social Care to deliver Neighbourhood Health Services using the Charity's existing centres, as well as future centres developed in collaboration with the programme. Yorkshire Cancer Research is well positioned to support delivery in Yorkshire, drawing on existing regional relationships and insight into local needs and system pressures. The Charity's centres already comprise of multidisciplinary teams including smoking cessation advisors, nutritionists, physiotherapists, Level 4 personal trainers and wellbeing specialists. The venues are fitted out with consultation rooms, exercise studios and gym equipment. There is therefore potential to use both existing spaces and to train existing workforce to deliver a wider range of services and integrate

with wider preventative services and other condition specific care. The spaces could also be used to deliver services such as phlebotomy, urgent care, long-term condition management and mental health services. For example, nutritionists could be used to deliver weight management and healthy eating services and wellbeing specialists to deliver community-based mental health support and consultation rooms could be used to facilitate a broader range of services. Using lessons the Charity has learned from bringing Active Together into venues where existing services operate, back-office space and equipment can be utilised to their full extent and deliver multidisciplinary services in the heart of local communities.

4.7.4. This collaboration can enable a comprehensive, wraparound model where physical activity, nutrition support, smoking cessation, mental wellbeing support, cancer rehabilitation and chronic disease pathways can all operate from a single neighbourhood base.

5. How can local communities and the workforce best be involved in the planning and design of estate transformation for the Neighbourhood Health Service?

5.1. Active Together shifts hospital-based care to community embedded support that people can engage with earlier, more easily and regularly. The service demonstrates how preventive, holistic, person-centred support, particularly for people living with cancer, can be delivered effectively in neighbourhood settings.

5.2. Co-design

5.2.1. Yorkshire Cancer Research works closely with NHS partners, local authorities, leisure providers, universities and patients and the public to shape community services and purpose-built health facilities that are designed from the outset to support prevention, rehabilitation, wellbeing and long-term condition management. Yorkshire Cancer Research's centres incorporate the evidence-based features that make community health facilities effective. This includes flexible and adaptable spaces that can be reconfigured as services evolve; multidisciplinary accommodation suitable for allied health professionals, mental health practitioners, dietitians, smoking cessation specialists and community partners/volunteers; facilities for group programmes, exercise, rehabilitation and health education, all core elements of community-based support; inclusive, non-clinical, welcoming design with natural materials, clear wayfinding and spaces that reduce anxiety; and easy neighbourhood access, embedded within communities in ways that reduce travel barriers and improve equity.

5.2.2. Through co-design workshops and public engagement sessions, Yorkshire Cancer Research is ensuring that the Active Together Service and new centres reflect what people say they need: welcoming, non-clinical spaces; physical activity and wellbeing rooms; accessible and culturally appropriate environments; with peer support volunteering roles and signposting to local voluntary organisations for wrap around support. The Neighbourhood Health Service should incorporate this insight from patients and the public as well as utilising the Charity's modelling used to ensure effective community support.

5.3. Coastal and rural communities

- 5.3.1. People living in rural and coastal areas already face significant challenges in accessing existing services. Evidence shows, for example, that people in rural parts of England experience longer travel times to prostate cancer treatment, and in coastal areas of Yorkshire, people with lung cancer travel on average 10 kilometres further to reach cancer treatment centres than those in non-coastal areas.^{15, 16} As the question highlights, a carefully designed Neighbourhood Health must improve access for these communities. Without thoughtful design, the service risks exacerbating existing inequalities.
- 5.3.2. It will not be possible to locate Neighbourhood Health Centres within walking distance for everyone, particularly for people living in rural areas. The programme must therefore design the estate and services so that they ensure that people in these communities are not excluded. The Neighbourhood Health Service can learn from programmes across the country which aim to improve provision for rural and coastal communities.

5.4. *Digital technologies*

- 5.4.1. In Yorkshire, 22% of the population live in a rural or coastal area. To deliver the Active Together service across the region, Yorkshire Cancer Research has designed both the service and the estate to guarantee equitable access. For example, the Yorkshire Cancer Research Hull centre has been designed specifically to enable the provision of the service remotely as well as in person. One of the studios equipped with technology to support high-quality digital sessions. The service offers live, virtual consultations with exercise specialists, dietitians and wellbeing practitioners, live, virtual group sessions including supervised exercise classes, education workshops and peer-support opportunities and hybrid models that combine in-person and remote delivery to maximise flexibility and sustainability. These services ensure that people who are geographically isolated, immunocompromised, or facing mobility or transport challenges can access personalised support. This digital infrastructure complements physical neighbourhood health centres by extending reach and upholding the Neighbourhood Health principle that services should meet people where they are.
- 5.4.2. Beyond Active Together, Yorkshire Cancer Research also funds research into digital technologies that support people living with cancer. This includes the APPROACH trial, which is testing whether a physical activity mobile app, combined with behavioural support, can help people with breast, prostate or bowel cancer increase their activity levels.¹⁷ Findings from this research could inform the development of community services that people can access from home. Digital offers such as these will be critical to extending the reach of the Neighbourhood Health Service into rural communities.
- 5.4.3. Digital delivery is likely to be effective for many people, as recognised in the National Cancer Plan's 'digital-first' prehabilitation offer, and could play a key role in expanding the Neighbourhood Health Service. However, digital options must be implemented carefully and must not become the default. For some people with higher needs, it may be unsafe to exercise without direct professional supervision. Individual needs should therefore be stratified before a digital option is offered. While digital services can improve accessibility, in-person, community-based support must remain a core component of provision. Within Active Together, those supported digitally are not simply signposted to an app; they are offered live, virtual sessions to ensure they remain safe, engaged and motivated to participate.

5.5. Digital exclusion

5.5.1. However, it is vital that this is done in a way that accounts for digital exclusion. Rural areas are particularly vulnerable to digital exclusion. Full-fibre internet coverage is at 60% in rural residential areas of England, compared to 81% in urban residential areas.¹⁸ Isolated coastal and rural communities also tend to have lower digital literacy and reduced access to devices.¹⁹ If using digital alternatives to overcome barriers for rural and coastal communities, it is important that the Neighbourhood Health Service applies lessons from programmes across the country who have developed strategies to address digital exclusion in these areas. For example, an NHS England pilot in Scarborough improved public engagement with digital healthcare by training staff to assist people in using digital tools and Lincolnshire County Council has provided devices and SIM cards to support digitally excluded residents.^{19, 20} For some people it may be preferable or even safer to access care in person. Therefore, alongside measures to improve digital access, it is important that analogue options are retained.

5.5.2. Moreover, when selecting venues for Active Together, either an existing setting or purpose-built centre, the Charity gives strong consideration to public transport links. The Hull centre is located within a few minutes' walk of both the bus station and the train station, significantly expanding the number of people who can access its services. It is also important to note that in rural and coastal areas public transport may be less frequent or less convenient, and people often live far from the nearest stop. To maintain the availability of in person services for those who need or want them, the Neighbourhood Health Service should explore additional solutions to ensure attendance. Yorkshire Cancer Research funds DOORSTEP, a study investigating the effectiveness of providing free door-to-door transport for breast screening in Hull. Once complete, this research may help inform similar approaches to improve uptake of Neighbourhood Health Services.

5.6. Mobile units

5.6.1. Finally, while it may be impossible to have a Neighbourhood Health Centre within walking distance of everyone using fixed estate, the programme should explore the possibility of using mobile units to extend the reach of the Neighbourhood Health Service into every neighbourhood. This could ensure that those who can neither access a service digitally nor conveniently travel to their nearest fixed centre can still access high-quality neighbourhood services. Yorkshire Cancer Research recommends the Neighbourhood Health Service operate under a hub and spoke model, using a fixed centre as the hub where the multi-disciplinary team and back office function operate and sending out mobile units into communities. This should not be limited to remote communities. There are a range of reasons why someone would find it easier to access a mobile unit rather than travelling to fixed centre such as childcare, affordability of public transport and unfamiliarity with the setting.

5.6.2. Yorkshire Cancer Research funded the Yorkshire Lung Screening Trial (YLST) which demonstrated the effectiveness of mobile units. These mobile units brought multi-disciplinary teams into the heart of communities. Throughout the trial the van moved to different locations around Leeds, providing lung screens to people who smoked and combined with the Yorkshire Enhanced Stop Smoking study which offered stop smoking

advice and ongoing support. These elements took place during the same appointment, in a mobile van at convenient locations like supermarket car parks.

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