

Ageing Well in Trafford

**Barriers to accessing health,
wellbeing and community
support for residents aged 50+**

July 2026

Contents

Executive Summary	2
Introduction	3
Methodology	4
Engagement Approach	4
Recruitment and Participation	4
Data Collection.....	5
Participant Demographics	6
Findings	7
Digital Access, Communication and Choice	7
Accessing Healthcare	9
Waiting Times.....	13
Joined-up Care and Navigating Services.....	14
Transport and Mobility.....	16
Information, Awareness and Confidence.....	19
Quality of Care.....	21
Mental Health Support.....	23
Housing, Supported Living and Independent Living.....	24
Social Care and Support.....	25
Community Services, Social Connection and Participation.....	26
Discussion	27
Recommendations	28
Appendix	30

Executive Summary

Trafford Council commissioned Healthwatch Trafford to explore the experiences of Trafford residents aged 50 and over when accessing health, wellbeing and community support services. The project aimed to understand the barriers residents face, identify examples of good practice and gather suggestions for improving access to services.

Healthwatch Trafford engaged with 50 residents through two focus groups and a programme of community engagement delivered across a range of locations in Trafford. Participants shared their experiences through semi-structured discussions, enabling a detailed exploration of the challenges they encounter when accessing services and support.

Participants described barriers across almost every stage of the patient journey. Digital services were valued by some but many residents emphasised the importance of retaining telephone and face-to-face alternatives. Difficulties obtaining appointments, long waiting times, fragmented communication between organisations and complex referral pathways were common themes. Participants frequently described having to coordinate their own care, chase referrals and repeat information to different professionals. Transport, mobility, housing, confidence and awareness of available services were also identified as important factors affecting people's ability to access support.

One notable finding was what one participant described as an "invisibility gap", where residents experience significant difficulties but do not meet the eligibility criteria for specialist support. This concept reflected wider concerns that some people can struggle to access appropriate help despite experiencing ongoing health or wellbeing needs.

Despite these barriers, participants also described many positive experiences. Compassionate healthcare professionals, supported living schemes, community organisations and voluntary groups were recognised as making a significant contribution to residents' wellbeing. Throughout the engagement, participants consistently emphasised the importance of clear communication, personalised care and being treated as individuals.

The findings suggest that improving access requires more than increasing service capacity alone. Residents highlighted the need for simpler navigation, clearer communication, coordinated care, accessible transport and a range of ways to access services that reflect the differing needs of Trafford's older population. The recommendations set out in this report are intended to support Trafford Council and its partners in reducing barriers and improving access to health, wellbeing and community support services for residents aged 50 and over.

Introduction

Background

Trafford Council commissioned Healthwatch Trafford to undertake an engagement project exploring the experiences of Trafford residents aged 50+ when accessing health, wellbeing and community support services.

The project was commissioned following previous engagement work and findings from the Older People's Health Needs Assessment, which identified barriers to accessing services as an important issue affecting older residents. While many services aim to support healthy ageing and reduce health inequalities, barriers such as awareness of available support, accessibility, mobility, communication and digital exclusion may prevent some residents from accessing the help they need.

The purpose of this project was to better understand these barriers from the perspective of Trafford residents aged 50+, enabling Trafford Council to use residents' experiences to inform future service planning, commissioning and improvements designed to reduce inequalities and improve access to support.

Objectives

- Explore the barriers residents experience when accessing health, wellbeing and community support services.
- Understand how these barriers affect people's ability to access support.
- Identify examples of good practice and positive experiences.
- Gather residents' suggestions for reducing barriers and improving access to services.
- Produce evidence-based recommendations to inform future service planning and commissioning.

Scope

Trafford Council asked Healthwatch Trafford to undertake qualitative engagement with at least 50 Trafford residents aged 50 years and over. The specification encouraged the use of methods such as focus groups, interviews and conversations to explore lived experiences in an open and participant-led way. The project sought to answer two key questions:

- What barriers, whether perceived or experienced, do residents face when trying to access services and support that enable them to live well, including health, wellbeing and community support?
- How would residents like these barriers to be reduced, and what changes would make services easier to navigate, reach and use?

Methodology

Engagement Approach

Healthwatch Trafford used a qualitative engagement approach to explore the experiences of Trafford residents aged 50+ when accessing health, wellbeing and community support services.

The project combined planned focus groups with engagement in existing community settings. This flexible approach enabled Healthwatch Trafford to engage residents in locations that were familiar and convenient, helping to broaden participation and capture a wider range of experiences.

Recruitment and Participation

Participants were recruited using a variety of approaches to maximise engagement from Trafford residents aged 50+.

Initial recruitment focused on inviting previous Healthwatch focus group participants who had consented to being contacted about future projects. Community organisations, charities and voluntary sector groups across Trafford were also contacted by email and telephone to explore opportunities to engage residents through existing activities and events. Promotional materials were shared where appropriate to support recruitment.

As recruitment progressed, Healthwatch Trafford expanded its approach by visiting existing community groups and venues, enabling informal conversations with residents already attending local activities. Although not every organisation contacted was able to support engagement within the project timescales, this flexible approach enabled the project to achieve its target of engaging at least 50 Trafford residents.

A summary of our engagement activities is provided below:

Date	Location	Engagement Method	Participants
24 June 2026	Healthwatch Trafford Office, Stretford	Focus group	5
24 June 2026	Stretford Public Hall	Informal group discussions and interviews during an older people's dance event hosted by Re-engage	11

25 June 2026	Salvation Army Church, Sale	Focus group	6
1 July 2026	Limelight Health and Wellbeing Hub, Old Trafford	Informal discussions with Drawing Social group attendees, and Limelight residents and visitors	16
2 July 2026	Bluesci Wellbeing Centre, Old Trafford	Informal discussions with visitors to Bluesci, including volunteers for the Kurry Kitchen group	9
2 July 2026	Limelight Health and Wellbeing Hub, Old Trafford	Informal conversations with individuals	3

Data Collection

A semi-structured discussion guide was developed to ensure topics were consistently explored throughout the project while allowing participants the flexibility to discuss the issues that mattered most to them.

Discussion topics included:

- Experiences of accessing health, wellbeing and community support services.
- Barriers to accessing services.
- Reasons for non-engagement with services.
- Awareness and navigation of services.
- Use of online services.
- Suggestions for improving access to services.

The full discussion guide is in the Appendix.

Formal focus groups lasted approximately 1–2 hours. During visits to community venues, participants generally took part in individual or small group conversations lasting approximately 5–10 minutes. These discussions followed the same discussion guide but were delivered more informally to fit around existing community activities.

Researchers made detailed written notes throughout each discussion. No audio recordings were made, as this would have been a barrier to participation. However, great care was taken to ensure that quotes from participants were written down exactly as they were said.

Participants were also invited to complete an optional anonymous demographic questionnaire to help assess whether the project had engaged a broad range of Trafford residents.

Participant Demographics

Completion of the demographic questionnaire was optional. Of the 50 participants who took part in the project, 35 (70%) completed the anonymous demographic questionnaire, while 15 (30%) chose not to provide demographic information. Therefore, the following demographic data reflects only the 35 participants who agreed to fill in the demographic questionnaire.

Age

Participants represented a broad range of age groups:

Age Group	Number of Participants	Percentage
50-59	7	20%
60-69	12	34.3%
70-79	11	31.4%
80+	5	14.3%

Gender

83% of participants who completed the demographics questions identified as female, and 17% identified as male:

Gender	Number of Participants	Percentage
Female	29	83%
Male	6	17%

Ethnicity

The majority of participants who completed the demographics questions identified as White (71.4%). A range of participants were engaged from Asian, Black and Mixed ethnic backgrounds:

Ethnicity	Number of Participants	Percentage
White	25	71.4%
Asian or Asian British	5	14.3%
Black, Black British, Caribbean or African	3	8.6%
Mixed or Multiple Ethnic Groups	1	2.9%
Prefer not to say	1	2.9%

Employment Status

The majority of participants who completed the demographics questions were retired. However, views were also gathered from people who were working, self-employed, caring for others, seeking employment or unable to work because of illness or disability:

Employment Status	Number of Participants	Percentage
Retired	22	62.9%
Working full-time	4	11.4%
Unable to work due to illness or disability	4	11.4%
Self-employed	2	5.7%
Working part-time	1	2.9%
Looking for work	1	2.9%
Full-time carer	1	2.9%

Disability or Long-Term Health Condition

60% of participants who completed the demographic questions reported having a disability or long-term health condition, while 22.9% said that they did not. A further 17.1% preferred not to answer this question:

Response	Number of Participants	Percentage
Yes	21	60%
No	8	22.9%
Prefer not to say	6	17.1%

Findings

Digital Access, Communication and Choice

The shift towards digital technology was one of the most frequently discussed topics. While some participants appreciated the convenience of online services and recognised the benefits they can offer, many felt that increasing reliance on digital systems had created new barriers to accessing healthcare and support.

Participants described having to use multiple systems, including the NHS App, MyMFT, Patient Access and AskMyGP. Many felt these systems did not communicate with one another, meaning information such as appointments, test results and prescriptions could only be accessed through different platforms. This was described as confusing and unnecessarily complicated. One participant summarised this by saying:

"I have AskMyGP but my GP doesn't use it."

Several participants questioned why information could not be brought together into a single system, rather than requiring patients to navigate multiple websites and applications. One case was raised of a particular GP at a GP surgery who did not use AskMyGP, whilst the other GPs there did use it.

Preference for personal contact

A strong theme throughout the discussions was that many participants preferred speaking directly to another person, particularly when discussing health concerns or arranging appointments. Participants felt that online systems could never replace the reassurance provided by human interaction. Participants commented:

"Sometimes you prefer to speak to a person."

"I miss face-to-face contact with my GP."

"I'd rather speak to someone."

"Not everyone feels comfortable doing it [using apps]"

Several participants emphasised that digital services should remain an option rather than becoming the only way to access care:

"I know how to use AskMyGP but I find it easier to phone someone."

"I don't want to download another app."

Digital exclusion

Participants highlighted that digital exclusion affected older adults more than younger age groups. Being unable to afford broadband, having limited internet access, a lack of confidence and having disabilities were all identified as reasons why some older people may struggle to access digital services.

One participant described how an 85-year-old woman had received a text message asking her to follow a link regarding a dental referral but she had no idea how to do so, leading them to comment:

"Don't assume everyone uses technology."

Others felt that services increasingly expected people to use the internet regardless of their confidence or circumstances, with participants observing:

"People want to talk to other people."

"Our choices are being taken away from us."

"Me and tech are not compatible."

"I feel like you get better service in person or on the phone."

"I don't want the entire world to be on an app."

"I haven't gone to the doctor because it all has to be online."

"I don't know how to book [GP appointments] online."

"I always ring up because I'm not very confident online."

One participant said that they often felt as if they were *"having an argument with the machine."*

Specific complaints about apps were raised:

"The NHS App is awful; I've never been able to log in."

"The NHS App does not work on my phone."

"AskMyGP annoys me. It's a pain in the neck."

Accessing information and test results

Several participants reported difficulties accessing information about appointments, referrals and test results. Some described receiving no communication following blood tests unless a problem had been identified, while others found that results had been uploaded to an app without any notification or explanation. One participant described trying to access their medical documents as *"a nightmare"*.

Participants also highlighted inconsistency between digital systems, with some results appearing on one platform but not another, creating uncertainty about whether investigations had been completed or reviewed.

Positive experiences

Not all experiences of digital services were negative. Some participants spoke positively about using online systems to book GP appointments or access aspects of their healthcare. One participant commented:

"The NHS app is very good."

Others felt that online services worked well when they were straightforward to use and complemented, rather than replaced, traditional methods of access:

"They suggest to use the app [to book appointments] but I'm not forced to."

Accessing Healthcare

Access to healthcare was another frequently discussed topic. While many participants recognised the pressures facing GP surgeries and hospitals, they described a number of barriers that made it difficult to access timely, personalised care.

Participants frequently referred to difficulties obtaining appointments, with many describing long waits or having to contact their practice at specific times in the hope of securing an appointment. Several felt the current system encouraged competition for appointments rather than ensuring patients were seen according to their needs.

One participant described their experience by commenting:

"I feel like I'm always in a queue."

Others spoke about waiting several weeks for routine appointments or feeling that they had to repeatedly contact the practice before being seen or referred to specialist services.

There was also confusion as to whether it was right to attend a GP or A&E unit, as participants did not always know how severe their medical condition was. For example, one participant said that they decided to go to A&E instead of their GP because they thought they would be *"fobbed off"* at the GP. Initially, they were told *"You shouldn't be here, you should be at your GP"* by the hospital staff, but after further investigation they were then treated for a condition which did require hospital treatment.

Two participants mentioned independently of each other that they both knew people who had gone to A&E whilst having a heart attack. They believed the receptionist was too slow, and seemed *"more interested in filling out forms"*. In one case, nurses and doctors only arrived after the patient had collapsed to the floor. In the other case, the participant explained how they had to knock on the triage nurse's door until they finally found a doctor who rushed the patient through to a ward. Triage staff were seen as *"gatekeepers"*, and one participant said that:

"Triage nurses are a waste of time. They did absolutely nothing. She was just sitting on her phone. They're just looking at the computer, not the patient."

Many participants said that when they were able to access care, it was of good quality. However, the *"convoluted red tape and processes to access it is a nightmare to get through"*.

One participant stated:

"You should not have to battle for what is yours by right."

Another said:

"You must call them, rather than them proactively checking on you."

One participant said that they were sometimes advised to buy medications but were not prescribed them, which they found difficult as the cost could be too high. Similarly, there was a complaint that podiatry was only offered every three months for free on the NHS,

which meant that the participant had to pay approximately £40 per visit, as they felt they needed podiatry services more often than every three months.

Continuity of care

Residents valued seeing the same GP over time, explaining that a doctor who knows their medical history is better placed to understand their needs and make informed decisions. Many felt this continuity had been lost as practices had grown larger and patients were increasingly seen by different doctors at each appointment.

One participant reflected:

"It made such a difference seeing the same person."

Another commented:

"Years ago, you had a main GP who knows you and knows your history."

Participants felt that repeatedly explaining their medical history could be frustrating and resulted in less personalised care.

Appointment systems

Several participants expressed frustration with the way appointments were booked, particularly where online forms or triage systems were used before patients could speak to a doctor. Some felt it was difficult to explain their symptoms through online forms or to reception staff, while others disliked being limited to discussing a single issue during an appointment, particularly where they believed different health concerns might be related.

One participant commented:

"Receptionists hold such power."

Others described feeling discouraged from seeking help because arranging an appointment required considerable effort or confidence. One example was given by a participant who said that it took them a great deal of effort to muster the confidence to go into the GP, but because they had not booked in advance they were turned away, which made them feel *"deflated"*.

Other participants echoed this sentiment, saying that they *"had to kick up a stink"* or *"argue with reception"* to be taken seriously.

Regarding making GP appointments, one participant said:

"It can feel like you're mithering them."

Participants disliked the short length of GP appointments, with one participant who said they felt rushed questioning *"why didn't I tell them this or this?"*

Blood tests and communicating results

Several participants reported having to wait a number of weeks for routine blood tests, while others described the booking process as unnecessarily complicated, involving multiple telephone calls or separate booking systems. One participant said that they were *"given a number that doesn't exist"* to arrange a blood test. Another said:

"Getting blood tests is a long procedure."

Communication of test results emerged as a particular concern. A common experience was that patients were only contacted if a result required further action, leaving many unsure whether their results had been reviewed. Several participants described having to proactively contact their GP practice to obtain reassurance that their results were normal:

"If you go for a test you have to ring up for results."

"My GP surgery doesn't believe in giving you results."

Others reported delays, lost samples or results appearing on digital systems without any notification or explanation:

"I got this really horrible email saying 'your blood sample was destroyed, please take another one'. There was no apology, it was just rude."

Participants felt that clearer communication of test results, including confirmation when results were normal, would provide reassurance and reduce the need for patients to chase information themselves.

Dentistry

Access to NHS dentistry emerged as a particularly significant concern. Participants frequently described difficulties finding an NHS dentist, obtaining appointments or receiving treatment within a reasonable timeframe. Some participants felt that NHS dental provision had reduced considerably, while others expressed concern about increasing costs or the need to pay privately for treatment.

One participant described dental services simply as:

"Dentistry is the worst service."

Others felt that affordable dental care had become increasingly difficult to access:

"It's a nightmare trying to get dental appointments."

"Most of them have gone private."

Waiting Times

Long waiting times were raised across a wide range of NHS services and were seen as one of the biggest barriers to accessing care. Participants described waiting for GP appointments, hospital referrals, follow-up appointments, mental health support, dentistry and diagnostic tests, with several feeling that delays had become an accepted part of accessing healthcare. Participants expressed concern that long waits could leave people living with pain, uncertainty or worsening health conditions while waiting for treatment.

One participant commented:

"I've been waiting two years for a follow-up."

Others described being told they would be seen within a matter of weeks, only to wait months or even years before receiving further contact.

Delays across different services

Delays were reported for specialist referrals, diagnostic tests, mental health support, dentistry and pain management.

Several participants felt that waiting lists often resulted in people seeking private treatment where they could afford to do so, while others felt they had little choice but to continue waiting despite their condition affecting their daily lives.

On the waiting times for mental health counselling, one participant reflected:

"It's not there when you need it; it's frustrating."

The impact of waiting

Participants described a number of consequences associated with long waiting times. These included living with chronic pain, worsening anxiety, missing opportunities for earlier treatment and feeling discouraged from seeking help altogether.

Some participants felt they needed to repeatedly contact services to check on referrals or appointments, while others described feeling that they had to "chase" their own care to avoid being forgotten.

Several participants commented that the uncertainty surrounding waiting times could be as difficult as the wait itself, particularly where they had little information about when they were likely to be seen.

Positive experiences

Although concerns about waiting times were common, participants also shared examples of services that had worked well. Some described receiving referrals more quickly than

expected, while others praised individual departments that communicated clearly and kept them informed throughout their care.

Joined-up Care and Navigating Services

Many participants described difficulties navigating the health and care system, particularly when moving between different organisations or services. Rather than experiencing a coordinated journey, participants often felt responsible for arranging appointments, chasing referrals, repeating information and ensuring that different professionals were aware of their circumstances.

Communication between services

Participants shared several examples where information had not been passed effectively between services. These included referrals not being received, appointments being delayed because paperwork had not been processed and uncertainty about who was responsible for the next stage of care.

Several participants described having to contact services themselves to check that referrals had been received or to ensure appointments had been arranged. Others felt that responsibility for coordinating care had increasingly fallen to patients instead of healthcare providers.

On the NHS, participants commented:

"You have to chase everything yourself."

"What a shambles of a service."

"I wish there was more joined-up thinking."

One participant described how they had been removed from a waiting list because they had not received two emails from a hospital. They explained this to the hospital and were put back on the waiting list, but had to be put at the back of the queue again. The participant said that they were able to *"jump through the hoops"*, but for people who are less able to advocate for themselves, *"they just get left and it exacerbates the problems that they really need help with."*

Another example was given of the same issue, where a participant was in a hospital away from their local area, and was supposed to be referred for physiotherapy in Trafford. Instead, the referral was accidentally sent to the wrong hospital, and this hospital did nothing with the referral. The participant had to work this out for themselves, and ask the hospital to re-send the referral to the correct place. If the participant had not done this on their own, the referral would never have been acted upon – it would have been lost in the system.

Another participant suggested that there had been poor communication within their GP practice. They described a “*total lack of communication*” between the physician associate and the consultant for their procedure.

Repeating information

A recurring frustration was the need to repeatedly explain medical histories and personal circumstances when moving between services or seeing different professionals.

Participants felt that healthcare records should enable professionals to understand their situation without requiring patients to continually repeat the same information. For those with multiple health conditions or complex needs, this was a frustration.

Several participants linked this to the loss of continuity discussed earlier in the report, explaining that seeing different clinicians often meant beginning each appointment by having to explain their entire medical history.

Coordinating care

Many participants felt there was no single point of contact to help them navigate services, particularly where care involved several organisations. Most participants were unaware of the Patient Advice and Liaison Service (PALS).

Some participants suggested that having one named person or service to coordinate care would make the system easier to understand and reduce confusion. Others felt there should be a clearer directory of available services so that people knew where to seek help and who was responsible for different aspects of their care.

Hospital discharge

Experiences of hospital discharge varied. Some participants described positive experiences where specialist nurses or community teams provided clear communication and ongoing support. However, others felt discharge arrangements had been poorly coordinated, with concerns about communication, a lack of transport home, a lack of follow-up support, or being discharged before appropriate arrangements had been made.

One participant said that they had been in hospital after a heart attack, and the hospital judged that after being discharged they had to go into supported living rather than going back to their own home. However, nobody told the participant this – they only found out they were not being taken home when they asked the ambulance driver where they were going. The participant had found this experience traumatic.

Another participant said that they had been advised to see an occupational therapist after being discharged, but that they had no support with this:

"I had to do everything myself."

Issues were also raised regarding the timing of discharge. One participant said that they had to wait a month in hospital after it had been decided they could be sent home, as the hospital was waiting for the necessary support services to become available.

Another participant felt pressured to leave the hospital before they were ready. The participant feared having to go home and then go straight back to hospital for the same issue. They felt there was a general lack of consent involved in their hospital care.

Participants emphasised the importance of ensuring that appropriate support is in place before discharge and that patients understand what will happen next, who to contact if they have concerns and what services are available to them following discharge.

Positive examples of joined-up working

Despite concerns, participants also shared examples where services worked well together. This included specialist nursing teams who acted as a consistent point of contact, services that communicated clearly throughout treatment and professionals who took responsibility for coordinating different aspects of care. Where communication was effective and responsibilities were clear, participants reported greater confidence in the care they received.

Transport and Mobility

Transport was identified as an important factor influencing whether participants were able to access healthcare, community services and social activities. While many participants remained independent, others described how changes in mobility, health or confidence made travelling more challenging.

Barriers extended beyond the availability of transport itself, also including the reliability of public transport, the accessibility of vehicles, the condition of the local environment and the financial cost of travelling to appointments.

Public transport

When asked about public transport, most participants mentioned bus services. One respondent said that the Older Person's Travel Pass is *"wonderful"* as it helps with getting to early hospital appointments. However, most other comments showed a variety of barriers in this area.

Several participants felt that bus services were infrequent or did not adequately serve some residential areas, including supported housing schemes such as North Leigh House, Rixton Court, and Hollymount. Participants said that they believed bus services should aim to provide early and frequent services to key services and businesses, such as hospitals,

supermarkets and pharmacies. Participants said that they would like more frequent number 15, 255 and 256 buses. Reliability concerns were raised; one participant described the number 245 as *“always late”*.

Others raised concerns about the way buses were driven, explaining that drivers sometimes pulled away before passengers had sat down or that they braked suddenly, causing older passengers to lose their balance. One participant said they had been *“nearly thrown over”* multiple times due to this. Complaints were also made about the number of bus stops which had no shelter.

A partially sighted participant explained that they had difficulties using buses, as they could not see the number of the bus approaching until it was very close. Therefore, they were reluctant to hail buses because they could not be certain they were hailing the correct bus. They therefore felt that they had to get taxis everywhere, or *“impose on friends for rides”*, which discouraged them from leaving their home and increased their isolation. They suggested that digital screens be put on all bus stops to make clear which bus was coming, and also suggested that the Bee Network app should allow you to track buses in real time, so it can easily be seen which bus is approaching the stop.

The tram system was mentioned less by participants, but some participants did say that tram stops were too far away to walk to. Another participant raised concerns regarding accessibility requirements for mobility scooters on Metrolink services, explaining that an assessment is required before scooters can be taken onto trams. Another participant expressed concerns regarding broken lifts down to tram platforms, for example at Sale tram stop.

Community transport

Community transport services, including Ring and Ride, were recognised as valuable by participants, particularly for people who were no longer able to drive or use conventional public transport independently.

However, several practical limitations were identified. For Ring and Ride, participants explained that journeys needed to be booked around a week in advance, making the service less suitable for appointments arranged at shorter notice. Others reported that while Ring and Ride could take them to an appointment, it would not take them back home:

“You might be able to book it to somewhere but you can’t get back again.”

The accessibility of the vehicle was also raised as a concern. One participant explained that the step into the Ring and Ride vehicle was too high, making it difficult to board.

Many participants had strong opinions on Ring and Ride:

“Ring and Ride is rubbish; it doesn’t work at all.”

“Ring and Ride is not helpful.”

Some participants said they used a derogatory nickname for it – *“Ring and Slide”*. Another participant called Ring and Ride *“disgusting”*.

The cost of travelling

For some participants, the cost of travelling to healthcare appointments presented a significant barrier. Several participants explained that they relied on taxis because public transport was unsuitable or inaccessible. Therefore, the cost of travelling to appointments could become a significant barrier to wellbeing.

One participant described having three hospital appointments within a single week, with each return taxi journey costing approximately £30. Attending all three appointments would therefore have cost around £90 in transport alone, which was not feasible for this participant.

Another explained that they missed a brain scan because they couldn’t afford a taxi. They stated that although they had now learnt about patient transport services, they were not aware of it at the time.

Another participant said that they had been told to go to the wrong hospital, so when they arrived at the hospital they had to get another taxi to the correct hospital. This shows how poor communication from healthcare services can also lead to increased transport costs.

One participant said that they relied on taxi services such as Uber to access various services and businesses, but found it difficult as taxis were not able to wait while the participant completed their errands. They gave an example of a negative experience where a taxi refused to wait for the participant while they were inside the Post Office. However, they felt like taxis were *“the only option”*.

Participants suggested that greater awareness of affordable transport options, together with improved availability of community transport services, could help reduce financial barriers for people who are unable to drive or use public transport.

The built environment

Participants highlighted that the physical environment also influenced whether they were able to travel safely and independently.

One wheelchair user described regularly having to leave the pavement and travel on the road because there was insufficient space to pass obstructions or because dropped kerbs were unavailable. Even when using the road, potholes and cars made their journey dangerous. The participant also explained that tree roots had caused sections of

pavement to become uneven, creating additional difficulties when travelling by wheelchair.

A lack of free public toilets was also raised as an issue. People with certain medical conditions that are more common in old age may need to go to the toilet at much shorter notice than those in younger age groups. Therefore, a lack of accessible public toilets can cause people to stay at home, or limit their time outside. The location, cleanliness and signposting of public toilets was mentioned, along with the fact that some toilets require payment either by cash or card to enter.

Ambulance Services

There was confusion over whether people were eligible for patient transport by ambulance to their appointments.

Some participants complained of very long waits for emergency ambulances, with one reporting a three hour wait. Another said that they called an emergency ambulance for someone having a heart attack but decided to drive the patient to the hospital by themselves as the wait for an ambulance was 45 minutes.

Information, Awareness and Confidence

Participants frequently described difficulties finding information about health, wellbeing and community services. While many believed that support existed, they were often unsure what services were available, whether they were eligible or where to begin looking. Participants highlighted a lack of clear signposting and straightforward information, making it difficult to navigate the support already available.

Finding information

Many participants felt that information about services was fragmented across different organisations, websites and leaflets, making it difficult to know where to start.

Several participants suggested there should be one central source of information where residents could easily find details of local services, benefits, support groups and community organisations. Some were aware of the Trafford Directory website, but found that the information was not always updated.

Participants commented:

"I wouldn't know where to start."

"I know nothing about it."

"It's really hard to find out information."

Others suggested that information should be available in “*plain English*” with no jargon and promoted more widely through GP practices, opticians, libraries, community venues and voluntary organisations. Participants also highlighted examples where information about specialist support, such as macular degeneration services or welfare benefits, had not been made available when it would have been most helpful.

There was criticism of signposting services which “*just signposted you to another signposting service*”; it caused feelings of “*going around in circles*”.

One participant said that they did not know what support was available for their housebound husband.

Participants also highlighted the importance of advocacy, suggesting that some people would benefit from having one trusted person who understood their circumstances and could help them navigate medical or social services. One participant explained that this would be particularly useful to older people, as some people’s organisational skills can become impaired as they reach an older age. The change they personally experienced was described as “*impossible to imagine*” for younger people.

Confidence

Confidence emerged as an important factor influencing whether people accessed support. Participants explained that attending a new group, contacting a GP or asking for help could all feel daunting, particularly when they were living alone, had experienced changes in health or had previously had negative experiences.

One participant described worrying about contacting their GP:

“I don’t have anxiety, but I feel as if I’m mithering them or being a nuisance.”

Another participant explained:

“I don’t want to make a fuss.”

“I don’t like to ask for help.”

Several participants felt that a lack of confidence could become a barrier in itself. Some described accepting decisions they were uncertain about because they did not feel confident questioning healthcare professionals:

“If the doctor doesn’t see anything of concern on the screen, you just go along and agree with it.”

This led to situations where people “*just get fed up*” and “*lose interest*” in seeking help.

Another example was given of a participant’s carer having to cancel on them at short notice, meaning that the participant had to attend a hospital appointment alone. This

reduced their confidence and made it much more difficult for them to navigate the appointment.

Others explained that attending community groups or services for the first time could feel intimidating without somebody accompanying them:

"I can't go swimming anymore; you can't just turn up. You have to book online. I just need one person to go with me for the first time and then I'd be okay."

Falling through the gaps

One participant introduced the concept of an *"invisibility gap"* to describe people whose needs were significant enough to affect their daily lives but who did not meet the eligibility threshold for specialist support. As a participant described it, there was:

An "invisibility gap" between "total disability, total support, and no disability, no support."

A participant explained that although they were partially sighted, they were not considered eligible for some specialist support despite continuing to experience difficulties in everyday life.

Another participant felt the same concept applied to pelvic health services following discharge from hospital. Although support was available immediately after treatment, it stopped before they felt fully recovered. They explained that there was *"no rehab for people with pelvic health problems at all"*, adding that they had *"nowhere to go"* once the initial rehabilitation had ended.

These examples suggested that some participants felt there were gaps in provision where people with ongoing, but less acute, needs found it difficult to access continued support or identify appropriate services.

Quality of Care

Participants emphasised that the quality of care was often determined by how they were treated as individuals. Participants frequently spoke about the importance of compassion, communication and feeling listened to, explaining that these factors could have a significant impact on their overall experience, even where services were under pressure.

Compassionate and personalised care

Several participants praised individual GP practices and clinicians for providing compassionate, personalised care. Participants particularly valued professionals who listened, considered their wider circumstances and treated them as individuals instead of just simply focusing on clinical guidance.

One participant described a GP who adapted treatment recommendations to reflect their personal circumstances. Participants also highlighted positive experiences of receiving reminders for vaccinations and appreciated practices where they felt able to build relationships with particular clinicians.

However, one participant reflected:

"People are often seen as problems or numbers rather than individuals with lives and families."

Another summarised their expectations of healthcare:

"Keep humanity at the core."

Participants also highlighted examples of excellent care, including specialist nurses who provided continuity, home visits and personalised support. One participant described their stoma nurses as having been *"brilliant"*, explaining that they knew they would receive a prompt response whenever they needed help.

Communication and relationships

Many participants felt that effective communication was just as important as clinical care. One participant commented:

"Listening is the biggest part of the job."

Others felt that care should be a "joint effort" and that staff should remember *"they're not a number, they're a person."*

Several participants explained that even small acts of kindness or encouragement could make a significant difference to someone's wellbeing.

Variation in quality

Participants recognised that experiences varied considerably between providers and even between individual members of staff. One participant alleged that the care at their GP practice was:

"Budgetary-led care rather than based off clinical need."

Some participants praised their GP practice, pharmacists or specialist teams:

"Pharmacists are much more open and better now."

One participant said that they had a *"lovely talk with a pharmacist – he was at least as knowledgeable as a GP."*

Others described poor communication, medication delays and inconsistent standards of care:

"If I don't see the right doctor the experience is different."

One alleged that they saw a GP "Googling" their symptoms during an appointment. Another frequently raised issue was that of locum doctors, who were seen as overworked. One participant said that they had "no confidence" in locum doctors.

Mental Health Support

Mental health was discussed by participants in relation to both access to services and wider support available within the community. Participants described long waiting times, limited access to specialist support and a lack of ongoing care following treatment. It was felt that mental health support should be more accessible, better integrated within primary care and supported by stronger community provision. Residents emphasised that recovery involves initial treatment but also ongoing support, personalised care and meaningful human connection.

The connection between mental and physical health was also mentioned, with one participant suggesting that mental health issues can compound with physical ones:

"The NHS acts as if it isn't connected...you can end up ignoring your physical health due to your mental health."

Access to support

Several participants felt that mental health services were difficult to access and that support often arrived too late. Participants commented:

"Mental health services [are] in crisis."

"There's no mental health provision at GPs."

"There needs to be better provision for people with mental health issues."

Participants discussed lengthy waits for specialist services, such as psychotherapy and assessments for autism and ADHD.

The African and Caribbean Mental Health Services group (ACMHS) was also spoken positively about by some participants, although they worried that it was not receiving enough funding from Trafford Council.

One participant suggested that hospital nurses seemed to only have very basic mental health training, and that more mental health training was needed for individuals likely to come into contact with people who have significant mental health needs.

Ongoing support and aftercare

Some participants described feeling well supported while receiving treatment but said that support ended abruptly afterwards. Others felt there was insufficient aftercare

following counselling or mental health treatment, particularly where discussions had involved traumatic experiences:

"You just have to go home with it."

There were criticisms of talking therapy in particular; there is a long waiting time before it can be accessed, by which point it is possible that it is either no longer needed or problems have worsened. Participants also mentioned that they disliked how therapy was done by phone call, as they would prefer it to be in person.

Being treated as a person

Participants also reflected on how people experiencing poor mental health were perceived by services. One participant said that they believed it was *"dehumanising"* and commented:

"You're always seen as a risk. I'm more than a risk; I'm a human being."

Another felt that services often adopted a *"one size fits all treatment"*, rather than recognising individual circumstances.

Participants also spoke of the importance of family support, community organisations and meaningful human connection alongside formal mental health services. However, it was felt that informal support from family and friends should not be used as a substitute for formal mental health support. In reality, informal support is filling the gaps left by formal mental health provision. One participant said that they were lucky as they had a close family member who was a nurse, and another said that they went to see a neighbour who was a nurse as they knew it would be much faster than going through official channels.

Bereavement support

Some participants said that they were unhappy with bereavement support, or unaware of the support available. One person said that when they sought help, *"they always just say to ring this support number"*, which led them to a signposting service, and they felt as if they were having to *"go in a circle"*.

Housing, Supported Living and Independent Living

Housing was recognised as an important factor influencing health, wellbeing and independence. Participants discussed both the benefits of supported living and the challenges associated with accessing suitable accommodation as needs changed.

Benefits of supported living

Several participants spoke positively about supported living schemes, explaining that their environments reduced social isolation and made it easier to access care and local services.

One participant described their current supported accommodation as a *“big improvement on private renting”*, which was *“isolating”* as no one knew each other.

Others praised developments such as Limelight, particularly its offering of healthcare services, community facilities and opportunities to meet other residents. Participants also valued practical features such as wellbeing check-in systems and having neighbours nearby who could offer support when needed. Easier access to carers was also a notable benefit of supported living facilities such as Limelight.

Barriers to suitable housing

Despite these positive experiences, participants felt there was insufficient availability of suitable supported accommodation. One participant said:

“I’d love another Limelight, this is ideal.”

Participants described difficulties moving from unsuitable housing, concerns about rising service charges and a lack of housing options that met their changing needs. Some explained that they wanted to downsize while remaining independent but found there were few suitable properties available.

Others highlighted the importance of outdoor space, saying that balconies and gardens were important to their quality of life but were sometimes lacking in supported living properties.

One participant said that hearing stories of residents in supported living having to care for each other was a *“turn off”*.

Social Care and Support

Participants recognised the important role of social care in helping people remain independent but felt that accessing support could be difficult and that the quality of services varied. Residents emphasised the importance of timely access, consistent care and effective communication in helping people maintain their independence and wellbeing.

Accessing social care

Some participants described difficulties contacting social services or obtaining appropriate support for family members:

“She really needs support, but when I ring it’s not a social worker. They say they will transfer me to someone but it doesn’t happen.”

Quality and consistency

Participants reported mixed experiences of care at home. While some described positive relationships with carers, others felt that the quality of support depended heavily on the individual care worker. Communication was identified as particularly important, with participants explaining that being able to understand and trust carers was essential. One participant gave an example of a care worker who *“didn’t speak English”*, which was difficult to deal with.

Some participants also commented that carers did not always accompany them to appointments or provide the level of support they expected.

Community Services, Social Connection and Participation

Participants recognised the important role that community groups, voluntary organisations and local activities play in supporting health and wellbeing. Some participants noted the importance of wellbeing centres such as Bluesci and Limelight, and local churches were also mentioned positively. Barriers such as limited awareness, lack of confidence, difficulties with engaging certain groups and an overreliance on volunteers were seen as limiting participation. Some were unsatisfied with the range of activities and groups available:

“There isn’t much in Old Trafford.”

Participants also mourned the loss of Citizens Advice Bureaus and local bank branches.

Suggestions for improvement included more access to bingo, arts and crafts, and coffee mornings.

One example was given of a woodworking group which had existed at the Old Trafford Bluesci Wellbeing Centre. This group was particularly popular with men over 50, but it had shut down as the leader of the group had passed away. This shows the potential fragility of some local community groups, as they are dependent on volunteers.

Council services

Other participants said that they would appreciate the council stepping in with more services, such as care for vulnerable people in their homes, or help with getting rid of old furniture. One participant was told about a volunteer service which helped to remove clutter from people’s homes, but another participant in the discussion made clear that they believed services of such importance should not have to be run by volunteers.

Another participant said that she found it difficult to find men at the activities and groups she attends. She suggested that social contact with a variety of different people was important, and she has to work hard to *“make sure [she is] not just in a world of old women.”* She said she *“never meet[s] any old men”*, and expressed confusion as to where they were. This could show that there is a lack of spaces that appeal to both men and women. The lack of male representation in community spaces was also shown by the demographics of this project, with only 17% of participants being male.

Social prescribers were also considered to be under pressure; one participant had been waiting 3 months for a social prescriber, and another had been waiting 5 months.

Discussion

Although participants discussed a wide range of individual services, many of the barriers identified were common across different parts of the health and care system. As well as highlighting issues affecting particular organisations, residents also described broader barriers relating to communication, navigation, accessibility and confidence. These barriers often interacted with one another, making it more difficult for people to access support as they grew older.

One of the strongest findings was that participants often felt responsible for navigating an increasingly complex system. Residents described having to identify the correct service, understand different referral pathways, chase appointments, repeat information and coordinate communication between organisations. Several participants commented that successfully accessing support often depended on persistence and confidence rather than the system itself guiding people towards the right service. Those who were less confident, less digitally able or without family support were considered particularly vulnerable to being left behind.

The increasing use of digital technology was recognised as bringing benefits for many residents, particularly where systems made it easier to book appointments or access information. However, participants emphasised that digital services should expand choice rather than replace existing methods of access. Across the discussions, residents expressed a clear preference for maintaining telephone and face-to-face options alongside digital services. Differing levels of confidence, disability and personal preference all influence how people choose to access care.

The findings also demonstrate that barriers to accessing healthcare extend well beyond the healthcare system itself. Transport, mobility, housing, confidence, financial pressures and awareness of available support all influenced whether participants were able to attend appointments or engage with community services. Participants frequently described these issues as interconnected rather than separate, suggesting that

improving access requires consideration of the whole patient journey rather than individual services in isolation.

One notable finding was the concept described by one participant as the “invisibility gap.” This reflected a perception that some people experience significant difficulties but do not meet the eligibility threshold for specialist support. Similar experiences were described across a number of topics, including sensory impairment, pelvic health, mental health and social care, suggesting that residents sometimes feel there is insufficient support for people whose needs are substantial but not considered severe enough to qualify for ongoing services.

The importance of communication emerged throughout almost every discussion. Participants valued compassionate, personalised care and frequently spoke positively about individual professionals who listened, communicated clearly and took responsibility for coordinating care. Conversely, poor communication, uncertainty and inconsistent information often amplified existing barriers, even where services themselves were viewed positively.

Finally, while this project focused primarily on barriers, participants also identified factors that support healthy ageing. Community groups, supported housing, voluntary organisations and trusted relationships with healthcare professionals were all recognised as helping people remain independent and connected. Participants suggested that building on these existing strengths, while addressing the barriers identified throughout this report, could improve both access to services and overall wellbeing for older residents in Trafford.

Recommendations

1. Improve navigation and signposting across health, care and community services

Develop clearer, more consistent signposting so that residents know what support is available, who provides it and how services can be accessed. Consider strengthening the Trafford Directory and promoting it through GP practices, libraries, pharmacies and community organisations.

2. Maintain non-digital routes into services

Ensure that telephone and face-to-face access remain available alongside digital systems. Digital services should increase choice rather than become the only way to access healthcare.

3. Improve communication with patients

Provide clearer communication throughout the patient journey, including referral updates, expected waiting times, confirmation of blood test results (including normal results) and explanations of what patients should expect next.

4. Strengthen coordination between organisations

Reduce the need for patients to coordinate their own care by improving communication between GP practices, hospitals, community services and social care providers. Explore opportunities to provide clearer responsibility for coordinating complex care.

5. Consider the needs of people who fall below eligibility thresholds

Review opportunities to improve advice, signposting and support for residents whose needs are significant but do not meet current eligibility criteria, recognising the experiences described by participants as an “invisibility gap”.

6. Improve transport accessibility

Work with transport providers and community transport services to address barriers affecting access to healthcare and community services, including bus reliability, accessibility, affordability, patient transport and awareness of available travel support.

7. Support community participation

Continue investing in community groups and voluntary organisations that reduce loneliness and promote healthy ageing. Consider additional approaches to engage groups that may currently be underrepresented, including older men, and explore ways of improving the sustainability of volunteer-led activities.

8. Promote personalised, compassionate care

Continue to encourage approaches that place communication, continuity and personalised care at the centre of service delivery, recognising that participants consistently valued being listened to and treated as individuals.

Appendix

Discussion Guide

We are here to understand barriers Trafford residents aged 50+ face when accessing services and support, and what would make access easier. This includes things such as support, health, social care or community services. We want to hear your experiences, barriers you face, and any potential solutions you may have.

Warm-up

- What services or support do you use, if any?

Experiences

- Can you tell me about a time you tried to access support?
- What happened? How easy or difficult was it?

Barriers

- What makes it difficult to access services?

Prompts:

- Appointments/waiting times
- Transport
- Cost
- Knowing what's available
- Contacting services
- Confidence or anxiety

Non-engagement

- Have there been times you needed support but didn't try to access it?
- If yes, why not?

Awareness & navigation

- How do you usually find out about services?
- What makes this difficult?

Digital

- How do you feel about using online services?

Quality/experience

- Have past experiences affected whether you would use a service again?

Solutions

- What would make it easier to access services?
- If you could change one thing, what would it be?

Arndale House, Suite C 4th Floor
Chester Road
Stretford
M32 9BD



healthwatchtrafford.co.uk/



t: 0300 999 0303



info@healthwatchtrafford.co.uk



[@HealthwatchTraf](https://www.facebook.com/HealthwatchTrafford/)



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