

# Performance Report

January – February – March 2026

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## Highlights during reporting period January – March '26

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### Research

- **Changing Futures**

Our work on the Changing Futures project is almost complete; we are waiting for clarification from partners on some specific sections which may still be included.

- **Reports**

The Palliative Care Report was published at the end of March, as was our Parental Mental Health Report. We are currently working with partners to identify which forums and committees these reports will be presented to.

- **Live Well**

The Live Well project is currently underway; the survey is open and has gained over 500 responses so far, and we are in the process of organising focus groups to gain extra insight into what residents of Sale and Partington desire from the council's Live Well offering.

- **Under 5s oral health**

The Oral Health in Under 5s project has been planned with Public Health colleagues; a full project plan will be delivered shortly and the project (surveys, interviews with professionals, etc.) will begin in April.

- **Discharge to Assess**

We are currently conducting the lead in work with key stakeholders on the Discharge to Assess project, specifically on reablement services in Trafford. This will focus on the lived experience of people going through this service, either at home, Ascott House, or SAMS. This will begin in Q1 of 2026/27.

- **Age Well Over 50**

We have successfully applied to take on an Age Well Over 50s project, which will be delivered in Q1 of this year. This is funded by TMBC Trafford Council, who are seeking to commission a short-term project funded up to £2,500 for the aim of exploring views among adults aged 50+ years on barriers to accessing support and services.

## Engagement & Volunteering

- **Enter & View**

A key achievement has been the successful delivery of a recent Enter & View visit to Boundary House, which included the design and delivery of an engagement survey that generated over 1,500 responses, alongside in-person feedback from more than 20 patients on the day. An accessibility audit of the site was also completed, with six representatives contributing observations from across the practice. The findings are being compiled by the Research and Reporting Officer, with the final report scheduled for publication in May. Planning for the next visit is already underway. We also published our report on Delamere Medical Centre in January.

- **LiveWell**

Engagement activity has also included promotion of the LiveWell survey at the GM Live Well creative event held at Stretford Public Hall, which was well attended by stakeholders from across Greater Manchester. Promotional materials were distributed to encourage participation, with further outreach supported through survey postcard that have been dropped off at Trafford Council. Additional engagement took place in Sale at the end of March, alongside distribution in Partington, with all feedback contributing to future reporting.

- **Expanding our network**

Progress has been made in strengthening the volunteer network and recruiting for new members. Work is also underway to review and reinvigorate the Youthwatch programme. This includes reaching out to existing members to confirm ongoing interest, with a view to either reactivating or formally closing the group depending on response.

- **Future plans**

An engagement plan for 2026-27 was drafted in this quarter; this focuses on targeted engagement for our planned projects, raising awareness of our role and strengthening engagement with underrepresented communities, an area identified as a priority. The plan also aligns activity with key projects, including oral health for under-fives, the LiveWell programme, and discharge to access, ensuring insight is embedded across delivery areas.

## Communications

- **Information and signposting activities**

As well as our engagement work, we also continue to perform our information provision function through the production of leaflets, guides, 'How To' guides, our quarterly and annual performance reports and highlights bulletin. We also manage a public inbox and respond to requests for information and signposting, and through same collect feedback on local health and social care services. This work is ongoing throughout the year.

## From the Trafford community

### Issues Raised

Patients often contact us to report their experiences of accessing health and social care services. In addition, we gather similar experiences through our survey work. Where possible we exercise our statutory duty to signpost people to the service or individual that is best placed to deal with their enquiry or concern. The below comments and summary illustrate the issues that have been reported to us in the quarter:

#### GP Services

People reported issues with access, prescribing, and feeling not listened to, although we did hear of one positive experience with physiotherapy through a GP practice:

*"I changed GP surgeries due to moving house and was shocked at the difference in treatment I received. My previous GP was excellent, I felt listened to and supported. My new surgery provided a long line of GP's who let me slip through the net, jeopardizing my mental health. ... Also, just a lack of care, understanding, support and risk management in relation to ensuring my medication was a good fit for me."*

*"If you need an on the day appointment you can try phoning at 8am but you end up in a big queue and probably no appointment. Turning up at reception at 8am is more successful but not everyone can do this. If you want a non-urgent appointment you must use 'ask my gp' and if you're lucky you will get an appointment 3 weeks into the future. There is nothing in between."*

*"Needed to see a GP with leg cramps pain etc ... Asked for an appointment on the ... online ... system. Just got a reply with an appointment [to see] a physio waited about 7 weeks."*

*"Physio based at our GP - excellent service. Booked in same day by my GP, with exercises given, x-rays booked and a follow up appt all done with 2 weeks."*

*"I had to drive my own diagnosis, why is no one following the NHS breathlessness roadmap."*

A caller's child has had an eczema cream removed from their prescription and is receiving conflicting information from the pharmacy and the GP. They are struggling to understand why the decision has been made, and feel the practice are not listening when being asked by other professionals to reinstate the item.

## Hospitals

We heard some positive feedback concerning Wythenshawe hospital. We also received some comments around difficulty parking on various hospital premises and feelings that staff were uncaring and the long-term impact this could have:

*"Went in with chest pains. Got seen immediately no wait. Got ECG and bloods within minutes. Staff were super friendly and respectful. Doctor saw me and examined me without much wait. Gave me good clear discussion about results and management plan, write to my GP immediately."*

*"I am under a bowel screening program and I have had about 6/7 colonoscopies over approximately 15 years. The NHS have been brilliant really. The staff who have carried out the procedures each time have been excellent. Also the care you get just after the procedure in the recovery room is excellent."*

*"Usual four hour wait in A&E ... didn't get put onto a ward for 22 hours. ... My honest opinion is that most of the staff on the ward don't want to relate to patients in a caring nursing manner."*

*"Emergency nurse failed to send me to relevant department for surgery when the top of my finger was amputated via injury ... Instead I was sent home with a bandage stating "a lump of skin that will grow back " & " so minor there's no need to inform the GP".. it was the whole top of my finger!! I now have CRPS, osteoarthritis & PTSD , I can never trust any healthcare provider"*

*"Needed to go To Trafford General Urgent care centre Sunday evening. Parking is free for 3 hours. Whittington Hospital on Monday. £3 for parking but plenty of space"*

*"Always a nightmare finding a space to park and a pay machine at this hospital, makes it incredibly stressful for my 88yr old mother."*

*"If you're not in the car park before 9am it is impossible to park until early evening"*

*"Parking is shocking at Wythenshawe Hospital, Manchester. Almost impossible leading to missed/late appointments."*

*"Parking impossible. Drive straight from work and nearly missed my appointment as it took 20 mins for a parking space to open up."*

## Social care

We heard from people who needed care and were finding they could not access any, leaving them unable to care for themselves:

*“Despite being housebound and bedridden 99% of the time, I get no support. I cannot un/dress myself most days. I [cannot] look after my own hygiene needs. I get one meal a day provided by housemate, which might mean a slice of toast, a sarnie or a bowl of soup in a 24-hour period. [Social worker] visited with G.P. in March, after waiting approx. three years to review my care needs.”*

*“[District nurse] didn’t visit my dying father much, he was on palliative care, very poor service. On one occasion I rang every day for 5 days asking for a visit ... nobody turned up. ... I ended up getting the crisis team involved - I had no choice really.”*

One caller told us that their spouse had been asked to attend the hospital for their ongoing care, despite previous receiving visits from the community nursing team due to disability. The caller is unable to support their spouse due to their own health condition, leaving them to have to contact the ambulance service for transport in the short term. However, they have stated that is unsustainable, and the change has had a negative impact.

## Mental Health Support

We heard from a parent who was suffering with their mental health after delays to their child’s care, and the issues with generalised rather than individualised care:

*“No offer of support for my sons difficulties, 12 month wait for CAHMs assessment, ... acknowledged parents were overwhelmed by level of challenging behaviour/ aggression .....no [service] offered. 2 years later, had ADHD diagnosis, had been waiting 2 years for autism assessment ... Impact of this was to almost destroy my mental health ... There is no early intervention for autism to prevent serious mental health [issues] developing. limited resources, criteria set at high threshold to reduce waiting lists ... people just get worse or a crisis before services involved.”*

*“Screening seemed to go well initially with Talking Trafford ... felt listened to around my mental health needs but was then allocated a practitioner who knew very little about ADHD and RSD. I cried every week because the practitioner compounded my issues. ... I was then accepted on a [DBT] group course with 11 others. ... One guy tried to open up about a personal issue he was experiencing but he couldn’t speak because the slides took precedence.”*

## Maternity care & Gynaecology

People reported a lack of care and consideration for pre-existing issues across both departments, eroding trust between patients and practitioners:

*“When baby was in trouble and I was rushed into Theatre the team were highly competent and efficient. Everything before then was abysmal. Not believed by midwives ... left for hours and hours with no checks. Not offered pain relief.”*

*“The level of support and care for me personally was awful. I am a kidney transplant patient who had a C section and could barely move. I have no help caring for my baby and the physical demands and pain that placed on me during my stat. They did not change dirty bedding or help me wash. The night shift diagnosed jaundice in my baby but did nothing to initiate treatment.”*

*“I went to the gynaecologist appointment as I’ve been experiencing pain ... for almost 2 years now and have been to different appointments to resolve this. The gynaecologist ... used a speculum with no lubricant which was extremely painful and is still painful hours later. Really regret agreeing to an examination and will not be allowing any doctors to examine me in that way with a speculum henceforth.”*

The table below shows the remaining services selected and comments we heard:

<b>Ambulance</b>	“The 999 responder would not call an ambulance for my 5 year son who was having a seizure”
<b>Waiting times for treatment</b>	<p>“The staff are all great but you can’t get to see them. ... It took 10 months from asking for a meds review to seeing a consultant. And it will be another 6-8 months before I can get the tests done to make the decision. In the mean time, I am ill every day.”</p> <p>A caller told us that the waiting list for the specialist menopause clinic to which they had been referred was one year, leaving them without proper support in the interim. They felt that their concerns were not being address by GP practice staff, and were struggling to find a path forward.</p>

## Strategic updates

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The King's Fund report was published in March providing insight into Healthwatch activities. The most cherished principle was to maintain Healthwatch independence. In any future model this will be an important factor, particularly given that there will be no statutory powers in any potential local models. The King's Fund proposes distributing their report to all MPs and Peers as well as to commissioners and providers in England.

The second of our workshops developing the new GM Independent Patient and Public Voice Model took place in March outlining the consultation processes to deliver an engagement and consultation plan, with the final recommendations delivered following a final workshop in May. Local models will evolve from key principles and proposed activities going forward. In Trafford there will be wide consultation, including our partner and the public. In preparation for this we have looked at two different models - one in Wigan and Leigh and one in Tameside. We will be following this up with conversations with our Community Collective and other partners shortly.

The central HW team was disbanded at the end of March at the end of our 3-year memorandum of understanding with the ICB. In March we undertook an Enter and View of Boundary House Medical Centre. We received a warm welcome and the practice questionnaire elicited in excess of 1500 responses. The final report will be available following the local May elections. We have also had a good response to the Live Well work in Partington. The Sale questionnaire is still open and being actively followed up by Public Health.

Towards the end of March, we launched our parental mental health report. We compared this with our previous work in this area and overall, although there were still areas for improvement, the service appeared to be going in the right positive direction. There were 6 recommendations including a single point of contact, information sharing and strengthening of pathways. The Palliative Care report was also published. There were misunderstandings in relation to the terms palliative care and end of life care but overall it was positive that patients and their carers had undertaken advance planning (although a quarter surveyed had not necessarily shared this with nearest and dearest) and used power of attorney. There were positive examples of high-quality care being delivered in Trafford which was valued by those that received it. District Nurses were singled out for the level of care they provided. Moving forward, the government is about to publish a new Palliative Care and End of Life Care Modern Service Framework (MSF) for England to address inconsistencies in care and shift services from hospital to community settings, aligning with the NHS 10 year plan.

We attended Health Scrutiny where ear care services were discussed. This was followed by a Locality Board discussion where the decision was taken to retain this service at the present time. The NHS reforms have created a void in NHS governance meetings, pending a review of the architecture due to be held in April. However, the Health and Wellbeing Board had a packed

agenda, ILED has continued its monthly meetings and we have met as a group of Healthwatch with GMMH.



**Heather Fairfield**  
**Chair of Directors**

