healthwatch Trafford

Performance Report

January – February – March 2025

Contents

Activities during reporting period January - March '25

Research

- **Sexual Health Services**
  We presented our report on Access to Sexual Health Services (February 2025) to the Sexual Health Network in March. The recommendations within the report were taken on board by the network and will form part of the network's work plan for 2025/26.

- **Pathways to CAMHS**
  As previously reported, Healthwatch Trafford led this project on behalf of the HWinGM Network and regional impacts and outcomes of the report are still coming in. These are being collated centrally by the Network Chief Coordinating Officer at HWinGM. As a direct result of this report HWinGM have been invited to join the Children and Young People's Mental Health Advisory Group hosted by NHS GM.

  We also presented this report to the Trafford Children's Commissioning Board in March where our suggestions, specifically those in relation to the need for interim communication, were well received. As a result, Trafford Council colleagues are supporting us to push the report through governance processes. This has already begun with us presenting at the Thrive in Trafford meeting and we are due to present at the next All Age Mental Health Board. This provides us an opportunity to influence decisions, in relation to our recommendations, that are specific to Trafford.

- **Accessible Information Standards**
  Our report on Accessible Information Standards was published in January and we thank our intern from Manchester University (Catherine Kebbe) for her work on this. Whilst the majority of people that we spoke to felt that their accessibility needs were being met, we are conscious that the short timescale for this project (an eight-week period) meant that we were not able to speak to all of those who may be affected. This work did include a visit to Trafford General Hospital and a response to our findings from MFT was included in the final report.

- **HW100 – Priorities 2025/26**
  We conducted a survey in Jan/Feb where we asked the public to tell us what their current concerns around health & social care are. We then used the findings of this survey to help shape our Work Plan for 2025/26. The main services mentioned were GP, Urgent Care, Dentistry and Mental Health and concerns raised were either with regards to access to these services or comments highlighting how vital these services are.

- **GP Choice**
  Healthwatch England is currently running a project on patient choice in GP services. The project is investigating what choices patients currently get, what choices they would like to get, and their views on choice and how it impacts their experience of GP services. The

research is taking place through nationally representative polling and in-depth interviews with GP service users. Healthwatch Trafford responded to Healthwatch England's request for applications to conduct these interviews and was selected from a strong field of applications to be one of the Healthwatch to do so.

Healthwatch Trafford conducted these interviews and returned transcripts of the interviews to Healthwatch England. The project team at Healthwatch England is currently analysing these interviews to help add depth and nuance to the figures generated by the nationally representative polling, with a view to publishing a report of their work in mid-June.

Healthwatch England will be using this work to influence national policy on patient choice in GP services in the coming months, in particular with the upcoming NHS Constitution refresh and GP contract reform in mind.

- **Feel Better Partington and Healthier Happier Me**
  These projects were held in Partington and areas in the North of Trafford for a period of 12-months, and supported residents with long-term health conditions, such as diabetes, hypertension and COPD, to get involved with activities including cookery classes, peer support groups for wellbeing and chair-based exercises. We have been commissioned to evaluate the impact these projects have had, what worked well and what could be learnt should similar projects be planned in future. We plan to capture the experiences of various stakeholders via case studies and interviews as well as to analyse the impact this project had on the health of those who took part.

- **Changing Futures**
  We have been commissioned to undertake the evaluation of this project, which looks to work with individuals not currently engaged with the health and care system. We attended the Changing Futures Programme Development Day in March to meet stakeholders and help shape the delivery of the programme.

Engagement

- **Trafford Live Well With Cancer Programme**
  We took part in this programme between October and February, culminating in a locality report for Trafford and a stakeholder event at the Macmillan Centre at Trafford General Hospital. On the day there were presentations from some of the service providers but more importantly table discussions about what would excellent care for people affected by cancer look like in Trafford, what could be achieved in the next few months and what are the challenges to delivering these changes.

- **Trafford Social Value Matching Event**
  We attended the Trafford Social Value Matching Event at Chill Factore Trafford in February where we got to network with various Trafford voluntary sector partners and companies. Different companies shared information on social value offers and opportunities. Contacts were exchanged with Trafford partners at the event and we're looking forward to future collaborations.

- **Trafford Deaf Partnership Coffee Morning**
  We held a listening event with members of the Trafford Deaf Partnership at their Coffee Morning Event. The group shared issues that affected them when trying to access health and social care which were around access to services, quality of interpreters, availability of a community advocate and communication. A summary of the comments picked up during the session has been written up and shared with relevant stakeholders.

Volunteering

Our volunteers contributed over 40 hours of their time in the quarter. Volunteers got involved in the following tasks and activities:

- **Readers Panel Comments on Accessing Sexual Health Services in Trafford Report**
  Four of our volunteers contributed to the Accessing Sexual Health Services in Trafford Report by taking part in the readers panel, reviewing the draft document and making suggestions for amendments. The comments shared were used in editing the report so that it's understandable and easy to read by members of the public.

- **Trafford Women's Voices Steering Group Participation**
  A female volunteer represented us at the Trafford Women's Voices Steering Group where there were discussions around the purpose of the group and the direction of women's health in Trafford.

- **New Year Volunteer Fairs at Urmston and North Trafford**
  Volunteers attended the New Year volunteer Fair at Urmston to promote our volunteering opportunities to residents in attendance. Over 10 people indicated interest in join our team. A couple of our volunteers were also present at the North Trafford Volunteer Fair to promote our volunteering opportunities at Stretford in January.

- **Resident Panel as part of Trafford Council's Local Government Association Peer Review Process**
  We had representation at the meeting that was part of Trafford Council's peer review process where aspects of their service provision were evaluated by officers from other boroughs. Approximately 12 people attended the resident's panel, some of whom had involvement in community organisations and initiatives, although participants were encouraged to contribute as residents rather than as advocates for particular interest groups. The comments made fed into the final report, which has now been made available to the Council and, we hope, will help to influence future strategy.

- **Research**
  Volunteers researched and provided us with background information on the Care Opinion website by collating patient comments relating to Trafford services over a 6 – 12 month period. This information helps us monitor trends and assess the issues raised against our existing intelligence. Volunteers also referenced links for Patient Participation Group resources, and did some background research on Patient Participation Groups.

- **Board meeting**
  Six directors attended our board meetings in the month of January and March. A new volunteer director was also recruited and joined the board in March.

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

Many comments either mentioned difficulties getting an appointment and/or speak generally about how vital GP services are:

"Don't understand why some patients can access their GP with no problem & why money is wasted on 111. Having to access AskmyGP by 8.00 am in order to either spk/request an appointment is abs ludicrous & ensures patients either attend A&E or Walk in centre thus ensuring hospital staff are overworked unlike GPs who appear to work in their surgeries for 2 days per wk!!."

"My husband rang for an appointment. The only one available was mid-afternoon that day but he had to work. No appointments available for the rest of that week or the following Monday. No options given to him. Appalling"

"Because there are not enough GP's and it's rare you can get to see one. This means hospitals, especially Urgent Care Centres and A&E Departments are swamped"

"GP is the first line of service for the NHS, it's important for all ages and all parts of the community. Keeping a population healthy and giving them access to healthcare in the early stages of illness, keeps costs down and saves lives"

"It is difficult to obtain an appointment with a GP of your choice unless they are working that specific day - apparently you cannot book in advance as with the original system"

"It's so much more hassle to get an appointment with a GP, either telephone or worse a face-to-face appointment. GPs don't seem to be in the surgery as often as in the old days and appointments are often far in advance rather than next day or within the week."

"The appointment system particularly for older people who don't have access to online support."

Hospitals

We received comments about the importance of localised provision and one caller complained about their overall hospital experience, raising specific issues around an incorrect referral for an operation and the lack of choice provided while accessing NHS services.

Trafford General Hospital

"Saw registrar… said my hip replacement op would be done within 3 months. Tried to ring them today to see if it would be this month but nobody answers the phone. Unable to plan anything or go anywhere as I could miss the operation date. Would just like to know roughly when it will be but unable to contact anyone re this."

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"As you cannot get a doctor's appointment the urgent care becomes your next point of call"

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"As A&E is miles away and Trafford general is close by it's good to focus on what urgent care treatment they have available if need be."

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"Urgent care is something that none of us relish happening to us or anyone close to us but should be available without worrying that there is not enough availability. From experience and that of others I know this is a very important facet of helping those involved feel that the support, help and advice is there when needed."

One individual gave an account of a positive experience:

"I recently received excellent care from this service who then sent me by ambulance to Salford Royal. I needed urgent care and was given CT scan and assessed quickly and thoroughly. I found this local care so easy to access and was promptly treated."

Social care

Issues raised include funding and the level of intermediate care provision:

"To reduce hospital beds issues provision of adequate move on care e.g. older adults and adults with MH issues."

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"Social care is in a terrible state because of bed blocking in hospitals because they can't leave hospital because there is often no convalescent facility"

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"Such an important issue in terms of freeing up hospital beds, access to care at home or in care homes and the cost of services."

Dentistry

Feedback we received in relation to dentistry is quite general but indicates that access, treatment and cost (of going private) remains an issue:

"Poor dentist provision in the area"

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"There is a severe lack of NHS help dentistry wise. Everyday I see posts on social media asking if anyone is taking on NHS patients - and I realise why when I see what my daughter pays for private care."

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"NHS dentist actual treatment is poor only do necessity and leave watched teeth until nearly too late to save. It's not financially viable for them to give good and preventative treatment."

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"The cost of private dental care is extortionate"

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"Dentists are a closed shop, struggle to register and so do a lot of people unfortunately."

Mental health support

Specific issues around mental health were highlighted, such as relapse after treatment, mental health advocacy, demand, waiting times and the need for early intervention:

"People are discharged too soon, relapsing too quickly"

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"Advocacy for mental health specifically - there are increasing mh issues demand over and above supply due to various rights violations - shouldn't be restricted access for specific issues or cases - free for all self defined e.g. acute and chronic stress due to disabilities discrimination by service providers e.g. childrens social workers towards neurodiverse parents - advocates need to be specifically trained e.g. social work qualified and or unqualified but trained in legal frameworks and paid for their skills adequately"

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"People like me, in need of support, guidance and care can benefit from early intervention"

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"It takes far too long for people to access Mental health support. This leaves them suffering and deteriorating and possibly dying. It is inhumane, costly and leaves people at risk of them harming themselves or people in our wider society. Early intervention is best for all"

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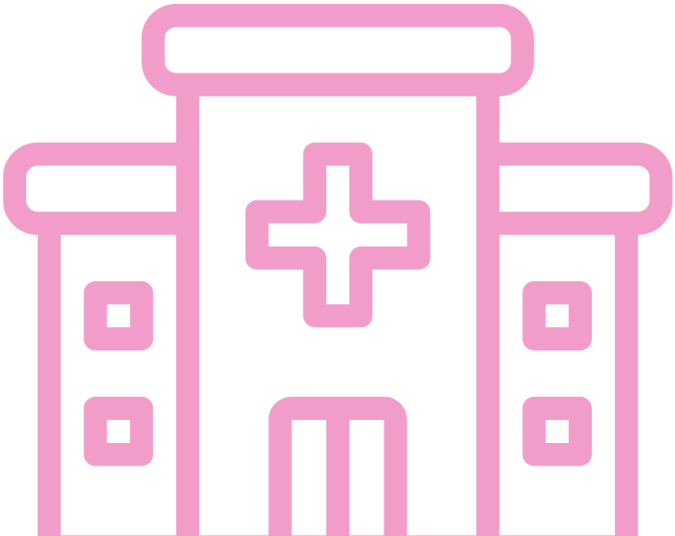
"An area that is now receiving a lot of media attention and an area where I am hoping there will be more training people in the future as there is more awareness of what things can cause depression, loss of confidence and lack of positivity in the day to day problems some people, especially younger people, seem to be experiencing."

Ambulance	*"My mum fell and broke her hip, lay on the floor in agony. Was told expect 3 hr wait. They arrived within 2 hrs and I thought at the time great. But then I had time to reflect and realised we were starting to become grateful for a service that should be far better and quicker. Services too stretched, can't keep staff I know I work for emergency services. Stop pandering to the few and look after those respect the NHS."*
ADHD/Autism	*Children waiting for much too long to get diagnosis and support for neurodiversity issues*
	"I spoke to my GP who gave me a brief survey to complete and then agreed I needed a referral. The referral was made for an ADHD assessment and I received a letter saying I'd been added to the waiting list but that the list was very long and I might be waiting a while. I've heard absolutely nothing else since and it has been over a year - I've not even had an update letter to say I'm still on the waiting list and approx. wait time is however long. GP part of the process went smoothly at first but I've not been able to get any information from them since, and service I've been referred to never answers the phone."
	I have been waiting for autism and ADHD assessment for over 12 months. The waiting lists are too long and it is affecting people's mental health and quality of life.
Hospital Outpatients	*Still very long waiting times even with a Labour Government - extremely upsetting*
A&E	*Reducing length of stay may make beds more available for patients waiting in A&E which will result in people waiting less to be seen in A&E.*



Strategic updates

Our Information and Communications Officer is now on maternity leave and that in view of tight financial budgets we have secured the services of two individuals to provide cover from neighbouring Healthwatch.

Our joint report with our colleagues across GM on Pathways to CAMHS continues to bear fruit and on the back of this we now attend Trafford's Children & Young People's Plan Steering Group. We have also been invited to have a representative from the Healthwatch in Greater Manchester Network on the Children and Young People's Mental Health Advisory Group hosted by NHS GM.

Our Chief Officer and one of our volunteers took part in the Council's Corporate Peer Challenge in January, joining the VCFSE Panel and residents Panel accordingly. The Challenge was conducted by the Local Government Association and the report was shared back to participants in April.

We have attended the usual round of meetings contributing to the sustainability and delivery plan. We have consulted with key partners and the public in relation to agreeing our priorities for 2025/6. We raised concerns around children's dentistry at Trafford Locality Board meeting in February, where board members supported us adding Oral Health in Under 5s as a project in our work plan. At the same meeting it was pleasing to hear Katy Calvin Thomas (Chief Executive Officer at Manchester & Trafford Local Care Organisation) recognise that our work on equipment services (see our report on Occupational Therapy Services: Assessment, Adaptations & Equipment) propelled change in that area.

In the first quarter of 2025-26 we are looking to relaunch our Enter and View programme; this is a statutory power of local Healthwatch to visit publicly funded health and social care facilities. Our first visit is intended to be a GP surgery and we hope to be able to share the findings in future Performance Reports. The second visit will be to a residential care facility later in the year.

The central HWinGM team, with contributions from the 10 Healthwatch in GM have drafted a GM network development plan, which also sets out what has been achieved during 2024/25. This includes launching our own website, providing advice to over 70,000 individuals and facilitating 150 engagement events.

As a network, we met with Warren Heppolette who led us through the state of GMs health. He spoke about the three shifts that would be necessary to improve performance and to live within our financial envelope, all of which we have, of course, rehearsed in Trafford. WH

reaffirmed the commitment to strengthen GMHWs strategic role across system groups. He reiterated that Healthwatch led research will be actively supported going to ensure findings are heard and drive change.

We are now approaching year three of our partnership agreement with the ICB. Each Healthwatch has submitted their work plans and priorities will be selected from these. Healthwatch Trafford has received the grant paperwork for 2025/6, which will be discussed at our May Board meeting.

We have also received draft Quality accounts from the main providers for the previous year, which we have commented on.

Heather Fairfield
Chair of Directors