

# 2017 - 18 YEAR END PERFORMANCE REPORT

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## End of year assessment of Healthwatch Trafford's performance and impact: April 2017 - March 2018

### THE ROLE AND FUNCTION OF HEALTHWATCH TRAFFORD

The Health and Care Act 2012 created a statutory duty for all local authorities to commission a local Healthwatch. On the 1<sup>st</sup> April 2018 Healthwatch was 5 years old. The Trafford service was tendered out by Trafford Metropolitan Borough Council in late 2016 and we were awarded this with effect from 1 April 2017 for a two- year period with the potential to extend for a further two years. The tender value was £118,000. Healthwatch Trafford also receives an additional £4k from Trafford Clinical Commissioning Group which is related to work on personal health budgets. Our TMBC funding enables the following statutory functions to be undertaken:



- Promoting and supporting the involvement of people in the commissioning, provision, monitoring and scrutiny of local care services through a process of engagement about their experiences of local care services.
- Providing advice and information about access to local care services and about choices that may be made with respect to aspects of those services.
- Making recommendations to Healthwatch England to advise about special reviews or investigations to conduct.
- Make recommendations to the Care Quality Commission in respect of any local services which are considered to be failing or which indicate that a more formal review is required.
- Local Healthwatch has the statutory power to refer matters to the Overview and Scrutiny Committee for their consideration.
- Regulation requires that local Healthwatch organisations must have the status of an 'independent social enterprise'.
- There is also a requirement that local people have a role in setting Healthwatch priorities and that 'seldom heard' voices are amplified.
- Local Healthwatch have a seat on the Health and Wellbeing Board.
- Healthwatch has a statutory right to undertake Enter and View visits to publicly funded care services.

Healthwatch Trafford has a Board comprising nine Directors, including the Chair. There is a maximum of 11 seats on the Board. All Directors are either from a professional background in business, finance, marketing, teaching or people with lived experience. There is also representation from Trafford's diverse population thus providing a wide range of views and opinions. Healthwatch Trafford is a company limited by guarantee.

Like most Boards, there are members who attend bi-monthly Board meetings and those who enthusiastically support our 3.2 WTE paid staff getting involved in a range of activities. We also have 45 volunteers who are able to choose, depending on their interests, how much or how little input they are able to offer.

Each year, we consult upon our work plan (see [Appendix 1](#) to view the draft 2018/19 work plan) and we report progress to TMBC on delivering that work plan on a bi-monthly basis through our performance reports.





Healthwatch Trafford's funding is the third lowest of the 10 Healthwatch in Greater Manchester with a range of £80k to £175k. This wide difference does not take account of population size, diversity or inequalities. We have initiated discussions across the 10 Healthwatch in Greater Manchester to see whether there are any solutions to differential funding. This is particularly important as it would enable a more effective contribution to the Greater Manchester devolution agenda. Healthwatch England has identified this as 'a challenge'.

During 2017/18, we have been involved in more than 30 standing groups as well as time limited fora. These have provided Healthwatch Trafford with a thorough grounding in Trafford's agenda and has enabled us on many occasions to provide continuity or to be a link.

#### HEALTHWATCH TRAFFORD'S CONTRIBUTION TO THE GREATER MANCHESTER HEALTH AND SOCIAL CARE AGENDA

We are also represented at a Greater Manchester Healthwatch and GM Health and Social Care Partnership level. In relation to the former, Healthwatch Trafford leads across all 10 Healthwatch in relation to mental health.

In March 2017 a GM Healthwatch Liaison Function was established by the partnership with funding for two years. Strong working relationships have been established. This has resulted in a range of activities to support the voice of local people in the development and implementation of the GM transformation plans.

In October 2017, the first GM Healthwatch Conference took place over two days. It was very well attended with sessions on many topics. Healthwatch England attended as well as senior officers of the GM Health & Social Care Partnership, the clinical networks, CCG and Council representatives. Both Jon Rouse and Warren Heppolette gave speeches at the end of each day praising Healthwatch contributions to the devolution agenda.

Trafford led a workshop on mental health along with Stockport and our Chief Officer gave a presentation on our CFS/ME report, the data from which we made available to all Healthwatch in England.

#### INFLUENCE AND IMPACT

Sometimes, it can be difficult to determine the full extent of our influence because it cannot be easily quantified. This is a question that we repeatedly address at our Board meetings. We attend a diverse range of forums specifically tasked with shaping local services. We know that we are contributing to these discussions - and through our work plan sometimes initiating actions - but measuring the full extent of our influence or impact on subsequent decision making is not always readily apparent. Often, too, impact is not immediate as commissioners and providers need time to plan for improvements to a service.

This end of year report looks at some of our key pieces of work and achievements during 2017/18.

#### ACUTE HOSPITAL CARE

We carried out an audit of people using the urgent care centre after 8 p.m. at Trafford General Hospital (TGH) in September 2016. The results of this work in 2017 was to provide information to enable Manchester Foundation Trust to reassign their Consultants across their acute hospitals to ensure that Consultants' highly specialised skills could be used to their maximum for the whole Trust population served, including Trafford.

We undertook an Enter and View of Manchester Orthopaedic Centre (Trafford General Hospital) in November. We expressed concern about lengthy waits for the physiotherapy input provided by Pennine Care which TGH staff told us can have a detrimental effect on recovery times for patients post surgery.





We asked patients attending for day surgery, inpatient surgery and those in the outpatients' clinic how they rated their overall experience. There were 127 individual star ratings that patients could use. Of these only five were negative with waiting times accounting for four of these.

We also made some recommendations in relation to communication with patients, the need to ensure that all staff were aware of the Trafford Coordination Centre. We also recommended that all GPs are encouraged to use the TCC electronic referral system, rather than writing letters.

There were some good examples of the use of technology on the wards, but less so in outpatients. The new hospital initiative of enabling some patients to have their pre-ops undertaken on the same day as their initial consultant appointment was welcomed. Other recommendations, and the response from TGH, are detailed in [Appendix 2 \(Enter & View visits\)](#).

## MENTAL HEALTH HOSPITAL AND COMMUNITY CARE

In 2017 we were able to convince Greater Manchester West (as it was at the time) to re-instate Carers as one of its priorities in its 2017-18 Annual Quality Account. The Trust has also invited GM Healthwatch to regularly meet with them to develop the 2018/19 Quality Account and has instituted performance monitoring meetings on a quarterly basis.

We also meet with our local mental health provider at Moorside. This has enabled Healthwatch Trafford to routinely look at performance. We continue to question gaps in services, particularly for those with dementia and challenging behaviour and it is hoped that some innovative approaches can be initiated once Trafford Together for Health and Social Care is implemented as a single organisation on 3 April 2018. We recognise that a big gap exists in support of General Practice and anticipate that this will be remedied as part of the GM-wide transformation programme. However, across the country and GM there are staffing issues with insufficient practitioners and this remains a key concern. We also know that discharging patients with mental health problems to care homes is problematic and contributes to some of the problems of long lengths of stay that Moorside experiences.

We have challenged the mental health Programme Development Board to come up with a precise definition of 'Parity of Esteem' as organisations are interpreting this mantra in different ways. We are also going to pursue this as an individual measure by which GM mental health services are measured.

## ENGAGEMENT WITH OUR PUBLIC

We welcomed the opportunity to be involved in the Trafford Talks series of meetings aimed at gathering public views on Trafford CCG's commissioning plans for 2018/19 and beyond. Whilst not attended in great numbers there were, nevertheless some interesting discussions taking place on a neighbourhood basis.

We remained concerned that an over-arching public engagement plan has not yet materialised from the CCG although we understand that this will be published shortly. We also recognised that the Patient Representative Advisory Panel, Healthwatch and Trafford Health Scrutiny Committee need to co-ordinate more effectively to highlight potential problems but also solutions. Plans are in place to do this. We have agreed shared priorities with Health Scrutiny and anticipate that our separate work plans will complement one another.

We feel that the public has much to offer - and indeed has a right to express their opinions on our health and care system and we will do all we can within our available resource to encourage and enable such views being heard by decision takers. Over 1 million people share their views or seek information from Healthwatch across England each year. [Appendix 3](#) provides feedback on our public engagement activity.





## COMMISSIONING

We recognised that changes to the health and care agenda in Trafford is unprecedented and have attended the vast majority of meetings we have been invited to in order to provide our input. We are less concerned with form (buildings) but more with function (services) leading to improved care. Reducing inequalities and improving outcomes remains our focus.

We produced a paper for the CCG's Governing Body in March 2018 putting forward Healthwatch views on proposed cuts to services in relation to Gluten free products, over-the-counter prescriptions, surgery and IVF. We were pleased that the Governing Body decided not to cut IVF but were unhappy that cuts to elective surgery for those who are obese or who smoke was supported. The CCG also committed itself to fostering further and more comprehensive engagement with the public in future decision making.

## INTERMEDIATE CARE / DELAYED TRANSFERS OF CARE

We successfully worked with partners to develop a survey of General Practitioners, hospital staff and relatives to elicit views on intermediate care. Some key views emerged on future direction of travel. We submitted our report in December 2017 with 12 recommendations. Our unequivocal view is that intermediate care should be nurse led as this would enable more patients to be stepped up thus avoiding hospitalisation and increasing the range of people who can be discharged appropriately at the earliest possible point once there is 'medical optimisation'. We are particularly concerned that, for people with dementia, there has effectively been no intermediate care provided and we would like to see this remedied. Our report was accompanied by National Audit of Intermediate Care findings to give it some context as well as the NICE standards published in November 2018. Health Scrutiny have endorsed this report.

The CQC invited us to share our views on Ascot House, our local intermediate care facility, which we visited in August 2017 prior to our practitioner surveys. We were disappointed that Ascot House received a rating of 'requires improvement' at its latest inspection.

We have organised a regular drop-in to Ascot House to gain relatives' opinions and our work plan for 2018/19 involves looking at homecare and rehabilitation.

It is three months since we submitted our intermediate care report to the CCG and we have had no satisfactory responses as to how this report can be assessed and/or taken forward.

We were invited by the Council to provide our views on the CQC review of delayed transfers of care and were pleased to have had our views and opinions sought. We took this opportunity to reinforce some of the recommendations of our intermediate care report.

We will work as a statutory member on the Health and Wellbeing Board to monitor progress on system improvements and the other actions contained in Trafford's response to the CQC and the Department of Health.

We will also work with the Health and Wellbeing Board in its efforts to provide encouragement, guidance and support to Trafford's population on key topics such as healthy eating and drinking, exercise and smoking cessation which are key determinants in longer term changes required to reduce health inequalities in the borough.

## GENERAL PRACTITIONERS

The introduction of new models of primary care is warmly welcomed and we have already seen positive examples of how transformation in Trafford can take place. It was particularly encouraging to see reductions in hospital admissions from care homes as a consequence of GP teams' dedicated input.





[Appendix 4](#) illustrates the feedback to our HealthwatchTrafford.co.uk website (where the public simply take the initiative to leave comments). Of the 265 reviews, 102 related to general practice. This is analysed by individual practices as well as areas where the feedback came from.

## DENTAL CARE

We have recently published our report on access to NHS dental care. We undertook a ‘mystery shop’ of every practice in Trafford and found that the information on access to NHS dentistry compared with the NHS Choices website was significantly out of date. We subsequently met with the Chair of the Local Dental Committee who has contributed his views on our findings including some complex responses about the commissioning of the service.

## HEALTHWATCH 100

We devised these surveys to enable us to maximise direct public views on services, using a different theme each month. Our dental report came directly from HW100 and we also sought views on Men’s Health to complement the work of the University of Manchester Intern who produced a separate report. We now have approaching 200 people signed up to HW100 and we hope to increase this number further in 2018/19.

A list of the HW100 survey and key findings are attached at [Appendix 5](#).

## ENTER AND VIEW VISITS

In 2017 we decided to broaden our Enter and View visits to include hospitals as well as care homes. We developed separate processes for both. The results of the Trafford General Hospital and the care homes visited is included at [Appendix 2](#).

At the beginning of 2017, we reviewed our Enter and View processes. We developed a survey for care home managers asking a series of questions with a focus on nutrition, hydration, falls and isolation, often indicators for hospital admission. We also surveyed relatives for their views using a star rating system allied to the question ‘would I chose this care home for my mother’. At the present time, almost half of care homes are rated by the CQC as in need of improvement or inadequate in Trafford and there are particular difficulties around EMI nursing home quality and availability.

We aim to visit all care homes on a three year cycle and we have agreed and published criteria for how we prioritise these visits. We have included a proposal in our 2018/19 work plan to survey ALL publicly funded residents in care homes and we hope that this will provide an overview of what care home residents and their relatives feel about their care. However, this will be dependent upon Council resources to distribute the questionnaires.

As previously stated, we were particularly pleased to see a GP team being set up with an initial focus on those care homes with high referrals to hospital. We have worked with Healthwatch Salford to establish the frequency of 999 calls from care homes to hospital and police. In December 2017 alone there were 150 999 calls to the police and 200 999 calls admitting people to hospital through A&E. Initial findings following the introduction of the GP service show a 50% reduction in care home referrals. We also support pharmacist support to care homes which, again, will improve quality and prevent over-medication of residents, as evidenced nationally.

NICE has recommended that every new resident admitted should have an oral health assessment and this has not occurred in any of the care homes we have visited. This is clearly an important gap in service.







## NORTH WEST AMBULANCE SERVICE

All North West Healthwatch were invited by the Chief Executive of the North West Ambulance Service to discuss this service. 2017/18 was considered to be the most challenging yet. The service has 266 Ambulances. In December 2017, there were almost 11,000 'lost' hours (compared with around 9,000 normally each month) with paramedics having to attend to patients in hospital corridors or other ad hoc facilities. One of the key questions posed by NWS was 'who owns the patient'? 999 calls are divided into four categories. We were told that NWS looks for alternatives outside hospitals in 45% of cases and would like to expand direct access to alternatives. Yet another reason that establishing an appropriately sized and staffed intermediate care service in Trafford could improve patient flow and reduce delayed transfers of care. The most challenging group of patients were seen as Category 2 as these are people in the community who have called 999 but have taken a long time to see a response (estimated as between 18-40 minutes) but we know that this target time is often exceeded. It was pleasing to hear that NWS employs both mental health workers and clinical pharmacists to offer help and advice to paramedic staff.

Trafford's challenge to NWS was that information was not routinely provided and we suggested that they may wish to work in partnership to develop a set of performance indicators that could be widely shared throughout GM Healthwatch and other stakeholders outside the commissioning framework. Healthwatch also welcomed NWS offer to meet with them in the future.

## CHRONIC FATIGUE SYNDROME

We presented the findings of the 1,000 responses we received to our survey on CFS at the first GM Healthwatch Conference in October 2017. We worked with Manchester Metropolitan University on this report as the scale of response far exceeded our ability to analyse all 45 questions asked. We analysed responses by Trafford, by GM, nationally and we even had a few international returns. We also presented our report to the GP Educational event in 2017 which was well received.

Following our GM Healthwatch Conference presentation in October 2017, we were pleased to see that Healthwatch England published this report (along with our Top Ten Tips to get the most out of your GP appointment) which was gratifying given how much time and effort that had gone into this study. This is a good example of how long it sometimes takes to achieve an outcome.

## VOLUNTEER ACTIVITY

As indicated earlier, our volunteers are free to select which particular activities they want to become involved in. All volunteers work to a code of practice, are DBS checked where required and they are supervised by our Volunteer Coordinator. Quarterly sessions are held which provide the opportunity for Directors, staff and volunteers to get together to exchange ideas and experiences and also share some tea and cake!

During 2017, we concentrated on increasing the number of young champions through contacting schools directly to advertise our positions. We revamped our young champion training which led to an increase in numbers. Our young volunteers have spent time developing their new 'Youthwatch' website and we hope this will become a trusted resource for young people in Trafford during 2018/19.

We also revamped our adult champion training which, like young champions, has led to a higher number of volunteers. This has enabled them to confidently undertake visits to targeted community groups on their own. Volunteers undertake research for us which is crucial to many of our projects, not least Healthwatch 100 and the delivery of our work plan.

They are also very active in our Enter and View Visits and, without them, we would not be able to achieve our objectives.







## HEALTHWATCH ADVISORY GROUP

As a further means of engaging with our Trafford population, we have set up an Advisory Group which has now met on four occasions. We have invited speakers to each meeting and there has been some lively discussion over a range of topics.

We have discussed how to spend NHS money wisely, the work of the Health and Wellbeing Board, our work plan priorities and the Trafford Coordination Centre.

Our new group has suggested several areas for our 2018/19 work plan which we have included along with ideas from our key partners. ([See Appendix 1](#)).

## PHLEBOTOMY

This topic comes up again and again. In February 2018, we undertook a survey of more than 300 people attending the various clinics across Trafford as well as an online survey. We have provided interim reports to the CCG which is reviewing various options. Two-thirds of people indicated that they would prefer to book a specific time for a blood test. Waiting times were an issue with some people being turned away from clinics because of waits and/or understaffing. Some people have been provided with incorrect information about clinic locations or opening times and some respondents would prefer all GPs to provide their own blood testing, especially for the elderly and/or vulnerable. There was, however, lots of praise for staff at the clinics and not one respondent commented negatively on their quality of care. The full report will be published towards the end of May but, in essence, it looks as though people want to see a mixture of provision - some booked appointments, some out-of-hours provision and some ad hoc clinics. Clearly, better information which is updated frequently needs to be provided to GPs.

## HARD TO HEAR GROUPS

Engaging with hard to hear groups is a primary function of Healthwatch. During the year we have visited groups involved with our diverse population, those who have experienced sexual assault, suffered domestic violence, the homeless. We continue our involvement with the Deaf community and Bluesci, the mental health user forum. We have also been invited to have a conversation with mental health patients at Moorside.

We have been recognised as a contributory partner in the updated Accessible information: Specification v1.1 review by NHS England which provides very specific guidance on the provision of interpreters. This publication incorporates most of the recommendations we made in our 'Getting it Right for Deaf People report (published in 2015). Yet another example of delayed impact!

We especially wish to draw attention to the need for vulnerable groups to be able to access welfare rights advice. Many vulnerable people have no access to the internet, nor necessarily the skills to make applications for universal credit and/or other benefits. Nor do they always have money to be able to travel to libraries and other centres. In February, we visited Cornerstone (just across the border in Manchester) which is a Catholic run service offering a range of services to help adults manage their own lives and minimise the effects of poverty, distress, social exclusion or illness. It was heartening to see how many homeless people were being helped and how many volunteers helped to run the service.

## GOVERNANCE

This is an important area for Healthwatch Trafford. We have reviewed and updated our organisational policies and processes including the introduction of a scheme of delegation and revision of our complaints, supervision and Enter and View protocols. We have undertaken a skills audit of our Directors to inform future recruitment.





We commissioned an independent review of staff job descriptions, skills and competency frameworks to inform appraisal processes and pay and conditions.

We will continue to keep governance under constant review and make whatever changes need to be made, taking advice as necessary.

#### SO WHAT NOW?

Across all our Healthwatch activities we have had over 30,000 contacts from a Trafford population of 233,300, working out at approximately one contact per seven people. See below for the national context of how we fit in with Healthwatch England's strategic plan.

In the 70<sup>th</sup> year of the NHS, we continue to be heartened by the dedication of all staff in health and social care as well as our voluntary sector and carers. We recognise that there remain gaps in the system, some of which we are addressing in our work plan.

We wish the new integrated organisation - Trafford Together for Health and Social Care - every success in its efforts to improve the health and wellbeing of all Trafford residents.

Heather Fairfield  
**Chair**

Andrew Latham  
**Chief Officer**

### **National context**

Healthwatch England recently released their new five year strategy (<https://www.healthwatch.co.uk/news/healthwatch-englands-new-strategy-put-people-charge-their-health-and-care>) in which they state that their aim for the Local Healthwatch network is that “more than a million people each year will be sharing their views or finding the information they need” by 2023. For Trafford that would mean a target of c.4402 (a million contacts, divided by the national population of 53 million (ONS 2011), multiplied by the population of Trafford of 233300 (ONS 2016).

We currently achieve well over 3000 contacts (shown on [appendix 3](#) and [appendix 4](#)). We have collected more than 1000 pieces of feedback via our Healthwatch 100 surveys (see [appendix 5](#)), website and direct complaints and concerns. In addition to this, we have given information directly to 1977 people face-to-face at events and drop-ins and more than 80 people on the telephone. This already brings us to more than 3000, before taking into account our online offerings (22000+ website visits, 2500+ social media followers etc.) and our published distributed materials (service directories, posters, leaflets & reports). We are always looking to increase contact with the public but we are already well on track to meet the goals envisaged by Healthwatch England.



## Appendix 1 - Summary of our 2018-19 draft workplan

These are the key elements extracted from our full workplan.

	<b>Title</b>	<b>Detail</b>	<b>Expected Output</b>	<b>Key dates</b>
<b>Performance targets</b> <b>Communication &amp; engagement plan</b>	<b>1</b>	Drop-ins in each of the four Trafford localities	<i>HWT to gather patient opinion, share literature and publicise HWT services. Manned by volunteers with staff support.</i>	<i>Key findings in Performance Report</i> Programmed around volunteer availability in quarterly blocks
	<b>2</b>	Public enquiries & signposting	<i>Ongoing throughout year: maintain helpline (telephone, email, postal and web enquiries), providing information and signposting. Contact to be logged. Respond to public enquiries within 48 hours.</i>	<i>Key findings in Performance Report</i> Ongoing throughout the year
	<b>3</b>	Identify areas of concern	<i>Ongoing throughout year: use evidence from surveys &amp; drop-ins to identify areas of concern. Analyse data, make recommendations to commissioners/providers as appropriate. Include analysis from Independent Complaints Advocacy.</i>	<i>Key findings in Performance Report</i> Ongoing; analysed at the end of each quarter and taken to quarterly liaison meetings (unless urgent)
	<b>4</b>	Quarterly highlight reports produced & distributed	<i>Highlight reports for key stakeholder, public and press.</i>	<i>Publications produced for distribution</i> Produced at end of each quarter
	<b>5</b>	Produce guidance & information to assist public in making the best use of services	<i>Produce more 'how to' guides, including those produced in partnership with other organisations.</i>	<i>Leaflets and online information produced</i> Schedule at intervals throughout the year
	<b>6</b>	Bi-monthly Performance Reports	<i>Performance reports for stakeholders and Board, monitoring progress towards achievement of targets.</i>	<i>Report produced</i> Produced every two months.





	<b>7</b>	Healthwatch Trafford 100	<i>Maintain panel of Trafford residents for quick-fire surveys. General survey every quarter, specifically-targeted surveys in the months inbetween. Respond to issues identified as well as gathering data for our workplan projects / new projects.</i>	<i>Results template produced for each survey and distributed to public</i>	Ongoing throughout the year; position statement produced for bi-monthly board meetings.
	<b>8</b>	Representation	<i>Maintain membership of TTH&amp;SC board, committees and groups. Join new groups where Healthwatch Trafford input beneficial (subject to available resource).</i>	<i>Report back to Healthwatch Trafford board</i>	Ongoing throughout the year
<b>Measuring Impact</b>	<b>1</b>	Enter and View visits	<i>Minimum of 10 Enter and Views during the year. Reports published within 6 weeks.</i>	<i>Report produced for each visit</i>	Scheduled throughout the year
	<b>2</b>	Focus Volunteer Activity	<i>Recruit six additional volunteers, three to the E&amp;V team and three for drop in activities.</i>	<i>Volunteer recruitment publicity maintained and updated</i>	Ongoing throughout the year
<b>Work programme projects</b>	<b>1</b>	Continue two year study of intermediate and community care, transition and enablement. To include domiciliary care.	<i>Review home care and rehabilitation services as defined in the National Audit of Intermediate Care.</i>	<i>Reports to be provided for each activity analysed by neighbourhood</i>	Homecare - end of September 2018. Rehabilitation - end of March 2019.



<b>2</b>	Evaluation of impact on disabled people no longer eligible for Personal Independence Payments	<i>In terms of health, wellbeing and social circumstances</i>	<i>Report to be produced</i>	Work begun; further work needed to identify whether benefit in continuing since government announcements on national review of PIPs.
<b>3</b>	Contribute to the equality & diversity annual grading for NHS providers	<i>Where requested</i>	N/A	
<b>4</b>	Survey regarding new CAMHS service mental health offer in Trafford	<i>Once new service is embedded. Focus on transition to adult services and consistency across disciplines; for young people to assess whether the offer is considered to be age appropriate. Including emergency procedures and referrals</i>	<i>Report to be produced</i>	
<b>5</b>	Maternity Services	<i>Focus on social isolation in new mothers, the frequency of visits to new mothers &amp; create a how-to leaflet on services for expectant mothers</i>	<i>Report to be produced</i>	
<b>6</b>	Adult Services	<i>To be determined in consultation with stakeholders.</i>	<i>Report to be produced</i>	
<b>7</b>	Family and Carers	<i>Possible survey of relatives of all funded residential and nursing care placements</i>	<i>Report to be produced</i>	As agreed with TTH&SC



<b>1</b>	<b>Annual report 2018</b>	<i>To be published by 30th June 2018</i>	<i>Report Published</i>
<b>2</b>	<b>Board meetings</b>	<i>The HWT Board meet bi-monthly, with agenda and all papers sent one week before</i>	<i>Minutes produced and published</i>
<b>3</b>	<b>Advisory Group</b>	<i>Established; meets bi-monthly alternating with formal Healthwatch Trafford board meetings with the opportunity to invite guest speakers.</i>	<i>Minutes produced and published</i>





## Appendix 2 - Enter & View visits 2017/18

Manchester Orthopaedic Centre Enter & View visit findings and recommendations

### Findings

1. Overall, we were impressed by the service offered to patients in the orthopaedic department of Trafford General Hospital. On the day of our visit we found the hospital to be very busy offering a very good service to Trafford residents.
2. The Manchester Orthopaedic Centre for planned elective day case and inpatient surgery. Patients are received from Manchester NHS Foundation Trust and Salford Royal NHS Foundation Trust.
3. Ward 12 has 20 inpatient beds inclusive of four side rooms and beds can be reused/occupied more than one patient per day.
4. All staff were pleasant, approachable and willing to share information on the services they provide.
5. We observed good interaction between all members of staff working throughout the centre.
6. Patients we spoke to on the ward appeared comfortable in their surroundings.
7. In total, we collected 24 completed questionnaires from patients attending for day surgery, inpatient surgery and those in the outpatients' clinic. 84% of patients rated their overall experience of the centre as good or very good. Of 127-star ratings received only five were negative with waiting times accounting for four of these. To see full results, go to <https://healthwatchtrafford.co.uk/our-reports/manchester-orthopaedic-centre-appendix-addendum/> on page 12 of the patient survey results.
8. Community physiotherapy to Trafford residents is provided by Pennine Care NHS Foundation Trust. One issue raised by staff is patients who require physiotherapy from Pennine Care NHS Foundation Trust can wait up to 10 weeks to be seen. This was thought to have a negative impact on length of inpatient hospital stay and continuity of patient care to aid recovery when discharged home.

### Recommendations:

- Consider displaying notification of delays electronically in the outpatients' clinic to keep patients informed and manage expectations, being mindful of patients with sensory needs.



- A new hospital initiative enabling some patients to have their pre-ops undertaken on the same day as their initial consultant appointment. We would recommend that this scheme is extended to all patients in due course as this will reduce repeated visits and shorten the patient pathway.
- Consider staggering patients' arrival times to avoid gatherings of patients waiting for day-case surgery beds to become available.

**Response from the provider to the above recommendation:**

*In recognition of feedback received from patients regarding their experiences of waiting times, staggered admission times were implemented in September 2017. Patients who are admitted on days when there are three operating sessions and the patients planned to undergo surgery in the afternoon sessions, now have a later admission time than those planned to be operated on in the morning session. Our patient information has been adapted to reflect this.*

- Seek Pennine Care and Trafford Clinical Commission Group's input with the aim of reducing community physiotherapy waiting times, thereby optimising recovery following surgery.
- Review 'Your surgery' information booklet to clearly state that patients must bring in medications they are taking in a SEALED bag or container.

**Response from the provider to the above recommendation:**

*"In regard to comments about sealed bags, I have been advised that staff ask patients to bring their medications into hospital in their original containers/packets, not necessarily in a sealed bag. The patient information leaflet will be reviewed to make sure it accurately reflects this request and will be reinforced to patients during their pre-operative visit".*

- Clearly ask patients in any correspondence, on telephone and email contact to advise the hospital if any of the medical information is known to be in error prior to admission.



🌱 We would encourage Trafford General Hospital management to:

- a) Make contact with the Trafford Coordination Centre in respect of raising awareness of what can be offered to staff to improve the patient journey to maximise outcomes.
- b) Trafford General Hospital management to enter into discussions with the new primary care organisation to encourage all GPs to use the electronic referral system, rather than writing letters.
- c) That all staff working on the Orthopaedic Wards should be fully conversant with the criteria for Ascot House Intermediate Care Unit.

A letter of acknowledgement has been received by HWT from Mandy Bailey, Chief Executive of Wythenshawe, Withington & Altrincham hospitals following the Healthwatch Trafford enter and view visit to Manchester Orthopaedic Centre, Trafford General Hospital on Friday 10<sup>th</sup> November 2017. Below is the text from the main body of the letter:

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*“The report has been shared with the senior leadership team at Trafford who have reviewed the report and are in the process of sharing the findings with the wider team to consider the areas for improvement and necessary actions. The Improvement Programme/Action Plan that is developed on the basis of the report will be monitored through the Manchester Orthopaedic Governance meeting to ensure timely deliver and completions of actions”.*

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Care homes

Care home (name)	Month visited by HWT	CQC overall rating	HWT relatives' rating	No. of recommendations	No. recommendations implemented
Timperley Care Home	January 2017	Requires Improvement	Not recorded at the time of visit	<p><b>Two</b></p> <ol style="list-style-type: none"> <li>1. Consideration to be given to making contact with the Parkinson Nurse to update care staff on the medical necessity for providing timely medication to Parkinson sufferers.</li> <li>2. As part of the ongoing review of staff wearing name badges, we recommend looking at breakaway safety lanyards (or similar).</li> </ol>	<ol style="list-style-type: none"> <li>1. They now have Parkinsons specialist nurses visit to give advice and assistance as they have a number of residents with Parkinsons.</li> <li>2. Staff all wear magnetic name badges.</li> </ol>
Shawe House	January 2017	Inadequate at the time of HWT visit, now rated Requires Improvement	Not recorded at the time of visit	<p><b>Three</b></p> <ol style="list-style-type: none"> <li>1. Formalising the monthly Residents' Meetings and posting notes from the meetings on the</li> </ol>	<ol style="list-style-type: none"> <li>1. Unable to make contact with current Manager. Care staff informed us that the home is due to close in the near future.</li> </ol>



Care home (name)	Month visited by HWT	CQC overall rating	HWT relatives' rating	No. of recommendations	No. recommendations implemented
				<p>notice board will provide opportunity to communicate with all families and not just those who attend. This will allow Shawe House to raise issues with families that could benefit all residents as well as inform relatives of future developments.</p> <p>2. Consider a programme of redecoration to improve the shabby appearance of the home and make it more welcoming to residents and visitors.</p> <p>3. Work with the Agency providing relief staff to Shawe</p>	



Care home (name)	Month visited by HWT	CQC overall rating	HWT relatives' rating	No. of recommendations	No. recommendations implemented
				House to ensure a greater understanding of how to respond and care for dementia residents.	
Flixton Manor	February 2017	Inadequate at the time of HWT visit now rated Requires Improvement	Not recorded at the time of visit	<p><b>Seven:</b></p> <ol style="list-style-type: none"> <li>1. The Manager to work with staff to ensure that they respond to residents' request to use the toilet with in an appropriate time.</li> <li>2. Enable residents being able to exercise choice in personal care.</li> </ol>	<p><b>Managers response to recommendations:</b></p> <ol style="list-style-type: none"> <li>1. I have rearranged the way the toileting is managed to facilitate the three toilets that are on the ground floor so residents can be assisted more efficiently.</li> <li>2. Some residents do have to be changed on their bed, as unfortunately due to their physical condition it would be unsafe for them to use the toilet facilities, for example their posture and balance. The night staff check and change the residents at night every two hours. A resident could be changed up five times in one night.</li> </ol>



Care home (name)	Month visited by HWT	CQC overall rating	HWT relatives' rating	No. of recommendations	No. recommendations implemented
				<p>3. Monitor that daily task carried by staff for residents have been done and recorded correctly.</p> <p>4. Review communication needs of resident to ensure that residents can communicate effectively with friends and family outside of the home.</p> <p>5. Refresh Dignity and Respect training for staff.</p> <p>6. Review the administering of medication to residents by staff to ensure that residents are</p>	<p>3. Regarding the checklist being ticked. I [manager] have brought this to the attention of the Care Team Supervisor and it was also discussed at the staff meeting. This is being closely monitored.</p> <p>4. With regards to a public phone, the residents have the use of the phones in the clinic room or office and are welcome to use them at any time. However, sometimes it is difficult to contact the relatives at the time residents may request to use the telephone. This has happened on a few occasions with messages being left on the relative's answer phone requesting them to call the home back so that the resident can speak to them.</p> <p>5. No response.</p> <p>6. The medication rounds commence at 8am, pain medication is given through the day and night as prescribed and RGNs do ensure that the correct time is adhered to between the medication. I [manager] will monitor the situation.</p>



Care home (name)	Month visited by HWT	CQC overall rating	HWT relatives' rating	No. of recommendations	No. recommendations implemented
				receiving medication at appropriate time. 7. Have procedures in place to ensure that residents are eating and drinking sufficiently.	7. Choice of menu. There is choice and a large variety of menus. The Cook will go around daily and request what the residents would like. There is a wide variety of breakfast offered including a full cooked breakfast and there is always a choice at dinner and tea-time. With regards to meals being taken away untouched. The Care Team Supervisor is monitoring the situation and I [manager] am also observing meal times.
Faversham House	May 2017	Good	9s & 10s	None	No recommendations made.
Lynwood Lodge	July 2017	Good	9s & 10s	None	No recommendations made.
Woodend Care Home	August 2017	Requires Improvement	7.5	<b>Four:</b> 1. Regular review of notices displayed to ensure current and relevant. Review of communication between Home Owners [Bupa],	1. Yes, all notices are now up to date.





Care home (name)	Month visited by HWT	CQC overall rating	HWT relatives' rating	No. of recommendations	No. recommendations implemented
				<p>management, staff, residents and relatives.</p> <p>2. Despite two coordinators, over 55% of relatives said not enough to occupy residents. Review activities with possible focus on individual activities as well as group activities.</p> <p>3. Despite two coordinators, over 55% of relatives said not enough to occupy residents. Review activities with possible focus on individual activities as well as group activities.</p>	<p>2. Since a permanent manager has been in post things have become easier with information from owners and management cascading down to all staff members.</p> <p>3. The home has changed one of activity coordinators and the Manger is extremely happy with the work that is being done. The home now has lots of shorter activities on each unit in the home, in the morning and afternoons. The activity coordinator keeps a diary of what worked well, what did not. Work with residents on a one-to-one basis takes place and the manager feels that the home is getting the balance right.</p>



Care home (name)	Month visited by HWT	CQC overall rating	HWT relatives' rating	No. of recommendations	No. recommendations implemented
				4. Inconsistency approach, integration with residents that perhaps could be reviewed with staff and management.	4. The Manager stated that since the home has had the stability of a permanent Manager moral at the home is up. The owners have promised that the home will have a refit in the near future and this too will help.
Shawe Lodge	October 2017	Requires Improvement	5.78	<p><b>Nine</b></p> <p>1. Address issue of accessing accurate information from local GPs who visit residents at the home.</p> <p>2. Suggest working with Falls Team to implement preventative measures.</p> <p>3. Manager to source training in Advance Directives<sup>1</sup> for all staff members</p>	<p>1. No improvement</p> <p>2. We continue to refer to Falls Team, we have many dementia residents and we wait a long time for a response from Falls Team.</p> <p>3. The Manager was a little confusing in his answer regarding advance directives 'stating that they are included in residents' care plans.</p>



Care home (name)	Month visited by HWT	CQC overall rating	HWT relatives' rating	No. of recommendations	No. recommendations implemented
				<p>working at the home.</p> <p>4. Continue to focus on improving staff retention, to help ensure continuity of care for residents.</p> <p>5. Review laundry process to ensure residents own clothes are returned to them.</p> <p>6. Review activities with possible focus on individual activities as well as group activities.</p> <p>7. Consider redecorating the interior of the home in dementia friendly</p>	<p>4. The home has a good record of staff retention</p> <p>5. The laundry process has been reviewed by the Manager, an inventory of residents clothing has been introduced and the Manager has specifically supervised the two members of staff responsible for the work.</p> <p>6. An extra activity co-ordinator has been employed to plan one -to one sessions with residents.</p> <p>7. The home has carried out some re-decorating but more is required</p>



Care home (name)	Month visited by HWT	CQC overall rating	HWT relatives' rating	No. of recommendations	No. recommendations implemented
				<p>colours.</p> <p>8. Manager to source dementia awareness training for all staff members.</p> <p>9. Consider placing memory boxes and residents' photographs on bedroom doors.</p>	<p>8. The Manager said that he has sourced dementia awareness training for all members of staff.</p> <p>9. Some residents' rooms have had memory boxes and photographs, not all as some residents of Shawe Lodge continue to break off and throw memory boxes and photographs that are placed on walls.</p>



## Appendix 3 - Public engagement

	2017 - 18 totals	April 2017	May 2017	June 2017	July 2017	August 2017	September 2017	October 2017	November 2017	December 2017	January 2018	February 2018	March 2018
<i>Public drop-ins -total</i>	52	2	0	7	12	3	3	2	3	2	3	10	5
<i>Locality 1</i>	11	0	0	2	3	1	0	0	0	1	1	3	0
<i>Locality 2</i>	16	1	0	2	3	1	1	0	1	0	1	2	4
<i>Locality 3</i>	9	0	0	1	2	0	1	0	2	0	1	1	1
<i>Locality 4<sup>1</sup></i>	16	1	0	2	4	1	1	2	0	1	0	4	0
<i>Number of public contacts<sup>2</sup></i>	1977	52	0	197	417	119	58	184	106	265	133	294	152
<i>Number of complaints/ concerns recorded</i>	49	5	6	7	6	4	2	5	2	0	6	2	4
<i>Number of public signpostings</i>	82	7	9	17	3	4	0	3	7	1	14	8	9
<i>Healthwatch 100 (# of people signed up)</i>	197	First survey set for June		62	33	20	21	14	14	2	9	22	0

<sup>1</sup> The four localities of Trafford are defined as:

Locality 1 - Old Trafford, & Stretford, - Gorse Hill, Longford, Stretford and Clifford; Locality 2 - Sale - Bucklow St Martin's (Sale) Ashton upon Mersey, Brooklands, Priory, Sale Moor and St Mary's; Locality 3 - South Trafford - Altrincham, Bowden, Broadheath, Hale Barns, Hale Central, Timperley and Village; Locality 4 - Urmston & Partington - Bucklow St Martin's (Partington), Davyhulme East, Davyhulme West, Flixton and Urmston.

<sup>2</sup> 'Public contacts' are defined as members of the public engaged with at public events (this excludes all other public contact e.g. regarding complaints/concerns, signposting, HW100, social media tweets/shares, visits to website - so does not duplicate other figures in this table)





Healthwatch 100 # of surveys conducted	9	-	-	1	1	1	1	1	1	0	1	1	1
Number of new volunteers (total)	(42)	0 (38)	4 (42)	1 (43)	5 (46)	1 (47)	3 (44)	1 (44)	1 (43)	1 (43)	3 (42)	2 (44)	1 (45)
Number of volunteer hours	1058	62	39	104	67	104	96	122	93	90	77	115	88
Business support	98	0	0	4	2	6	12	22	2	8	11	8	23
Engagement/ Outreach	411	34	5	69	33	23	27	26	39	44	25	52	35
Research	278	9	5	15	27	61	54	6	37	7	23	15	20
Strategic	137	15	0	10	1	12	0	22	4	14	12	36	11
Vol management / Training	134	4	29	6	4	2	3	46	11	17	7	5	0
Radio interviews	2	1	-	-	1	-	-	-	-	-	-	-	-
Website visits	22672	1685	1839	1800	2000	1789	1983	2065	1991	1481	1997	1853	2189
Reports published* (*not inc. performance reports)	13	2	-	1	-	1	1	2	1	1	1	0	3

## Online and social media statistics April 2017 - March 2018

**Twitter** 

New followers : 202

Total followers : 2041

Tweets : 951


Impressions : 218.4K people

**Facebook** 

Likes/following : 145

Reach : 11909

Post Engagements : 806

**Instagram** 

Posts : 27

Likes : 2282

Followers : 374

**Website** 

Visits : 22673

Page views : 39740

News articles : 345





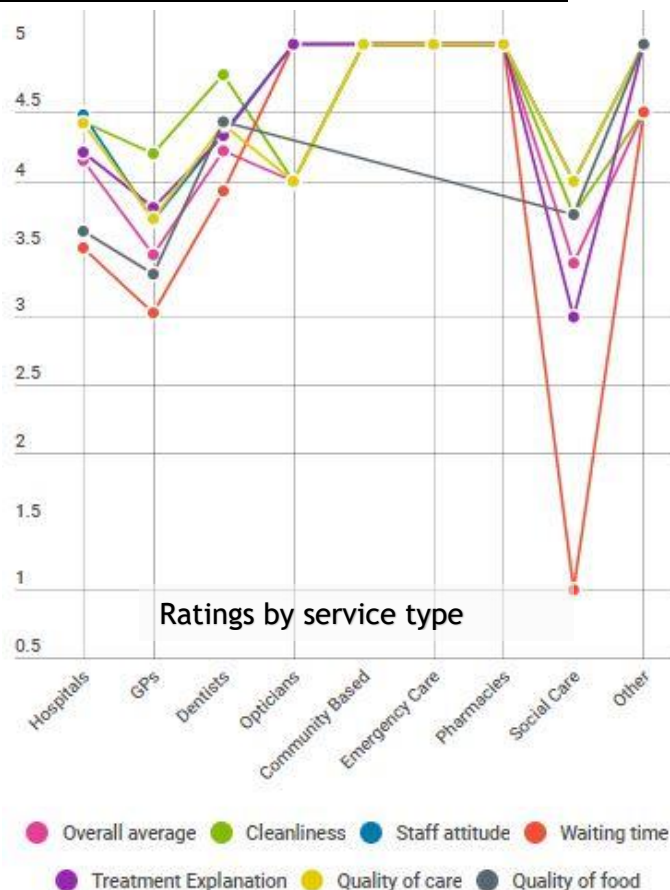
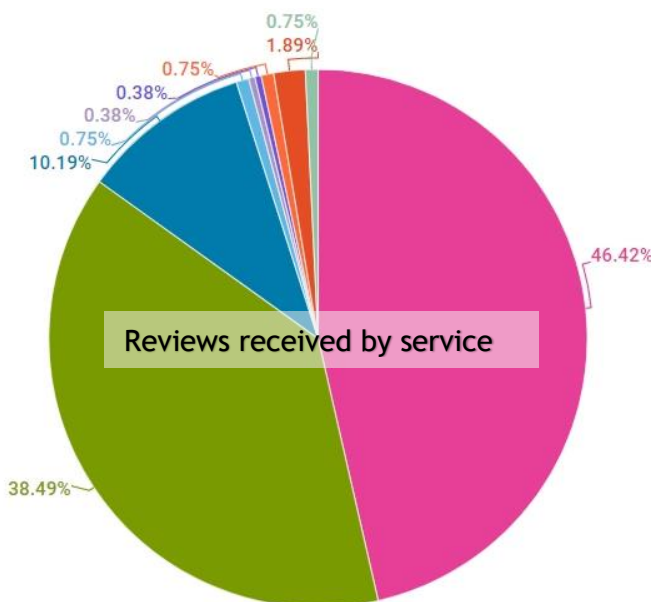
## Appendix 4 - Analysis of feedback left on the HWT website

### Overall service feedback statistics

All ratings contained in this report are on a 5 star scale with 1 = Very Poor and 5 = Very Good.

Total: 265 reviews

Service type	Number of reviews	% of reviews	Overall rating	Cleanliness	Staff attitude	Waiting time	Treatment explanation	Quality of care	Quality of food
Hospitals	123	46.42	4.15	4.43	4.48	3.51	4.21	4.42	3.63
GPs	102	38.49	3.46	4.20	3.71	3.03	3.80	3.72	3.31
Dentists	27	10.19	4.22	4.78	4.35	3.92	4.33	4.41	4.43
Opticians	2	0.75	4.00	4.00	5.00	5.00	5.00	4.00	
Community Based	1	0.38	5.00	5.00	5.00		5.00	5.00	
Emergency Care	1	0.38	5.00		5.00	5.00		5.00	
Pharmacies	2	0.75	5.00	5.00	5.00	5.00	5.00	5.00	
Social Care	5	1.89	3.40	3.75	4.00	1.00	3.00	4.00	3.75
Other	2	0.75	4.50	4.50	5.00	4.50	5.00	5.00	5.00





## Where our feedback has come from

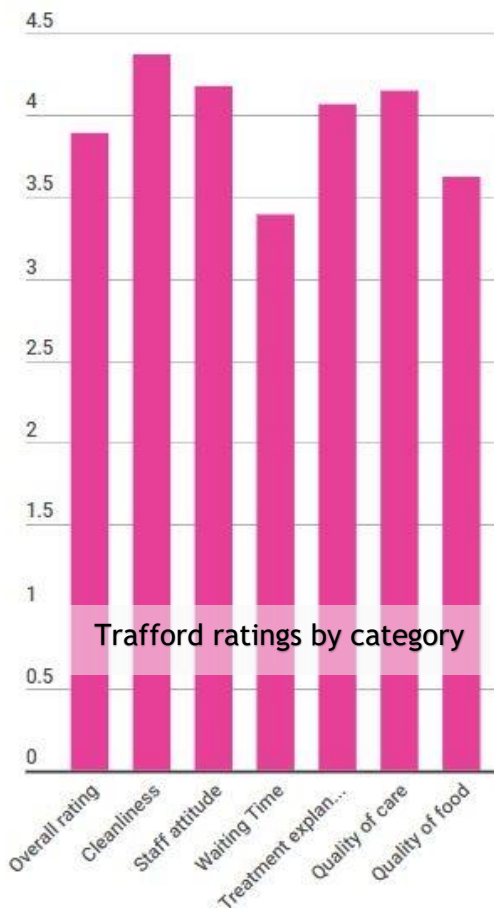
Area	Count	% of feedback	Average of feedback
Sale	54	20.38	4.02
Altrincham	32	12.08	3.72
Timperley	21	7.92	3.86
Stretford	20	7.55	3.05
Urmston	17	6.42	3.82
Hale	10	3.77	4.70
Flixton	7	2.64	4.14
Partington	5	1.89	2.80
Old Trafford	5	1.89	3.00
Davyhulme	5	1.89	4.20
Bowden	1	0.38	5.00

(OTHER AREAS OR AREA NOT GIVEN ARE NOT SHOWN)



## Overall experience ratings in Trafford

Category	Average rating	Number of reviews
Overall rating	3.89	265
Cleanliness	4.37	248
Staff attitude	4.18	253
Waiting Time	3.39	247
Treatment explanation	4.07	240
Quality of care	4.15	246
Quality of food	3.62	89

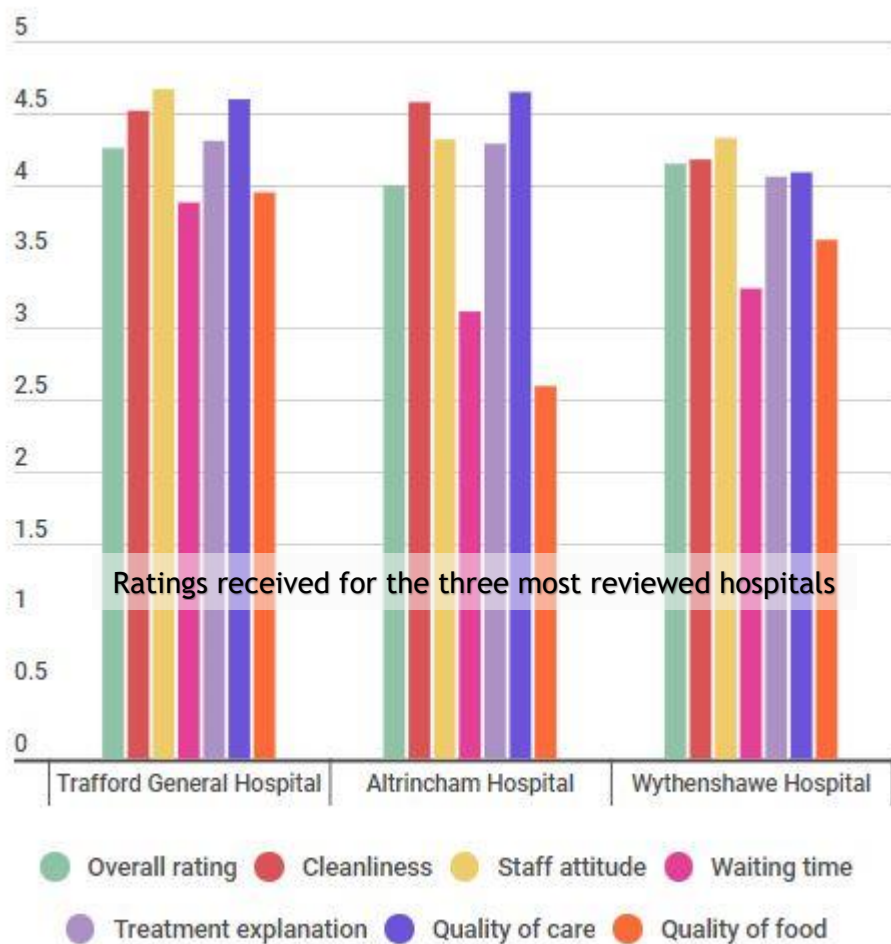




## Hospital feedback

Total 123 reviews

Hospital	Number of reviews	Overall rating	Cleanliness	Staff attitude	Waiting time	Treatment explanation	Quality of care	Quality of food
Trafford General Hospital	53	4.26	4.52	4.67	3.88	4.31	4.60	3.95
Altrincham Hospital	29	4.00	4.58	4.32	3.12	4.29	4.65	2.60
Wythenshawe Hospital	33	4.15	4.18	4.33	3.28	4.06	4.09	3.62
Manchester Royal Infirmary	2	3.00	3.50	3.50	3.00	3.50	3.50	1.00
Stepping Hill Hospital	2	5.00	5.00	5.00	3.50	5.00	5.00	4.00
Manchester Royal Eye Hospital	1	5.00	5.00	5.00	5.00	5.00	5.00	
North Manchester General Hospital	1	1.00	3.00	3.00	1.00	1.00	1.00	
Salford Royal Hospital	1	5.00	5.00	5.00	2.00	5.00	5.00	
Other (Outside GM)	1							



**Waiting times**  
Most complained about subject



**Staff attitudes**  
Most positive subject



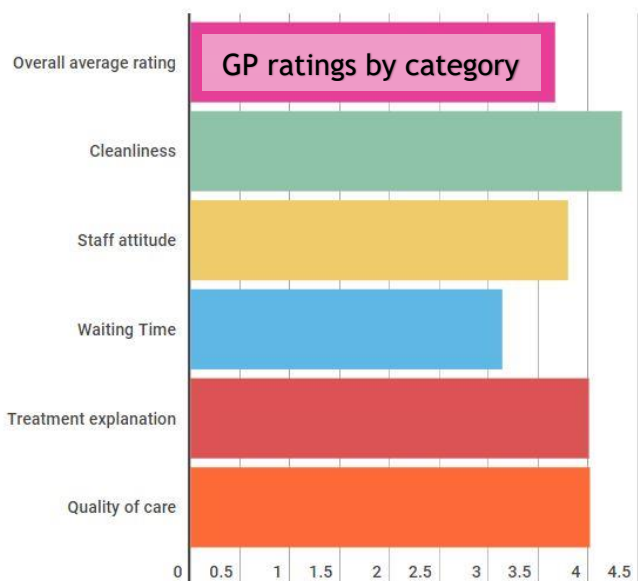



## GP feedback

Practice	Number of reviews	Overall average rating	Cleanliness	Staff attitude	Waiting Time	Treatment explanation	Quality of care
Altrincham Medical Practice	1	4.00	5.00	4.00	4.00	5.00	4.00
Bodmin Road Health Centre	1	5.00	5.00	5.00	5.00	4.00	5.00
Boundary House Medical Centre	5	3.40	4.75	4.00	3.40	4.75	4.75
Bowland Medical Centre	1	4.00	4.00	3.00	3.00	2.00	4.00
Conway Road Medical Practice	1	4.00	4.00	3.00	3.00	5.00	5.00
Davyhulme Medical Centre	3	2.67	4.33	3.00	2.33	4.33	4.33
Delamere Medical Practice	3	4.00	4.00	4.00	1.00	3.50	4.00
Dr Richard Clare	1	4.00	5.00	5.00	3.00	4.00	4.00
Firsway Health Centre	8	2.38	3.71	3.13	2.13	3.13	2.75
GoToDoc	1	4.00	5.00	5.00	5.00	5.00	5.00
Grove Medical Practice	6	4.33	4.50	4.67	4.00	4.83	4.33
Lostock Medical Centre	1	3.00	4.00	3.00	3.00	4.00	4.00
North Trafford Group Practice - Chester Road	12	1.83	3.38	2.27	1.89	2.10	2.00
North Trafford Group Practice - Seymour Grove	2	2.00	3.00	2.50	1.00	2.00	2.50
Oakwood Medical Centre	1	3.00	5.00	2.00	1.00	5.00	5.00
Old Trafford Medical Practice	1	3.00	3.00	3.00	1.00	2.00	2.00
Park Medical Practice	3	2.33	4.00	2.67	2.00	3.67	3.33
Partington Family Practice - Dr De Weever & Partners	4	2.25	4.00	2.25	1.75	3.00	2.75
Primrose Surgery	4	4.00	5.00	5.00	3.75	5.00	4.00
Shay Lane Medical Centre - Kelman	1	5.00	5.00	5.00	5.00	5.00	5.00
St Johns Medical Centre	3	4.33	4.33	4.00	4.00	4.00	4.00
The Village Surgery	4	4.00	5.00	4.75	3.50	4.75	4.50
Timperley Health Centre - Westwood	2	4.00	4.00	3.50	4.50	3.50	4.00
Trafford Health Centre	17	4.47	4.19	4.31	3.88	4.25	4.25
Washway Road Medical Centre	1	5.00	5.00	5.00	4.00	5.00	5.00
West Timperley Medical Centre	8	3.38	4.38	3.88	3.00	3.50	3.38
Woodlands Medical Practice	1	5.00	5.00	5.00	5.00	5.00	5.00
Woodsend Surgery	5	4.20	3.80	4.20	3.40	4.60	4.40
<b>Total</b>	<b>101</b>	<b>3.66</b>	<b>4.33</b>	<b>3.79</b>	<b>3.13</b>	<b>4.00</b>	<b>4.01</b>







Most complained about

Waiting times to get an appointment



Most complimented

GP's attitudes



## Dentists feedback

Practice	Number of reviews	Overall average rating	Cleanliness	Staff attitude	Waiting Time	Treatment explanation	Quality of care
Birchwood dental practice	1	5.00	5.00	5.00	4.00	5.00	4.00
Butterfly Dental Care Limited - Altrincham	2	4.00	5.00	4.50	3.00	5.00	3.50
Crescent Dental Care	2	5.00	5.00	5.00	5.00	5.00	5.00
DCO Dental Group - Sale	2	4.50	4.50	4.50	4.50	4.50	4.50
Firswood Dental Practice	1	5.00	5.00	5.00	5.00	5.00	5.00
Gary Knowles Dental Practice	1	5.00	5.00	5.00	5.00	5.00	5.00
Greenwood Dental Practice	1	4.00	5.00	5.00	4.00	3.00	5.00
Poppies Dental Care	2	4.00	5.00	4.50	3.50	4.00	5.00
Regent Dental Centre	1	5.00	5.00	5.00	4.00	4.00	4.00
Sale Dental Care	1	4.00	4.00	5.00	4.00	4.00	4.00
Salford dental practice	1	4.00	4.00	4.00	3.00	3.00	4.00
Smile Creator	2	4.00	4.50	2.00	4.00	4.00	4.00
Stretford Road Dental Practice	4	4.00	5.00	4.00	3.75	4.75	4.75
Trafford Dental Centre	1	1.00	4.00	2.00	3.00	2.00	2.00
Turret Orthodontics Practice	5	4.40	4.80	4.40	3.75	4.40	4.60
<b>Total</b>	<b>27</b>	<b>4.19</b>	<b>4.72</b>	<b>4.33</b>	<b>3.97</b>	<b>4.18</b>	<b>4.29</b>





## Appendix 5 - The Trafford Healthwatch 100 surveys & key findings

Survey subject	Number of responses
Phlebotomy	327
Women's health	88
Pharmacy & prescription services	37
NHS Choices	40
Allergies	65
Dentistry	50
Men's health	38
GP Access	62
<b>Total responses</b>	<b>707</b>

### Phlebotomy

Status of information	Output	Key findings
Being analysed	Will become a report	So far: <ul style="list-style-type: none"> <li>• Two-thirds of respondents have indicated they would prefer to book a specific time for a blood test.</li> <li>• Most of the qualitative feedback focuses on lengthy waiting times / understaffing. Some respondents turned away from clinics as wait would be too long.</li> </ul>

### Women's health

Status of information	Output	Key findings
Being analysed	To be decided, depending on what analysis shows	No key findings so far

### Pharmacy & prescription services

Status of information	Output	Key findings
Being analysed	To be decided, depending on what analysis shows	So far: <ul style="list-style-type: none"> <li>• By far the most prescribed item for respondents was prescription only painkillers and medication, followed by over-the-counter painkillers and medicines.</li> <li>• Independent pharmacies were used most (36%) followed by chain pharmacies and those in supermarkets.</li> <li>• In the last year, 50% or more had used a pharmacy for disposal of medicines and advice on treatment of minor ailments or healthy living.</li> </ul>





## NHS Choices

Status of information	Output	Key findings
Analysis complete	Infographic, available on our website	<ul style="list-style-type: none"> <li>• 88% of respondents trust NHS Choices (32% absolutely, 56% mostly)</li> <li>• 92% that had used it looked for information on conditions and treatments</li> <li>• 48% that had used it looked for services near them</li> <li>• 23 in 25 would recommend it to family and friends</li> </ul>

## Allergies

Status of information	Output	Key findings
Analysis complete	Infographic, available on our website	<ul style="list-style-type: none"> <li>• 40% of respondents did not know where to go to get an allergy test</li> <li>• 42% said they wouldn't know what to do if someone had an allergic reaction</li> <li>• Most people would go to a GP for information on allergies (53%), with 31% looking on the internet.</li> </ul>

## NHS Dentists

Status of information	Output	Key findings
Analysis complete	Full report, available on our website	<ul style="list-style-type: none"> <li>• Only six out of 33 dental practices accepting NHS patients across the whole of Trafford</li> <li>• NHS Choices information either inaccurate or missing for 20 out of 33 practices in Trafford</li> <li>• Residents having to contact many dentists to find one accepting NHS patients, and in the case of one individual calling 20 practices with no luck.</li> </ul>

## Men's Health

Status of information	Output	Key findings
Analysis complete	Full report, available on our website	<ul style="list-style-type: none"> <li>• In response to whether they would take up free screening, such as for sexual health or cancer, 68% of people said that they would definitely take up this offer. Only 4% of people said that they definitely would not.</li> <li>• 69% of respondents said that if they needed help with their mental health they would go to their GP. 10% said they would not know where to go</li> <li>• 15% responded that long waiting times for appointments prevented them from seeing a health professional</li> </ul>



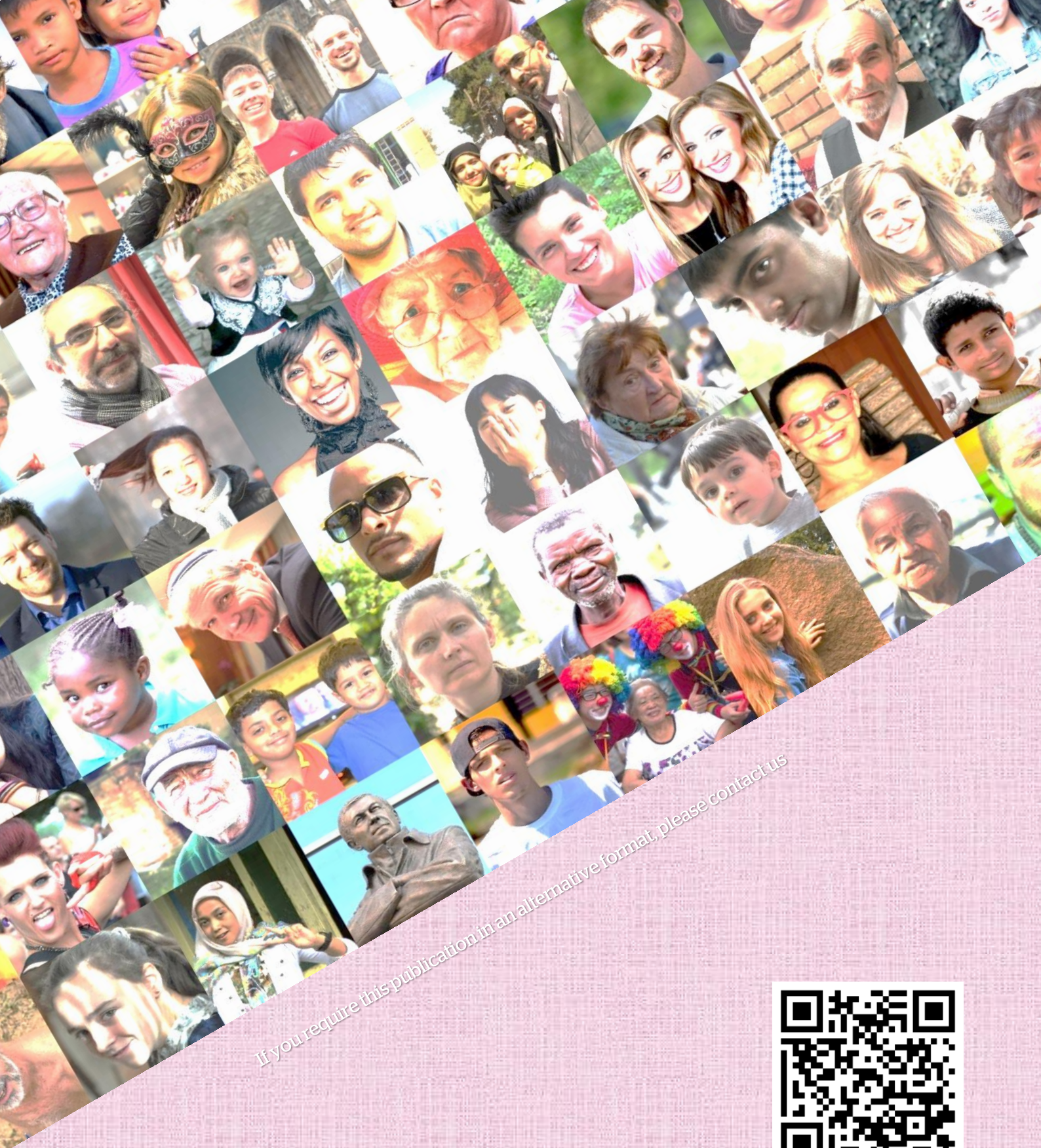


## GP access

Status of information	Output	Key findings
Analysis complete	Infographic, available on our website	<ul style="list-style-type: none"><li>• Most respondents expect to wait 2-3 weeks to get an appointment with their GP (38%), with 25% expecting the wait to be 1-2 weeks</li><li>• More than 50% knew that they could book appointments or order repeat prescriptions online, but fewer than a quarter knew about accessing medical records or test results online.</li></ul>







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