

Trafford Healthwatch 100

Health and Social Care Service Priority Areas

A report looking at which areas of health and social care
should be prioritised in Trafford



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About the Trafford Healthwatch 100

Healthwatch Trafford is your local health and social care champion. If you use GPs and hospitals, dentists, pharmacies, care homes or other support services in your area, we want to hear about your experiences. As an independent statutory body, we have the power to make sure NHS leaders and other decision makers listen to local feedback and improve standards of care. We can also help you to find reliable and trustworthy information and advice. Last year, the Healthwatch network helped nearly a million people like you to have your say and get the support you need.

The Trafford Healthwatch 100 aims to get as many local people as possible to sign up and give their views on topics to do with health and social care via regular surveys. We want to gain as much information as possible so that we can direct our work to the issues that matter.

Full details for signing up can be found at <https://healthwatchtrafford.co.uk/the100/>.

About this project

Health and social care services across the country have been impacted by the COVID-19 pandemic but are working hard to recover. It is important to make sure that this recovery reflects the needs and wants of the local community.

We asked people how they think health and care service areas should be prioritised in the coming year, and which areas they would like to receive more attention. People also took the opportunity to share some of their thoughts and experiences in detail.

We want to thank all the members of the public that took part as well as our volunteers who assisted in the design stages of the project.

What did we do?

The survey was opened on the 25th June 2021 and closed on the 16th July 2021. It was then sent out to our Healthwatch 100 subscriber list, promoted on our website, and shared across social media.

Who did we speak to?

We heard from 26 people in this project, and anonymously collected demographic data as follows:

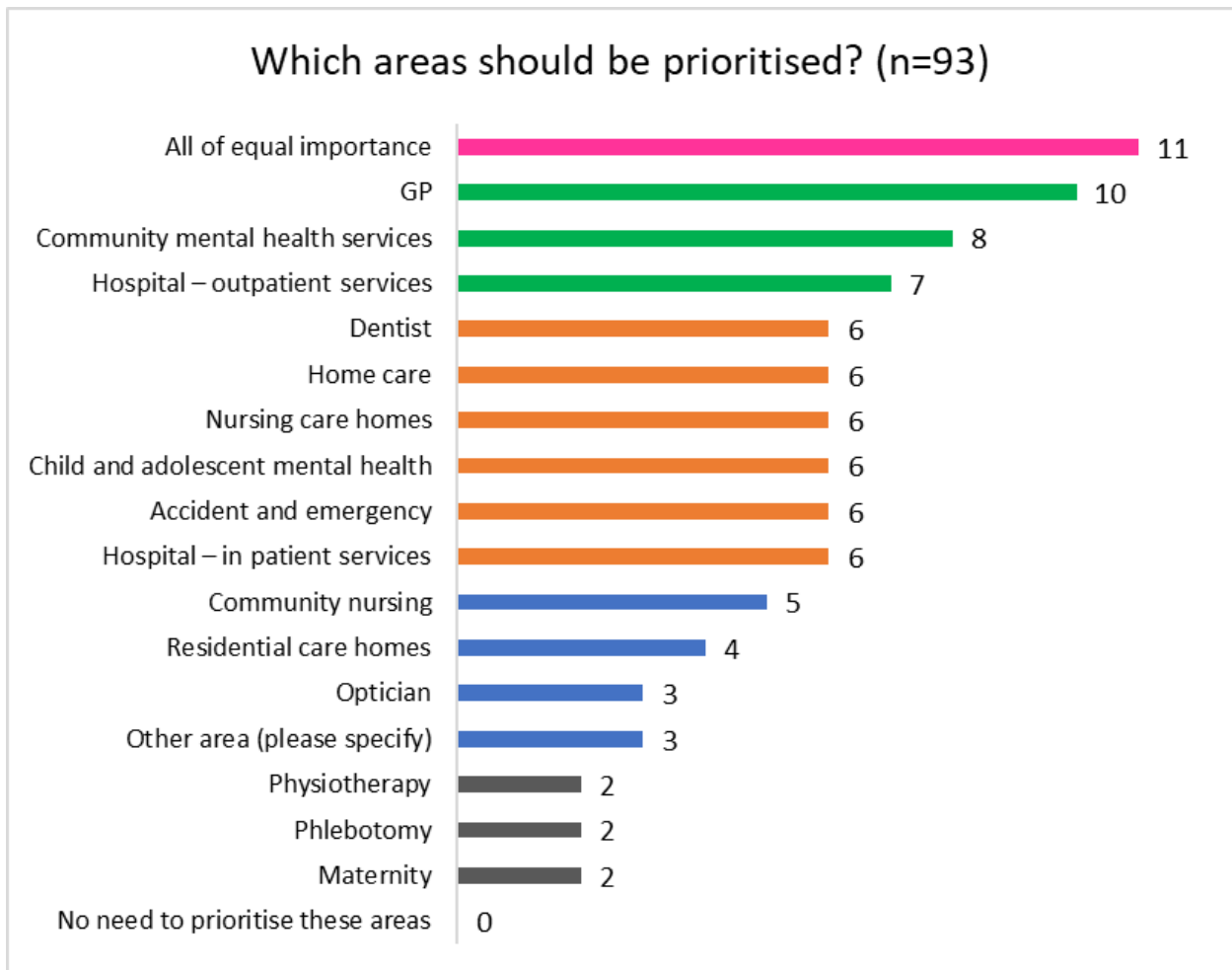
Demographic	Responses
Gender	Male 5, Female 17, Prefer not to say 1 (total 23)
Ethnicity	White British 21, Prefer not to say 1, Other 1 (total 23)
Age	18-34 2, 45-65 14, 66-79 7, 80+ 1 (total 24)
Sexual orientation	Heterosexual or Straight 22, Prefer not to say 1 (total 23)
Area	North Trafford 2, Central Trafford 6, South Trafford 7, West Trafford 8, Outside Trafford 1 (total 24)

Key Findings

- When asked about priority service areas, the most popular request was for all service areas to receive attention.
- In addition to the top response, there were three key areas highlighted as needing prioritising: GPs, community mental health services, and hospital outpatient services.
- People told us there was a need for more clinical staff and more locally accessible services.
- The comments we received showed a desire for health and care services to quickly return to pre-pandemic levels of operation.
- People also supported improvements to the services offered based on convenience for patients, good quality care, well-funded services, and access for all.

What we heard - multiple choice questions

Service areas in order of priority

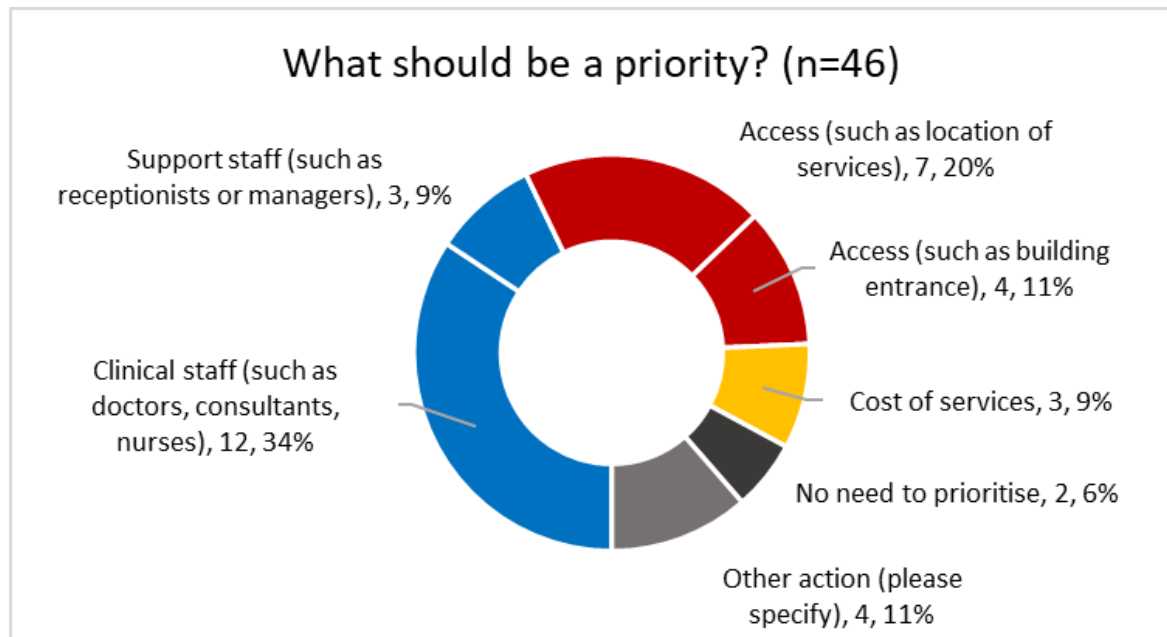


The most popular response to the question was ‘all of equal importance’ (11 responses).

Whilst there was not much separating the responses, a secondary group of priority services were ‘GP’ (10), ‘Community mental health services’ (8) and ‘Hospital - outpatient services’ (7).

There was also a third priority group in which ‘Dentist’ (6), ‘Home care’ (6), ‘Nursing care homes’ (6), ‘Child and adolescent mental health’ (6), ‘Accident and emergency’ (6) and ‘Hospital - in patient services’ (6) were all equally important.

What should be a priority?



The responses can be broadly categorised as ‘Staff’ (43%), ‘Access’ (31%), ‘Cost’ (9%), ‘No need’ (6%), and ‘Other’ (11%).

The responses suggest strong support for prioritising staffing and within this area the majority wanted clinical staff to be prioritised.

There was also significant support for prioritising access and within this the location of services was seen as most important.

What we heard - free comment questions

People were given the opportunity to tell us more about what prioritising meant to them across five key areas. These were waiting times, staff levels, access, cost of services, and what did not need to be given priority.

Some quotes are presented below to give an idea of the views and concerns that emerged.

Waiting times

Some comments were concerned with services recovering from COVID-19 and returning to more normal patterns and waiting times:

- “Health conditions have deteriorated [for] thousands of patients on waiting lists we need a covid free hospital to continue to do operations like central hub Trafford General would be ideally suited to this.”
- “People would be able to arrive and be seen at agreed times as has happened during covid and is the first sign of a well organised system and builds immediate trust.”

On the issue of waiting times, there were some comments suggesting a reduction in waiting times would be beneficial to people:

- “Access to appropriate treatment & care in a timely manner without wait.”
- “[I] know of many young people unable to access.”
- “Clearing backlog of operations that have had a severe impact on the mental health of patients who have been waiting for over 18 months”

Staff levels

There were a mix of comments related to staffing. Some commented on the improvements more staff would make. Others thought that having more staff would help to plan for the future by responding to increases in demand and any rise in complex cases:

- “Better service for everyone.”
- “More appointments, reduced waiting times.”
- “Ensuring enough staff to meet increasing demand and complexity in health & social care.”

Access

People noted that allowing face to face contact alongside remote contact in future could be beneficial:

- “A variety of face to face and remote access would encourage people to use the resources more appropriately.”

People also looked at access in terms of proximity to services and having local options:

- “More local based services located outside of hospitals.”
- “Putting services in areas where needed or easily accessible via public transport or have parking available nearby.”

People also talked about accessibility for disabled people, and increased understanding of complex conditions:

- “People with physical disabilities would be able to get treatment.”
- “People with multiple conditions find themselves visiting services all over Greater Manchester. No clinician appears to have overall control of a case. The clinicians treat a problem not a person.”

Cost of services

One person felt that providing funding to reduce waiting times would help to improve health outcomes:

- “Investment in clearing backlog will reduce spending on care and mental health services as doing the operation that a person needs to improve the quality of their health will have a positive outcome on care needed and mental health services improved wellbeing for patients and families.”

It was also suggested increased funding could come through an increase to national insurance to maintain quality of services:

- “Already does not deliver quality of care. Cost shouldn’t be a focus on care. A small rise in NI would be more appropriate.”

People were concerned that focusing on costs would lead to services being neglected:

- “Services are not available due to the cost, families with Special needs children/ adults are constantly being told how much things cost this can affect treatment that is needed and this then put added pressure on the family.”

- “People who cannot drive may struggle to keep appointments or be there on time if not fairly local.”

No need to prioritise

When asked what it would mean if no areas received priority, people were concerned that this would have a negative impact:

- “You would be negligent in your service delivery so step aside.”
- “We live in a wealthy nation and healthcare should be accessible and appropriate for all.”
- “A free for all. No control. The service which appears the most heart reaching, glamorous would survive. Less glamorous services and those hidden from view would lose out. Social care for example.”

Appendix 1 - Full list of questions

1. Which of the following areas do you feel should be prioritised?
2. What do you feel should be prioritised?
3. Prioritising waiting times would mean...
4. Prioritising changes to staff levels would mean...
5. Prioritising changes to access would mean...
6. Prioritising the cost of services would mean...
7. No need to prioritise would mean...
8. Anything else you would like to mention?

If you require this report in an alternative format, please contact us with your requirements.

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