

# Urgent Care Review

**Analysis report**

**March 2023**

## Contents

Background .....	1
Summary.....	2
Methodology.....	2
Key findings.....	3
Stream 1 – Survey analysis .....	4
Demographics.....	5
General findings .....	5
Findings by area of care.....	10
Stream 2 – Group work analysis.....	29
Age related/older people .....	29
Ethnicity-specific groups .....	29
Libraries .....	30
Healthcare hubs.....	31
Condition-specific groups.....	31
Social Care.....	32
Language .....	32
Conclusions .....	33
Appendix 1.....	33
Demographic breakdown – survey responses .....	34
Demographic breakdown – selected figures .....	35
Appendix 2.....	41
Full list of group sessions.....	41
Key themes by group (alphabetical order).....	45

## Background

Healthwatch Trafford are the local consumer champion for people accessing health and social care in the Trafford area. Part of the Healthwatch Network, which covers all local authority areas in England, Healthwatch Trafford conduct regular engagement with local people on all aspects of health and social care.

Our role involves attendance at various governance and oversight meetings, signposting the public including on complaints procedures, and listening to the public voice through a range of channels such as direct feedback and more formal research. More information can be found on our website<sup>1</sup>.

We were approached by NHS Greater Manchester Integrated Care (NHS GM) to conduct an independent analysis of their engagement activity feedback to support the Phase 1 Needs Assessment of the Trafford Urgent Care Review. . As part of the establishment of NHS GM there is a desire to understand what local people’s experiences are now and help shape the design, delivery and planning of health and care services.

## Summary

This report will show that though people appreciate the efforts of clinicians and staff there is an overall concern about access at various levels.

The conclusions are drawn from both the survey work and group work locally.

Whilst the survey is only a sample, it would be worth comparing the findings with other known studies and work in the Trafford area. Much of what emerges has also been raised before and mirrors the current national discussion about access and quality of care.

In terms of the group work a wide range of opinions and experiences were gathered. Summary tables are presented which help to break down the key issues and areas of comment for this review. Further detail has been placed into the appendix. In short, the group work adds more to understanding why the challenges of access referenced in the survey affect specific groups in certain ways.

## Methodology

This project used two streams of data collection. A survey that was available online and group work with local people.

### *Survey work*

An online survey link was created and open from 3 January 2023 to 14 February 2023. February. In total there were 627 responses to the survey

---

<sup>1</sup> <https://www.healthwatchtrafford.co.uk/>

To assist wider accessibility a telephone line and email address was available for support, from which one respondent was supported. Paper versions of the survey were also used in some group sessions.

Trafford Integrated Care Partnership Communications & Engagement Group colleagues from NHS GM, Trafford Council, Healthwatch Trafford, Mastercall, Manchester University Hospital NHS Foundation Trust, , Greater Manchester Mental Health NHS Foundation Trust, Thrive Trafford and Trafford Community Collective raised awareness by promoting with staff, patients and networks on social media, their intranet and sometimes contacting patients via text.

Whilst the survey was live certain stakeholders were approached to support extra promotion where there was low survey uptake with certain demographics including: Trafford College, UA92, Caribbean African Health Network, Voice of BME, and Bluesci. Advice was also sought on how to target under 25 year olds.

To address geographical gaps paid for social media targeting of M16 and M31 postcodes was undertaken.

### *Group work*

17 sessions were completed between 17 January and 13 February 2023. In total 155 people were engaged with at 6 public drop-in sessions and 11 community/established groups.

Public drop-in sessions were held at local libraries and other venues. Attendance at established group sessions included face to face sessions, online meetings and a telephone conversation.

See the appendix for a full list of groups and further details attendees were asked about their opinion and experience of local health and care services, using a set of question prompts designed to complement the main survey work.

## Key findings

- People are **generally aware** of the larger services around them but **not those at a community or local level**, such as the crisis café at Bluesci.
- Most people also knew how to access the **major care providers** (hospitals and GPs).
- Many people raised concerns about **not being able to get a GP appointment** and **long waiting times** to see a doctor.
- The **quality of care** at GP practices is generally felt to be acceptable. There was some praise for individual practices and doctors in the free comment section.

- People felt that **waiting times at emergency departments** were too long and often in **uncomfortable** and **'chaotic' conditions**. It was felt that fewer people would attend A&E if seen to by their GP or other appropriate services more easily.
- **Mental health** was consistently an area of concern. People felt access was almost impossible for young people and children.
- Many people were **unsure where to go to access treatment** for different concerns, or where to go to find this information.
- The discussion with local groups resulted in tangible examples as to why **service access is challenging** for many. For example, many people cited AskmyGP as a **barrier** to access.
- People across the community raised the issue of needing **physical information** as well as digital, such as noticeboards and leaflets.
- Concerns were voiced over local **pharmacies** not being a wholly reliable service, with good and bad experiences tied to individual sites, and many recently **closing**, reducing access.

## Stream 1 – Survey analysis

*Note on data, excluded data, and question design:*

*Generally, the charts below are collections of sub-questions presented in the survey. The response rates within these sub-questions vary, though not always by a wide margin. Usually, the total responses would be given for each question ('N') which allows an assessment of the volume and validity of responses. In many cases the use of N is not appropriate for presentation reasons, but a comment has been added to explain where appropriate.*

*In some cases, the questions may have been misinterpreted by respondents. Any issues are noted where this data has been used. Some questions have been excluded due to the results being unclear. The reasons will be discussed in learning from the project meetings.*

The survey generated a useful dataset for this project and findings are detailed here in this section.

Through gathering feedback using the Smart Survey online platform several 'partial' responses were identified. Due to the way the survey platform categorises partials it allows researchers to see which respondents completed the whole survey and which did not.

As is standard in research survey respondents are allowed to choose to complete some or all of the survey. We therefore made use of the full dataset in our analysis. The result of this is some questions have different response totals to others.

## Demographics

A detailed demographic breakdown can be found in the appendix.

*This section of the report was supported by Trafford Public Health, who conducted the analysis. Thanks go to them.*

In summary the survey features:

- 77.2% of people who responded to the survey were Trafford residents.
- The largest groups of people responding to the survey came from the M41 (29.0%), M33 (5.0%) and M32 (11.2%) postcodes, making up more than half the participants between them.
- Fewer than half of participants provided their age (46.6%). Of these the 26–45 age group has the largest number of responses (14.4%) followed by the 46–55- and 56–64-year-old age groups (both 11.0%), and then the 65–75-year-old group (6.9%). Only 2.2% of participants were over 75 and 1.1% were 25 or under.
- Of the 45.9% of participants who specified their gender, 83.3% were female and 16.7% were male.
- Of the people who provided their ethnicity (n=288), 94.4% were White, 3.1% were Asian and 2.4% were from a range of other ethnic backgrounds including Black and Chinese.
- A total of 262 participants provided details of the sexual orientation. Of these, 96.6% described themselves as heterosexual/straight, and 3.4% described themselves as gay, lesbian or bisexual.

These features and those further detailed in the appendix demonstrate that the survey findings are representative of only a section of Trafford residents. In particular it should be noted that the majority of respondents are women, from the M41 postcode, between 26 and 64 years of age, of White ethnic background and described themselves as heterosexual/straight.

## General findings

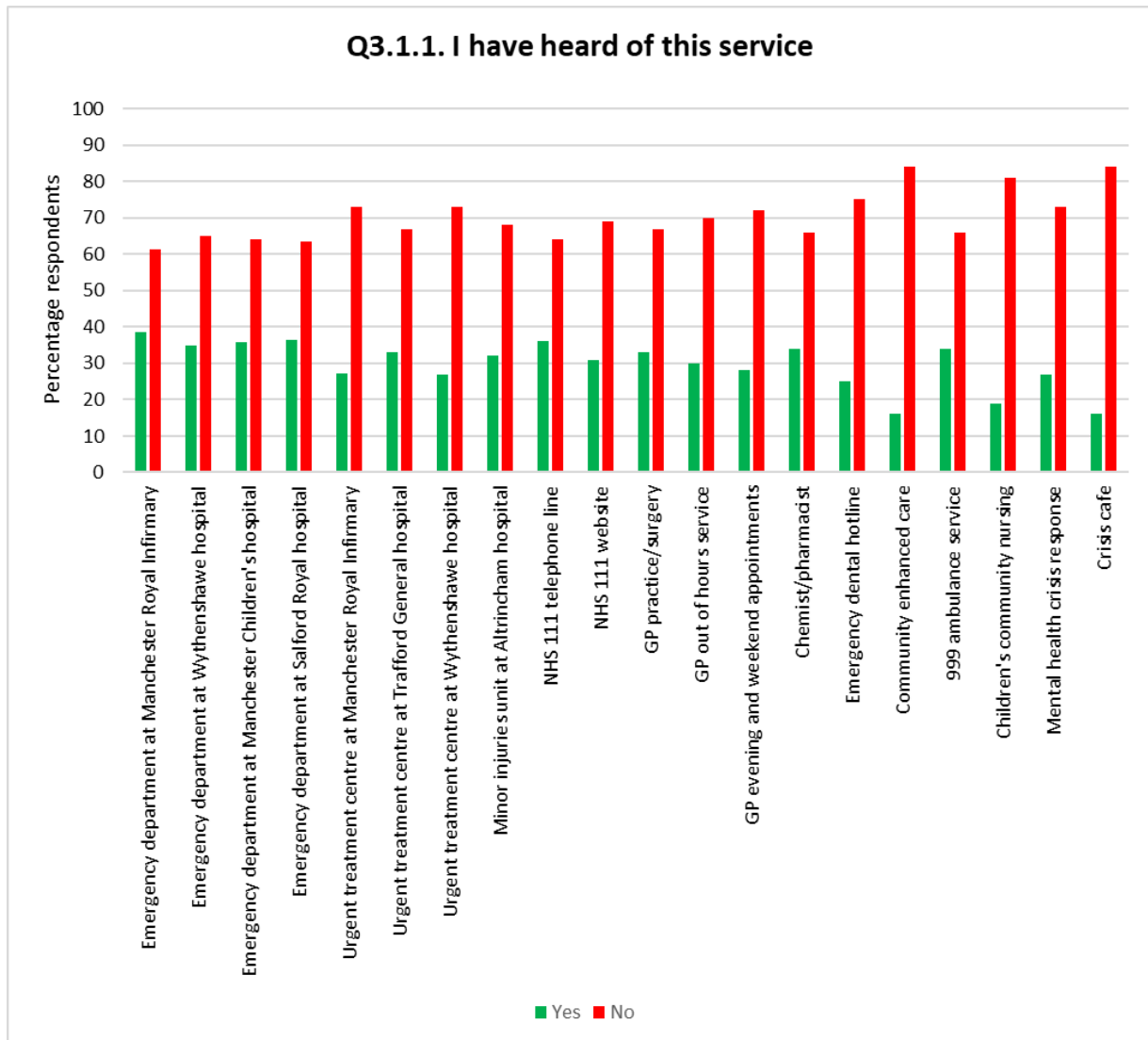
### *Awareness, access, and general use*

Respondents were asked if they had heard of various local services where urgent treatment might be accessed.

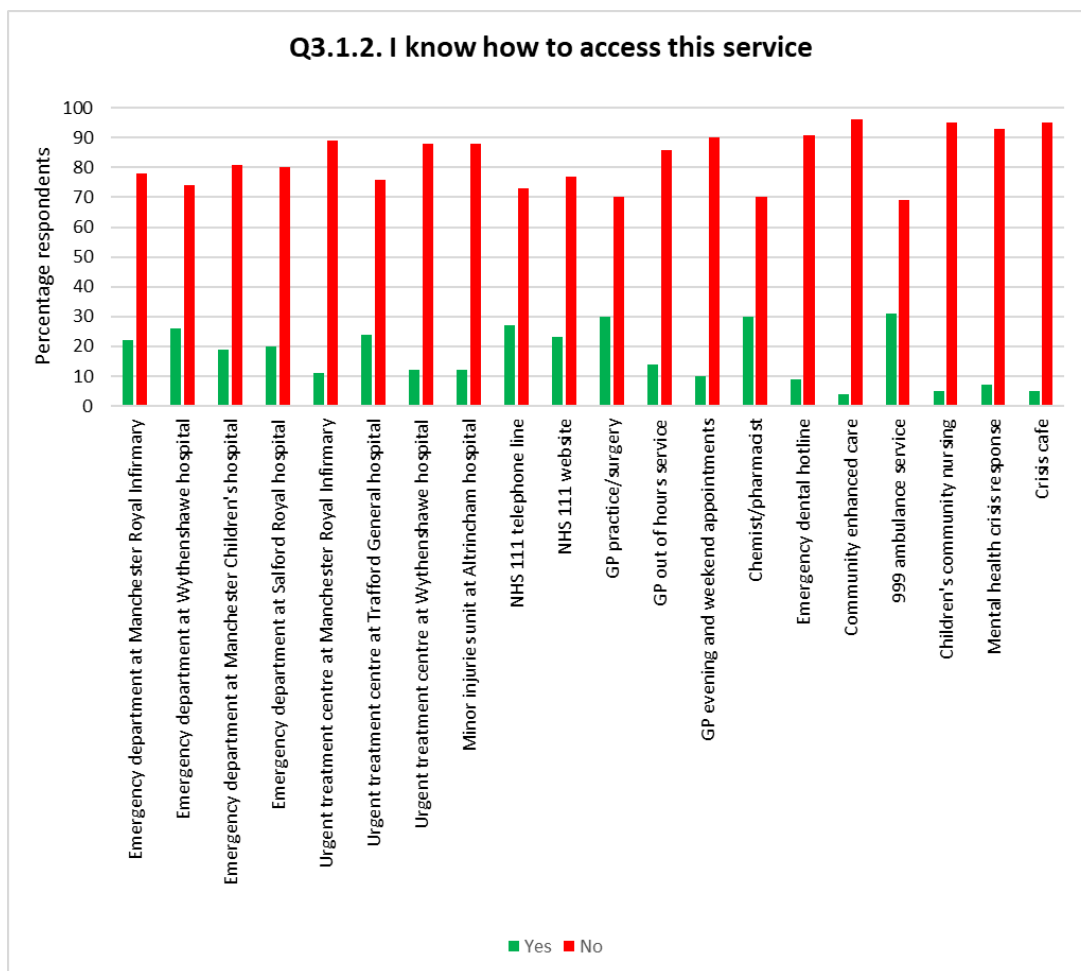
As can be seen in the chart below there was greater awareness of local major hospitals, the NHS 111 service, GPs, Chemist/pharmacist, 999 ambulance and Mental Health Crisis Response.

There was lower awareness around community services, for example: Community Enhanced Care, Children’s Community Nursing and Crisis Cafe.

While it does appear that there is a general lack of awareness for all services, caution is advised here when considering this seems to apply to very well-known services like GPs and 999 Ambulance. This suggests a significant proportion of respondents may have tried to by-pass this question set by pressing ‘no’.

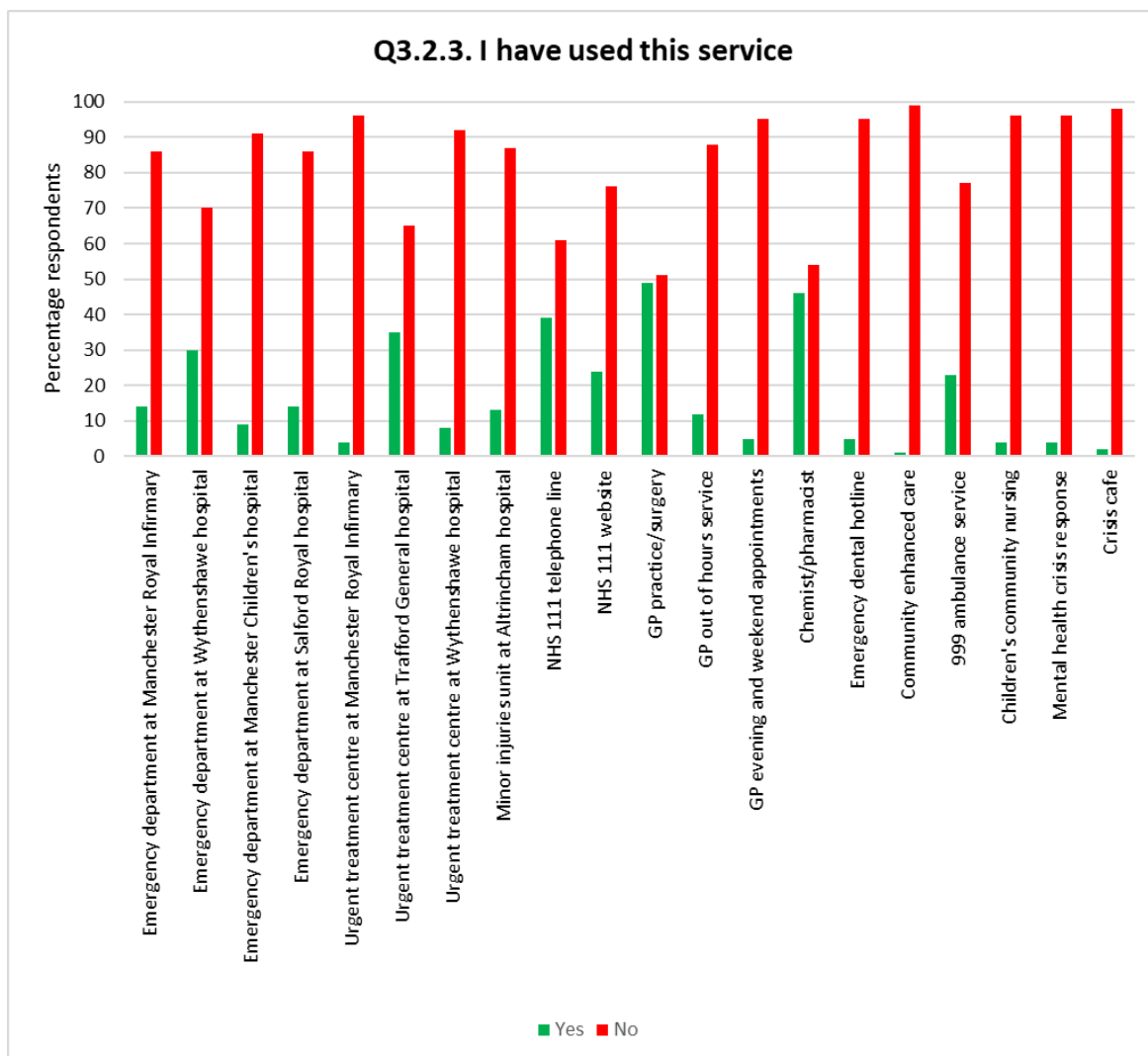


Respondents were subsequently asked about their awareness of how to access the same set of services. We saw the responses for ‘Yes’ drop significantly across the list of services and ‘No’ increase. Even if we consider that a number have probably pressed no to by-pass this question, the general trend suggests a lack of awareness in how to access many services. The Urgent Treatment Centres at local hospitals such as Manchester Royal Infirmary, Wythenshawe Hospital and Altrincham Hospital, GP out of hours, Emergency Dental Line, Community Enhanced Service, Children’s Community Nursing, Mental Health Crisis Service and Crisis Cafe being the areas with the lowest awareness of how to access.



Finally, respondents were asked whether they had accessed these services. The responses suggest Emergency department at Wythenshawe Hospital and Urgent Treatment Centre at Trafford General Hospital were most used local hospitals. The NHS 111 telephone and NHS 111 website were also used by more respondents than many of the other services listed. GP practice and Chemist/Pharmacist were each amongst the highest used of the services listed. The 999 ambulance service was also notably accessed more than the remaining services not already mentioned.

Due to the previously mentioned issue with a high number of 'No' responses it is more useful to look at the chart for general trends than compare the percentages too closely, as we cannot know the true reason people selected 'No'. However it would seem that primary care, local hospitals, NHS 111 telephone and the 999 ambulance service are the most accessed services in this survey.

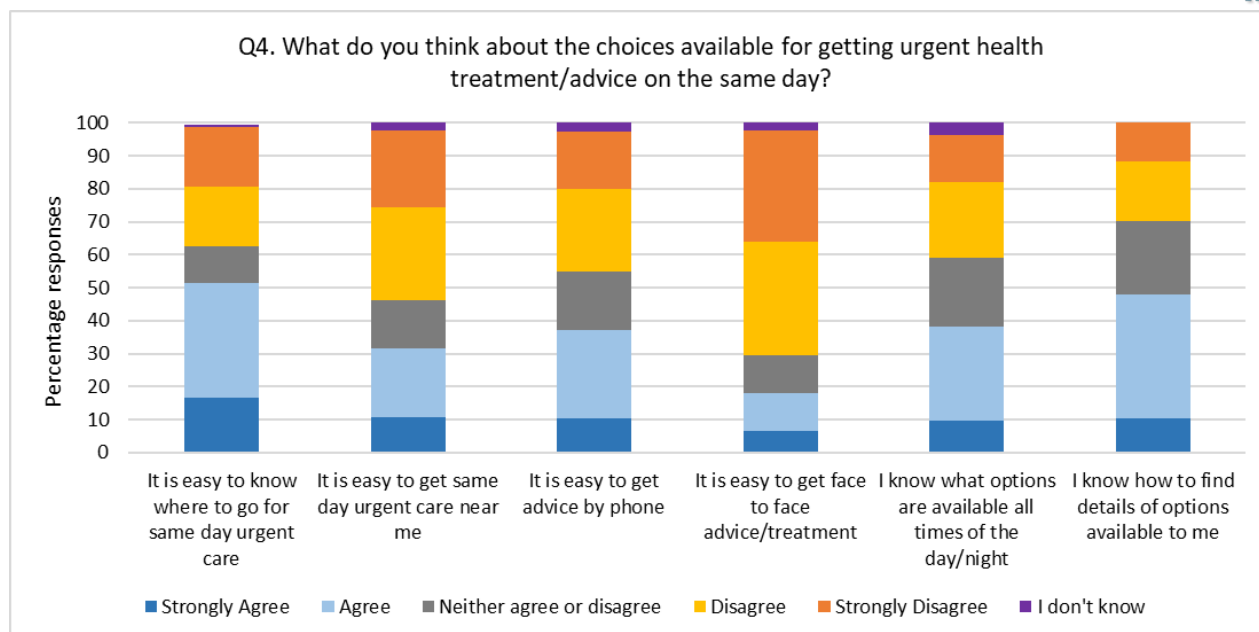


### *Choice and same day urgent issues*

People were asked to consider the choices open to them for urgent same day treatment and advice. The chart below summarises a range of statement responses related to this area and presented to respondents.

Determining what 'good' looks like is one challenge in interpreting the results here. If we assume over 50% positive assessment for each area then only the statement 'It is easy to know where to go for same day urgent care' would meet this criteria.

We had 627 responses to the survey but roughly half did not answer this question and we might assume a mixture of reasons for why (perhaps the question was too long, felt to be hard to understand, not relevant or a desire to comment elsewhere). Nevertheless the responses only come from half (between 364 and 379) respondents for each statement. This varies with each question but is within these boundaries.



Many comments in free text were also gathered for this question (80+ comments). Without the space to include them all, they fit into broad categories which give a sense of why some felt the aspects of choice were not as expected:

### GP

- *“Never has accessing same day medical care been worse. My GP surgery only accepts phone calls now and between 8-9am which is impossible for me or anyone who works or commutes or takes kids to school. Impossible to make routine GP appointments at all. It’s a disgrace. I now pay to access private GP services.”*
- *“Find it very difficult to same day appointments for [an] urgent referral. Using ask my GP when you are working is very difficult as all appointments are gone by 8.30am. Taking personal telephone calls at work is not very good or confidential about what is wrong with me. I cannot simply leave what I am doing to take a telephone call from my GP.”*
- *“[AskmyGP] doesn’t work [...] This system puts an immense of pressure on the person who is unwell to locate help, if you are elderly or vulnerable you have an additional barrier. [If] you have mental health issues the likelihood having failed to get access the first time to your own gp will mean you are less likely to seek out help elsewhere since all your energy has been placed trying to get help in the first place! [AskmyGP] only works for gps!”*

### Altrincham Minor Injuries Unit

- *“For minor issues it is easy but for those issues that cannot be dealt with by the gp and are not serious enough for a and e - not having the minor injuries unit in [Altrincham] is a big mistake.”*

### NHS 111

- *"I know I should call 111, however it is difficult to get through so sometimes don't do this. Lots of services are called the similar things so sometimes confused where to go to for what. Tried GM NHS websites, often not clear or up to date."*
- *"111 are useless rang regarding a heart monitor. [They] basically read from a script, sounded like a robot and [didn't] help at all. Husband also rang and he got a number for a place to help - that was closed. Also waited [an hour] to get through. Will never use again, very stressful and a total waste of time."*

### Accident and Emergency Department

- *"A&E at MRI is so overwhelmed at all times, it's almost unusable - after being hit by a car, I waited approx 5 hours for treatment at MRI A&E."*
- *"Trying to get a face to face Dr appointment for myself, my wife or my parents is impossible. So impossible [in fact], that I was offered a telephone consultation for a blood pressure check (take BP, weight height, blood tests) which cannot be done over the phone."*

### Miscellaneous positive comments

- *"I'm a carer, so most of the urgent care [in] ED's relate to accessing help for the person I care for. Local GP fantastic with access via 'ask my gp'. I don't know where I'd be without them. The 111 is a complete waste of time, obviously following algorithms, utter jobsworths, won't discuss anything unless I'm physically next to my relative, even when I'm trying to juggle the relative, their carer who's with them & my own domestic responsibilities. Both urgent care & A&E are awful. Local pharmacist is lovely [...]."*
- *"I have only recently become aware that the local pharmacy 'counts' as urgent care, and I can't praise my local chemist enough. My doctors are prompt about answering questions on Ask My GP, and I also had a very positive experience of calling an ambulance last March."*

## Findings by area of care

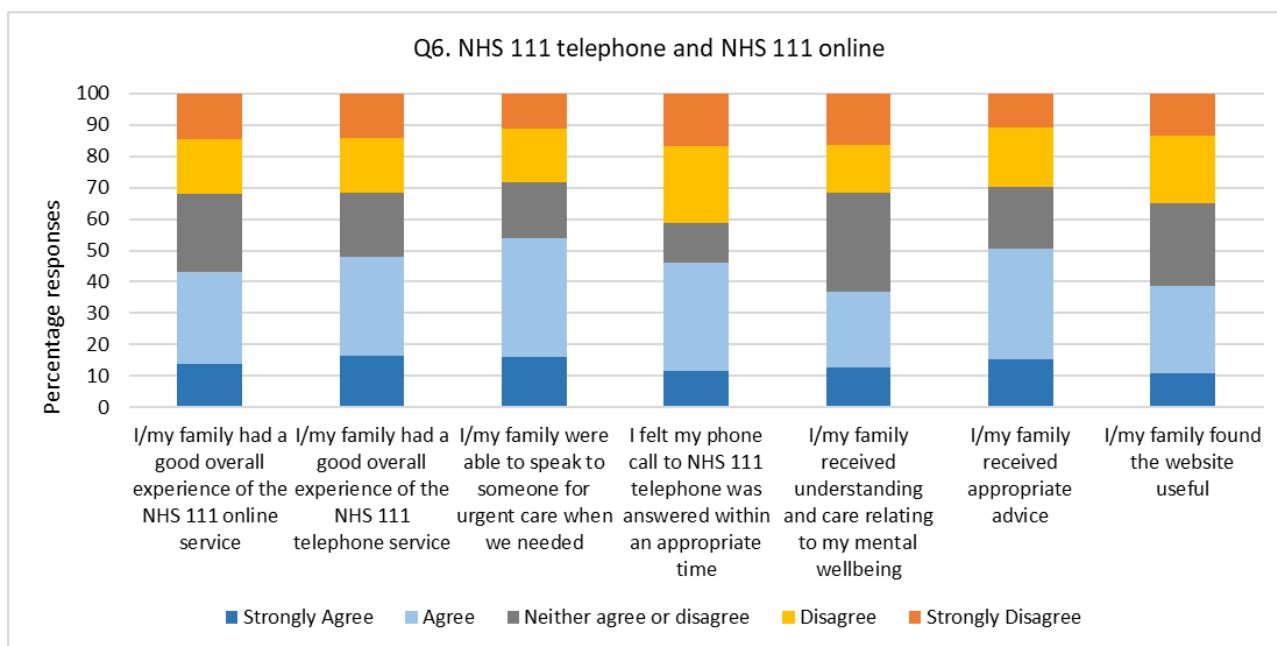
### NHS 111 telephone and NHS 111 online

The survey asked about the NHS 111 service, either telephone or the website function.

There were between 127 and 253 respondents to the subsections of this question set. Each aspect as shown in the chart was framed as a separate choice. The number of total

respondents is partly due to the question only being relevant if a person has used NHS 111 before.

As can be seen in the chart below interpretation of whether respondents felt the service was 'good' is based on what percentage is considered acceptable. Once again if we take 50% as the benchmark here, only 1/3 of my family were able to speak to someone for urgent care when we needed' (54%) and 1/3 of my family received appropriate advice' (50%) reached this number. Almost 30% of respondents found the service unacceptable to some degree across all areas, as indicated in orange hues.



There were a number of comments in free text related to this question. Many of the comments were negative about various aspects of the NHS 111 phone line and website. Key concerns were the length of time to get a response, the level of advice, and finally that after all this many lacked confidence in the resolution. Essentially the advice was not felt to be right and/or they ended up going to Accident and Emergency.

- "111 is largely a way to triage the public away from NHS services. It would be better if the staff were able to access medical records and offer informed advice and refer on. Really it's a service to save money. Like a call centre."
- "Any time I've used the website I've found it isn't really able to address the issue. I've always had to call 111 instead. The wait times on 111 are too long. I have no doubt that this causes unnecessary calls to 999. The recorded messaging at the beginning is [ridiculously] long and quite frustrating."
- "Called 111 service as my husband was ill. They were unable to help, they called back 4 hrs later, still could not help. Eventually after requesting an ambulance had to wait 11 hrs, my husband passed away 12 days later. Took 5 different phone calls to get any sort of help speaking to various [practitioners], having to repeat each time!"

- *"I have had both good and bad experiences of Ill. They completely missed the signs of gallstones and later in the same year, Sepsis, for my husband and advised him to take paracetamol. Both times we followed our gut instincts and went to A&E regardless. I dread to think what could have happened if we'd listened to them.*
- *But they have given excellent advice for my children, including arranging appointments at walk in clinics."*

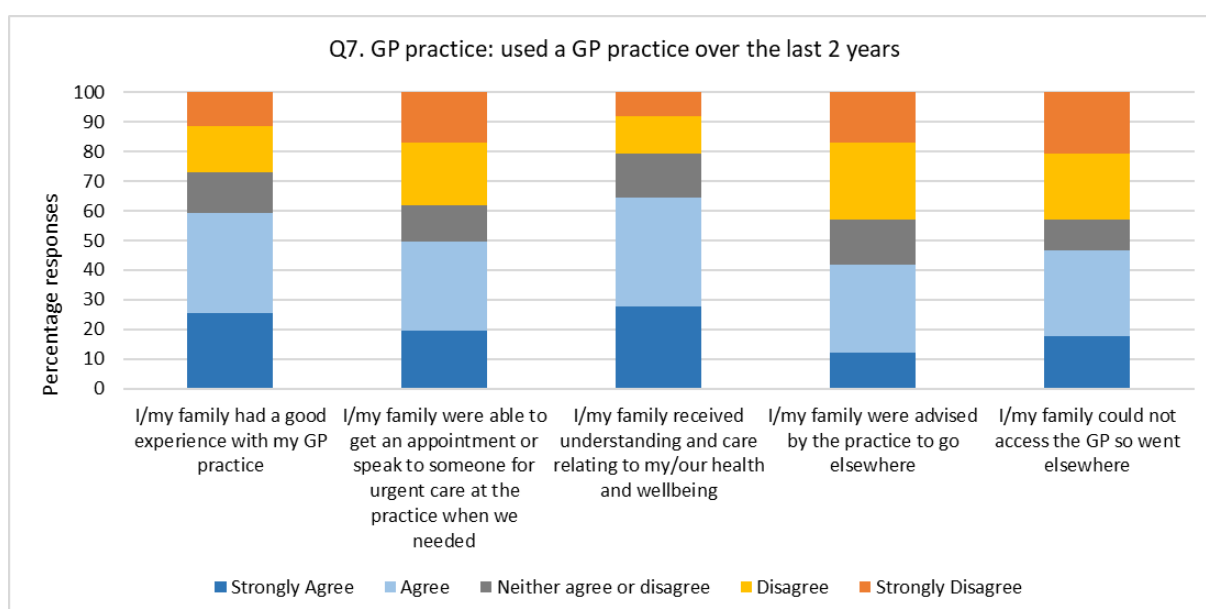
### GP practice

Those that had used a GP practice within the last two years were asked to respond to questions on this area.

Due in part to the limitation of response by recent experience there were between 249 and 297 respondents to each of the sub-questions in this topic area. The questions were asked in a series and have been summarised in a single chart below.

As with previous charts we have seen the key question initially asking what a good service looks like from respondent's perspective. If we take 50% as a baseline for a positive experience then only two areas 'I/my family had a good experience with my GP practice' (59%) and 'I/my family received understanding and care relating to my/our health and wellbeing' (65%) reached this threshold. This suggests these were the two areas people were most content with from their experience.

Perhaps of concern was that 50% of respondents felt that '[their] family were able to get an appointment or speak to someone for urgent care at the practice when we needed'.



Free type comments were gathered as part of this question, many of which are illuminating on the nature of the responses to the quantitative question.

A selection of comments highlight that the problems often relate to access.

However there were also a small number of positive comments about staff care, this is reflected in the chart sentiment above as well.

### **Negative comments**

- *“Ability to request anything is now ZERO without completing an Ask MyGP request. At times the availability of AskMyGP has been as little as 4 minutes. When queried, I received a glib answer ‘you need to type faster’. One doctor when questioned about service answered ‘well [...] Practice is no worse than any other’ failing to see that it was significantly worse than it used to be. I would recommend that the use of AskMyGP be suspended, pending an independent review to ensure it’s ‘fit for purpose’ and also the way it is used by practices.”*
- *“However what I will say is the care I have received from the GP practice has been excellent once I have managed to get over the hurdles to get through their front door. The GPs are really understanding and thorough and no doubt under lots of pressure. A couple of years ago I was very ill with post natal depression and suicidal and in hindsight most likely had psychosis. The fact I could get a GP appointment quickly probably saved my life. I am not someone who asks for help unless I think I really need it [...] I know the NHS is underfunded but it is counterproductive.”*
- *“I had a heart attack last March, having complained of being breathless for many months via Ask My GP. I strongly believe that if I had seen someone face to face this may have been avoided. Since then a new doctor has joined the practice and has listened to my previous experiences, and has apologised for not picking it up [...]”*

### **Positive comments**

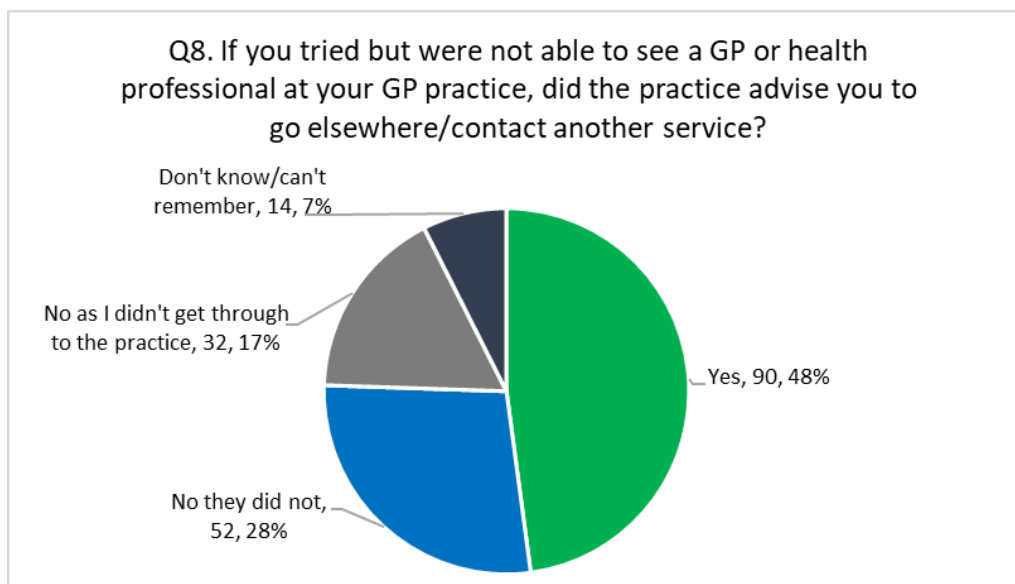
- *“My GP practice are very good. I’ve had phone triage and then face to face within the next few days. This was for persistent problems but not urgent care.”*
- *“My GP surgery has always been there when needed.”*
- *“When you see anyone from our practice they are really good. The system fails not the people.”*

### *GP practice – advice when going elsewhere*

Also on the topic of GP practices, respondents were asked what was advised should they be unable to get an appointment.

There were 188 respondents to this question with 439 not responding.

The chart below summarises the responses and suggests that roughly half of the respondents were advised where else they might go to get treatment, when otherwise unavailable at their GP.



There was also an opportunity for respondents to comment on GP services more broadly. There were a large number of comments (122) of varying detail and length.

The comments are similar in nature to those received for the question on GP access detailed previously. There is concern about access, not only availability of appointments on the day, but also around digital systems like AskmyGP.

### *Going elsewhere for treatment*

The survey asked where people were advised to go, when their practice was unable to see them “Q9. Following on from the question above, if your practice advised you to go elsewhere/contact another service, where did they tell you to contact/visit? Skip this question and move to question 10 if you were not advised to get support from someone else”.

The table summarises the responses which suggest most respondents went on to use the NHS 111 phonenumber or an Emergency Department.

Service	Responses
NHS 111 phonenumber	41
Emergency department (A&E)	40
Urgent treatment centre	27
Pharmacy	15
NHS 111 website	15
Minor injuries unit	6
Mental health service	6
A clinic (eg family planning)	4
A GP practice nearby	2
<b>TOTAL</b>	<b>156</b>

A further question was then asked about where people went if they were simply not able to see a GP or nurse "Q10. If you were not able to see a GP or nurse, did you go elsewhere for treatment/advice and if so where?"

The table indicates that most people went to the urgent care centre also known as walk in centre. Next most popular was the Emergency Department.

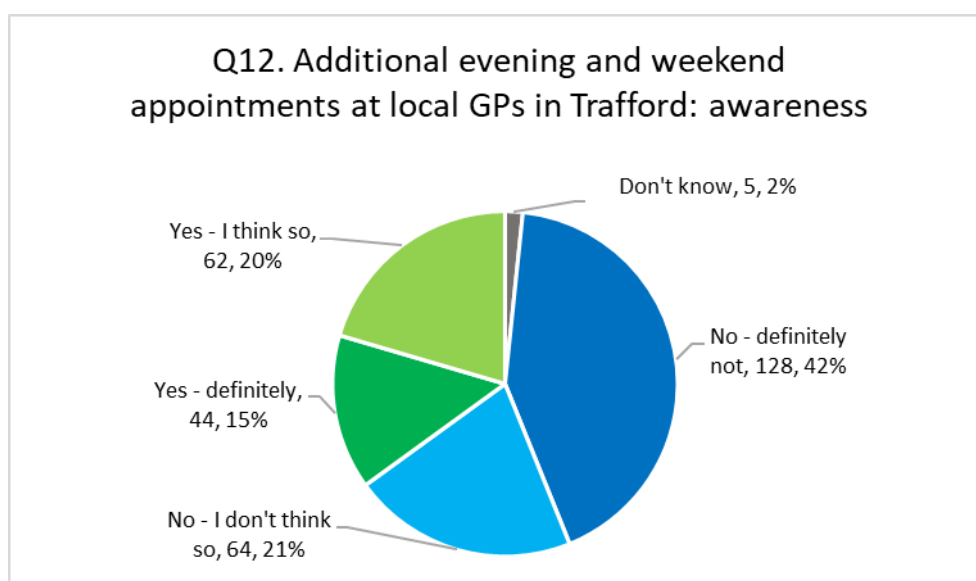
Service	Responses
Urgent care centre/Walk in centre (now known as Urgent treatment centre)	69
Emergency department (A&E)	43
I didn't go elsewhere for treatment/advice	37
NHS 111 telephone	36
Pharmacy	32
NHS 111 online	27
Mental health service	6
A clinic (eg family planning)	4
Minor injuries unit	4
A GP practice nearby	3
<b>TOTAL</b>	<b>261</b>

### *Additional evening and weekend appointments at local GPs in Trafford*

Following on from the questions on access, the survey addressed evening and weekend appointments.

There were 303 responses to this question which is a relatively higher total than for some previous parts of the survey.

The chart below shows that the majority did not appear aware of evening and weekend appointment options at their practice (total of 73% unsure).



Several free comments were also gathered around this topic area.

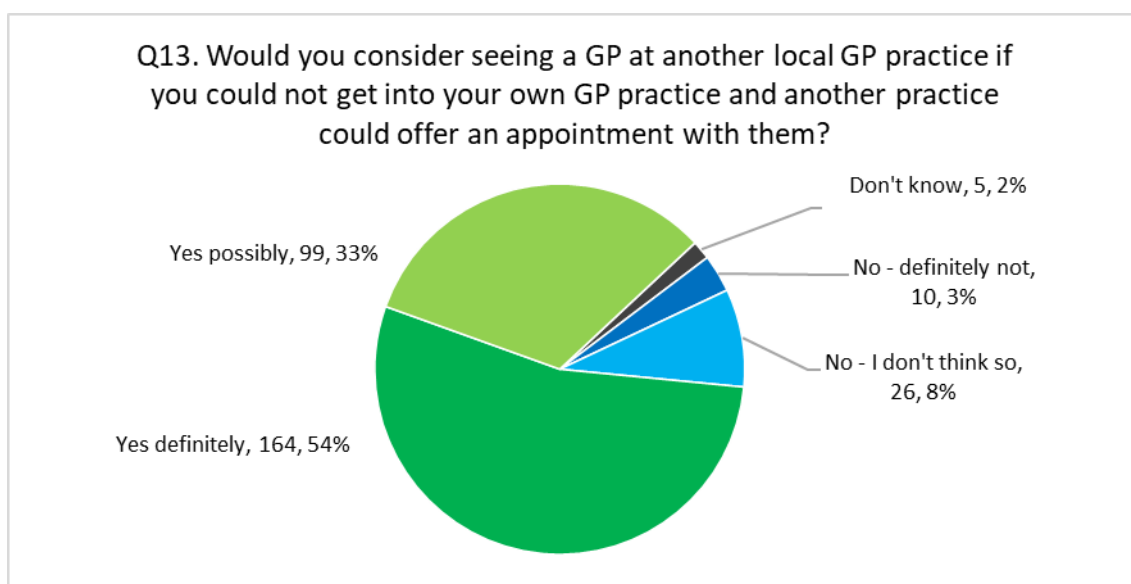
The comments suggest that awareness of these appointments is not uniform, where they are advertised it is not always clear they can be accessed. Therefore it seems localised to each practice as to what they offer and how patients can access.

- *“However, I have no idea how to access these appointments as I cannot get through to my GP surgery in the first place.”*
- *“It’s featured on our practice websites, has been communicated via our practice via text message and has been spoken about via reception and on the phonedines.”*
- *“Never been offered this as an option. The practice offers this on website.”*

### Seeing an alternative GP

People were asked if they would be willing to attend a different GP practice if this was possible when their registered GP could not see them.

There was support for this option with 54% saying they would ‘definitely’ take up such an option and 33% saying they ‘possibly’ would. There were 304 responses to this question.



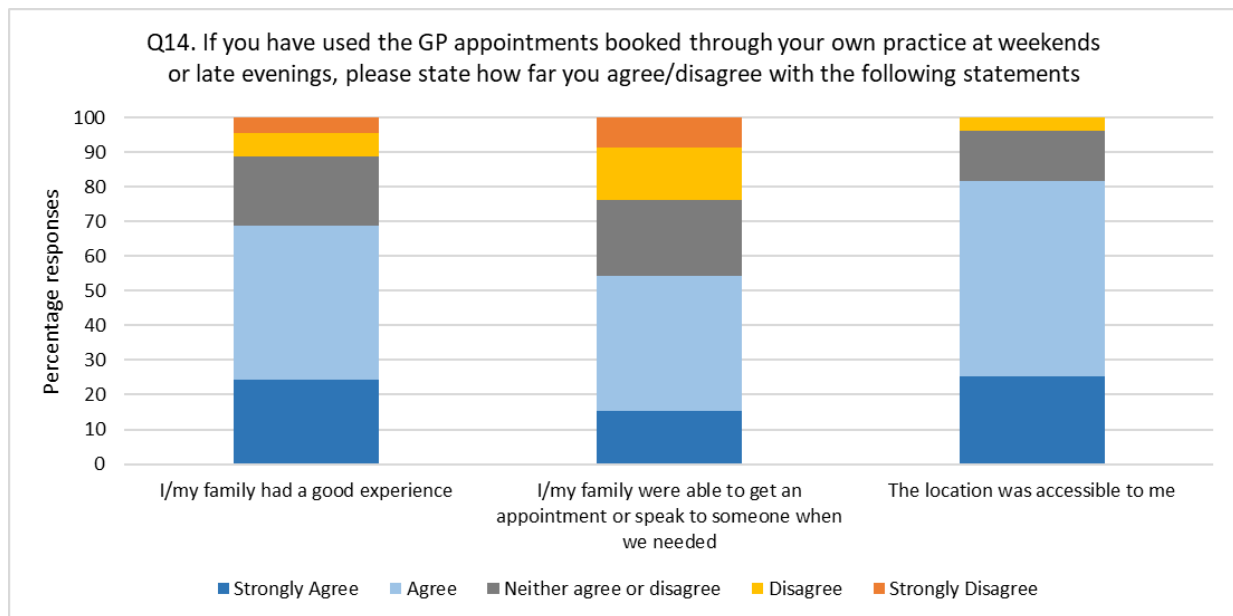
### GP Practice - appointments booked at weekends or late evenings

Those that had booked an appointment at their GP during weekends or evenings were asked further questions about this experience.

A low number of respondents felt able to answer this question, the total was 45.

The chart below summarises the responses. If we take 50% as a positive affirmation of experience then ‘I/my family had a good experience’ gained 69% of positive responses, and ‘The location was accessible to me’ gained 82%.

People were less positive about the statement 'I/my family were able to get an appointment or speak to someone when we needed' which gathered 54% of positive sentiment.



There were a small number of comments related to the issue of weekend appointments by respondents.

As we have heard so far in this report there were concerns about access and availability of appointments. One comment referenced how weekend and evening hours would be useful for workers.

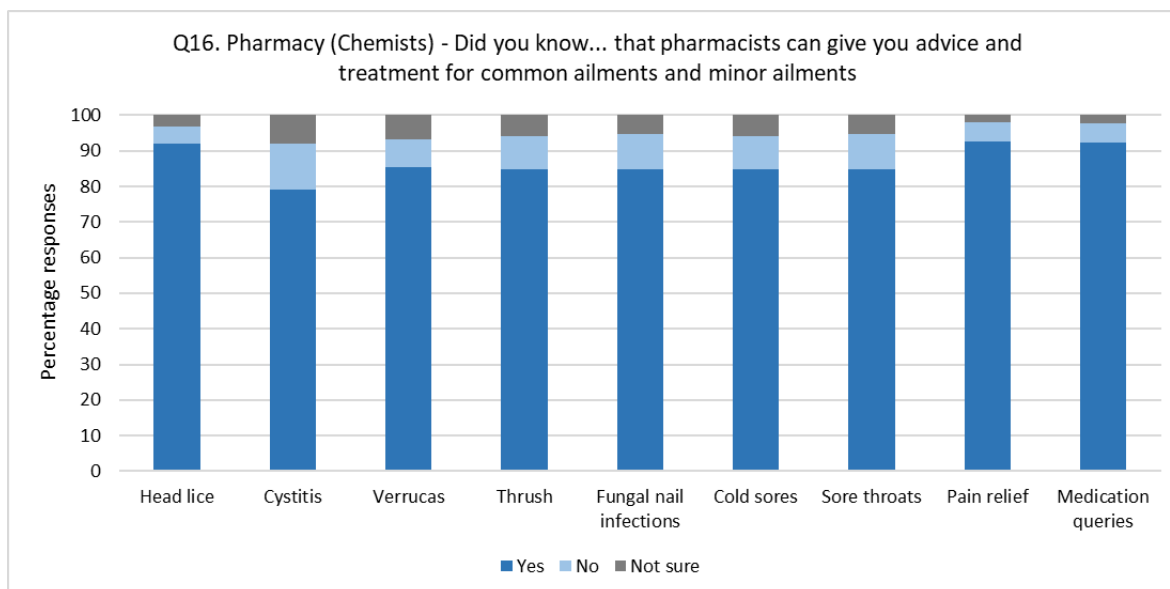
- *"More weekend appointments should be available."*
- *"These are available at my mothers GP. My own GP does not offer them and this is problematic for me as I work fulltime. The standards and accessibility of services between GP practices in Trafford is inconsistent and that is a problem."*

### Pharmacy

One area that has been promoted in recent years is accessing pharmacies for medical advice and treatment. Respondents were asked about these services and whether they were aware of a variety of issues that could be looked at.

Between 285 and 292 people responded to this question. The main question was comprised of nine sub-questions as collected into a chart below.

As can be seen respondents had a high degree of awareness for the possibility of advice on these nine areas at pharmacists.



The comments associated with this question are also illuminating because they detail that though pharmacies are often convenient and provide a timely response, they are not appropriate in many situations.

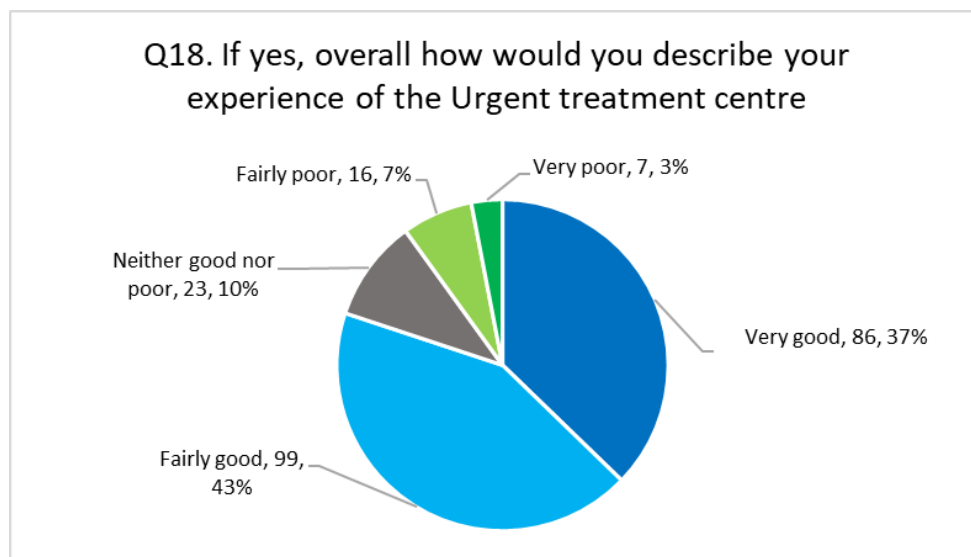
- *“Pharmacists can do very little or nothing when you’re pregnant – you really have to talk to a GP or midwife because the pharmacist isn’t allowed to make recommendations for anything not specifically approved for use during pregnancy [...] This is very frustrating for things like athlete’s foot or eczema where they should be able to advise on the risks and benefits even during pregnancy, and it would be good if there was a national enquiry line that pharmacists could use to check [...].”*
- *“[...] in relation to women’s health [...] Whilst appreciating the over use of antibiotics needs to be addressed, something like cystitis comes with an assumption that a sachet from the chemist will be enough. [...] Women don’t have higher pain thresholds and it should be assumed they can hang on for a bit before they get antibiotics.”*

### *Urgent Treatment Centres (formerly Urgent Care Centre/Walk-in Centres)*

People who had used an Urgent Treatment Centre recently were asked to rate their experience.

Perhaps due to the limiting factor on this question there were 231 respondents to this question.

The chart below summarises the responses and shows that a majority of respondents were happy with their experience with Very good/Fairly good totalling 80%.



Nevertheless despite the positive aspect of treatment free comments were largely critical of long waiting times of several hours prior to being seen.

- *“Urgent isn’t a word I’d use, when accessing these over whelmed services.”*
- *“Waiting times of 4-6 hours Trafford General or even longer 9 hours plus at Wythenshawe Hospital has been my experience.”*

### *Reasons for attending an Urgent Treatment Centre*

People were given a list of options to choose from as to why they might attend an Urgent Treatment Centre “Q19. What were your reasons for attending the Urgent treatment centre”.

The table below shows that the highest proportion of respondents selected ‘Medical need’ as their reason. The second most popular answer was ‘Not able to get appointment with GP’. These two responses outweighed any other single option allowed.

Service	Responses
Medical need	121
Not able to get appointment with GP	96
Own GP opening hours or waiting time too long	22
Emergency department/other facilities have longer waiting times	14
More convenient	10
Do not wish to say	5
Not registered with a GP	0
Social care need (home care)	0
<b>TOTAL</b>	<b>268</b>

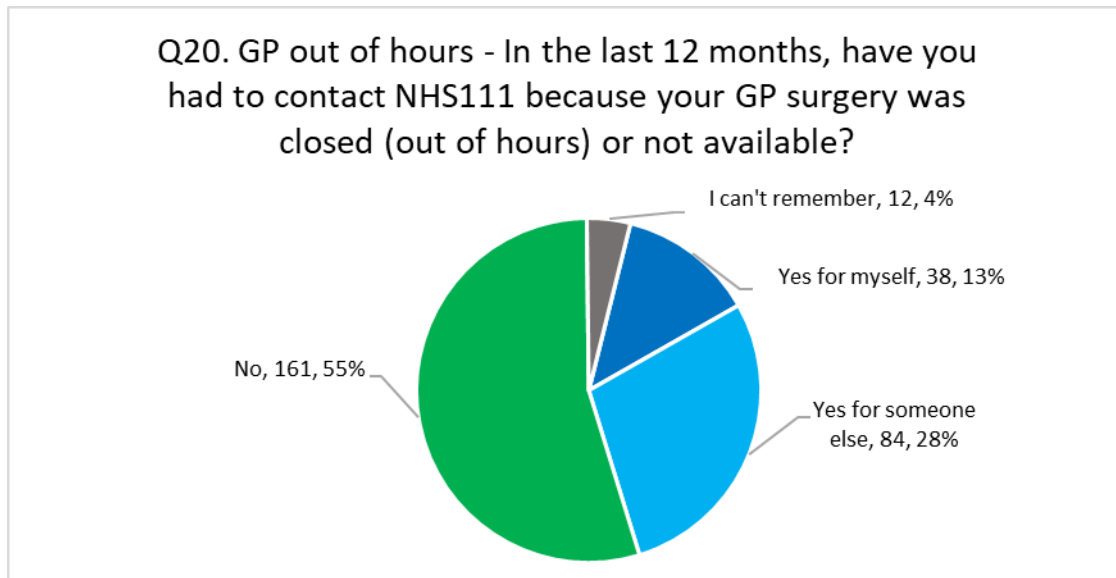
### *GP and NHS111 – out of hours services*

In order to explore the issue of out of hours access, people were asked if in the last 12 months they had to contact NHS111 because of a GP surgery being closed or not available.

There were 295 responses to this question making it one of the better responded to ones.

The chart below shows a breakdown of answers with the highest single answer being 'No' at 55%.

Nevertheless, either for themselves or on another's behalf, 43% had contacted the NHS 111 service due to not being able to access their GP.

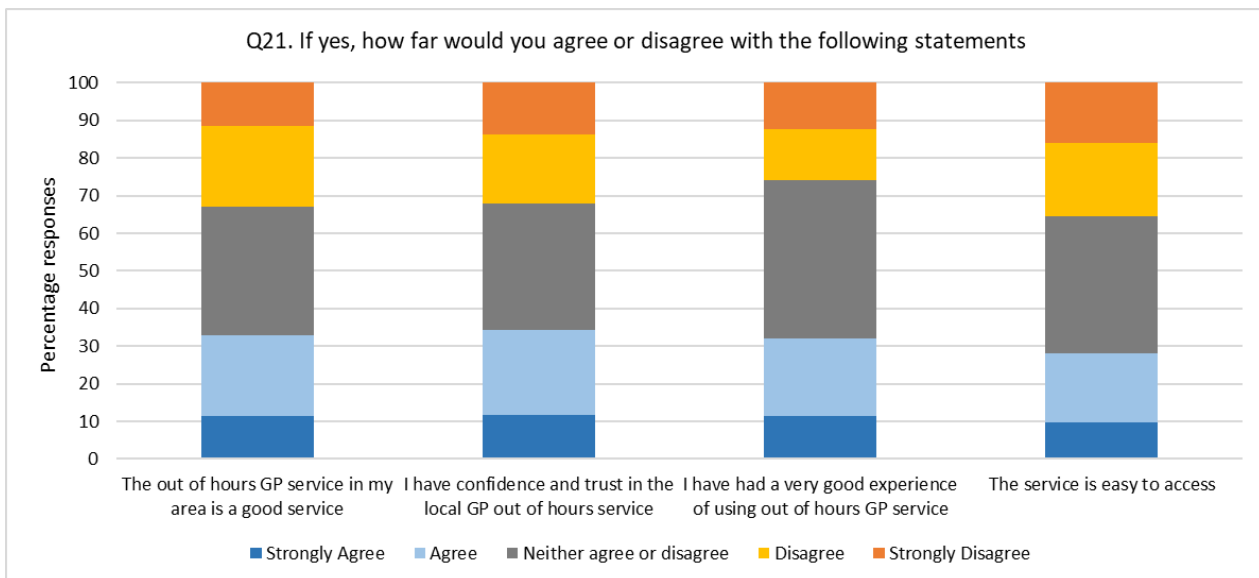


### *GP practices – out of hours experiences*

Those that had accessed out of hours services at their GP were then asked to rate various aspects of experience.

There was a varied number of responses to each sub-question within this topic with each of these four areas in the chart originally shown as a separate question. The respondent numbers ranged from 131 to 137.

Previously we have suggested 50% as a benchmark for a positive response to these sub-questions. As can be seen from the chart below none of the areas achieved 50% positive ratings.

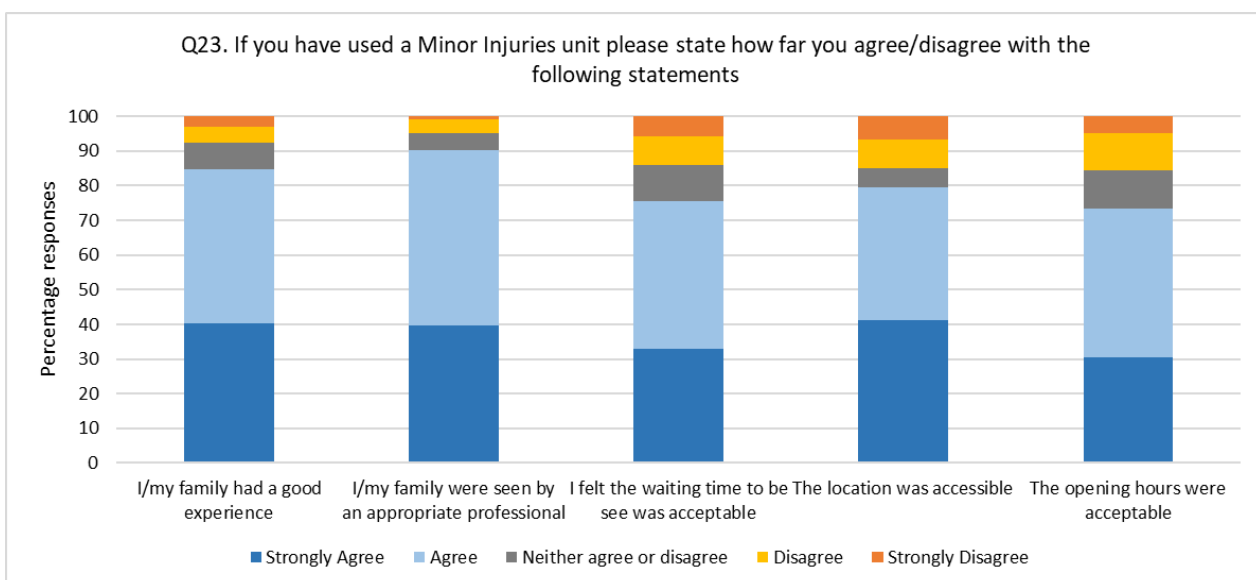


### Minor Injuries Units

The topic of Minor Injury Units was raised in the survey, with respondents asked if they agreed with various statements on the service.

There were just over 100 respondents to the sub-questions that made up this question, and those not having used the service were asked to skip it which may be a contributing factor.

Despite the low responses, the resulting chart indicates high appraisal across the five areas. All areas had a figure of over 70%.



### Altrincham minor injuries unit

A specific local issue is the current suspension of the Minor Injuries Unit at Altrincham Hospital.

A free question was asked as to what people thought of the situation using the wording ‘Altrincham Minor Injuries Unit is currently not open for service. If you would normally visit this unit for a minor injury, which service(s) would you now use instead?’ was used.

Many people listed Trafford General Hospital and Wythenshawe Hospital as the two main sites they would go to.

Subsequently people were asked if they had anything else to add on the topic of Minor Injuries Units. The re-opening of Altrincham Minor Injuries Unit was a key area of comment.

- *“Altrincham [A and E] was a great service. Waiting times were not ridiculous - it was convenient in location and opening hours and provided great expertise. It’s a travesty that it has not been re opened.”*
- *“Altrincham minor injuries unit was extremely beneficial to the local community.”*
- *“Altrincham should be open. Too many end up at Wythenshawe A and E”*
- *“Was excellent but such a shame currently closed.”*
- *“When Altrincham was open it generally provided a good service.”*

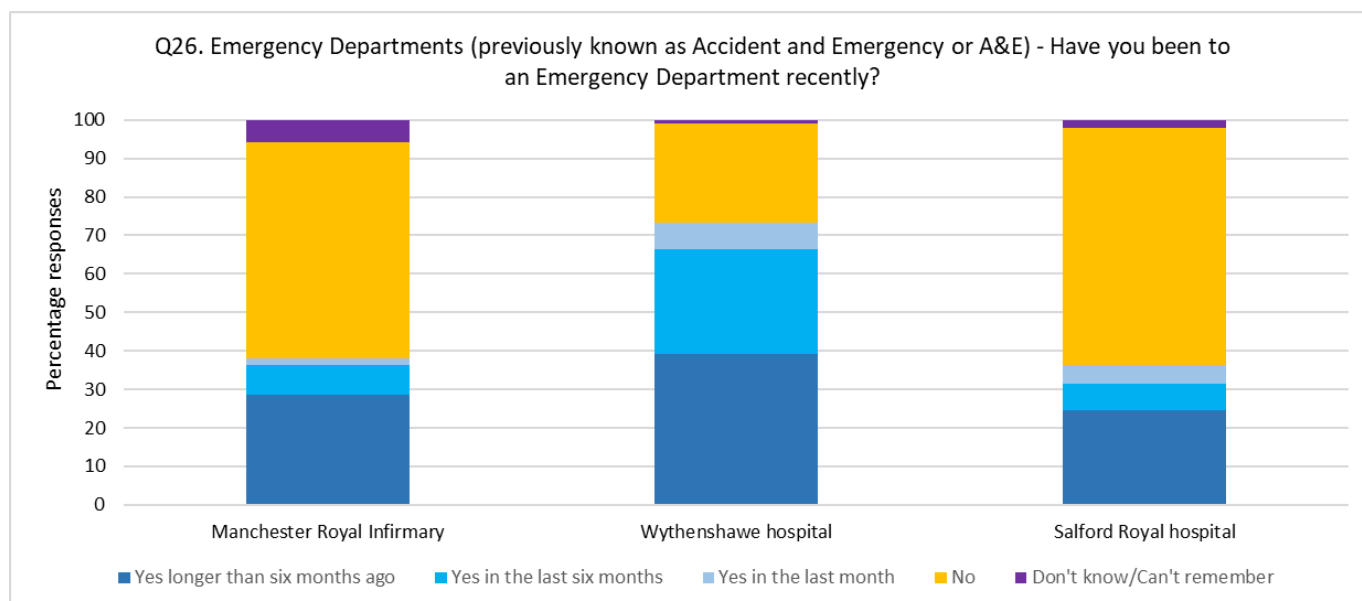
### Emergency Departments visited recently

We asked respondents to consider a range of Emergency Departments they might have visited in the area around Trafford.

There were between 143 and 194 responses to parts of this question, the chart is composed of the three sub-questions that were asked related to each hospital site.

Recently attending was defined as one month, six months, and longer than six months ago.

Overall Wythenshawe emerged as the site most people had attended over the three timescales. Possible behind this is the location of Wythenshawe nearer to the Trafford border between Manchester and Trafford.



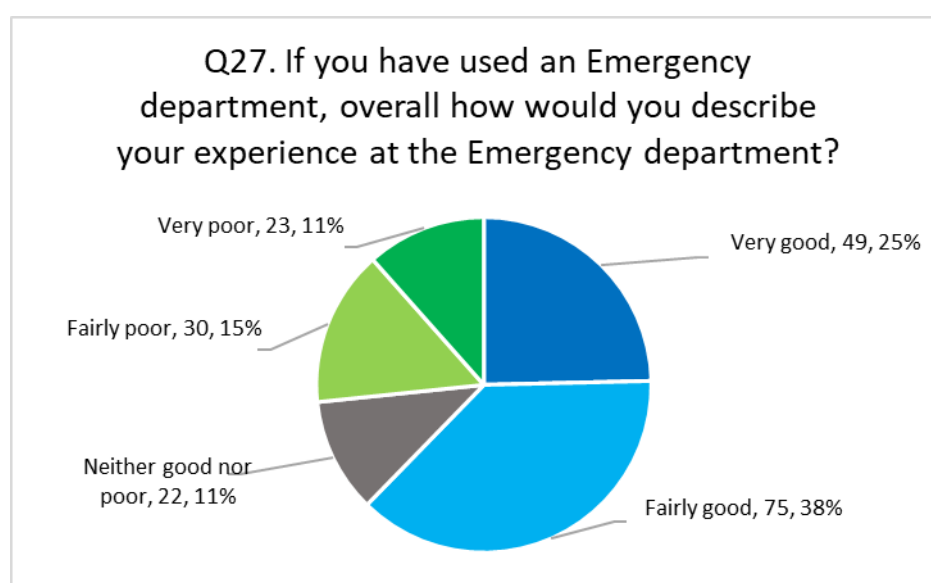
## Emergency Department

The experience of using Emergency Departments was explored in the survey. Those that had used an Emergency Department were asked to rate the service.

There were 199 respondents to this question, 428 gave no answer.

The chart below summarises the responses, it suggests a generally good experience with 63% of people rating 'Very good' or 'Fairly good'.

Just over a quarter 26% did not have a good experience and rated 'Very poor' or 'Fairly poor'.



Many free comments were also gathered for this question which speak to the complex patient journeys and experiences people have had. It would be worth looking further at the replies, which are too numerous to list here.

Comfort was one aspect in need of attention considering the long waiting times.

- *"Being offered a hot drink or being able to access a hot drink would be nice."*
- *"When I was waiting to be admitted during my first visit, I was on an A&E couch for 13 and a half hours with no pillows or blanket and no food. I was offered one cup of tea during the whole time."*

There were also references to the generally overburdened nature of the space itself.

- *"Waiting times are unacceptable, lowest was 9 hours, highest 13 hours. Care was stretched, staff were exhausted. During one visit a Dr administered an antibiotic my mother had a known allergy too. In the main it was horrific each time, for the staff as well as us."*

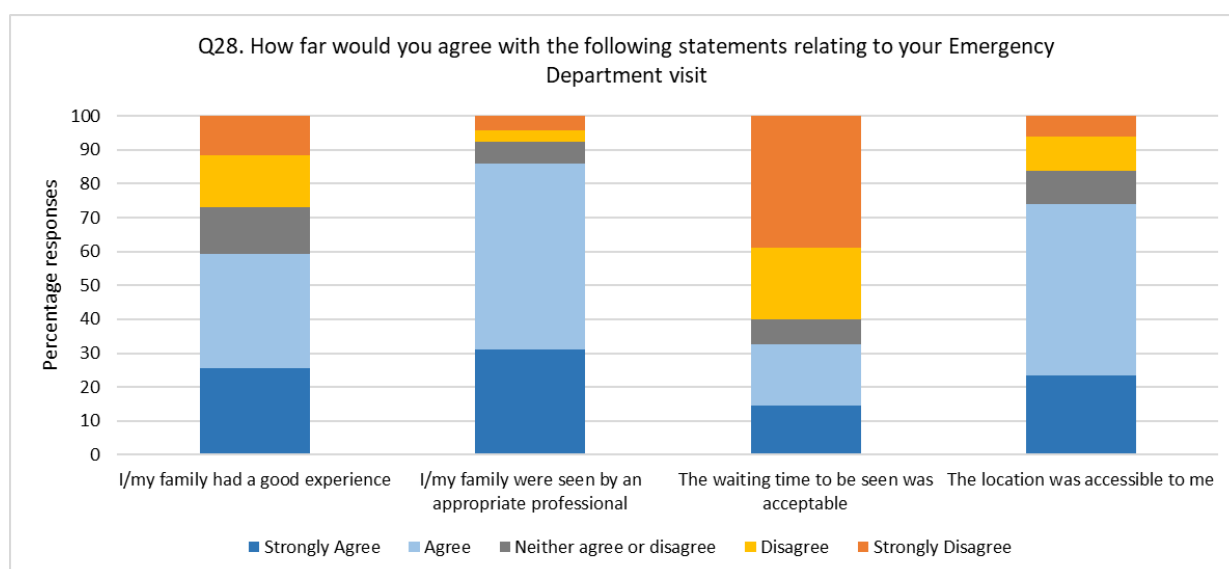
- *“When I was in need I was seen very quickly but once the acute episode was over I was there for hours and hours, into the middle of the night waiting for advice from a cardiologist which I didn't get in the end.”*

### Emergency Department – visit assessment

A series of questions were put to respondents about their experience of Emergency Departments.

There were a range of total respondents due to following the sub-question format as in the rest of the survey. Responses ranged from 193 to 297.

The chart illustrates a discrepancy between being seen by an appropriate professional (over 80%) to acceptable waiting times (just over 30%). This matches the free comments in the previous question which highlight challenges in accessing or waiting for treatment.

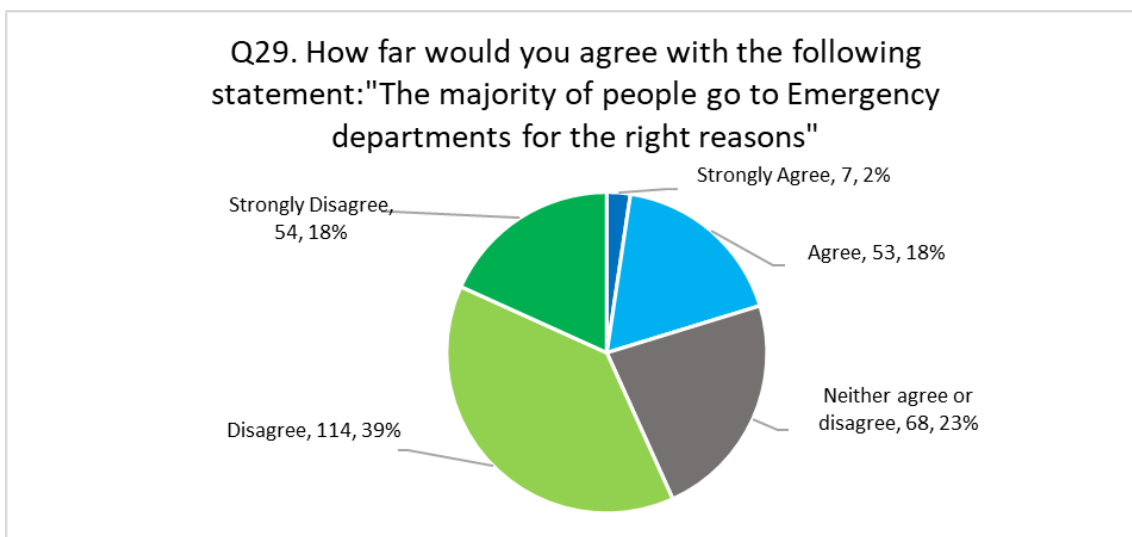


### Emergency Department – attitudes to other visitors

The survey asked people if they thought others were attending for the ‘right’ reasons.

The chart below summarises the responses, there were 296 people that gave their opinion.

A majority felt people were not making appropriate use of Emergency Departments. However, it should be noted this is a subjective statement for assessment and no further qualification was given as to the nature of ‘right reasons’.



A follow up free comment question on the topic revealed a set of beliefs around overstretched services, ease of access, problems at primary care level meaning people go to the Emergency department, and lack of education about appropriate options.

A smaller number of comments also criticised people willing to abuse the system due to it being a wait and be seen service.

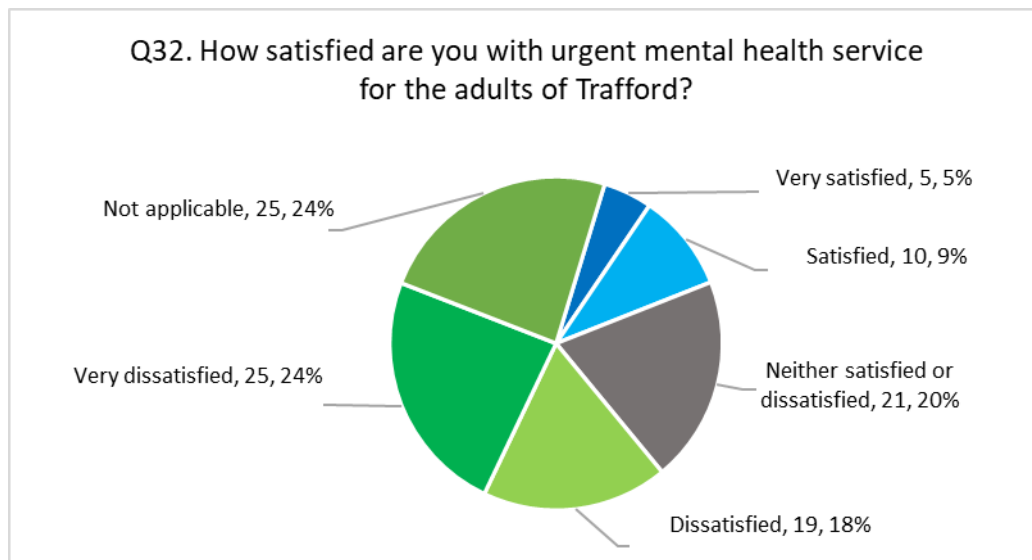
### *Urgent mental health services for adults*

People were asked in general if they were satisfied with urgent mental health services for adults in Trafford.

There were 105 respondents to the question, which though this was asked to all respondents may suggest many felt unable to comment.

Almost a quarter (24%) felt the question was 'not applicable' to them. A further 20% were neither satisfied or dissatisfied.

When it comes to strength of feeling we heard a larger proportion were negative, stating 'dissatisfied' 18% or 'very dissatisfied' (24%) compared to positive, with 5% stating 'satisfied' and 9% 'very satisfied'.

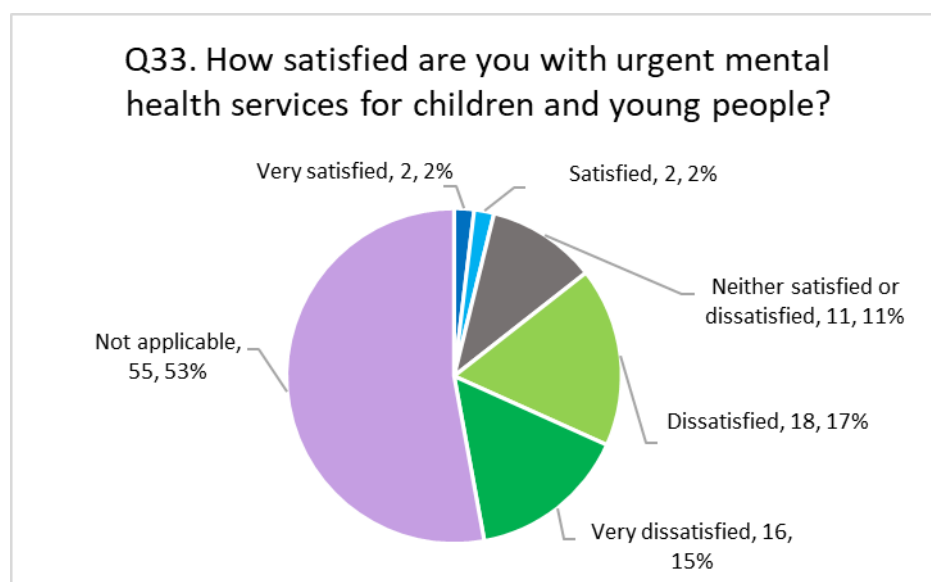


### *Urgent mental health services for children and young people*

The survey also looked at satisfaction with urgent mental health services for young people.

There were 104 respondents to this question, which was relevant only to those with experience of the service. Nevertheless, due to the question options a 'not applicable' response was also included which slightly skews the responses.

The chart therefore shows a general dissatisfaction with these services but is based on a relatively low number of responses.



The free comments associated with this area were largely negative about their experience of young people and children's mental health services.

- *“CAMHS has been poor for at least 10 years. Many patients are either outright rejected or subject to long waits. Funding is the issue, plus many psychiatrists are part time and go on a lot of courses. More qualified consultants would help”*
- *“I work with young people In Trafford. Unacceptably long waiting lists. High thresholds to be accepted for support”*
- *“See above. Waiting list are huge. Charities are wanting to work with CAHMS but there is no collaboration which would help.”*
- *“CAMHS are non existent. My Son was under them for years for Autism and ADHD. He is overdue an appointment and was last seen nearly a year ago. My teenage daughter who was suicidal and self harming was turned down for support. Absolutely disgraceful”*

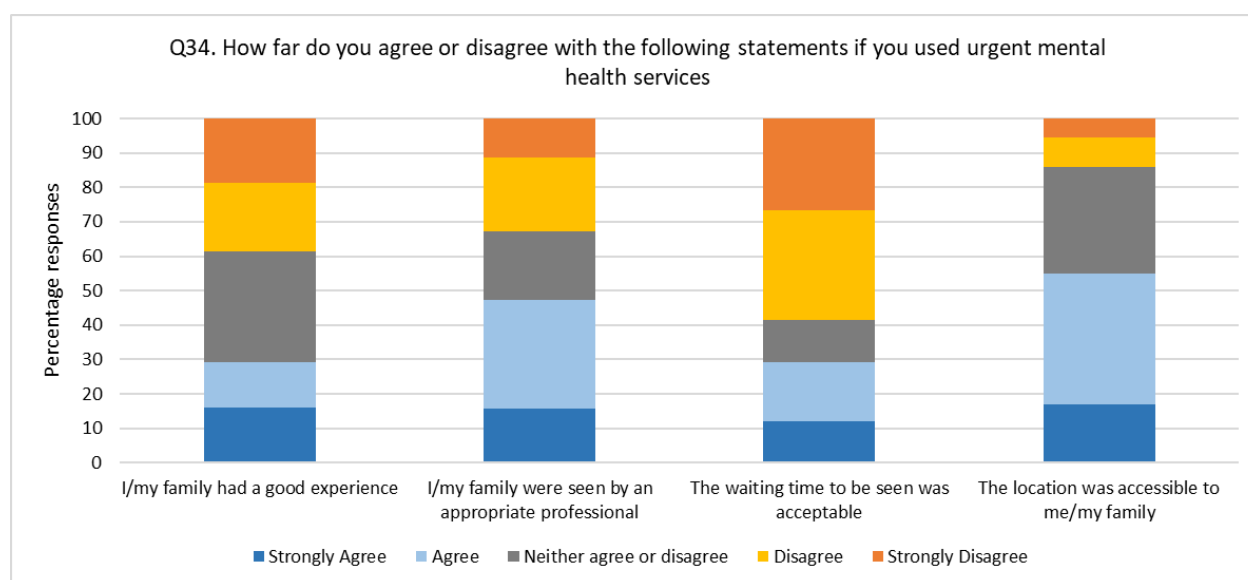
### Urgent mental health users – aspects of services

Further questions were asked on urgent mental health services in general.

A set of four sub-questions were given, either as this question did not apply or potentially the survey was nearing the end the responses were not high, ranging from 70–75 for each one.

The chart indicates that satisfaction with these aspects of the service was not high. Previously we have suggested a benchmark of 50% for satisfaction and only on one area ‘The location was accessible to me/my family’ was this met at 55%.

Indeed on the aspect ‘The waiting time to be seen was acceptable’ 59% expressed dissatisfaction overall.



There were also a small number of free comments related to this question. Some of the comments presented were of concern and have been repeated below:

- *“My experience was poor. Long waiting time, poor attitude of counsellor, appointment rushed!”*

- *“My Nephew who [has] a mental health crisis and lived in Manchester ended up going to West Sussex, He was told on entering the ambulance that there was a cage/cell at the back of the vehicle he would be moved into that if his behaviour deteriorated this is not acceptable and comes down to provision.”*
- *“What location? Either seen on curtained off A&E department or broom cupboard of a room. Treated like second class citizen and offered minimal support if any at all!”*

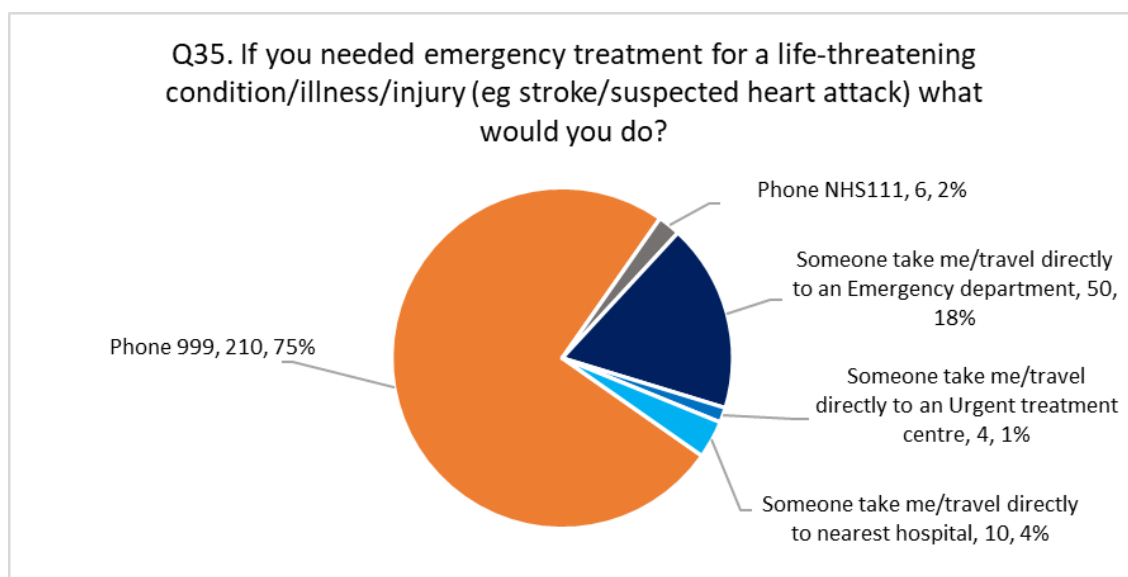
As mental health is a significant part of healthcare the negative sentiments expressed in this section of the survey are worth further consideration.

### *Emergency treatment options*

Finally the survey looked at the emergency treatment options people might take following the statement ‘If you needed emergency treatment for a life-threatening condition/illness/injury (e.g., stroke/suspected heart attack) what would you do?’.

There were 280 respondents to this question.

Most respondents selected ‘Phone 999’ as their primary choice.



When asked in free text the reason for these answers people generally stated that due to it being an emergency this is why they would call 999. There was some mention of the recent ambulance delays and longer waiting times being of concern.

## Stream 2 – Group work analysis

A large number of group sessions were held to discuss experiences related to Urgent care in the local area. In total there were 17 groups with 155 attendees.

There is too much material to be fully displayed in this report and so the following summary tables present a breakdown of the key information. Further details about individual groups and relevant themes be found in the appendix section.

Groups have been placed under topic headings for ease of understanding the overarching issues.

### Age related/older people

*Afro-Caribbean Care Group (ACCG)*

*Age UK*

- *Digital exclusion including information provision- requesting physical posters/leaflets/noticeboards.*
- *AskmyGP satisfaction poor - hard to get through, open for very limited time, using online apps is a struggle.*
- *Face to Face appointments preferred.*
- *Repeat prescriptions are difficult to get and take much time to be filled- two or more weeks.*
- *Low confidence seeking advice from pharmacists.*
- *NHS 111 considered good by some.*
- *Care often feels impersonal*

### Ethnicity-specific groups

*ACCG*

*Pakistani Long-COVID group*

- *AskmyGP difficult to get through, early time a struggle for those with illnesses. No call window inconvenient.*
- *Cost: being left on hold and using online services uses all minutes/data.*
- *Pharmacy: long waiting times to get prescription following GP appointment- two to three weeks*
- *Better communication about where to go for certain conditions/symptoms, where to access urgent care. Confusion over where to seek help*

## Libraries

Altrincham

Partington

Sale

Stretford

Urmston

- NHS 111 good service
- Problems with transport, particularly if you do not drive. May take hours, need multiple buses.
- Trafford General Hospital is the preferred hospital site but still may take considerable time to get there.
- 999/ambulance poor satisfaction: long waits, inappropriate advice for getting oneself there (one person had to flag down a passing stranger for a lift).
- More money needed for mental health services, difficult to access on same day.
- Digital exclusion- difficulties with AskmyGP.
- Home visits are decreasing, impact on those who are housebound and digitally excluded.
- GP access poor: AskmyGP is a barrier, awkward waiting for call backs if working, limited face to face appointments.
- Lots of pharmacies closing locally, turnaround of prescriptions is slow.
- More preventative care

## Healthcare hubs

Limelight

Conway Road PPG

Bluesci

- Impersonality of care
- Digital exclusion – Several members felt there was too much emphasis placed on people using IT to book/change appointments, order prescriptions, view correspondence. AskmyGP poor. Not enough physical information. Mixed reviews about text messaging: good for environment, speed and cost saving, poor for digital exclusion and those afraid of opening texts from unknown people and clicking malicious links.
- Urgent care choice confusion –too many options to choose from and didn't understand the difference.
- NHS111: had been used by several people with mixed experiences.
- GP access satisfaction rate often poor, limited face to face appointments
- NHS 111 referrals to A&E high

## Condition-specific groups

Deaf Partnership

Pakistani Long COVID group

Toy House Group

- AskmyGP difficult to get through, early time difficult for those with illnesses. No call window inconvenient.
- Not always accessible: Practice may assume deaf patient can have a telephone appointment; written English/word is not their first language; interpreter may be with patient to make a booking but when GP practice calls or emails the interpreter isn't around.
- Confidence in pharmacies low due to long waiting times for prescriptions, lack of clarity on interpreters, and lack of confidence in medical advice.
- Better and more accessible communication needed to advise where to go for certain conditions/symptoms.

## Social Care

Toy House Group

Bluesci

Poor experiences of NHS emergency helpline, long waits calling 111.

Struggling to access the GP, struggling with AskmyGP.

If cannot access GP, would go to A&E.

## Language

Deaf Partnership

- Access is poor: most services ask for advance notice to arrange translators. This is not suitable for urgent care. Translators don't always turn up when booked leaving patient struggling trying to understand clinician.
- AskmyGP platform isn't always accessible for those who are deaf or have English as a second language e.g., telephone appointments for deaf patients, interpreter or translator may be with patient at time of booking but not when clinical or admin staff call.
- Language interpreters for NHS services: staff should be clear on who provides and pays for these, so that patients are not denied appropriate care.
- BSL training: healthcare staff should have access to basic British Sign Language training.
- Interpreter booking: Some interpreters don't turn up, and there have been queries as to whether an interpreter was even booked. Long wait for availability conflicts with need for urgent care. Patients may not be advised that an interpreter has been arranged or of their name. Due to sensitive nature of healthcare, continuity would be preferred where possible.

## Conclusions

This report has looked at the findings of a survey as well as group work done with Trafford residents on urgent care.

The survey work has shown a general concern about access to services from General Practice level to Emergency Departments. The concerns differ in that at General Practice level it is about obtaining appointments whereas at Emergency Departments it is the long waiting times on arrival.

Once people receive treatment, they tend to be happy, though the benchmark in many questions is around 50% for a positive assessment. There are some more complex cases that individuals have relayed in the comments.

We have also heard that people are not satisfied with mental health related services, either in general or for young people.

A large number of comments were gathered through the survey work that are worth further consideration, the limitations of space and also brevity mean all of them cannot be presented. A selection has been shown.

The group work that accompanied this project has confirmed many of the findings in the survey, in particular about the challenges of accessing various services and difficulty with AskmyGP. We also heard that there have been many local pharmacy closures, and the service standards at these sites are not always positive.

### **Thanks**

*Thanks to all those that filled in the survey and took part in the group work for this project. The views expressed are important to us.*

## Appendix 1

## Demographic breakdown – survey responses

NB. For some questions, data were collected at a finer level of detail than reported here. However, following principles of Disclosure Control<sup>2</sup>, for groups containing fewer than 5 people this data has been masked or groups have been combined.

### 1. Relationship with Trafford

77.2% of people who responded to the survey were Trafford residents. People who study in Trafford made up 1.6% of the respondents, while 5.1% reported that they lived outside of the area but work or spend time in Trafford.

### 2. Geography

The largest groups of people responding to the survey came from the M41 (29.0%), M33 (5.0%) and M32 (11.2%) postcodes, making up more than half the participants between them. Postcode was not provided by 16.6% of participants. Several postcodes had fewer than 5 responses and these have been grouped together under 'other postcodes' (5.6%).

### 3. Age

Fewer than half of participants provided their age (46.6%). Of these the 26–45 age group has the largest number of responses (14.4%) followed by the 46–55- and 56–64-year-old age groups (both 11.0%), and then the 65–75-year-old group (6.9%). Only 2.2% of participants were over 75 and 1.1% were 25 or under.

### 4. Gender

Of the 45.9% of participants who specified their gender, 83.3% were female and 16.7% were male. The remaining participants either did not provide information, and fewer than 5 people specified an alternative answer. 97.9% reported that their gender was the same as the sex they were described at birth.

### 5. Ethnicity

Of the people who provided their ethnicity (n=288), 94.4% were white, 3.1% were Asian and 2.4% were from a range of other ethnic backgrounds including Black and Chinese. Due to small numbers in these groups, we are unable to provide a breakdown.

### 6. Sexual Orientation

A total of 262 participants provided details of the sexual orientation. Of these, 96.6% described themselves as heterosexual/straight, and 3.4% described themselves as gay, lesbian or bisexual.

---

<sup>2</sup> <https://www.ons.gov.uk/methodology/methodologytopicsandstatisticalconcepts/disclosurecontrol>

## **7. Religion**

Religious or spiritual belief data was provided by 285 participants. Of these, 56.5% described themselves as Christian (including Catholic or Orthodox), 37.2% as having no religion, 2.8% as Muslim, and 3.5% as being from another religious group or having a non-religious spiritual belief.

## **8. Disability**

Information about personal disabilities was provided by 291 participants. Of these, 18.6% reported having a disability. The nature of these disabilities was wide ranging and due to small numbers, we cannot report on specific disabilities.

## **9. Health**

12.9% of participants reported having a long-term physical health condition. Participants were also asked about other areas of health, and 4.8% reported that they had a mental health condition; fewer than 1% reported they were living with cancer.

## **10. Caring responsibilities**

Parents and carers of children under the age of 18 made up 17.2% of participants, while 8.3% reported that they cared for another adult.

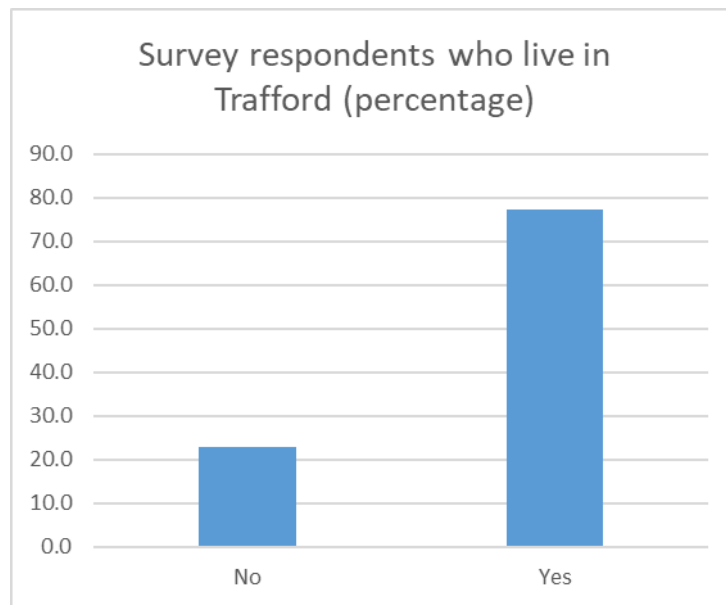
## **11. NHS Workers**

13.1% of respondents work in the NHS.

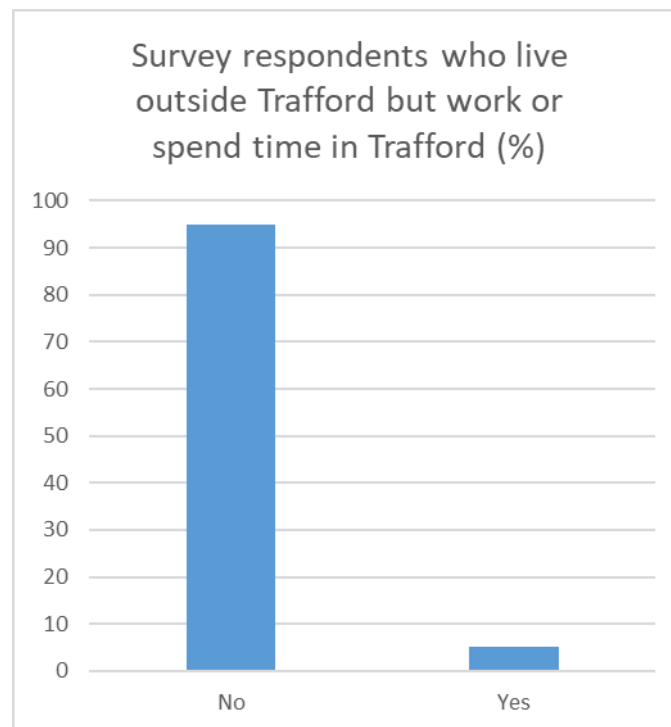
## **12. Army Veterans**

Of the 286 people who responded to this question, 1.7% of participants described themselves as Armed Forces Veterans.

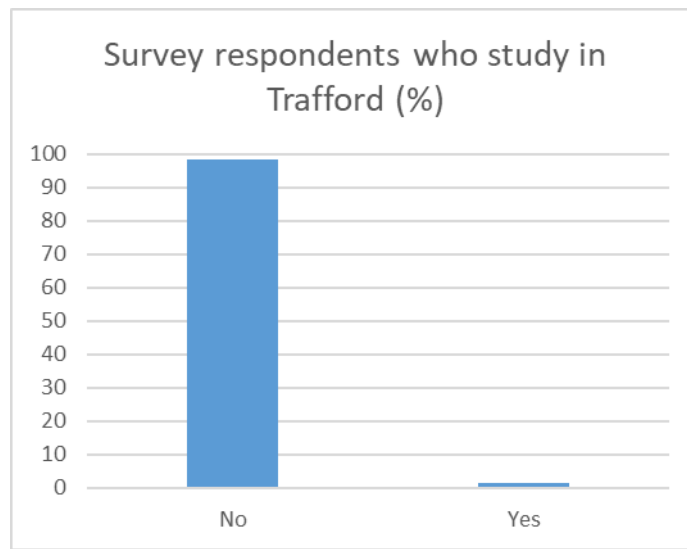
## **Demographic breakdown – selected figures**



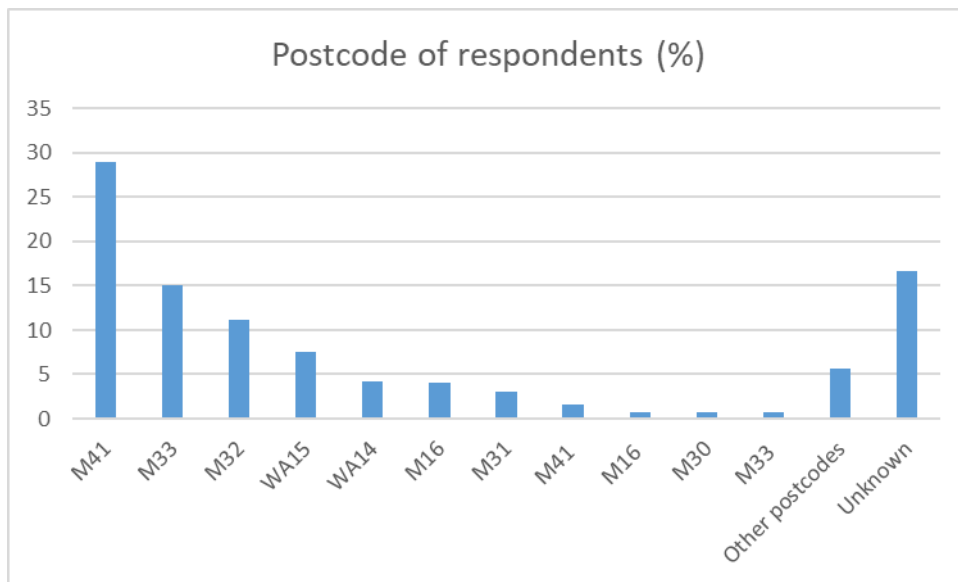
(n = 627)



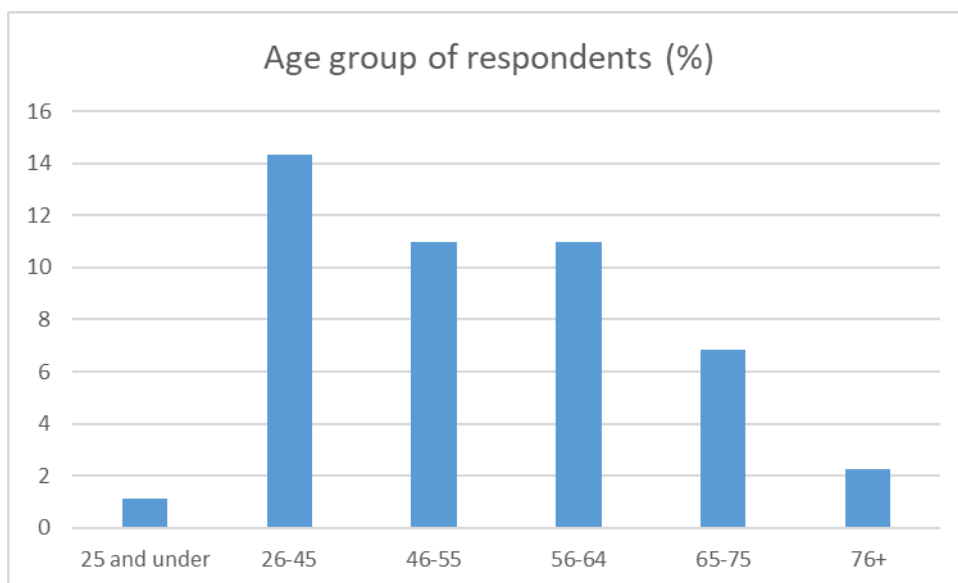
(n=627)



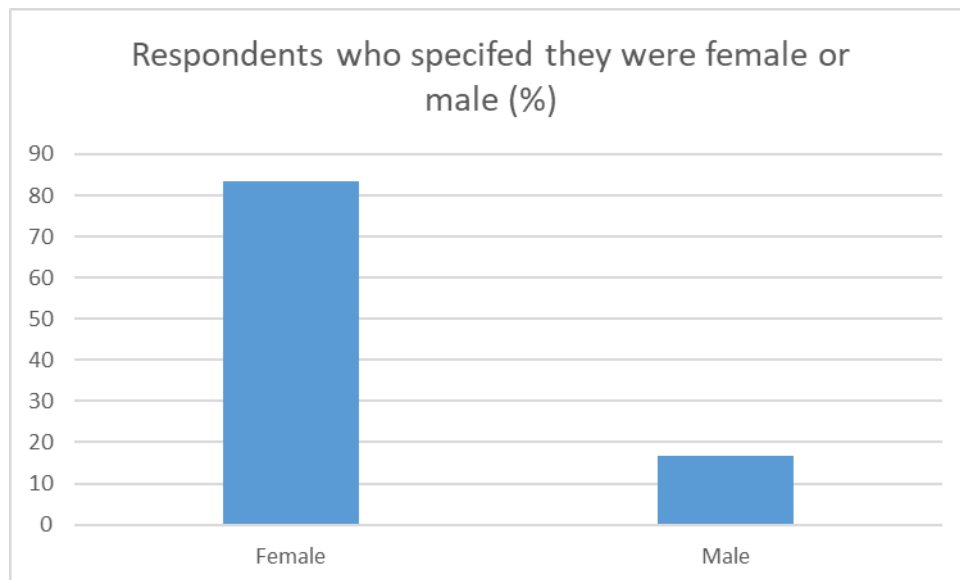
(n=627)



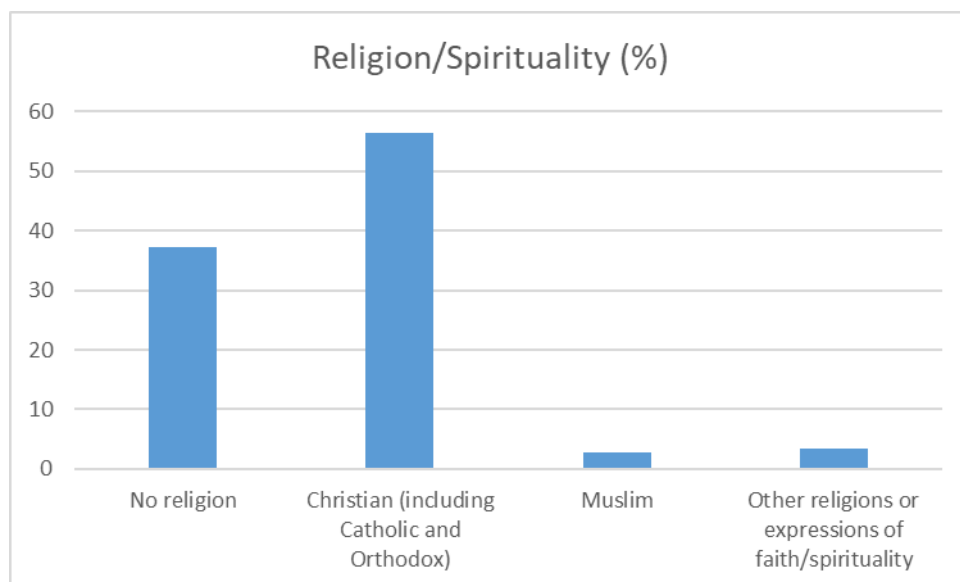
(n=627)



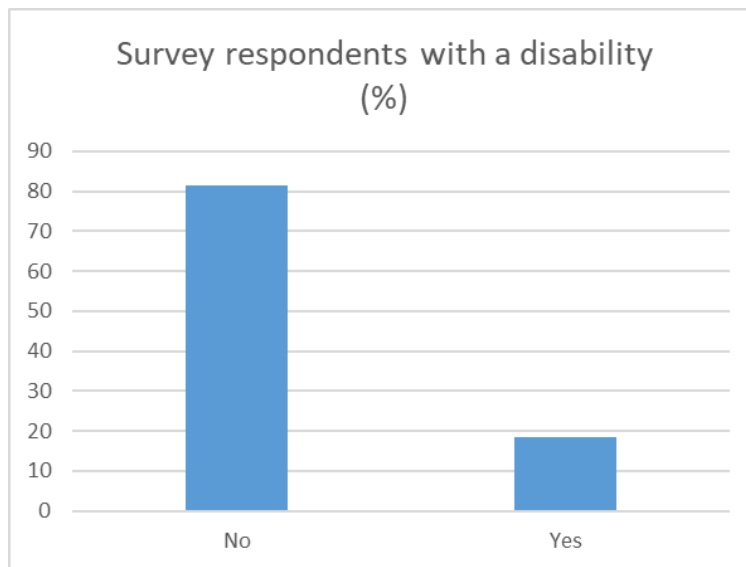
(n= 292)



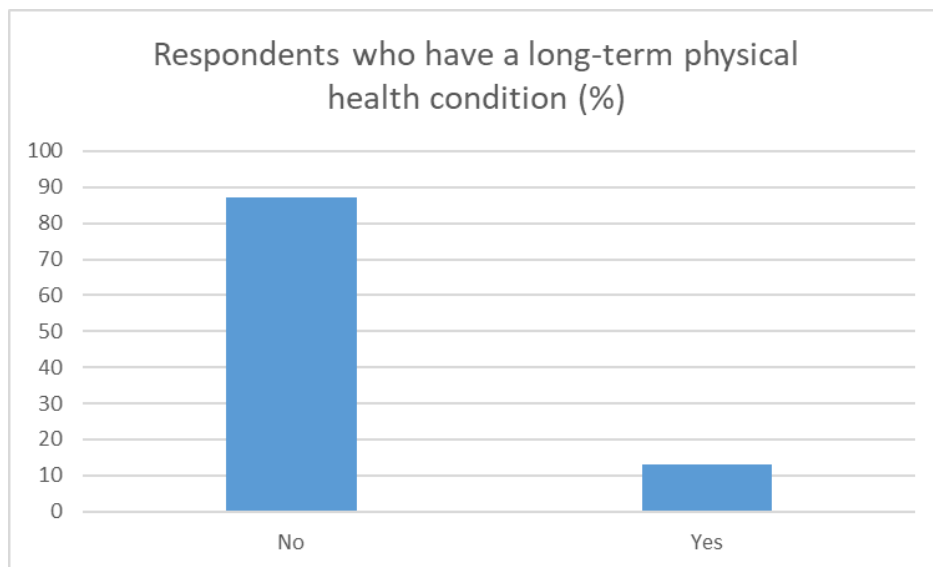
(n= 288). Fewer than 5 participants provided specified a gender not listed above – this cannot be reported further due to disclosure control.



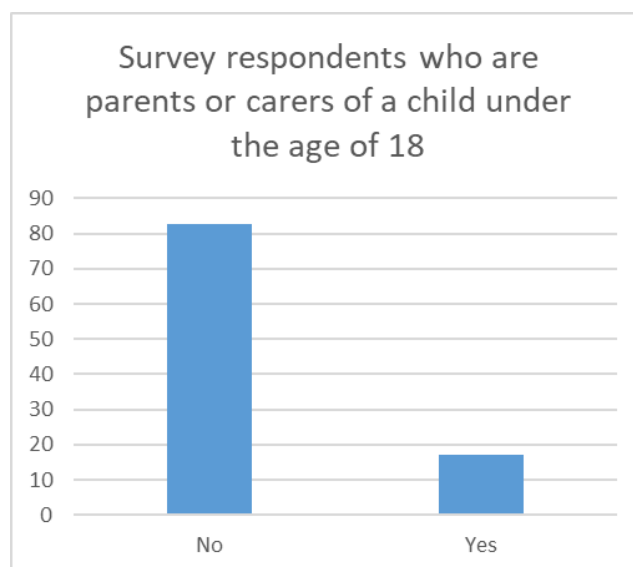
(n = 285)



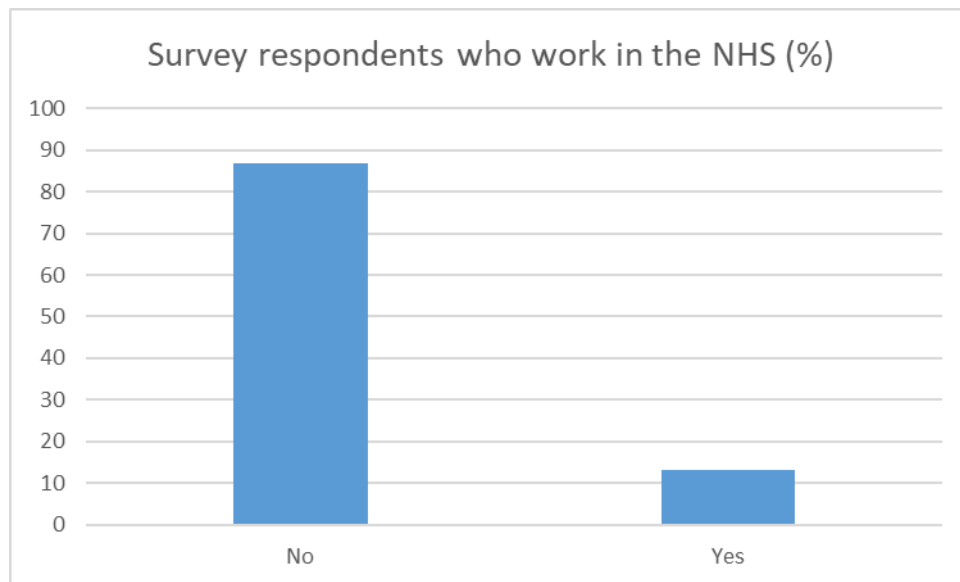
(n = 291)



(n=627)



(n=627)



(n=627)

## Appendix 2

### Full list of group sessions

#### Library drop in sessions

Date/Time	Venue	Format	Attendees
Tuesday 31 January 2023 11am-1pm	Partington Library	DROP IN SESSION Stall in venue, pull up banner, leaflets, paper survey available, seek views and experiences	3
Thursday 2 February 2023 10am-12 noon	Old Trafford Library/Limelight Foyer	DROP IN SESSION As above	6
Monday 6 February 2023 1pm-3pm	Altrincham library	DROP IN SESSION As above	5
Tuesday 7 February 2023 4.30pm-6.30pm	Urmston library	DROP IN SESSION As above	4
Wednesday 8 February 2023 1pm-3pm	Sale library	DROP IN SESSION As above	4
Thursday 9 February 2023 10am-12 noon	Stretford library	DROP IN SESSION As above	3
			<b>TOTAL 25</b>

#### Community/group sessions

Date/Time/Venue	Group	Format	Attendees
Tuesday 17 January 2023	African Caribbean Care Group	<ul style="list-style-type: none"> <li>Focussed questions</li> </ul>	35

1.45pm-2.30pm Claremont Centre, Hulme		<ul style="list-style-type: none"> <li>• Capture key themes/experiences</li> <li>• Promote survey and support available</li> <li>• Leaflets shared</li> </ul>	
Wednesday 18 January 2023 9.30am-12.30 Trafford Town Hall, Stretford	Trafford Deaf Partnership	<ul style="list-style-type: none"> <li>• Agenda item at meeting</li> <li>• Focussed questions</li> <li>• Capture key themes/experiences</li> <li>• Promote survey and support available</li> <li>• Leaflets shared</li> </ul>	11
Thursday 19 January 2023 5pm-6pm Online - Zoom	Trafford Youthwatch	<ul style="list-style-type: none"> <li>• Online focus group led by Healthwatch</li> </ul>	4
Thursday 19 January 2023 6.30pm-7.30pm Conway Road Health Centre, Sale	Primary Care Network: Conway Road Patient Participation Group	<ul style="list-style-type: none"> <li>• Agenda item at meeting</li> <li>• Focussed questions</li> <li>• Capture themes/experiences</li> <li>• Promote survey and support available</li> <li>• Leaflet shared</li> </ul>	10
Monday 23 January 2023 1pm-3pm Toy House, Urmston	The Toy House (Trafford Living Room)	<ul style="list-style-type: none"> <li>• Focussed questions/Informal conversations</li> <li>• Capture key themes/experiences</li> <li>• Promote survey and support available</li> <li>• Leaflet shared</li> <li>• Paper survey copies available – several completed</li> </ul>	9
Friday 27 January 2023	Trafford Age Well Board	<ul style="list-style-type: none"> <li>• Agenda item at meeting</li> </ul>	15

<p>10am-12 noon</p> <p>Online - MS Teams</p>		<ul style="list-style-type: none"> <li>• Presentation and opportunity to ask questions</li> <li>• Promote survey and support available</li> <li>• Ask to promote within networks &amp; seek any other opportunities to engage older people</li> </ul>	
<p>Monday 30 January 2023</p> <p>11.30am-1.30pm</p> <p>Age UK, Urmston</p>	<p>Age UK – soup &amp; social</p> <p>(Trafford Living Room)</p>	<ul style="list-style-type: none"> <li>• Focussed questions/Informal conversations</li> <li>• Capture key themes/experiences</li> <li>• Promote survey and support available</li> <li>• Paper copies available / leaflets shared</li> </ul>	<p>17</p>
<p>Thursday 2 February 2023</p> <p>12-12.50pm</p> <p>Limelight, Old Trafford</p>	<p>Limelight Long Covid Peer Support Group – Voice of BME</p>	<ul style="list-style-type: none"> <li>• Focussed questions</li> <li>• Capture key themes/experiences</li> <li>• Promote survey and support available</li> <li>• Paper copies available / leaflets shared</li> </ul>	<p>11</p>
<p>Thursday 2 February 2023</p> <p>1.20pm-1.50pm</p> <p>Partington Community Cafe</p>	<p>Partington Collaborative Women’s Group</p>	<ul style="list-style-type: none"> <li>• Focussed questions/</li> <li>• Capture key themes/experiences</li> <li>• Promote survey and support available</li> <li>• Paper copies available / leaflets shared</li> </ul>	<p>9</p>
<p>Thursday 9 February 2023</p> <p>2pm-3.30pm</p>	<p>Advocacy Focus Learning Disability Self Advocacy Group</p>	<ul style="list-style-type: none"> <li>• Agenda item at meeting</li> <li>• Capture key themes/experiences</li> <li>• Promote survey and support available</li> </ul>	<p>8</p>

		<ul style="list-style-type: none"> <li>• Accessible resources/pictures used</li> </ul>	
<p>Monday 13 February 2023</p> <p>2pm-3pm</p> <p>Online via MS Teams</p>	<p>Bluesci – Citizen forum feedback</p>	<ul style="list-style-type: none"> <li>• 1:1 Teams interview with Citizen Forum coordinator</li> <li>• Capture key themes/experiences of recent feedback received from forum</li> <li>• Promote survey and support available</li> <li>• Leaflet shared online</li> <li>•</li> </ul>	<p>1 – sharing experiences of 10 people</p>
			<p><b>TOTAL 130</b></p>

## Key themes by group (alphabetical order)

### ACCG

- Problems with digital exclusion.
- Long waiting times.
- Poor access.
- Communication.
- Low confidence using pharmacy.
- Choice confusion- unsure where to go.

### Advocacy Focus

- AskmyGP access poor.
- GPs/hospitals not offering reasonable adjustments for people with learning disabilities.
- Pharmacies busy, slow turnaround of prescriptions and dispensing errors.
- MFT website has incorrect info on its Accessible Access guide.

### AgeUK Trafford

- Digital exclusion.
- GP satisfaction is good.
- AskmyGP poor: difficult to get through, online apps are hard, only a short time to book.
- Face to face appointments preferred.
- Repeat prescriptions are difficult to get.
- TGH, MRI & Salford Royal – Great service.
- NHS111 satisfaction good · After care when discharged from hospital has been very good.

### Altrincham Library

- NHS 111 good service – people had experienced both online and phone service.
- Pharmacy satisfaction was low due to incorrect prescriptions.
- Queries over Altrincham MIU reopening, issues with alternatives being far away.
- GP access is good – people reported being able to get appointments when required.

### Bluesci

- Good experiences of Crisis café.
- Poor experiences of NHS emergency helpline.
- People taking extreme actions to be seen by GP/A&E.
- Patients falling through gaps, impacting families.
- Staff may try to rush patients rather than listening and treating people with respect, kindness and understanding.

### Conway Road PPG

- Digital exclusion.

- MyMFT app confusion.
- Choice confusion.
- Positive experiences of access to GP.
- NHS 111 may have long waits.

### **Deaf Partnership**

- AskmyGP isn't always accessible for those who are deaf.
- Waiting times for appointments too long.
- Would like to be able to communicate with GPs via text or email as well as face-to-face.
- Interpreters may not turn up or take too long to be available. Continuity preferred.
- Good confidence in GPs. Continuity would be preferred.
- Lack of support for deaf people at UTCs leading to inability to communicate, lack of confidence, and delaying important treatment.
- Most not aware of 111 supports for deaf people. People need support learning Sign Video.
- Confidence using pharmacies lower than GPs. Knew that pharmacist could give advice.
- Low confidence accessing 999 services. Would ask a family member/friend to assist.
- BSL training: If healthcare staff used basic signs (please, thank you, etc) and gestures, this would reduce anxiety and make deaf patients feel more comfortable and valued.
- All have experienced NHS opticians and dentists either denying access to interpreters or not knowing who arranges and pays for them.

### **Limelight**

- GP access satisfaction rate poor, limited face to face appointments, AskmyGP poor.
- Urgent Care satisfaction is good.
- Translation issues – access is poor.
- Trafford General preferred site.
- Pharmacy satisfaction rate is poor.
- 111 referrals to A&E high.
- Concerns over negative impact of not being seen by GP.

### **Pakistani Long COVID group**

- AMGP difficult to use, early hour hard for chronically ill. No call window inconvenient.
- Financial concerns: being left on hold for 111/GP practice uses up all data/minutes.
- Long waiting times to get prescription following GP appointment (up to 3 weeks).
- Better signposting about where to go for different things, physical and digital format.
- Lack of access to same day mental health support.
- Preventative care classes needed.
- 111: advice is often to go to A&E, especially with children.

### **Partington Library**

- Not enough health services in the area.
- If you do not drive, journey may take house and multiple changes.

- Trafford General Hospital is the preferred site but may still take a long time.
- 999/ambulance poor satisfaction.

### **Partington Women's Group**

- AskmyGP access poor, difficult to use.
- Some pharmacies have slow turnaround of prescriptions (2-3 weeks), and some prescription errors lead to low confidence.
- Long travel times to Wythenshawe/Salford Royal/MRI (up to 2 hours).
- Signage poor for Withington.
- 111 usually helpful but feel it's impersonal and they are 'reading from a script'.

### **Sale Library**

- 111 is a good service, easy to access by phone and online. No long waits.
- Ask GP is a good system, easy to use if IT literate, would like option to email or phone.
- Urgent treatment centres: satisfaction is very good.
- More maternity services needed.
- More funding for mental health services. Difficult to access on same day help.
- People have to ask neighbours for help getting online, many have no digital access.
- Home visits are decreasing, impacting housebound and digitally excluded patients.

### **Stretford Library**

- GP access is not good. AskmyGP is a barrier, limited face to face appointments. Offered appointments may be in 2 weeks rather than same day, so patients go to A&E. Response from GPs/reception staff on AskmyGP is slow, may take a week.
- Long waits for ambulances.
- Not enough funding for mental health services, and lack of same-day support. Concerns over long-term impact.
- Lots of pharmacies closing locally and turnaround of prescriptions is slow.
- NHS 111 good; experience of good access, quick to pick up and provided good advice.

### **Toy House**

- Preferred telephone calls rather than email and letters as many cannot read or write.
- Long waits calling NHS 111.
- GP access not good: AskmyGP seems never open, or open for a couple of minutes only.
- Majority would go to Trafford General if cannot access GP.
- Additional support needed for those with learning disabilities and mental health issues.
- Annual Health checks not undertaken.
- Investing in community services is needed.
- Pharmacies are great.
- More information needed to tell people where to access services.
- Education for GPs to support people with additional needs.

## Urmston Library

- GP access is poor: AskmyGP is a barrier, limited time open, waiting for someone to call back is awkward if working.
- 111 online is good and easy to use.
- Urgent treatment centre is good.
- Many urgent care access points nearby: 3 A&Es and UTC 20–30 mins from Urmston.
- Trafford General is an exceptionally good service.
- If cannot access GP would go to Trafford General.
- More preventative care needed.
- More funding needed in children's mental health.

## Youthwatch

- Aware of urgent care services.
- Need for A&E to provide more privacy.
- A need for something to keep young people occupied while waiting for treatment.
- Need for more information like leaflets on health and social care in schools.
- Young people should be more involved in the decision-making process.
- Better use of communication methods used by young people e.g., social media.
- Preferred ability to access online services anonymously e.g., Kooth.
- They feel services like Kooth should be promoted in schools.
- The NHS requiring permission from parents to support young people makes it scary for young people to reach out, whereas at school there's no need for them to get parent permission to speak to counsellor. They would rather speak to teacher at school than GP.

12-14 Shaw's Road   
Altrincham  
Cheshire  
WA14 1QU

healthwatchtrafford.co.uk   
0300 999 0303   
[info@healthwatchtrafford.co.uk](mailto:info@healthwatchtrafford.co.uk)  
@HealthwatchTrafford   


Companies House Reg No. 08466421. Registered in England and Wales