

Your Child - Your Health Choices

A Report by Healthwatch Oldham

Executive Summary

This report reviews Healthwatch Oldham's (HWO) involvement and findings from the [demographic data collected from 209 Health Literacy Questionnaires and 7 in depth interviews](#) undertaken with parents with children under 5 from Phase 1 of a two phase project in the Failsworth GP Cluster locality entitled 'Your Child - Your Health Choices'.

Healthwatch Oldham

HWO is the local consumer champion for Health and Social Care and has four main areas of work;

- Listening to local people
- Influencing services
- Providing an information signposting service
- Help with NHS Complaints

HWO's specific role in this project was to gather patient experiences from a locality and age group we had historically had little contact with and identify people who may want to become more involved with HWO.

Your Child - Your Health Choices - Full Report

HWO's report compliments that produced by Jacqui Greenfield, Partnership Manager at Action Together (AT) who coordinated and delivered the engagement strategy in partnership with Katie Pieroni GP at Hill Top Surgery and Project Lead. The report 'Consensus of Work Completed - Your Child Your Health Choices Project' is a summary of Phase 1 of the overall project and includes the analysis of the Health Literacy aspect of the Questionnaires. Copies of the report are available from HWO.

Phase 2 of the project is Hope Citadel working with Shared Health, to develop and deliver skills training to parents to help them to manage minor childhood illnesses and use their knowledge and skills to support their peers in their communities.

'Your Child -Your Health Choices' - The Project

GP Practices within the Failsworth Cluster; Failsworth Group Practice, Hill Top Surgery, Hollinwood Practice, Medlock Medical Practice, Quayside Medical Practice and St Chad's Medical Practice identified a unifying concern across all practices that of frequent attendance to their surgeries of children under 5 with minor illness and the need to explore a range of community options that could better serve their patients.

Phase 1 of the Project - used a Health Literacy Approach known as Ophelia (Optimising Health Literacy and Access to Health Information and Services) developed by Deakin University, Australia. These alongside the 7 in depth interviews were used by Deakin University to develop vignettes to be used in group workshops to shape Phase 2 of the project.

Key Messages

From the in depth interviews the following key messages arose;

1. The need for clear visual information available in GP waiting rooms on mental health and mental health services that could be accessed for information and/or support
2. The need for the same Health Care provider that parents could trust, who listened to them and knew them and their children

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Summary of Key Findings

Below is a summary of findings from both the demographics and in depth interviews conducted by HWO, *for a full analysis of the data please see HWO full report*

From the 209 Questionnaires - Demographic Highlights

Age Range: 26-35 **49%**, 15-25 **23%**

Gender: Female **89%**

Ethnicity: White British **72%**

Postcode: OL8 **54%**, M35 **40%**

Parent with a long standing illness: **57%**

Parent with depression: **11%**

Doctors Surgery registered with: Failsworth Group **28%**, Other **17%**, Hollinwood Practice **15%**

Parent with: 1 child under 5: **54%** 2 children under 5: **27%**

First child taken to Emergency Department in past year: one attendance **17%**, went twice **8%**

Contacted NHS 111 service in past year: one contact **23%**, two contacts **7%**

Used Integrated Care Centre in past year: one attendance **23%**, went twice **9%**

Took first child to see GP in past year: up to 5 visits **57%**

From the 209 Questionnaires - Most common response to the Health Literacy Questions (HLQ)

42% Strongly Agreed they have strong support from family or friends

11% Strongly Disagreed they had at least one healthcare provider who knows them well

71% Agreed they had good information about health

From the 7 in depth interviews based on the HLQ questions and additional HWO questions

- **All participants** were satisfied with the support and level of care provided by a healthcare provider with **Health Visitors** receiving the best feedback in relation to overall satisfaction
- **Participants cited**; Feeling comfortable, trust, being listened to and having the same Healthcare Provider who knew them and their children as the essential basis to a good relationship with a Healthcare Provider.
- **The majority of participants** felt they had sufficient information to actively manage their health particularly around a healthy diet for their children but not necessarily themselves
- **All participants** either had or were currently experiencing mental health issues including post traumatic distress, depression and anxiety.

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Full Report

Background

In 2014 Failsworth and Hollinwood General Practitioner (GP) Cluster identified deprivation as a major issue of concern within their practices which according to the Index of Multiple Deprivation 2015 falls within the 40% of most deprived areas in relation to the rest of the United Kingdom.

A Unifying Concern

A unifying concern across the cluster was the frequent attendance by under 5s at these GP practices. A series of meetings were held to identify;

- Services currently available to parents with young children
- The challenges that arose working within some of the most deprived communities in the UK presented to these services
- Voluntary groups that are available in the area for parents with young children

The Project - Phase one

The culmination of this work was a meeting held at Hollinwood Medical Practice in July 2015. This was attended by patients, practices, Voluntary Action Oldham (Action Together), the District Partnership, Pennine Care, Failsworth and Hollinwood Children's Centre, Public Health and Healthwatch Oldham. A Steering Group was established to deliver the first phase of the three-year project and CCG (Clinical Commissioning Group) funding enabled the project to move forward.

The first stage of the project used a Health Literacy approach known as Ophelia (Optimising Health Literacy and Access to Health Information and Services) a new innovative approach developed by Deakin University, Australia that focuses on identifying local need and co creating local solutions.

Please read 'Consensus of Work Completed - Your Child Your Health Choices Project' produced by Jacqui Greenfield, Partnerships Manager (AT) for a full summary of Phase 1 of the project. Contact HWO for a copy of this report.

Healthwatch Oldham's involvement

One of the original reasons for Healthwatch Oldham's involvement in this project was a recognition that it was a way to engage with communities and target audiences we had historically had little contact with; build some capacity within this community and explore the possibility of Healthwatch volunteers having a base in the community enabling a two-way flow of information between local people, Healthwatch and health/care related organisations

HWO's seat on the Steering Group enabled us to have constructive input into the demographic aspect of the Health Literacy Questionnaire (HLQ) and to use this information (with permission from the Steering Group) to inform the work of HWO going forward.

What we did?

Our Healthwatch Officer undertook the required training and became part of the Action Together Team led by Jacqui Greenfield undertaking the HLQ's with parents of children under five years. In addition, our Healthwatch Officer undertook seven in depth interviews with parents who had completed the HLQ. Although the questions asked were in line with the HLQ approach HWO devised additional questions that enabled a wider view of their (the parents) experience of using health and social care services.

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The information contained in these interviews was used to help shape the Vignettes that were used for the workshops. In addition Deakin University felt the interviews provided such a rich source of data that their department provided a separate analysis of the interviews undertaken.

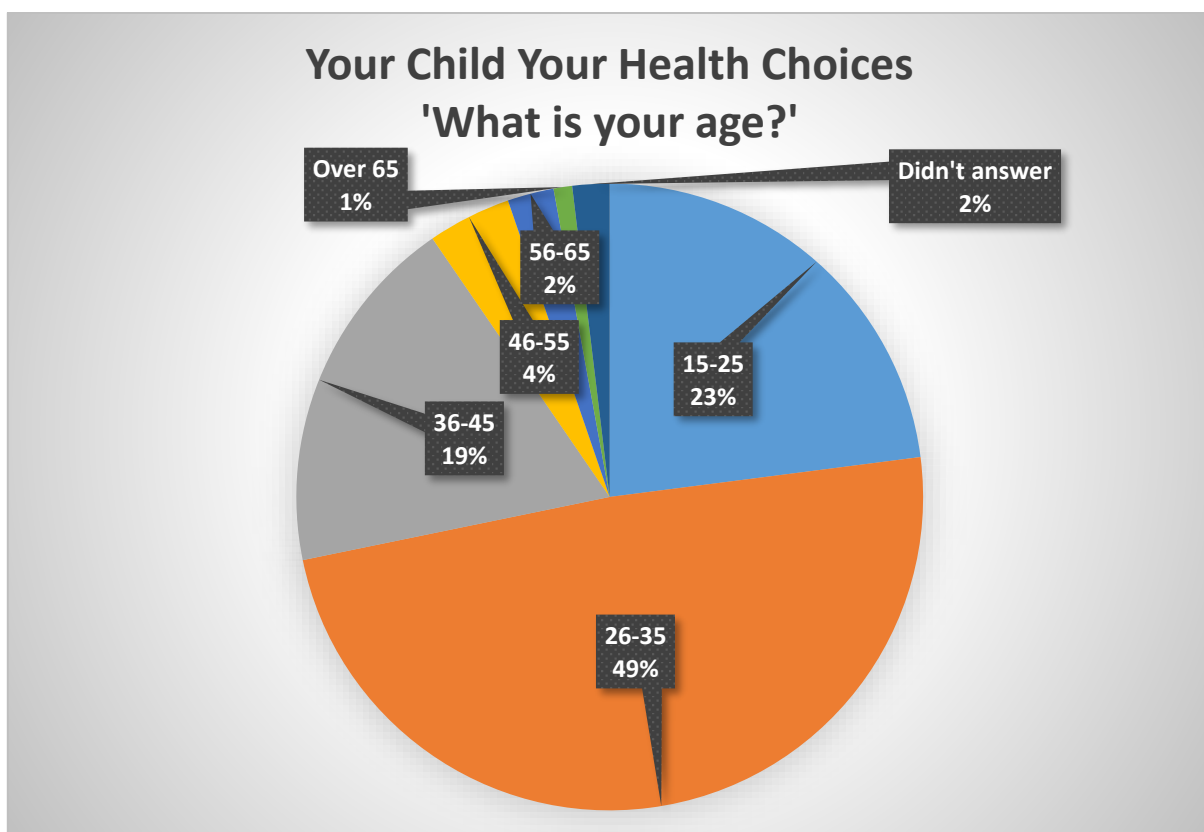
Our Healthwatch Officer was also able to provide a simple Information/Signposting function for parents at the various venues where parents undertook the HLQ and a few more in depth queries were passed on to our Healthwatch Officer with the lead on this function. Our Healthwatch Officer also assisted with the facilitation and note taking of the workshops run by Deakin University on the 15th March 2016 with parents and 17th March 2016 with professionals and parents.

What did we find?

Between December 2015 and March 2016, **209 questionnaires** were completed and **7 in depth interviews**.

Findings - Demographics

The following information was collected from the **209** completed questionnaires from the 'Your Child Your Health' project.



The three most common age range answers were 26-35 with 49% (102 people), 15-25 with 23% (48 people) and 36-45 with 19% (39 people).

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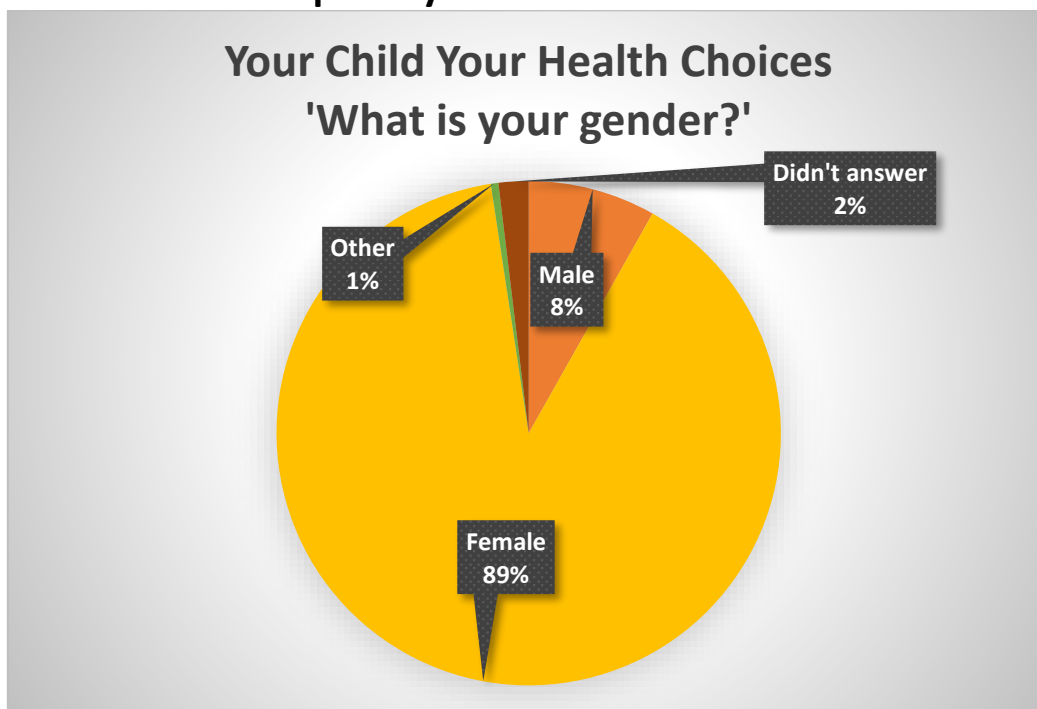
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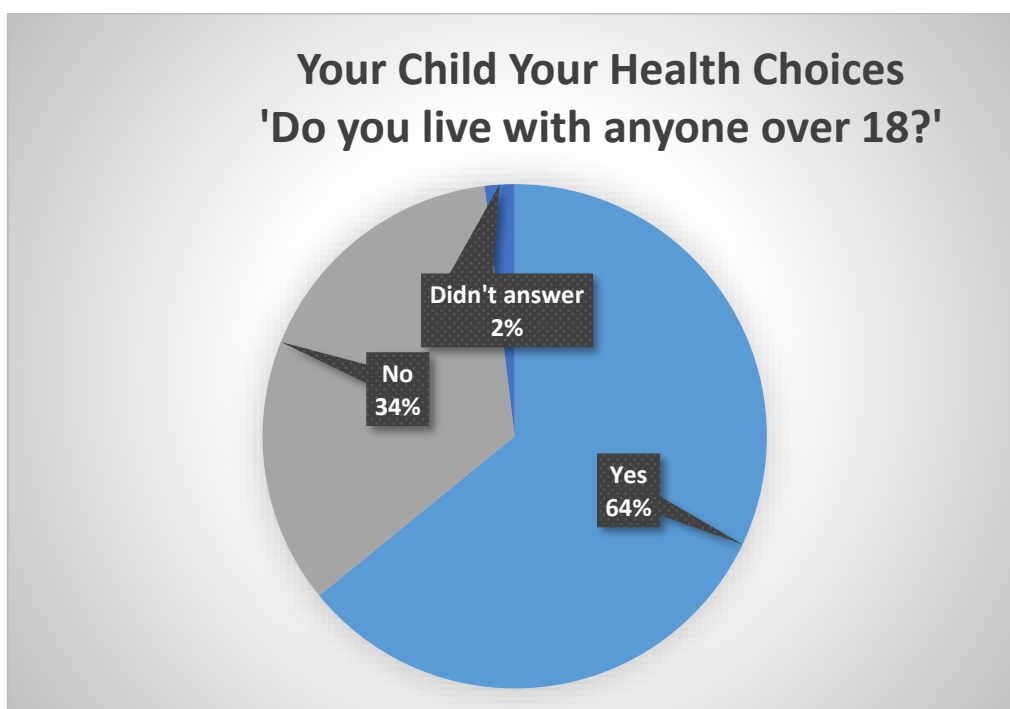
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When asked what gender they are, the most common answer was female with 89% (186 people) and only 8% male (17 people).



When asked if they live with anyone aged 18 or over, the most common answer was yes with 64% (134) compared to those who answered no (34% with 71 people). Only 2% (4 people) chose not to answer this question.

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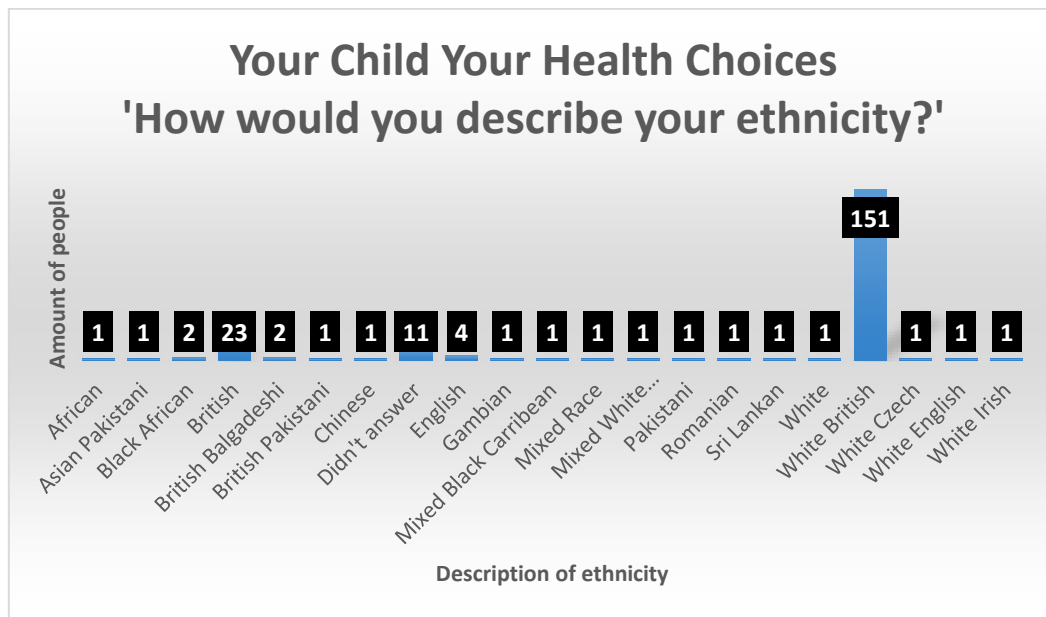
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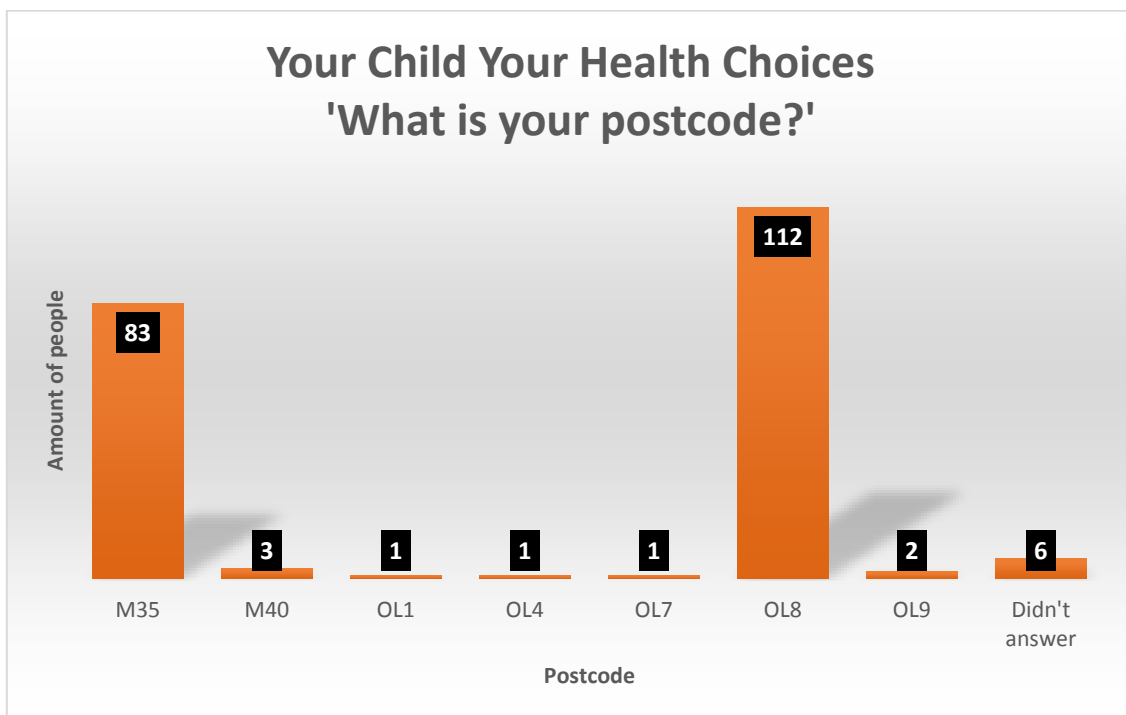
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The most common way people would describe their ethnicity is White British at 151 people as well as British with 23 people. Whilst most other answers have only been provided once, there is a large range ethnic backgrounds that have been stated.



People were asked what their postcode is. These have been recorded to highlight the localities of those who completed the questionnaire. The most common answer was the OL8 area of Oldham with 112 people. This was followed by M35 with 83 people. Other localities were represented but in lower numbers.

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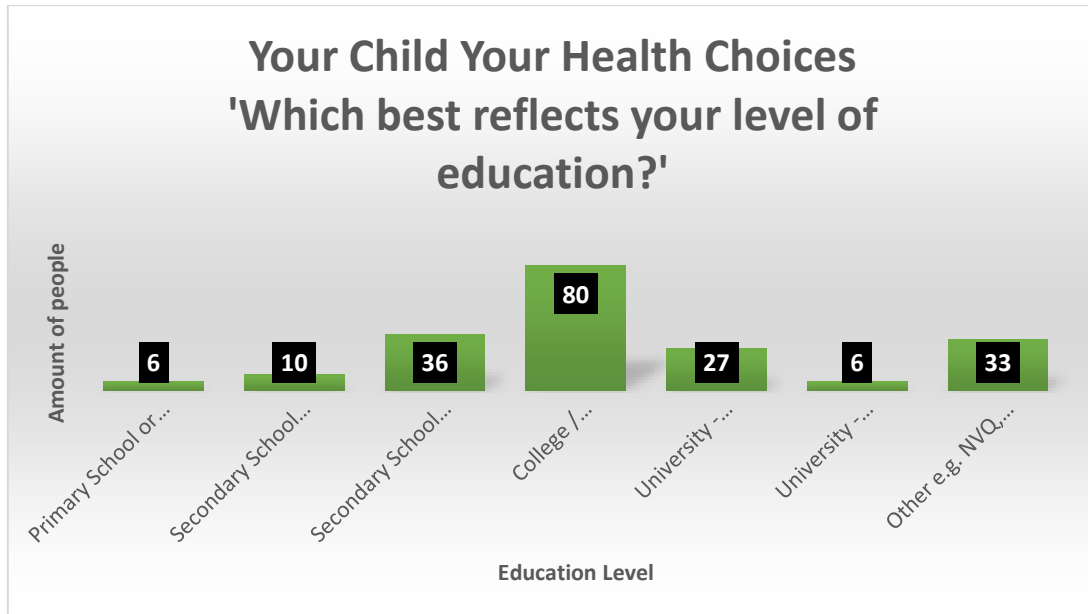
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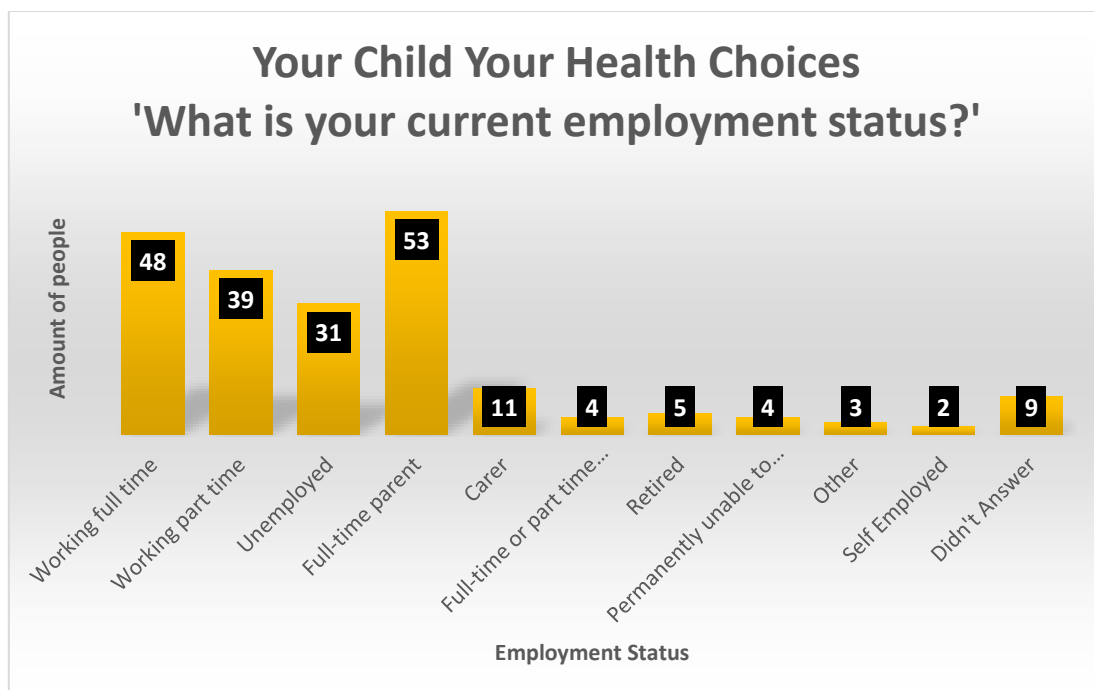
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People were asked what level of education they have received. The most common level was College / Apprenticeship with 80 people. Other common levels is Secondary school (36 people), University (27 people) and Other which could be NVQ or Entry to Employment (33 people).



People were asked what their current employment status is. The most common answers were Full-time parent (53 people), Working full time (48 people), Working part time (39 people) and Unemployed (31 people). There was a range of other employment status but this was not in large numbers.

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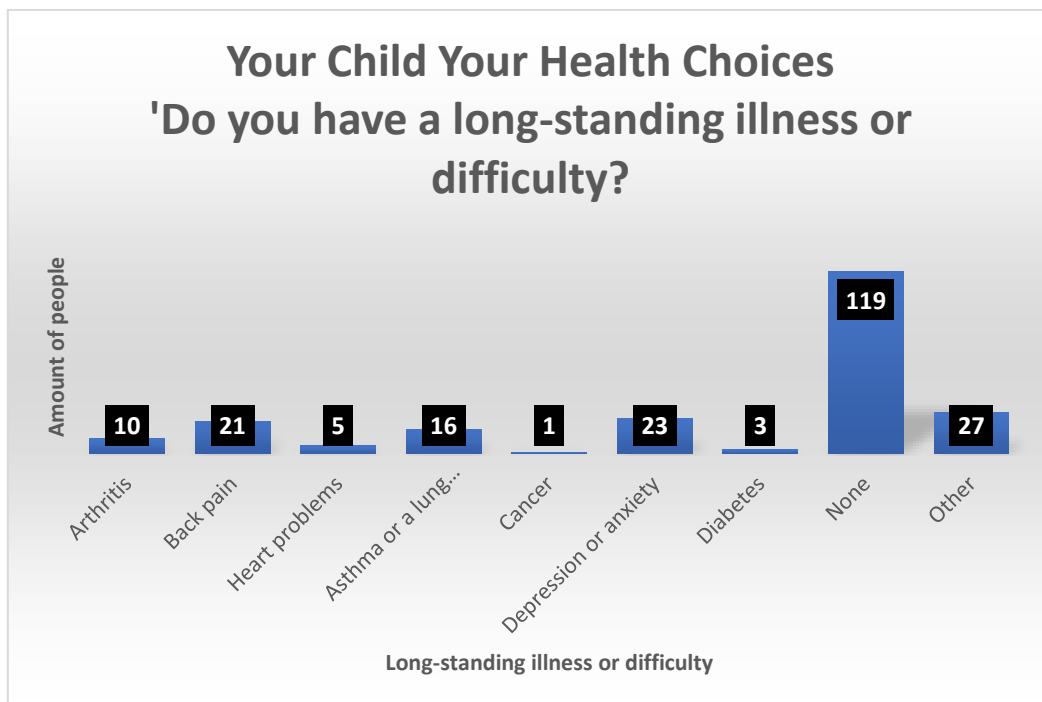
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People were asked if they considered themselves to be a disabled person. Only 1% considered themselves to be disabled (2 people) in comparison to the 89% (187 people) who felt that they weren't disabled.



People were asked whether they had a long-standing illness or difficulty. The most common answer was no with 119 people. However, Arthritis (10 people), back pain (21 people), asthma (16 people), depression (23 people) were well represented. 27 people also gave the statement of other but didn't provide specific details of their condition.

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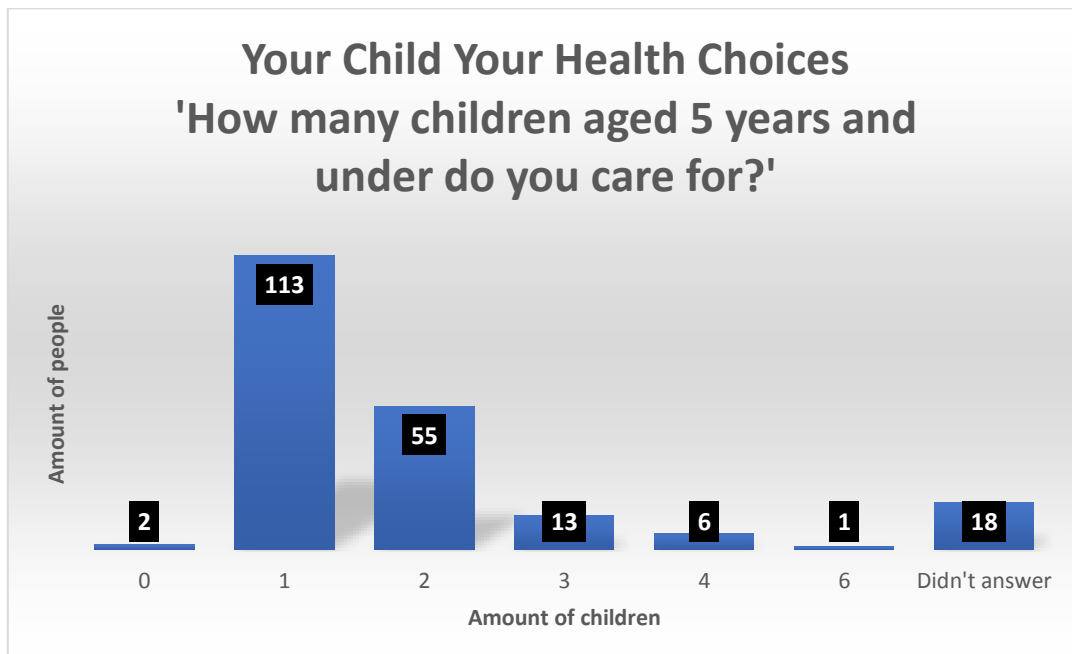
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People were asked what doctor's surgery they are registered with. The most common practice was Failsworth Group Practice with 59 people. However, all practices listed were well represented. The second most common answer was people who were registered with another practice not listed on this questionnaire.



People were asked how many children aged 5 years and under do they care for. The most common answer was 1 child at 113 people. 55 people cared for 2 children aged 5 or under and 18 people chose not to answer this question.

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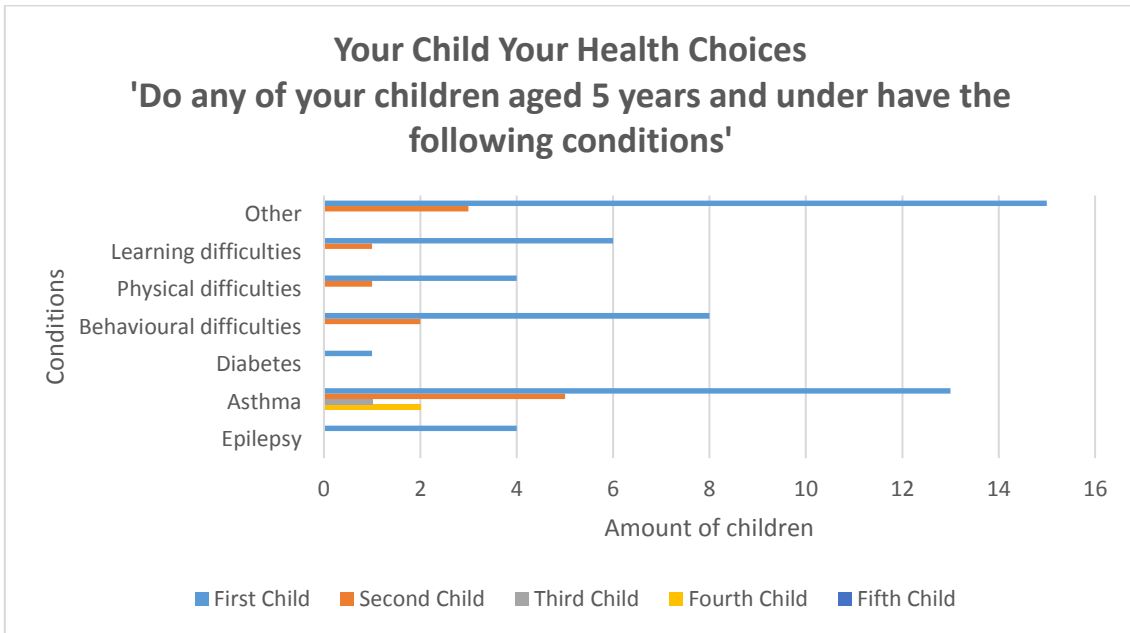
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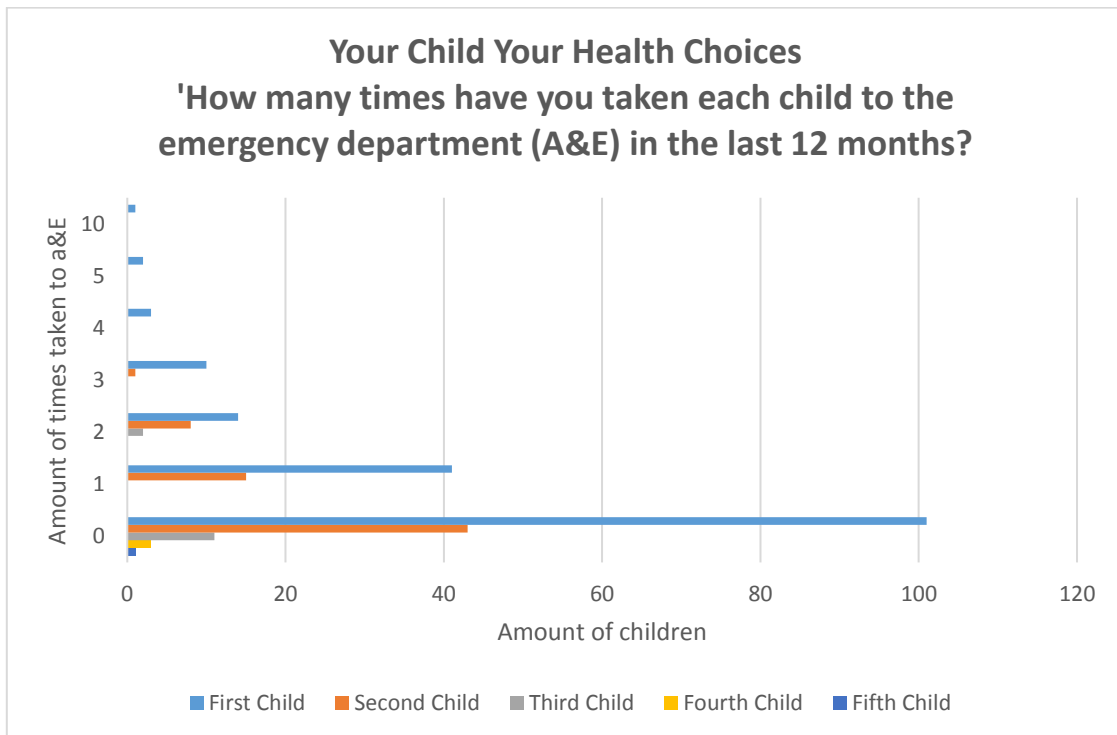
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People were asked whether their child aged 5 and under had any specific conditions. The most common condition was Asthma with their first child (13 children) and their second child (5 children). The most common selection for their first child was other. This option contained various conditions but not in any great numbers. Behavioural and physical difficulties also had a strong selection for the first child.



People were asked how many times they have had to take their child to an emergency department. 101 of peoples first children were not taken to A&E at all compared to 41 who went once and 14 who went twice. There are larger volumes of visits to A&E recorded but these are in small numbers.

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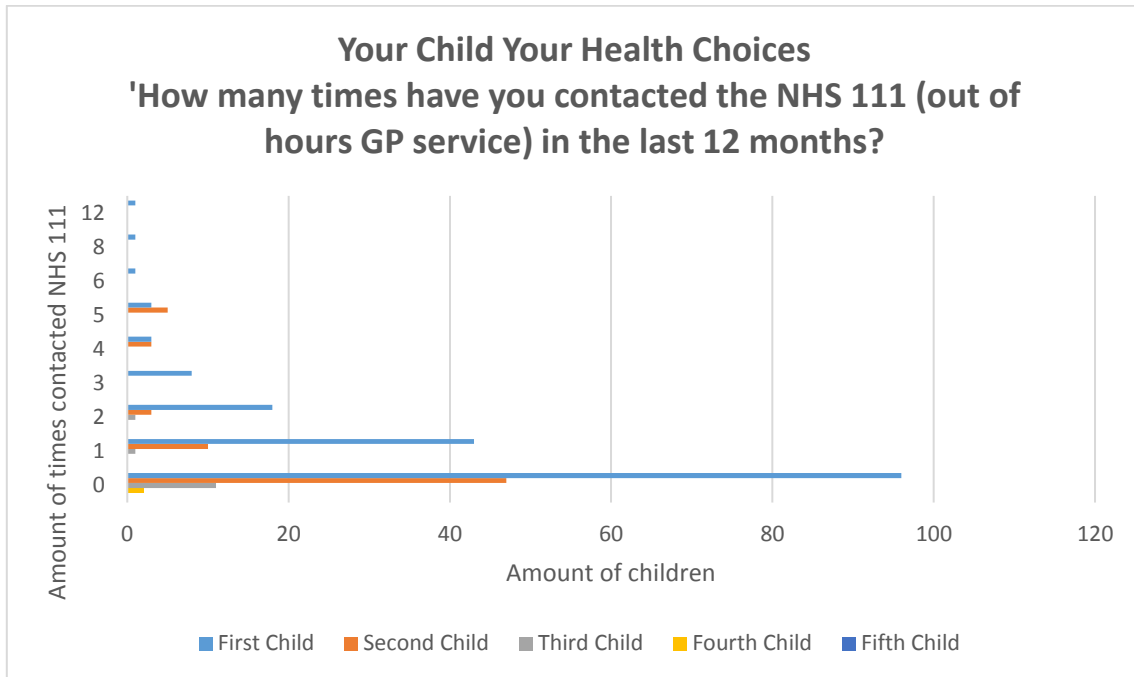
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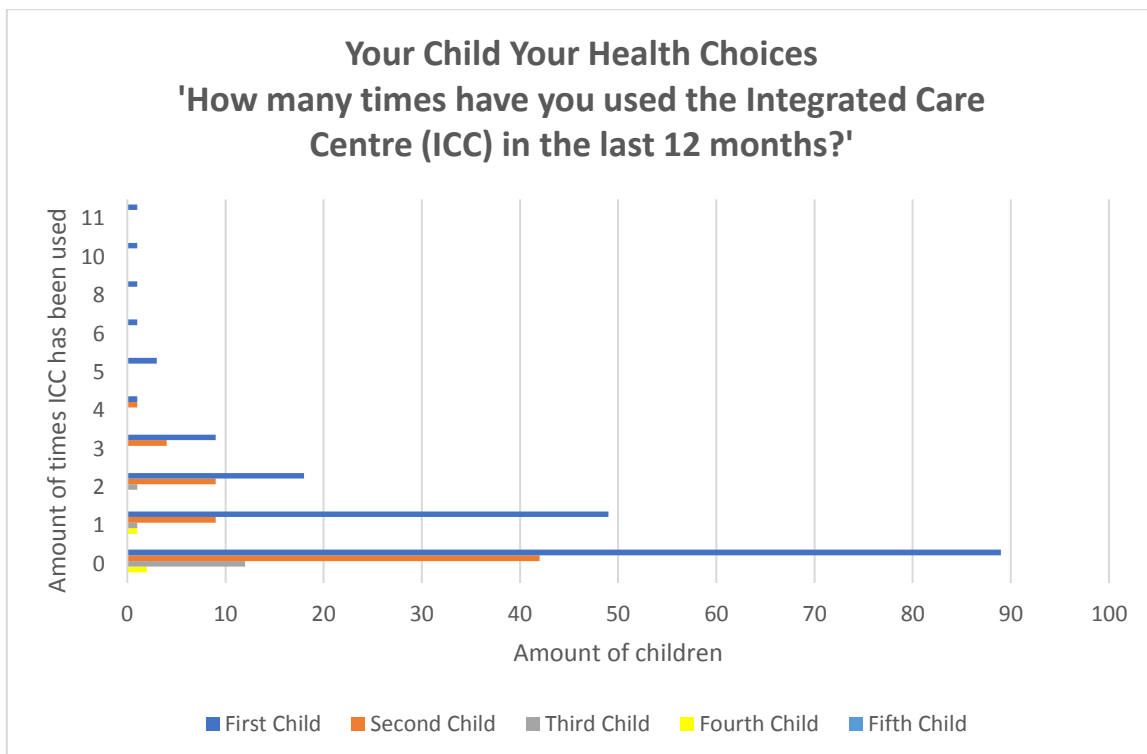
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People were asked how many times they have had to take their child to the NHS 111 out of hours GP service. 96 of people's first children were not taken to NHS 111 compared to 43 who went once and 18 who went twice. There are larger volumes of visits to NHS 111 recorded but these are in small numbers.



People were asked how many times they had to take their child to the Integrated Care Centre (ICC). 89 of people's first children were not taken to the ICC compared to the 49 who went once and the 18 who went twice. There are large volumes of visits to the ICC recorded but these are in small numbers.

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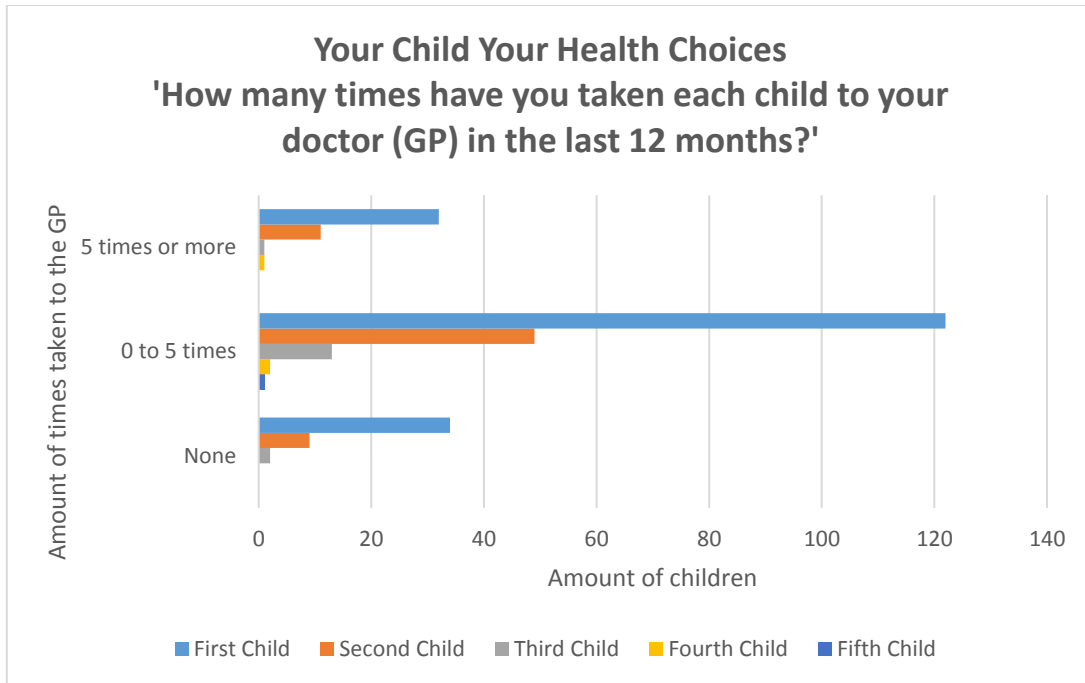
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People were asked how many times they had taken their child to their GP within the last 12 months. The most common answer was 0 to 5 times with 119 people with their first child. The second child was roughly half of this amount with 48 people with their first child in this category.



People were asked whether they needed assistance in completing this questionnaire. 68% said that they didn't (143 people). 10% chose not to answer this question (20 people).

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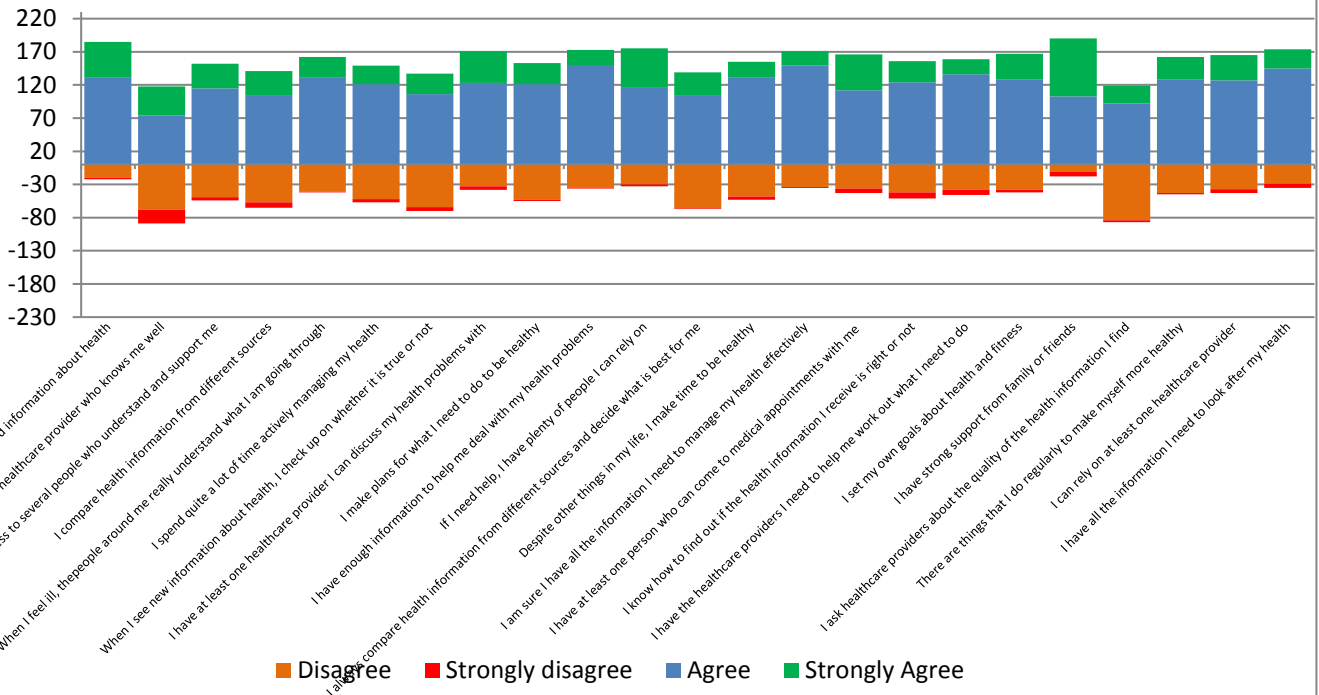
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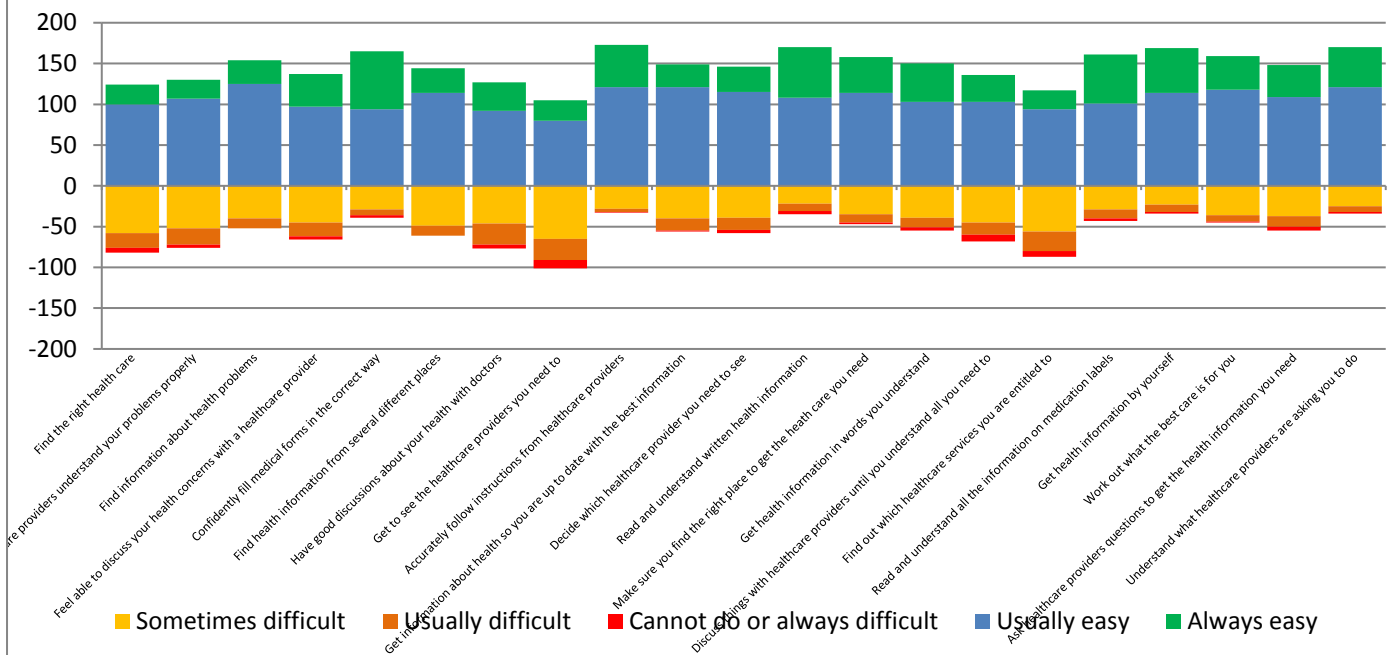
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A chart to show the answers to Part 1 of the Your Child Your Health Questionnaire



A chart to show the answers to Part 2 of the Your Child Your Health Questionnaire



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Summary Findings Part 1 and Part 2 of the HLQ

The two charts above visualise the answers to the questions provided on the Your Child, Your Health Questionnaire. Part one of the questionnaire gave people four options to select to various statements:

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

The statement to receive the most common answer of 'Strongly Agree' was 'I have strong support from family or friends'. In comparison, the statement to receive the most common answer of 'Strongly Disagree' was 'I have at least one healthcare provider who knows me well'.

Another statement which received a very high proportion of positive answers in comparison to the negative was the statement of 'I feel I have good information about health'.

Positive answers outweigh the negative across all the statements in part one of this questionnaire.

In part two of the questionnaire, people had the option to respond to each statement with five answers:

- Always Easy
- Usually Easy
- Sometimes Difficult
- Usually Difficult
- Cannot Do or Always Difficult

Whilst all questions received more positive answers than negative, the following statements had very similar answers:

- 'Find information about health problems'
- 'Confidently fill medical forms in the correct way'
- 'Accurately follow instructions from healthcare providers'
- 'Read and understand written health information'
- 'Read and understand all the information on medication labels'
- 'Get health information by yourself'
- 'Understanding what healthcare providers are asking you to do'

The above statements received the lowest amount of answers of 'Sometimes Difficult' and 'Cannot Do or Always Difficult', suggesting these areas are not of concern for those that completed the questionnaire. They also include a common theme of communication and confidence to understand different types of information. This suggests that information and instructions being provided are easy to understand and follow.

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Summary Findings of the Demographics aspect of the HLQ

There were no clear patterns to determined form the information gathered.

When looking at the areas of the questionnaire where people answered about their usage of A&E, NHS 111, GP services and the Oldham ICC; results showed that they were all accessed in similar numbers. Out

of the 209 questionnaires completed, an average of 45 people had taken their first child to either A&E, seen a GP, accessed Oldham ICC or have contacted the NHS 111 service. Also, the most common condition people stated the condition that their child had was asthma. It is unclear whether their reasons to visit these services were directly related to these conditions or were other illnesses or concerns.

Summary Findings - Interviews

Background

Deakin University outside of their usual remit undertook an analysis of the responses relating to the HLQ aspect of the 7 in depth interviews undertaken with participating parents independently of the HLQ questionnaire analysis. These interviews are ordinarily only used to support the vignettes used in the workshops, however the HLQ Team from the university felt the data collected was too rich a source of information for it not to be analysed.

Methodology

The interview questions are based on those in the HLQ but required a more in depth response. It is to be noted that some of the questions as similar in subject matter have been coupled together and as they correlate to the question on the HLQ will appear out of order. These cover questions **Q1 to Q9** HWO in agreement with Deakin University provided a few additional questions which were felt to be of value in ascertaining a clearer understanding of the parents interviewed recent usage of health and social care services and their experience (if any) of mental ill health. These cover questions **Q10 to Q12**

The 7 parents who had agreed to the interviews had already completed the HLQ questionnaire and gave their permission to be contacted. They were evenly spread across the GP cluster area and all had a least one child under 5. All were women although in two of the interviews there was at least one male present who contributed to the interview questions. The interviews took place either in the parent's home or in a private room in a health centre or community building. The interviews varied in length but on average all were at least 1 hour in length. As agreed at the interview stage all parents names are anonymous as are those of their children.

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Analysis of the Interviews

The following is a combined analysis of the interviews and the findings by both Deakin University and HWO these findings are supported by comments made by the parents interviewed as seen in the speech bubbles.

Q1. Feeling understood and supported by healthcare providers

Q6. Ability to actively engage with healthcare providers

7 Participants were satisfied with the support and level of care provided by either their GP, Health Visitor or Community Nurse. Although Health Visitors received the best feedback in relation to overall satisfaction the outcome of the care they received from their Healthcare provider impacted on their levels of satisfaction. The following are the points that were cited as essential in a good relationship with their Healthcare provider;

- Feeling supported and comfortable with the Healthcare Provider
- Trust (this was identified as being as important as feeling comfortable)
- Having a healthcare provider who listened to them was of vital importance
- Having the same Healthcare provider who knew their children and them

"When I talk to my GP or my Psychiatrist they listen to me and try to get me the help that I need if I am ready for it"

"If I'm honest I think it's my GP that's made me ready because he listened to me and I've never had that before he made me feel comfortable, I've not felt this comfortable talking to a GP before"

"I like to see the doctors that I see as they know where I am up to I don't have to go through it all again and explain. They know what's going on"

"To be fair with R (practice nurse) she has shown that I can trust her that's one of the things I like"

"My current Health Visitor who I have had since K was born has been amazing....talking to me about how I would feel balancing work and home...she is a really caring. When K had to go to A&E she phoned me the next day and asked how K was and how I was. I can talk to her about anything and I know I can phone her and she will get straight back to me....I feel she is there for me"

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Q2. Having sufficient information to manage my health

Q5. Appraisal of health information

- Having sufficient information to manage health

6 Participants felt they had sufficient information to manage their health although;

- **1 Participant** felt only in relation to their physical health not their mental health
- **2 Participants** cited mainly using the internet than a Healthcare Provider to source information
- **4 Participants** used both their GP and the internet

"I think my physical health is easier to look after as I can do it myself but my mental health is harder"

- Insufficient information provided by healthcare provider

1 Participant who was juggling caring for children and various family members did not feel they had enough information to manage theirs or their children's health

2 Participants felt that there was a lack in the information delivered by healthcare providers, even when efforts were made by the patient

"I'd like to have more knowledge of what's wrong with me. He's (Psychiatrist) given me some information about the tablets but not about what's wrong with me so I would like some information about what's wrong and what's happening so I can go oh that's why I'm doing or feeling that".

"I get frustrated with the doctor (at MCH) because I say to him Z is in constant pain you deal with these children with this condition what can I do. And he says well it's pain what do you want me to do?"

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Q3. Actively managing my health

7 Participants were able to identify when "something was wrong" and to take the initiative to have this investigated by a health professional

5 Participants indicated taking initiatives to manage either their own health or the health of their children in this manner

"I knew as a Mum, something wasn't right with her"

"I put myself in their position and I think how would I feel if (my) Mum walked out the door and went to hospital and never came back? It breaks my heart and gets me upset just thinking about it now and know I had to make those little changes to make sure they (her children) have got their Mummy. It seems like a small price to pay for a big return".

4 Participants indicated being more mindful of their diet and indicated attempts to eat healthier.

"I do manage my health.... The kids eat healthily I'm not one for takeaway. Don't get me wrong, we have the occasional treat like a pizza and there are days when I sit and eat chocolate all day, but it's just everything in moderation. I'm better now than I used to be".

4 Participants described exercise as being one of the methods used to manage their health

3 Participants described exercising with another person, this appeared to be a motivating factor.

"She my friend) is happy in her skin, and I thought if she's comfortable in her own skin then why aren't I? I've got these imperfections and I thought sod that, I want to take my kids swimming because I have never been able to do that..."

2 Participants said how caring for others juggling caring for children as well as ill relatives left them feeling challenged and tired with no time to take care of their own health.

"I don't actually get time, I'm that tired that I hit rock bottom. It's like really, really difficult it's like sleeping I don't really sleep or eat"

1 Participant said she made sure her children ate healthy but did not take care of her own diet

1 Participant noted her habit but was unwilling at this time to address the issue

"I do smoke and I do have asthma. I should probably quit. I've been smoking since I was 11 so I've smoked going on 17 years and I'm not willing to give myself that bit of a push to stop"

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Q4. Social support for health

ALL Participants felt supported particularly by their own family, partner's family, friends or the support services provided especially by schools.

"My Mum comes with me (to appointments) as I'm dead quiet I won't really tell them what's going onwhilst my Mum will tell them"

"I had my own way of dealing with it but it's nice that the school picked up on it. They've really helped me out."

"I have a close group of friends that I have known a long time that I can talk to and help me out"

"My friends not my family. I've got a handful of friends who I trust with my life and my child's life"

Q7. Navigating the healthcare system

5 Participants felt satisfied with the support they received from their healthcare teams in relation to navigating the system.

"F recently had an incident at home resulting in having to take F to A & E, I knew due to the nature of the injury it would have to be glued. This was in the morning so we only had to wait 45mins from triage to being seen. Everyone was helpful and friendly".

1 Participant felt face to face was better than talking on the phone regarding her mental health issues

1 Participant although frustrated with the referral time was understanding of possible reasons for delay

" ... yeah it took me quite a while to get to a psychiatrist, I went through CBT and positive minds and a psych test it took me a good 18 months - that's what they have to do 'cause they have policies and things they have to follow".

Q8 Ability to find good health information

2 Participants only were confident of their ability to source required information

"Yes I feel I have the skills to do this, if I am aware of anything that will help my clients (as a healthcare provider) I will pass this on"

"I'm good at finding resources but you need to know where to look"

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Q9 Understanding health information well enough to know what to do

3 Participants felt that discussion with a family member or a health professional was found to be helpful

2 Participants felt that medical terms used in documents handed out to clients can be difficult to understand

"It's like when they use a medical word I'm like what are you talking about? I'll say why do you use words like that say what it is?"

1 Participant felt she could not question her GP if she wasn't sure of something but indicated she had identified her son's symptoms as needing urgent medical attention and called an ambulance

2 Participants indicated a limited ability to apply solutions or treatment due to personal circumstances, despite discussions with a health professional

1 Participant said generally information handed out by GPs was easy to read

1 Participant said they would prefer someone talked to them about it rather than try to read it

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Additional Healthwatch Oldham Questions

Q10 Parents were asked to think about a recent experience they had of using a NHS service and if anything could have been done differently

7 Participants described various aspects relating to service provision and level of care which could be improved, these included;

- Priority appointments for children who are ill
- GP's being better informed and more understanding about mental health
- GP's giving clear direct information to patients
- Reduction in dispensation time of prescriptions from GP to Pharmacy and delivery
- Less dispersion of services across departments and locations
- Reduction in waiting times for appointments particularly for children
- Not to have to struggle to be seen by a health professional who would take a closer look at a particular issue of concern with a child
- Someone to help distract children eg a Nursery Nurse when receiving treatment in hospital as this can be too distressing or difficult for parents
- Have the same Health Visitor throughout
- Length of time waiting to be seen at outpatient appointments when on public transport and having to collect children from school

"Every referral I've had from here for scans none of them are in Oldham. I had to see a consultant in one hospital then have the scan in another and then back to the consultant again"

"They told me the prescription for my medication would be with the doctor that day and it took three days to arrive"

"Kids should come first. You shouldn't have to wait to get an appointment, and when you get an appointment you can wait hours in the surgery..."

"When S was little I had a lot of problems with S having lots of tantrums my Health Visitor told me it was normal. I saw a doctor at the hospital and within 10 minutes she told me S was on the Autism scale, she knew she could tell straight away. I thought I was going crazy for years until I went to that one appointment and she told me everything that I was thinking was right, but I had to push for 5 years before someone would see S"

"...and you don't always get to see the same GP. They give you the time when you get in there it's just the wait and then they don't know anything about you, they got computers and stuff but they don't know you".

"I needed an operation on.....and they sent me to Salford Royal I sat there for 5 hours before they saw me.....they wouldn't do anything it took me an hour to get home on the tram I had to get someone to look after my other kidand I don't like it."

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Q11 Do you think your mental health has been looked after as well as your physical health?

- 7 Participants** expressed experiencing mental health issues either currently or in the recent past with depression being the most common
- 7 Participants** had seen a healthcare professional about their mental health and been offered treatment
- 2 Participants** were currently seeing a Psychiatrist
- 3 Participants** expressed concern about amount of time they had to wait for support or lack of it

"Sometimes when I go to appointment they don't talk to me when they know I have mental health, and I say why don't you talk to me are you scared of me and they say I don't want to upset you. Some people judge you and put you all the same, but I think they are quite ignorant towards mental health. They don't realise some people turn violent but not everybody".

"...somewhere for him (partner) to go because I know he's not getting out there and socialising."

"I've had depression and stuff and he said you need to see a counsellor and it's like a six week wait referral thing and I haven't chased it up to be honest I just like tried to pick myself up so I did something and tried to snap out of it".

"Being referred to counselling by my GP really helped me with my post traumatism, I managed to talk through so many things over the year I attended and it has helped me with my second child".

Q12 Is there anything else you would like to tell us about the support you get with your health and care?

"The staff at the Maternity Ward (ROH) when I had G...were obviously busy and all the staff were running about like crazy. They could maybe have a few more staff on just for their sanity...."

"Yeah, get out there and find out what's going on, don't just sit there, I did but then I went and found out."

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Conclusion

Phase 1

This statistical information has given Healthwatch Oldham an insight into a group of people HWO has not historically had much feedback or contact with. Part of our role is to now ensure this information informs our work going forward and that contacts made with Health professionals, Community based workers and parents is not lost.

As the proposed second phase of the project is focusing on working with volunteers within the community HWO at this stage does not feel the need to have a HWO volunteer base in this community.

Phase 2

The Second phase of this project aims is to train and support a network of patients from across the Failsworth Cluster to be 'community children's health mentors/champions. This will be coproduced and

delivered with local Voluntary and Community Faith Sector groups who have specialisms in either working with parents and children under 5, or who have deep roots within the community.

Using an asset based approach to deliver the project they will engage and develop the skills of community connectors to support families to develop their health literacy and confidence around accessing self-help, coping with common minor childhood illness and when it is appropriate to access health services.

The focus is on two distinct cohorts of mentors/champions. A cohort of younger parents who will provide advice and support to their peers, and then a further cohort of older, more experienced community members who can provide support and mentor younger, or less experienced parents.

Phase 2 of the project which looks at Social Prescribing, Healthcare System Navigation and Service Directories is being led by Laura Windsor Welsh, Partnerships Service Manager at Action Together.

HWO Next Steps and Recommendations

- We will maintain and develop these community links ensuring that local people's voices around health and social care help influence local services that affect them.
- HWO is part of the Action together family who's Partnership Team alongside the Failsworth Cluster and Hope Citadel are leading on the second phase of this project in relation to recruiting volunteers within the community. HWO will input into any training or support of volunteers where appropriate.
- HWO will continue to provide accurate up to date information and signposting service where appropriate within the Failsworth Cluster to empower people and allow them to make informed choices about their own health and the services they can access
- This is the first time HWO included a question on mental health as a result of these findings HWO has adapted our standard surveys to incorporate a question around mental health to enable us to have a better understanding of the issues that arose from this project. Going forward we will also incorporate these into our targeted questionnaires
- HWO will share this report with partner organisations to help shape their future services

Report completed by: Linda Dunbar - Healthwatch Officer & Martyn Nolan - Research Officer

Report date: 9th May 2017

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