

# North Trafford Project

A report looking at inequalities in health service  
access in the north of the borough



Published August 2021

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## 1. About Healthwatch Trafford

Healthwatch is an independent organisation set up by government to champion local people's views on health and care services in England. It is funded through local authorities and there is a Healthwatch based in each of the 152 local areas in England. The work we do informs and influences local decisions on health and care services.

There is a central body called Healthwatch England that works to ensure uniformity in terms of standards and collects the wide range of feedback on different health related topics each office gathers and reports directly to government.

Healthwatch Trafford is supported by its board, its staff, and regular volunteers; this ensures that what we do is directed and shaped by local people. The focus of our work is on local voices, which we collect through engagement events, attendance at local functions, our own research, feedback from the public online, and via the telephone.

For information about Healthwatch Trafford visit <https://healthwatchtrafford.co.uk/>.

### Acknowledgements

We would like to thank all those that gave their time during the planning of this project, to shape it and to promote the final set of questions.

The support of local councillors and other professionals was also greatly appreciated, and this informed the work and helped us reach out more widely.

We wish to thank all the people that have shared their comments in the online survey and through the group work.

We would like to name Voice of BAME Trafford, Age UK Trafford, and the Pakistani Resource Centre for their support. Some of the additional groups we worked with are represented anonymously.

Many thanks to our volunteers for their support in planning, delivering, and reporting.

We are grateful to Trafford Data Lab for advice on local data and use of images.

## **2. About this report**

Before the COVID-19 pandemic, Healthwatch Trafford had been planning a project on the possible relationship between inequality and access to health and care service access in North Trafford. These inequalities relate to differences in health outcomes, life expectancy and the different patterns identified between North Trafford and other areas of the borough.

Due to the pandemic, we were ultimately forced to conduct the engagement activity for our project slightly differently. Despite restrictions, we felt this work was important enough to continue and found that the pandemic made the subject even more relevant, thanks to the ways in which inequality affects the chance of catching COVID-19 and increases the negative impact of lockdown.

The report is based on several sources of primary research done between October 2020 and February 2021. Engagement work was done with local groups using a set of questions around inequality and health and social care access. In addition to the comments gathered through local groups, we created and hosted a survey online. A set of meetings were held with local professionals to understand the context in North Trafford. We created an additional survey for professionals who might have preferred to respond to us anonymously.

### **Aims and objectives for the project**

Healthwatch Trafford wanted to assess whether barriers to health and care services in North Trafford are specific to certain groups, and whether they are linked to factors such as deprivation. We wanted to find out exactly what those barriers and disparities are and why they exist. During the project, Healthwatch Trafford planned to speak to people and professionals in North Trafford: providers, community groups and the public. We asked what (if anything) had been done to combat existing barriers to access, whether initiatives worked, and what could be shared or learnt from.

The wider context for the project includes numerous changes to services over the last two years, followed by the upheaval caused by the COVID-19 pandemic.

### **Desired outcomes**

- An increase in residents' and providers' awareness of the barriers to accessing health services and the potential solutions to those barriers.
- An increase in the accessibility of health and care services for residents of North Trafford.
- A commitment from commissioners and providers of health services to reducing the barriers to those services.
- An ongoing commitment from both providers and commissioners to involve patients in the design and delivery of services, to ensure that they are appropriate and accessible to those patients.

### 3. Executive summary

This project began as a response to the enquiries and feedback we had about health and care services in North Trafford. North Trafford includes some of the highest levels of deprivation and inequality in the borough, and the feedback suggested that there was a link between inequality and access to services.

We used the data provided by Trafford Council to look at the underlying issues surrounding deprivation and inequality in North Trafford. We also searched for any external reports or projects done in the area. Both sources supported the notion that it would be worth exploring people's experiences of local health and social care services. Our work would provide additional insight to existing understanding.

The pandemic changed our plans for the project as our engagement could only be done remotely. Despite the challenge, we were able to reach a good number of people through reaching out to local groups, as well as hosting our own survey online. Groundwork for the project involved attending online meetings and making many telephone calls.

We also took the chance to review our working and engagement practices when meeting with new groups. Without the support of these groups, this project would have included fewer voices from around the North Trafford area.

Our findings clearly showed a difference between before and after COVID-19 began. Before the pandemic, people were largely happy with access to health and care services in North Trafford and the quality of treatment/care once they received it. One area of concern was access to GP appointments, which we had also been hearing about across the borough for some time. This included issues such as having to call very early, two- to three-week waiting times, and not wishing to give detail to receptionists. Within specific groups, underlying issues such as language barriers, literacy, and access to technology were often overcome through face-to-face appointments and did not emerge as a major concern pre-pandemic.

After the pandemic began people noted a sharp difference in access, as might be expected due to the changes required to improve safety. These changes included fewer face-to-face appointments and a shift to remote appointments by phone and videocall, the cancellation of community support visits where possible, and hospital and other diagnostic sessions being delayed. Much like we found in our recent COVID-19 report<sup>1</sup>, the shift to remote appointments and confusion over upcoming booked appointments caused a lot of anxiety for people. Within the specific groups we heard from, language barriers became an increased challenge due the difficulty of communicating remotely and understanding the processes required to get advice and treatment through digital channels. Those not familiar with technology also struggled, and often the experiences of two groups overlapped. For example, we heard from ethnic minority participants who expressed concern over using technology due to language barriers, as well as older people who said they did not know how to use smartphones or the internet to arrange appointments and access information.

Alongside the findings, we also heard from professionals working in the Trafford area. A small sample of respondents noted housing deprivation and concern about service

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<sup>1</sup> Healthwatch Trafford (2020) Experiences of health and care in Trafford during the 2020 COVID-19 pandemic 2020, online at <https://healthwatchtrafford.co.uk/wp-content/uploads/2020/11/HW-Trafford-Covid-report-Final.pdf>

provision. Interventions on substance misuse, dental provision, and smoking cessation were highlighted.

This project concludes that there is a case for further investigation into deprivation and inequality in North Trafford and whether this has any bearing on local health and care services. Those we spoke to were broadly able to access such services although the COVID-19 pandemic has caused disruption, particularly amongst those that need additional support to use digital or remote ways of access. On the issue of digital access, we have produced a relevant GP website review<sup>2</sup> for Trafford, where results at practice level were also sent out to respective sites.

## 4. Key findings and recommendations

### What we found:

- Before the COVID-19 pandemic, people were broadly able to access the health and care services they needed in North Trafford.
- With regard to GP services, this was one area where access was a challenge for some, with the long waiting times mentioned as the key issue. Our feedback on GP services in North Trafford summarised in Appendix 3 suggests that patients are not always happy with the service here compared to users across Trafford.
- After the pandemic began people were concerned about access issues, though not everyone in this research needed to access services.
- We heard that for some dental access became more difficult post-pandemic. Whilst this was not represented in a large number of comments in this study, work we did over the pandemic did indicate this to be a major issue in the wider Trafford<sup>3</sup> and Greater Manchester area. In addition, Healthwatch England<sup>4</sup> raised the issue of dental access nationally as a result of COVID-19.
- There were also some comments related to testing such as phlebotomy being disrupted after the COVID-19 pandemic. Phlebotomy is a longstanding issue in the borough that we have been focused on since our report in 2018<sup>5</sup>.
- For those with English as a second language, not confident with smartphones or digital services, and preferring face-to-face appointments there were barriers to access.

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<sup>2</sup> Healthwatch Trafford 2021 General Practice in Trafford: Website review <https://healthwatchtrafford.co.uk/wp-content/uploads/2021/04/GP-Website-Review-Final-28-04-21.pdf>

<sup>3</sup> Healthwatch Trafford 2021 Trouble accessing a dentist? <https://healthwatchtrafford.co.uk/wp-content/uploads/2021/02/HWT-Dentist-Infographic.pdf>

<sup>4</sup> Healthwatch England 2021 What people have told us about NHS dentistry <https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/20210524%20Dentistry%20during%20COVID-19%20Insight%20Briefing.pdf>

<sup>5</sup> Healthwatch Trafford 2018 The Phlebruary report <https://healthwatchtrafford.co.uk/wp-content/uploads/2021/06/The-Phlebruary-Report-FINAL.pdf>

- Whilst remote appointments meant easier access for some, others struggled to understand the systems and had concerns over language and privacy as well.
- We tried to engage with local professionals to get a broader understanding of how health inequalities might affect services in North Trafford but had a low response. What we did find suggested a need for a focus on continued support for substance misuse and smoking cessation programmes as well as wider determinants such as housing.
- We did not find much comment from people about health and care inequality and any interventions to address it, though there could be many reasons for this. Solutions tended to be quite practical, such as the return of face-to-face appointments, more staff or better communication of changes.
- Few recent publications directly related to health and inequality in the Trafford area and aside from the JSNA nothing on North Trafford in particular.

#### What we recommend:

- **Look at initiatives that could reduce waiting times for GP appointments once the COVID-19 pandemic ends.** Prior to the pandemic people noted GPs were at times hard to reach, with long waiting times. Addressing this post-pandemic would improve people's access to services.
- **Ensure all patients can access appointment booking services, whether digitally, via telephone, text or in person.** While remote appointments were offered there were issues with this for some people. Those unable to access the internet, smart phones, and concerned about sending images on their phone did not want the change to be permanent. Some residents prefer face-to-face contact, either from preference or because they can better express themselves face-to-face. Once services return it should not be automatically assumed people want a remote appointment, they should be given a choice, and this should be documented in their health record. Practices should draw on the experience of COVID period to improve waiting times where possible.
- **When dental services are able to accept more patients there should be provision for the backlog caused by the COVID-19 pandemic.** Residents have not been able to access dental care during much of the pandemic therefore causing a backlog in appointments.
- **Improve engagement between professionals and the public, to increase understanding of ongoing issues and any measures taken to address health inequalities.** This could include clarity around the roles of related fields such as public health, housing provision, substance misuse and dental hygiene.
- **It would be beneficial to see more investigations into the links between inequality and health outcomes in North Trafford (as well as other areas of Trafford identified as in need).**

## Matrix summary of desired outcomes against recommendations

Outcome	Recommendation		
<b>Increase in resident and provider awareness of barriers and solutions.</b>	<i>This detail is covered by the publication of the report.</i>	<i>Continue ongoing discussions with the North Trafford Inequalities Group and other relevant forums to ensure information is shared and a collaborative approach is taken to tackling identified inequalities. *</i>	Call for further investigations into inequality and health in North Trafford and the wider borough itself.
<b>Increase in accessibility of health and care services for residents in North Trafford.</b>	Reduction in GP waiting times post COVID-19	Ensure post COVID-19 all patients can access appointments, especially those without digital skills or access	When dental services fully open, provision for clearing the backlog of cases from COVID-19.
<b>Commitment from commissioners and providers of health services to reducing barriers.</b>	Improved engagement between public and providers on health inequalities	<i>Continue ongoing discussions with the North Trafford Inequalities Group and other relevant forums to ensure information is shared and a collaborative approach is taken to tackling identified inequalities. *</i>	
<b>Ongoing commitment from providers and commissioners to involve patients in design and delivery.</b>	Improved engagement between public and providers on health inequalities	<i>Continue ongoing discussions with the North Trafford Inequalities Group and other relevant forums to ensure information is shared and a collaborative approach is taken to tackling identified inequalities. *</i>	

\*The North Trafford Inequalities Group meets regularly to discuss ongoing issues related to Health and Care in the Northern area of Trafford. Membership includes representation from Public Health, GPs, local charity, and volunteer groups, Healthwatch Trafford. The aim of the group was to facilitate this report and the findings and inform each other on what is being done in the area considering the noted health inequalities.

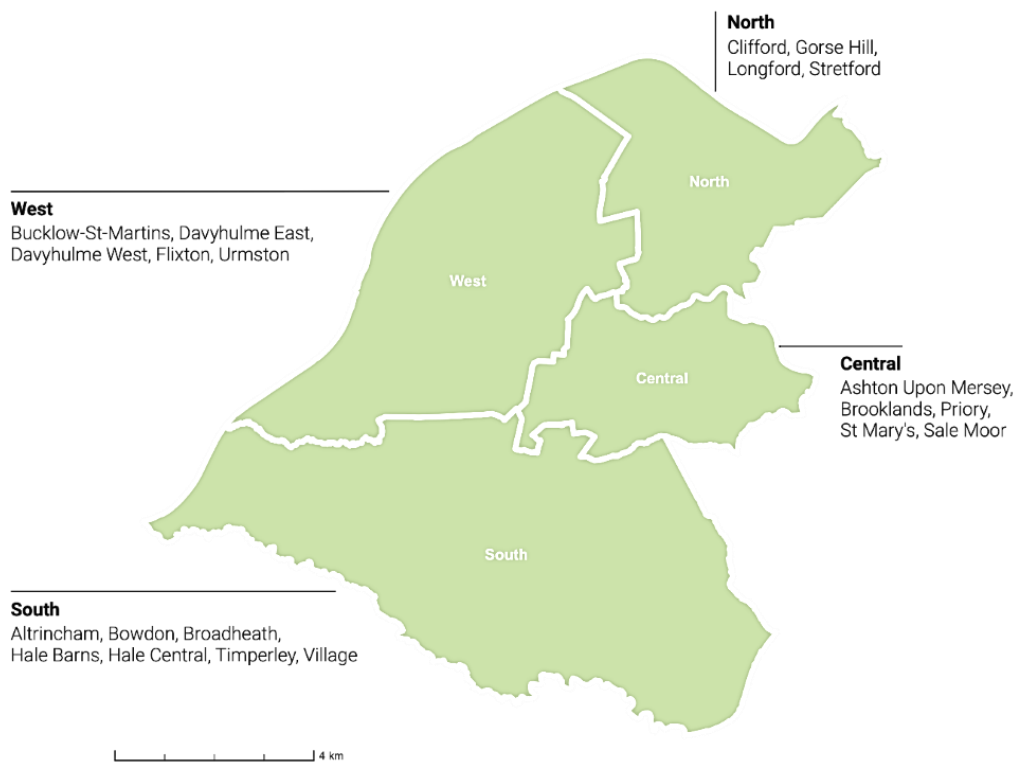


## 5. Background

Trafford is a metropolitan borough sitting to the southwest of Manchester city. Trafford is one of the ten areas that make up Greater Manchester.

As with other areas of Greater Manchester, Trafford Council have defined parts of the borough to better understand them and administer services. North Trafford is one such locality, comprising Clifford, Gorse Hill, Longford, and Stretford Council wards. The below image illustrates the four areas of Trafford and clarifies the areas within<sup>6</sup>.

### Trafford's localities



Contains OS data © Crown copyright and database right (2018) | @traffordDataLab

Not all local people recognise the localities defined by the Councils due to them being formed relatively recently. Nevertheless, they are useful in this report because this way of zoning the borough matches official documents and statistics.

This section also looks at evidence about the health of residents in Trafford and North Trafford as part of the context of this report. We will look at the information presented by Trafford Council, principally the Joint Strategic Needs Analysis (JSNA), and reports by the Director of Public Health.

<sup>6</sup> Trafford Data Lab (2018) [https://www.trafforddatalab.io/accessible\\_graphics/trafford\\_localities.html](https://www.trafforddatalab.io/accessible_graphics/trafford_localities.html)

There are also a number of more localised reports focused on Trafford, which form part of the background of this project.

The national picture on health and inequality is taken from Public Health England's profile of Trafford<sup>7</sup>. The report also considers the work done by Michael Marmot and the Institute of Health Equity.

Finally, Healthwatch Trafford has its own understanding of the North Trafford area. The intelligence we have gathered, including that which initially prompted this report, will also be considered.

It should be noted that the data within the sources below can be before 2021, but this is clear in the references within the text. Though the last full published Census data was 2011, there have been updates since then which are incorporated into the Public Health England profile for Trafford, based on 2019 estimates and the council data, between 2015 and 2019 as below.

## **5.1 Local understanding of inequality and health in Trafford - Trafford Council**

A principal source of information about general population features and their relation to health is the JSNA. According to an NHS Confederation briefing document outlining JSNAs<sup>8</sup>, and the UK Government advice<sup>9</sup>, JSNAs (required by the NHS and top-tier local authority administrations since 2007) became part of Health and Wellbeing Boards' strategy documents after 2011. The term 'joint' is used because local authorities, clinical commissioning groups (CCGs), local charities, and other partner groups are involved in the creation of a JSNA. The document is also updated periodically and hosted on a website (see Trafford's JSNA<sup>10</sup>).

In the 'deprivation' section of the Trafford JSNA<sup>11</sup> the situation is outlined as follows:

- "Trafford ranks 191 of 317 local authority districts in England (where a rank of 1 is the most deprived authority in England) based on the average IMD 2019 score of 138 LSOAs\* in Trafford. Trafford remains the least deprived authority in Greater Manchester on this measure." \*IMD - Index of Multiple Deprivation; LSOAs - Lower Super Output Areas
- "The proportion of Trafford LSOAs ranked in the 10% most deprived in England has increased from 2.9% (4/138) in 2015 to 5.1% (7/138) in 2019..."
- "The proportion of Trafford's LSOAs ranked in the 10% least deprived in England has increased slightly from 21.7% (30 LSOAs) in 2015 to 22.5% (31 LSOAs) in 2019."

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<sup>7</sup> Public Health England (2019) <https://fingertips.phe.org.uk/static-reports/health-profiles/2019/e08000009.html?area-name=trafford>

<sup>8</sup> NHS Confederation (2011) *Briefing: The joint strategic needs assessment*.

<sup>9</sup> Department of Health (2011) *Joint Strategic Needs Assessment and joint health and wellbeing strategies explained - commissioning for populations*, [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/215261/dh\\_131733.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/215261/dh_131733.pdf)

<sup>10</sup> Trafford Council JSNA (2021) <http://www.traffordjsna.org.uk/Trafford-JSNA.aspx>

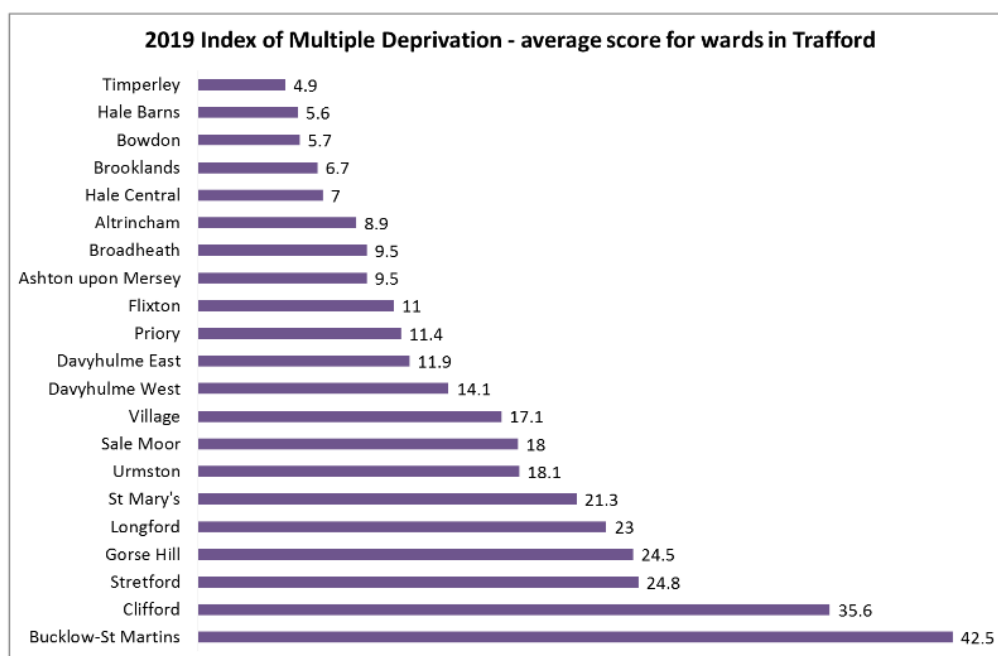
<sup>11</sup> Trafford Council JSNA (2021) <http://www.traffordjsna.org.uk/About-Trafford/Key-demographics/Deprivation.aspx>

- “Whilst this change between 2015 and 2019 cannot be used to demonstrate whether levels of deprivation in Trafford have changed in absolute terms, it does suggest a widening inequality in the pattern of deprivation across the borough.”

Whilst Trafford as a whole is not amongst the most deprived areas in the rest of England, there is notable inequality in the area, particularly between the geographic north and south. The most deprived area, Bucklow-St-Martins, is in the west of the Borough, and the least deprived, Timperley, is in the south.

The chart below is taken from the Trafford Council key demographic summary<sup>12</sup>. This graph shows that, despite the single most deprived ward being in the west locality, the next four most deprived areas comprise the whole North Trafford locality (Longford, Gorse Hill, Stretford, and Clifford). This data highlights the importance of focusing on this area.

## DEPRIVATION



Source: Trafford data lab, 2019 ([www.trafforddatalab.io](http://www.trafforddatalab.io))

When speaking about North Trafford, the JSNA<sup>13</sup> notes the following features:

- “The North locality contains the wards of Clifford, Gorse Hill, Longford and Stretford with an estimated population of 48,419 across the four wards (ONS\*, 2019).” \*ONS - Office of National Statistics.
- “The North locality has an estimated population of 48,419 across the four wards (Clifford, Gorse Hill, Stretford & Longford) (ONS, 2019).”
- “Data at the ward level suggests that all 4 wards in the north locality are amongst the wards with lowest percentages of 65+ years population (ONS, 2019)”.

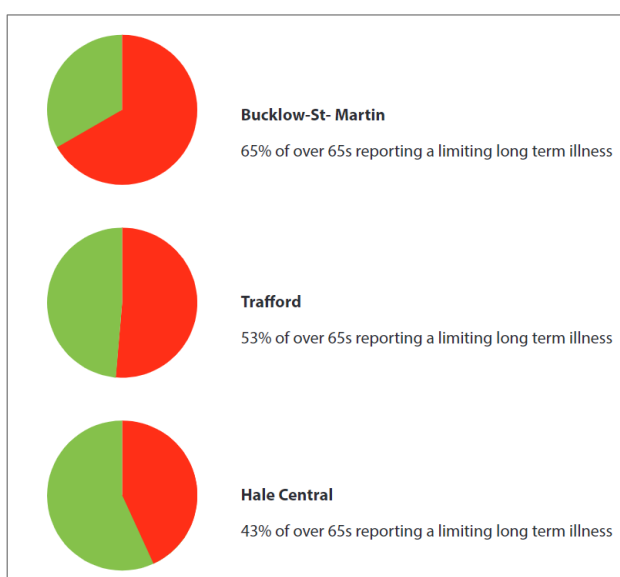
<sup>12</sup> Trafford Council (2021) Summary: key demographic Trafford <http://www.traffordjsna.org.uk/docs/About-Trafford/Summary-of-Key-Demographics.pdf>

<sup>13</sup> Trafford Council (2021) <http://www.traffordjsna.org.uk/docs/Traffords-Neighbourhoods/North-PDF.pdf>

- “Wards in the North locality have the highest percentage of BAME\* communities in Trafford (Census, 2011).” \*BAME - Black Asian and Minority Ethnic.
- “All 4 wards amongst the 5 most deprived wards in Trafford (IMD, 2019).”
- “Around 24% of children are living in poverty and 20% of people living in income deprived households in the North locality (Local Health, 2019).”

Trafford Council’s understanding and discussion of inequality in the borough is not limited to the JSNA. A report from the Director of Public Health Trafford in 2018<sup>14</sup> also describes how:

*“Trafford as a borough does well on most health indicators, but this masks considerable variation within the borough. People living in the North generally have much worse health than those in the South. For example: in the 2011 Census, just over half of people over 65 reported having a long-term illness or disability which limited their daily activities; but this varies hugely across the borough from 43% in Hale Central in the South to 65% in Bucklow-St-Martins in the West.*



Taken from Trafford Director of Public Health 2018, pg. 7.

*People in the North and West of the borough are much more likely than those in the South or Central locality to die before the age of 75, particularly from circulatory and respiratory disease. Inequality is bad for rich and poor, with outcomes for both groups worse on a number of measures in more unequal societies.*

*In Trafford, 7,367 (14.8%) older people live in poverty, lower than the England average (16.2%), but this ranges from 25.8% in the North to 10.2% in the South.*

*The longer someone lives in poverty, the greater the negative outcomes, including reduced healthy life expectancy. Living in poverty is a major factor in increasing the risk of clinical frailty and of social isolation in older people. It also increases the risks from cold weather, with fuel poverty meaning that people cannot heat their homes properly. This increases the risk of illness and even death in the winter” (Trafford Director of Public Health 2018, pg. 7).*

It is clear from the council’s own data that there is an area of higher deprivation relative to the rest of Trafford in the north. The Director of Public Health’s report in 2018

<sup>14</sup> Trafford Director of Public Health (2018) Report of the Director of Public Health Trafford <https://www.trafford.gov.uk/residents/adults-and-older-people/health-and-wellbeing/public-health/docs/PH-annual-report-2018.pdf>

illustrates how, alongside higher deprivation, there are associated health implications with lower life expectancy and higher disease incidence evident.

More details on how health inequalities and services will be provided can be found within the Trafford Together Locality Plan 2019-24<sup>15</sup> which also looks at the inequalities across the borough. The Locality Plan states that “Trafford performs well on many indicators, but this masks large inequalities within the borough. Health outcomes as a whole are similar to the England average but are markedly worse in the north of the borough and in Partington in the west, than in the borough as a whole” (Trafford Director of Public Health 2018, pg.4).

## **5.2 Local understanding of inequality and health in Trafford - Local reports**

Healthwatch Trafford has identified several regional and local reports that also help put in context inequality in Trafford and North Trafford within Greater Manchester.

In 2013 the BHA, an organisation that focuses on health and education in North West England, published a report titled ‘State of Health Black And Other Minority Groups’<sup>16</sup>. In this report the BHA highlighted the particular requirements of ethnic minority people and how there are significant needs in a range of health areas such as dementia, cancer, heart disease and related illness, HIV, diabetes, tuberculosis, palliative care, disability, and wider race inequality. There is a mention of the role to be played by Healthwatch as well.

*“Additionally, local Healthwatch bodies need to take the opportunity to develop their relationships with Black and other minority groups as well as have a greater focus on tackling inequalities. The evidence on racial disparities that exist at a national and local level needs to be used to challenge how health and social care services are delivered and Healthwatch should have a significant role in using such evidence to influence commissioning and the delivery of appropriate services” (BHA 2017, pg.23).*

Another relevant report is by the Centre on Dynamics of Ethnicity (CoDE)<sup>17</sup>. In this report, CoDE noted the following features related to inequality in the Greater Manchester area:

- “Manchester performs better than England and Wales in terms of ethnic inequalities in education, housing, and health but worse on employment.
- There is considerable variation in ethnic inequalities between ethnic groups and across districts of Greater Manchester.
- Employment inequality is particularly marked for the Black African, Black Caribbean and Bangladeshi groups in Manchester.
- Housing inequality is severe in Manchester and has worsened over the 2000s.

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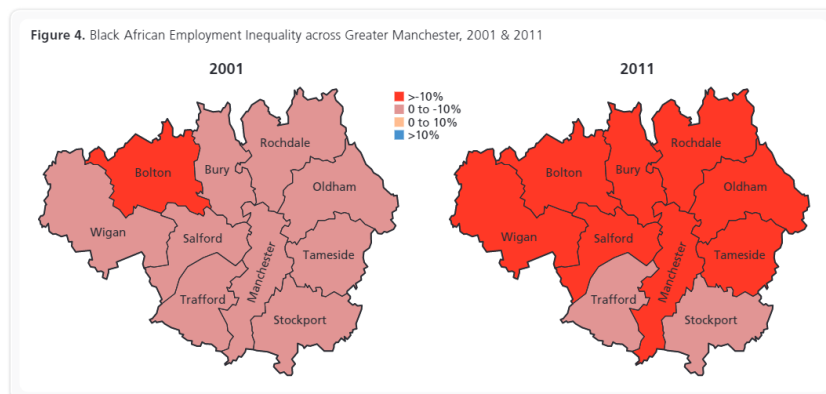
<sup>15</sup> Trafford Council (2019) <http://www.traffordpartnership.org/locality-working/Trafford-Together-Locality-Plan-2019-2024.aspx>

<sup>16</sup> BHA (2013) State of Health Black And Other Minority Groups [http://thebha.org.uk/wp-content/uploads/2017/11/State\\_of\\_Health\\_Reportfinal\\_19\\_June2924.pdf](http://thebha.org.uk/wp-content/uploads/2017/11/State_of_Health_Reportfinal_19_June2924.pdf)

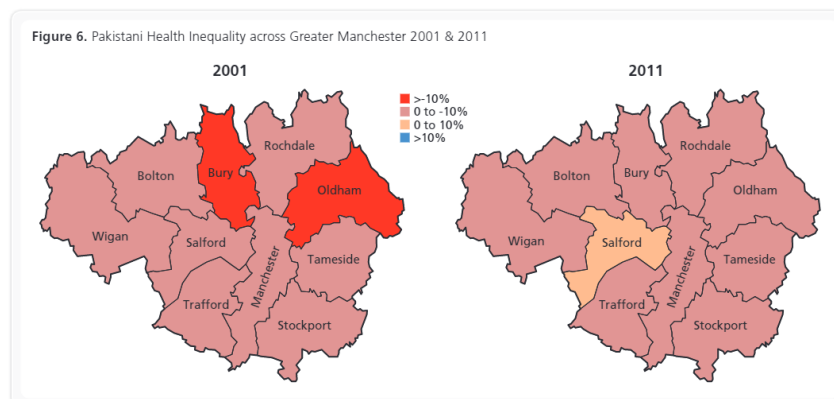
<sup>17</sup> Centre on Dynamics of Ethnicity (2017) Ethnic Inequalities in Manchester <https://www.runnymedetrust.org/uploads/CoDE%20Briefing%20Manchester%20v2.pdf>

- Minority advantage and reduction of inequalities in education has been seen in Manchester since 2000.
- Ethnic minorities generally have a health advantage compared to their White peers in Manchester. This is not the case, however, for Pakistani, Bangladeshi, and Mixed groups.
- Local stakeholders in Manchester identified reasons for inequalities which included lack of understanding of housing, employment, education and health systems, racism and discrimination, and lack of recognition of foreign qualifications.
- Examples of what works included local community support groups and charities, English language courses and mentoring schemes.
- To address inequalities there is a need for collaboration between researchers and community groups to generate local understandings and group- and place-specific initiatives” (CoDE 2017, pg.1).

The report also used various maps to illustrate the challenges faced by different ethnic groups in Greater Manchester. Whilst Trafford does not emerge as the area of greatest concern using the two measures shown, there is nevertheless disparity between people of these two backgrounds within Greater Manchester.



Black African Employment Inequality across Greater Manchester, 2001 & 2011 (CoDE 2017, pg.3)



Inequality is not uniform. As the CoDE (2017) report shows, even within groups with higher incidence of deprivation or inequalities, specific backgrounds and locations may concentrate these challenges.

### **5.3 National understanding about inequality and health**

Public Health England produces local area profiles related to health. The most recent profile for Trafford<sup>18</sup> describes the following features:

- *“Health in summary - The health of people in Trafford is varied compared with the England average. About 11.6% (5,085) children live in low-income families. Life expectancy for both men and women is higher than the England average.*
- *Health inequalities - Life expectancy is 9.3 years lower for men and 7.4 years lower for women in the most deprived areas of Trafford than in the least deprived areas.*
- *Child health - In Year 6, 17.7% (492) of children are classified as obese, better than the average for England. The rate for alcohol-specific hospital admissions among those under 18 is 51\*, worse than the average for England. This represents 28 admissions per year. Levels of teenage pregnancy, GCSE attainment (average attainment 8 score) and smoking in pregnancy are better than the England average.*
- *Adult health - The rate for alcohol-related harm hospital admissions is 601\*, better than the average for England. This represents 1,356 admissions per year. The rate for self-harm hospital admissions is 156\*, better than the average for England. This represents 355 admissions per year. Estimated levels of excess weight in adults (aged 18+) are better than the England average. The rates of new sexually transmitted infections and killed and seriously injured on roads are better than the England average” (PHE 2019, pg1).*

*\*Rate per 100,000 population*

While Trafford is not highlighted as particularly concerning in relation to other areas of England, the PHE report illustrates how there is variation in the borough around life expectancy. From the work done by Trafford Council, it is also evident that there are variations within Trafford itself that are not always clear from a borough wide snapshot.

In addition, the report by Michel Marmot in his 10-year review<sup>19</sup> showed the need for greater attention from government on the causes of poor health. Marmot highlights in particular how various social determinants are key to tackling poor health outcomes.

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<sup>18</sup> Public Health England (2019) <https://fingertips.phe.org.uk/static-reports/health-profiles/2019/e08000009.html?area-name=trafford>

<sup>19</sup> Institute of Health Equity (2020) The Marmot Review 10 Years On <https://www.instituteofhealthequity.org/about-us/the-institute-of-health-equity/our-current-work/collaborating-with-the-health-foundation->



Greater Manchester is also mentioned in the ‘Greater Manchester Evaluation 2020<sup>20</sup>’ that was a part of the latest Marmot review. Key findings in this work demonstrated that “In Greater Manchester, over one million people live in areas among the 20% most deprived in England”<sup>21</sup>. Indeed, acknowledgement of the health needs of those living in Greater Manchester led to the area becoming a Marmot City Region in 2020. A report with recommendations and further details of the launch event can be found online<sup>22</sup>.

The impact of inequalities in the Greater Manchester region noted in the work done by the Institute of Health Equity is also relevant due to the COVID-19 pandemic. Michael Marmot and Jessica Allen wrote in the British Medical Journal in 2021 that “Covid-19 mortality was 25% higher in Greater Manchester than in England as a whole, and the social gradient in mortality from covid-19—a close link between deprivation and mortality—was steeper in Greater Manchester. The effect of the pandemic was dramatic. During 2020, life expectancy fell by 1.2 years in women in the North West and 1.6 years in men; compared to a fall in England of 0.9 and 1.3 years.”<sup>23</sup> This clearly demonstrates the need for further investigation into the impact of inequalities on health in the areas of Greater Manchester such as Trafford.

## **5.4 Healthwatch Trafford’s understanding of inequality and services in North Trafford**

Alongside the evidence presented so far, Healthwatch Trafford has gathered its own intelligence to support a further look at health and service access in North Trafford.

One source of information is the feedback we have received around GP services in the area via our database. A look back over the last three years (215 reviews) indicates that GP practices in the North locality are rated more negatively than those in the other localities of Trafford. In 2018-19 North Trafford GP services were not rated lowest in the area, but in 2019-20 and 2020-21 they were. It should be noted that our data collection process for service reviews is based on unsolicited submissions. This means reviews are not an objective measure of services, only an indication which can prompt further investigation. Details are presented in appendix 3.

When attending an information event in 2019, we also heard from local residents that local a GP closure had negative effects on prescriptions and phlebotomy<sup>24</sup>. Though this feedback was gathered some time ago, it prompted us to consider further work in North Trafford and was one piece of information we used to consider doing the project.

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<sup>20</sup> Institute of Health Equity (2020) Greater Manchester Evaluation 2020

<https://www.instituteofhealthequity.org/resources-reports/greater-manchester-evaluation-2020>

<sup>21</sup> Greater Manchester Health and Social Care Partnership (2020) Greater Manchester is a “Marmot city region” - what does that mean, and how will it improve our health and reduce inequalities?

<https://www.gmhsc.org.uk/opinion/greater-manchester-is-a-marmot-city-region-what-does-that-mean-and-how-will-it-improve-our-health-and-reduce-inequalities/>

<sup>22</sup> Greater Manchester: A Marmot City Region (2021) <https://www.instituteofhealthequity.org/about-our-work/latest-updates-from-the-institute/greater-manchester-a-marmot-city-region>

<sup>23</sup> Michael Marmot and Jessica Allen: Building back fairer in Greater Manchester (2021)

<https://blogs.bmj.com/bmj/2021/06/30/michael-marmot-and-jessica-allen-building-back-fairer-in-greater-manchester/>

<sup>24</sup> Healthwatch Trafford 2018 The Phlebruary report <https://healthwatchtrafford.co.uk/wp-content/uploads/2021/06/The-Phlebruary-Report-FINAL.pdf>



Finally, the office was concerned that despite the evidence presented in local statistics on inequality in North Trafford, we found little published investigation into the possible relationship between these findings and health and care service provision and experience. This work seeks to open conversation about whether these two areas might be related.

## **6. Methodology - what we did**

Respondents were asked to answer a series of questions based on five areas:

- The last 12 months before the first COVID-19 lockdown began (before 16 March 2020)
- The period after the first COVID-19 lockdown began (after 16 March 2020)
- Equal access and treatment in Trafford
- Possible solutions
- Anything else they may have wished to mention

This set of questions was intended to allow us to look at whether the situation had changed due to COVID-19, and what the experiences of people using services in North Trafford were.

Based on our demographic data, it was assumed all respondents were using services in the North Trafford area; we had zero respondents state that they lived outside Trafford, and thirteen stated that they lived in Trafford but in another area. While there is considerable potential for cross-boundary service use, having read through responses it did not seem necessary to remove any respondents due to area selection in this study.

Every effort was made to ensure the experiences captured were varied and from a range of voices. To this end we contacted many local groups that represent different sections of Trafford to ask for their participation. We also followed this up with an online survey which was promoted on our website and social media channels.

Ultimately, we were able to reach 147 people through this project. The demographic summary suggests that, whilst this sample is not representative of North Trafford as a whole, it does reflect a range of voices relevant to service users in the area.

There were several factors in play that might explain the make-up of respondents in this study.

- When we planned this research, it was intended to be completed face-to-face. However, the onset of the COVID-19 pandemic in 2020 meant we were unable to do this. Therefore, different methods of engagement had to be used.
- Without the ability to meet face-to-face, we relied on so-called gatekeeper organisations in the first instance. A lot of time was spent using emails and telephone calls to arrange meetings and promote the research.

- Many of these gatekeeper organisations were also affected by COVID-19, causing staff shortages, increased workload, funding cuts, loss of access to usual clients, loss of access to premises or ability to host people on site, making contact difficult.
- The nature of this project meant that it was limited to those using services in the north of the borough, potentially limiting it to those also living there.
- As we usually conduct research across the whole of Trafford, restricting our work to one area also had the potential to reduce respondent numbers.

Despite these factors, we believe this study makes a useful contribution to the discussion about local health and care services in Trafford overall, as well as North Trafford specifically.

Based on a literature search, we found little written on health inequality in Trafford or North Trafford, and therefore this report highlights the views of an under-surveyed population. Whilst we are aware of some ad-hoc and ongoing Patient Public Engagement in Trafford - such as that carried out by the NHS under the 'friends and family test' - this is not the same as the data we have collected. This project directly focuses on one geographic area, as well as asking in-depth specific questions around the historical state of services, services during the pandemic, and wider related opinions.

We did also identify work by local groups such as the BHA and academic work by CoDE. Our study provides part of an update to these findings. The council's own work on North Trafford, published in the JSNA is also statistically based and not qualitative. Our report thereby adds vital colour to the data and provides further information on the unequal nature of good health indicated when comparing North Trafford with the rest of the borough.

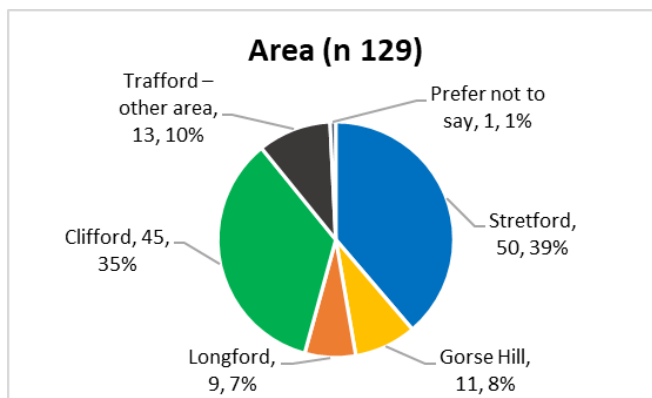
As ever, further research is recommended following this study, particularly by those interested in hearing from an even more diverse range of voices and who have the potential resources and access to enable this.

## 7. Demographics - who did we speak to?

Summary	
Group/source	Responses
Survey Monkey (general population)	93
Older adult group	15
Carers group	3
Ethnic minority group A	10
Ethnic minority group B	22
Youth group	4
<b>TOTAL</b>	<b>147</b>

Survey Monkey generated the most respondents with 93. We used Facebook ads, other social media, and the website to send people to this channel.

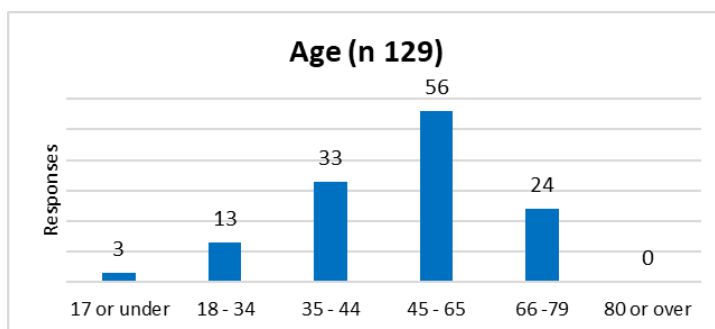
Other groups contributed 54 respondents.



Two areas made up about 74% of total responses (129): Stretford (50) and Clifford (45).

There were markedly fewer responses from Longford and Gorse Hill.

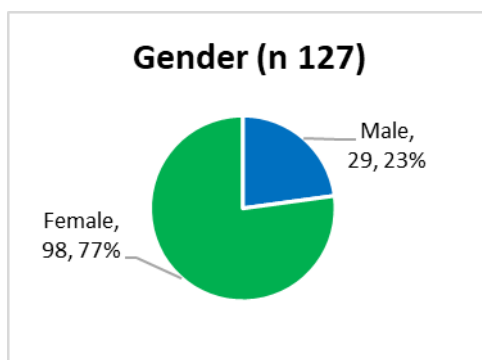
The project was specifically for those that live in North Trafford; people have largely followed the guidance.



The over 45s make up 62% of respondents (80).

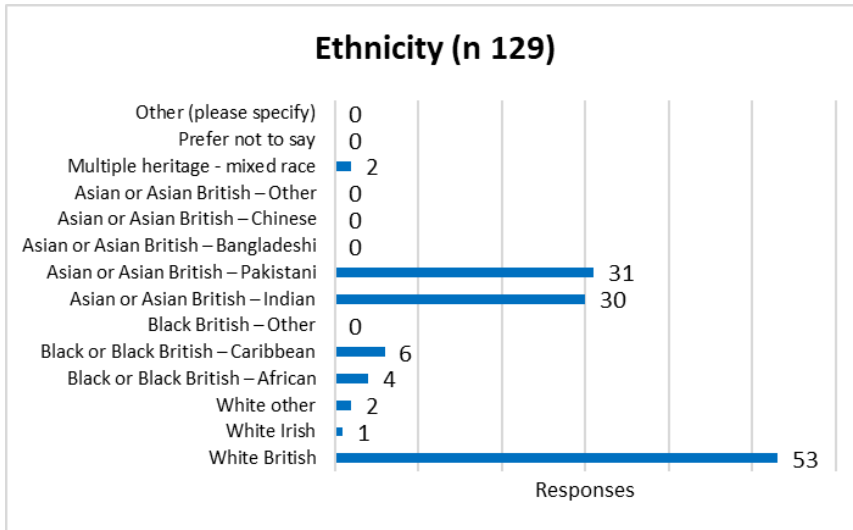
The under 45s make up 38% of respondents (49).

Note the age categories are not equally proportioned.



There is a gender imbalance in the respondents, with women making up 77% of respondents and men 23%.

We had no respondents identifying themselves from other gender groupings.



Those from white backgrounds equal 43% (56) of respondents.

Ethnic minority backgrounds made up 57% (73) of respondents.

Within ethnic minority groups there was a high percentage of Asian/British Asian people with Pakistani or Indian heritage.

## 8. Project findings

The results are presented in two broad sections: responses from the public and responses from professionals.

The first section looks at the comments from our general survey of people in North Trafford, as well as the responses gathered from local groups. The relevant numbers for each group are detailed in section 7, demographics.

The second section summarises the comments gathered from discussion with professionals and the respondents to our survey for professionals.

### 8.1 Survey responses (general population)

Findings are taken from a sample of 93 respondents. Due to the numbers fluctuating for each question and the total respondents, we have chosen to give an indication of the sentiment rather than rely on percentages.

In some instances, there are also contradictions between responses. For example, people giving specific examples or statements why services were not easy to access when the question only asked for examples of when they were. This could be attributed to people wishing to express the strength of their views, and as we used open questions respondents were free to answer any question as they chose. Sorting of responses was then done to draw out the relevant answers for each question.

#### Before COVID-19 - What made it difficult to access health and care services?

Half of the comments mention GP access as being a challenge.

- *“Accessing GP is generally problematic. Having to ring at 8am every morning in order to get an appointment, especially if you work and have less flexibility, always seems like a test of persistence and resilience rather than those in most need getting available appointments first.”*
- *“Getting through to the GP practice on the phone takes a long time. The availability of routine blood test appointments is limited.”*
- *“...There were very few appointments for things like the asthma clinic that were outside my working hours so I always had to take time off to attend. I had to go to the hospital for blood tests during this period as they stopped doing them at the local surgery which was really inconvenient and difficult to arrange around my work hours as there were big queues at the hospital and it wasn't possible to book a specific time.”*
- *“Long time to get an appointment around 2-3 weeks to book an appointment and even longer for female GP. In 3 weeks I would usually find an alternative...blood test results are hard to obtain and we are not explained it in a thorough way even after appointment there was still an hour waiting time.”*

- *“My GP practice had restricted appointments to 5 minutes only and one ‘problem’ per appointment. As a disabled person with a range of impairments and as a menopausal woman I experienced this as discriminatory.”*

There were a smaller number of comments concerning other services: dentists, mental health services, and blood tests.

- *“There are no NHS dentists taking on patients. I have been stuck with a private service for years.”*
- *“Dentist has been very difficult to access as local dentists were not seeing patients at all and [but] ringing the emergency dental team you would get an appointment 5 miles away.”*
- *“Blood tests. It used to be so much easier. I preferred the drop in service.”*
- *“Physiotherapy support for on going chronic issues have been minimal to non existent and resulted in going privately.”*

#### **Before COVID-19 - What made it easy to access?**

Just under a fifth of people said that there was no problem to access, or it was easy pre-COVID-19.

A little over a tenth said it was not easy, though most of these were simple statements such as ‘no’.

We had a larger group of people - over a third - stating that GPs were on the whole easy to access.

- *“Accessibility for a female GP and happy with one of the GPs who is quite thorough. Secondary referral was thorough via hospital and I was kept well informed.”*
- *“I find my GP easy to use, they always send my prescriptions on time to the pharmacy. I had knee operation and I received support to recover; physiotherapy.”*
- *“I have found that by and large my GP practice has adapted quite well to the pandemic. However there is a need for all practices to remember their disabled customers when shutting doors to the public.”*
- *“Yes. Ask my GP very effective. No waiting for appointments. Same day consultations.”*

When other service areas were mentioned such as dentists, blood testing and pharmacy services, respondents were generally positive about access. These comments comprised about a third of responses.

- *“It was easy to access blood test at limelight. It was also easier to get to see my GP.”*

- *“Dentist has been fantastic.”*
- *“My dentist is very efficient in normal times and sees me and my children every 6 months and once the same day for an emergency.”*
- *“Having blood tests locally instead of going to Trafford general hospital, this has been a great improvement.”*
- *“Had knee arthroscopy and meniscectomy...superb care by Trafford staff, superb follow up...”*
- *“I had hip replacement surgery...2019. Everything went really well. Everything was explained beforehand at a pre-op class. The staff at Trafford Hospital were excellent. I couldn't have asked for better care.”*

### **Post COVID-19 - What made it difficult to access?**

Just over a third of comments related to GP access. The key issues seemed to be getting a response when they contacted the practice, remote appointments, and language barriers.

- *“I had extreme temperature, my wife contacted the GP and she said to use my GP app, My wife doesn't speak English I was barely responding and when calling GP the receptionist kept hanging up on me. I tried again and another receptionist who was able to speak the Urdu explained to my wife to call 999 for an ambulance.”*
- *“Hard to get GP appointment and some[times] it is difficult to get on line appointment not always easy.”*
- *“It has been difficult access GP and blood test. I don't know how to use the GP app, I don't speak any English. I find it difficult to explain over the phone, I have to rely on family [to] do this. It takes very long to get through by phone.”*

A significant number of comments - around a quarter - felt other health services such as those provided in hospitals were not easily accessible, with appointments cancelled or made remote.

- *“My daughter has had 2 referrals which haven't happened. One for a heart check and one for dermatology. Neither of these had happened. We also have not had any dental appointments during Covid times. My daughter was booked in for some fillings which never happened and we have not been contacted by the dentist at all.”*

There was a smaller group of comments about other services, which included dentists, blood testing and mixed services. These made up about a fifth of responses and were largely negative and related to not being able to access said services.

- *“Dental access has been appalling...”*

- *“Yes, unable to book dental [check-up] despite developing a hole in old filling. Told to wait until it was causing real pain before getting in touch again.”*
- *“Yes Blood test has been difficult, my blood test had to be cancelled due to covid.”*

### **Post COVID-19 - What made it easy to access?**

About a quarter of comments were related to GPs, and within this people were generally happy with access to surgeries.

- *“Much easier to access GP. Online consults and phone call within 24/36 hours.”*
- *“Yes GP. I’ve contacted mygp online booked appointment and have called back quicker than pre Covid-19.”*

There was a sub-group of respondents - about a tenth - that thought remote appointments worked well.

- *“Actually liked the telephone calls by respiratory consultants to do assessment and give results. So much easier than having to travel to hospital (I don't drive) and waiting around.”*

Approximately a sixth of the comments that said ‘yes’ did not elaborate further.

Other comments were less positive. In total, just under a fifth of comments simply said ‘no’ to ease of access.

A single comment praised the Child Adolescent Mental Health Service.

- *“CAMHS access has gone really well, quite quick to access and is really good service.”*

### **Other areas - Equal access issues**

Over a third of comments felt that this was not an issue or played no part. However, it was not always clear if people simply had no comment.

Roughly a sixth of the comments related to GPs, with some positive and others negative.

- *“Getting to see the same GP has become difficult and there are too many locum doctors.”*
- *“I don’t get to see the same GP I would have to wait 2 weeks to see a female GP and who can speak my language.”*
- *“Due to receptionist not acknowledging to make an appointment over the phone and insisting to go through mygp app caused me to become unwell longer and ended up in hospital.”*



Mental health was mentioned in a tenth of the comments, with most people critical of their experiences.

- *“I needed to access CBT\* when I started to struggle with depression. I was unable to speak to someone who spoke [Gujarati] so the service was not helpful for me.”*  
\*Cognitive behavioural therapy.
- *“[Several] of my children have diagnoses of [ADHD] and/or autism. Living in Trafford yet going to Manchester schools (very common in this area) has made it harder to access or know how to access services that can support them or to liaise between [CAMHS] and school.”*
- *“Luckily for me [it’s] all been over phone and zoom which suits me as my anxiety [won’t] allow me to leave the house.”*

Around a fifth of the comments also related to COVID-19 and the cancellation of services or other complications.

Just over a tenth of the comments mentioned delays and cancellations in general, but not in relation to COVID-19.

#### **Other areas - Solutions to problems**

GPs were the most commented-on area featuring about a fifth of the suggestions. People wanted more GPs, reduced practice catchment areas, improvements to online booking, and easier access to appointments.

- *“A greater number of GP practices and [their] attendant primary care services. Feel we are at a disadvantage in the north with lack of services. Also more practices located in not fit for purpose buildings. A number of practices have closed down in recent years and not been replaced.”*
- *“A joined-up booking process which promotes proactive health management and doesn’t deter patients from booking appointments would be a lot better - I work with CRM\* systems for a living so it’s very frustrating and disappointing to see something which could be so simple done so badly.”* \*Customer relationship management databases.

In general, people wanted more appointments on the day that were easier to access, with about a tenth of the comments relating to this.

There was also a looser group of suggestions - a sixth of responses - such as easier access to blood testing, and more resources in general such as staff and language support.

- *“Blood test - use booking system like Withington hospital rather than turn up and have to wait.”*
- *“Yes, I’m [led] to believe lack of funding and resources and privatisation has unfortunately [led] to lack in treatment and services if this can be addressed accordingly I’m certain we will see improvements.”*

- *“More staff! My son has somewhat complex needs and has waited a minimum of 9 months and up to 3 years for services he’s been referred to. Just train more doctors and nurses, especially in paediatrics and mental health.”*

There was a larger group that had no comment or no issue, totalling a fifth.

Within the comments related to remote contact, a majority thought they worked well, though others preferred face-to-face.

## **8.2 Older adult group**

Findings are taken from a sample of 15 respondents. Due to the number of respondents percentages are not used, but an idea of the sentiment is given.

### **Before COVID-19 - What made it difficult to access?**

Almost half of those commenting said there were no issues before COVID-19.

Others commented that access to GPs was an issue, particularly around appointment times.

- *“Always had long waits on the phone and in person when going to the GP. Had many issues with repeat prescriptions not being correct.”*
- *“Had to wait long time to get appointments with my GP.”*
- *“It was difficult to get GP appointments for my grandmother and the wait time was often 2 weeks. I had to take several days off work as were unable to give an appointment that fit around working hours.”*

There were two comments about generally long appointment waiting times.

- *“I had to wait a long time to be referred to specialists. The waiting lists were always really long.”*

### **Before COVID-19 - What made it easy to access?**

We heard that support services were of importance, and these were running well before the pandemic.

- *“Had daily carers coming in who always helped with anything we needed.”*
- *“I was able to access services where I could spend time with my friends outside of the house which was nice.”*

### **Post COVID-19 - What made it difficult to access?**

Half of the people we heard from referred to cancellations having an impact.

- *“All my appointments were cancelled and I had to wait a long time for them to be rebooked.”*

Support services such as care were also stopped.

- *“I wanted to increase the care frequency my mother was receiving to 4 times per day. Care company said they weren’t in a position to do this due to the pandemic.”*
- *“Unable to access social activities. My grandmother has been very unhappy that coffee morning have been cancelled and she cannot see her friends on a regular basis.”*

Two respondents mentioned GP access being more difficult.

- *“I have found it more difficult speaking with the GP over the phone. It is hard to explain your symptoms over the phone. I would rather have a face to face appointment but this hasn’t been possible.”*

### **Post COVID-19 - What made it easy to access?**

Just under half of respondents said there was no change in ease of access to services.

Conversely, just under half of the comments said their GP was now easier to access due to remote appointments.

- *“GP has been great, appointments have been much better and faster.”*

One comment related to pharmacies, which said they had worked well.

- *“Pharmacy have been great throughout the pandemic, meds are always ready on time and they give me a courtesy message or call to let me know once I can collect.”*

### **Other - Equal access issues**

A majority either gave no detailed comment or said there were no access issues that had affected them.

There were some comments on the challenges of using the internet, but also on how the internet had helped. Some commented about the need for flexibility in care services.

- *“Can’t use internet so not able to join in online groups offered to me.”*
- *“Was easier to access GP services by not having to leave the house as we could do the appointment online.”*

- *“Wasn’t able to increase my [mother’s] care needs for a short period of time due to the pandemic.”*

### **Other - Solutions**

Just under half did not have solutions to propose.

Two suggested ongoing social distancing to reduce the impact of the pandemic.

- *“Allow social groups to reopen with social distancing in place the same as health. Having social groups to attend makes people happier and healthier.”*

There were two comments wanting alternatives to online groups for meeting.

- *“Find alternatives for people to access services other than online.”*

Three comments related to stopping cancellations due to the challenges this caused patients.

- *“Stop cancelling appointments.”*

One comment suggested that call screening might be used.

- *“Continue to have GP’s screen calls and do telephone calls. They should continue to only do in person appointments after completing screening call.”*

## **8.3 Carers group**

Findings are taken from a sample of three respondents. Due to the number of respondents, percentages are not used but an idea of the sentiment is given.

### **Before COVID-19 - What made it difficult/easy to access?**

Two comments suggested it was easy to get appointments.

- *“I’m in contact with Rheumatology department at Trafford General Hospital quite often. They are very helpful and accommodating, and speedy [manner].”*
- *“Found it easy to get doctors appointments.”*

The other two comments said it was not easy.

- *“Waited 18 months prior to COVID-19 for hip replacements with little contact from the orthopaedics department at Trafford General Hospital.”*

- *“Before the COVID-19 lockdown in March 2020, it’s a difficult thing to book a space at our surgery. They can hold you on phone for long periods and at the end of it, they will tell you that all appointments have been fully booked.”*

#### **Post COVID-19 - What made it difficult/easy to access?**

We heard that for some there were challenges with hospital services and AskMyGP.

- *“The same thing still persists, for now, we can only communicate through an app called [Ask my GP]. Their response is not too effective.”*

Others felt positive about their experiences, including a comment on hospitals and one on flu jabs and the vaccine.

- *“Rheumatology department at Trafford General Hospital have maintained their good service and have each time I have contacted them, which is regularly.”*
- *“Flu injections went well. Covid-19 injections went well.”*

#### **Other - Equal access issues**

Cancellations during the COVID-19 period was one challenge for equal access, as mentioned by two people.

- *“I need two hip replacements followed by two hand operations. All operations have been cancelled.”*

One comment mentioned a need for increased funding.

- *“I think the surgery is underfunded. They need to be funded appropriately.”*

#### **Other - Solutions**

A solution to the challenges was better communication.

- *“Better communications.”*

## **8.4 Ethnic minority group A**

Findings are taken from a sample of 10 respondents. Due to the number of respondents percentages are not used, but an idea of the sentiment is given.

#### **Before COVID-19 - What made it difficult/easy to access?**

A majority of those we heard from said there were no difficulties before the pandemic.

We did hear from two people that there were delays for them in getting GP appointments.

### **After COVID-19 - What made it difficult/easy to access?**

Just over half of those asked said they faced access challenges after the pandemic began. GPs were mentioned within this.

We heard that, for physiotherapy, phone appointments were not as good as when they were done face-to-face.

A parent told us there was a delay in hospital appointments for a young child.

Another person said that, since the hospital switched to telephone appointments, it has not been the same.

### **Other - Equal access and solutions**

People mentioned waiting times as the main barrier to access.

- *“Takes longer to be seen as I am not at high risk/high priority.”*
- *“We couldn’t see medical professionals face to face and only one parent is allowed to accompany a child, when my husband takes my son, I feel anxious not to be involved in his care. I have noticed that the adaptation team has slowed down too. The things which used to resolve in weeks taking months.”*

One person was concerned that the telephone did not work well for physiotherapy appointments.

- *“I wasn’t engaged in my physio consultation and it didn’t make sense to me to get the support over the phone. I am just relying on the pain killer.”*

Solutions included use of videos and longer appointments.

## **8.5 Ethnic minority group B**

Findings are taken from a sample of 22 respondents. Due to the number of respondents percentages are not used, but an idea of the sentiment is given.

### **Before COVID-19 - What made it difficult to access?**

Half of those commenting said there were no issues before COVID-19.

Just over a third said that GP waiting times were too high.

- *“I couldn’t get an appt at the GP. It took me over 3-4 weeks to make an appt with the GP - no one answers the phone - restrictions with times - to ring at 8am only.”*

- *“I found it difficult to make a GP appts waiting time was 2 weeks - only emergency you could get it.”*

There was one concern about hospital appointment times.

- *“We had waited to access hospital appointments even after referrals had been made. We didn’t even get a reply even though it was marked URGENT.”*

Another comment mentioned blood testing and it not yet being arranged.

- *“Yes. I requested a blood test from the GP surgery and still to date I never received one. No body contacted me I was very disappointed.”*

### **Before COVID-19 - What made it easy to access?**

A third of people said it was easy before the pandemic.

Also, just over a third said it was easy to access GP appointments during this time.

- *“We could see the GP face to face - things were better.”*
- *“I was able to go to the surgery - and see the GP face to face - all well.”*

Two people mentioned secondary care services were easy to access.

- *“I attend the lung centre and CPN\* - all the services + appts went well and easily available.” \*CPN - Community practice nurse.*
- *“We got hospital appts things were ok. Communication was good.”*

### **Post COVID-19 - What made it difficult to access?**

Just under half of those we spoke to suggested cancellations and the switch to remote appointments made it difficult. Having to communicate remotely made language barriers worse for one person.

- *“I had a problem because I couldn’t get any appt all hospital appts were cancelled. The only way was phone consultations. The GP surgery’s were the worst we had huge problems. My patients couldn’t speak English.*
- *“Yes all my appts had stopped. Operations cancelled. Rehab sessions stopped - mental health decline. Even GP surgery was very difficult could [not] get appts or speak to anyone.”*
- *“My waiting time with dentist was cancelled. GP appts were difficult could not see GP. I managed to see my GP face to face. The receptionist at surgery do not pick the*

*phone up. Had trouble getting an appt with optician - no bloods taken - I am a diabetic.”*

Over half of people said that technology post-pandemic was an issue, and in particular needing to send photos remotely for consultations was a challenge.

- *“Yes - I could not make a phone appt. There was an E register for appts. It was too long and complicated. It did not relate to my condition. The E-register was annoying and stopped me from getting an appt with the GP.”*
- *“GP never gave me any appt I cannot read or write I don’t know to make appts. The system was email only/ No one answered the phones - when they did answer they told me to go online to make appts.”*
- *“...I cannot make the online appts I have dyslexia - I couldn’t do it - so I had to ask other people to make the GP app for me. I cannot read or write...I couldn’t explain myself - language difficulty.”*

#### **Post COVID-19 - What made it easy to access?**

About a quarter said they did not find it easy.

A further quarter said that GP appointments were easier now.

- *“I could send a message to the GP surgery (Ask my GP) you get a reply 24hrs.”*
- *“The GP did get back to me quite quickly and efficiently - fast process.”*

On the other hand, a similar number also said GP appointments were more difficult now.

We also heard a mix of comments that said specific services were easy to access.

- *“Scans and bloods have been fine. Relating to cancer treatment. Saw consultant face to face.”*
- *“All has been ok for our family.”*
- *“I able to make an appt on line. Any problem I had was dealt with over the phone. Was a simple procedure.”*

#### **Other - Equal access issues**

Three comments stated there were no access issues.

However, most other comments stated that cancelled appointments related to the pandemic were blocking access for them.

- *“All hospital appts were cancelled physio was cancelled - no bloods tests during pandemic.”*



- *“The system in covid-19 my medication was not reviewed - not much communication from GP. Not happy about it.”*
- *“Yes I had covid-19, severe eczema... - I couldn’t get treatment all my appts were cancelled - my eczema got worse - I had abdominal pain for prolapse. I had no treatment.”*
- *“I needed physiotherapy but I couldn’t get the appt throughout the whole of covid-19 this made my condition worse I was in severe pain.”*
- *“Yes I have tremors - and I couldn’t go to physiotherapy at the hospital - I couldn’t get out of the house. I was very isolated and alone.”*

### **Other - Solutions**

The main solutions were related to a return to face-to-face and more frequent appointments in primary, secondary, and other health-related services.

- *“They can do better by calling us - writing letters to me - more communication. I got depressed overall of this.”*
- *“More communication - alternative ways to support patients - need supportive measures.”*
- *“GP surgeries should be doing face to face appointments and without a waiting time.”*

Some also mentioned technologies such as video calls. However, there were similar comments that called for more staff, more face-to-face, and less reliance on remote consultations.

- *“Would prefer video calls rather than send images over email - not happy with system.”*
- *“Language barriers - internet appts online - more staff reg - receptionist.”*

## **8.6 Youth group**

Findings are taken from a sample of four respondents. Due to the number of respondents percentages are not used, but an idea of the sentiment is given.

### **Before COVID-19 - What made it difficult/easy to access?**

The key issue mentioned was access to appointments and speed of appointments.

On the other hand, we also heard from others that their GP was easy to access and the service good.

- *“Cannot get in touch with people at the doctors only voices on the automated phones.”*
- *“Yes it has been easy to contact them and everything else and the standard of service was really good.”*
- *“No but the workers at [GP practice] helped me so much they even popped around to my house when I missed an appointment.”*

### **Post COVID-19 - What made it difficult/easy to access?**

For those that found it difficult already, the pandemic did not seem to change much.

- *“Still really difficult, nothing went well.”*

For those that found access easy before, the pandemic made it harder.

- *“Quite the opposite to before Lockdown, now, after Lockdown, I could not see the doctor or even the dentist. No matter how many times we rang and I was in some really bad pain.”*
- *“It was the same as before difficult to access but a very good mental health support service for me which really helped me through a difficult time.”*
- *“Getting an appointment was also a nightmare but I got there eventually, the phone was so rubbish but once you got to speak to the people physically it was really helpful.”*

### **Other - Equal access issues**

The main issue was the change post-lockdown and the effects on access to services.

- *“Access and treatment has always been good in the past but after lockdown the communication and system went really poor.”*
- *“I have just had to suffer the consequences and find alternative therapies.”*
- *“No I was treated very well once I gained access.”*

### **Other - Solutions**

One solution was the creation of a walk-in centre.

- *“Some kind of walk in centre would be a good alternative.”*

Another comment related to having more staff, so phones would be answered by people.

- *“Employing people not automated robots to speak on the phone and take appointments.”*

We also heard that for one young person communication could be improved through use of letters.

- *“Clearer communication. Physical letters being sent out with the opportunity to send back health issues in writing and then receive treatment.”*

Going forward there was one suggestion to use Perspex so socially distanced meetings could take place.

- *“Somewhere where we can sit down and chat with [Perspex] windows up or something and social distancing measure in place but we can at least have a personal meeting.”*

## **8.7 Professionals**

Throughout this project we tried to engage with local professionals, requesting to meet with them as well as setting up a survey online and inviting them to participate.

Whilst we were able to hold conversations with a number of individuals as part of our scoping process, despite requests for contacts and sharing the final survey yielded only nine respondents.

Most responses to the survey for professionals were not detailed, though they were complementary to the work that can be highlighted here.

### **Deprivation in the North Trafford area**

There were three areas of concern highlighted by professionals. One was general deprivation in the north area. In one comment we heard that aspects of deprivation also existed alongside service gaps and poor provision.

- *“Poverty and deprivation. No access to parent infant mental health support. Difficulty accessing quality [GP] care. Difficulty accessing culturally appropriate services.”*
- *“Lack of Access to women only [exercise] facilities and services, generally low income families, lack of funded sports facilities, education.”*
- *“As above, high level of social depravation, poor standard of rental housing.”*

It was also mentioned that substance misuse in North Trafford is an area of concern.

- *“Proportionately has highest levels of substance misuse in the Trafford area.”*

Another issue mentioned was dental care. Recent data, both local and national, indicates that due to the pandemic there has been real difficulty for people to access NHS dentists. However, these responses point to a problem before COVID-19.

- *“Higher number of dmft\* scores among adult and children. Large number of high needs patients in terms of dental caries and gum disease.”*
- *“A high rate of dental decay and general dental neglect.”*

\*DMFT refers to ‘Decayed, Missing and Filled Teeth’, a measure of dental health.

In addition to these comments, we heard through conversation with other professionals that COVID-19 had highlighted issues of access for those without the internet or ability to use technology. In particular this could affect the elderly or people that have had a stroke. We also heard that, when patients in the north of the borough needed to travel to other areas for health appointments, the distance could be a barrier for some.

## Solutions

The professionals highlighted how interventions they knew of had taken place to address some of these concerns. On the use of substances for example:

- *“Targeted area for outreach services we provide/overdose prevention and naloxone provision.”*

We also heard that in order to address dental health problems, new services were commissioned in 2009 and emergency services in 2019.

- *“Dental commissioning for new practices 2009 and emergency dental services in 2019.”*

On the wider issue of public health, smoking cessation in general was mentioned.

- *“Smoking cessation.”*

There was also a desire to see more programmes aimed, in the future, at the North Trafford area.

- *“Old Trafford in particular has long been neglected in service provision at a promotion and prevention level.”*
- *“Engage with local dental practices and encourage targeting of pre-school and school children with oral health initiatives.”*
- *“Media campaigns should be put out there, Pay Pharmacies to deliver messages and other health services to patients, they are ideally located and in a great position to advise.”*

## **9. Concluding remarks**

This report was the result of Healthwatch Trafford being made aware of issues around inequalities in North Trafford and a desire to investigate if they had any bearing on local people's experiences of health and care services.

Due to the COVID-19 pandemic, we needed to change how we planned to conduct the research and consider the impact on our findings. We opted to gather feedback about access to services before and after COVID-19 began.

Overall, we did not find a link between inequality and health and care service provision or quality pre-pandemic. However, after the pandemic began, issues such as language proficiency, confidence with technology and digital systems, and communication from a range of health services became apparent.

We should like to continue to monitor the issues raised in this work. It is also apparent that more conversations are needed to further explore the potential links between various forms of inequality and health and care services.

## **Appendix 1 - Full general survey questions**

1) Thinking about the last 12 months before the COVID-19 lockdown (before 16 March 2020)

Have there been any difficulties accessing health and care services? If so please tell us what happened?

Has it been easy to access any health and care services? If so please tell us more about what went well?

2) Period after lockdown (after 16 March 2020)

Have there been any difficulties accessing health and care services during the COVID-19 pandemic? If so please tell us what happened?

Has it been easy to access health and care services? If so please tell us more about what went well?

3) Equal access and treatment in Trafford

Thinking about any specific needs you may have related to health or care, have these affected your treatment at all? Please tell us in what ways these needs have affected your treatment and/or access to services.

4) Solutions

Do you have any suggestions about how access, treatment or use of services could be improved?

5) Anything else you would like to mention

Please let us know if you have anything else you would like to say related to health and care.

## **Appendix 2 - Full professional survey questions**

- 1) Are you aware of any issues around health inequality in North Trafford?
- 2) If so, what are the issues and how are they present in relation to your work?
- 3) Do you know of any responses that have been made to address local health inequalities?
- 4) What impact have these initiatives had?
- 5) Please tell us what happened following these initiatives.
- 6) Is there anything else we should know, or take into account, during this work?

### **Appendix 3 - Average service review in GP practices from Healthwatch Trafford website**

<b>2018-19</b>	<b>Avg Score/5</b>	<b>Reviews</b>
North	3.8	16
Central	4.2	13
West	1.5	4
South	4.2	59
Trafford	2.0	1
Outside Trafford	1.6	5
	TOTAL	98
<b>2019-2020</b>	<b>Avg Score/5</b>	<b>Reviews</b>
North	2.2	14
Central	4.1	15
West	4.1	8
South	3.3	17
Trafford	4.0	2
Outside Trafford	3.8	5
	TOTAL	61
<b>2020-21</b>	<b>Avg Score/5</b>	<b>Reviews</b>
North	1.3	9
Central	5.0	9
West	5.0	1
South	4.1	30
Outside Trafford	2.3	3
	TOTAL	52
<b>2021-22</b>	<b>Avg Score/5</b>	<b>Reviews</b>
Central	5.0	1
West	2.0	1
South	3.0	2
	TOTAL	4



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