



PERFORMANCE REPORT 1st April 2018 - 31st May 2018

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Chair's report - 1 April to 31 May 2018.

In our year-end report for 2017/18 we took the opportunity to re-state Healthwatch statutory functions and our achievements set against these, including our work plan for the coming year which we invited partners to contribute to.

All 10 Greater Manchester Healthwatch have been invited by the Health and Care Partnership to participate in a review to assess current performance against the 5 quality statements published by Healthwatch England and to assess how GM Healthwatch work together. This will lead to recommendations to inform future commissioning of local Healthwatch organisations and their delivery.

The 5 quality statements encompass

- Informing people
- Making a difference locally
- Strategic context and relationships
- Community voice and influence
- Relationship with Healthwatch England

We will share the final report with our partners.

There has been an understandable hiatus in Healthwatch involvement with the newly formed Trafford Together for Health and Care organisation which came into being on 1 April 2018. At the end of the due diligence period we will look forward to clarification of our input/role at a strategic and operational level and to gain a better understanding of changes in personnel/ roles and responsibilities.

We have attended GM meetings, notably the Quality Board where there were presentations by the CQC, the ambulance service and the armed forces.

We also attended a Personal Health Budget (PHB) workshop where we listened to the aspirations of people with continuing health needs. We followed this topic up to establish the position in Trafford and were disappointed to learn that very few people have been offered this choice and control to achieve their personal outcomes. Part of the problem appears to be that people do not know or understand that they should be able to access a PHB and we hope that some work on this can be initiated sooner rather than later.

We were also invited to attend an event laid on by Barclays called 'This is me' which is a campaign to reduce mental health stigma just being introduced in the North of England. The Mayor of Manchester gave a keynote speech and the Mayor of Liverpool also attended. What seemed to be missing was the interaction between this initiative and the statutory sector and hopefully this 'green ribbon' initiative will make such links in future.

Our advisory group met towards the end of May and the topic this time was dentistry following our initial Trafford Healthwatch 100 survey and our subsequent



report demonstrating that NHS Choices held inaccurate information on access to NHS dentistry in Trafford.

This topic proved of interest to the Advisory Group which learned that 40 per cent of people in Trafford do not have a dentist. We also noted (and this was mentioned in our dentistry report) that the domiciliary service is poor and that those of our residents who are the most vulnerable are, in the main, being denied a service. Whilst NHS England are responsible for dentistry, we are of the view that Trafford Together (and particularly public health) have a preventative role in dentistry.

At our April Board meeting we were pleased to welcome Mary Moore and Karen Ahmed to talk about the state of Trafford's care homes. We remain concerned at the number of homes which are rated by the CQC as requiring improvement and indeed this was a topic of conversation at the Quality Board when we had discussions on the CQC local system review.

Finally, we have contributed to all the relevant Quality Accounts across GM.

We are often, quite rightly, asked about impact and so we propose summarising at the end of each report two things. Firstly, those issues where we do not feel sufficient action has been taken and/or responses provided to justify inaction. Secondly, questions raised in the period under review for consideration by Trafford Together.

1. Ongoing issues, yet to be satisfactorily addressed:

- I. Nurse led bed based intermediate care
- II. Public consultation processes
- III. Phlebotomy

2. Issues raised during April/May 2018:

- I. Personal Health Budgets
- II. Dentistry

many

Chair Healthwatch Trafford

Chief Officer Healthwatch Trafford

Appendix1-Public engagement

	2017-18 Totals	2018 - 19 to date	April 2018	May 2018	June 2018	July 2018	August 2018	September 2018	October 2018	November 2018	December 2018	January 2019	February 2019	March 2019
Public drop-ins -total	52	8	3	5										
Locality 1	11	1	1	0										
Locality 2	16	2	1	1										
Locality 3	9	2	0	2										
Locality 4 ¹	16	3	1	2										
Number of public contacts ²	1977	293	145	148										
Number of complaints/ concerns recorded	49	8	4	4										
Number of public signpostings	82	13	6	7										
Healthwatch 100 (# of people signed up)	197	277	45	35										

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



¹ The four localities of Trafford are defined as:

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

Healthwatch 100 # of surveys conducted	9	2	1	1					
Number of new volunteers (total)	(42)	45	0	3					
Number of volunteer hours	1058	191	99	91					
Business support	98	29	11	18					
Engagement/ Outreach	411	76	33	43					
Research	278	52	27	25					
Strategic	137	5	3	2					
Vol management /Training	134	29	25	4					
Radio interviews	2	0							
Website visits	2267 2	3708	1943	1765					
Reports published* (*not inc. performance reports)	13	0	0	0					

Online and social media statistics April 2017 - March 2018





Appendix 2 - Feedback analysis

Feedback by service type 1st April to 31st May 2018

Key: For each row and column green indicates the highest rating and red the lowest.

Service type	Number of reviews	% of reviews	Overall rating	Cleanliness	Staff attitude	Waiting time	Treatment explanation	Quality of care	Quality of food
Hospitals	17	36.17	4.18	4.38	4.63	3.63	4.50	4.50	4.30
GPs	17	36.17	3.71	4.25	3.63	2.93	4.14	3.86	3.00
Dentists	0	0.00							
Opticians	0	0.00							
Community Based	0	0.00							
Emergency Care	0	0.00							
Pharmacies	0	0.00							
Social Care	8	17.02	4.13	4.75	4.38	4.57	4.13	4.38	4.00
Other	5	10.64	4.60	3.80	3.80	2.40	3.80	3.60	3.00

Overall feedback across all Trafford services

Category	Average rating	Number of reviews
Overall rating	4.04	47
Cleanliness	4.33	45
Staff attitude	4.13	45
Waiting Time	3.40	43
Treatment explanation	4.23	43
Quality of care	4.16	43
Quality of food	3.88	24

Where our feedback has come from in Trafford (*where location was given*)

Area	Count	% of feedback	Average of feedback
Sale	5	10.64	4.20
Altrincham	2	4.26	5.00
Timperley	5	10.64	3.40
Stretford	6	12.77	4.00
Urmston	2	4.26	3.00
Hale	1	2.13	4.00
Flixton	0	0.00	
Partington	0	0.00	
Old Trafford	11	23.40	4.55
Davyhulme	0	0.00	
Bowden	2	4.26	1.50

Appendix 3 - Healthwatch 100

Status of information	Output	Key findings
Survey live	Likely to inform information products eg. Guides and leaflets	 So far: 20% of respondents have no idea where to get info on care homes 45% didn't know what NHS funded nursing or what NHS continuing healthcare is Many want a live database showing where current vacancies are and cost.

Care home information

Phlebotomy

Status of information	Output	Key findings
Being analysed	Report published June/July 2018	 So far: Two-thirds of the 327 respondents have indicated they would prefer to book a specific time for a blood test. Most of the qualitative feedback focuses on lengthy waiting times / understaffing. Some respondents turned away from clinics as wait would be too long.

Women's health

Status of information	Output	Key findings
Brief report being produced	A short summary report to be published in July	 So far Broadly reflective of trends found in Men's health report published last year.

Pharmacy & prescription services

Status of information	Output	Key findings
Report almost ready for publication	Report to be published June/July.	 So far: By far the most prescribed item for respondents was prescription only painkillers and medication, followed by over-the-counter painkillers and medicines. Independent pharmacies were used most (36%) followed by chain pharmacies. In the last year, 50% or more had used a pharmacy for disposal of medicines and advice on treatment of minor ailments or healthy living.

