

**Report of the
General survey data
collected by
Healthwatch Tameside
March and April 2019**

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Background

Who are Healthwatch Tameside?

Healthwatch Tameside is the local consumer champion for health and social care in Tameside.

We listen to local people and gather information about their experiences of using health and social care services.

We use this information to talk to the people who arrange (commission) the services and the people who provide the services. We can influence changes which will make these services better for everyone. If we hear about good practice, we encourage this to be shared. If you tell us about something that could be improved, we will talk to the people in charge about this too.

Any information we are given will remain anonymous. We are careful to share ideas in a way which will not identify any individuals.

NHS Long-term plan

The Government has announced that the NHS budget will be increased by £20bn a year. In January 2019, the NHS in England published a ten-year plan showing how this extra money will be spent.

The plan sets out the areas the NHS wants to make better, including:

- **Improving how the NHS works** so that people can get help more easily and closer to home.
- **Helping more people to stay well.**
- **Making care better.** The NHS wants to get even better at looking after people with cancer, mental health, dementia, lung and heart diseases and learning disabilities, and autism.
- **More money invested in technology** so that everyone is able to access services using their phone or computer, and so that health professionals can make better, faster decisions.

The NHS hopes that by spending more money on services in the community, and by making sure that care works as well as possible, it can save money overall and ensure people have all the support they need.

NHS organisations have been asked to come up with a local plan explaining how these priorities will be delivered in your area. Healthwatch England planned a project to make sure all local Healthwatch asked the same questions. Healthwatch Tameside has been working together with the other local Healthwatch in Greater Manchester to find out what local people think. What people tell each local Healthwatch will be shared with the NHS locally and will also be used to help develop the plan for Greater Manchester. The overall findings will be sent to Healthwatch England to be added to data from across the country, to create a national picture of what people would like to see.

What is this report about?

The Healthwatch Tameside version of the general survey was made available to people who live and/or work in Tameside.

This was available online or on paper, and was publicised widely, including:

- Healthwatch Tameside website
- Healthwatch Tameside ebulletins
- Healthwatch Tameside Twitter
- Healthwatch Tameside paper newsletter which included a paper survey
- Healthwatch Tameside regular outreach sessions
- Healthwatch Tameside additional visits to community groups
- Action Together staff e-news
- Tameside Council website
- Tameside Council Twitter
- Care Together Twitter
- Tameside & Glossop Clinical Commissioning Group (T & G CCG) website
- Tameside & Glossop CCG Twitter
- Tameside & Glossop Integrated Care NHS Foundation Trust website
- Tameside Hospital health information centre
- Partnership Engagement Network (PEN) ebulletin
- Visits to community groups to talk to members
- Direct emails to local organisations and community groups for sharing with their members and service users

All the comments in this report have come from the completed surveys, either summarised by Healthwatch Tameside or as quoted (*in italics*).

This report is to be read alongside the report covering all the survey responses within Greater Manchester (GM). The GM report has been produced on behalf of the 10 local Healthwatch in GM by Healthwatch Bolton and can be found at <http://www.healthwatchtameside.co.uk/news/healthwatch-long-term-plan-reports-2019>

It is worth noting that the questions used in these surveys and focus groups were not set on a local basis and were outside our control.

Executive Summary

This survey groups questions under four main headings:

- Living a healthy life (Prevention)
- Being able to manage and choose the support you need (Personalisation)
- The help you need to keep your independence and stay healthy as you grow older (Care closer to home)
- How you interact with your local NHS (Technology)

As well as rating statements within these sections from ‘Most important’ to ‘Not important at all’, people were asked which statement in each section was most important to them. The statements chosen as ‘most important’ to the individual included:

‘Most important’

- Access to the help and treatment I need when I want it
- Professionals that listen to me when I speak to them about my concerns
- Choosing the right treatment is a joint decision between me and the relevant health and care professional
- I want to be able to stay in my own home for as long as it is safe to do so
- I can talk to my doctor or other health care professional wherever I am

At the end of each set of questions there was a question with an answer to be written in your own words. The questions were:

- If there was one more thing that would help you live a healthy life, what would it be?
- If there was one more thing that would help you manage and choose how the NHS supports you, what would it be?
- If there was one more thing that would help you retain your independence and live healthily for as long as possible, what would it be?
- If there was one more thing that you think needs to change to help you to successfully manage your health and care, what would it be?
- If you have any further comments, please write them below.

Key Messages

We have used our knowledge of the local population and things that people regularly say to Healthwatch Tameside to assist us in interpreting the output from the survey.

We think that **three clear themes** emerge:

1. Access: People said that access to the services they need at a time that they want is important to them. This includes:

- Making good use of their time as a patient - this has a value in the same way that a healthcare professional's time is valuable.
- Having access to GP appointments quickly and at a time that suits patients, ideally with the GP of choice (continuity is especially important to people who live with long term health conditions).
- Being referred to the right place first time rather than being passed around between services.
- Being offered opportunities to travel for treatment at another location if this means they will get treatment sooner - but recognising that this should be a choice and not everyone will want to travel. Related comments talked about wanting honest conversations about expected waiting times for treatment.
- Having convenient access and easy travel to services.
- Being given information about the location of different departments and key contacts when going to appointments. Being told when the location or nature of services changes.

2. Communication and Information: People said it was important to be listened to and to be able to make informed choices. This includes:

- Wanting to feel that healthcare professionals are listening to them. This includes being able to have longer appointments when necessary.
- Wanting information in plain English that's jargon-free. This includes making sure the information relates to their personal situation rather than being generic - people want to understand how their diagnosis might impact on their life.
- Having information to help people to make informed choices. This includes understanding the full range of available options, not just the most commonly used ones.
- Knowing about trustworthy sources of information people can go to for advice.
- Getting quick access to test results.
- Some people wanted full access to their Health records. This included some people who wanted paper copies of key aspects of their records.
- A clear concern that health and care data should be managed well and kept secure. At the same time, people expected everyone involved in their care to have appropriate access to their records, so they didn't have to keep repeating their story.

3. Maintaining Independence and Staying at Home: People said that it was important to be able to stay at home with support from family and friends. This includes:

- Having the knowledge to be able to reduce the risk of ill health.
- It's worth noting that people did not rate support from their local community as particularly important. We wonder if this relates to people setting their expectations in line with the traditional NHS mantra that people will be looked after "from cradle to grave".

We feel there are mixed messages from the population in terms of the use of technology in healthcare. Whilst there is clearly some support for this, a significant proportion of people we spoke to had no online access, and other work in the past has suggested that some groups of Tameside residents have little motivation to get online or to become more digitally literate. **If 'digital first' and technology in healthcare are to be successful in Tameside, we think a significant piece of work is needed to understand the specific challenges to this in our communities.**

More details can be found later in the report.

Conclusion

'Good communication is at the heart of everything. Get that right, and other things follow.'

There are many changes happening in Tameside, in primary care, at the hospital, in public health and at Tameside council. These include changes to systems for health and care and within other areas of the council.

The comments included in this report provide insight to the senior leaders managing these changes showing what the people of Tameside think is important to them.

Several of the comments suggest that not all people are aware of these changes. These include requests for:

- GP appointments after 5pm and at weekends.
- Pharmacies to be able to treat minor injuries and prescribe.
- Health and social care to be integrated.

These are changes which have already happened. Communication needs to be considered - what other ways could be used to get the message to more people?

'Treatment is patient centred.'

People have said they want to be involved in their care, and to understand more about their health. They want to be listened to. They want to be able to get care when it is needed.

People are interested in improving their general health and wellbeing, including what they eat, exercising more and being involved in their community.

Regarding technology there are mixed feelings. There are a number of people who do not have access to a computer, and in some cases a smart phone either. In all the

Healthwatch Tameside work we do, the majority of the feedback collected is on paper or face-to-face. Very little response is received to surveys online. People in Tameside are not always comfortable using online services, even when they have access.

‘The survey itself is helpful as it has helped us think about such issues.’

The written responses have provided many suggestions for ways to improve or change services. The opinions of the people using services in Tameside are important. The survey results show that people want to tell providers and commissioners about their ideas, and want to see that these ideas have been useful when designing a service.

Introduction

The analysis for this report is based on 318 completed surveys collected by Healthwatch Tameside (there were 313 completed by the cut-off date for GM-wide analysis, including one where they did not wish data to be used in the analysis, with the remainder arriving by post later, and being added manually to the local Tameside analysis). Of these, 254 (80%) were completed on paper and 64 online. Not everyone answered every question. The proportion completed on paper in Tameside (despite wide electronic circulation) feels particularly relevant in terms of the technology related questions and contrasts with the situation in some other Greater Manchester localities where a significantly higher proportion of responses were received online.

The questions were compiled by Healthwatch England, so that all local Healthwatch across England were asking for the same information. When all the data is combined, a national picture will be produced, which will influence national policy.

When Healthwatch Tameside develops questionnaires we always check them against the following three key questions:

1. Will respondents understand our questions in the way we intend them to be understood - are they clear and unambiguous?
2. Will the respondents have the experience and knowledge required to be able to answer our questions - does what we are asking relate to people's life experiences and aspirations?
3. Will the respondents be willing to share their responses with us - if we are asking for sensitive information are we doing this in a respectful and sensitive way?

We feel that some of the questions we were required to use in this work do not meet all of these tests. We indicate each question where we believe there may be some confusion or misinterpretation.

We also found that when helping people to fill the questionnaire in, they were often confused by the question flow.

We acknowledge that the resources we were given to facilitate this work had been produced to a tight timescale.

The number of surveys is small compared to the total number of residents using these services and is therefore not statistically significant. However, the trends in the comments can be clearly seen. They provide an overview of ideas for improvement/change and suggest areas to look at in more detail.

This was a general survey and includes not just health and care in the questions, but general lifestyle and wellbeing also.

We will show the responses to the survey questions with check box answers first. These questions asked people to think about how important the statements are to them, by rating them from 'most important' to 'not important at all'.

People were also asked which statement within each section was the most important to them.

This will be followed by a themed breakdown of the written survey responses.

Questions asking for a rating

These questions covered four areas:

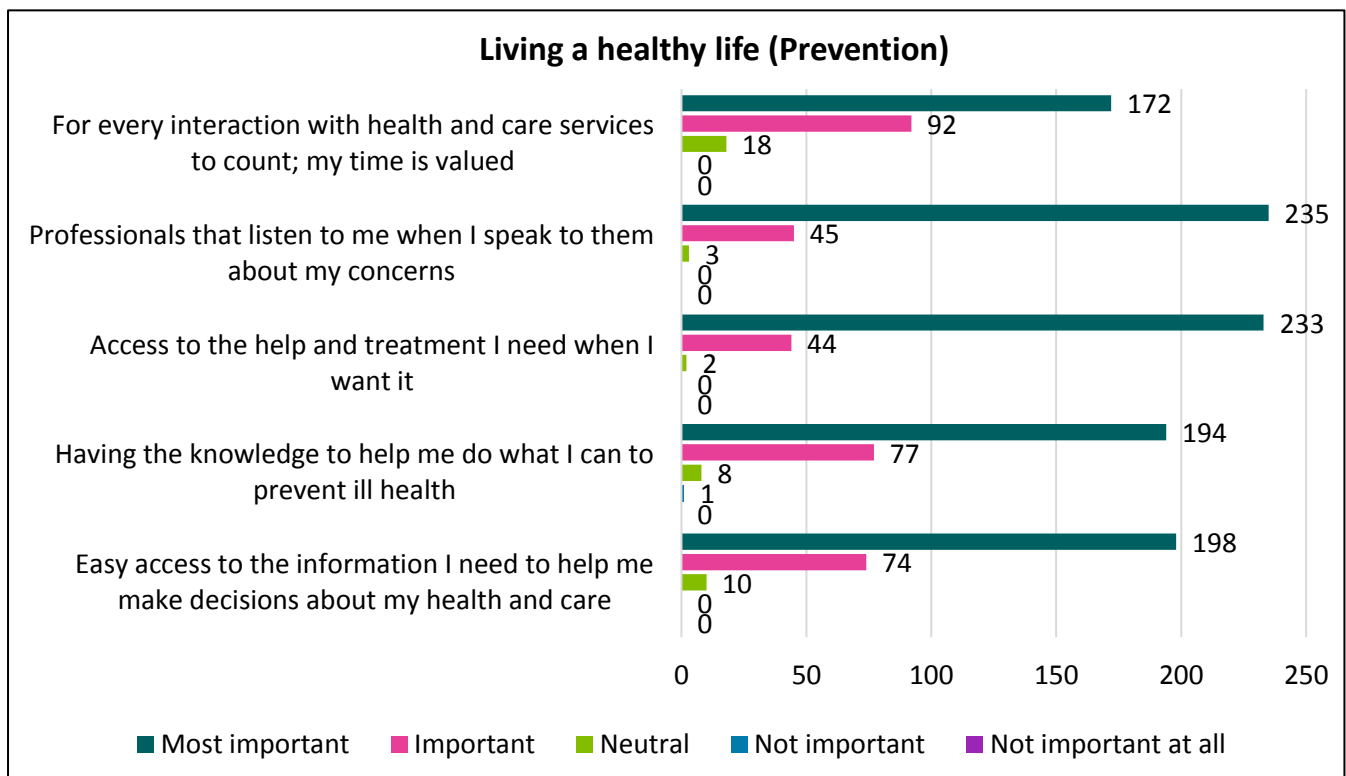
- Living a healthy life (Prevention)
- Being able to manage and choose the support you need (Personalisation)
- The help you need to keep your independence and stay healthy as you grow older (Care closer to home)
- How you interact with your local NHS (Technology)

Under each heading there were a number of statements, with the option to choose one of the following for each statement:

- Most important
- Important
- Neutral
- Not important
- Not important at all

Because respondents were asked to rate each statement in as a stand-alone item and all statements are rated highly, it is difficult for us to draw any firm conclusions from this data.

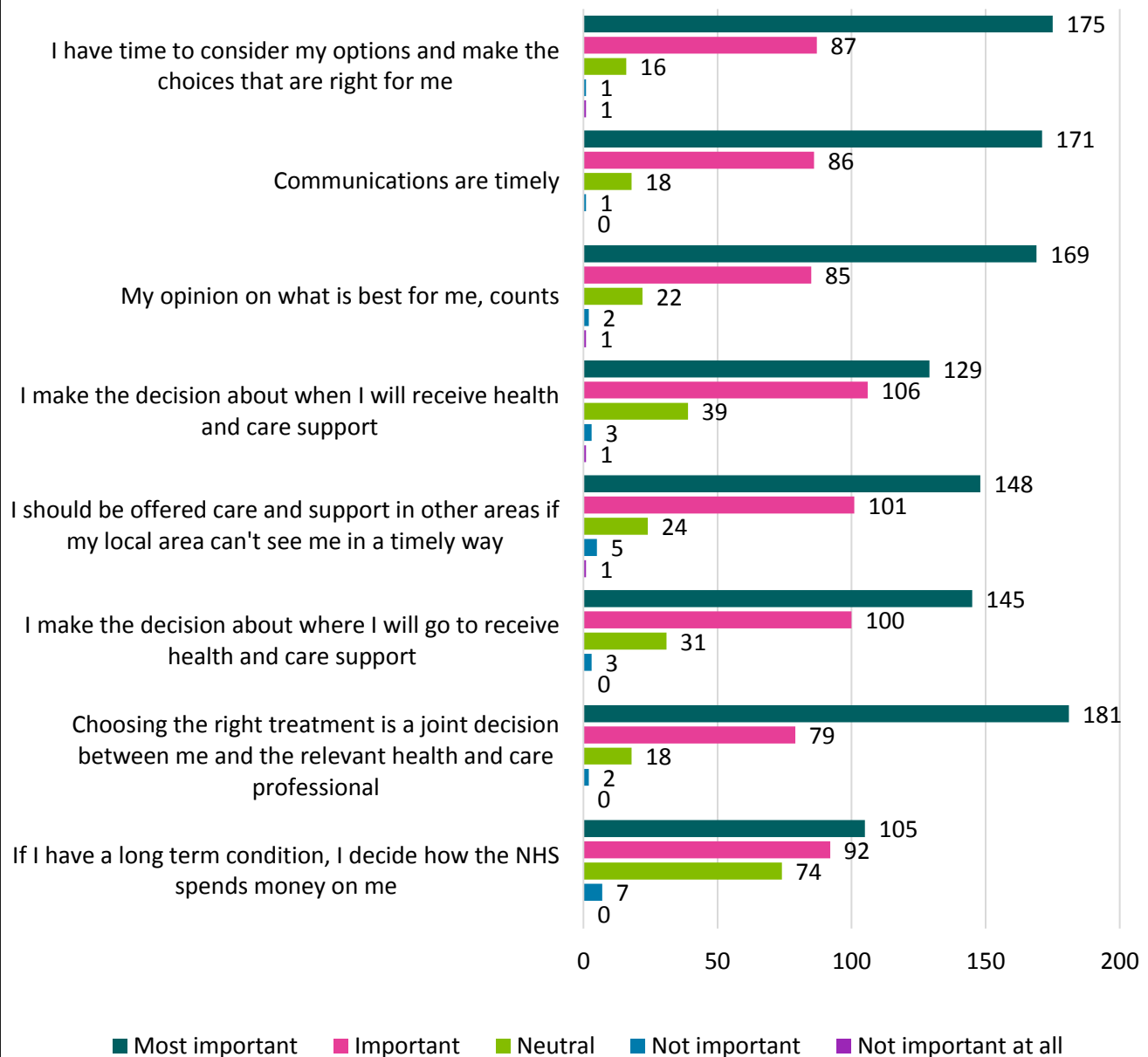
The following graphs show the responses to each statement.



The statements under ‘Prevention’ are ‘most important’ or ‘important’ for most of the people who answered this question.

The statements with the highest number of ‘most important’ responses are about being listened to and being able to access help when it is wanted.

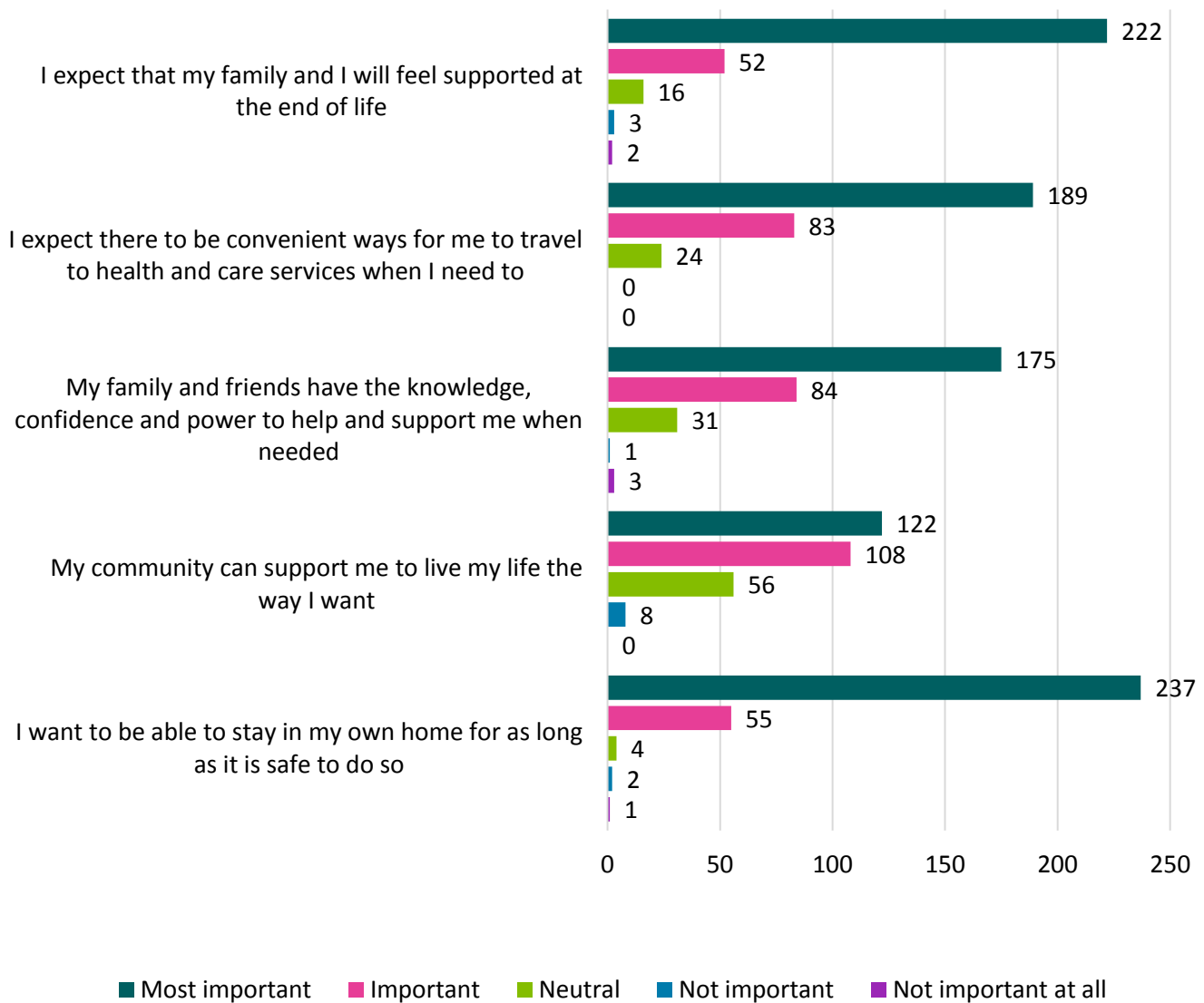
Manage and choose support (Personalisation)



The statements under ‘Personalisation’ are ‘most important’ or ‘important’ for many of the people who answered this question, although some people stated ‘neutral’ as their response. This is particularly so for the bottom statement in the list above - responses are more evenly split between ‘most important’, ‘important’ and ‘neutral’. This statement is about the patient deciding how NHS money is to be spent on their care. We wonder whether the high number of ‘neutral’ responses suggests that people do not have a good understanding of personal budgets and the options available to them?

The statements with the highest number of ‘most important’ responses are about joint decision making (involving the patient), having time to consider the available options and make the right choice, communication at the right time and listening to what the patient thinks (their opinion is important).

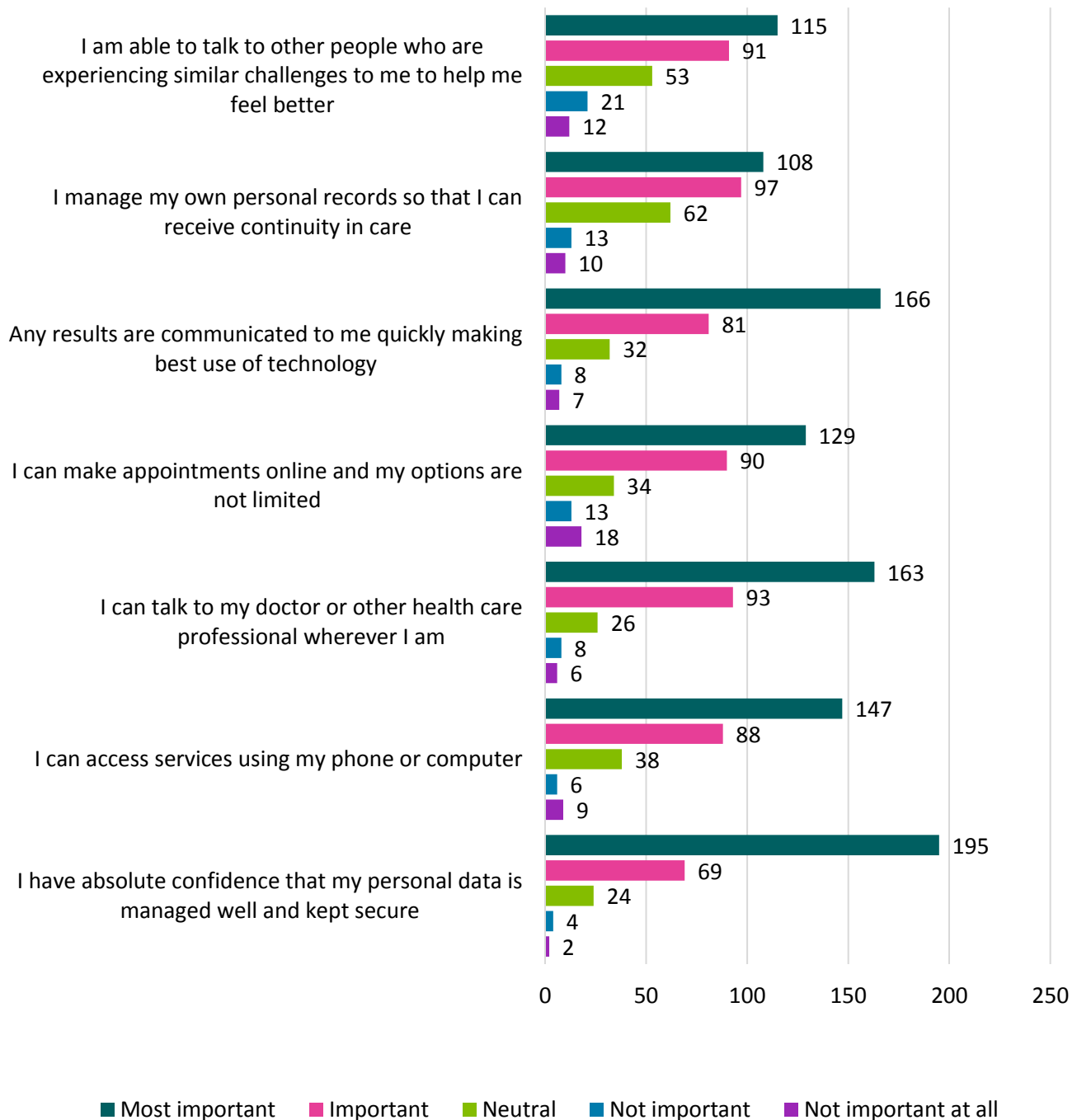
Help to keep independence and stay healthy (Care closer to home)



The statements under ‘Care closer to home’ are ‘most important’ or ‘important’ for many of the people who answered this question, although some people stated ‘neutral’ as their response. The fourth statement about community support has responses spread more evenly across these three choices. The NHS long-term plan is to spend more money on support in the community: with the number of ‘neutral’ responses to the fourth statement, does this suggest that the benefits of the plan will need to be communicated more clearly to people? It is possible that the smaller number of positive responses about the community supporting people is a reflection of the general sense in many people that the state will look after them “from cradle to grave”.

The statements with the highest number of ‘most important’ responses are about being able to stay in your own home and feeling supported at the end of life, including support for the family.

How you interact with your local NHS (Technology)



The statements under ‘Technology’ show many people think they are ‘most important’ or ‘important’, with some ‘neutral’, however there are also people who think technology is ‘not important’ or ‘not important at all’.

The highest number of ‘most important’ responses is about the security and management of personal information

‘Technology’ is the only area, out of the four, where there are responses under each of the five rating options, for each statement. The numbers are still relatively low for ‘Not important’ and ‘Not important at all’. 17 people said that they do not have access to computers and some people do not have a smartphone.

We know that online access has been lower than average in Tameside for many years. The Residents’ Opinion Survey that Tameside Council used to run indicated consistently lower than expected levels of motivation for people to become computer literate. Insight from our other work also suggests that self-referrals requiring online access are not welcomed by all (e.g. someone with a mental health need who can only access computers in a public library where others can see what they are typing). **Whilst we recognise the benefits of technology in health and care we think it is important for Tameside partners to have a better understanding of the groups of people in our population who do not have online access and to consider how these people could best be enabled and supported to access technology that could improve their health and wellbeing.**

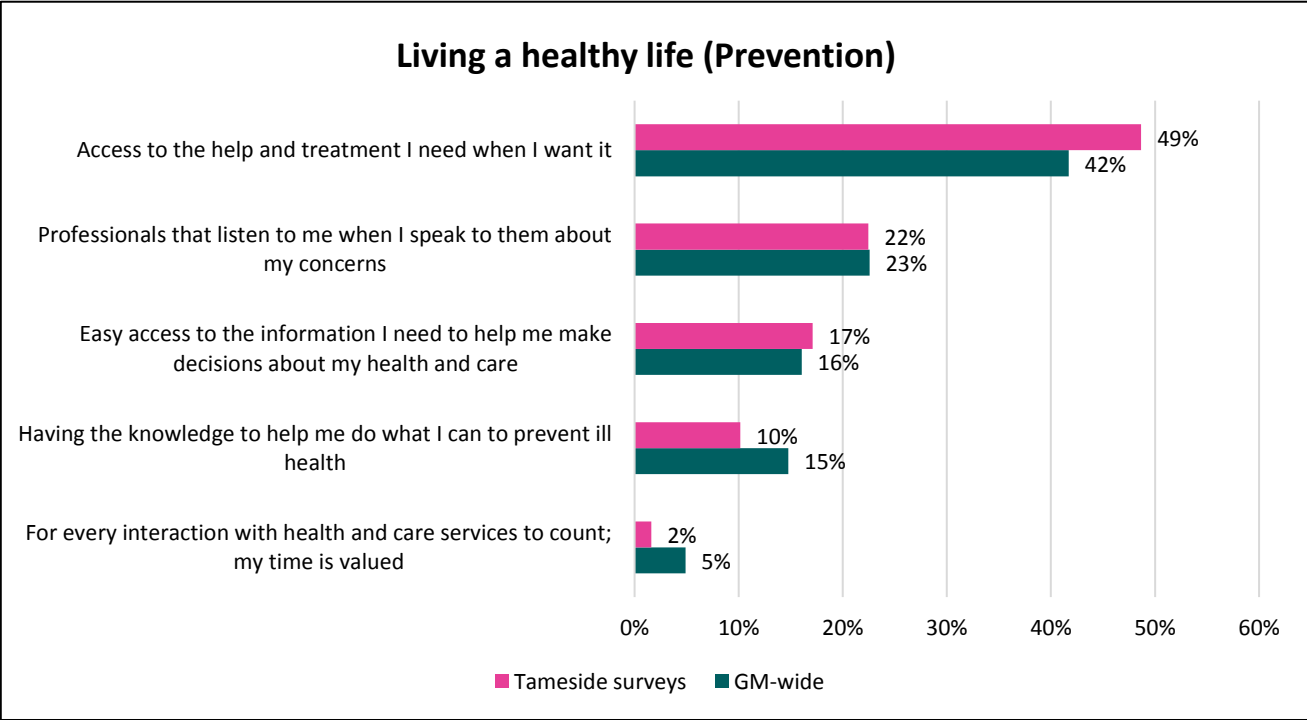
From other conversations with local people, we think that support for the statement “*I can access my doctor or other healthcare professional wherever I am*” is more likely to relate to ***ease of access to a doctor*** than relate to the ‘*wherever I am*’ part of the statement, and is unlikely to relate to technology/digital healthcare.

Questions asking which statements are most important

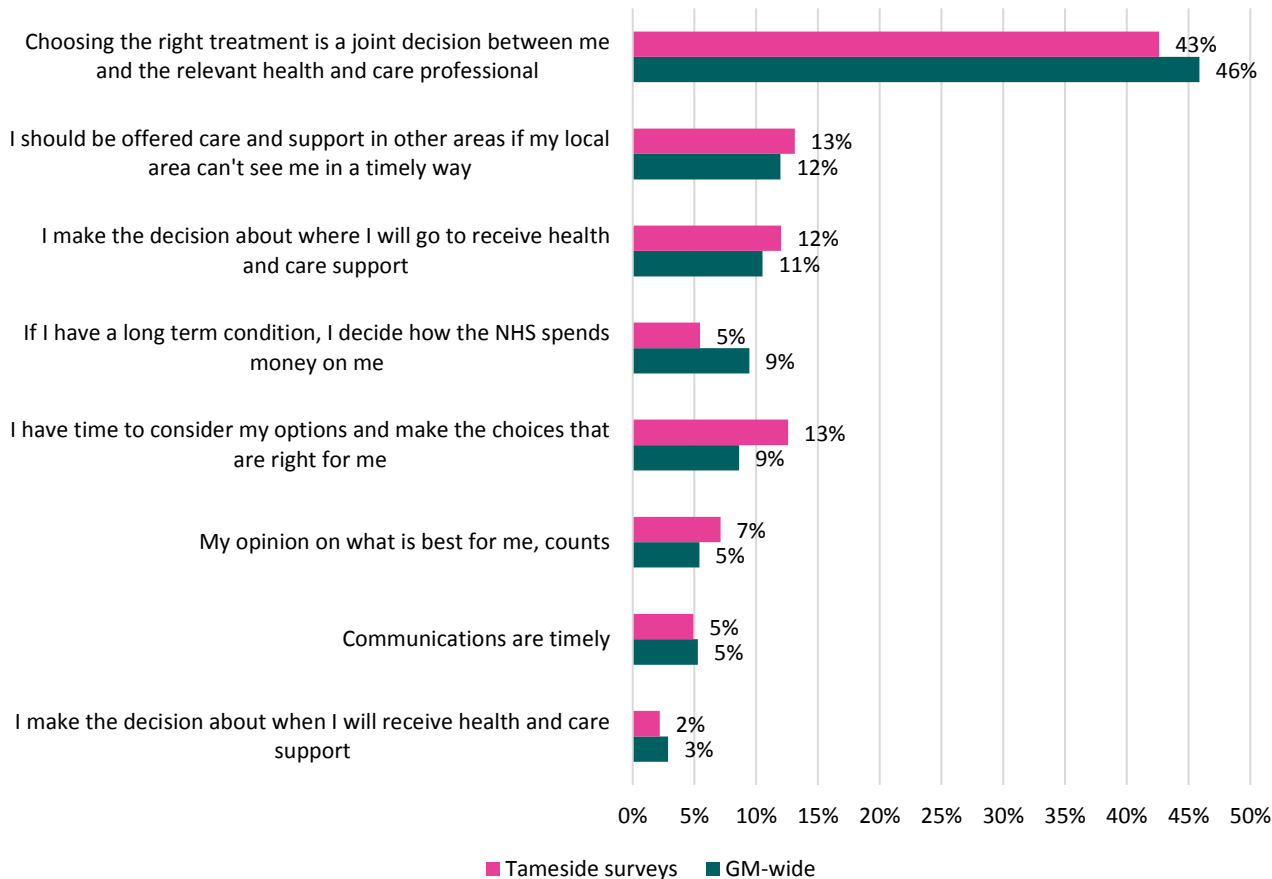
The next set of online questions asked which of the statements under each section heading was the most important to the person completing the survey. On the paper version, this question was asked as an extra column next to the rating. Overall 58% of people answered this set of questions. There was 76% completion online and 54% completion on paper.

We think that the format of the question and layout of the questionnaire caused some confusion in people responding to the survey.

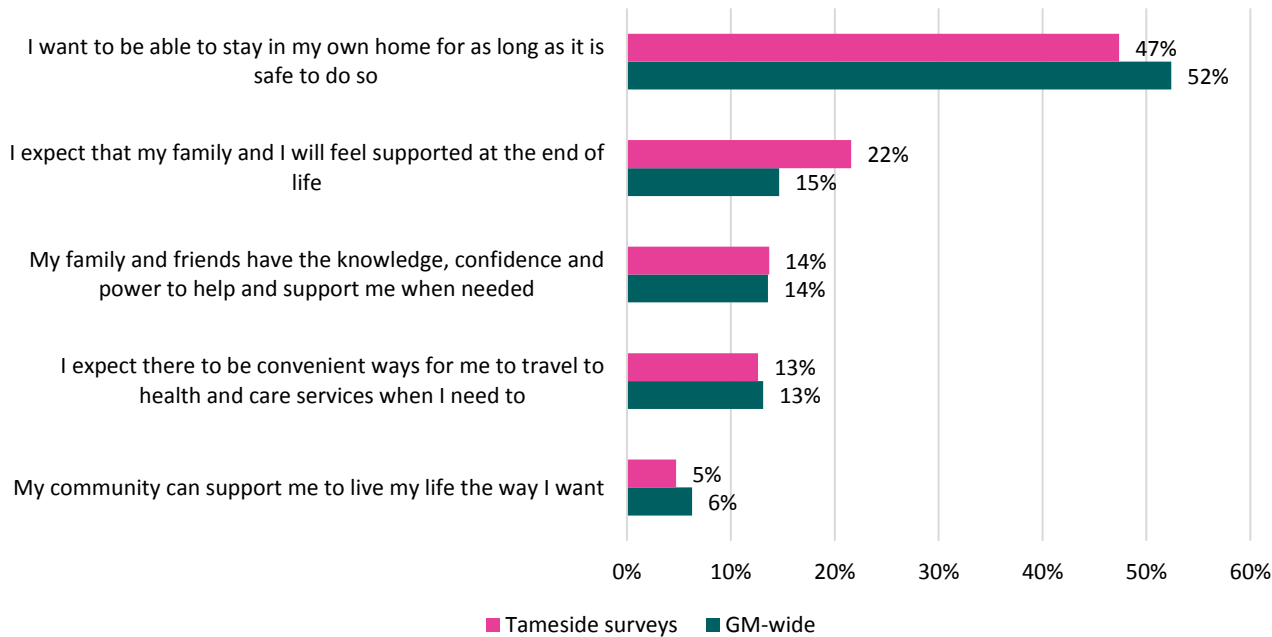
The graphs show the responses for Tameside and the comparison to the responses for the GM-wide combined surveys. This is shown as percentages for easier comparison.



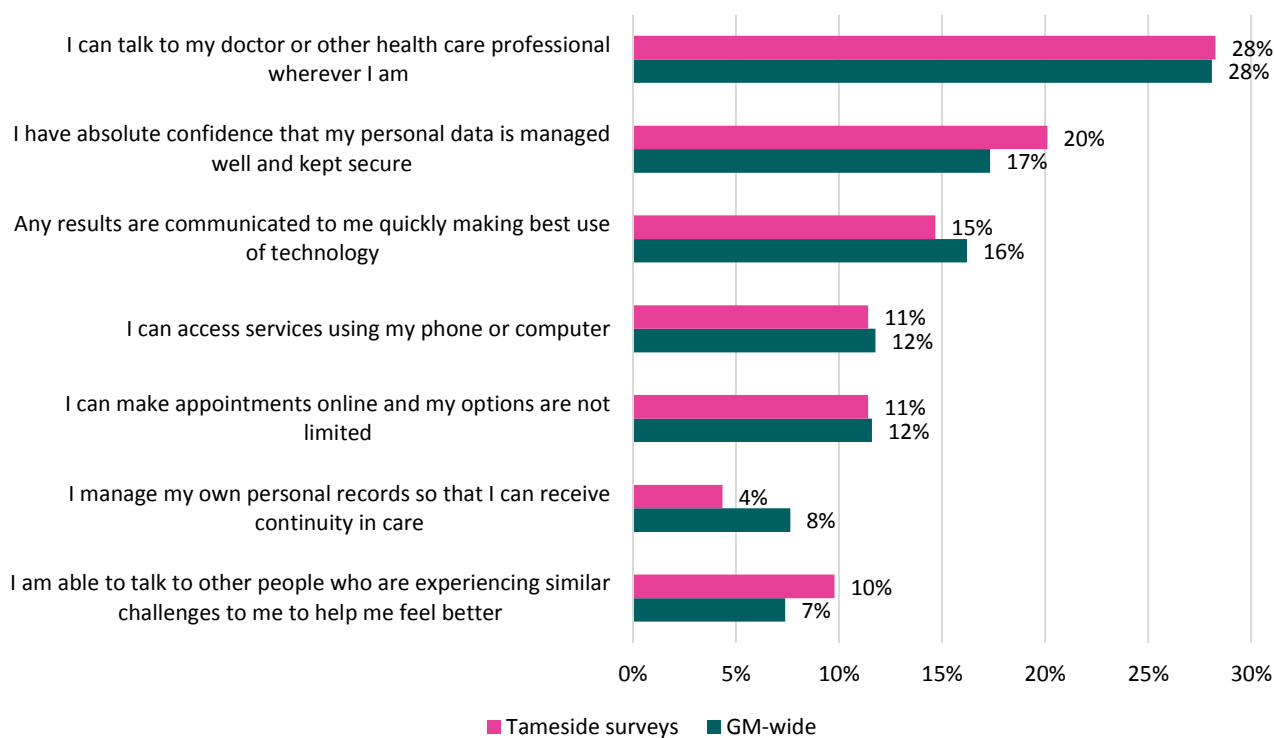
Manage and choose support (Personalisation)



Help to keep independence and stay healthy (Care closer to home)



How you interact with your local NHS (Technology)



The responses in Tameside, when compared to the overall GM response, are similar for most of the statements, with the same statement from each of the sections being considered the ‘most important’ to people.

There may be a greater expectation that help will be provided in Tameside for people by the NHS or social care, rather than self-care or by family or community, looking at the difference in percentages alongside the GM responses. For example, in the ‘Prevention’ graph a higher percentage of people say it is important to be able to access help when they want it and a lower percentage think it is important to have knowledge to prevent their own ill health. Under ‘Personalisation’ a lower percentage of people with a long-term condition think it is important to choose for themselves how NHS money is spent. Again, we think this may relate to some form of “cradle to grave” expectation placed on health and care services.

Under ‘Care closer to home’, a higher percentage of people in Tameside expect to feel supported at the end of life. Regarding technology, a lower percentage of people think it is important to manage their own records.

People were only able to select one statement to be the ‘most important’ in each category. Whilst some of the statements have a low number of responses, do people feel these are also important?

Again, from other conversations with local people, we think that support for the statement “*I can access my doctor or other healthcare professional wherever I am*” is more likely to relate to ***ease of access to a doctor*** than relate to the ‘*wherever I am*’ part of the statement, and is unlikely to relate to technology/digital healthcare.

Questions requiring written answers

At the end of each of the sections discussed earlier, there was a question where the answers could be written in the person's own words.

The next section of the report will look at these responses, split into themes. Where a response covers more than one theme, it will be considered under each theme, but quotations will only be included under one theme heading.

Here are the questions which were asked:

- If there was one more thing that would help you live a healthy life, what would it be?
- If there was one more thing that would help you manage and choose how the NHS supports you, what would it be?
- If there was one more thing that would help you retain your independence and live healthily for as long as possible, what would it be?
- If there was one more thing that you think needs to change to help you to successfully manage your health and care, what would it be?
- If you have any further comments, please write them below.

The same themes are covered within the responses to each question. We will therefore discuss themes, rather than the answers to each question, to avoid repetition.

The survey questions were designed to find out what is most important to people about care that is provided, and how they feel improvements could be made. It is looking forward to care in the future, in line with the NHS long-term plan, not back at actual experiences. Some people will have used their past experiences when thinking about their responses to work out what changes they would like to see in the future.

Themes

Communication

Within this section, we will break the comments down into different types of communication.

Information

Types of information people said they would like to receive include the following, with a selection of quotations from the surveys:



- What options are available to them
 - *Always know what options are available. Information is vital.*
 - *Being told about all options and not just the ones that are convenient to the NHS.*
 - *Expecting and receiving all options available to me, not just the ones the local CCG prefers.*
- Earlier availability of results
- The length of time they can expect to wait, without having to keep asking
 - *NHS needs to be more honest and upfront about waiting times and to communicate these times without being asked.*
- Healthcare advice
 - *Contact I could reach if I felt too ill.*
 - *My health & wellbeing are my responsibility. It would be supportive if someone from my GP service was available to speak with about minor concerns and not take up GP time. Preferable to accessing internet to check out symptoms.*
 - *The knowledge that someone else is within easy reach when things go wrong.*
- Signposting to ways to get help, other than a GP appointment
 - *There is limited advertising or signposting to other services that could be reached without going via the GP - counselling, wellbeing services, mindfulness etc - another way, or clearer way of reaching these would free up the need to speak with a GP.*
- Access to records
 - *Full easy access to my medical record with all information in one place. (3 people made similar comments.)*

Waiting too long for results - improve communication

- Information about appointments
 - *If department moves, patients should be informed so that they do not need to spend time trying to find where they should be and then be told they have missed their appointment so cannot be seen.*
 - *Knowing who it is you need to speak to in the relevant section.*
- General information
 - 7 people said they wanted information or knowledge, without specifying what type of information.
 - *Information about access to support at awkward times. i.e. Christmas.*
 - *To be notified when things change and to be helped to implement these changes or given help i.e. internet/phone.*



Explaining

Here are some of the requests from people about discussions between themselves and a clinical member of staff:



- Talk in plain English and without using jargon
 - *A more basic speech by doctors to what is going to happen.*
 - *Having things explained to me in plain English*
- Explain what a diagnosis or test result means for me
 - *A clearer understanding of what is available to me. A clearer understanding of what the illness is by Doctors, or classes to learn more than just being told what's wrong with you. Doctors often tell you your illness but don't explain why this is in detail or what the illness may cause. I think this is because of time issues or funding.*
 - *Clear consultation on options before and during treatment*
 - *I want to be able to discuss results and not just be told that things are normal.*
 - *To talk to doctors when I haven't the knowledge and hoping they can help understand*
- Be aware of the person you are talking to
 - *Talk to me - don't automatically think that I cannot help with any decisions about me*
- General comments
 - *Maybe fill in a survey or write down what's wrong before an appointment to skip awkward explaining so you can just get on with it*

Listening

- People want to be listened to, and for their appointment to be long enough for a conversation.
 - *Face to face contact with healthcare professionals who have time to listen and explain.*
 - *To be able to keep talking to people like myself - give time to speak.*
 - *To be seen in a timely manner, to be listened to properly and not passed from department to department.*



Sharing information

- People want different health and care services to talk to each other, so they do not have to keep repeating conversations, and there is continuity of care.
 - *A more efficient chemist and doctors' surgery partnership, better communication between the two.*
 - *I feel that more should be done around information sharing between doctors, sometimes they are not fully aware of your medical 'history'.*
 - *Recent experiences of my close friends involved with the NHS has highlighted that records are not being passed from hospitals to local GPs and hence they have not received ongoing treatment without having to explain themselves what they have already gone through.*
 - *To be sure that all areas of care talk to one another so that there is continuity of care.*
- People want to be able to keep a copy of their care history at home. This fits with the number of people who complete surveys on paper, do not have access to computers and/or smartphones.
 - *All letters concerning myself are sent to me as well as other professionals.*
 - *Have my own medical folder I could take to appointments especially when seeing a new health professional of any type.*
 - *Paper appointments and information so that I can keep a file in my case history.*



General communication

- Many people stated that communication needed to improve. Here are some more specific examples:
 - *Communication needs to be better, with care happening when consultants, etc. say it needs to happen.*
 - *I don't want to be one of the worried well, however, a conversation with my GP practice would be reassuring. Last seen GP 8 years ago.*
 - *I feel communication is a major issue within the NHS and that is between professionals and also with patients. It needs much improvement.*
 - *Poor communication is dangerous.*
 - *To be spoken to as a person and not as a commodity as I have experienced in the past. This is as important as the treatment patients receive especially when the patient is getting on in years. So training in this area is very important.*



Appointments and access to care

This theme is broken down into different types of comments.

Availability of GP appointments

- People do not want to wait so long for an appointment, with some people wanting an appointment within 2 weeks, whilst other people say this is too long to wait. Many people said that up to a month is too long to wait.
 - 29 brief comments requested shorter waiting times and easier access to GP appointments.
 - *Being able to see Doctors when you need them. Being able to get the right help and treatment. Help when needed is important.*
 - *Easier access to GP surgery. The knowledge a professional has is paramount. This would require funding that may not be available.*
 - *Easier access to GP without waiting outside in bad weather etc. and confidence in GP.*
 - *Faster appointments at your local doctors' surgery. It takes longer to get the appointment at your GP surgery to get a referral than it does to get the scan for possible diagnosis of say cancer.*
 - *Reduce the waiting time for blood test appointments.*
- People would like different ways to make an appointment
 - *Being able to access the doctor when needed, instead of waiting in a phone queue then told there are no appointments.*
 - *To be able to get appointment with my GP or another in the practice at any time and not only after 8.00am in the mornings.*

Being able to see a known doctor

- Many people want to be able to see a doctor who knows them and their medical history.
 - *Ability to develop a personal relationship with a GP. Easier to see your preferred GP.*
 - *Being able to see my named GP when I have an appointment and within 2 weeks not the current 4 weeks.*
 - *Dealing more with my Doctor. On the rare, thankfully, occasions when I have had to go to the Doctors there is almost always a different locum who deals with you.*



Appointments out of main GP surgery hours

- Several comments were received about wanting there to be appointments in the evenings and at weekends, including:
 - *Ease of making appointments at convenient times outside of 9.00 - 5.00 is hugely important. Weekend appointments would be a huge step forward.*
 - *Easier access to seeing a GP would be great, I know this would be difficult to manage but if early morning and after 5pm appointments could be held for working people I feel that would benefit as I know myself and colleagues have suffered through lots of things we should have seen a doctor for but couldn't get an appointment and couldn't get leave off work.*
 - *Wife has to come out of work to take me to appointments so it would help if she could use later appointments.*

General comments about GP care

- Some of the comments and suggestions related to GP practices and appointments but were not about appointment availability. It would appear not everyone is aware of the availability of chaperones. These comments include:
 - *Being able to spend longer with my doctor.*
 - *Who limits one to 10 and sometimes 5-minute appointments and only one subject? At my age, who has only one thing wrong?*
 - *Follow up on test results and when retests needed with dates rather than a generic "in 6 months' time".*
 - *GPs less and less are aware of one's overall health situation.*
 - *More frequent diabetic blood tests.*

- Offer 3 yearly general health checks to people over 60 as prevention is better than cure.
- Priority appointments to see a GP for over 80s.
- Volunteer to attend GP appointment, as alone in the same room as GP he intimidates.

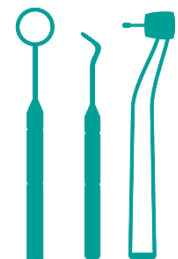
Hospital care

- People made comments which included:
 - Better government support for nurse training so that there are enough qualified nurses to care for me.
 - Hospital appointments are not well managed.
 - It should be almost a 24 hour appointment service. This day and age appointments should be available in the evenings or weekends. Many people don't get sick pay and are not allowed time off. The NHS should be 24/7 not 9 - 5 Monday - Friday. Even Yacob the famous heart surgeon had appointments at midnight. Evening appointments say up to 10pm especially for screening, etc.
 - Larger A & E departments, with staff and ambulances to service them.
 - MSK service at Oldham brilliant- should have a comparable service in Tameside.
 - Reduce the times NHS threatens that if an appointment is not taken, refer to GP. More work needs to be done to understand why people DNA.
 - Speedy and timely treatment, no matter where it's carried out is massively important.



Dental care

- A few comments were received about the availability of NHS dental appointments and the cost, including:
 - Lower cost of treatment.
 - Prompt access to NHS dentistry and healthcare when I need it.
 - There is a vast shortage of [NHS] dentists in the Tameside area that will take on new adult patients.



Mental health care

- Some of the comments and improvement suggestions were about the mental health care available:
 - In answer to the question 'If there was one more thing that would help you live a healthy life, what would it be?' - *Easy access to counselling for mental health and well-being.*
 - *I believe the most urgent way the NHS needs to change is better mental health services. Waiting lists are extremely long and it does not seem to be a priority.*
 - *Mental health. Please stop telling carers there is 24/7 help, when there is not.*

General health and care suggestions

- Here is a selection of examples of ideas people suggested:
 - *Continuity of health professionals.*
 - *Easy access to a range of professionals.*
As I get older I am trying to stay fit and healthy - if I get pain somewhere, I understand that it isn't enough to go to a busy GP with, but on the other hand if I don't get advice/support it could be that I get deterioration that stops me keeping fit and active. This then does impact negatively on health. (Two people made similar comments.)
 - *Health facilities more local e.g. home town.*
 - *I have recently been diagnosed with Osteoporosis due to having a fracture. If this had been found after my menopause at, I could have halted it then. Why is there no screening for women which is offered pre-menopause?*
 - *Make alternative solutions available for choice rather than enforcing one treatment. Include complementary medicine.*
- These comments are about what people would like to see or have:
 - *A knowledge of outcomes and of staff expertise.*
 - *Accept that I cannot always keep appointments - but I let them know when I can.*
 - *Good sight and good mobility - don't cut back or ration operations - to keep the elderly independent.*
 - *Help with managing pain.*
 - *Knowing that I could pick up the phone in an emergency and get appropriate help and support.*



- *More care taken by NHS staff on first appointment to access care needed, not just passed around for months on end.*
- *Regular health visits as I get older/more in need.*
- *The fact that appropriate good nursing and medical care and carers are available when I need it and I do have a choice realistically at the time.*
- *Would like access to health professionals to help me make decisions who are unbiased (due to lack of family support).*

Decision making

- One of the multiple-choice questions asked about decision making. Some of the written responses referred to this:
 - *I agree with joint decisions, but we are in the care of the doctor and generally he would make the decisions as to what is best for me.*
 - *I would be happier for the NHS to make these decisions. You are the experts!*
 - *My own health makes the decision.*
 - *Surely the doctors and NHS make the decisions subject obviously to my agreement.*

General comments

- *I know the NHS do everything they can despite the amount of time they take to see me.*
- *Treatment is patient centred.*

Care in the community

GP support in the community

- Here are some suggestions for GP practices:
 - *Access to healthcare practitioners when needed that will do home visits.*
 - *Having GP at pharmacies to give prescription out or giving pharmacies the power to do prescriptions.*
 - *I would appreciate some support at home. I am unwell to go out on my own. Live alone and find it difficult to attend the Doctors' surgery for blood tests etc.*
 - *Involve local communities more e.g. GP practices holding more open patient information days.*



District nurses

- Here are some comments about district nursing:
 - *More district nurses available. Save our NHS!!! Invest in district nurses, counsellors and better prevention projects. This society does not look after itself- educate our children!!!*
 - *More time for district nurses to spend with each patient.*
 - *More up to date forums of communication for district nurses. Information for patients living alone to be passed on accordingly. Time will not then be wasted, and patients will not be worried. Current system in Tameside is Dickensian.*

Other community care

- Here are some comments about other community services:
 - *Availability of health and other services in the home.*
 - *Easier and more access to physio, OT etc.*
 - *In the last year I have had to see Physiotherapists, Podiatrist, GP, Advanced practice nurse, Nurse, Day surgery team, Hygienist and Dentist. (It has been a bad year for my health) Everyone I have met has been, kind, polite, caring and professional in their work. Thank you.*
 - *More access to local minor clinics*
 - *More community admiral nurses*
 - *To have more support from health visitors and doctors*



Social care

This section is broken down into different aspects of social care.

Support to live independently

- Several people want information to be easily available about getting support in their own home. They want to be sure that people are properly trained, have the right qualifications and will be caring and reliable.
 - *In order for people to stay in their own homes for as long as possible, we should not rely on family members to provide adequate, safe, clean and timely care. An injured elderly person should not have a care visit at 6pm to put them to bed, this is not only depressing for that person at an already vulnerable time but also degrading and promotes a feeling of helplessness and loneliness.*
 - *More continuity of care round the clock, as welfare, at weekends.*

Housing

- People are worried about where they might be able to live in the future, and would like:
 - *An assurance that if I needed to move into sheltered housing it would be in my home town.*
 - *Help to move into more appropriate housing BEFORE it becomes a crisis.*
 - *More care homes run by the council as well as private - more residential homes. Get the government to build more bungalows for old people in gated areas. (3 people suggested more bungalows should be available to help with staying independent for as long as possible.)*
 - *More help for people without family. It would help if there were more care homes not costing a fortune.*



Aids and adaptations

- Aids and adaptations need to be available when needed.
 - *For any equipment/facilities I need at home to be provided to meet my needs in a quick and efficient manner. (4 people talked about the provision of household aids.)*
 - *Provisions of aids to support any problems I may develop when I get to older age. i.e. mobility aids. I feel like they shouldn't be so expensive for older people to gain access to.*

General comments

- People want to know that good quality care will be available if they need it.
 - *I want to be looked after as appropriately and well in a home or in my own home, by an NHS that cares and gives me good value when I need it The present full package of care is a misnomer whether you pay or not, and far too scanty and erratic and managers don't want to know. Great scope for private firms to set up. Care workers not paid enough and not always caring people, not surprisingly budget cutbacks not acceptable anymore. Too many expensive managers and not enough at the core face.*
 - *That I am represented in all areas of any care I may need in the future i.e. family/husband*
 - *That I have a choice and not to burden my family*

Support

We will look at different types of support under this theme.

Clinical support

- These comments refer to ongoing support.
 - *Follow up! People have a stay in hospital, come out having their mobility reduced and lost confidence. They get exercises given but no support, so the decline continues. Lose more confidence, get more infections and back into hospital. Support needs to be wrap around physio, psychological, social.*
 - *Having the necessary help, local support and information, as and when needed. (8 similar comments received.)*
 - *I got good support from my local practice.*
 - *More support advice as a diabetic type 2.*



Community activities

- Here are some ideas for community activities and cohesion.
 - *A community hub where I would be able to meet people like myself.*
 - *Being helped to remember people (person with dementia)*
 - *Group activities within the community and mix of communities e.g. Indians, English, Muslim, etc.*
 - *Information on activity groups.*
 - *Social help - visits or outings in the evenings. More social interaction.*
 - *The re-socialising of communities, people don't know their neighbours.*

Peer support

- People would like to talk to others who understand.
 - *Access to a social worker or person who could talk to just to chat etc. Pubs used provide such services especially working man's type clubs. Where one could get to know everyone else i.e. most are now closed.*
 - *Access to group for company/support.*
 - *Contact with other patients with similar illnesses (e.g. stroke)*
 - *It is ideally better to have smaller group meetings available more locally. (Avoid) travelling to the other side of Tameside when you struggle to do so to access services, and meet with others who have long term conditions.*



- *Make funds available to clubs, organisations etc. to assist people to stay healthy in later life or recovering from illness or surgery.*
- *We had good help and support from Healthy Living Project, but this was discontinued and now there is little or no advice or support.*

Isolation

- 7 people talked about isolation, and the lack of family nearby. Here are some of the suggestions:
 - *Easily accessible projects in the community to support elderly who may be at risk of feeling isolated or lonely.*
 - *Groups for older people to go out, maybe on walks and community groups to keep interactions, anything to stop people being isolated. However, I feel this is a community effort and should involve everyone (not just the NHS) as I feel the sense of community has been lost over the years.*
 - *It would be lovely to be able to meet people who are in the same boat, so to speak. Illness leads to isolation leads to depression. It's a vicious circle.*

Medication

- Here are people's thoughts and suggestions about current medication:
 - *Better interest from GPs. There is no follow-up on medications given.*
 - *Easier access to some prescription-only medications, pharmacists who can prescribe more services.*
 - *Regular review of medications.*
 - *Some sort of automated prescription renewal system.*
 - *To be offered alternative medication, if I felt the medication I was on not working properly.*
- Here are some suggestions for alternatives to medication:
 - *Alternative therapy instead of being prescribed medication.*
 - *It's too easy for a GP to prescribe medication even when it is not making a difference. I'd like GPs to do a proper health check e.g. hospital appointments for x-ray, MRI to get to the bottom of my issues. Physio, yoga, alternative therapy may cost more but surely long term it would be better than taking medication repetitively.*



Technology

Online access to records

- People who have computers are keen to use IT better:
 - *Access to records needs to be paramount - shouldn't have to wait for somebody else to decide if I can see a result or not.*
 - *Better IT to be able to manage as much as possible via the web.*
 - *More online appointment booking.*
 - *No point in giving access to appointments online unless GPs and hospital staff make the potential appointments visible online. (Another person made a similar comment.)*

People without computer access

- 17 people said they did not use computers. Not everyone has a smartphone.
 - *As I am unable to use a computer or smartphone, I would like to have easier access to professionals who can help me in a more traditional manner. i.e. hands on.*
 - *Can't use a computer - prefer personal communications. Most old people can't or don't want to use. We are old school, bear with us, as time goes on everyone will be computer literate. Not yet though, give us 20 years. Thanks.*
 - *I would be aware of the large number of elderly patients if looking to introduce technology as many may not have access.*
 - *There is a need to change or reduce the drive towards reliance on technology. I do not use a computer or a mobile phone.*
- Some people would like to use computers but don't have access:
 - *I am not online. I would like to manage my records but not able to do so.*
 - *It is difficult to keep tabs on managing own personal records but do so the best I can. A computer might help?? I have several conditions all being treated as required.*



Data security

- Security is a concern:
 - *If I can gain access so can others.*
 - *Not so sure on security on my personal data. Not my name but health matters.*

Other comments and suggestions

- *Knowing all those involved in any treatment have full access to my on-going records and that I feel I am being dealt with as a person not just another case.*
- *Skype appointments to discuss concerns, options. Make better use of social media and technology.*
- *To be able to speak to people when I need to access my care and not listen to endless recordings, listening to endless alternatives and apps.*



Lifestyle

The survey is looking at health and wellbeing. Many of the comments were about ways to improve overall wellbeing.

Food

- 13 people said they wanted to eat healthy food. 7 people would like healthy food to be cheaper, and/or to earn more money.
 - *It's all very well having the knowledge but if you don't have the time or money to do it, it becomes useless e.g. healthy eating and buying ingredients.*

Exercise

- 22 people said they wanted to exercise. 5 people wanted exercise classes to be more affordable.
 - *Affordable access to gyms/ swimming pools for a family it's just not cost effective to be a member of any of these locally and Tameside access seems to be more expensive than anywhere else.*
- People want help to learn about exercise they can do themselves.
 - 4 people wanted to improve their mobility.
 - *A healthy diet and a fitness plan customised for me and my ability.*
 - *A printed copy of easy, everyday exercises to do at home.*
 - *Many persons have no idea how their body works. They should be taught simple facts how to keep body organs in healthy condition.*

Environment

- 7 people wanted air pollution to be reduced.
 - *An environment which is not polluted - air pollution in Tameside is very poor.*
 - *More pedestrian routes away from the main roads where I don't have to breathe in traffic fumes whilst I get from A to B.*
- There are mixed comments about cycling.
 - *Good cycle routes and safe cycle parking.*
 - *More safe spaces where people can exercise, cycle lanes are a waste of money as do not feel safe using them.*
- Other comments:
 - *Faster local broadband.*
 - *Stop residential areas becoming rat runs for cars.*

General health and well-being

- *Have my friends & family around me.*
- *Keep in touch with nature and some hobby.*
- *Looking at a range of options including lifestyle changes to improve my own health and wellbeing (5 people made similar comments).*
- *Loss of weight.*
- *Spiritual as well as physical needs taken into account.*



End of life

- *After nursing my husband through MS, I will not let my children go through that again, if that or a similar long-term illness was experienced by myself. It ruined our lives. I will therefore like a choice i.e. DIGNITAS*
- *"Dignity in dying option" must be available for protracted pain or being a vegetable. Must be the decision of the patient while still competent, or their LPA. NHS should facilitate the asking of the question and the recording of the decision.*

Travel

The following comments and suggestions relate to transport.

Public transport

- *(Would like) A better bus service, we have no bus to Hyde.*
- *Better and more public transport, without the continued worry over which bus service will be cut each week.*
- *Good public transport to treatment specialist hubs. e.g. it's very hard to get from Glossop to Wythenshawe.*

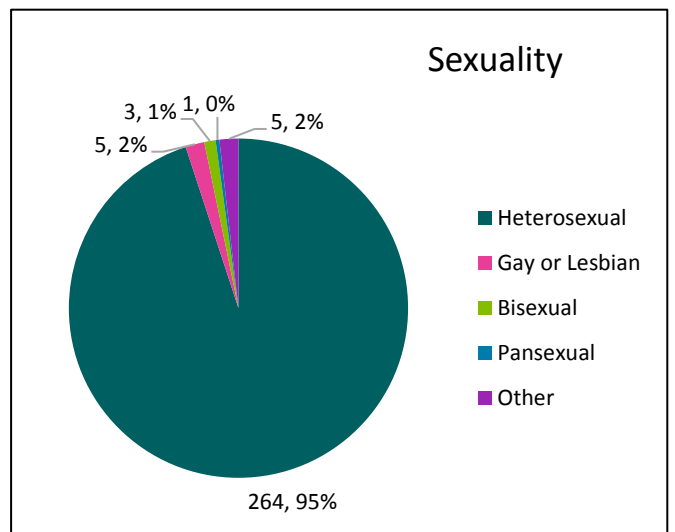
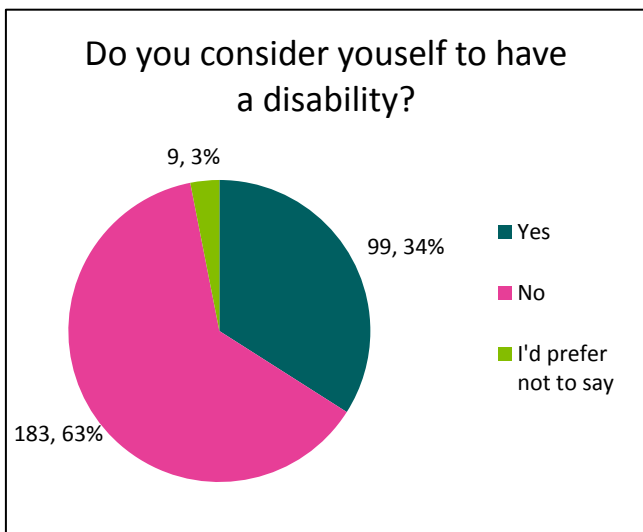
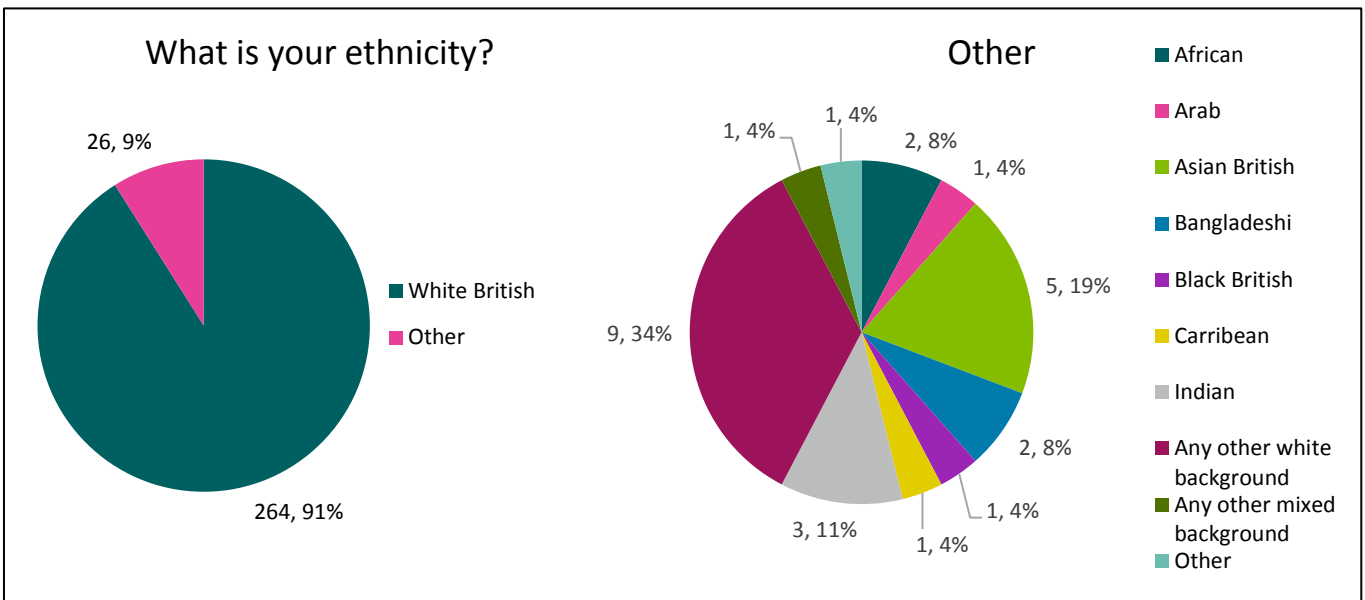
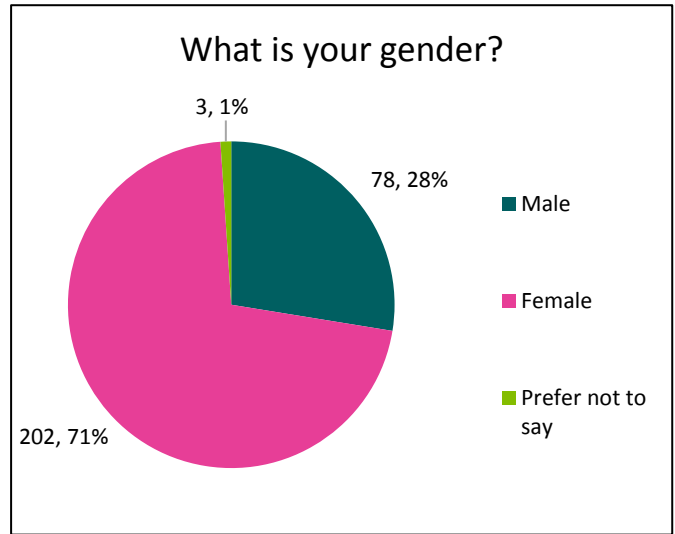
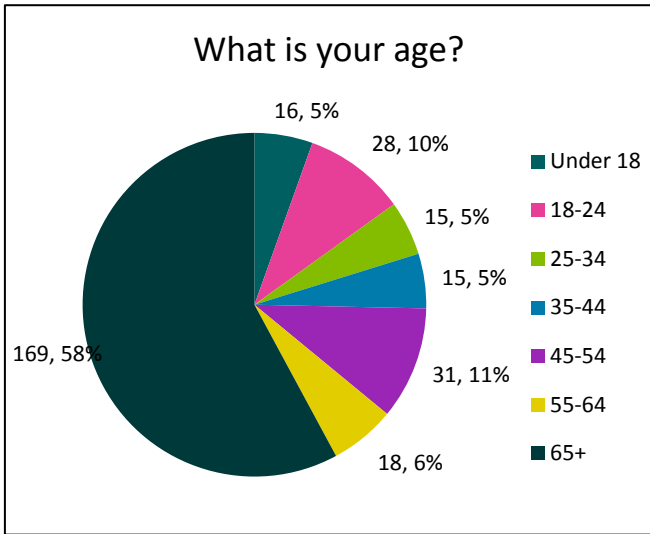
Travel to appointments

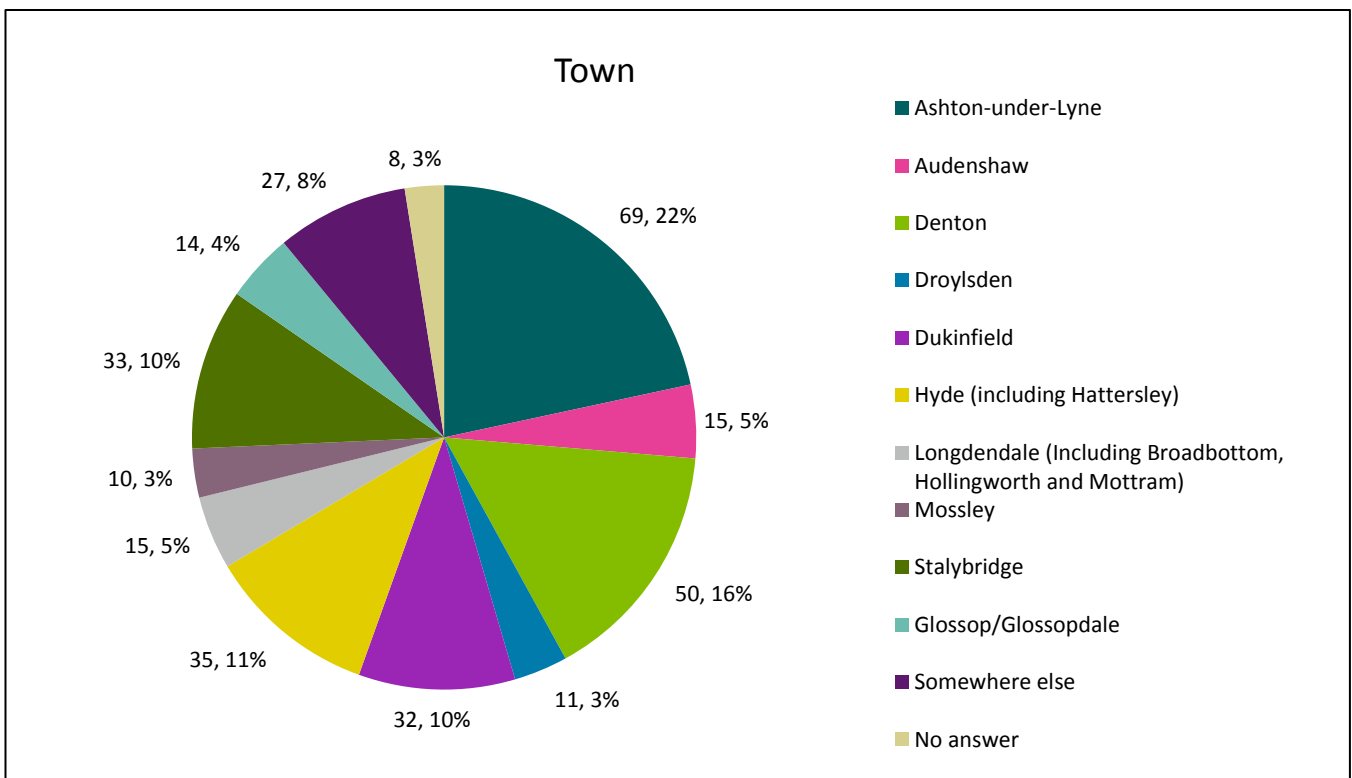
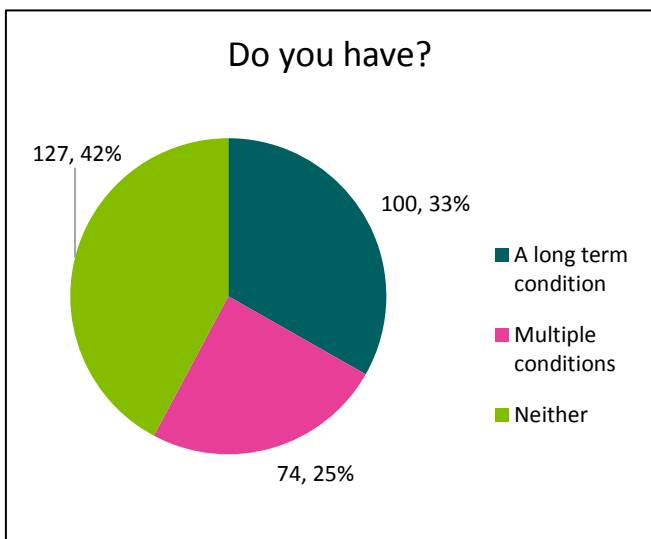
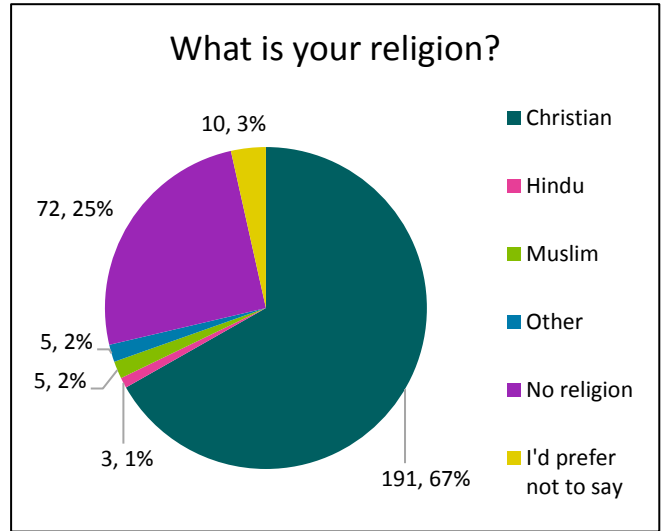
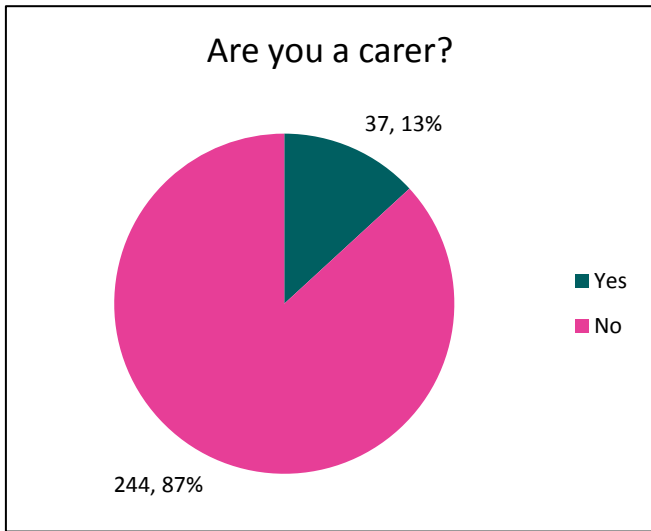
- *I consider myself quite lucky that I have a good doctor and local hospital that I can count on. My only problem is my husband does not drive and when I was too ill to drive, I had to get a family member to take me to hospital and this is not always available for me. Loss of control?*
- *To get access to taxis etc - they are good but would like a way of paying a little less if using a lot.*
- *Transport (difficulties) due to mobility*

Other comments

- Here is a selection of general comments and suggestions:
 - *I think the NHS is amazing*
 - *Integrate health and social care.*
 - *More things dealt with inside the NHS rather than having treatments outsourced to private companies.*
 - *Not at this time I am too old and weary but happy.*
 - *The government could save millions of pounds every year if they charged hospital patients, who can afford it, for the food they receive whilst in hospital.*
 - *Why is the finger always pointed at the elderly as the main expense of the NHS!! All people need to appreciate the NHS. They need to be educated not to abuse this great service. People get away with what they are allowed to get away with.*

Demographics





Acknowledgements

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