

Community Voices Programme: Quarter One Report.

Sector3

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SECTOR 3

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Introduction and Background of Project

This report is a summary of findings from the first quarter of the NHS Community Voices Programme; a two-year programme funded by NHS Greater Manchester.

The aim of the programme is to enhance local VCFSE's ability to listen to and gather the voices of local people who experience the worst health outcomes and health inequalities and face marginalisation and exclusion; so that these can be listened to and acted on by decision-makers in the Greater Manchester NHS and can be used to support the VCFSE sector with insights specific to their communities in Stockport.

Since February our anchor organisations* have been reaching out to members of the community and asking a range of questions to gauge an understanding of their experiences with the NHS and health provisions. For this quarter, the questions were broad, exploring general experiences, issues and strengths of individual and group experiences of NHS provisions.

This report will delve into the findings of the data collected, what the main issues were, and suggested next steps. It also explores a range of opinions and experiences where some praised the NHS provisions and services whereas some views expressed a systemic issue within the NHS.

Throughout all the reports submitted, issues with waiting lists were a reoccurring theme across all seven groups that were submitted. General experiences of accessing NHS services were varied, with feedback outlining delays, confusion, and finding the process overwhelming, alongside more positive experiences where people felt listened to.

*The groups involved in this programme are:

- Age UK Stockport
- Boost CIC
- Disability Stockport
- Cheadle Masjid
- Stockport Armed Forces Community Organisation (SAFCO)
- Stockport Race Equality Partnership CIC (S-REP)
- Re:Dish

Stats and Demographics

For this first quarter, over 100 members of the community were questioned about their experiences, all ranging from different racial demographics, age and health needs.

A range of qualitative and quantitative data was obtained, using methods of collecting data included surveys, focus groups and interviews.

General Experiences

There was a range of mixed opinions of the experiences of the NHS services and provisions. One theme that that recurred throughout all seven groups was the prolonged waiting lists, from operations, to screenings to assessments for ADHD.

The general experiences for each group varied, for example, SREP experiences were largely characterised by delays, confusion, and anxiety.

Many participants described navigating the NHS as overwhelming, particularly when urgent care was needed. The gap between need and access often resulted in escalation of health conditions.

Whereas groups such as Re:dish found that when needed it can be good and proactive.

For example, one person who went to the doctors with a persistent cough was offered and had a blood pressure check. This was found to be high so she is now awaiting blood tests and ECG.

Strengths of The NHS

Although there was a prolonged waiting list time, many of those consulted had a good experience with the NHS staff, claiming they were listened to and generally good at providing support.

Contradictory to the to the NHS App can be good for ordering prescriptions and there was some praise around pharmacists that can help out with medical conditions.

Here there was also praise around paramedics, stating that they always arrive quickly and get the care needed when arriving to the hospital.

Where services worked, they worked exceptionally well, particularly when human connection was prioritised.

Participants consistently valued:

- GPs who listened without rushing
- Staff who showed empathy and cultural awareness
- Access to professional interpreters

These elements transformed healthcare experiences from transactional to relational. Trust is built not only through treatment, but through being seen, heard, and understood.

Issues and Challenges with NHS Provisions

System Issues: these challenges are the ones driven by how services are designed, resourced, or coordinated

Waiting lists and human connections were one of the most among the most recurring themes, throughout all groups.

Consultees from SAFCO and Age UK struggle with the digital apps and found it difficult to navigate, and many asked to move away for online appointments, delving into the lack of human touch from such structures.

Furthermore, some mentioned that access to mental health services were incredibly poor, where one person discussed waiting over a year to wait for treatment for PTSD.

The long waiting lists for appointments and surgeries have inevitability caused more health issues in the long term.

Individual experiences within Stockport

Stepping Hill was highlighted multiple times, with issues around their backlog and structure. Some mentioned their appointments could be better managed without having to go back several times. In addition, there were some general public health concerns, regarding the cleanliness at the Hospital, where one individual visited for a specific issue, but due to the hygiene conditions, it resulted in a further condition (norovirus).

Dental care was another key theme across the groups, where some have stated waiting years to be added to a NHS practice.

Those who attended the SAFCO consultation discussed the lack of use for the Veteran's Health Passport, which is designed to help veterans navigate through healthcare visits as smoothly as possible by letting GP's know relevant background information and how to support them. Additionally, some stated that although some stated that the NHS GP services have Armed Forces Covenant Pledges and have signed up this accreditation and display signs in waiting rooms but front-line staff, receptionist, nurses have no knowledge around it.

There were also mentions of practices losing records and needing to reattend appointments and a general lack of communication between trusts and patients.

Contrasting Challenges.

Themes across the seven groups, themes such as waiting lists, being treated with human dignity, digital exclusion overlapped vastly.

However, as all groups represent a wide range of demographics, the specific needs and issues did differ. Below are the contrasting themes that were highlighted.

For SAFCO, themes around mental health and awareness for engaging with veterans was prevalent across those who were consulted.

Disability Stockport: the need to treat with respect and dignity

SREP: cultural barriers, language barriers

Age UK: digital exclusion and screenings stopping at a specific age.

MOVES: inability to get appointments and waiting lists

Cheadle Mosque: lack of communication between patient and doctor.

Re:dish: GP appointments not enough time to express the issue, issues around prescriptions and lack of communication among staff

Experiences around screenings

The experiences with screenings did vary between individuals. Where some had somewhat good experiences with the screenings, some stated being denied a screening despite having a family history of the problem. Many stated that screenings should not stop after a specific age.

Quotes from the data and reports

“We are not asking for special treatment—we are asking to be understood.”

“Feels like nothing is working well with the NHS, for example was admitted to hospital, (emergency) was left in a corridor for 8 hours, without food or hot drink”

“Rate your experience around accessing healthcare over the past year?
5.40 (out of 10)”

‘A “one-size-fits-all” system does not work, targeted, inclusive approaches are essential.

“Overall, how satisfied are you with the healthcare services you have received? 5.53 out of 10”

“I'd be almost willing to move house to get an area which carried out knee surgery”

“I have a life changing condition that is supposed to be checked every 3 months, this is usually 6-9 months”

“Communication extremely difficult, would be nice to speak to a person

Suggestions and Areas of Improvement

Some of the suggestions to improve NHS services involved a removal or simplification of the NHS apps. Although groups such as Age UK Stockport provide support with digital apps, some members still found it to be incredibly difficult to navigate. There is also a real need to develop an alternative to digital systems such as Patch. Although some people did praise the online systems, there is a clear need for more training or in person support.

One of the most reoccurring themes was the need for human or personal touch. Many people felt that the lack of face time and increase of online and telephone appointments decreased the value and impact of conversations. There is a real need for human connection through conversations with patients and staff.

There was also a suggestion to increase interpreter availability, simplify the language around healthcare navigation guidance, and additionally deliver community-based outreach and education to strengthen coordination across services

Conclusion and Next Steps

The data collected simply reemphasises that the NHS services and provisions are under stress and crisis, and Stockport services are no different.

This information has been fed back to 10GM and will also soon be shared with the NHS.

The next quarter will focus on prompting consulted members to delve into Stockport specific issues as well the wider NHS issues (waiting lists, apps, etc). For example, if there is an issue around a GP surgery or Hospital, naming them could help us work on Stockport specific intervention, by assigning them onto public health or wider groups.

The challenges with the data collected is that some of it can be somewhat contradictory. What is a strength for one person, can be a major challenge

for another. It can be difficult to approach the solutions without a 'one size fits all' approach.

What's next from a VCSE perspective.

Issues such as waiting lists has been growing since pre-Covid and is something that will take years to fix and will be difficult to solve from a Stockport standpoint. Despite this, there are few areas of development.

- Additionally, the Community Development Lead will work closely with VCSE groups that provide 1-2-1 support around digital inclusion and see how this can be implemented and promoted throughout Stockport. This is a more targeted approach to digital inclusion, alongside promoting non-digital alternatives, here we can work with groups such as Digiknow to direct support on this.
- Establishing stronger, ongoing feedback loops with NHS partners
- Prioritising a small number of key system and place-based issues for the next quarter
- Escalation and influence: sharing the findings of the report in spaces with partners and groups, such as ICB, One Stockport Health & Care Board. Sector 3 CEO, Jo McGrath will be feeding this back in these spaces.
- Place-based focus. With the Stockport specific placed based issues, the Community Development Lead will be working closely with public health to explore what intervention is currently ongoing and how the VCSE sector can feed into this. The Community Development Lead at Sector 3 will be in direct contact with the public health team to further investigate the issues within Stepping Hill.

What to consider in the future:

- Access redesign: Advocate for blended access models (digital, phone, face-to-face) and more consistent communication across services
- Inclusion: Strengthen interpreter provision and co-design more culturally appropriate services
- Workforce development: Build awareness and skills around cultural competency, communication, and the Armed Forces Covenant

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- Hazel Batty, Age UK Stockport
- Steve Flynn, Boost CIC
- Sara Crookdale and Joshua Hughes, Disability Stockport
- Tehmeena Loonat, Cheadle Masjid
- Amanda Peers, Stockport Armed Forces Community Organisation
- Aba Graham (SAFCO) Stockport Race Equality Partnership CIC (S-REP)
- Lynn Brandwood, Re:Dish

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Quarter one theme and questions

Theme 1: Access to Healthcare

1. How has your experience been around accessing healthcare over the past year?
2. What do you think is working well for accessing healthcare in your area?
3. What challenges have you faced? For example, appointments, waiting lists, urgent care, timely support, joined up services, communication etc.
4. What has been your experiences of health screenings? Have you faced any access barriers? What has worked well?
5. What suggestions do you have to ensure that the NHS can provide the best service available to you in your area?
6. Any information on demographics of group?