



“What the people of Greater Manchester are telling us”

Insight Report

Q1 2025–2026

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Introduction

This report brings together what local Healthwatch teams across Greater Manchester heard from residents between April and June 2025. It is the first independently produced Healthwatch insight report, following previous contributions to joint quarterly updates with NHS Greater Manchester's Patient Services and the NHS Greater Manchester's Communications and Engagement teams. This new standalone format reflects both the scale of our local engagement and the need to clearly represent community voice in its own right.

The report presents findings from over 130 engagement events delivered by the ten local Healthwatch, reflecting the experiences of 1,789 people. These insights were gathered through listening events, drop-ins, casework, community outreach, and direct calls to the public to share their experiences all focused on understanding what matters most to people when using health and care services.

This report is submitted directly to the Quality and Performance Committee of NHS Greater Manchester and forms part of our ongoing commitment to support assurance, improvement, and accountability across the system. It includes a set of recommendations informed by lived experience and seeks a formal response from Quality and Performance Committee to support system wide follow-up and learning.

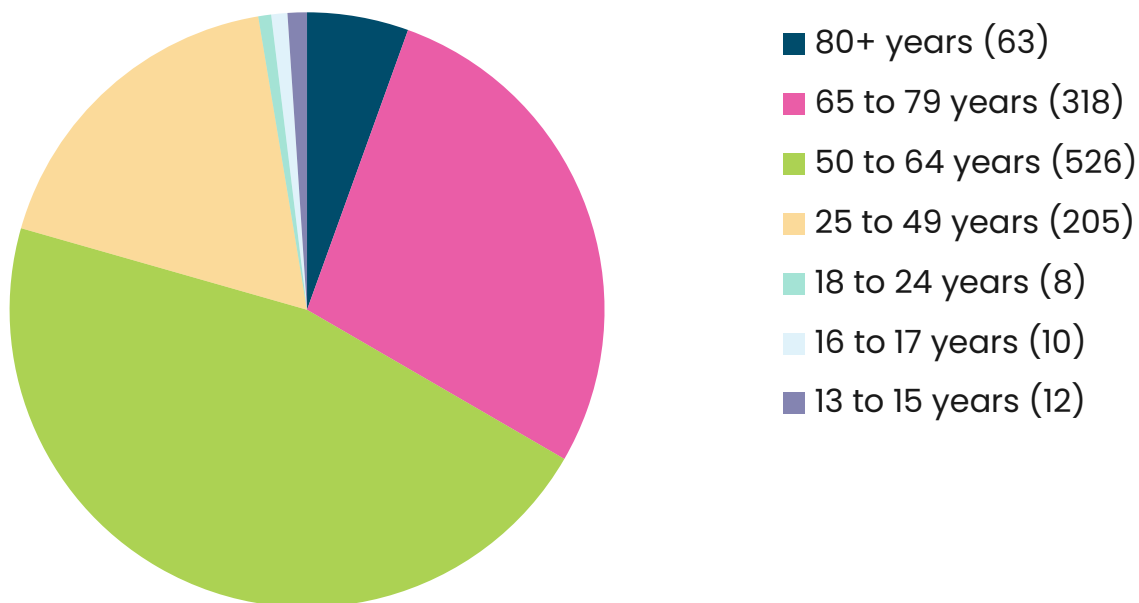
Our goal is to ensure that the feedback shared here leads to positive change and let people know how their experiences have helped understand where things are working well, where challenges persist, and what people need to feel heard, supported, and safe in their care.

Disclaimer

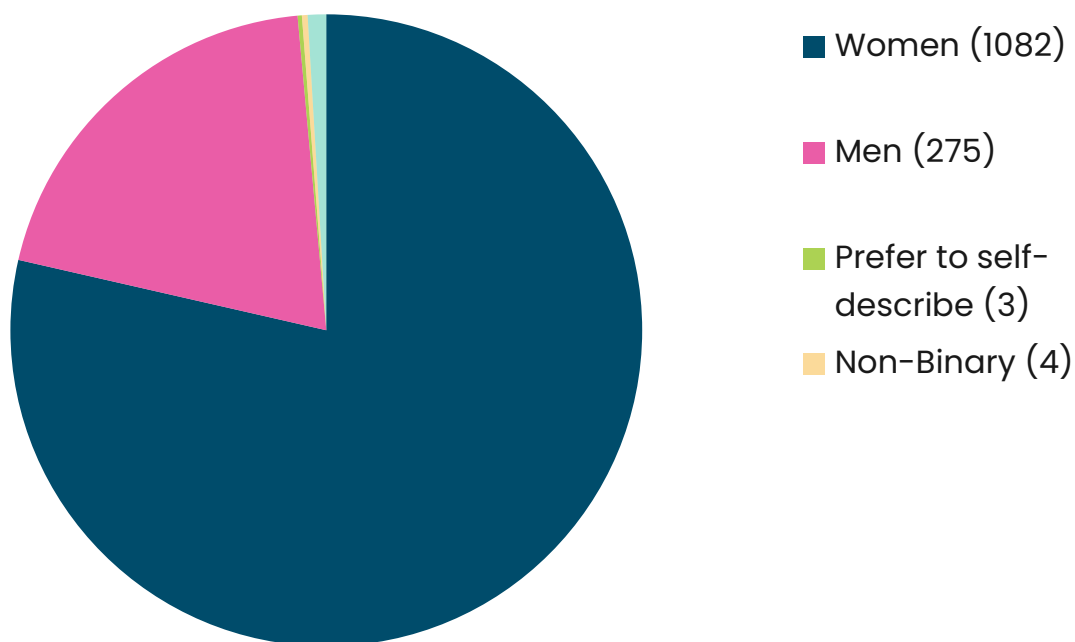
This report summarises feedback gathered by local Healthwatch services across Greater Manchester for Q1 of 2025 (April-June). It reflects the views and experiences of patients, service users, carers, and members of the public who voluntarily shared their stories. While not a representative account of all service users or staff, the report provides valuable insight into individual experiences of Health and Social Care Experiences during this period. Intelligence included in this report was gathered through a range of channels: Information, Advice and Guidance (IAG) enquiries, community engagement activities, responses submitted via the 'Have Your Say' webform on Healthwatch websites, and comments shared directly on social media platforms. Quotations are included where appropriate to illustrate key themes and highlight the voices of those who contributed. Within the Demographics section, questions that have been unanswered or responses marked as 'prefer not to say' or left blank have been excluded from the demographic breakdowns presented in this report. Therefore, totals may not sum to the full number of participants.

Demographics

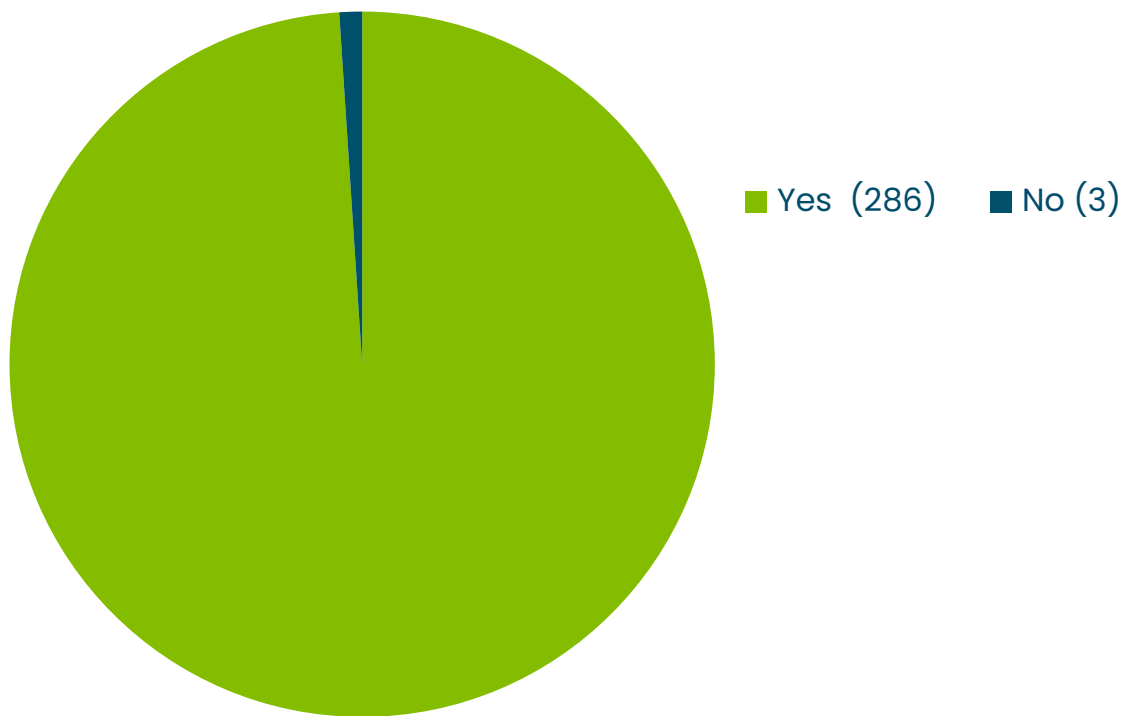
Age Group



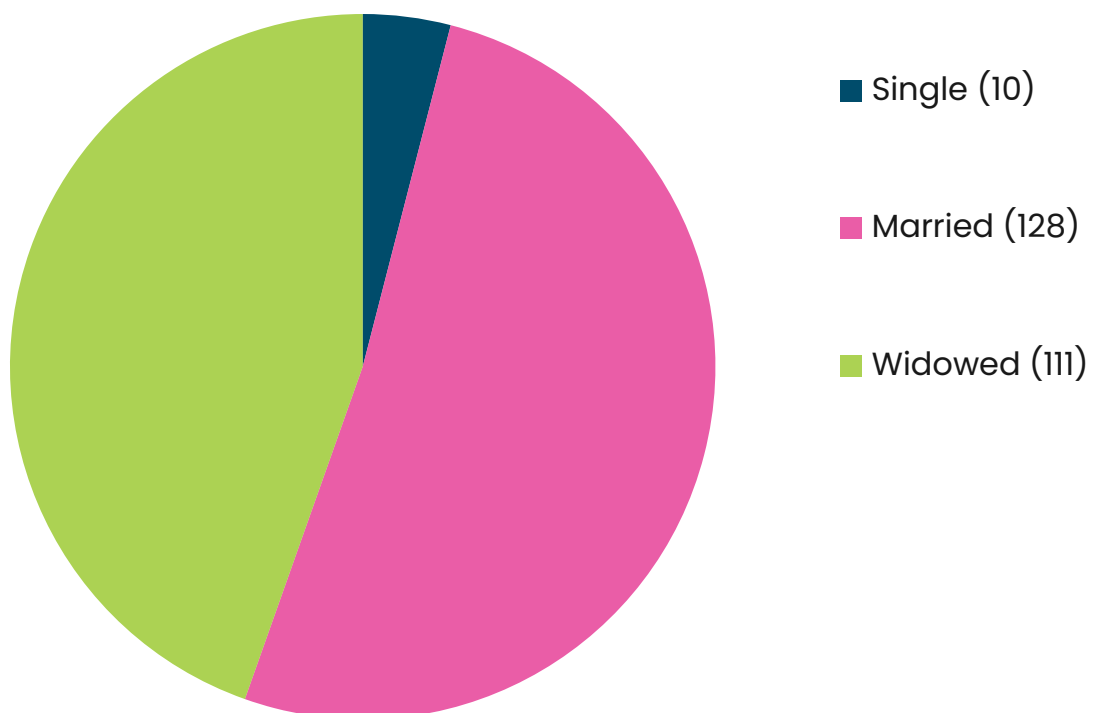
Gender



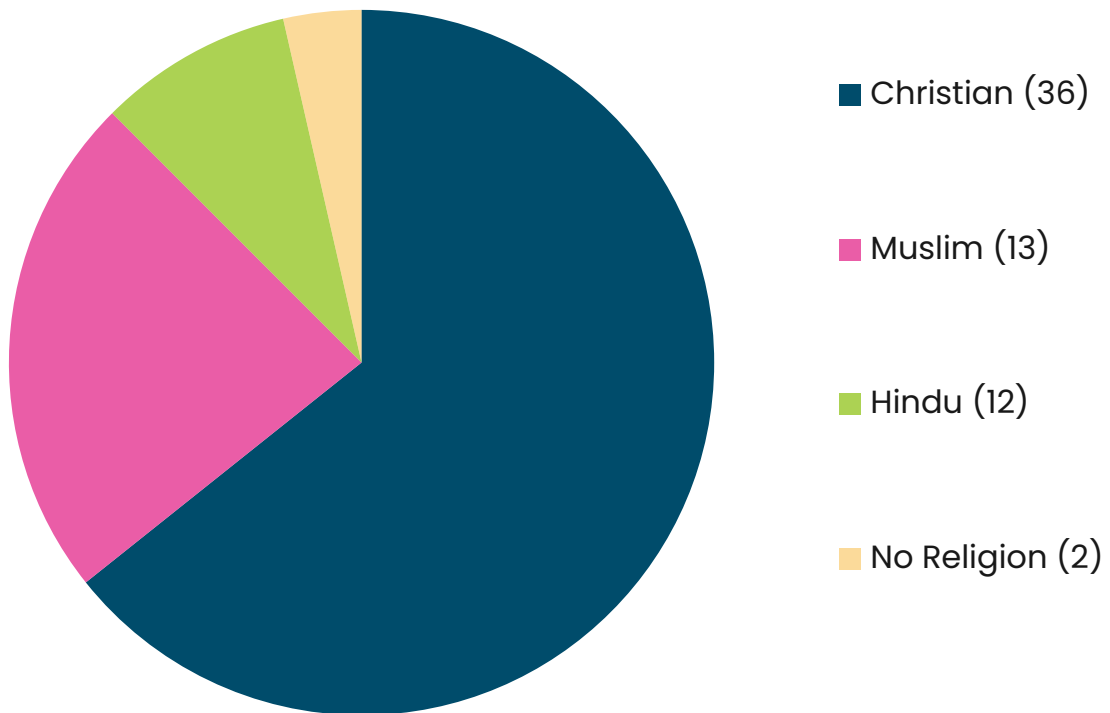
Is gender identity the same as the sex assigned at birth?



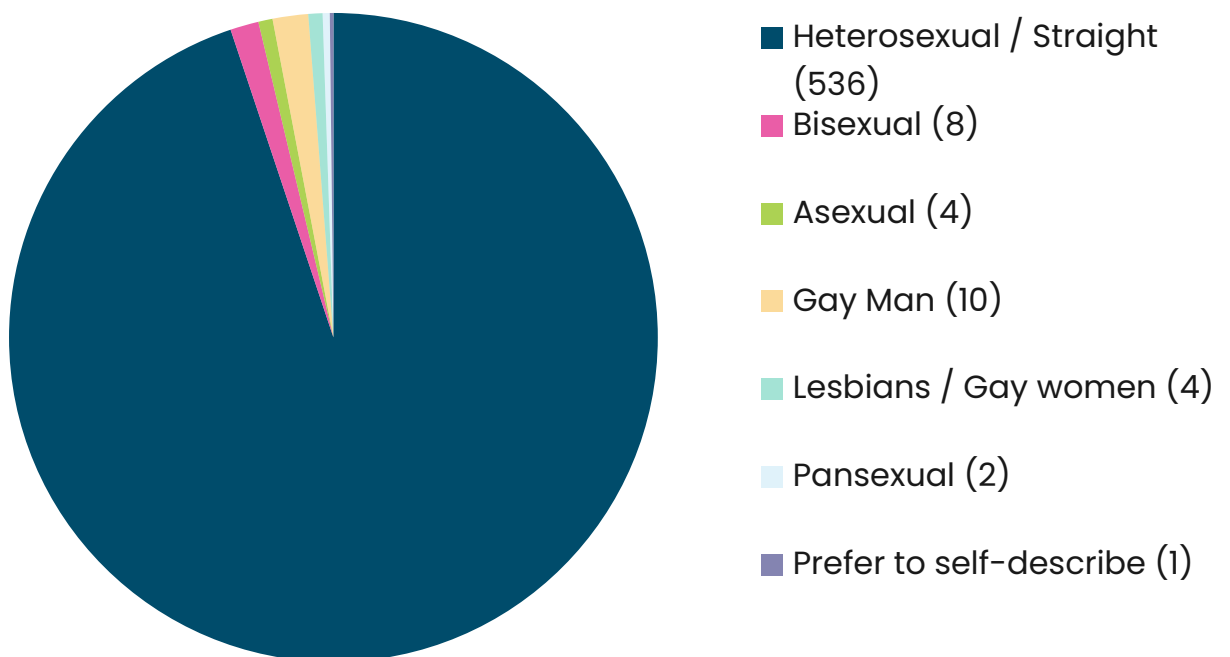
Marital Status



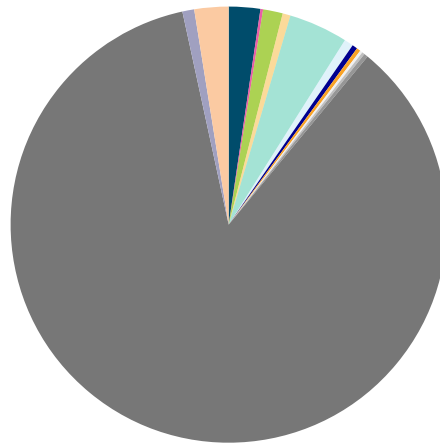
Religion or Belief



Sexual orientation

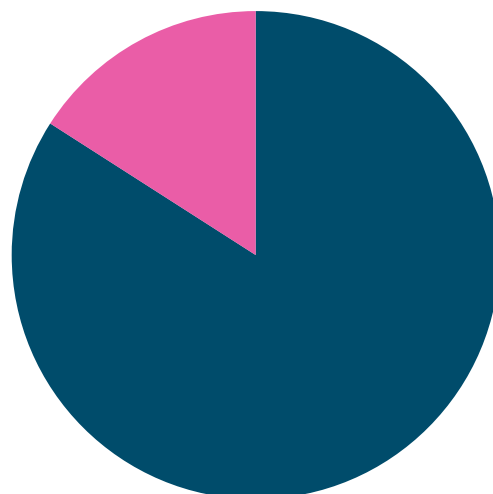


Ethnicity



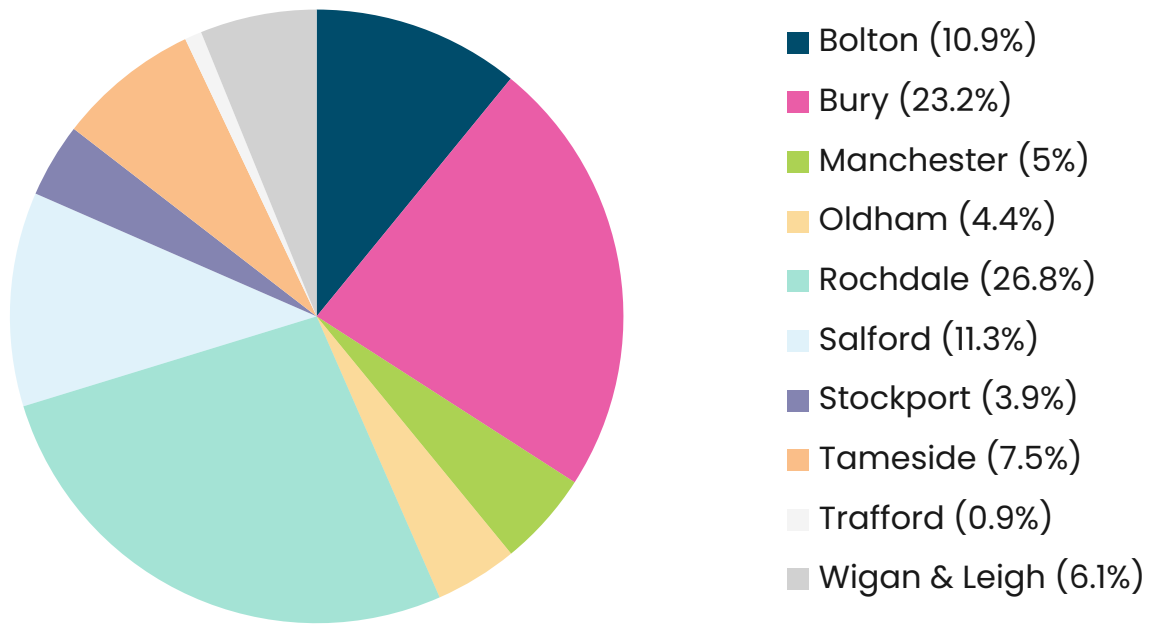
- Asian / Asian British: Any other background (24)
- Asian / Asian British: Chinese (2)
- Asian / Asian British: Bangladeshi (15)
- Asian / Asian British: Indian (6)
- Asian / Asian British: Pakistani (45)
- Black / Black British: African (7)
- Black / Black British: Any other Black / Black British background (4)
- Black / Black British: Caribbean (3)
- Mixed: Asian and White (2)
- Mixed: Black Caribbean and White (2)

Disability Status

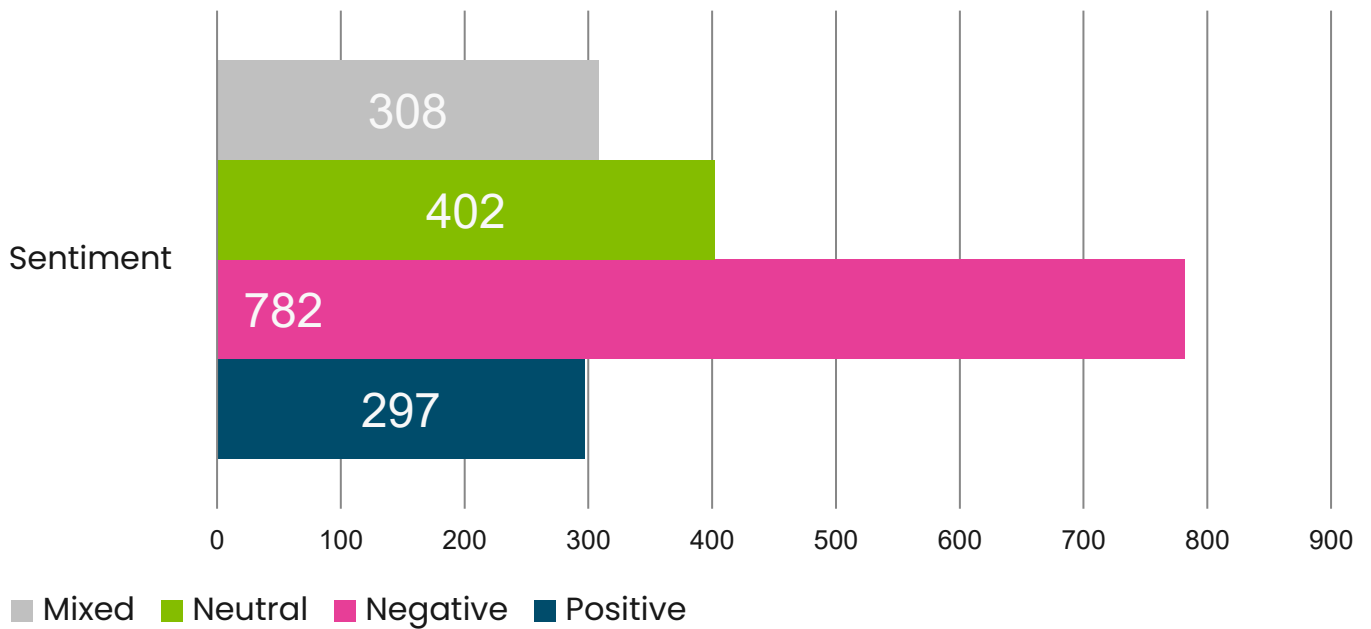


- Yes (364)
- No (69)

Locality



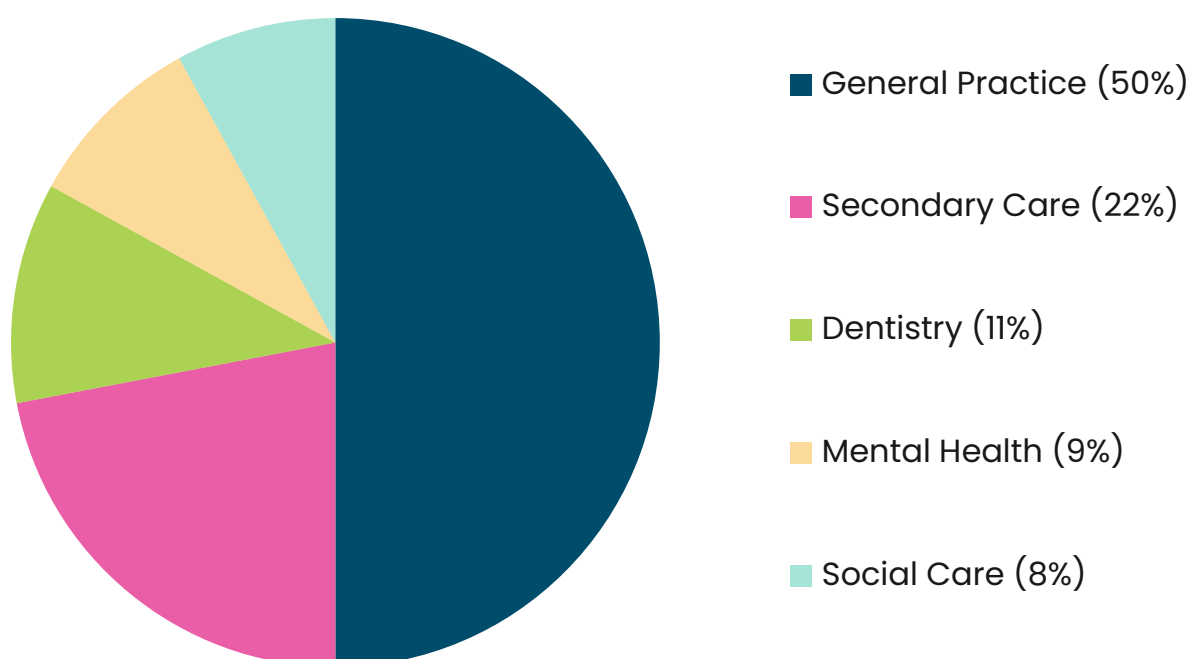
Sentiment



Service Experiences

During quarter 1, we heard from people across Greater Manchester about their experiences of using local health and care services. Their feedback has been grouped into five key service areas where we received the highest volume of responses.

These were:



The services outlined below reflect what people told us most often and key themes including both the challenges they faced and examples of care that worked well.

General Practice (GP)

General practice remained the most frequently mentioned area of feedback this quarter, with many people highlighting persistent challenges around access, appointment booking, and managing repeat prescriptions. Patients described feeling frustrated and disheartened when they were unable to see the same clinician consistently, or unsure of the qualification of the person they were seeing, often having to repeat their medical history at each visit. This lack of continuity left many feeling that they were not truly understood or properly supported.

Difficulties with digital booking systems and long telephone wait times created additional barriers, particularly for older people, those with additional needs, and people with lower digital confidence. There were also reports of delays in receiving test results or follow-ups, which led to increased anxiety and uncertainty about ongoing health concerns.

Despite these challenges, people also shared positive experiences where individual staff members, including GPs, nurses, and reception teams took extra time to listen, offered reassurance, and demonstrated kindness and patience.

Secondary Care

Stories shared about secondary care this quarter highlighted widespread issues with access and communication. People reported long waits for outpatient appointments, repeated cancellations of surgery dates, and significant delays in receiving essential diagnostic tests. These experiences often left patients feeling anxious, uncertain, and unsupported during what are already stressful periods in their health journeys.

Communication breakdowns were a recurring concern, especially during admission and discharge processes. Many people described receiving little or unclear information about their treatment plans, next steps, or what to expect after leaving hospital. Some shared experiences of being discharged with delayed or missing medications, which caused avoidable distress and, in some cases, led to complications or unplanned readmissions.

Despite these challenges, some patients did praise individual frontline staff for their professionalism, kindness, and dedication, acknowledging the pressures under which they work. However, these positive encounters were often overshadowed by the wider experience or issues, particularly around delays and inconsistent communication.

Dentistry

What we heard about dentistry this quarter highlighted persistent and growing concerns around access to NHS dental care. Many people shared that they were unable to find practices accepting new NHS patients, despite in some cases being listed as accepting NHS patients on the website. This then forced them to either go without essential treatment or pay for costly private care, which many could not afford. Some described being placed on long waiting lists or facing delays of several months for routine or urgent appointments, often resulting in worsening pain and additional health complications.

People also reported challenges with continuity of care, such as frequent changes in dentists or inconsistent advice, which left them feeling confused and unsupported. Communication about treatment options and costs was another significant theme, with many feeling that information was unclear or not provided in an open, transparent way.

There were particular concerns about the impact on vulnerable groups, including children, older people, and those with additional needs, who faced even greater barriers to accessing timely and affordable dental care.

Despite the overall frustrations, a small number of people did highlight positive experiences, praising individual dentists for their professionalism, kindness, and the reassurance they provided when treatment was finally accessed. However, these examples were rare and did not outweigh the widespread dissatisfaction.

Mental Health

Experiences shared this quarter highlighted significant and persistent challenges in accessing mental health support across Greater Manchester. People described long waits for initial assessments and for ongoing therapy or treatment, with some waiting many months without updates or interim support. Limited availability of crisis services left many feeling isolated and unsure where to turn during periods of acute need, often resulting in worsening mental health and increased feelings of helplessness.

Carers and family members also shared their frustrations, reporting that they felt left out of care planning and unsupported when trying to help loved ones navigate complex and fragmented services. This lack of clear pathways and joined-up support created additional strain on both patients and carers, contributing to a sense of being “left to cope alone.”

Despite these system-wide concerns, there were examples of individual staff who were praised for their compassion, understanding, and dedication. However, these positive experiences were often described as rare exceptions rather than the norm with an individual’s journey.

Social Care

Feedback this quarter highlighted significant challenges within adult social care, including delays in care package assessments, unexpected changes to care arrangements, and a lack of consistent support for unpaid carers.

Many people described feeling alone and overwhelmed, often left to manage complex systems and coordinate their own or their loved ones' care without clear guidance.

Carers in particular shared feelings of exhaustion and frustration, and many reported feeling unheard when they tried to share important information or help navigate care decisions, leaving them feeling excluded from the process. A recurring concern was the disjointed transition between health and social care services, with people often experiencing gaps in support when moving from hospital back into the community or when needing ongoing care at home.

While some praised individual social workers for their kindness and dedication, these positive stories were often described as rare exceptions.

Themes and Trends

In Q1, five clear themes emerged from what people told us. These align with NHS Greater Manchester's quality indicators: Access, Equity, Quality, Care, and Compassion. Across these areas, people shared frustrations, delays, and confusion, but also moments of excellent practice where staff made a real difference.

Access

Access remains the most dominant issue, echoed across nearly every locality and service area. People described long waits for GP appointments, confusion about how to get a referral, and the lack of flexibility in contacting or booking with services. Many said they couldn't get through on the phone or were placed in long call queues, only to be told there were no appointments left.

In primary care, digital systems often acted as a barrier, particularly for older adults, carers, people without smartphones, or those who lacked confidence online.

Access to dentistry remained poor, with multiple people reporting they had been removed from practice lists or were unable to join NHS waiting lists. In mental health, delays for assessments or therapy caused distress, and in secondary care, patients often spoke of repeated cancellations or being unsure where they were in the process.

Despite these challenges, people expressed relief and gratitude when access worked well, often highlighting systems with clear communication, flexible options, and accessible points of contact, but this was very much provider based.

Equity

Experiences shared this quarter showed that access is not felt equally across communities. People from minoritised or marginalised groups, including d/Deaf residents, autistic people, asylum seekers, and carers, highlighted how their needs were not adequately recognised or accommodated.

People reported that they received letters they couldn't understand or missed appointments due to unclear instructions. One d/Deaf resident said: *"I didn't attend because I didn't know what the letter meant. There was no interpreter offered, so I just didn't go."*

Autistic people and those with sensory needs said environments were often overwhelming, and systems were rigid and unaccommodating.

In some areas, digital exclusion remains a major equity concern, as services increasingly default to online forms or portals, sometimes these are time limited access without offering non-digital alternatives. These systemic barriers result in people being treated as 'hard to reach', when in fact services are hard to access.

Quality

Even where people were able to access care, the quality of what followed was often inconsistent. Common complaints included a lack of follow-up, being passed between services, and poor coordination. For example, several patients described being discharged from hospital without support or clear aftercare plans. Others reported prescription errors, delays in receiving medications, or repeated miscommunications between services.

Continuity of care was also raised repeatedly. Many people described having to repeat their story to different professionals, with no single person seeming to take responsibility. *"No one reads the notes,"* one patient said. *"I'm just starting from scratch every time."*

This kind of disjointed experience undermines confidence and can delay recovery or treatment. However, where care was joined-up and clear, for example, when GPs coordinated well with hospital specialists or when a named nurse supported discharge planning, people felt far more secure and supported.

Care

Many people shared positive stories about individual staff who went out of their way to show kindness or flexibility. These moments had lasting emotional impact, particularly when someone had felt anxious, isolated, or unwell. *“The nurse didn’t just do the test – she explained everything and helped me feel calm. That meant everything.”*

However, these experiences were often described as the exception rather than the rule. Several people said they felt dismissed, overlooked, or ‘processed’ rather than cared for, especially in mental health, where some reported feeling like they were just expected to *“just get on with it”* or were discharged too quickly.

Carers and Individuals also said they were frequently excluded from planning or not taken seriously, even when acting as the main source of continuity for their loved one. The sense of being *“just another number”* or feeling like a burden was expressed in multiple stories.

Where care was person-centred and well-communicated, it stood out, but too often, people described fragmented, transactional interactions that left them feeling unsupported and burdensome on the system with no resolution to their symptoms.

Compassion

Above all, people want to be treated with dignity, empathy, and respect. Compassionate communication, even in short interactions, made a profound difference. When staff made eye contact, took time to listen, and explained things clearly, people felt safer and more valued.

One person described how a pharmacist calmly explained a new medication to their elderly parent: *"She didn't rush, she checked he understood, and she made him feel like a person, not a problem."*

Others reported the opposite. Receptionists perceived as rude, triage staff who didn't listen, give people the opportunity to explain or dismissive attitudes during crisis all contributed to a sense of being invisible or unimportant. This was particularly common among those with long-term conditions, mental health needs, or communication barriers.

Feedback shows that compassion doesn't require more time or money, it requires awareness, training, and leadership that values patient voice. Where it was missing, people were more likely to disengage, delay seeking care, or lose trust in services altogether.

What people said ...

“Numerous times I have had my outpatients’ appointments cancelled, no reason given. Told I would be given a rearranged appointment, never happened on Numerous occasions despite me chasing them up !!! They were appointments after my heart attack; I still need them as my health is not improving as it should. ”

Tameside Patient

“I could never get through on the phone to make an appointment. I tried more than one place too. Women rely on services like this for contraception. I wanted the coil fitted. It's just ridiculous!”

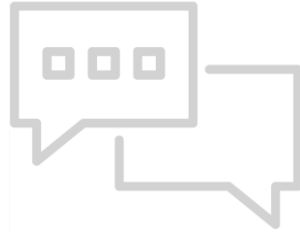
Manchester Patient

“My son who is suffering from depression and anxiety has been waiting for face-to-face counselling since January. He was referred to Talking Therapies at Trafford. He was called once to be assessed by phone it’s been a nightmare at one point we were concerned about him taking his own life, we told his doctors who just keeps prescribing zombie inducing drugs. How do we get help for him?”

Trafford Patient

“I currently have a very old crown that needs replacing but I can't get an NHS dentist, and I can't afford to go private. I am in pain.”

Oldham Patient



"I have Crohn's disease, and it is impossible to get anything done. One example- It took nearly three months to get a prescription I needed. Another - I'm currently waiting for an MRI I need. I have many more examples. And every delay means I spend more time in pain. The IBD team are great, but getting access to the support I need is terrible."

Trafford Patient

"Receptionists make me more poorly with my anxiety. I always get put off when trying to book appointments. When I ask to speak to the manager, I'm told they're not in. I feel like no one wants to help me."

Rochdale Patient

"All social workers and health advisors have been excellent in dealing with my parent needs. Home visits were organised and on time with well managed outcomes. Only negative was the liaison between the hospital and the social care. There seems to be a real lack of communication between the two services."

Daughter of Wigan and Leigh patient

"I was diagnosed as having a stroke. I learnt this news on the app two months after my MRI scan. I didn't see a consultant until 18 months after diagnosis."

Bury Patient

"People's teeth are very important for everyday health; we are being told this all the time. I'm a pensioner and can't get my teeth any attention because I can't afford private treatment, there are no NHS dentists anymore."

Stockport Patient

"My daughter's care coordinator went on maternity leave, leaving her with no support as they had not replaced her — knowing she had not long been discharged from hospital after an extremely traumatic experience. This is unacceptable."

Mother of Bolton Patient

"For over two years I have been having recurring urine infections which were treated over the telephone with antibiotics, which then caused thrush. At no point during that time have I seen a urologist. I asked to see a urologist and I received an appointment to see a urologist on 11 July 2025. Two days later this was cancelled, and I was given a telephone appointment for 5 July."

Oldham Patient

"I can usually get an appointment eventually but often need to wait weeks. Good doctor but the admin system causes stress."

Tameside Patient

"For over 2 years I have been having recurring pains in my stomach... the doctor said he was going to refer me for a CT scan... he never did... "

Oldham Patient

"Had an urgent CT scan at Salford Royal Hospital. Communication between services could be better."

Salford Patient

"They have sent me 'an important email' but I missed it due to poor access. They should also contact by phone."

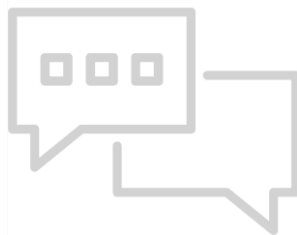
Tameside Patient

"My GP service is very caring, much more efficient now compared to last year."

Manchester Patient

"When I last went to my doctor in March to tell them I was feeling mentally unwell, they gave me a leaflet and nothing else. No follow-up."

Tameside Patient



This Quarter, Healthwatch in Greater Manchester has...

Published **16** reports



Completed **5**
Enter & View visits

Heard from
1,789 people



Attended over **130**
engagement events

Engagement and Activity

Between April and June 2025, Healthwatch teams across Greater Manchester carried out a wide-ranging programme of community engagement and insight gathering, delivering over 130 engagement events and hearing directly from 1,789 people about their experiences of health and care. This work included direct public appeals to share their experiences, drop-ins, focus groups, listening sessions, and targeted outreach with underrepresented groups such as asylum seekers, veterans, d/Deaf residents, and carers. Across the quarter, the network also published 16 reports and completed 5 Enter and View visits, helping to highlight both challenges and improvements in local services.

Bolton led a large-scale campaign focused on reducing inappropriate A&E use through outreach and education in high-use areas, while also launching a dementia engagement project co-designed with local and national partners. Manchester delivered outreach in community venues and contributed to system-wide work on hospital pathways, advocacy, young carers, LGBTQ+ mental health, child removal, and men's health. Rochdale ran targeted engagement with d/Deaf and refugee communities, collected over 200 pieces of feedback, and raised five formal service escalations while also completing Enter and View visits.

Tameside engaged through hospital-based sessions, support groups, and local events while gathering feedback on pharmacy access and GP communication. Bury maintained a visible community presence through drop-ins and local festivals, advanced their prescriptions project, and restarted their Enter and View programme. Trafford progressed projects on women's and oral health, palliative care, and responded to a local dental deregistration issue while supporting

vulnerable individuals navigating care. Stockport took part in strategic health forums and hosted events for Carers' Week and learning disability inclusion, while continuing regular updates and accessible campaign work.

In Wigan and Leigh, the team launched two insight projects focused on A&E attendance and home care, engaging service users and carers in shaping local provision. Oldham took on proactive engagement sessions to engage patients, staff, and visitors with their survey to better understand people's experiences of Royal Oldham Hospital. They focused on strengthening their board and completing their project around living with learning disability and diabetes. Salford led the Silent Voices project supporting d/Deaf residents, helped develop a new Greater Manchester Network to continue their work, and gathered nearly 1,500 responses through The Vape Debate survey, while also contributing to CAMHS and audiology insight.

This work shows the strength of local Healthwatch in reaching people where they are, listening to what matters most, and making sure their voices are heard by those in charge of designing and delivering care. From community halls to hospital waiting rooms, the insight gathered this quarter is already informing service changes, highlighting inequalities, and helping decision makers understand what's working, and what needs to improve.

Publications

Report	Date	Healthwatch
Annual Report 2024-25	June 25	Bolton
Annual Report 2024-25	June 25	Bury
Enter and View Report CAMHS	June 25	Bury
Annual Report 2024-25	June 25	Manchester
Enter and View Report Southmoor Suite	June 25	Manchester
Enter and View Report Robert Darbshire Practice	June 25	Manchester
Annual Report 2024-25	June 25	Oldham
Royal Oldham Hospital Patient Experience	June 25	Oldham
Annual Report 2024-25	June 25	Rochdale
Patient Participation Group (PPG) Development Report	May 25	Rochdale
Enter and View Report Millfield Care Home Heywood	April 25	Rochdale
Annual Report 2024-25	June 25	Salford
The Vape Debate	June 25	Salford
Annual Report 2024-25	June 25	Stockport
Annual Report 2024-25	June 25	Tameside
Enter and View Daisy Nook House	May 25	Tameside
GP Experience Report	April 25	Tameside
Annual Report 2024-25	June 25	Trafford
Annual Report 2024-25	June 25	Wigan
A&E – Capturing Peoples Experiences	May 25	Wigan
Menopause in Greater Manchester; Listening Learning and Collaborative Change	June 25	Greater Manchester

Recommendations

The lived experiences shared in this report highlight the need for coordinated improvements across health and care services in Greater Manchester. These recommendations aim to support system wide action by NHS Greater Manchester ICB and providers to address what matters most to the people of Greater Manchester, particularly around access, communication, and support for those with additional needs.

Improve access across all service areas

With an immediate focus on general practice and NHS dentistry. This should include reviewing and improving booking systems, triage processes, and referral pathways to ensure people can reach the care they need in a timely, fair, and consistent way.

Embed equity

Truly co-design services with people who face additional barriers to care, including disabled people, d/Deaf residents, carers, and those from marginalised communities. This includes addressing access barriers related to language, communication formats, sensory needs, and digital exclusion, to ensure services work for everyone, not just the digitally confident or well-resourced.

Strengthen coordination and continuity across services

Particularly for people with complex or ongoing needs. This includes improving follow-up after referrals and discharge, ensuring information is consistently shared between services, and making it easier for patients to navigate their care journey without having to repeat their story multiple times.

Promote compassionate communication

Supporting and enabling all front-line staff including reception, triage, and clinical roles to listen actively, involve people in decisions, and respond with empathy. Training, leadership support, and a culture of respect are key to making compassion a consistent part of every interaction.

Focus on 'doing with', not 'to'.

Use lived experience to drive improvement

Ensuring patient feedback is treated as equal to clinical and performance data in quality monitoring, service design, and transformation work. Insight from communities should directly inform priorities, assurance processes, and system-level decision-making. Use lived experience to drive improvement, ensuring patient feedback plays a more equal part in quality monitoring and transformation work.

Response

This report will be presented at NHS Greater Manchester Quality and Performance Committee (Q&PC). Healthwatch in Greater Manchester asks that the Q&PC / appointed member provides a written response and that that response includes:

1. Confirm what specific action and activity will be taken at NHS Greater Manchester strategic level to address the findings and recommendations set out in this report
2. Set out how providers will be held to account, including what improvement tools, contractual levers, escalation routes, or targeted support will be used where performance is inadequate.
3. Describe how progress will be monitored and how Healthwatch will be kept informed of actions taken and outcomes achieved
4. There is also an ask of the committee to support follow up on assurance from GMMH that they have considered and listened to the Healthwatch in Greater Manchester CAMHS Report. Healthwatch in Greater Manchester has received updates from NHS GM and some localities and providers in relation to the CAMHS report, reported on in previous Q&PC reports, however, still awaits any official response or action plan from GMMH.

These asks are essential to ensure that insight from local people drives meaningful change, not just acknowledgement, and to demonstrate that NHS Greater Manchester is actively listening and responding to lived experience.

A response was received from GM ICB :

“Quality and Performance Committee (QPC) were appreciative of the issues raised in your Q1 report to enable the experience of patients to inform the strategic approach to provider oversight. We discussed that the CNO report and Performance report presented at each public QPC provide an update on the assurance mechanisms that the ICB has in place. The ICB assurance mechanism of care provided is that each NHS Trust has its own Provider Oversight Meetings (POMs).

The POMS are informed by a ‘sub meeting’ that considers a wide range of contextual meeting including performance, finance, workforce, quality and contracting information. There is also consideration of any improvement tools such as rapid quality review meetings (targeted support where performance isn’t meeting the required standard), contractual levers (such as the issuing of contract performance notices), and escalation of unresolved issues to the POM for an executive-to-executive discussion. In response to the reforms, and the further development of the role of the ICB as strategic commissioner, the ‘sub meeting’ is to become an internal ICB contract review meeting to clarify the discussion needed with each provider.

The above assurance mechanism provides a robust framework to follow up on the issues raised in your report.

Therefore, the intention is to submit the findings and recommendations set out in the Q1 report to each Trust’s contract review meeting which is expected to add further depth to the accountability provided by each provider. This will enable specific progress to be monitored. Any future reports provided by Healthwatch will be added into this mechanism. “

healthwatch

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