

## Snapshot Report



Engagement Alliance



|                      |                                 |
|----------------------|---------------------------------|
| <b>Report title:</b> | <b>Brightmet / Little Lever</b> |
| <b>Organisation:</b> | <b>Healthwatch Bolton</b>       |
| <b>Date(s):</b>      | <b>27.09.17 and 10.10.17</b>    |

### Acknowledgements

The Engagement Alliance would like to thank participants in Brightmet and Little Lever for sharing their views and experiences.

### Disclaimer

This report relates verbatim comments gathered during the time of our visit. All comments recorded have been added to Healthwatch Bolton's databank of patient comment.

### Background

As part of ongoing work within the Bolton Engagement Alliance to better understand and report current views on local healthcare experiences, this report will focus on residents in Brightmet and Little Lever. The areas covered are both to the east of Bolton, Brightmet is a neighbourhood to the east, Little Lever is a village to the south east. Brightmet and Little Lever have been joined together as a single neighbourhood for the purposes of health and social care planning, however there is a widely held view that the two areas do not form a natural neighbourhood and so planning services for this area may be problematic.

### Strategic drivers

- Understanding current views on existing services in the local area(s).
- Explore what services are needed.
- Issues with distance and willingness to travel to services.

## Who We Spoke To

---

Engagement officers spoke to people at two sites, engaging with a total of 31 people. At a workshop on locality plans on 27<sup>th</sup> September we spoke to 10 people from Brightmet and 3 people from Little Lever. On the 10<sup>th</sup> of October we spoke to 18 people at Lever Gardens (Little Lever); this is a sheltered accommodation site.

## Method

---

A semi-structured interview was used with local residents to open up discussion and obtain comments.

Engagement was done through table groups as well as individual conversations.

Three key topic areas used were:

- What core clinical services can you access in your area (e.g. GPs, dentists, diagnostics, pharmacies, clinics)?
- What public services other than health would you like to see in your area (e.g. social services, housing, finance)?
- How far would you be prepared to travel to reach services?

Responses were recorded verbatim alongside each question asked.

We collected 40 comments during this research. Some contained more than one relevant comment and so parts may be used more than once when necessary.

## Topics/Themes

- *Local Services* • *Neighbourhoods* • *Access and travel*

## The Comments

There were three areas for discussion; the services people already felt they had access to, those they would like to see, and issues related to access and transport.

### Services available



### Core Health Services

In general people felt they had access to GP and Pharmacy services in the local area.

- *“I have most of the services I need in regards to GPs, dentist, pharmacy and clinic.”*
- *“I have all the services I need in Brightmet. We have an excellent health centre, clinic, GP etc.”*
- *“GPs at the health centre...screening etc. is at the health centre including the anti-coagulant clinic and there are three pharmacies.”*

- *“I go to a doctors in Halliwell but am considering changing to Brightmet Health Centre...”*

### Other services

There were also a number of other health services that people felt were available to them.

- *“Social Services are in St. Catherine’s schools.”*
- *“We are ok for services, it’s some of the extra help and support I need more of.”*
- *“...All my screening is done at Brightmet Health Centre and I use the pharmacy.”*
- *“I attend the dental hospital in Manchester. I go to a diabetic clinic at the hospital or the Halliwell GP.”*

### Services needed - Little Lever



Residents from Little Lever felt that there were a number of gaps in their local service provision. Services for young people, advice services, more community groups, improved community police presence and a bank were all mentioned. People thought that certain local services in Little Lever could be improved.

### Health services

- *“There aren’t any NHS dentists in Little Lever.”*
- *“The Health Centre is outdated and in very poor condition and we need it bringing up to date or a new one building.”*
- *“...podiatry services, especially for older people. My parents live in supported accommodation and have to use patient transport for their podiatry appointments, but feel bad doing so, but there is no other way for them to get to the appointment.”*
- *“We need a defibrillator close to Lever Gardens and someone trained to use it. There is one at Tesco but that is too far for older people to run to. A man here collapsed a while ago and died. Someone did run to Tesco while we*

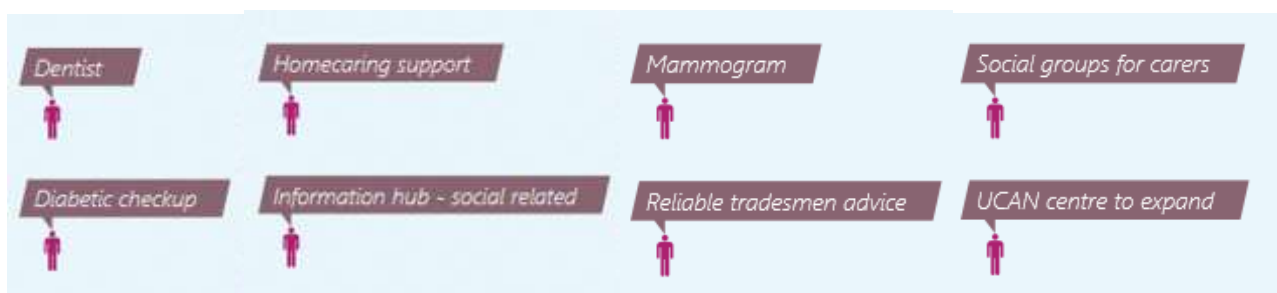
*waited for an ambulance, but it was too far and we worry if it happens again.”*

### Other community services

- *“We need an advice centre in Little Lever - somewhere you could go to speak to someone if you have a problem with anything. At the moment you ring helplines and they direct you to www. - that’s no good for the majority of us.”*
- *We never see a policeman or PCSO in this area. They used to call in here but we never see them now.”*
- *“There are no community groups or centres in Little Lever (although at this point they started to talk about what they could do at Lever Gardens in their own community room)”*
- *“There are not enough services in Little Lever for young people - they hang around not necessarily causing trouble but they are intimidating when they are in large groups.”*
- *“There is no bank in Little Lever. There is a Post Office but last week their system went down and we couldn’t get our pension.”*
- *“The response from Careline is terrible and we worry about this.”*
- *“Bolton at Home are very poor in responding to anything - they are slow and won’t do anything without wanting to charge you. The warden here is very good but her hands are tied when it’s the people above her who decide things.”*

### Services needed - Brightmet

---



### Health Services

Dentists. In Brightmet people thought access to dentists was poor.

- *“...there are no dentists locally...”*
- *“...There are no dentists in Brightmet.”*
- *“...but have to go to see a dentist in Bury...”*

Health checks. There was a desire by some people for extension of services to the well-appointed local clinic, examples included diabetic checks and mammograms.

- *“Diabetic health checks. I have to go in to town for my foot and eye checks and yet we have a fantastic health centre.”*
- *“Mammograms. Why don’t they do them at Brightmet?”*

### **Other Community Services**

Though the examples given were different, much like Brightmet there was a desire for improved local services and support.

- *“I would like some help and support caring for my husband who has severe memory problems.”*
- *“Social groups that both of us could join in as I am my husband’s carer.”*
- *“An information hub (maybe in the health centre) for housing information etc. - also what facilities are available for older people.”*
- *“I’d like a handyman service or someone who could suggest reliable tradesmen to me.”*
- *“I would like to see the UCAN Centre expanding its services for the community.”*

### **Transport and access**

People in both Little Lever and Brightmet had concerns over local transport. The main issue was bus transport between the two areas and also within them.

#### **Transport between Brightmet and Little Lever**

There were several comments about the difficulty of travelling between Brightmet and Little Lever by bus. The lack of connectivity means people may choose to travel to Bolton town centre instead.

- *“There is no public transport to Little Lever and it is two buses to the Valley so I would rather go in to the town centre.”*
- *“The bus service is non-existent from Brightmet to Little Lever so I would rather go in to Bolton town centre.”*
- *“I could travel to Little Lever but it would mean catching two buses so it’s easier to go in to town.”*
- *“I would travel to Little Lever but a car is essential. As a carer I rely on my car and pay for it from my carers allowance. Better transport links and need to be accessible.”*
- *“Brightmet is not accessible by public transport any more. There used to be a bus but it no longer exists and yet people would use it to get to the shops and the Health Centre. You need to have a car. It would be good to be able*

*to get to Brightmet as there are good shops and supermarkets but it is not accessible unless you have a car.”*

- *“It would help if Ring and Ride offered a wider service. It’s too specific now.”*

### **Public Transport within Little Lever**

Apart from the lack of a good connection to Brightmet, Little Lever appears to have poor public transport in general.

- *“Local Link buses don’t cover all of Little Lever - I have to get 2 buses anywhere.”*
- *“I have a Manchester postcode because I live in Bradley Fold and because I am on the border it is a post code lottery with transport as the Local Link does not cover where I live.”*
- *“There is no bus where I live in Little Lever on Sundays or public holidays so there is no point in offering services if there is no transport.”*
- *“Transport from here (Little Lever) to the hospital is difficult at the moment - there are roadworks so one bus has been cancelled and the other service is very unreliable so we are stuck in this village for now.”*

If residents had a car then travel was much easier and they were less likely to have problems.

- *“I drive so can go anywhere. I already drive to Manchester Royal and Eccles for treatment regularly but if I didn’t drive anything would need to be on a bus route.”*
- *“I will travel anywhere in the Bolton area.”*

### **Some General comments on Mobility**

---

Finally, there were two comments about general issues for mobility in the local area, particularly for those with difficulty walking.

- *“Pavements are poor and uneven so when you are out on a mobility scooter you sometimes have to go down on to the road.”*
- *“Access gates to some places are very heavy if you use a walking frame or mobility aid.”*

## **Conclusions**

---

There was quite a mix of comments in this engagement. The main issues were around the possibility of expanding some local healthcare services so that residents did not have to travel so far, a need to improve support services, and a lack of public transport; buses.

### **Health services**

- Overall core primary services were generally felt to be available across the Neighbourhood, with the exception of dentists.
- Little Lever and Brightmet Health Centres were considered accessible though the Little Lever Centre was considered to be a bit run down.
- People valued the Brightmet Health Centre and there was an appetite for more diagnostic/health check services and more information services to be located there.

### **Other Services**

- People in Little Lever highlighted a general lack of community services examples include youth services, a bank and more community groups. Residents also thought that community services were in need of improvement particularly Careline and housing repairs.
- People in Brightmet highlighted a need for more support/activity groups for the local community, more carer support and more information services.

### **Transport**

- In Little Lever people felt that local public transport was not good
- Public Transport between Brightmet and Little Lever is non-existent. Meaning residents of both areas find it easier to travel to the town centre than between the two areas.

## **Recommendations**

---

### **To the Primary Care Planning Group**

- 1) Brightmet and Little Lever are not connected by public transport - if services are to be offered at any central site in the neighbourhood this transport problem needs to be addressed.
- 2) The group should consider extending services available at the Brightmet Health Centre - particularly diagnostic service.
- 3) The group should consider how to address the lack information and advice provision in both areas.

### **To the Social Prescribing Project**

- 1) The Social Prescribing Project should note an appetite for more community groups in both areas and also consider the perceived lack of information.

### **To NHS England**

- Access to NHS dentistry is cited as a problem a problem for both areas.