

Neighbourhood Hubs

**Conversations with the people of Farnworth
December 2016**

This work was carried out by Healthwatch Bolton on behalf of Bolton GP Federation

Field researchers; Gail Gregory and Karen Wilson

Report; Alice Tligui

Introduction

One of the new delivery models expected by GMHSCP and reflected in the Bolton Locality Plan is the development of a “Local Care Organisation” (LCO).

Primary Care activity is expected to be delivered within the framework of the LCO, as are certain aspects of community based health care.

Other health and care related activities have also been discussed as possible contenders for delivery via a LCO including prevention activity, early intervention activity (and long term conditions management for those with both physical and mental health conditions).

At the time of commissioning this research thinking with regards to what the new delivery model might ‘look like’ remained relatively limited.

In Bolton, until now no other engagement activity has taken place with the public on the subject of LCO’s and so patients views on how a good Local Care Organisation would shape up were not known.

In this context the Bolton GP Federation approached Healthwatch Bolton to develop and deliver a small scale piece of public engagement that would open up this discussion with the public.

Purpose of the research

To engage with diverse patients in a defined geographical area on the subject of neighbourhood level health services.

To gather patients views and ideas about what aspects of such a service would improve their experience of accessing health and wellbeing services.

In particular to ask patients;

- what services they think a good neighbourhood level health organisation should offer,
- their views about who (in terms of practitioners) they feel would be best placed to help them,
- how and where they would like to interact with such an organisation and the professionals who work in it.

To report the findings to the GP Federation and to the wider Bolton health and care economy in order to inform the next stage of development of the Local Care Organisation plan.

Field researchers used a semi-structured questionnaire and conducted informal interviews with individuals on a one to one basis.

All field researchers were experienced engagement officers from Healthwatch Bolton.

All comments were recorded verbatim against the relevant question prompts.

Comments were analysed against three sets of criteria;

1. Specific mentions of services and clinicians (People)
2. Comments elaborating patient experience outcomes (Service Standards)
3. Comments about buildings or sites (Place) *

There are three separate reports detailing the analyses against these three criteria.

In addition the work generated two separate snapshots on 'Acceptable Waiting Times' and 'Where people are at with Telehealth'

* Many comments were attributable in against more than one criteria and in more than one category and are separately counted in each.

Methodology

The Questions

1	Who are you seeing today? Were you given a choice of who to see today? E.g. nurse, telephone appointment, Is there another clinician/practitioner you feel you would be better seeing? Why is that?
2	What would new health/care arrangements look like locally ? Services you would expect to be able to find there? What other than health services would you like to see there? Who or what would help you stay well or manage your health in a new way/setting ?
3	How long do you currently wait to be seen by a healthcare professional? What do you feel is a reasonable length of time to wait? How could things work differently to get the timing right? Could technology help? How?
4	Location? Where locally? Would services need to be all on one site? How would that work? What type of building? New one? Within existing buildings - which ones?
5	Other suggestions for my local area.

Who we spoke to

We spoke to **59** people at **five** venues in Farnworth over four days in December 2016

This fieldwork produced **615** comments
240 are used in this analysis.

Three further reports have been produced from the data

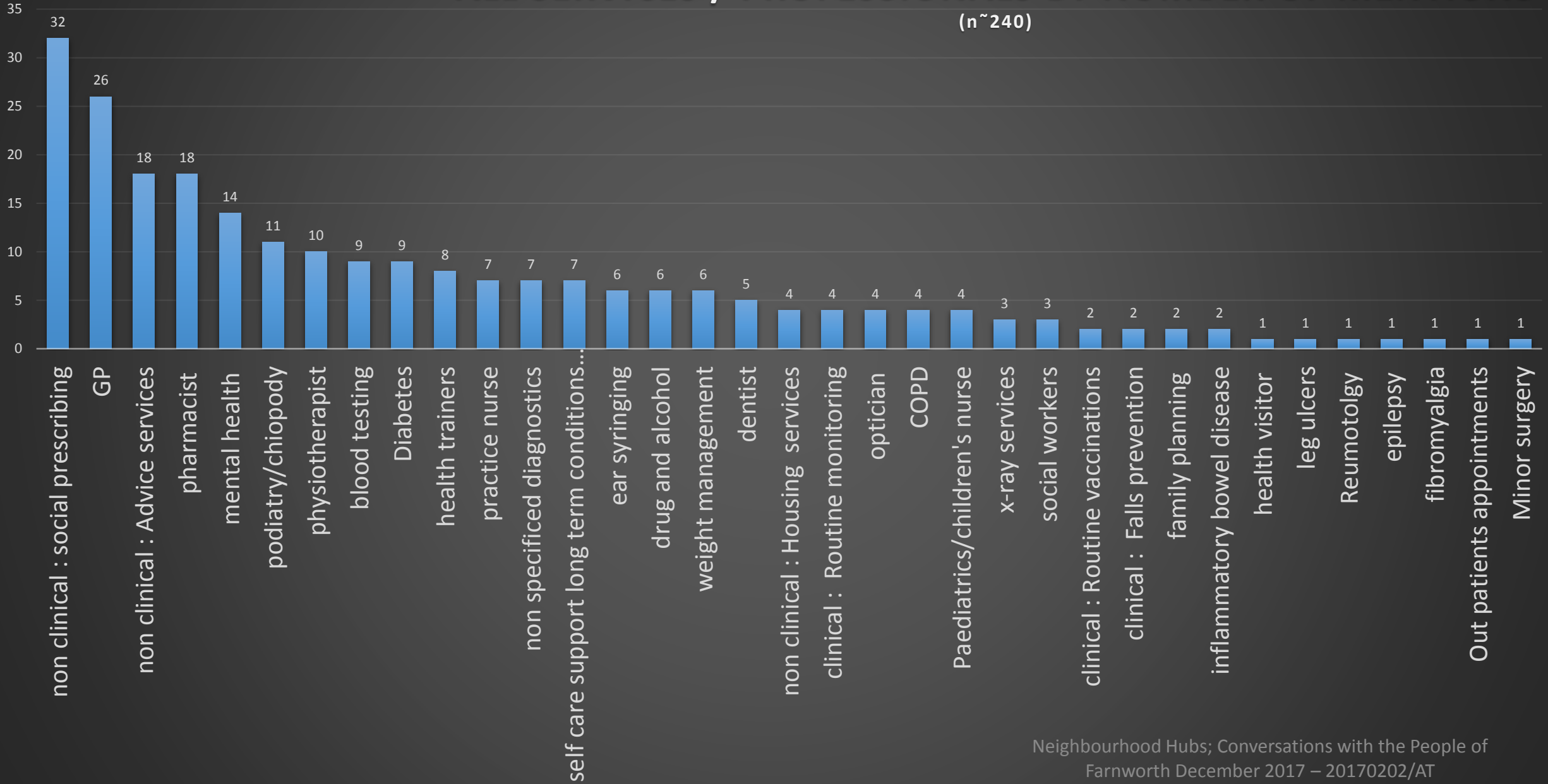
- Acceptable waiting times
- Attitudes to tele health
- Thoughts on sites for public services in Farnworth

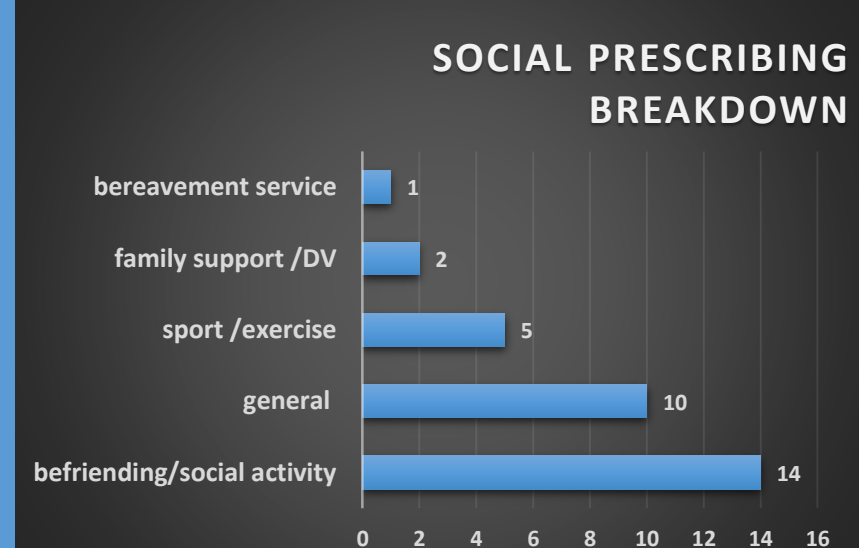
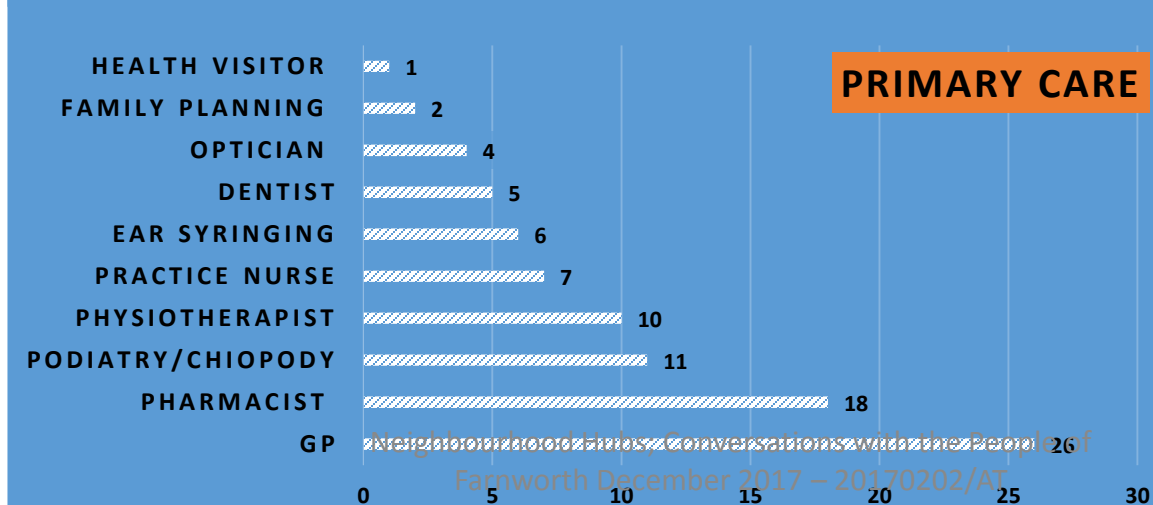
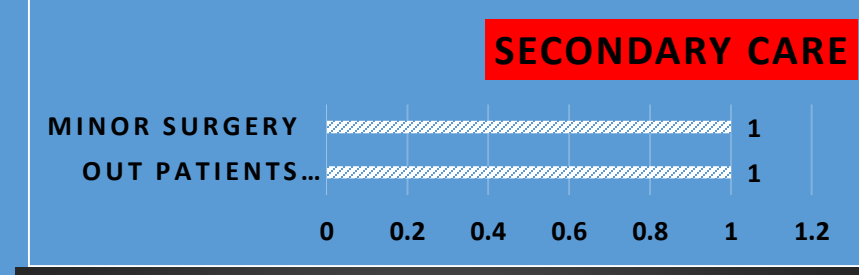
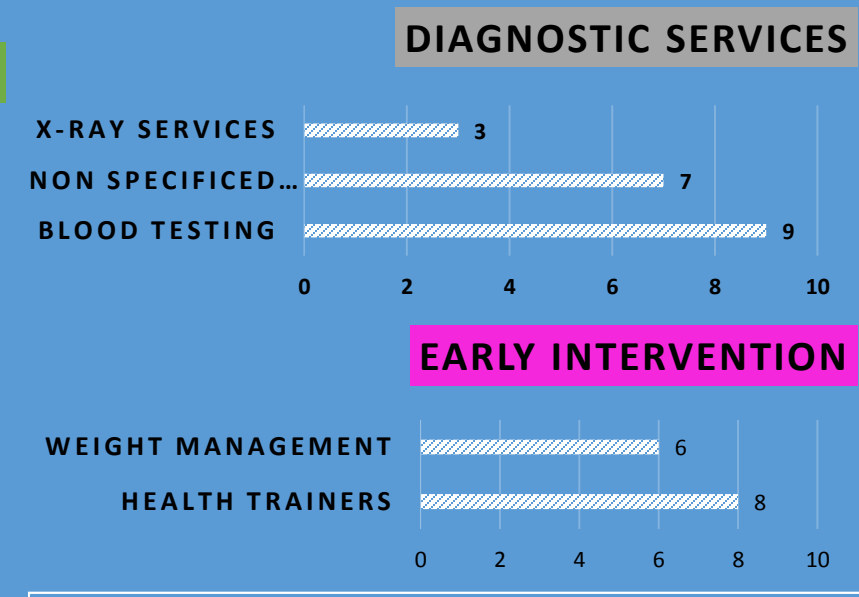
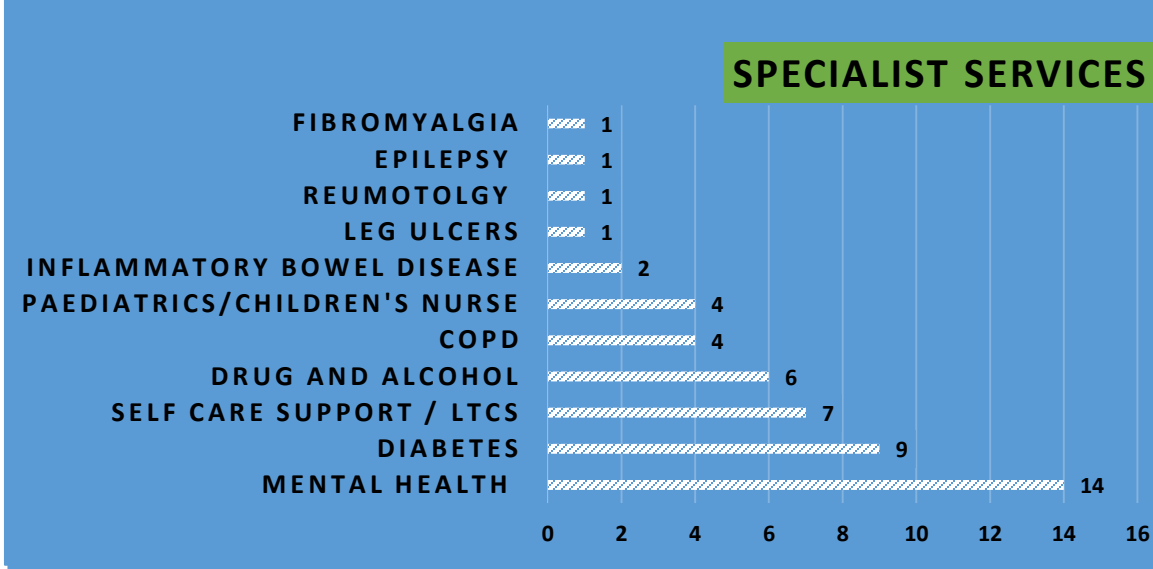
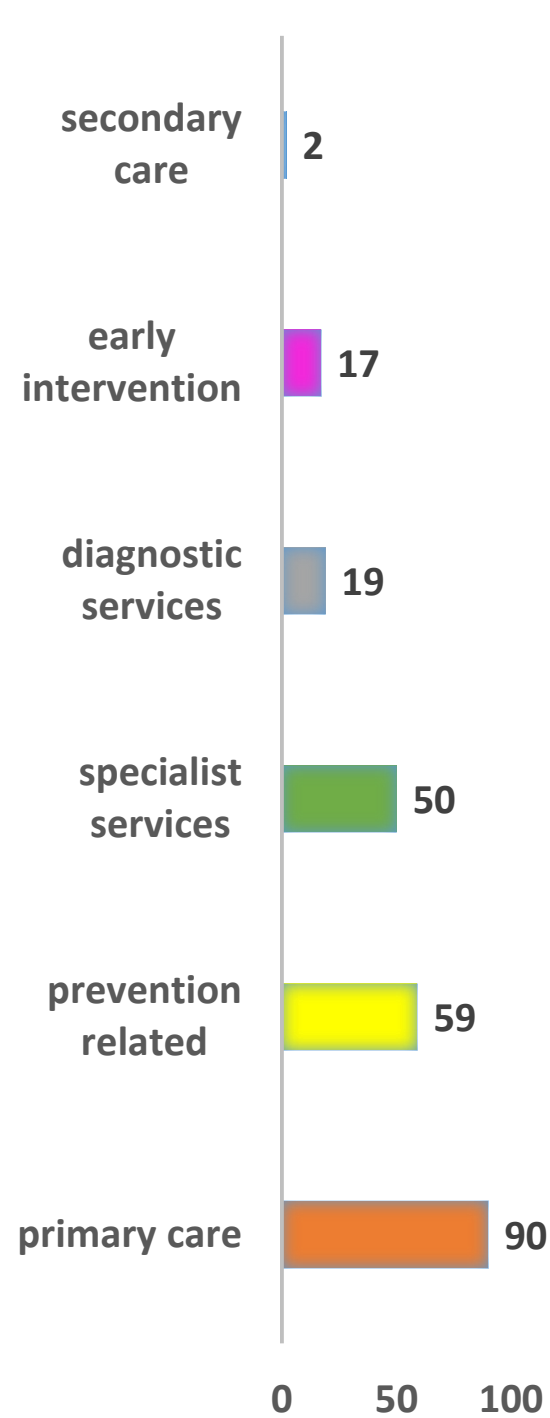
Venues and dates	Number of respondents
Health Sites	
Farnworth Health Centre	16
Farnworth GP	20
Community Venues	
Farnworth Foodbank	6
Age UK	13
Farnworth UCAN	4
Total	59

What services and which professionals would people want to see at a Local Hub (People)

ALL SERVICES / PROFESSIONALS BY NUMBER OF MENTIONS

(n~240)





Prevention and Early Intervention Support

People are well aware of the wider determinants of health and are clear about the impacts of problems such as poverty, housing, violence on their health and wellbeing.

There is a big demand for non clinical prevention and early intervention services at neighbourhood level.

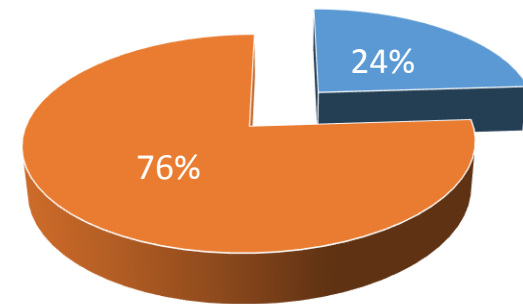
Some of these services could be delivered via structured partnerships with voluntary sector organisations (e.g. Advice = CAB/The Well, Drugs and Alcohol = BIDAS, Mental Health = BAND/MhiST)

Others could be delivered by a more individualised social prescribing system which supports individuals to access wider community activities and assets

People want their problems to be seen as connected and their services to wrap around their needs.

Taken together non clinical services were mentioned 57 times (24% of total comments) suggesting that Neighbourhood Hubs could be looking at about one quarter of their activity being of this kind.

- Wider determinants of health
- Clinically focussed prevention, self-care and treatment



My health and wellbeing is connected to wider problems ...so the support for these issues needs to be connected too

'More community based living like Neighbourhood Services and befriending services'

'Housing issues are affecting my health; keeping warm and dry is important. I have COPD and an infection in my lungs caused by black mould in my bathroom. 16 different people have been to look at my flat and it's problems.'

'Benefits advice'

'Mental health, domestic violence, social workers and advice services.'

'Advice and help with prescription pre-payment'

'Being debt free and help with financial support'

'Advice services including domestic violence'

'I sometimes know I don't need to see my GP but I don't know who else to ask so someone to signpost me to the most relevant source would help'

'A link worker between health and social care services'

'All community care services and wrap around services'

'The chain of communication gets broken too many times and no-one takes responsibility'

'Healthcare professionals need to be well connected to the voluntary sector and charitable organisations working in the area. Working in this way means that somebody needs to be responsible for co-ordinating everything and holding all the information in one place.'

'Third sector including faith based groups able to offer services and based in the same building.'

Self-care support services

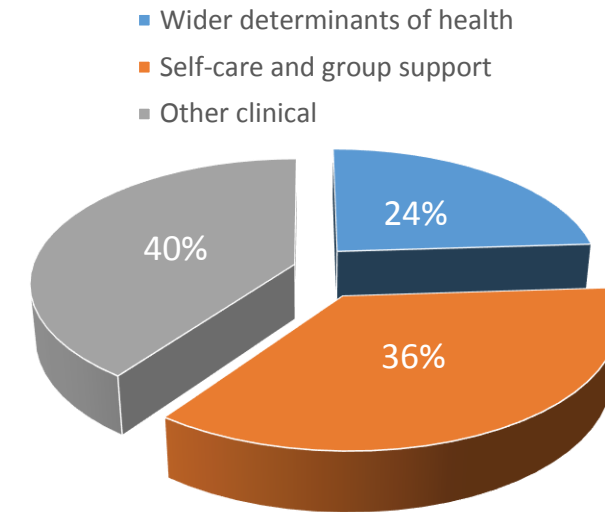
People want to self-care but want supervision, reassurance and motivational support

People value the fact that their long term care is supervised by clinicians, however they don't feel they always need to see them (for routine monitoring for example)

People find access to specialist practitioners reassuring.

People articulate many benefits of group based activity including those wellbeing benefits that come from simply 'being in a group'.

People find support groups helpful for sharing knowledge and information, for motivation and for social reasons.



Taken together clinically backed, self-help services were mentioned 90 times (37% of comments) suggesting that Neighbourhood Hubs could be looking at well over a third of their activity being in these areas.

Group based activity offers a number of benefits to patients and the system

For some conditions a coordinated approach involving individual appointments, group consultations and group support and education programmes could help at a level of prevention and 'step down' to maintenance (mental health, diabetes, COPD, falls, weight management).

The role of the Health Trainer could be expanded to support the group work elements of this.

Access to communal spaces to;

- a. Enable group consultation/support group activity*
- b. support partnerships with voluntary sector providers*
- c. ensure hubs become hives of health related activity*

Long term conditions coordinators could be the catalysts for;

- a. Building skills in group consultation, group support and group education within the health workforce*
- b. Refining and developing self-care support programmes*
- c. Harnessing/developing the opportunities available with voluntary sector*

Groups AND clinical supervision help me to self care

'I come for routine blood pressure monitoring - I've had times when I've measured it myself but I like it done professionally – I'm seeing the nurse'

'I see it's up to me to manage my health. The Diabetes clinic has a weight management service which is useful. I usually see the GP every 6 months for a review.'

'With my long term condition access to an appointment every 6-12 weeks is current and that works ok. I have access to the specialist nurse by telephone which is good.'

'I have all the tests I need and I keep well. I control my diabetes through diet. I've managed to do that but it's hard'

'I walk in my local community and have thought about swimming – I've lost 7 stone with Weightwatchers which helped me tremendously. Like most people I have osteoarthritis'

'Access to a support group (Fibromyalgia) would be good if it was run by the clinical staff'

'Information and motivational help' "

'Self Help Groups'

'The COPD nurse has encouraged me to join a support group to help me socialise after the loss of my wife. It would be good if it was local'

'Activity helps. I organise 3 groups where people get together to paint. It's important that people get together for their mental health. My classes are full . There's a definite need to advertise the importance of activity and socialising to keep people well – it's not all about medicine'

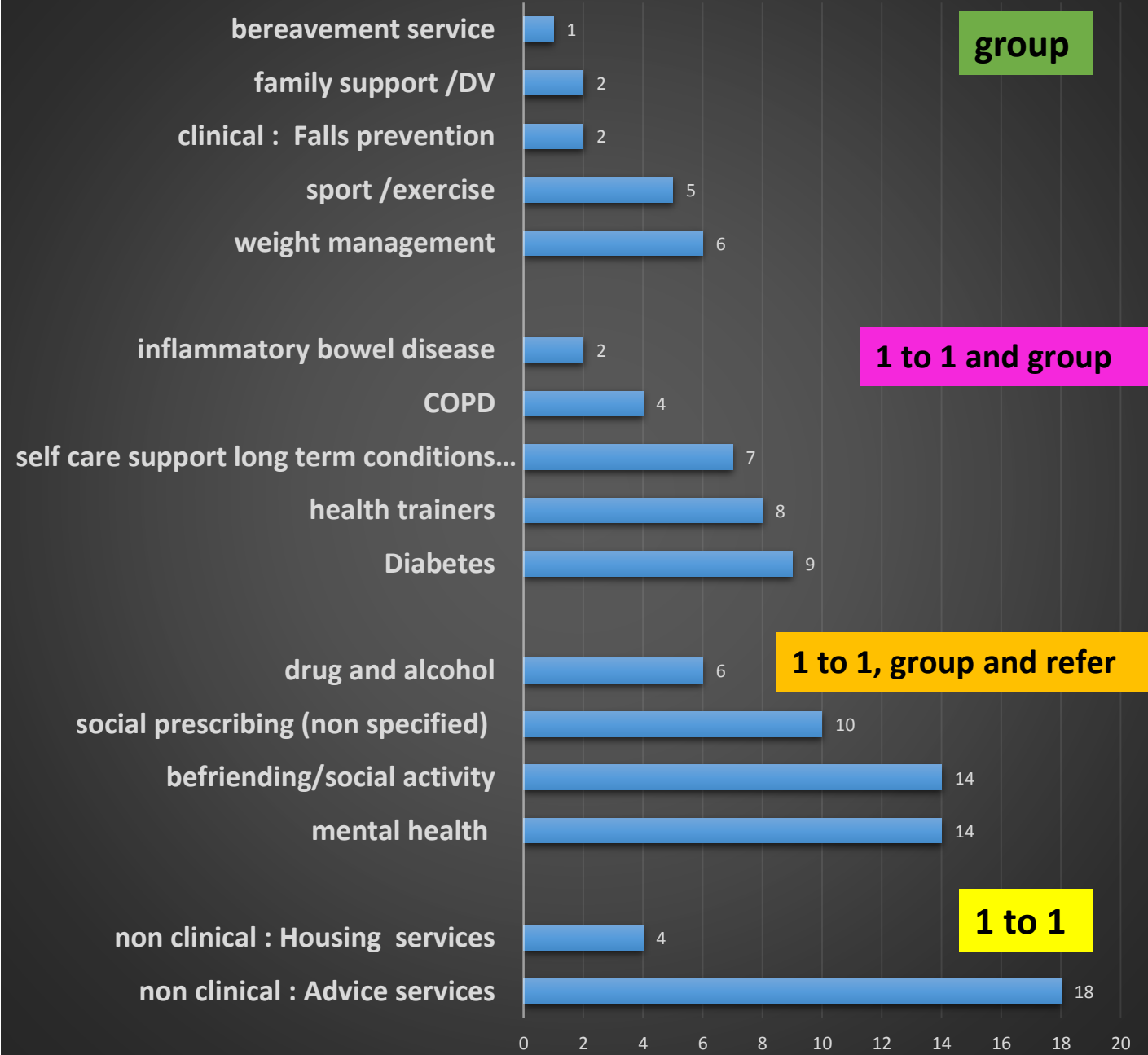
'People to support well-being'

'AA' Groups

Patient demand for prevention, early intervention and self care support , delivery method options

1 to 1	non clinical : Advice services	18
1 to 1	non clinical : Housing services	4
1 : 1, group and refer	mental health	14
1 to 1, group and refer	befriending/social activity	14
1 to 1, group and refer	social prescribing (non specified)	10
1 to 1, group and refer	drug and alcohol	6
1 : 1 and group	Diabetes	9
1 : 1 and group	health trainers	8
1 : 1 and group	self care support long term conditions (not specific)	7
1 : 1 and group	COPD	4
1 : 1 and group	inflammatory bowel disease	2
group	weight management	6
group	sport /exercise	5
group	clinical : Falls prevention	2
group	family support /DV	2
group	bereavement service	1
	total	112

Prevention, early intervention and self care support



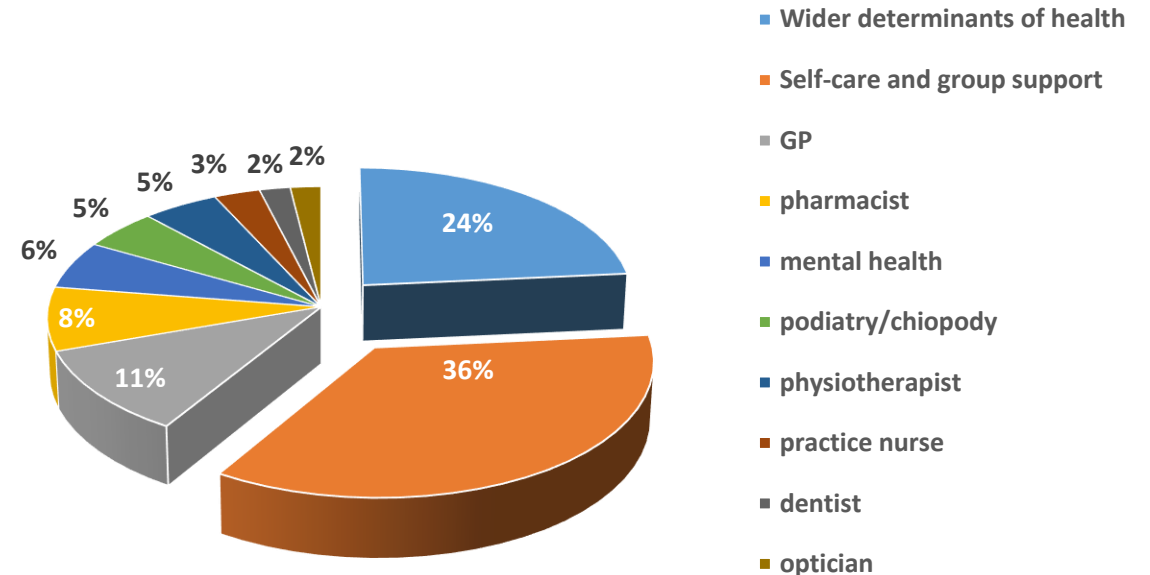
Primary Care

People value their GP's however they also identify a variety of alternative clinical support options

People understand that GP appointments are in high demand and are able to articulate when and for what conditions / procedures they would be happy to see other clinicians

People value and appreciate the skills of other clinicians and feel that they are sometimes under-utilised

People see the value of specialist practitioners in primary care, whether they be specialist GPs or other people within the primary care work force.



Primary care clinicians were mentioned 9 times (40% of comments) GP's (11%) and pharmacists (8%) were most frequently mentioned followed by mental health practitioners (6%), podiatrists (5%) and physios (5%)

**I value my GP.....
but don't mind seeing other
people**

'I value my GP'

'I see both the GP and the Practice Nurse'

'I see a GP for diagnosis – that's where their skill is. I'd like that to continue.'

'My GP retired; I didn't know any other; I had to ask for a doctor and found out I had a 'named' GP – I felt I should have been told about that. I don't want to see a different doctor each time. I like to feel I'm known and that person understands my past'

'I'd rather see a GP – as I have more confidence'

'GPs, chemists, physio, definitely a pharmacy, mental health workers , podiatry

'GP, Pharmacy, Diabetic Nurse, Diabetic Podiatry - would want as many services in a small area'

'The pharmacist is really good at diagnosing; I really welcome the new antibiotic screening'

'If you have a specific problem it can be that a GP isn't the right person and a physio, for example, might be better

'My care is shared with the pharmacist'

'Specialised services for mental health in Farnworth are lacking. When you go to the GP you are referred elsewhere and then onto someone else before you get a diagnosis. If specialised (mental health) care were available it could be seen and diagnosed instead of having to refer and another wait.'

'Specialised GP's with an improved knowledge about certain conditions as I worry that they would miss symptoms that were important'

'Pharmacists are really useful. I have used the 'Minor Ailments' scheme in the past and was very impressed'

**...and that would take
some of the pressure off**

'I think patients in primary care should be 'triaged' as GPs are an expensive resource and we need to make best use of their skills. I would be happy to see a Practice Nurse or Pharmacist. In fact the Medicine Review by the Pharmacist could include Blood Pressure and Weight management services'

'Good use of the Practice Nurses who can decide if you need to see a GP and most patients would prefer to see a nurse anyway'

'A health centre with eye and foot screening, scans, a diabetic clinic, ear syringing and podiatry would take the pressure off the GPs'

The Comments

Prevention Related Services (59)

Routine Monitoring (4)

I come for routine blood pressure monitoring - I've had times when I've measured it myself but I like it done professionally - I'm seeing the nurse

A health MOT

My Annual Health Check

I have all the tests I need and I keep well. I control my diabetes through diet. I've managed to do that but it's hard

Falls Prevention (2)

Better routine preventative diagnostics with scans to pick up the early signs of illness such as

Falls Prevention

Falls Prevention

Easier access to vaccinations (2)

Flu jabs given straight away

Access to immunisations as there is a lower than average uptake rate for immunisations here in Farnworth

Advice services (18)

Benefit services

Benefit advice

Benefits advice

Benefits

Benefits advice

Budgeting and Money Advice

Money Advice Services

Money Advice including education

Being debt free and help with financial support

Advice services including Domestic Violence,

Police, Social Services

Advice and Information

Computer Access - help and advice sessions

Citizens Advice Bureau

Information

Mental health, domestic violence, social workers

and advice services

- Advice and help with prescription pre-payment
- Better information
- Bolton @ Home repair and advice

Housing services (4)

- Bolton @ Home repair and advice services
- Housing
- Housing issues are affecting my health; keeping warm and dry is important. I have COPD and an infection in my lungs caused by black mould in my bathroom. 16 different people have been to look at my flat and its problems
- People in Farnworth that use our service often have poor housing and a low level of health education

Social Prescribing (30)

General (10)

- ***I sometimes know I don't need to see my GP but I don't know who else to ask so someone to signpost me to the most relevant source would help***
- Charitable Groups
- Foodbank able to give advice services

Social activity (14)

- Be-friending service
- Activity helps. I organise 3 groups where people get together to paint. It's important that people get together for their mental health. My classes are full. There's a definite need to advertise the importance of activity and socialising to keep people well - it's not all about medicine

- Being positive and getting out and about chatting to people. It's keeping busy. If you stay in - it's good to get out; its isolation that's the trouble
- Spiritual well-being is important too
- Its socialising and being with people
- The UCAN centre is very useful idea; I come 3 days a week; it's a more relaxed atmosphere
- Opportunities for socialising would be good
- Social outings and opportunities would improve health
- Social setting for elderly people with activities
- More community based living like Neighbourhood Services and befriending services
- Opportunities for cross-generational sharing and talking
- Cinema
- Opportunities for socialising and community gatherings and for people to share their lives
- Somewhere for people to chat with someone - it's not all about physical health, mental health is just as important
- Third sector including faith based groups able to offer services and based in the same building
- Volunteering opportunities
- Self Help Groups
- More signposting instead of GPs or Mental Health Workers

- Healthcare professionals need to be well connected to the voluntary sector and charitable organisations working in the area. Working in this way means that somebody needs to be responsible for co-ordinating everything and holding all the information in one place.

Family support (1)

- It's about family support without it being Social Services; it should be ***non-judgemental***

Sport and exercise (5)

- Access to sport at school and outside of school
- I look after myself. I eat well and try to get exercise. If there was a gym in Farnworth I would access that as cold weather affects my arthritis and heart problem.
- It's leading an active life so I do walk. There is a gym in Farnworth and its free for the over 65's
- Opportunities for cycling by increasing the cycling paths in Farnworth
- Exercise classes

Diagnostic Services (19)

Blood testing (9)

- No (I haven't had a choice) it's for a blood test
- I've come for a blood test this morning and so am seeing the nurse
- It's the nurse today for blood tests
- It's the nurse for blood test
- Blood testing
- **it's the nurse I'm seeing for a blood test: she's the right person and you need to be comfortable with them**
- Blood testing
- Blood Testing
- Scans/Blood Tests and X-rays all on one site with immediate results

Diagnostics (7)

- Diagnostics
- Diagnostics – **quicker diagnosis and seeing the right person - the more qualified person**
- More diagnostic clinics
- Screening and scans
- At Dunstan Medical Centre the diagnostics are excellent and I have been given the results I need on time
- Better routine preventative diagnostics with scans to pick up the early signs of illness such as Falls Prevention
- Scans/Blood Tests and X-rays all on one site with immediate results

X-ray services (3)

- My GP had a portable x-ray system on site for part of the year that was useful
- X-rays rather than going into Bolton
- **Scans/Blood Tests and X-rays all on one site with immediate results**

Early intervention (17)

Weight Management services (6)

- Dietician
- **Dietician as there is a big problem with obesity. Education and advice about access to and the preparation of food, Budgeting for food**
- Weight management
- 'Slimming World' by GP referral
- Weight Management
- **I see it's up to me to manage my health. The Diabetes clinic has a weight management service which is useful. I usually see the GP every 6 months for a review.**

Health Trainer (8)

- I am happy to see the Health Trainer as I want to get some advice,
- Information and motivational help
- GPs, Physio, Speech and Language Therapy, Podiatry, Mental Health Services, Health Visitors, Community Treatment Rooms, Leg Ulcer Clinics, Ear syringing, Family Planning and Smoking Cessation
- People to support well-being
- Smoking Cessation
- Its lifestyle that I need to address – my weight and changes to my working life. My employer is adding more stress to my work - my health is more important
- I walk in my local community and have thought about swimming - I've lost 7 stone with Weightwatchers which helped me tremendously. Like most people I have osteoarthritis
- I think the health trainer will help me with that

Social workers (3)

- Mental health, domestic violence, social workers and advice services
- A link worker between health and social care services
- All community care services and wrap-around services

Primary Care (90)

Ear syringing (6)

- GP, Dentist, Pharmacist, Ear Syringing
- Ear Syringing
- I had wax in my ear - I went to see the doctor who sent me to see the nurse. If it had been an infection the nurse couldn't have dealt with that.
- GPs, Physio, Speech and Language Therapy, Podiatry, Mental Health Services, Health Visitors, Community Treatment Rooms, Leg Ulcer Clinics, Ear syringing, Family Planning and Smoking Cessation
- There is a long wait for ear syringing; it would be good if those services were more local and could be in Farnworth. To get an earlier appointment you need to go to Brightmet which is still 5-6 weeks.
- A health centre with eye and foot screening, scans, a diabetic clinic, ear syringing and podiatry would take the pressure off the GPs

Practice nurse (7)

- I see both the GP and the Practice Nurse
- I would be happy to see the GP Practice Nurse – they provide good care
- GP, nurses
- GPs, Mental health workers, pharmacists, nurses
- GP, nurses
- GP and nurse for regular health checks
- Good use of the Practice Nurses who can decide if you need to see a GP and most patients would prefer to see a nurse anyway

Family planning (2)

- GPs, Physio, Speech and Language Therapy, Podiatry, Mental Health Services, Health Visitors, Community Treatment Rooms, Leg Ulcer Clinics, Ear syringing, Family Planning and Smoking Cessation
- I had to go to the health centre in Farnworth for family planning - I would like to see that with the doctors surgery

Health visitors (1)

- GPs, Physio, Speech and Language Therapy, Podiatry, Mental Health Services, Health Visitors, Community Treatment Rooms, Leg Ulcer Clinics, Ear syringing, Family Planning and Smoking Cessation

Physiotherapist (10)

- If you have a specific problem it can be that a GP isn't the right person and a physio, for example, might be better
- I have a long term problem requiring physio.
- I needed the physio. I saw him at Bolton One last time but it's much more convenient here.
- Physio is only allowed to see you for 3 months – I feel it should be ongoing and based on what I need.
- A resident physiotherapist
- Like Lever Chambers - podiatry and physio
- GPs, chemists, physio, definitely a pharmacy, mental health workers , podiatry
- GPs, Physio, Speech and Language Therapy, Podiatry, Mental Health Services, Health Visitors, Community Treatment Rooms, Leg Ulcer Clinics, Ear syringing, Family Planning and Smoking Cessation
- The NHS physio hasn't been helpful and I had to wait 6-8 weeks to see them. I decided to go private as I was in agony. I've had good private care which has helped.
- Opportunity for mobilisation after an accident

GP (26)

- I value my GP
- I see both the GP and the Practice Nurse
- I see a GP for diagnosis – that's where their skill is. I'd like that to continue.
- My GP retired; I didn't know any other; I had to ask for a doctor and found out I had a 'named' GP – I felt I should have been told about that. I don't want to see a different doctor each time. I like to feel I'm known and that person understands my past.
- If you are really unwell then you would see any GP although it's better to continue to see the same one - I don't feel a new GP would understand the same
- I would have preferred one of the other doctors but what I've come for today its ok who I'm seeing
- I'd rather see a GP – as I have more confidence
- I'm happy to see this GP today
- I would like to see the same GP
- I don't want to see a pharmacist for diagnosis; it's a GP's job
- I like to see the same GP. I don't feel confident seeing different doctors as I had a medication query between two different doctors
- I've been a patient here for 41 years. I like to see the same doctor each time and that can be difficult. I'd like to see more continuity.
- We like to see the same GP when we come
- **Specialised GPS with an improved knowledge about certain conditions as I worry that they would miss symptoms that were important.**
- GPs, Physio, Speech and Language Therapy, Podiatry, Mental Health Services, Health Visitors, Community Treatment Rooms, Leg Ulcer Clinics, Ear syringing, Family Planning and Smoking Cessation
- **A named GP for vulnerable adults or those with complex needs or long term conditions**
- GPs, dentists, chiropractors, opticians and pharmacy

GP, nurses

- GP, Dentist, Pharmacist, Ear Syringing
- GPs, Mental health workers, pharmacists, nurses
- GPs, chemists, physio, definitely a pharmacy, mental health workers , podiatry
- GP, nurses
- GP and nurse for regular health checks
- My GP is Dr W – he is excellent and very popular. He is my named GP.
- It's my GP. I would rather speak to my GP than have others involved.
- GP, Pharmacy, Diabetic Nurse, Diabetic Podiatry - would want as many services in a small area

Optician (4)

- My GP sent me to see a an optician with an eye problem
- GPs, dentists, chiropractors, opticians and pharmacy
- Opticians and Chiroprody
- A health centre with eye and foot screening, scans, a diabetic clinic, ear syringing and podiatry would take the pressure off the GPs

Pharmacist (18)

- ***I need to be seen by my GP as my repeat prescriptions need a blood test doing. A pharmacist may be useful to do this.***
- Access to free treatment options through the pharmacist
- More use of the pharmacist for things like the flu jab
- I see my pharmacist a lot and always have done. I even had my flu jab whilst waiting for my repeat prescription at the pharmacy.
- Pharmacists can be qualified to GP level but ultimately the decision is down to the doctor
- ***Pharmacists are really useful. I have used the 'Minor Ailments' scheme in the past and was very impressed***

- The pharmacist is really good at diagnosing; I really welcome the new antibiotic screening
- There should be more use of the pharmacist for flu jabs etc.
- My care is shared with the pharmacist
- ***I think patients in primary care should be 'triaged' as GPs are an expensive resource and we need to make best use of their skills. I would be happy to see a Practice Nurse or Pharmacist. In fact the Medicine Review by the Pharmacist could include Blood Pressure and Weight management services***
- Chemists opening hours should mirror that of the Out of Hours Services and next door. A town like Bolton should have a couple of places more local for Out of Hours care. It doesn't have to be at my GP but when you go everything needs to be in there.
- Pharmacist at my GP@ site currently and I would like to keep this
- GPs, dentists, chiropodists, opticians and pharmacy
- When my wife gets her tablets it's difficult as she can't read. She has mental health issues. The drugs they give her always look different. It makes it impossible for her to manage her own drugs.
- GP, Dentist, Pharmacist, Ear Syringing
- GPs, Mental health workers, pharmacists, nurses
- GPs, chemists, physio, definitely a pharmacy, mental health workers , podiatry
- GP, Pharmacy, Diabetic Nurse, Diabetic Podiatry - would want as many services in a small area

Dentist (5)

- GPs, dentists, chiropodists, opticians and pharmacy
- GP, Dentist, Pharmacist, Ear Syringing
- I'm happy enough with my dentist although I would like to see more NHS Dentists in Farnworth.
- Dentists – I haven't had one for years
- Out of Hours, Hospital appointments, Dentists

Podiatry / chiropody (11)

- Podiatry services may be the best people to see but I'm not sure on the availability of appointments
- Podiatry - they could deal with my enquiry better than my GP as I have a sore foot
- Podiatry
- GPs, Physio, Speech and Language Therapy, Podiatry, Mental Health Services, Health Visitors, Community Treatment Rooms, Leg Ulcer Clinics, Ear syringing, Family Planning and Smoking Cessation
- I am glad to get the Podiatry service so I don't mind travelling to get my feet treated. I have several other things wrong with me and am worried that I wouldn't quality so I don't mind coming here.
- Like Lever Chambers - podiatry and physio
- GPs, dentists, chiropodists, opticians and pharmacy
- GPs, chemists, physio, definitely a pharmacy, mental health workers , podiatry
- Podiatry service is currently done at my GPs
- GP, Pharmacy, Diabetic Nurse, Diabetic Podiatry - would want as many services in a small area
- A health centre with eye and foot screening, scans, a diabetic clinic, ear syringing and podiatry would take the pressure off the GPs

Specialist services (50)

Drug and alcohol services (6)

- Alcohol services are not a job for a GP
- There is lots of 'dealing' in Farnworth; BIDAS need access out of this area
- Alcohol Health workers and Counsellors
- 'AA' Groups
- Any location would have to take into account the needs of those patients on a Methadone programme. The current methadone patients use Asda which is a very public place. It's plainly obvious there what's going on. People are seen there waiting for the pharmacist to come back after lunch; any service would need to be more discreet.

- The co-locating of some services e.g. drug and alcohol within GP practices in a shared building may make clients concerned about their privacy and confidentiality

Specialist nurses/clinic to support people to self care long term conditions (7)

- With my long term condition access to an appointment every 6-12 weeks is current and that works ok. I have access to the specialist nurse by telephone which is good.
- Specialist Nurses
- It's about regular checking of my long term illness often enough
- District/Specialist nursing staff
- All the services that are in this clinic (Farnworth Health Centre) with some additions for long term health problems and mental health services
- A named GP for vulnerable adults or those with complex needs or long term conditions
- ***Services for people with long term conditions***

Fibromyalgia (1)

- It's different for the other illness I have which is Fibromyalgia. I used to have care at Lever Chambers and now that's ended and I understand the service has been transferred to Bolton One. I've never been sent for and so have no care now at all.
- Access to a support group (Fibromyalgia) would be good if it was run by the clinical staff

Epilepsy (1)

- I currently see the Epilepsy Service at Breightmet - I don't mind travelling – it makes me feel more in charge; I'm prepared to use the bus or the family would bring me

IBD (2)

- Managing my long term condition (Crohn's Disease) is going really well. ***I see the Inflammatory Bowel Disease (IBD) Specialist Nurse who is really great. I see her regularly and can always contact her if I have a flare up. She will either prescribe for me and I can collect the prescription from her or she will speak to my GP and I can collect it from there.*** It's different for the other illness I have which is Fibromyalgia. I used to have care at Lever Chambers and now that's ended and I understand the service has been transferred to Bolton One. I've never been sent for and so have no care now at all.
- An Inflammatory Bowel Disease service rather than have to go up to the hospital

Leg Ulcers (1)

- GPs, Physio, Speech and Language Therapy, Podiatry, Mental Health Services, Health Visitors, Community Treatment Rooms, Leg Ulcer Clinics, Ear syringing, Family Planning and Smoking Cessation

Rheumatology (1)

- I get care at Bolton One Rheumatology at Bolton One. They have an emergency phone number you can access. I'm seen regularly every 4 months and from February 2017 I will be able to have my medication monitored at my GPs. ***I need to see the rheumatologist regularly and if I could be seen more locally it would be good.***

COPD (4)

- Chronic Obstructive Airways Disease (COPD) service
- The COPD nurse has encouraged me to join a support group to help me socialise after the loss of my wife. It would be good if it was local.
- COPD Support group
- COPD nurse helps me with my medication

Diabetic services (9)

- Diabetic care and screening
- A health centre with eye and foot screening, scans, a diabetic clinic, ear syringing and podiatry would take the pressure off the GPs
- Diabetic clinic
- Diabetic services
- Diabetic nurse as and when needed
- Diabetic clinic
- I'm diabetic and I check my own blood sugar; I think patients should be able to check their own blood sugar levels. It helps me plan when I want to drive and to stay well. The nurse could check them every 6 months. I think it would encourage patients to stick to their regime.
- There is not enough help and support for Diabetic centre. Mistakes are regularly in needle ordering and delivery with a lot of expense. The chain of communication gets broken too many times and no-one takes responsibility
- GP, Pharmacy, Diabetic Nurse, Diabetic Podiatry - would want as many services in a small area

Paediatrics/children's nurse (4)

- Specialised Children's Services with their own Out of Hours team
- Paediatrics
- A Paediatric Clinic too

- Ears and Teeth are seen to at my child's school but not for head lice. I'd like to see more checks done in school. To treat my family it costs £70. The nurse calls in once a month to school but it's in between it can be a long time if the children need to be checked for head lice. If some sort of service could be put in place where we could access like a child nurse it would be good and if these things could be free on prescription it would really help.

Mental Health (14)

- My step-father works but because of that his symptoms are passed off. He has some worrying signs of being bipolar. He can't seem to access support or diagnosis. It's as if he is in work so he is well. He has been referred by the GP for services but they say he's ok as he is working. He He isn't coping well at work although if he was at home we feel he would be worse.
- Mental Health Services are definitely needed
- Mental Health workers
- ***Mental Health issues caught early; conversations to identify mental health before it gets to crisis point and signposting***
- All the services that are in this clinic (Farnworth Health Centre) with some additions for long term health problems and mental health services
- GPs, Mental health workers, pharmacists, nurses
- GPs, chemists, physio, definitely a pharmacy, mental health workers , podiatry
- GPs, Physio, Speech and Language Therapy, Podiatry, Mental Health Services, Health Visitors, Community Treatment Rooms, Leg Ulcer Clinics, Ear syringing, Family Planning and Smoking Cessation

- ***Low level mental health issues are not being picked up currently. It would be useful to see a local facility offering a screening tool for mental health issues.***
- Counselling
- Alcohol Health workers and Counsellors
- Mental health, domestic violence, social workers and advice services
- Specialised services for mental health in Farnworth are lacking. When you go to the GP you are referred elsewhere and then onto someone else before you get a diagnosis. If specialised GP care was available (mental health) it could be seen and diagnosed instead of having to refer and another wait.
- I recently saw a GP who identified I was suffering from depression. I got an appointment straight away. He has got other services involved for me which I hadn't recognised that I needed

Secondary care (2)

Out patients services (1)

- Out of Hours, Hospital appointments, Dentists

Minor Surgeries (1)

- Minor surgeries

Healthwatch Bolton and Bolton GP Federation would like to thank staff, volunteers, patients and service users at:

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- Kearsley Medical Centre,
- Farnworth Foodbank,
- Age UK Farnworth
- Farnworth UCAN

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