

Get To Know Where To Go When Choosing Healthcare

June 2025



Background to this project

Phase I

In Phase I of this project, Healthwatch Bolton and Bolton Community and Voluntary Services (BCVS) worked together in partnership with Greater Manchester Integrated Care Partnership to obtain an understanding of people's behaviours and experiences when using GPs, Pharmacies, the A & E department, Urgent Treatment Centres, NHS 111, the Urgent Dental Care Service and out of hours services. The intention was to use the feedback to adapt out-of-hospital service offerings, so that they are utilised more fully when residents have an urgent health need. The assumption is that a percentage of A & E attendances can be avoided if small changes are made to awareness of, and access to, out-of-hospital services.

It was clear from the findings in Phase I that people needed much more information about their local health and care services and how to use them.

Phase II

The findings in this report cover Phase II of the project. For Phase II the focus of the project was to provide information resources and deliver these to targeted neighbourhood areas of Brightmet, Little Lever, Farnworth and Kearsley. These areas were selected as they showed areas of high deprivation and high attendances at A & E in Bolton.

The information resources shared with groups were: how to use NHS 111, information about Pharmacies and the services they offer such as the Pharmacy First initiative, information about the Urgent Dental Care Service, when to use A & E and Urgent Treatment Centres, and when to use out of hours primary care services (BARDOC). Information was also shared about how to use the NHS app. Feedback was also gathered from groups about their thoughts and experiences of using local health and care services.

The Get to Know Where to Go booklet was distributed at all focus group sessions and events together with the infographic on how to use different healthcare services. The infographic was also translated into Urdu, Punjabi and Gujarati.

How we did this

Healthwatch Bolton (HWB) and Bolton Community and Voluntary Services (BCVS) worked to identify service users and community groups in the target areas. Focus groups were held with each group to share the information resources and explain how and when to use them. Group participants were asked to share their feedback on the information presented and to indicate how informed they felt and if they needed any further information.

In addition to this, information was also shared via digital newsletters, neighbourhood leads news bulletins, voluntary, community group and school parent newsletters. Information was also included on HWB website with downloadable guides showing how to use each health and care service. These were made available in the languages of Urdu, Gujarati, and Punjabi. A short video was also made available on HWB website with verbal translation into Urdu, Gujarati, and Punjabi. Social media posts were also created on platforms: Facebook, X, Blue Sky, Next Door, Instagram.

The collective impact of all the focus groups reveals a comprehensive and urgent need to rebalance the local health and care system toward greater accessibility, compassion, clarity, and inclusion. The findings demonstrate that while there are areas of success, **systemic barriers**—digital, structural, communicational, and financial—continue to hinder effective and equitable care. Focus group participants were very receptive and appreciative of being given the opportunity to find out information about their local health and care services, as well as being able to share their own experiences of care. Using both verbal and written communication methods, as well as take-away handouts and flyers was beneficial. Group leaders commented that they had learned new things and they would continue to pass their learning onto others.

Summary

Total Reach	
Facebook	6103
X	92,433
Instagram	1714
Next Door	978

HWB website hits	499
Blue Sky Social	128
Digital Newsletters	5672
Printed resources distributed	1127
Focus group participants	203
Total	108,857

After each focus group, participants were asked to rate how informed they felt about the different health and care services:

How well informed do you feel about.....	Well Informed	Somewhat Informed
NHS 111	126	30
BARDOC	108	53
Urgent Treatment Centres (UTC)	109	56
Urgent Dental Care Service (UDC)	111	40
Pharmacies	140	21
Totals	594	200

After the focus groups, participants felt mostly **well informed** about the different health and care services.

Focus Group Demographics

Male	53
Female	150
White British	159
Black & Minority Ethnic	44

Participant ages ranged from 17–90 years.

Group Feedback Summaries:

1. GP Access and Primary Care

Booking difficulties: Long waits for appointments, especially at 8am; phone lines often go unanswered; reliance on digital or physical forms which are inaccessible to some (e.g., those with arthritis or no digital access).

Gatekeeping: Participants expressed frustration at non-clinical staff, such as receptionists, making decisions about access to care.

Digital exclusion: Many older and vulnerable individuals are unable to use the NHS App or online booking systems.

Cost barriers: Concerns over charges for basic administrative support, such as £35 fees for simple form completion (e.g., bus pass applications).

Risks: Individuals reported obtaining medication (e.g., antibiotics) from non-clinical sources due to poor access.

2. Urgent and Emergency Care

NHS 111: Mixed experiences. Some users received timely, helpful support; others experienced long delays and repetitive questioning. There was uncertainty about interpreter availability. (Healthwatch Bolton offered to investigate this)

A&E overuse: Participants reported being sent to A&E due to lack of GP appointments. A&E services were described as overcrowded and slow, with long waiting times.

Ambulance concerns: Long delays reported (up to 4.5 hours); complaints included lack of compassion and inappropriate comments from staff.

Service coordination: Participants felt they were passed between services without clear direction or accountability.

3. Pharmacy Services

Inconsistent service: Some praised community pharmacies (e.g., Pharmacy First), while others experienced issues such as delays, stock/medication shortages, and poor communication.

Blister packs: Their removal has caused difficulties for patients managing multiple medications.

Awareness gap: Many participants were unaware of the full range of pharmacy services, such as minor ailments support.

4. Dental Services

Access issues: Difficulty registering with NHS dentists; long-distance travel required for emergency treatment in some cases and extra costs involved.

Emergency care: Lack of clear information about how and where to access urgent dental support.

Cost: Affordability concerns were prominent, particularly where patients were moved between NHS and private care.

5. Mental Health Services

Lack of access and support: Many felt neglected by adult mental health services and reported poor crisis care, especially outside of normal hours.

Stigma and dismissal: Some participants, including those with suicidal thoughts or complex diagnoses, felt dismissed or not taken seriously.

Positive exceptions: A few voluntary and community organisations received praise for filling in gaps (e.g., Bolton Listening Lounge, Transforming Lives).

6. Digital Exclusion

Limited access: Many do not own smartphones, have internet connections, no email address, or feel confident using digital platforms.

System design: Digital-first services exclude large portions of the community.

Support needed: Requests were made for digital literacy sessions in libraries and community centres, and for printed step-by-step guides. Information was shared by Healthwatch Bolton.

7. Access and Inequality

Transport challenges: People without cars reported difficulties reaching healthcare services, especially for appointments at short notice.

Complex system navigation: Many participants were confused by the range of services (e.g., BARDOC, UTCs, NHS 111) and what each one does.

Perceived commercialisation: Some felt the NHS is being run more like a private business than a public service.

8. Carers and Family Support

Navigation difficulties: Carers reported frustration with having to manage systems on behalf of others, especially when online access is required.

Need for simplification: A desire for more accessible, personal support options was strongly expressed.

Cross-Cutting Themes

Information gaps: Significant confusion exists about services such as Urgent Treatment Centres, BARDOC, and NHS 111.

Communication issues: Poor communication from hospitals (e.g., unclear letters, lack of updates) was frequently mentioned.

Preference for face-to-face care: Many expressed a strong preference for walk-in and in-person services, particularly those with long-standing health conditions or communication difficulties. Many wanted the NHS Walk-In Centre to return to Bolton.

Recommendations

1. Improve Access to Primary Care

Review GP appointment systems to reduce 8am bottlenecks as people are still struggling with this issue. **Offer fair alternatives for those without digital access.**

Ensure receptionist training includes **customer service, cultural competency**, and understanding of confidentiality and accessibility.

2. Enhance Urgent and Emergency Care Navigation

Simplify the urgent care system through a **borough-wide communication campaign** (printed and digital) explaining when to use A&E, NHS 111, UTCs, Out-Of-Hours (BARDOC), etc. Many people are unaware of what BARDOC is and how to use it.

Ensure NHS 111 has adequate **interpreter services** and options for **non-digital users**.

3. Expand and Promote Pharmacy Services

Increase public awareness of the **Pharmacy First scheme** and other local pharmacy services via leaflets and community outreach.

Improve medicine supply chains to prevent stock shortages. Introduce a mechanism that allows **NHS 111 to check medication stocks** to avoid patients having to go to multiple pharmacies.

Consider reintroducing **blister packs** or offering alternatives for patients with medication management challenges.

4. Improve Dental Access and Affordability

Commission more NHS **dental places** locally, including emergency care slots. Develop a clear dental access pathway leaflet with costs, locations, and procedures. Explore mobile or outreach dental services for isolated communities.

5. Strengthen Mental Health Support

Expand **crisis care capacity**, including out-of-hours services.

Increase investment in VCSE organisations that are already filling major gaps (e.g., Bolton Listening Lounge).

Improve **communication and continuity** between primary care, mental health teams, and crisis response units.

Train staff to better respond to complex trauma, self-harm, and dual diagnosis.

6. Address Digital Exclusion

Fund in-person **digital support** in libraries, community centres, and GP waiting areas.

Produce printed **how-to guides** for using the NHS App, booking appointments, and managing prescriptions.

Avoid digital-only systems—retain phone lines and face-to-face services.

Understand many people do not have access to **Wi-Fi or smartphones**, so alternatives need to be offered.

7. Tackle Inequality and Access Barriers

Offer flexible **appointment times and transport support** for those with mobility or location challenges.

Ensure patient-facing communications are **clear, multilingual, and culturally sensitive**.

Monitor **equality impacts** of service changes to prevent further disadvantaging marginalised groups.

8. Support Carers and Families

Develop a **carer-friendly access policy** across GP practices and hospitals.

Create a **single point of contact for carers** navigating services on behalf of loved ones.

Include carers in service design, especially when redesigning systems that affect older or disabled patients.

System-Wide Recommendations

Ensure that Get to Know Where to Go Guide and other resources are distributed throughout communities.

Improve joined-up communication between health and social care, mental health, and voluntary services.

Embed community feedback loops, ensuring people see how their input has changed services. Work with GP practices to ascertain the frequency of signposting people to A & E and the reasons for this.

Appendices

Focus Group Sessions			
Thursday Club	Life Support Group	Precious Gems	Grosvenor Estate
Jigsaw	Women Together	New Bury Vision Group	The Well
Transforming Lives	Beechcroft Village Comm.	Women of Willow Hey	Kearsley Get Together Group
New Bury Youth Focus			

Facebook Community Groups		
My Westhoughton	Brightmet What's Happening	Little Lever and Darcy Lever Community Group
Horwich and Blackrod Notice Board	Westhoughton and Daisy Hill Notice Board	Brightmet Community
Growing up in Little Lever	Brightmet Family Fun	Great Lever Notices
Bromley Cross Notice Board	Blackrod Community Noticeboard	Heaton & Doffcocker Notice Board
Edgeworth Village Notice Board		

Nextdoor Neighbourhoods			
Back o'th Barn	Brownlow Fold	Darcy Lever	East Great Lever
East Rumworth	Gilnow Park	Gilnow and Pocket	Hall I'th Wood
Halliwell	Heaton	Queens Park	Rumworth Park
Shepherd Cross	The Haugh	Tonge Fold	Tonge
West Great Lever			

Printed Information was also shared at community events:

Community Events			
Fit for the Future event	Ladybridge High School event	British Culture – Deane & Derby College	Jigsaw Stoke Group
Greenway Community Centre	Bolton Deaf Society event	Changing Futures event	North Neighbourhood Partnership
Precious Gems – Int'l Women's Day	Halliwell Community Alliance	Khidma Group	GM Uni Careers Fair

Talking Tables – High St Library	Women Together – Dementia Talk	Sapphire Partnership Birthday	Asian Elders Event
Thursday Group	Ladybridge Health & Wellbeing Event	Bolton Solidarity Community Assoc.	Transforming Lives CIC
Bolton Wanderers Health Hub	Macmillan Cancer Info Event	New Bury UCAN Vision Group	Ladybridge Parent’s Bulletin
Healthwatch Bolton Website	Let’s Keep Bolton Moving (Shops, Cafés)	Bolton Central Library – MH Event	Bolton Black History Group
Beechcroft Village – Art for Wellness	Carers Equip Group – Harwood	Life Support Group	The Well
Women of Willow Hey	Jigsaw Group	Ingeus Development Day	Kearsley Get Together Group
Making Spaces Carers Meeting	Kings Church Carers Event	MHIST Event	Bolton Carers Support Event
Precious Gems Group	Women Together Group	Sughra Mosque, Farnworth	BRASS (Refugee Support)
Bolton Council of Mosques	Café Create	Eid Celebration Event	

Website Information

Get To Know Where to Go information is on Healthwatch Bolton website together with downloadable guides in different languages: English, Gujarati, Punjabi, Urdu. Videos are also included with verbal translations: [Get to Know Where To Go](#)

Voices from the Community: Key Quotes

Access to Care Challenges

“Doctors telling patients to go to A & E because there are no appointments.”

– Kearsley Get Together Group

This highlights frustration with GP appointment availability pushing patients to emergency services.

“Walk in Centres please!”

– Women Together session

Demand for more accessible, no-appointment-needed care options.

Coordination and Pharmacy Issues

“NHS 111 prescribes, but they don’t check if the pharmacy has the medications.”

– Women Together session

Points to gaps in communication between NHS 111 and pharmacies impacting medication availability.

Digital and Information Barriers

“Not everyone is on online...we don't have Wi-Fi ”

– Kearsley Get Together Group

Reflects digital exclusion and lack of internet access hindering service use.

Mental Health Concerns

“Mental health services are fundamentally under-funded and understaffed and services are a bit redundant for any kind of mental health issue.”

– Women Together session

Emphasises serious concerns about mental health service provision.

Positive Feedback on Information Sessions

“Very helpful session, I was not aware of UTC, so this info helps.”

– Women Together session

Shows value of community education about lesser-known health services.

Calls for Better Communication

“We all need more information; we do not understand why the GP surgeries are so reluctant to engage with us.” – Kearsley Get Together Group

Highlights a communication gap and perceived reluctance from GP practices to engage.

Key Requests from the Community

1. A **simple printed and digital guide** explaining local NHS services, including urgent care, NHS 111, dental services, and pharmacies. (The Get to Know Where to Go booklet and Choosing Healthcare infographic were shared at all sessions).
2. Reintroduction of **walk-in centres** or more accessible, in-person care options.
3. Free or low-cost **digital literacy training** at libraries or community hubs.
4. A directory of **pharmacy services** across the borough.
5. Improved and more compassionate **mental health services**, especially outside standard hours.
6. Installation of **defibrillators** in local community spaces.
7. Staff training to improve **communication, understanding of complex needs, and cultural sensitivity**.

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