

Our Coastal Town:
Local Perspectives on Unplanned
Hospital Admissions
Blackpool Priority Wards



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Introduction to Healthwatch

Healthwatch was established in April 2013 as part of the implementation of the Health and Social Care Act (2012). Healthwatch Blackpool is the independent consumer voice for health and social care, listening to the views of local people on issues that matter. Our ultimate aim is to ensure that local people have a voice, acting on feedback and driving change.

Our Approach

- Listening to people and making sure their voices are heard.
- Including everyone in the conversation – especially those who don't always have their voice heard.
- Analysing different people's experiences to learn how to improve care.
- Acting on feedback and driving change.
- Partnering with care providers, Government, and the voluntary sector – serving as the public's independent advocate.



Introduction to the project

In 2020, the National Health Service (NHS) in England closely examined unplanned hospitalisations that could have been prevented with earlier intervention. They discovered areas with higher socio-economic deprivation experienced higher rates of unplanned hospital visits. The NHS England analysis also revealed that at a ward (LSOA) level, there were some wards that had levels of unplanned hospitalisations above the expected correlation between socio-economic deprivation and poorer health outcomes. Wards that met this criteria, along with being identified as one of the 20% most deprived wards in England (using the Office for National Statistics' Index of Multiple Deprivation), are recognised as "Priority Wards." Within Blackpool, there are five specific areas which are "Priority Wards". These wards are Bloomfield, Talbot, Tyldesley, Claremont and Park.

Our project, commissioned by the Population Health Team at Lancashire Integrated Care Board (ICB), aims to understand why these Priority Wards in Blackpool have a high number of unplanned hospitalisations. We want to learn from local residents living within the Priority Wards identified, in order to increase our understanding and uncover the specific challenges our community faces that impact health outcomes. Our objective is to utilise the knowledge gained from conversations with local residents, to coproduce plans for change within Priority Wards. Through actively listening to people's experiences and involving our community, we can work towards creating a healthier and more equitable future for residents in Priority Wards.

Methodology

Design

Healthwatch Blackpool attended regular steering group meetings with the Population Health Team and key partners working in Priority Wards. The direction for this project was established through discussions, and it was felt that an empathy interview approach was most appropriate, with conversations to be logged and thematically analysed within a survey database. Our engagement consisted of two primary methods: door knocking (empathetic interviewing) and focus groups within community settings. Feedback was gathered via a survey platform to collect information on unplanned hospital admissions, perceptions and experiences on health access. The focus groups were designed to provide a more in-depth understanding of community experiences, as well as to explore themes that emerged from the interviews.

Procedure

The procedure involved hand-delivering postcards, pictured below, to residential accommodation within Park, Talbot, Tyldesley and Claremont. This was followed up with a door knock from two engagement officers within a maximum of two weeks. Additionally, we commissioned video advertisements on social media platforms and collaborated with partners in the local sector to amplify outreach and engagement efforts.

Timeline

The project has been delivered in two phases:

Phase one: October – November 2022 in Park, Talbot and Tyldesley wards.

Phase two: April – June 2023 in Park, Talbot, Tyldesley and Claremont wards.

In phase one and two, Bloomfield ward engagement was delivered by Revoelution, a third sector organisation operating within the ward boundary. In phase one, Claremont ward engagement was delivered by Business In The Community, an organisation completing focused work within the ward boundary.



Dear resident,

We hope you are safe and well!

We are writing to you from Healthwatch Blackpool, the independent voice for health and care.

We are working alongside the NHS to understand experiences leading to unplanned hospital admissions in our area. We are calling door to door over the coming months and we hope to chat with you if you have a spare 5 minutes! You will be able to enter a prize draw for a £50 Love2Shop voucher.

We also have a live survey that we would appreciate your support with. Please scan the QR code on this postcard.

If you would like to speak to us via telephone, please call on 0300 32 32 100 (option 4).

Take care and we hope to see you soon,
The Healthwatch Blackpool Team.



Methodology

Limitations

It is important to acknowledge our limitations. The project was constrained by time, along with the challenges of engaging with a working population and houses with multiple occupants.

Door knocking: Engaging with households through door knocking is a time-consuming and labour intensive process. Though we endeavored to engage consistently across all four wards, there were timing inconsistencies across boundaries which may be reflected within the engagement feedback.

With that being said, it is believed that this project is just the beginning of our understanding and we feel with consistency and refinement we can understand experience of those residents in our town that may not routinely have the opportunity to share experience and shape meaningful change.

Disclaimers

Throughout our engagement, Healthwatch Blackpool staff picked up a significant amount of information, signposting and case work tasks to support residents in our local area. The team were able to support residents instantly and in turn, we have observed positive change on an individual level. Recognising the above must be noted whilst reflecting on the feedback and resident stories displayed in this report.

Furthermore, the themes displayed throughout are interrelated and interdependent, therefore should be viewed in consideration of one another. When the information is considered holistically, it creates a clearer picture of experience, both at an individual and ward level.

Although some aspects of the report are critical, this is not an inspection or investigation. The intention is that, by highlighting the real experiences of people in the Priority Wards, the public, VCFSE and private sector partners can work together with communities to build on the positives and overcome the challenges that exist. Including the voices of our local people could be the catalyst for meaningful, sustainable change.

Local Perspectives on Unplanned Hospital Admissions
Blackpool Priority Wards

Phase One

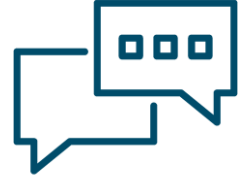


Phase One: A Summary of Key Findings and Insights

Engagement timeframe: October - November 2022

Households engaged: 67

Engagement wards: Park, Talbot and Tyldesley

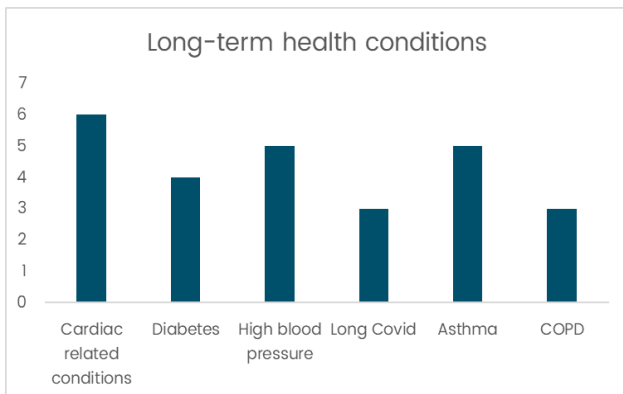
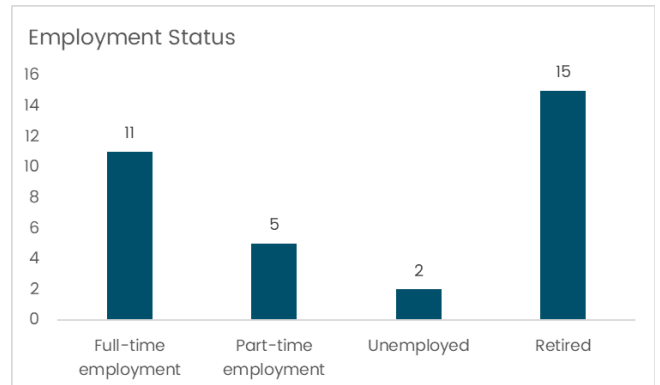
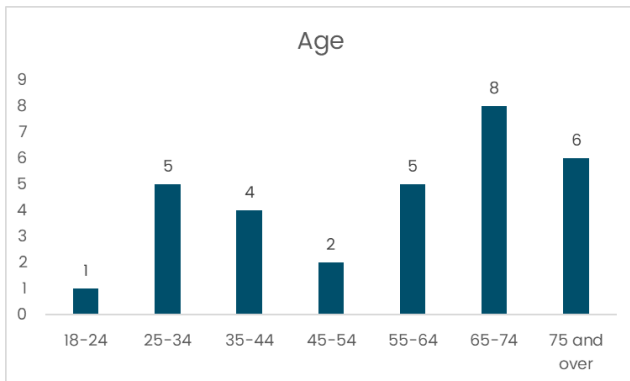


Tyldesley Ward



32
Households

24 had someone living within the property with a long-term condition.



Things to note

- We knocked on a combination of bungalow, terraced and semi-detached housing. We believe some people rent and others own their homes.
- We generally knocked between the hours of 1pm and 3pm, so we are aware that we have only captured a certain demographic – those who are unemployed, retired, full time parents, or people working full-time that either work shifts or were on annual leave at the time. We are conscious that those working full or part-time, particularly people working two jobs, have been missed. A young girl told Healthwatch Blackpool that her Mum is out of the house until late as she works two jobs, so probably won't have time to talk. It is important to speak to people such as this moving forward.

Tyldesley Ward – Key Themes

Financial Struggles

It is clear that financial difficulties have an impact on people maintaining good health and accessing healthcare services. People in employment also mentioned the struggles with having to take annual leave to attend appointments, unless they have a flexible contract which is a huge benefit to people. One individual who works nights twice a week applied for PIP due to her long-term health conditions, but she was declined. As a result, she is struggling financially but cannot take on any more hours as it takes her all week to recover. For those who have recently had children, they are unsure if there are any free baby groups in the local area, as the only ones people were aware of cost money. There was also a link to digital exclusion, as some people spoke about not having Wi-Fi/not being online.

“Local landlords don’t visit and the street doesn’t get looked after.”

“I rang up the wheelchair services at the hospital and they said they haven’t got funding for an electric wheelchair. I have fibromyalgia so I can’t use a manual wheelchair. The disability centre are helping me to get a grant. I had to buy a second hand one for £250 from Cash converters but it broke. I can’t get out without one.”

“The biggest issue for our family is accessing an NHS dentist. I needed work done on my teeth during pregnancy and couldn’t get NHS treatment, I had to pay £200.”

“I’ve always got to get a taxi everywhere.”

“When I was very unwell, I rang 999 but couldn’t get an ambulance and was told there is an 8 hour wait. I was having a hypo, and had no means of transport to get to the hospital. I sold my car for £200 due to being unable to afford £800 on repairs after an MOT. I managed to get my Mum to come and take me.”

Issues relating to specific long-term health conditions

Through conversations with people living in Tyldesley, the most frequently mentioned conditions were COPD, asthma, diabetes and high blood pressure.

COPD

It is clear there is a lack of accessible support in the community for people with COPD, particularly those in the later stages. Only one person we spoke to with COPD was aware of a community group, and they were unsure if it still exists.

“I used to go to the community group down at Stanley Park – it was for people with COPD to do exercises. I really enjoyed that group and always felt better after doing it. Think it was my doctor that organised it as part of the respiratory clinic. I can’t go now, my COPD is too bad.”

Tyldesley Ward – Key Themes

Primary Care

A key theme related to a lack of trust in current General Practice and a preference for face to face appointments, which often have to be fought for. The impact of this is that people are losing faith in the healthcare system and are not reaching out for help when they need it. As well as this, people are consciously choosing to bypass Primary Care services and attend urgent care instead, despite knowing this is not the 'right thing to do'. The main reason given was because the individual has a guarantee of being assessed and treated face to face, often with a diagnosis. People found this more convenient than waiting weeks for a face to face GP appointment or being given a telephone appointment. More specifically, people who work in the NHS or NWS living in this area stated they would just go to Whitegate Drive Walk-in centre due to the proximity and ease of access, rather than waiting for an appointment in Primary Care. Therefore, this does not appear to be an issue relating to lack of knowledge of the system.

“Walk-in centre has been excellent. I tried calling my GP first and she normally says go to the walk in centre.”

“My son was having re-occurring throat infections, and each time he was being given a telephone consultation by my GP. This happened three times and it was not improving, so I took him down to the walk-in centre on Whitegate Drive and requested for them to swab the throat as the GP wouldn't. He was diagnosed with strep throat. I battled for 3 weeks and got no help, three times this was missed by the GP. I should imagine for those who struggle with communicating, they will just end up in A&E.”

“I would deal with something myself for a long time then go to the walk-in if needed as you're more likely to get seen rather than GP.”

Tyldesley Ward – Key Themes

Lack of understanding of the NHS

A clear advantage that became evident during conversations was having a family member that works for the NHS, or to work within the system yourself. Having knowledge on how the system works, how best to communicate needs and knowing people within the NHS had a positive impact upon health outcomes. For those who do not have that understanding, it can be difficult to navigate services. Expectations are not managed well and people do not know about their own long-term conditions.

“The hospital have cancelled three appointments regarding having the skin cancer removed off my forehead. The time delays on communication are not great.”

“I don’t know what half my medication is for.”

“I need help to understand my condition.”

Community involvement

It appears from the residents we spoke to within Tyldesley that there are not many community groups in the area, and quite a few people are isolated in their own homes. For others, they may leave the house for day to day tasks, but are not aware of any community groups or support in their area. A few people referred to the lack of support around healthy eating, money management and education on lifestyle.

“There’s no community groups at present for fibromyalgia. I’m looking at setting one up with my friend. I don’t think there’s any community groups but that would probably take some pressure off the NHS.”

“Lots of the neighbours are temporary, I speak to some of them that aren’t renters.”

“There is not really a community feel where we live. I don’t really know of much that goes on in the local area.”

“People just don’t know where to go or if there are support networks.”

Tyldesley Ward – Key Themes

Challenges on the path to full health

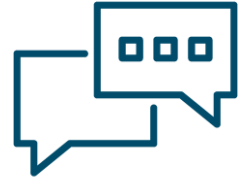
The main issue mentioned in this area related to a lack of physio, and for some people, they are unable to access physio privately. The impact of this related to individuals being unable to return to work.

“I received physio through the hospital on the NHS for 2 months, which allowed me to be able to walk again. When they discharged me, I still wasn't satisfied cause I was unable to do any sport, so I had to pay private for further physio. If I couldn't afford that I'd have been screwed, I'd have never played sport again.”

“I had physio for two weeks after the operation. Had it done at Spire through the NHS. I felt I needed physio for longer but this wasn't offered because I'd reached the limit. Now I can't use my knee properly and I'm dependent on a walking stick outside.”

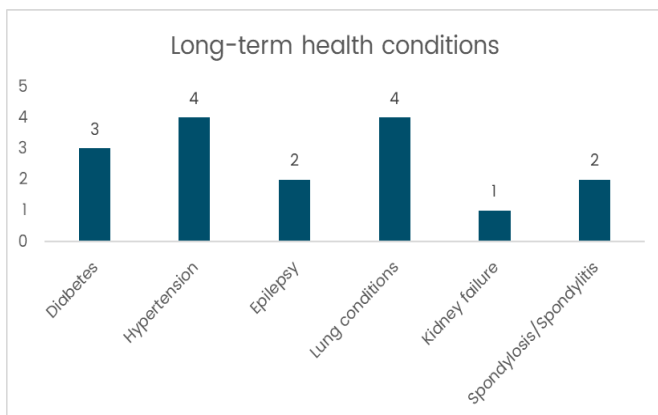
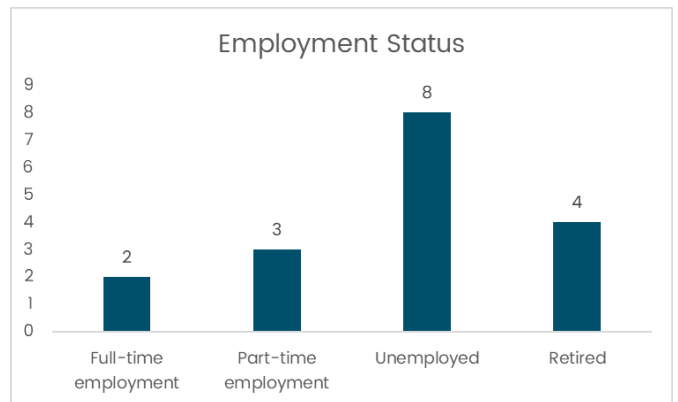
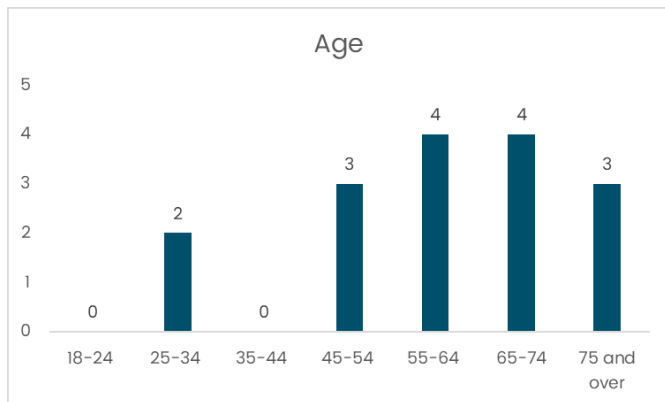
“I only got to see the physio twice and was discharged.”

Talbot Ward



16
Households

11 had someone living within the property with a long-term condition.



Talbot Ward – Key Themes

Lack of support to manage long-term health conditions, and the wider impact this has on social, mental and financial factors

There were clear inconsistencies in the support that people receive to manage their diabetes, with most people who have a diagnosis stating they have type 2. Of all the long-term conditions discussed in Talbot, diabetes was most frequently associated with a lack of support.

“I used to go to a diabetes clinic when I lived in York. I found this useful but there’s nothing similar locally here in Blackpool. I used to have the same nurse at these clinics and felt like they knew me, but I’m not having as much support now.”

“I don’t have any reviews for diabetes unless I initiate contact with the doctors myself... Then they say come in.”

“My husband has type 2 diabetes, it’s unregulated currently. They were trying to do it through his diet but his cholesterol went through the roof. He’s on medication now and is being monitored. The side effects of the medication makes him really bad tempered, but he’s managed to stay at work.”

“I’ve got type 2 diabetes but I’m on medication to regulate this. I feel like it’s managed but I’ve not seen a diabetic nurse in about two years. I often wonder why I’ve not been called in and there’s been no communication.”

Inconsistencies in support for high blood pressure

In addition to this, there also appears to be inconsistencies in support for those who have high blood pressure, although it appears the monitoring of this is generally better. One individual felt slightly less supported by services, and consequently visited an urgent care facility in relation to their blood pressure.

“My wife has been on medication for 20 years for cholesterol and high blood pressure. She doesn’t know what causes this, just one of those things. She receives enough support and she is happy with the treatment.”

“I’m on meds for my blood pressure and cholesterol and I’m monitored regularly.”

“I spent two hours in the walk-in centre due to blood pressure being too high. I’ve had issues with my blood pressure for three years since my husband died. Every other day I test my own blood pressure using my blood pressure monitor. I had to buy it myself for £22. Fortunately I was able to afford it. I’m getting help at the pharmacy for my blood pressure but it gets very booked up so I can’t see him as regularly as I’d like.”

Talbot Ward – Key Themes

Financial position

For some people, the lack of support they receive for their long-term health conditions has a detrimental impact upon their financial position, due to their inability to work. When having conversations, it was evident that people felt they should be able to work if they receive assistance. For those individuals who are left unemployed or off sick, reference was made to the impact this had on their mental and emotional wellbeing.

“When I was diagnosed with breast cancer, I was just given leaflets and a yearly check-up. I needed counselling, I had to give up work. I had to seek out help myself. I went to the Linden centre and found it really helpful.”

“I have cervical spondylitis, type 2 diabetes and high blood pressure. It’s the spondylitis that’s a problem as I’m off work sick at the moment because I can’t move my neck and I’m a bus driver.”

“I’ve had to give up work because I can only walk 200-300 yards at a time. My lack of mobility means my life is restricted a lot and the isolation is difficult. It’s making me depressed.”

Loneliness and isolation

Furthermore, the loneliness and isolation experienced as a result of being unwell, along with long-term health conditions and being unable to access support in the community, had a huge detrimental impact upon mental health.

“No, I don’t get any support with my COPD and asthma and I suffer with depression and anxiety. I live alone and can go many days without seeing anyone.”

“I’ve struggled with my mental health since I arrived, think I’m ok now, I have a bike.”

We used to have a life. We both struggle with our mental health.”

Talbot Ward – Key Themes

Community Involvement

A few individuals in Talbot have links to local community groups, resulting in them being involved in activities that interest them. The positive impact this has was clearly evident on both their physical and mental health.

“I now go to pensioner’s bingo every Thursday, and on Tuesday and Friday I go swimming. I’m also part of Blackpool walking club. Being involved in these groups and having my family close by who give me purpose has helped to reduce the panic attacks I was having after my husband died.”

“I’m involved with the Church and have my faith, lovely fellowship. I feel a part of something and if there are any problems the Church is there for us. It keeps me well, the ladies group help me to talk about things.”

In contrast, many of those who spoke to Healthwatch Blackpool had no involvement in the community, and had not been provided with any information regarding how to access any groups or support.

“I’ve had no help, advice or support for my mental health. I see my friends a couple of times a week round the corner but I’d love to volunteer and be involved in something. I used to be a chef and run a hotel, I’d love to use these skills again and there’s a massive need for it.”

“I’m new to England in May, I’m generally well. I just stay in, I’m unemployed trying to find a job. I’m here on a visa and had no support from council. I don’t have any money I just live off my savings.”

“There are no support groups locally for my daughter, just a Facebook support group, which is useful for parents. There is nothing in the community for young people experiencing epilepsy to meet other young people that are similar.”

As a result of the differences shown above regarding community involvement, and ultimately the benefits seen to health for those who have a presence in their community, we believe it is possible to say that this is crucial to improving health outcomes. At present, key concerns relate to a lack of consistent signposting by services, and a lack of knowledge on how to receive information.

Talbot Ward – Key Themes

Correlation between experience of accessing GP and utilisation of Urgent Care services

There were a variety of reasons as to why some households have a preference for walk-in facilities rather than accessing their GP. One individual stated that he is normally sent to Whitegate Drive by his GP anyway, so actively chooses to bypass his GP now. For another person, they have used urgent care services twice within the last year, with their condition being made worse due to a lack of support from their doctor. The accessibility issues and struggles people are facing when trying to book a GP appointment are having an impact upon both health outcomes, and utilisation of urgent care facilities. In certain cases, it may have been appropriate to attend a walk-in centre or A&E, but for others, this decision was based on convenience or knowing they were certain to receive face-to-face care and treatment.

“If I cannot get appointments, we go to the walk-in centre to be seen by someone. I know we will be seen despite the wait. I’m a part-time working Mum and I can’t afford to miss work, and waiting on the phone with our GP surgery can be time consuming.”

“I struggle to get a Doctor’s appointment and seeing different doctors. I’m only getting pain relief, there’s no plan for the next steps. I’ve been to the walk-in centre 2 or 3 times but they’ve not helped.”

“I’ve had to use the walk-in centre instead of my GP when the pain has been unmanageable, and I had to go to hospital last year due to Spondylosis of my Spine. I waited 10 hours for an ambulance and then my daughter took me to A&E.”

One person spoke extremely positively about their GP, saying “the service at my doctors is very good. They have a medical receptionist who triages initially and they know what to do. The whole place is geared up right”. It is important to note that this individual added later in the conversation, “I use the walk-in centre rarely, only if I cannot get seen or have an urgent matter needing attention.” Feedback like this was rare so it cannot be generalised, but this may demonstrate a theme that requires further exploration.

Talbot Ward – Key Themes

Preference for personalised care

A contributing factor to some people becoming detached from Primary Care was the lack of consistency in support. For certain individuals, seeing a healthcare professional who understands their background and health is important to their experience of accessing GP services.

“I used to be with a GP but since moving house, I’ve had to change to Grange Park. I feel like the care is no longer personal to me. I lost my wife and felt my old doctor knew me and helped me cope with the grief.”

“The Doctors don’t have time for me so they don’t understand my problems.”

“I just have to see any GP, I don’t have one designated GP, as it’s all changed now. Seeing a GP has been very difficult, I haven’t seen a GP for 18 months. I’ve rang but can’t get in.”

Bereavement

The detrimental impact of bereavement and grief on physical and mental health was noted on a few occasions. It felt as though there was some reluctance to discuss this, and so typically this was not mentioned early on in conversations. However, once acknowledged, it was clear people would like to talk about the impact of bereavement, possibly reflecting that some people are struggling with grief alone.

“I’ve not had any bereavement support and maybe I would have benefitted if given the offer.”

“I think you have to speak up for support rather than waiting for it to be offered to you.”

“My husband dying led to my health deteriorating, I had no health problems prior to this and I was his full time carer. I didn’t receive any support when he died 3 years ago and I was only offered counselling 6 weeks ago after I complained. I’ve struggled for 3 years.”

Communication

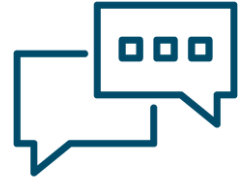
The issues around a lack of/or poor communication are interlinked with all of the above themes. More specifically, for some individuals that are requiring ongoing treatment or have a new diagnosis, communication has been difficult.

“My daughter was recently diagnosed with epilepsy at the start of Covid pandemic. No support was available, the medication was just dropped off at the door due to the pandemic.”

“There’s been no communication about how long I have to wait. I’ve signed the forms for this to be done but expected it to be quick. I’m in agony and can’t wear closed toe shoes. Don’t even know where I’ll be getting it done.”

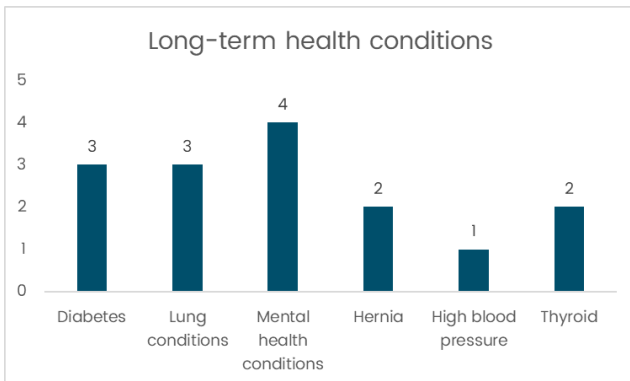
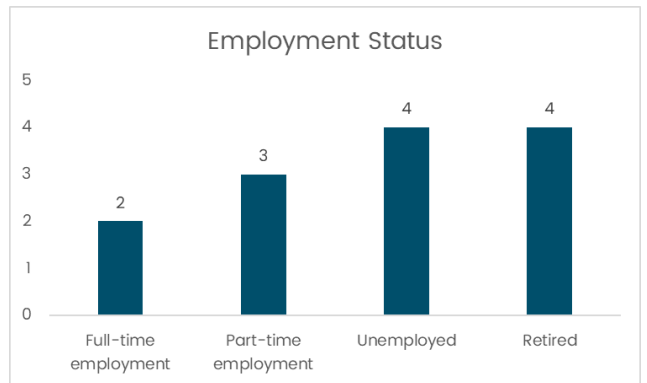
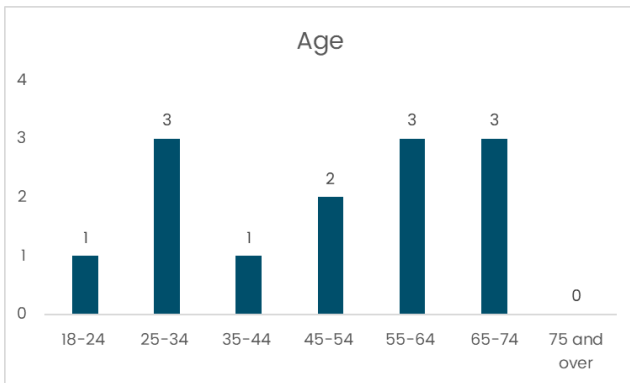
“I’ve had breast cancer. Only had telephone appointments instead of my yearly mammogram due to Covid. I want reassurance the lumps are ok as I’ve noticed changes. My GP wrote to them and I’ve got an appointment for 3 weeks time.”

Park Ward



18
Households

11 had someone living within the property with a long-term condition.



Park Ward – Key Themes

Financial pressures

Some individuals indicated that financial pressures had either contributed to the onset of mental health issues, or had caused their mental health to deteriorate due to being unable to finance treatment.

“I suffer with my mental health. I was prescribed medication for it but I struggled to afford them. I was a student at the time and struggled with money.”

“I’ve had anxiety and depression for years because of not being able to access my pension. I had a breakdown at work due to bullying and I’ve been ill ever since. When my pension came through, I’ve started to feel better so I’ve taken it upon myself to start coming off the meds. I’m doing well.”

Long-term ill health and the varying levels of support received

Some individuals with long-term health condition mentioned that they are either being monitored currently, or their conditions are under control. Although there appears to be some issues that remain, the individual’s were satisfied with the care and support they currently have access to.

“I have type 2 diabetes and I’m having reviews every 3 months with the nurse, my glucose levels have been out of control this past year, I don’t know why.”

“I’ve got asthma but it hasn’t flared up. I’ve not had a review for about 3 or 4 years but I don’t want one, I’m not bothered.”

“I have high blood pressure which for years has been out of control but it’s under control at the moment. I’ve been hospitalised with it once, I didn’t even know it was high.”

“For my COPD I have inhalers and scripts. I have check-ups every 6 months and I have enough support with this.”

Ill health and employment

Despite this, for those individuals who are living with ill health that are not being supported as well as they feel necessary, there is a clear impact on employment and consequently, financial pressures. Included in this is an example of an individual whose employment status has been impacted, as a result of the health of a family member, not their own.

“I lost my job due to this as I couldn’t get on the bus to work anymore, the pain is affecting my whole life.”

“I had 9 weeks off work on basic sick pay because I had surgery on a broken kneecap. I had no support to deal with the stress of money at the time and it would have helped to be given an option of support.”

“My brother gets PIP because he’s an alcoholic. He goes to horizon but this doesn’t seem to help. I have to look after his child full time now so had to drop my hours at work.”

Similarly, an individual’s finances and quality of life has also been impacted as a result of delayed care for a long-term health condition.

“I’ve been trying to get new hearing aids but I’ve waited months so I ended up buying one off Amazon. It’s not the best but I have to make do. I’ve tried making appointments but they’ve cancelled every time. I’m still waiting for my proper hearing aids.”

Park Ward – Key Themes

Community involvement

One of the leading topics of conversation within Park was their local community, and it was clear that @the Grange is relatively well known in the area.

“I go to @the Grange sometimes, and I go to a baby group, think it’s ran by Better Start, which my child likes. I found these myself and from speaking to a friend. The health visitor didn’t tell us about any of these things. It would be good if information was given out about these baby groups, I think that would help people.”

“I got something through the post about @the grange a few days ago, I popped down but I’m not used to socialising. I got myself a coffee and sat down by myself. I didn’t talk to anyone other than one member of staff when I first arrived. That’s where the barrier is for me.”

With that being said, not all individuals who mentioned being aware of it attend at present, but there is a possibility they will become involved in future.

“I’m not involved in the community but I’m thinking of joining the community hub at @the grange. I did go down to join the winter warm club too so I plan on going there.”

“I’m not involved in community groups. I’ve been thinking of going down to @the grange but walking there would be difficult. My neighbours have been supportive.”

In contrast to this, some individuals living in Park appear to be socially isolated and do not get involved in any groups or activities. The reasons behind this seemed to be varied, as one individual made reference to a lack of time, whilst others may have a lack of information or interest.

“I don’t access anything in the community, I work.”

“I don’t access anything in the local community. There is nothing for me.”

Mental health

A theme that became apparent during conversations with a number of individuals in Park was struggles with mental health, in particular social anxiety. For those with social anxiety, there was a feeling of increased isolation and as a result, minimal involvement in their local community.

“I have social anxiety and I’ve been prescribed tablets for depression. I’ve struggled with this for a few years now. I used to volunteer at Citizens Advice and @the Grange, I’m debating whether to try and volunteer again.”

“I struggle with social anxiety but I have a support worker who comes every day Monday to Thursday. I don’t access anything in the community. I’m happy with the support I get.”

“I get anxious when I have to leave the house.”

Park Ward- Key Themes

Issues with poor communication, feeling unheard and lack of trust

The concerns raised were in relation to General Practice, urgent care and hospital services. There are particular issues around waiting times, and the lack of communication received whilst waiting. Furthermore, some individuals do not feel as though they are listened to and taken seriously by services, creating a lack of trust.

“I’ve been to the hospital and the walk-in centre 7 times in the past year due to a pain in my chest, going round to my back and shoulder. All the medical professionals were concerned about was my hernia. They did not seem to be bothered about my pain. The last time I went in they diagnosed me with inflammation of the cartilage. I’ve had an x-ray now, waiting for the results. It took so long to get a diagnosis and I’ve had mixed messages which left me quite upset. It can be hard when you are constantly told different things each time.”

“The doctor at the Vic told me I had emphysema but I’ve never been told this before. I do smoke but no-one has ever spoken to me about it before so I’ve started looking online.”

“I don’t trust the NHS. I had suspected appendicitis, went to A&E, waited 7 hours and ended up leaving. I just dealt with the pain and ended up ringing 111 a week later saying how bad it was and they got me an appointment at the urgent treatment centre at the Vic. I was straight in and out and got the help then.”

“I’m a type two diabetic with an underactive thyroid. I’m struggling to control this. I feel unwell and exhausted. I am emotionally exhausted from fighting for help all the time.”

“It would be beneficial to see a Doctor face to face to ask questions but there’s no option for this so I’ve been googling instead. Everyone is having to try and sort things themselves cause you’re always having to wait.”

“I used to see the same Doctor, she got to know me and helped me out. Now I’ve lost faith in a lot of things.”

“I’m waiting for surgery for my hernia. The plan was to wait a fortnight for a scan, then another fortnight for the operation. I had the CT scan and am on the waiting list for the operation but I’ve been waiting quite a few months. They haven’t told me how long I could be waiting for.”

Park Ward– Key Themes

Detachment from healthcare services

From both observations and conversations, it became apparent that some people living in Park have become distant from healthcare services, their community and their own health. One individual answered the door and stated, “I’ve just woke up, I don’t use any healthcare services” and didn’t want to talk any further. It felt like there was a lack of interest for some people in their own health and wellbeing, and this may be due to negative past experiences with services. As well as in the quotes below, this is evidenced in some of the other key themes.

“It’s so hard to see my doctor, every time I’ve tried phoning it’s been so difficult. I’ve stopped trying. When I’ve felt I really needed the doctor I just didn’t bother.”

“I don’t access anything in the community and I don’t care to.”

“It gets to a point where you just don’t care.”

“If I’m ill, I just get on with it and wait until it gets bad before I get help.”

Financial pressures

Although this has been mentioned throughout various key themes, it is important to acknowledge the impact that financial constraints are having on accessibility of healthcare services and overall health.

“I don’t think health services are very accessible at the moment. My GP give appointments at another practice which means I have to find a lift or take several buses to get there. You can’t request which surgery your appointments at when you book online. You can if you call them but it can take ages to get through.”

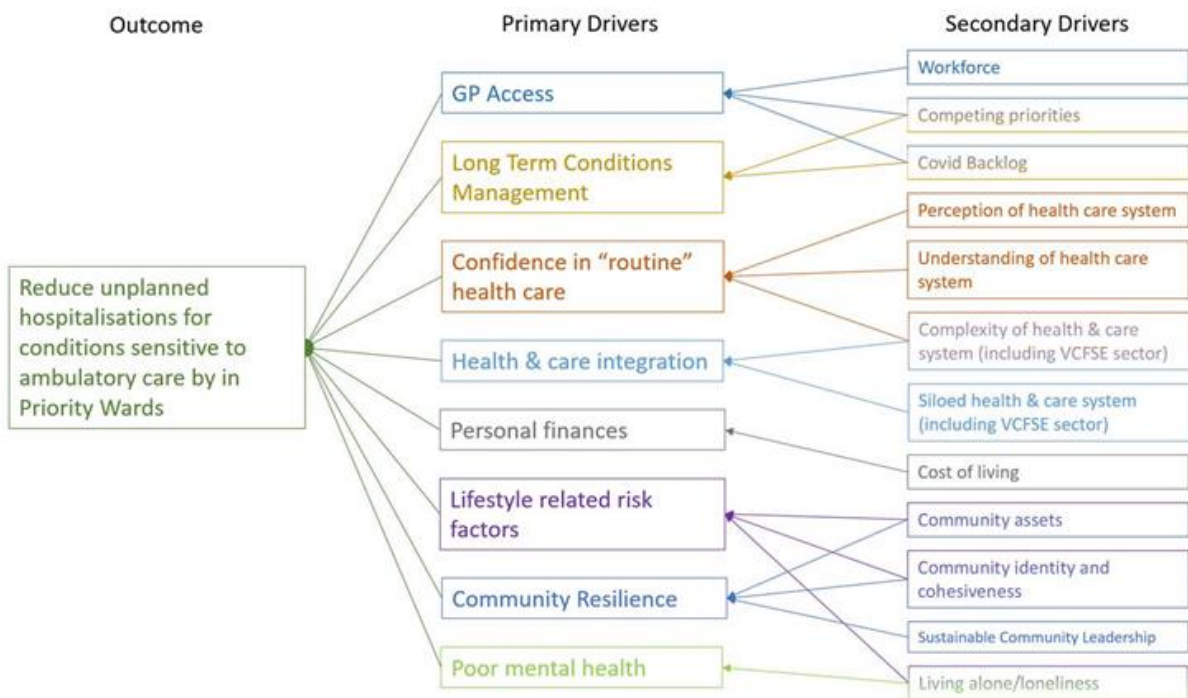
“Find it hard ringing my GP, if you’ve got 45 minutes to call then you’re ok. Once you’re through its brilliant it’s just paying for the phone call.”

“Financial pressures make people go back to work when they’re not well.”

What we learnt: Themes from first stage of engagement

Clear themes were identified from our first stage of engagement work. Following identification and collaboration with the Integrated Care Board, it was identified that further specific investigation on the Primary Drivers at a ward level was crucial.

It was hoped that this would enable a clear understanding of what is driving the issues identified in these themes and, critically, to be able to develop ward specific change ideas to be implemented within wards.



All **primary drivers** have been drawn from outcomes of discussions with people living in Priority Wards.

Secondary drivers have been devised from a mixture of feedback from people living in Priority Wards and local and national reporting on the drivers of unplanned hospitalisation.



**Lancashire and South Cumbria
Integrated Care Board**

Local Perspectives on Unplanned Hospital Admissions
Blackpool Priority Wards

Phase Two



Tyldesley Ward



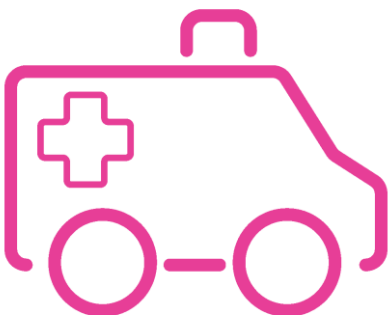
Number of doors knocked on – 208

Number of people engaged through door knocking – 74
engaged

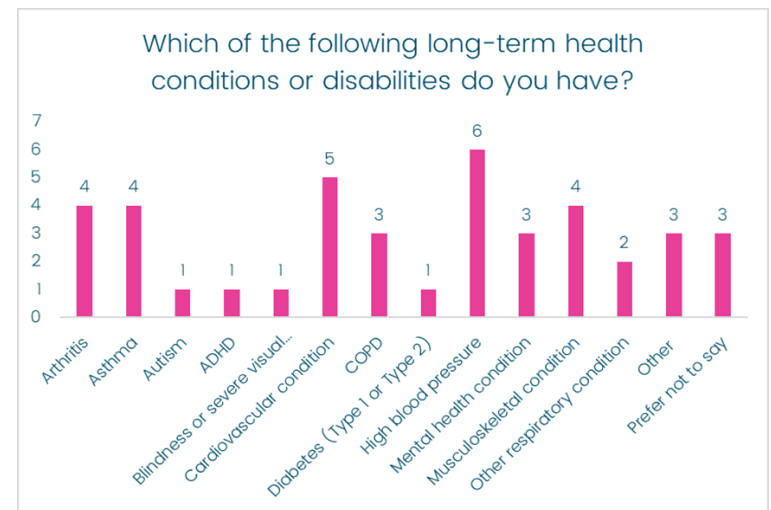
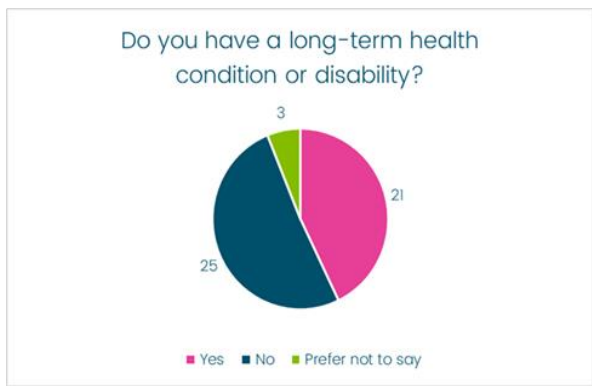
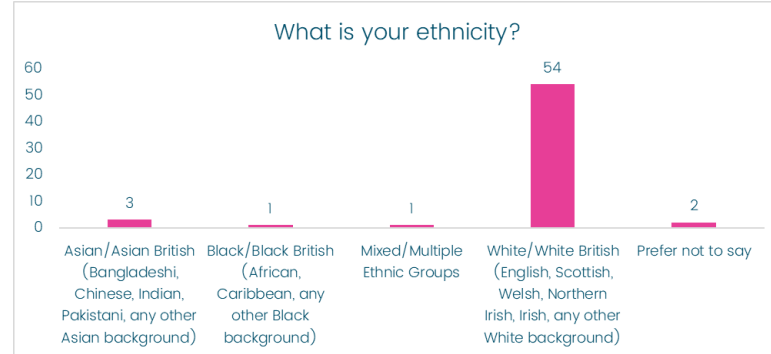
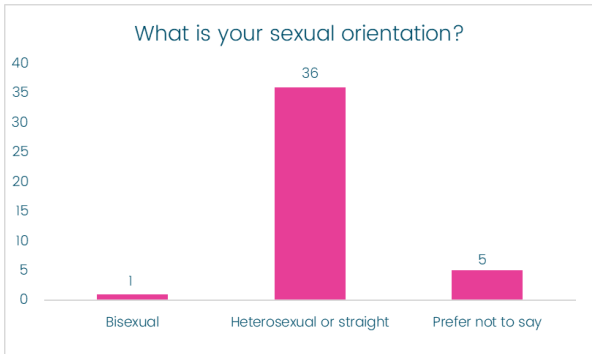
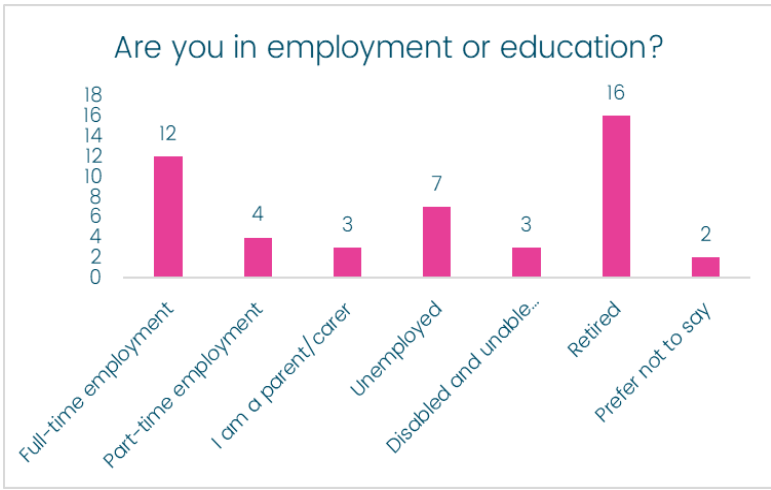
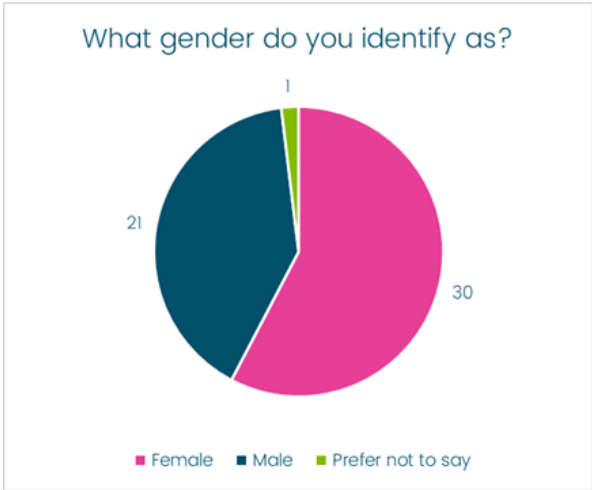
Number of people engaged through community settings – 3

List of community groups visited in ward – Whitegate drive
health centre

Total engaged in Tyldesley Ward – 77 residents

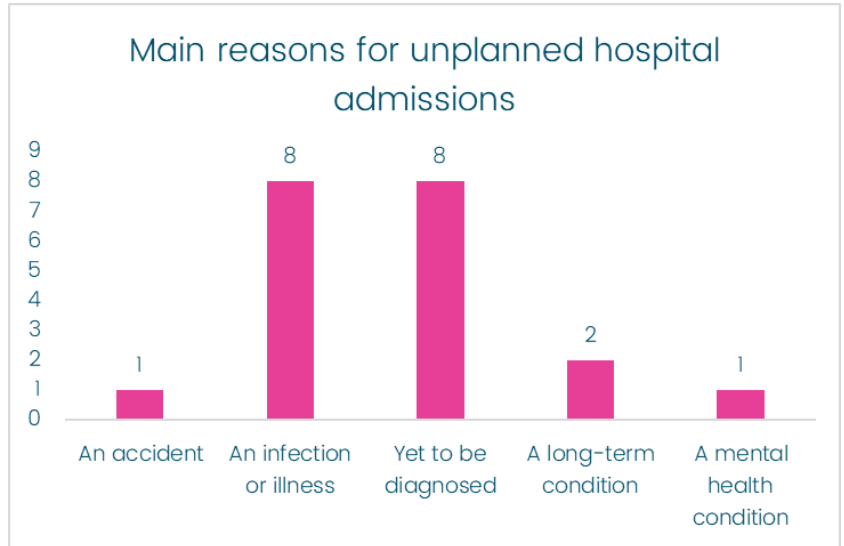


Tyldesley Ward Demographics



Tyldesley Ward

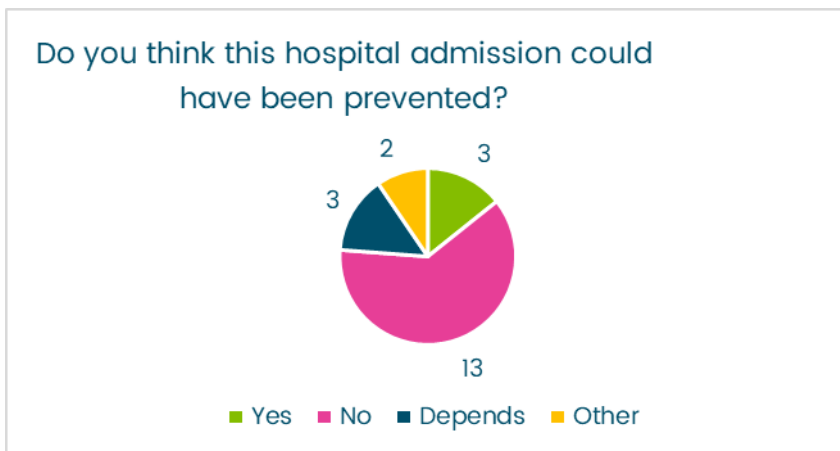
We heard from **20** local residents who had recently had an unplanned hospital admission.



The hospital admissions shared by residents have been categorised. Two admissions were as a result of accidents, including falling from a ladder. Eight admissions were due to various infections or illnesses such as pneumonia, sepsis, and chest infections. A further eight admissions involved conditions that have yet to be diagnosed, including symptoms such as stroke, chest pains, migraines, and suspected ectopic pregnancy. Two admissions were related to long-term conditions, namely cancer and mastoiditis. One admission was associated with a mental health condition, as the individual was on a waiting list for primary intermediate mental health team (PIMHT).

“Yes I couldn't catch my breath, first stages of heart failure. Paramedics came and took me to A&E.”

“2 admissions in the past 6 months due to Mastoiditis - earache which leaked and went to my brain. On the first occasion I as sent from my GP to SDEC and I was on a ward within 6 hours. On the second occasion I was moved to SDEC where I waited for 10 hours on a discharge ward for 10 days.”



Tyldesley Ward

What do you think could have been done differently to avoid this admission?

Of those that responded to this question, feedback directly related to **confidence in healthcare services**. Some of the issues identified related to communication, diagnostics and access to Primary Care. Additionally, an informal carer discussed taking advice from a healthcare professional which resulted in an unplanned hospital admission.

1. Improved communication and diagnostics

“Better communication from the consultant could have prevented further admissions.”

“There was no communication between the hospital and my GP between the 2 admissions. There should have been a discharge letter and follow up appointments considering.”

“The consultant the second time was completely different – gave me a lumbar puncture, sent for MRI, good communication. It was the same Doctor throughout which I think is important.”

2. GP Access

“I couldn't get into the Doctor's for a GP appointment, I was fobbed off with pills and told by the Doctor 'You've had a good innings!' I don't like troubling others and using services.”

“Difficult time due to Covid and not able to see GP's face to face.”

3. Advice from a trusted healthcare professional

“We were advised to take him off his thickener and the fluids went on his lungs, I suppose we had to try it though to see if he could cope but his chest was rattling and he ended up with pneumonia. We've since put him back on his thickener and know he will be on it forever now.”

Tyldesley Ward

How did this impact your life **emotionally**?

Of the 21 residents who engaged with Healthwatch on their recent admissions, the emotional impact was significant. The feedback has been shared under three themes:

1. Impact upon mental health

The emotional struggles faced as a result of ill health and hospital admissions were mentioned by residents.

“Lots of the time my health does get me down. Sometimes I don't want to be here. I have mentioned this to my GP but no help was offered. I would have accepted help if I was offered it.”

“I struggled emotionally with my mental health during the time of having cancer, particularly being diagnosed. I had counselling through zoom but I found this useless as it wasn't personalised. I found the Macmillan nurses much easier to speak to.”

“It didn't help my mental health that after my operation I was bed bound for months. I really struggled with being stuck in. I was medicated during the time, and referred to supporting minds. I had counselling and had an adult social worker which was all really helpful.”

“Experienced mental health issues from finding out I had cancer as I thought it would never happen to me.”

2. Fear of rehospitalisation

Traumatic hospital experiences led to individuals expressing anxiety and a loss of confidence in healthcare services.

“I have now started having anxiety attacks since being hospitalised and feel very fearful about going back in due to negative and traumatic experience. "I'd rather die at home than have to go into hospital and face that experience again!" I am now classed as severe frailty, my mental health is poor and I have no confidence in the health services.”

3. Emotional impact on family members and carers

The feedback highlights the consequences on family members and carers who witness poor treatment, deteriorating health, and the loss of a loved one.

“My dad was admitted to hospital with heart problems. When he went in he could walk normally and was very independent. When he came out he couldn't walk anymore and his treatment and care was appalling. He died several months after being discharged and had been looked after by my daughter. The emotional impact on me as his daughter has been devastating. Although I also have my own health problems, as a result of what has happened, I am diagnosed with depression/anxiety and rarely if at all leave the house.”

Tyldesley Ward

How did this impact your life financially?

The individuals mentioned various financial challenges resulting from their admissions. They experienced loss of income due to being unable to work, faced difficulties with the lack of aftercare support from their workplace, and had to make adjustments to their working hours or switch to part-time work. These circumstances are believed to have a direct impact on their financial stability.

"I couldn't get out to work so suffered a loss financially."

"I had to have 2 months off work. I was given full sick pay but I am not on a stage 1 for my sickness at work"

"I was in work and off work various times during this period and I had to go to a meeting regarding sickness."

"There is no welfare officer and I have had no help from work about my experiences. When I went back to work after having cancer they expected me to be straight back up to speed. I have been back working 3 days a week but not back to full time, so a slight financial issue/impact."

"I used to work in a job I loved at a pharmacy, I am now on long-term sick and on benefits."

"I stopped working to help care for my Dad."

How did this admission impact your life socially?

The difficulties with mobility and leaving the home due to health issues affected personal independence and limited opportunities for social engagement.

"Both died so now living on my own but have cousin that I visit."

"I had to stop driving recently due to health and the risk it would put others in. I used to love driving and the independence it brought me. My partner supports me where she can, and keeps me company. I was quite isolated to begin with, but I have family as well and some of my neighbours help out when they can, I just have to ask."

"I'm now more dependent on my daughter for support and assistance."

"I never go out unless it's for a doctor's appointment. I don't get dressed often and just stay at home."

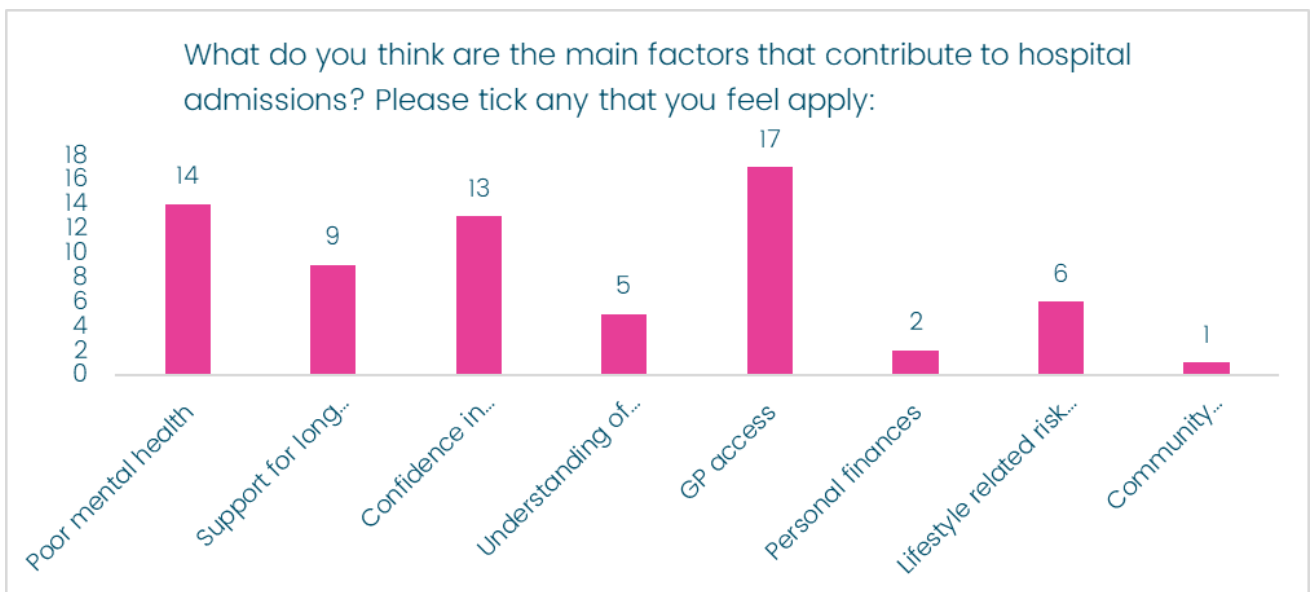


Tyldesley Ward

Wider Engagement

Our door knocking and wider engagement work revealed a wide range of individuals who despite lacking direct experience with unplanned admissions, expressed a strong desire to engage in discussions about health and care services in their local area.

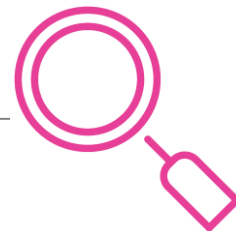
The following sections of this report highlight the detailed information gathered through door knocking and community engagement activities, providing valuable insights for analysis and decision making.



Have you noticed any particular groups within your local community who are more likely to experience unplanned hospital admissions?

The majority of residents who engaged with Healthwatch living in Tyldesley ward have noticed that older adults are most likely to experience unplanned hospital admissions.





Tyldesley Ward

Wider Engagement

How do you think the NHS and Local authority could help reduce the number of hospital admissions?

Suggestions were made by local residents on how hospital admissions could be reduced. Responses have been themed in the below categories:

1. Improving access to GP services

"Having good access to GP with available appointments."

"NHS is hopeless. I can't see GP for months."

"I am frustrated with GP access as you need to have a separate appointment for everything. It would be better if they could do multiple things at the same time while you are there."

2. Increase resources and funding

Better planned use of resources, i.e., referred by GP for scan/X-ray at walk-in centre when arrived at least a 3-4 hour wait advised to come back at another time. When returned as working full time, referral out of date needs new one now not able to get an appointment again with GP."

"NHS loudly screams for more money, but the money doesn't go to front line services. Scrap the whole lot of services and start again. Back to basics. Need to think how they are going to help more people cost effectively."

"They're struggling to keep staff, there's not enough staff. I had a recent positive experience at BTH and there was good staff communication."

3. Raising awareness and increasing understanding of services

"By making people aware of other services, maybe to look online. Raising awareness of NHS 111 online."

"It is on the public really, not the NHS. People go to A&E with colds and chest infections when they don't need to be there. This puts pressure on the hospital for no reason. There needs to be more public knowledge about where to go and who to see for different things."

"People struggle to understand where to go. I only just found out about counselling in the community recently and this would have helped me sooner."



Tyldesley Ward

Wider Engagement

What do you think is the role of patients and their families in preventing unplanned hospital admissions?

Residents of Tyldesley were asked how patients and families could prevent hospital admissions. Resident responses can be themed into three areas:

1. Encourage proactive engagement in healthcare

"I think people should encourage their friends to go to the doctor. Advise them and point them in the right direction."

"Use other services, get the needed treatment and get seeing to if you have a problem. Nan fell and grazed her leg badly and after three weeks it hadn't healed. She didn't see a doctor about her leg because she hasn't been out since Covid and is scared of getting it as she has got COPD and cancer in the past. The nurse comes to give her support with COPD. She is proud and thinks she will be alright."

"Keep healthy lifestyle and seek professional help soon."

2. Support and advocacy from family members and friends

"My wife was the one initially who made me go get a check-up. I was of the opinion that I was fit and healthy and didn't want to bother services."

"To care and support for their family member and to advocate for them."

"We invested in a wheelchair access vehicle using some of my Dad's money and some of ours, just to make sure we can get out and I was struggling handling/pushing him after I had my kidney removed."

3. Understanding of the healthcare system

"Depending on what is wrong with the person to go see a pharmacist, ring NHS 111 or use NHS 111 online or go to Whitegate Drive if it's urgent."

"Being proactive doesn't help. Many people can't live healthy or get their 5 a day. Advice always changes from healthcare. Don't eat dairy/eat dairy for the bones."

"You can get a lot over the counter a lot easier than the doctor. If you have a UTI it's easier to go to Boots."



Tyldesley Ward Primary Drivers

GP Access

Many individuals encountered difficulties in accessing face-to-face appointments, especially during the pandemic, and expressed concerns about the limitations of remote consultations in addressing their specific health needs. As a result of difficulties in visiting the GP, some patients have made the decision to access “walk-in centres” instead.

Furthermore, the lack of continuity in GP care due to frequent changes in healthcare providers, as well as the presence of locum doctors, has contributed to a sense of disconnect and frustration among patients.

Delays in referrals and long waiting lists have been a recurring issue, hindering timely access to care. Communication and coordination issues between healthcare professionals have been raised, emphasising the importance of improved information sharing and collaboration. However, it is worth noting that amidst these challenges, some individuals have reported positive experiences and good access to GP services, highlighting the need for consistency, effective communication and patient-centred care.

1. Difficulties accessing GP appointments

“GP has no face to face appointments, had to battle for an appointment and really needed to be seen face to face, this was particularly during the pandemic, nearly went to ED with a heart problem because I was so concerned but I didn't because of the scaremongering of Covid. We were all encouraged not to access services. I had an irregular heartbeat and I don't think I banged on the door hard enough. You can't listen to a heart over the phone or video consultation.”

“Lack of GP appointments at times that fit with full time work.”

“My wife has heart issues and she hasn't been seen by the GP for 2 years when she is supposed to be seen annually. It is less face to face these days. You have to be dying to get in there for an appointment.”

“I couldn't get into the Doctor's for a GP appointment, I was fobbed off with pills and told by the Doctor 'You've had a good innings!' I don't like troubling others and using services.”

“My husband has Cortisol injected into his knee, they always ask for a telephone appointment before they do this, I don't understand why.”

Tyldesley Ward

Primary Drivers

GP Access



2. Lack of consistent GP

"There are some good doctors there, but lots of locums. I have to wait about a week or longer for appointments."

"It's always a different GP. A lot of GP's have disappeared and have not been replaced. Not been to the GP in 5 years. I did see the same GP for that issue but he's left now. It does help seeing the same GP as you feel like they already know and when they're reading your notes, it's his way of writing things. It also helped that I used to work there. It's really hard to get appointments."

"Slow to get an appointment never met my doctor, no consistency in care."

"Some doctors don't read the medical notes which can be frustrating. It's always a different doctor each time. They should ideally read it before I arrive to save me repeating myself."

3. Residents seeking alternative routes to visiting the GP

"They got my daughter in straight away, but when I was ill in March they wouldn't see me. I ended up going to the walk in which is just down the road to be seen. I had to wait 4 hours. When I went back to the GP later that month he had a go at me for going to the walk in and not seeing them. You just can't ever get an appointment. They tell you to phone at 8am but you can't get through or can't always ring at that time."

"I struggle to get an appointment with my GP so I visit the Walk-in Centre as I know I will get seen."

"Nowadays there is no family doctor, it's a 6-week wait to get an appointment. You phone and you are put in a queue and by the time you get through they only offer phone appointments. You end up just going to the walk in centre and waiting 4 hours because at least you get seen."

4. Delayed referrals or waiting times

"I have waited a whole year with nothing but a form. He has been on it six months and not even got a form off them yet. This was done through the GP. There are too many people on the list."

"I'm waiting on a load of results from my GP."

"My son has additional needs. There has been no support for this until his recent diagnosis and he is aged 12. I've been sent to CAMHS and back to GP. I have been to the GP 6 times in 3 months, they send referrals but nothing happens."

Tyldesley Ward

Primary Drivers

GP Access



5. Positive experiences

"I've got a rare heart condition which I've had from birth and had operations before. Some of my heart is enlarged so I'm under specialists. I have no problems getting an appointment at my GP. I call first thing. I don't have an issue because of my medical history."

"Happy with GP. I was born without a thyroid - managed by GP seen every 6 months."

"I use GP for kids and can get an appointment on the same day. The health visitor has recommended Sure Start nearby, I go there for baby clinic."

"My little girl had a positive experience at her GP practice when she had another ear infection. The doctor showed her the light he was going to use to look into her ear, he let her hold it and got her involved in the process while explaining what was happening. My daughter is Autistic and was just starting to speak at that time."

"I can get an appointment at my doctors when needed."

"A lot of the people who care for him are the same and it's much better when you have consistent care. We're all working together to help care for my Dad."

"Having the same doctor throughout is beneficial."

"I was only seen by 1 doctor throughout. It was a brilliant experience."



Tyldesley Ward

Primary Drivers

Management for long term conditions

Residents in Tyldesley with long-term health conditions have discussed the access to reviews and support. They have highlighted the need for improved support for respiratory issues within the community to prevent unplanned hospital admissions. The management of medication appears to be important in stabilising long-term conditions for patients, as well as providing regular opportunities for regulation.

1. Medication management

"I'm on low dosage medication for blood pressure. The practice nurse texts for appointment for blood pressure checks. I was on statins last week for 7 days. They made me really ill so I came off them. The pharmacy said stop them. I rang the surgery and they said a sister would call me back. They said what about doing a three month diet before going on statins. I said that was never even mentioned to me when I started them which is what you're apparently meant to do. I'm now dieting for three months. Common sense seems to have gone a bit with it. I'm due for a follow up at the end of June so I'll wait and see what that shows."

I try to manage my inhalers and still walk."

"They changed my medication and put me on this and that. Then they tried CFC (powder), and I can't use that one but they continued to prescribe me the powder."

"I have got diabetes, see the diabetic nurse often, and I'm on insulin."

2. Support for respiratory conditions

"My grandad has a bad chest and in winter this gets worse and he ends up having to be admitted to hospital for antibiotics. He is often taken by ambulance and is in there for several days. He only has a rescue pack at home. More needs to be done to support people with breathing issues to manage this without having to be admitted to hospital."

"I have COPD and was supposed to have a review yesterday, but was so bad with my breathing that I had to reschedule for next week. I'm currently on Ventilin and another inhaler and I have been shown how to use them properly, so I feel confident with this. I haven't got a plan for if my COPD worsens though. I sometimes have a regular check, I think it's annually and I mention any issues I've had."

"I've been to the hospital loads of times with my breathing. I have stage 3 COPD and asthma. I take tablets and 3 inhalers. I have regular reviews once a month at my GP. My nurse and doctor are lovely. She gave me a steroid inhaler to help manage it. I've not had to go in as an emergency since she gave me it."



Tyldesley Ward Primary Drivers

Management for long term conditions

3. Monitoring of health and long term health conditions

"I have angina and the doctors don't keep on top of it. I don't go for checks."

"I have regular checks after the stroke."

"I have hypertension. I receive long-term support for this and they have even referred me to a gym through the GP."

"They rang me up yesterday and said I need to come in for my review. Told me I need to take a water sample with me. I have asthma and high blood pressure, I have regular reviews."

"I even bought my own stethoscope to listen to my own heart rhythm."

"My brother has diabetes and he has a machine that warns him of low blood sugar. He has to pay for it himself. This is £100 a month. It is not available on the NHS. If it was then it might help others."

"I haven't been given anything to manage my conditions. I bought a blood pressure machine, scooter and other stuff myself and check myself regularly. I only get information from services when I ask for it."



Tyldesley Ward Primary Drivers

Confidence in health and care services

The feedback from patients reveals a range of reasons for reduced confidence in the healthcare system, as well as some positive experiences that have increased trust. Early intervention and follow up care are two key areas that impact confidence, alongside previous negative experiences with healthcare providers.

1. Inadequate communication and coordination

"When I came out of the hospital I was told the District Nurse would be visiting me for 2 weeks to care for me and administer my diabetic injections. This was inaccurate, when the nurse came she said it was only for one day and that I would have to do the injections myself. The nurse did help make a link with the frailty team who have since been and helped me a lot. It's hard to contact the Heart Failure ward, they never answer the phone. They are also not good at answering back to voicemail messages."

"The first admission in October couldn't have been prevented however the 2nd admission could have been. The one in October a CT scan showed a lesion. I was given antibiotics due to an infection which cleared and I was discharged. However there was no communication between the hospital and my GP between the 2 admissions. There should have been a discharge letter and follow up appointments considering they had found a lesion."

"We didn't even have a hospital bed for him when he moved in with me, cause he didn't want to go in a care home. They couldn't believe it."

"Have got arthritis and a problem with the knee, need a knee replacement surgery. Had a scan at A&E. Was referred to a consultant at Blackpool Victoria Hospital. The consultant wanted to send me for another x-ray when I already had a scan. Consultant was very abrupt and talked down to me. I walked out of the appointment and haven't seen the specialist since. My knee is getting worse."



Tyldesley Ward

Primary Drivers

Confidence in health and care services

2. Failure to provide adequate early intervention

“Had symptoms for 4 months, rang GP he advised to ring the pharmacist. Pharmacist called back, asked lots of questions, but didn't offer any help. Haven't been seen again for the problem. I left the GP Surgery, now with a different GP. I am disappointed with the health care in Blackpool.”

“I was taken to A&E via an ambulance with a suspected heart attack. They did a CT scan that showed signs of a chest infection. They didn't do the infection markers or anything. They discharged me at 4am. My daughter knew I still wasn't right so she phoned the doctors the next day to get antibiotics.”

“On the first admission to the hospital I was sent home by the consultant after waiting in SDEC for 12 hours who said I had simply slept funny on my arm and was referred back to GP. I felt patronised by this consultant, like I shouldn't have been there. SDEC told me to go back to my GP which annoyed me. More tests could have been done and better communication from the consultant could have prevented further admissions. Different consultants think different things. The consultant the second time was completely different - gave me a lumbar puncture, sent for MRI, good communication. It was the same Doctor throughout which I think is important.”

3. Negative experiences within a hospital setting

“It was not a good experience, could not wash for 3 days and I put a complaint in.”

“The NHS deserve more than they've been getting, that's for sure. I will use the service if I need it, although I understand what pressure the NHS is under. I would rather struggle on at home. When I was hospitalised recently with chest pain I got stuck on a geriatric ward and the whole experience put me off.”

“I was given a private room on the adolescent ward, I was in the room for 24 hours before anyone came to check on me, I was offered no food or water. - No communication on ward with staff, patients or family. When I was given food, my diabetes wasn't catered to, I had a hypo three times which had previously been managed. I fell twice and cut my head open due to this.”



Tyldesley Ward Primary Drivers

Confidence in health and care services

4. Positive experiences

"The GP is excellent now, had biopsy last Wednesday. Got an appointment for a lesion without any problem at all fairly quick, prescribed antibiotics because it looked inflamed, referred to dermatology. Completed the antibiotic course and had a telephone dermatology appointment with Clifton. Then biopsy, just waiting for the results."

"The NHS is working hard under the pressure. My sister is a nurse. I am confident in the healthcare system."

"I had a baby in December. A large cyst was discovered on the ultrasound. It grew during the pregnancy. I had an MRI and CT scans after I delivered the baby and had the cyst removed 2-3 weeks ago with no problems."

"My wife has had hip replacements and breast cancer - she had a mastectomy. As soon as she was diagnosed with breast cancer she was referred to the Vic and they got in touch immediately and she was seen quickly. The surgeon was brilliant, really attentive and looked after her. He explained things really clearly. The breast clinic at Blackpool are also brilliant. She had a mastectomy and the implant they put in is excellent. She has an annual mammogram."

"They invite me regularly as clockwork. I demand I see the same DR every time, she knows me inside out."

"Effective communication - they call back when they say they will. Successful triage in order to prioritise. Tech side of sending photos can sometimes fail, they can be waiting for it and we think we've sent it."

5. Additional feedback

"I am waiting for a referral for a consultant for rheumatoid arthritis. I phoned and was told there is a 5 week wait. It's just getting into the system."

"Low quality of health visitors' support for my child, including constant change of visitor - 5 times, and missed 2 years check."

"I think pharmacists are being asked to fill gap in terms of speaking to patients privately and I'm not sure it sits comfortably with me. Is it their job? Are prescriptions falling behind? Do they have the expertise and how much time do you get? It's a good idea in principle."

"Lots of money is thrown into the campaigns. I have no confidence in medical services. Services change every few months, there are no services that are static."



Tyldesley Ward

Primary Drivers

Understanding of health and care services

The overarching theme that emerges from resident feedback is the importance of accessible information, alongside having the resources to support each other to make decisions regarding health. Having awareness of the various services at the disposal of the community is crucial in accessing the right care.

1. Poor communication from healthcare professionals

"My daughter is autistic and was non-verbal when she ended up in hospital with the ear infection. The interactions with A&E staff wasn't good. There was a clear lack of understanding and they kept asking her questions that she couldn't respond to. It's important for the healthcare professionals to listen to the patients, explain to them what is happening, get them involved and understand their needs."

2. Awareness of available services

"NHS 111 service is very helpful if I have a problem or concern."

"I've never heard of enhanced access."

"We want some of my Dad's equipment that we don't use collecting anymore, such as the etac, but we don't know who can come and get it. A company, I can't remember their name, said that they would come and collect it but then never turned up."

"The chemist are really good. If you can't get in at GP sometimes I go and ask them and if they can give advice they do."

3. Ownership over health

"Supporting each other to make decisions with regards to health and have ownership over own health. For example, we chose neurological facilities to attend 7 years ago, can you still do that now?"

"My partner helps sort out my medication for me which makes it easier."

"Some people in A&E are fully capable, they don't need to be there!"

"We use patient access to order repeat prescriptions, but isn't so easy if you aren't digitally savvy. If you can't do this you have to go in physically which I think is a lot of trouble to go to if you can't utilise the electronic route."



Tyldesley Ward

Primary Drivers

Personal finances

Some residents of Tyldesley struggle with daily necessities, for example gas and electricity, impacting their quality of life. In addition, some individuals faced challenges with outgoings relating to their health. On a positive note, there were instances of support and assistance from landlords and investments made to ensure accessibility and improve quality of life.

1. Financial constraints relating to health

"We've been looking for an NHS dentist for 8 years. I need new dentures, but I can't afford them."

"Also my son's diabetes card ran out and they are trying to charge him £100 for a new one."

2. Issues relating to housing

"I had a previous property which caused damp. There are some bad properties around here, but my landlady is good. My cooker broke down, and the landlady got a new one delivered straight away. I need a stair lift, and my landlady has offered to pay for someone to fit it when it's delivered."

"Lower the electric prices, people would be healthier."

"Cost of living crisis most definitely impacting on people's health. People can't do what they want because they don't have the money, I feel sorry for the kids. I'm a people watcher, I look at the kids and they look so sad. We don't have our heating on, just have a little electric heater that heats one room. Got an electric blanket. Only have it on for 2 hours to take the edge off. Our electrics going quicker than our gas. It can impact on my breathing so I've learnt to use a water bottle and sit with a big blanket over me."



Tyldesley Ward

Primary Drivers

Lifestyle related risk factors

Residents of Tyldesley shared ways in which they maintain positive health and wellbeing. Interestingly, no feedback was shared regarding community involvement. Of those who engaged, feedback has been themed into the following areas:

1. Active lifestyle

"Try to get out each day and do a bit of walking/gentle exercise, important to keep going. I prefer to home cook food and remain independent making my own meals. I lost my wife 3 years ago and struggled with the loss, I never thought I would be on my own. I just have to keep going and I have a good daughter. I don't have access to the internet and just have an old mobile phone that is like a brick. I use it when I'm out if I walk too far and need to call my daughter."

"I eat healthily. My partner used to be overweight, he joined Active Blackpool at the Blackpool Football Club and also got Gym membership through GP referral."

"Cycle to work, signed up to stop smoking."

"I use home remedies, I have 2 young children that keep me fit and healthy. I take vitamins like collagen and walk around Stanley park after dropping my child at nursery."

"Walking, eating well, generally live a healthy lifestyle. I don't really do any aerobic exercise but I'm reasonably good for my age."

"To stay fit, I walk the dog. Live on own so do house work and gardening. Help with grandchildren. Read a lot."

"Gym, walking, avoiding watching news."

2. Maintaining a positive mindset

"Trying to stay positive and busy around the house within the limits of my long-term health conditions."

"I try to have a positive mindset and know that on the days when I'm not feeling great, I rest up. I have 4 dogs. They are keeping me going, and I find them a comfort. They definitely help with my wellbeing; I wouldn't be without them."

"Trying to remain active and well with a positive mindset."

"I used to smoke for most of my life but I quit without any support. I've had COPD since I was 36 years old. I previously worked down the mines and then went into plastering so this has definitely contributed to the way I am now. I just need to get on with life, it'll never rectify itself."



Tyldesley Ward

Primary Drivers

Lifestyle related risk factors

3. Engaging in activities and hobbies

"I can't go to anger management. I have anger issues due to my biological mum. I try to sort it myself so bought an Xbox that I play regularly to chill out. I also go out on the bike to keep myself well. I've got a cat."

"We go away a lot and try to keep young. We have young minds."

"I have old cars that I renovate to keep busy and have a hobby."

"Going for a walk, eating well. I am thinking about playing bowls locally."

4. Healthy, personalised eating habits

"Home cooking, don't have takeaways. We get out every day and go to St Annes, Blackpool Zoo, etc."

"I also have to watch what I eat – can't have strawberries, bananas, and other rich foods. I wasn't given a list of foods which I should avoid (to minimise risk of blood pressure increase), and this would have been helpful."

"Make home-cooked meals."

"Eat well, don't take too much medication like paracetamol, etc., unless I need it."

5. Employment and volunteering

"I do part-time work at the moment volunteering. It gives me a purpose and reason to get out."

"I love my job, getting up and having a sense of purpose is important."

"I stay fit and well going to people's houses as part of work."

"I work 6 days a week, swim, use the sauna, don't smoke, drink or do drugs."

"I volunteer at the hospital cafe, gardening, playing bingo, look after my grandchildren."



Tyldesley Ward

Primary Drivers

Lifestyle related risk factors

6. Support networks and social connections

"Relax, changed my working hours to improve my work/ life balance. I am off at the weekend which means I can socialise more."

"I go out with my daughter and see her daily. When I left the hospital there was a lack of education and I was not given any information about heart failure. My daughter has created a book, to measure my weight, log my injections, meds and food daily, this helps me to keep on top of everything."

"We have each other. We are both retired and enjoy doing what we want when we want."

"I have grandchildren that keep me busy, and I don't have long-term health conditions."



Tyldesley Ward

Primary Drivers

Community involvement

The community of Tyldesley have challenges in terms of engagement and activities. Residents describe a lack of services, with individuals being unaware of any local groups and support networks, and even if groups are available in neighbouring wards, distance becomes a barrier.

Mobility issues have been described to hinder community involvement, and reliance on assistance from family and carers limits participation.

The financial impact on community involvement has been described by residents, with the cost of living crisis affecting people's ability to participate.

1. Lack of community involvement

"I moved here 4/5 years ago and have been moving between flats since I arrived so I haven't really got involved in the community. It seems a friendly enough area."

"I'm not involved in anything."

"This country fails in community activities- not enough things like community singing, outdoor sports and pensioners clubs. Finding ways to keep people involved. Youth services in this country - needs somebody with profile to get them rolling. From a health perspective, given the physical activity and role models, they might not be getting that from home. The primary purpose is to expose children to multiple backgrounds, things to inspire to be etc. As many good habits in kids as you can as early as you can so its preventative, otherwise you're always firefighting."

2. Limitations due to mobility

"I struggle with mobility and rely on my daughter's help to get out. I have an electric bike which helps me leave the house."

"I don't attend any local groups, and don't feel up to it at the minute. I've not been told about or offered any support groups but I wouldn't want to go anyway because it would be too far away. Places like Stanley Park are even too far."

"I go out for 10-15 minutes and am out of breath. I get to the shop sometimes and then just want to get home as I can't be arsed. It's hit and miss if I can get out."



Tyldesley Ward

Primary Drivers

Community involvement

3. Lack of awareness of community groups

"I'm not aware of anything in the community and not involved in anything."

"I'm not aware of everything out there and don't know where to look. I didn't know about the FYI website so I'll have a look at that."

"Don't know about any community groups in the area."

"I think they need to signpost some of the stuff on offer better. The Light Lounge is typically only brought up after a mental health incident. I don't see posters up for it or people sharing it. It is very reactive not proactive."

4. Impact of Covid

"My dad used to go to Revoelution to play bingo but he doesn't talk anymore. He went to Warren Manor for a bit but he'd rather be sat watching the telly and likes watching sport. He used to like dominoes and a stroke association group but Covid ruined it all. We go out for lunch every Wednesday to the nibbles cafe at BCIL, but he doesn't want to go to the group at nibbles. He just communicates with body language. When I worked, he had to go out 4 days a week but he didn't like it and doesn't have to now."

5. Experiences of community involvement

"I go to wine clubs and music clubs."

"I visit The Grange often."

"We're involved in the Methodist Church and go to coffee mornings at the grand theatre. Me and my wife love the theatre and a cardiac doctor came once and said socialising stimulates the heart just like exercise, so it's just as good. Our son works at Age UK so if we needed help we could get it."



Tyldesley Ward

Primary Drivers

Poor mental health

The experiences shared by residents highlight the struggles and obstacles faced by individuals dealing with mental health issues within the healthcare system. The overarching theme revolves around the importance of effective support and care.

1. Difficulties in accessing personalised, timely support

"I have been on the ADHD list for a long time. Me and my friend have been on their waiting list for around two years."

"Sometimes I don't want to be here. I have mentioned this to my GP but no help was offered. I would have accepted help if I was offered it."

"Counselling in the Community has an eight week wait and you have to pay for it yourself. It is down as a donation but you have to meet the ten pound donation as a minimum. The first appointment is free but to continue accessing it you have to meet the donation level that could be a lot for some people who need it."

"There has been some after care but it has been minimal. Someone comes round to him for about ten minutes. They refer him to services that are not always useful. No counselling has been offered."

"I've got depression, anxiety, and dyslexia. I'm supposed to be on sertraline but they disagreed with me and make me feel sick."

2. Insufficient support in mental health crisis situations

"My friend was in A&E for a suicide attempt and they sent him home. They prescribed him even more of the medication in question so he now has an eight-week supply. They discharged him even though he is still suicidal and stated that he would do it again."

"He was discharged as they didn't think he was suitable for somewhere like the Harbour. They referred him to the mental health team and discharged him even though he is still suicidal and stated that he would do it again."

3. Reasonable adjustments for mental health

"I suffer from long term health conditions including anxiety and have found that the GP is flexible with me. They let me wait outside until I'm called in to see the GP, and when accessing clinic appointments, staff find a quiet space for me to wait in."



Tyldesley Ward

Conclusion and Recommendations

GP Access

1. Enhance continuity and consistency in GP care: This means ensuring that patients see the same team of doctors for their care, whenever possible. This can help to build trust and rapport between patients and their doctors, and it can also make it easier for doctors to track patients' health over time.

2. Improvements to appointment availability: Access to face to face appointments is especially important for people with urgent or complex health needs. GP's could offer more appointments during evenings and weekends, or provide more appointments digitally for those with access issues to ensure fair and timely access for all.

3. Provide patient centred communication: Efforts need to be made to ensure points of communication, for example the GP website, are patient-friendly and provide clear information on services and key information such as surgery times. GP practices could send regular newsletters or email updates to patients, highlighting new services or changes to their hours of operation. It would also be beneficial for GP practices to offer more regular patient satisfaction surveys to get feedback on how they can improve their communication and services.



Tyldesley Ward

Conclusion and Recommendations

Management of long-term conditions

1. Improve communication between patients and healthcare providers:

This includes providing patients with clear and concise information about their condition and treatment plan, as well as ensuring that patients have a way to easily communicate with their doctor or nurse regarding their long-term health condition. Other ways to enhance communication could be by providing patients with better access to electronic health records, by using text messaging or other forms of online communication, or by simply making it easier for patients to get in touch with their key contact by phone.

2. Empower individuals to understand and prioritise own health: Many long-term conditions can be managed well at home with the correct information, education and support, which will also enhance independence and personal resilience. Promoting this could include encouraging patients to make healthy lifestyle choices, such as eating a healthy diet, exercising regularly, and getting enough sleep. It also includes providing patients with the tools and resources they need to manage their condition on their own, such as educational materials, self-management programs, and support groups.

3. Enhance support strategies for respiratory issues: This could include providing patients with reliable access to respiratory medications and devices, such as inhalers and nebulisers. It could also include developing more community-based programmes and support groups to help patients manage their respiratory condition and prevent exacerbations which end up in hospital admissions. Finally, those living with long-term respiratory conditions should be given priority flu-vaccinations, with this being clearly communicated to patients through reminders from their GP.



Tyldesley Ward

Conclusion and Recommendations

Confidence in health and care services

1. Streamline aftercare processes post hospital discharge: It is evident that at times, communication breaks down between healthcare providers once a patient has been discharged from a service, be this hospital or specialist services. Greater communication and a streamlined process is vital to ensure patients continue to receive support during recovery or for a long term-health condition. This should include clear and concise information about their care plan, including comprehensive discharge instructions. It should also ensure that patients have a way to easily contact their healthcare providers if they have any questions or concerns.

2. Improve communication regarding waiting times: While waiting for appointments, it would be helpful to provide patients with resources to help manage their conditions, and a way to communicate more directly with their healthcare providers. This would help to alleviate any potential anxieties and answer any questions that patients may have.

3. Provide good quality, person-centred care for all: Some feedback suggested that confidence in NHS was lacking due to a perceived lack of quality care in Tyldesley. This includes ensuring that patients are treated with respect and dignity, that their concerns are taken seriously, and that they receive the care they need when they need it. It also includes providing patients with access to the latest treatments and technologies.



Tyldesley Ward

Conclusion and Recommendations

Understanding of health and care services

1. Improve communication between healthcare professionals and

patients: This is essential for ensuring that patients understand their condition and treatment plan, and that they are able to ask questions and get the information they need. Healthcare providers should take the time to explain things clearly and in a way that patients can understand, and they should be open to answering questions. They should also make sure to communicate with patients about any changes in their condition or treatment plan, and they should give patients clear instructions about what to do if they have any problems.

2. Provide patients with more resources to manage their conditions: This can help patients to take a more active role in their own healthcare, and it can also help them to feel more in control of their condition. Resources could include educational materials, support groups, and online tools. Healthcare providers can also help patients to identify financial assistance programs that can help them to pay for necessary equipment and medications. By empowering patients, healthcare providers can help them to improve their health outcomes.



Tyldesley Ward

Conclusion and Recommendations

Personal finances

1. Provide clear advice on the financial implications of health: This could include providing individuals with information about how to manage their finances when they are facing health challenges. Examples could include advice on financial assistance programs, insurance options, and debt management resources.

2. Work with community partners to provide wrap around support for those facing financial issues due to ill health: This means working collaboratively with organisations such as health services, community groups, social prescribers and the local authority, to provide support to individuals and families who are struggling with the financial implications of health. This could include providing financial counselling, transportation assistance, and other resources.



Tyldesley Ward

Conclusion and Recommendations

Lifestyle related risk factors

1. Health promotion and education sessions within the community:

Feedback from Tyldesley suggests that the community are in need of more accessible and safe spaces to engage in physical activity. This could be provided for free in local parks and community centres. Additionally, education programmes should be offered to the community around the benefits of healthy eating and exercise on both physical and mental health, and for those with long-term health conditions.



Tyldesley Ward

Conclusion and Recommendations

Community involvement

1. Co-produce grassroots community infrastructure: Community infrastructure needs to be improved, and this should be done at the grassroots level. This means building infrastructure alongside community members, co-producing community support, and understanding what people want. This should be done by holding regular community meetings to gather feedback from residents about their needs and partnering with local businesses and organisations to increase community engagement. It is important that there is an emphasis on projects that will have the biggest impact on the health of the community.



Tyldesley Ward

Conclusion and Recommendations

Poor mental health

1. Increase local awareness of mental health conditions and the importance of early intervention: There needs to be a greater awareness of mental health conditions to enable residents to identify issues and seek timely intervention. This could be done through public education campaigns and training for healthcare professionals. Additionally, if mental health problems are treated early, they may not become as severe, making it easier to manage the condition and improve quality of life. Therefore it is imperative that a proactive approach to mental health is adopted and embedded within mental health services.

Talbot Ward



Number of doors knocked on – 139

Number of people engaged through door knocking – 39
engaged

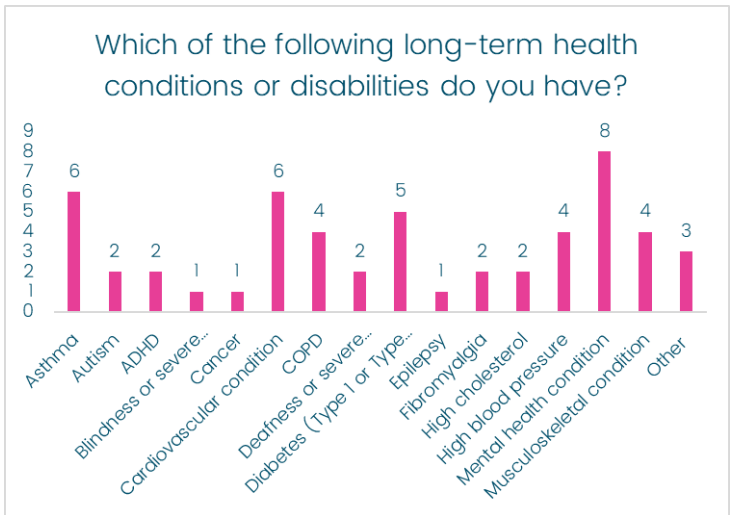
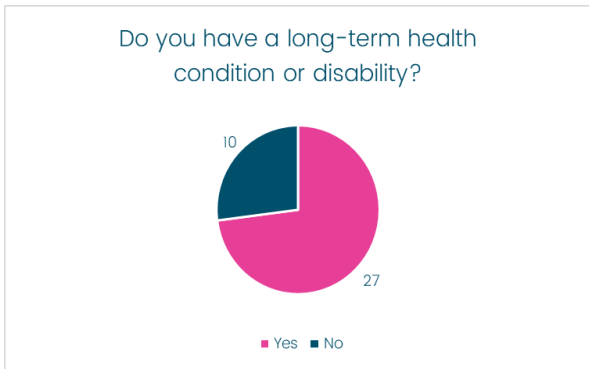
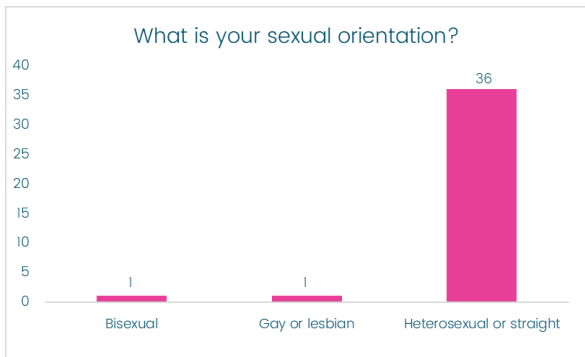
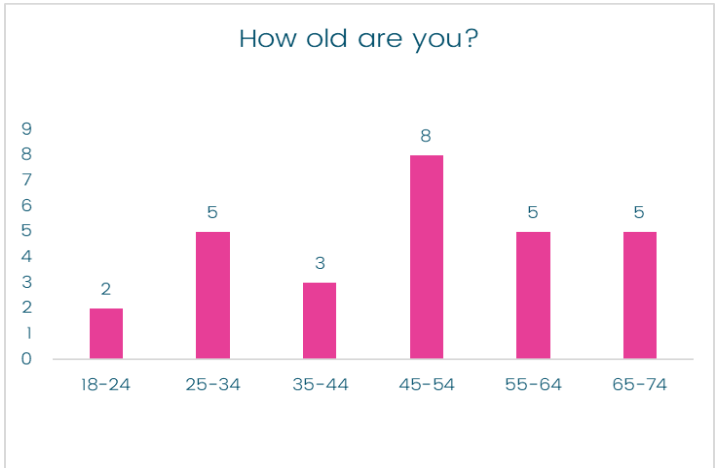
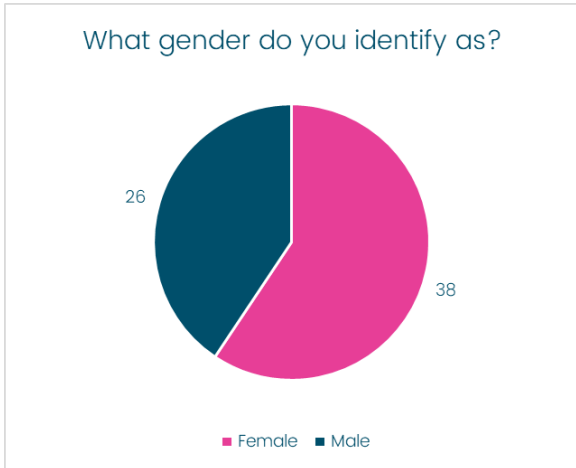
Number of people engaged through community settings – 31

List of community groups visited in ward – The Bridge Project,
FY4 U and HIS Provision at the Freedom Centre.

Total engaged in Talbot Ward – 70 residents

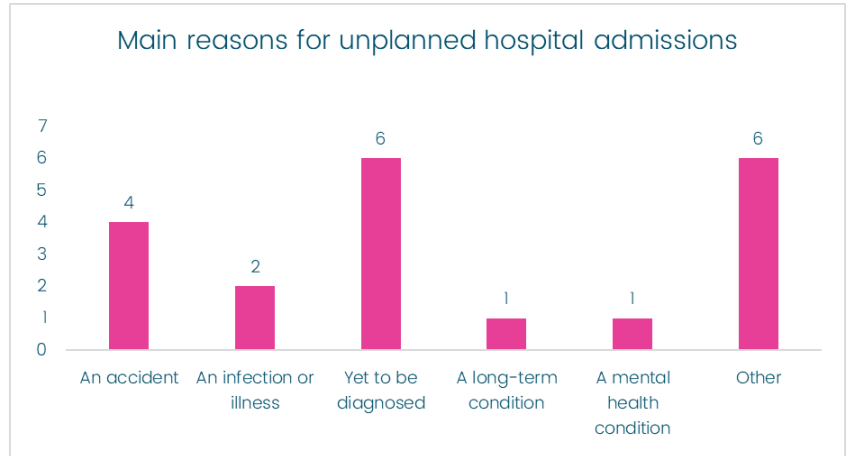


Talbot Ward Demographics



Talbot Ward

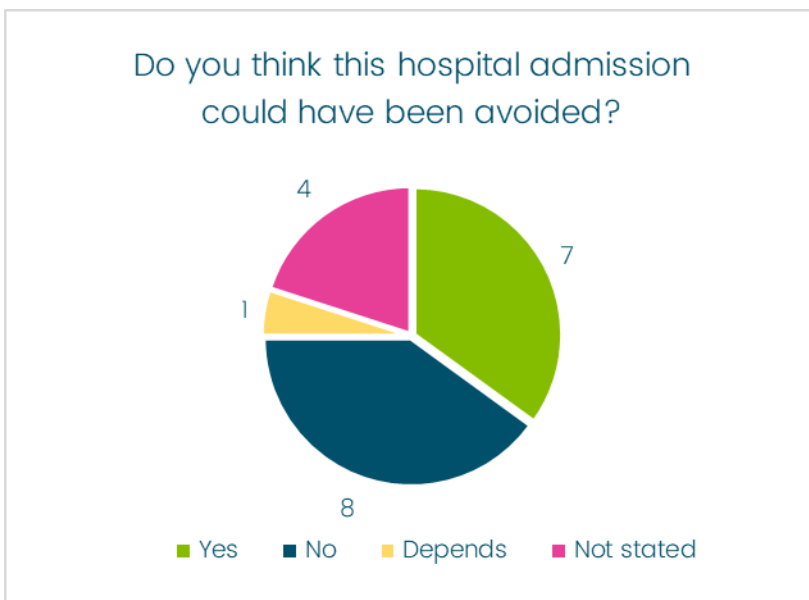
We heard from **20** local residents who had recently had an unplanned hospital admission.



The hospital admissions shared by residents can be categorised into a number of key themes. Four admissions were a result of accidents including a dog bite, drug overdose and a fall. One admission was due to an infection or illness, specifically a urine infection. Another six admissions involved conditions that have yet to be diagnosed, including symptoms such as chest pains, breathing issues, bleeding and an appendix eruption. Two admissions were related to long-term conditions, namely cancer and asthma. One admission was associated with a mental health conditions. Six residents did not wish to state the reasons for their hospital admission.

“Yes it was last year. I was sat at home and just started to bleed heavily so it was a matter of urgency. I went to A&E and they kept me in overnight.”

“I had anemia due to drinking. I was on A&E corridor for 2 days waiting for a bed. I was in hospital for 1 week.”



Talbot Ward

What do you think could have been done differently to avoid this admission?

1. Lifestyle related risk factors

“My lifestyle at the time wasn't very healthy, so could have possibly been prevented through that.”

“I was drinking quite a lot of alcohol and eating a lot of sugary food.”

2. Understanding of health and care services

“Also I didn't know heartburn was a sign of a heart attack so didn't see my GP.”

This indicated that, had the resident understood their symptoms and which health service to raise this with, the hospital admission could have been prevented.

3. GP Access

“I can't get in at my GP.”

“I can't get hold of a doctor.”

4. Long-term health conditions

“I don't have my inhaler and I don't get any support for this.”

“My inhalers weren't working at the time and I was having regular asthma attacks.”

This indicated that, had there been more support for this, the hospital admission could have been avoided.

5. Confidence in health and care services

“They knew I had it from previous eye tests. They said lumbar punctures only needed to be done if it was affecting my sight. That procedure wasn't necessary. I wouldn't have had to stay in hospital – I could have just had a day scan.”

“It could have been avoided if the specialists had listened to him beforehand.”

Talbot Ward

How did this impact your life emotionally?

Of the 20 residents who had experienced a hospital admission, the subsequent emotional impact can be categorised into three key areas:

1. Existing mental health issues amplified by hospital admission

Feedback from residents indicated that the experience of being unwell and admitted into hospital significantly impacted already existing mental health issues.

“I've struggled with my mental health and get anxious when my asthma is bad.”

“She is already on antidepressants so I think it just made it all worse.”

2. Impact upon mental health

The emotional impact faced during their hospital admission indicated that some residents found the experience of being in hospital stressful and were subsequently impacted after being discharged, with some residents indicating new mental health issues, such as anxiety and panic attacks.

“I became quite anxious in the house as both me and my husband are elderly and frail.”

“I kept having panic attacks and trauma from past experiences.”

3. Lack of confidence and uncertainty in healthcare services

Other feedback highlighted that their experiences resulted in residents losing confidence in healthcare and leaving them questioning the quality of service they had received.

“Obviously it was stressful and it made me question the healthcare system.”

“I feel down and I don't know why a lot of the time. I feel like I'm not filled with much confidence when it comes to being cared for.”

Talbot Ward

How did this impact your life financially?

For all residents, the financial impact of their hospital admission linked directly to employment. Some had a short-term impact on work due to taking time off to recover. The long-term financial impact included some residents having to leave their jobs entirely or being no longer able to work.

1. Impact of being off sick

“He was self-employed so had no income and it affected him hugely.”

“I was off work for 6 months because it had erupted. I couldn't walk and was in hospital for 4 weeks.”

2. Being unable to work as a result of health

“I left the job I was in and I'm currently unemployed, struggling to find a job that suits my health needs as I'm in chronic pain and the DWP are not supportive.”

“I can't work anymore, I'm unemployed and now on benefits.”

“I had to retire earlier than I planned.”

How did this impact your life socially?

The social impact of hospital admissions can be categorised below:

1. Isolation and limited social interactions

Residents felt that their hospital admission resulted in limited social interactions due to resting at home, or feeling further isolated often due to either a bereavement or fear of leaving the house.

“I don't go out as much as I used to, although I do still see friends and attend a couple of groups.”

“I wasn't going out and seeing friends and not at work socialising due to resting up.”

“My wife died in July, and I was her full-time carer. I've been stuck in the house for a long time. After she'd died, I had nothing to fill my time.”

“I wouldn't leave the house because of anxiety attacks and worry a lot.”

2. Restricted mobility and ability to leave the house

The social impact for some residents linked directly to reduced mobility following a hospital admission.

“I can't get out much and struggle to move around.”

“Some days I can't even get to the bathroom, never mind get out of the house.”

“We stay in the house a lot more now as we struggle with our mobility.”

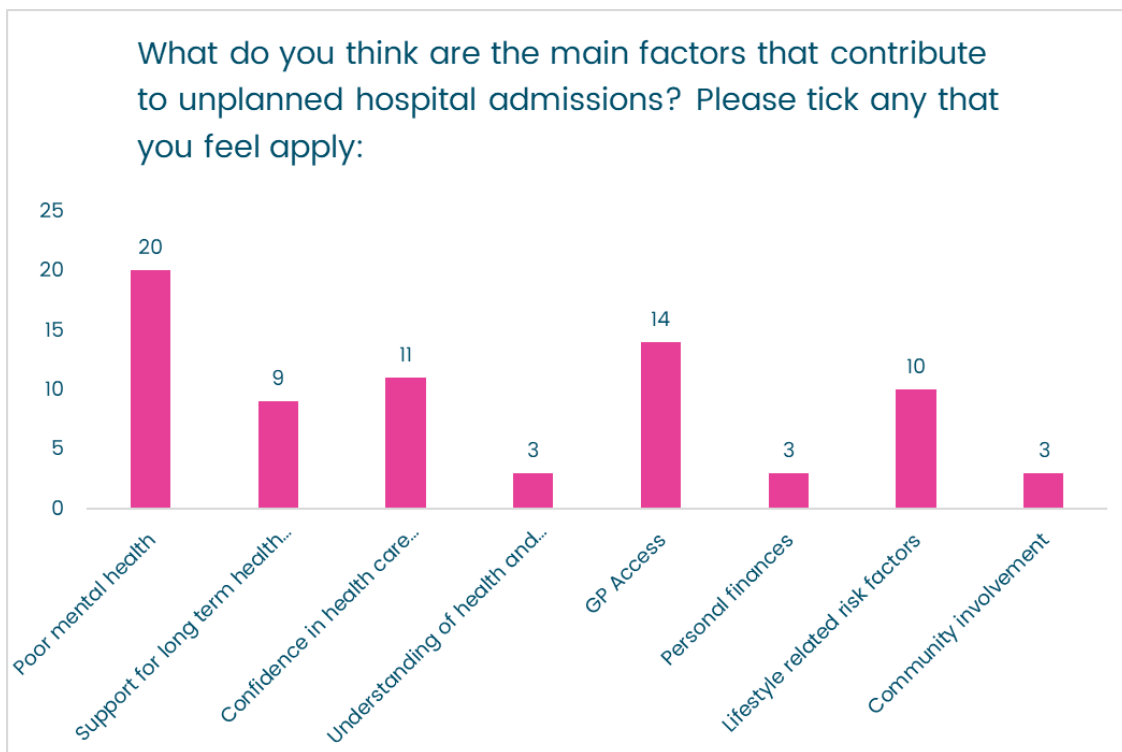


Talbot Ward

Wider Engagement

Our door knocking and wider engagement work revealed a wide range of individuals who despite lacking direct experience with unplanned admissions, expressed a strong desire to engage in discussions about health and care services in their local area.

The following sections of this report highlight the detailed information gathered through door knocking and community engagement activities in Talbot, providing valuable insights for analysis and decision making.



Have you noticed any particular groups within your local community who are more likely to experience unplanned hospital admissions?

The majority of residents who engaged with Healthwatch living in Talbot ward have noticed that older adults are most likely to experience unplanned hospital admissions.





Talbot Ward

Wider Engagement

How do you think the NHS and LA could help reduce the number of hospital admissions?

Residents of Talbot ward provided feedback and suggestions on how hospital admissions could be reduced. Responses have been themed in the below categories:

1. Raising awareness and increasing understanding of services

“There needs to be more education on where to go and who to see.”

“There is a lack of information on what the services are for. I know there was a lot done, especially around III.”

“The people who access healthcare should only do so for an emergency.”

2. Improvements across the system

“Better aftercare/physio.”

“The GP is supposed to extend their hours to suit, but this is only by appointment for when people can't make it due to work.”

“More social care provision so people can get discharged from the hospital sooner and more safely.”

“It's waiting times for everything. My granddaughter is 5 and she has sleep apnea. She is still waiting to be seen. It's ridiculous.”

“More doctors' appointments available.”

“Staffing and resource challenges. There is a lack of staff because the staff aren't paid enough – they are having to use food banks themselves.”

“Most people are more likely to have unplanned hospital admissions as it's impossible to see a GP.”



Talbot Ward

Wider Engagement

3. Lifestyle-related factors

“People are not taking care of their own health. Lots of people don't have the choice. They can't afford good food.”

“Diet is a big one that people don't seem to think about. We hear a lot about drinking and smoking and they have cut them out of soaps due to the message they were sending but lifestyle is a big one.”

“Don't leave things too long before they get worse – seek help when you first get or show symptoms.”

What do you think is the role of patients and their families in preventing unplanned hospital admissions?

Residents of Talbot were asked how patients and families could prevent hospital admissions. Resident responses can be categorised as below:

1. Support from family, friends and neighbours

“Isolated/elderly need friends and families to help them.”

“I always ask my son how he is and look out for him.”

“My family could do better to support me.”

“Being with someone makes it easier, especially with the older generation or someone with mental health issues.”

2. Encourage proactive engagement in healthcare

“They have a role. My sister was very poorly; we encouraged her to go to the doctors and speak to the doctors.”



Talbot Ward Primary Drivers

GP Access

Many individuals expressed frustration with the difficulty accessing appointments, including long wait times, limited availability of doctors, and challenges in reaching and communicating with the GP. The lack of consistency in care, with different doctors being seen each time, is also highlighted as a concern. Some individuals perceive that their concerns are not taken seriously or that they are not listened to by GP's. However, there are also positive experiences mentioned, where individuals express satisfaction with GP access and the quality of care received when they are able to secure an appointment. Delays and waiting times for specialist referrals are mentioned as additional challenges, with significant waits reported for certain procedures or conditions. The role of nursing staff is acknowledged positively, with some individuals feeling that they have more time and attentiveness in comparison to doctors.

1. Difficulty accessing GP appointments

"I can't get an appointment to see the doctor, it's a 2-3 week wait. They always say there's no doctors available and send me to another site instead. I'm not being funny but it's not very nice."

"It takes ages to get an appointment and it's always a phone call. It's a bit ridiculous. If you've got anything wrong they send you down to the walk-in centre."

"I don't bother with the GP because they're impossible to get hold of, I can't see a doctor. I only go once every 3-4 years. I would rather self-medicate at home."

"When I went to the doctors it was a year and a half wait for a brain scan, so I've just left it. They should have sent me for a brain scan when I was at the hospital."

"Additionally, my daughter has an eating disorder linked to her autism diagnosis. I tried to get an appointment at the GP and was told it was a 3 week wait, and even then they try to fob you off with a phone call. That's for an 11 year old."

2. Lack of consistent GP

"I never see the same doctor and it's always a different doctor every time."

"No consistency in care, always have a different doctor. Only have ten minutes now, the young ones spend a bit more time with you."

"They don't know you and you never know who you're going to see. It's always a different person every time. I went because I was struggling with my psoriasis."



Talbot Ward Primary Drivers

GP Access

3. Positive experiences

“We are happy with our access to the GP. We have no trouble getting appointments. We are happy with what we’ve got.”

“The GP have been amazing and the support they give my Mum who is housebound and has moved to Blackpool from another area has been excellent.”

“Since moving GP I’ve had a much more positive experience. I rang them yesterday for an appointment and I’ve got a face to face one today which I think is really good. I’m happy with this.”

“I’ve had a positive experience with the GP. I rang them yesterday for an appointment and I’ve got a face to face one today which I think is really good. I’m happy with this.”

“They’re very kind at my GP surgery. I always give them top marks. It feels like they care and listen to you. They diagnose you ok.”

“GP access has been brilliant. I have the app and this helps booking prescriptions and stuff. I can order through there and have stuff delivered. I have no issues with the GP.”

4. Challenges for vulnerable populations

“If he didn’t have dementia he could have fought for it himself. It’s hard when someone is fighting for you.”

“I just go to the walk-in centre because I can’t get a GP appointment. There’s no point. Nobody listens anyway. It’s if your voice is loud enough and mine isn’t. It’s me on my own. It’s the same everywhere. Good luck to you, you’ll need it.”

“Those with dementia last in line to help. It’s like their quality of care doesn’t matter. We get doctors now but for example if they have a lump, it’s like their view is they’ll die anyway.”



Talbot Ward

Primary Drivers

Management for long term conditions

Overall, experiences varied across different long-term health conditions, with some individuals encountering challenges in accessing specialist appointments and specific services. However, positive experiences were also shared, particularly regarding cancer care, diabetes management, and certain aspects of cardiac care. The impact of COVID-19 on healthcare delivery and appointment delays was acknowledged.

1. Lack of specialist appointments

It also took three and a half years waiting for pain management to treat my Fibromyalgia. That was due to Covid though so can't be helped. I guess when I eventually got into the pain management team for Fibromyalgia. I felt finally like someone understood. No one else really gets it. I asked one doctor how I get rid of it and they just said you can't."

"I had a neurological illness and my kidneys aren't functioning well. My neurologist has cancelled my appointment 3 times. I haven't seen my kidney specialist since last year."

2. Musculoskeletal issues

"I have issues with a number of things. I have problems with my hips, blood supply to my knees. In 1972, I had a major operation and this left my left leg shorter than my right. When I was 50, in 2007, I had a hip replacement. I can't bend due to my lower spine. My right foot is fused so I cannot move it side to side. I have good support. I have carers come out to me twice a week."

"I have arthritis in my neck and shoulders so I take pain killers. It's not very often I see the GP. The physio doesn't work, I've had that through the GP. It only caused more pain. I have a neck collar to try and help."

3. Support for respiratory conditions

"I see the asthma and COPD nurse once a year."

"I go to the medical centre for COPD. It is well managed. I have been moved from a once day inhaler to a twice a day inhaler. They explained how to use it well and gave options. They make sure you can use them before you leave."

"I was supposed to be contacted by a respiratory nurse but they haven't been in touch."

"We have check-ups every four months for COPD. These are marvellous. These are at Liverpool Heart and Chest hospital. We have been under them for forty years. They have got it right there."

"You will wait about fifteen minutes to be called in. We have waited an hour before but that is because the place was full. It is typically about twenty minutes. It is getting longer. Covid made things worse. There are a lot more lung problems now."



Talbot Ward

Primary Drivers

Management for long term conditions

4. Cancer care and end of life support

“Blackpool Victoria Hospital has been brilliant and Macmillan are ace, I can't fault it.”

“My wife went 3 times to hospital, they wanted to keep her there. She had cancer. Each time she went to hospital the care and district nurses increased.”

“My wife had hospice at home care when end of life. This was fantastic, they did everything they could to keep her comfortable and at home.”

5. Women's health

“The NHS haven't really considered my needs going through both Perimenopause and the menopause and options to discuss this are limited...you're just expected to get on with it.

“I take HRT and although this helps, it is limited to the needs of me as an individual with many symptoms.”

6. Diabetes management

“I have diabetes type 2 and arthritis. I see the nurse more than I do the GP. Not had any negative experience with this really. I get to see the general nurse for my diabetes. One deals with taking blood, other tells you if you've been naughty. My diabetes is regulated with tablets and injection once a week at the moment. I have appropriate support if I'm struggling with my diabetes. I've got a good nurse that deals with it all – that's what makes it good.”

“I have type two diabetes. I have reviews every 6 months and the nurses are really good. They're regular and I don't mind the nurse practitioners. It's because they have knowledge and know what they're talking about. I never really access the doctors more to comment more. I have no problems.”

“I have type 2 diabetes and it's regulated with medication. I don't even feel like I have it. I have my eye test every year but I don't see a diabetic nurse.”

7. Experiences of other health issues

“I have hearing aids and the specialists were really good. They gave me a choice of colours and designs etc.”

“Since my hospital admission, I have had mobility issues and ongoing problems with sores on my legs. I do see my doctor but at the moment it doesn't seem to be getting any better.”



Talbot Ward

Primary Drivers

Management for long term conditions

8. Cardiac care

“I have had no follow up appointments after my heart attack, and I have been given no advice and support on how to keep myself healthy.”

“I have cardiology reviews and they prescribe my medication, it's a very good service and I find it reassuring.”

“Cardiac care has been good. I have been going for over two years. There were some issues during Covid around missed appointments due to lost letters. They had tried to strike me off the list due to the changes in the system.”

“I have yearly reviews for my blood pressure. Anything to do with my tablets, I just ring and talk to the lady up at the surgery. If I have any problems, I tell her and she talks to the doctor for me then calls me back. I can't fault it.”



Talbot Ward

Primary Drivers

Confidence in health and care services

The below quotes highlight several instances whereby long waiting times in healthcare settings have negatively impacted individuals' confidence in the healthcare services. Patients reported waiting for extended periods, such as six to twelve hours, to receive care or be seen by medical professionals. Patients expressed frustration with poor communication, feeling the need to ask questions instead of being provided with necessary information.

Miscommunication also resulted in missed appointments and important updates being sent to incorrect contact information. Resident's also highlighted positive experiences, such as the quick response of emergency services and the prompt attention received in A&E. Experiences of good practice include the responsiveness and attentiveness of healthcare professionals, with patients feeling well-looked after and valued. Conversely, negative experiences included cancellation of appointments, misdiagnosis, lack of aftercare and poor services. Other issues included difficulty accessing emergency care, dentistry and gynecology services.

1. Waiting times

"I went into hospital around Christmas due to having a seizure. It was so busy I waited 6 hours to be seen. When I saw them, I was told they had no room to keep me in and to go home and await further tests."

"The number of strikes can have an effect. Routine health care can be knocked back and waiting lists are long. Appointments are moved and rescheduled. It affects people like the elderly."

"When an attack comes I get shortness of breath. I have problems with my brain. When this happens I can't speak. It's very scary. It was during one of these episodes that I was stuck at A&E from nine thirty till half past eleven at night. The ambulance people recommended I go. Once there I was left moving from bed to bed and often in the corridor."

"I was waiting in the waiting room for at least 8 hours before they found me a bed. I was on a drip for 3 days before they finally got me in for surgery. By the time they got me in for surgery it had ruptured."



Talbot Ward

Primary Drivers

Confidence in health and care services

2. Inadequate communication and coordination

“I had to ask them questions, the communication was bad. Why am I asking them when they should be telling me?”

“Three times I have updated information and they keep sending things to an old number. I am worried I am going to miss appointments and information.”

“I have an inhaler and I’ve had to ask the doctor how to use it properly – I wasn’t using it right. They didn’t show me how to use it, I had to ask.”

“I’m also on medication for heart failure. I’m not reviewed as often as I should be. I have to ask for one. They don’t contact me for review.”

“What annoyed me was that it was the hospital that referred me for further testing but did not really inform me what treatment I was to get, I feel unsure about what to say during the phone call back to them.”

“Communicate with patients regularly and in an inaccessible way so people feel heard and acknowledged, even if they are on a waiting list. Validate feelings.”

“I have regular blood tests. I was informed that this has been cancelled via letter. I called up to discuss this with someone and they stated the specialist was off on holiday. They then stated that I would be put back into the pool to wait for an appointment.”

3. Difficulties with available services/support

“I am quite despondent with the NHS. Over the last 2 years I’ve had trouble with my thyroid. All consultation has been via telephone. Nobody has seen it.”

“Since Covid everything has been done via phone and it has not gone back to normal since then. They could have called to say that the specialist was away and given me another appointment but instead they left me to chase it. I am still waiting for the appointment.”

“I couldn’t get an ambulance when somebody was dying, and was left in pain with my hip as they wouldn’t give her a replacement when physio said he couldn’t touch it as it was the worst hip she had seen.”

“There’s the dentist side of it too. I’ve not seen a dentist in three years. I can’t get one.”

“Struggled with accessing gynaecology services at Blackpool Victoria Hospital. I was referred for further tests following a scan but haven’t heard anything for eighteen months until the other day.”



Talbot Ward

Primary Drivers

Confidence in health and care services

4. Positive experiences

“Maternity care was good.”

“A couple of years ago my wife slipped at night and fell down. She was rushed to A & E. Walking in with blood all over her she was pushed to the front. We were not waiting there long and we had two or three people looking at her at once. She was quickly fixed up and sent on her way.”

“12 months ago I had an unplanned admission due to heart attack/stroke. I had no warning or signs that this would happen and was working in a care home at the time. However, the ambulance came quickly and I had excellent treatment whilst in hospital.”
“I had an unplanned hospital admission 14 months ago when my brain and heart stopped working. I was in a coma for four weeks and then suddenly woke up at 2pm in the afternoon. The hospital care was very good and I’ve made a full recovery.”

“Spire hospital were excellent. They looked after you. We can’t complain about them they are a great service.”

“We have signed up to Vitaline and this gives me and my husband great peace of mind. We haven’t had to use it yet but knowing they are there is a big help.”

“They were hot on it and acted quickly. I was also given a key contact who I felt was passionate about my health.”

“We have a brilliant dentist on South King Street. The one before him retired and he was also great. We have no trouble with dentists.”

“I’ve had very personalised care from the specialist at Blackpool Victoria Hospital and they have been very attentive and listened to my needs.”

“The NHS is good for appointments. They offer good treatment.”



Talbot Ward

Primary Drivers

Understanding of health and care services

Residents of Talbot expressed frustration with a lack of explanations from healthcare professionals regarding abnormal test results or treatment plans, highlighting the need for clear communication and use of appropriate language. Some noted the importance of understanding their own health needs, and taking responsibility or seeking help promptly when experiencing symptoms. Other residents observed that individuals often seek care in emergency departments for non-urgent issues that could be addressed by primary care or walk-in centres, evidencing an issue with understanding health services. Residents also reported a lack of public information about the purpose and availability of various healthcare services. They suggested that more efforts should be made to educate the public about alternative options like calling 111 or seeking advice from pharmacies, especially among older adults who may be isolated and unaware of available support.

1. Poor communication from healthcare professionals

“I have a lot of blood tests done at the doctors that come back abnormal. I always ask them why they are abnormal – no one has looked into it or explained anything.”

“I don't know how to use my inhaler. I sometimes have flare ups. Sometimes they will give me steroid tablets. They can't keep me on long term due to them being steroids.”

“I received an automated call to ask if I still wanted the appointment which annoyed me because I don't fully understand why I needed it in the first place. It was them that decided I did so I didn't really know what to say.”

“Making it more person-centred. Sometimes you'll go into the room with the doctors and they are explaining it to you and they aren't explaining it in normal language. Sometimes people don't understand it so they need to make sure they use the right language.”

2. Ownership over health

“They explained it to me really well so I fully understood what was going on.”

“Don't leave things too long before they get worse – don't leave it to seek help when you first get or show symptoms.”

“The people who access healthcare should only do so for an emergency.”

“This is not down to the NHS but down to individuals.”

“I have been to A&E for different things and they have been fantastic. I had to wait but everyone does. I see people there for silly reasons. They should have gone to the doctors or the walk in centre.”

“The older generation don't typically want to bother A&E and will only go if it is an emergency.”

“Parents always panic about children so they are often in the medical services.”



Talbot Ward

Primary Drivers

Understanding of health and care services

3. Awareness of available services

“I think there is a lack of information on what the services are for. I know there was a lot done especially around 111.”

“The pharmacy do the best they can and will provide as much information as possible.”

“They have put a lot of effort into getting people to do anything other than call an ambulance such as calling 111.”

“Elderly people don’t know much about 111 or getting advice over the phone. They are very steadfast in not wanting to bother people and will grin and bear it. They are often in isolation so we wouldn’t know if they needed help.”



Talbot Ward

Primary Drivers

Personal finances

The quotes below discuss a range of challenges relating to personal finances and health issues. Some residents expressed difficulties in navigating the benefits system, particularly when claiming a small pension. Benefit claims also influenced living arrangements, with some individuals choosing not to move in together due to potential loss of income. Limited financial resources affected individuals' ability to access necessary healthcare services, such as obtaining prescriptions, making appointments and accessing medications. Some individuals indicated limited success in finding suitable jobs that accommodate their health conditions, suggesting potential challenges in securing sustainable employment.

1. Pension and benefits

“Even now, the council is constantly asking to check my bank statements to ensure I pay the right amount of council tax.”

“As I claim a small pension, I can't claim other benefits, leaving me in a catch 22 situation.”

“I'm on job seekers and PIP at the moment, I will be moving to UC next year.”
Financial constraints and limited resources.*

“I need to wait until my money comes in to be able to sort it or get a taxi to the GP, so at the moment, I don't have my inhaler.”

“I can't get my prescription because my phone is smashed and broken, and I can't afford to get it fixed.”

“I'd be worse off going back to work financially but I have to keep the job centre happy.”

“I'm on a work health scheme at the enterprise centre to help me find a job that'll work with my problems.”

2. Issues relating to housing

“We live in the same block of flats but won't move in together because of the money he would lose.”

“I sleep in my lounge. I can't go in my bedroom because it's not finished. I feel like I'm way down, like a second-class citizen.”



Talbot Ward

Primary Drivers

Lifestyle related risk factors

Several lifestyle related risk factors were discussed and commented on by residents of Talbot ward. Some individuals acknowledged their use of substances. Individuals with mental health and substance use concerns expressed feeling judged and stigmatised, which could discourage them from seeking help. Some residents mentioned engaging in regular physical activity, such as walking, swimming, cycling, and playing sports. These activities contribute to maintaining an active lifestyle, potentially promoting overall health and well-being. Whilst some individuals mentioned having a well-balanced diet, others acknowledged unhealthy eating habits which can have implications for overall health, including conditions such as high cholesterol. Having supportive relationships, including family connections, was highlighted as important to prevent loneliness and isolation.

1. Substance use

“They just seem to want to put it down to smoking.”

“I don't go to the pubs; I drink whiskey at home.”

“When I was last in for drug abuse, the police were there doing it all.”

“When it is mental health and drug use. They don't want to know you. Most people are addicts but they are clean and trying to get the help. It makes you think, if I'm being judged that much what's the point in going?”

“I am a cannabis user.”

2. Active lifestyle

“We do a lot of walking. Into town and back shopping.”

“I go on one or two walks a day and choose to walk most places rather than driving now.”

“I go swimming every Tuesday.”

“I'm always busy. I was perfectly well until having breast cancer, but I still keep myself going, get out and walk the dog.”

“I do swim 15-20 lengths.”

“I have a bike and go out on that since my wife died.”

“Go out twice a day with the dog. Play bowls.”

“I was a gymnast. Garden to keep well and DIY.”

“We try to keep going. Cleaning, doing different things. We keep busy and active.”



Talbot Ward

Primary Drivers

Lifestyle related risk factors

3. Engaging in activities and hobbies

“We have two dogs. My husband walks them mostly. I enjoy crafting, sewing, stitching, etc.”

“I really enjoy arts and crafts and jigsaws and playing with my bird.”

“I go to Manchester once a month to meet up with friends.”

“I keep busy and do my aunty's shopping once a week.”

4. Healthy, personalised eating habits

“I eat really well and go to the gym.”

“I've cut down on my sugar intake and alcohol to help with my high cholesterol.”

“I am very food-oriented. Recently I was told I needed to lose weight as it has an impact on my neurological condition.”

“I don't have a balanced diet, I just eat a lot of meat.”

“I eat well and prepare food in advance.”

5. Support networks and social connections

“Our relationship is very important to us, and we feel sorry for people on their own.”

“Our daughter and son-in-law live in the flat upstairs, so we have lots of family connections nearby.”

“I have had mental health support before, but it's got worse again because I've not got a lot of friends.”

“I don't know, I live in a block of retirement flats. We looked for a guy who hadn't got his mail for three days. We took him to hospital because he had sepsis. It's old people looking after each other.”

“I go to my daughter's and look after the grandchildren.”

“My drug and alcohol meetings really help. It is my fourth day clean and these are the only places I feel comfortable and safe and don't feel judged.”

“We attend this group and the Church in Mereside.”

6. Employment

“I enjoy my job.”

“I enjoy my job, which is good. I always try and make time for myself to keep on top of my mental health.”



Talbot Ward

Primary Drivers

Community involvement

Several residents of Talbot ward expressed positive experiences with community organisations, volunteer work, and community activities. These activities provided opportunities for social connection, personal development, and access to support services. Feedback also suggests there was a recognised need for additional community groups and services to support vulnerable populations, particularly the elderly and those without family support. Some individuals mentioned a lack of awareness about available community groups and services. Personal circumstances such as physical limitations, mental health issues, lack of confidence, and time constraints were identified as barriers to community involvement for some residents. The significance of community connection and support was highlighted as a means to ensure the well-being of vulnerable individuals, particularly the elderly.

1. Experiences of community involvement

"I go to Lancashire Women – you don't have to pay for anything there. They have drop-ins Monday afternoon's with arts and crafts and coffee. They do 'Mindfit' which is confidence and assertiveness building and 'Workfit' programme to help you get into work. I've been going 13 years now and it has changed my life. I volunteer there now."

"I volunteer at the Harbour... it is different when you have been a service user."

"I volunteer for friends of Stanley Park. We do the rose gardens. I go to Ibbison Court on Tuesday's for my dinner."

"I volunteer for HIS provision and a local church."

"I come to The Bridge 3 or 4 days a week and really enjoy it as it means I can meet with my friends and get a good meal."

"I attend a Spanish class for 1 hour a week near to home, and I really enjoy this group."

"I keep healthy by coming to The Bridge several times a week to meet with friends and get food."

"I go to Claremont Community Centre and do the mild exercise classes. I also like the gardening club."



Talbot Ward

Primary Drivers

Community involvement

2. Lack of community involvement

"There should be more groups in the local community to help the vulnerable."

"There should be something to ensure the elderly are okay... They need people to talk to."

"We think there should be more in the community to help people."

"Other people (without family) need more social connection and support groups."

"There should be more groups in the community for the vulnerable such as older people."

"I feel like I would benefit from attending a class which helps and supports people in using technology such as computers and accessing the internet, I'm afraid of being scammed."

3. Lack of awareness of community groups

"There is no evidence of community groups happening but it should."

"I don't know because I don't know of anyone who goes to them."

"There needs to be more awareness of the groups available."

4. Limited engagement due to personal circumstances

"I don't do anything else in the community as I am restricted to what I can do."

"I don't engage in the community, I'm a loner."

"I don't get involved in the community. I'm agoraphobic. I get really panicked leaving the house."

"I can't walk much because of my slipped disc."

"If you work in the hospital, you don't have much opportunity."

"I'm not really involved in anything in the community, I don't have confidence."

"I don't have time for any of the groups in the community."

5. The importance of community connection and support

"There should be something to ensure the elderly are okay. A service to check in on them and this would in turn reduce the numbers going to A&E. They need people to talk to."

"I think it's important to meet people and be connected within the community."

"Community isn't really there anymore - no one seems to bother anymore."



Talbot Ward

Primary Drivers

Poor mental health

Residents of Talbot ward expressed dissatisfaction with the support received during a mental health crisis, highlighting long waiting times, lack of immediate attention, and inadequate follow-up. Residents also mentioned a lack of local mental health services, including bereavement support, support for children's mental health, and comprehensive mental health support beyond medication. Limited availability of mental health services was seen as a barrier to accessing appropriate care and support. Despite the challenges, individuals shared positive experiences with certain mental health support services. Drug and alcohol meetings, supportive doctors, counselling support, and specific programmes like Dialectical Behaviour Therapy (DBT) were highlighted as beneficial and life-saving experiences.

1. Insufficient support in mental health crisis situations

"I was in hospital about 4 months ago due to self-harm - I was there for mental health. I was there from 9am-12 at night."

"There were yellow sheets to mark who is there, no one had come in to see me. I was told to speak to CMHT and to give them 5 mins and they will look into it but they didn't come back for ages. When they came back they said I'd been dealt with and could be discharged. I hadn't been and then I was told I'd have to wait another 9 hours and start the process again to see someone. I said I'm not waiting. I went back to self-harm."

"I was sectioned. In A&E for 24 hours and got moved to a crisis house. You're there for a week and then you are back out. It isn't enough support when you've been sectioned. I absolutely wouldn't ring the crisis team."

"I was put onto a DBT programme - ATS (Acute therapy service) that was the best experience I've had. I've had it 3 times. There is a waiting list though for a year. They assess on priorities. A 6 day thing - on the first day induction. It is intense. Social inclusion, building up coping strategies. I was referred through mental health when you are at crisis point. Unless you are jumping off a cliff you won't get that support."

2. Lack of local mental health support

"I wouldn't go to the hospital now for mental health. That's not what people need."

"Myself and my children would like bereavement support after losing my husband to suicide in October. There is nothing locally to support this that I am aware of."

"I have a counsellor who comes to see me every 6 weeks, done through my GP to help with my PTSD. There's not enough mental health support but I see myself as being lucky. My son and daughter in law also need help with their mental health and they're still struggling."

"I've tried to ask for mental health support, but the answer is always anti-depressants and I don't want that. Doctors should be more like you, listen and make time. I would rather share with someone 1 to 1 who has the same experiences."

"I am on tablets for mental health issues and I don't get any other support for this." 82



Talbot Ward

Primary Drivers

Poor mental health

3. Positive experiences

“It was the doctor who picked up I was struggling. I went for something else. I didn’t even ask but it must have been something I said. This was a lifeline. I wouldn’t be here now without her. I’d have taken my own life. I didn’t tell anyone how I was feeling. She was amazing.”

“I’ve accessed mental health support and was taught about the spoon theory which I use each day and find it really helps me.”

“If I’ve phoned and its mental health related, they’ve always managed to get me a same day phone appointment. If I need face-to-face, they will try and get me in the afternoon.”

“Due to me being post-partum I was rushed through mental health services and referred to supporting minds and received regular counselling support. It should have been fixed at 11 sessions, after which I’d have had to wait 3 months to be re-referred, but the counsellor rushed it though and made sure I remained with her. This was really good and really helped me when I needed it most.”



Conclusion and Recommendations

GP Access

1. Improvements to appointment availability: Efforts should be made to address the difficulties patients face in accessing GP appointments, particularly the method of booking. Furthermore, increased awareness is a necessity with regards to enhanced access, as it is clear that some residents are unaware of appointments available outside of working hours and weekdays.

2. Enhance continuity and consistency in GP care: To improve patient experiences and outcomes, assigning them to a consistent team of healthcare professionals can create stronger professional-patient relationships, enable better understanding of individual health needs, and facilitate more personalised and comprehensive care.

3. Strengthen support for vulnerable populations: Special attention should be given to improving access and care for vulnerable populations, such as individuals with dementia or those with complex medical needs. This may involve providing additional training for healthcare professionals to improve staff manner and empathetic awareness. In addition, implementing clear guidelines to ensure equitable care provision may be required, with the possibility of introducing informal advocacy support for those struggling to be heard.



Talbot Ward

Conclusion and Recommendations

Management of long term health conditions

1. Improve access to specialist appointments and services: Some people reported long wait times for specialist appointments, which can have a negative impact on their health and wellbeing. Whilst waiting for said appointments, it would be beneficial if resources and a route for communication are provided to enable peace of mind and answer any queries.

2. Improve women's health services: Some women reported that they were not getting the support they needed to manage their menopause symptoms. Improvements to women's health services are required, including providing more information and support for women going through the menopause, as well as additional education for healthcare professionals.

3. Enhance consistency in long term condition management: It is clear that there is variation in the care and reviews that individuals with long-term conditions receive across different primary care settings. Some individuals are receiving consistent support, whilst others with the same condition are struggling with a lack of clear management and irregular reviews. This is problematic when considering maintenance of health, as well as confidence in support. Harboring a culture of prevention and proactivity will be paramount, potentially through scheduling reviews in advance whilst patients are present within the practice.



Talbot Ward

Conclusion and Recommendations

Confidence in health and care services

1. Improve communication regarding waiting times: Make better use of existing resources by scheduling appointments more efficiently and reducing unnecessary paperwork. Communicate clearly and regularly whilst individuals are waiting for care, to instil confidence and reassure patients they have not been forgotten.

2. Enhance overall communication: Provide clear and concise communication by using plain language and avoiding medical jargon, taking into account individual needs. Use multiple channels (e.g., phone, email, text) to communicate with residents so that they can choose the method that works best for them. Ensure that residents have accurate contact information, by clarifying and updating personal details regularly.

3. Partnering with the community sector: Collaborate with community organisations to provide outreach and support to residents who are struggling to access care. Utilise the relationships and trust that local people have with those working in the community to bridge the gap with the healthcare system.



Talbot Ward

Conclusion and Recommendations

Understanding of health and care services

1. Increase awareness and education about different healthcare services:

This can be done through public awareness campaigns, educational materials, and training for healthcare providers. It is important to make sure that people know when to seek help from a particular service or healthcare professional, and which services are appropriate for different types of medical problems. Traditional methods of awareness raising are not effective for some individuals within the Talbot community, therefore piloting a new approach to education may be beneficial. Ensuring those who have experienced an unplanned hospital admission are equipped upon discharge with the appropriate information to help prevent readmission.

2. Provide support and resources for elderly individuals: This could include assistance with navigating the healthcare system, in particular those who are digitally excluded. In addition, healthcare professionals should encourage access to loneliness and isolation support where appropriate, as well as raising awareness of local community groups. Elderly individuals may be more likely to delay seeking help or feel isolated in their healthcare decisions, so it is important to provide them with the support they need to access the right care at the right time.



Talbot Ward

Conclusion and Recommendations

Personal finances

1. Provide financial assistance to individuals struggling to access

healthcare services: This could include providing further financial support for both over the counter medications and those which are prescribed. Take into consideration those who are struggling on minimum wage or working multiple jobs and do not have access to free prescriptions.

2. Create targeted programmes to help individuals manage their

finances and health: This could help individuals to better understand their financial situation and make informed decisions about their healthcare needs. If this provision already exists, increase awareness and referral rates into this resource to ensure this is prioritised.



Conclusion and Recommendations

Lifestyle related risk factors

1. Encourage residents to consider lifestyle choices: Feedback suggests that engaging in an active lifestyle, maintaining healthy eating choices, and pursuing hobbies and interests can contribute to overall health and potentially reduce the risk of certain health issues. For those who are currently not leading this lifestyle, support should be provided to inspire and facilitate positive changes where desired. This could include signposting to community groups where accessible physical activity, education on nutrition and popular interests are promoted.

2. Connect residents with a social network: The presence of social connections can provide a support system that may aid in preventing or managing health conditions. The sense of purpose and community is paramount to individual's physical and mental wellbeing. A proactive approach to social prescribing is required in order to connect isolated members of the community with groups that they will find beneficial.

3. Dual diagnosis: Substance use, particularly when combined with mental health concerns, were discussed by some residents as an issue and may increase the likelihood of unplanned hospital admissions. Access to non-judgemental support with trauma-informed professionals is important, alongside clear professional accountability between substance misuse services and mental health services when considering dual diagnosis.



Talbot Ward

Conclusion and Recommendations

Community Involvement

1. Increase awareness of the benefits of community involvement: It is important to promote both the community groups within Talbot, as well as the positive experiences individuals have when attending these settings. This could be done through advertisement campaigns, outreach to community organisations, and partnerships with healthcare providers.

2. Make community involvement a priority for healthcare providers: This could include asking patients about their social support networks and providing referrals to community resources. Further utilisation of social prescribers is required in order to ensure as many local residents as possible are supported to access the community.



Talbot Ward

Conclusion and Recommendations

Poor mental health

1. Increase access to personalised, timely mental health support: Early intervention is crucial for those with the onset of mental health struggles, to prevent escalation and provide accessible support at the first available opportunity. In addition, the same level of timely support should be accessible when required for those at all levels of complexity, including when individuals are experiencing a mental health crisis.

2. Personalise mental health care: This could include providing individualised treatment plans and connecting patients with the resources they need to develop coping mechanisms and manage their mental health conditions.

Park Ward



Number of doors knocked on – 129

Number of people engaged through door knocking – 42
engaged

Number of people engaged through community settings – 21

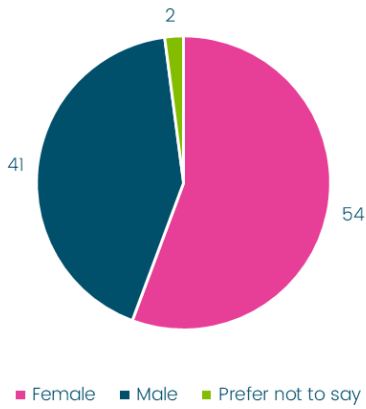
List of community groups visited in ward – @The Grange,
GOGA

Total engaged in Park Ward – 63 residents

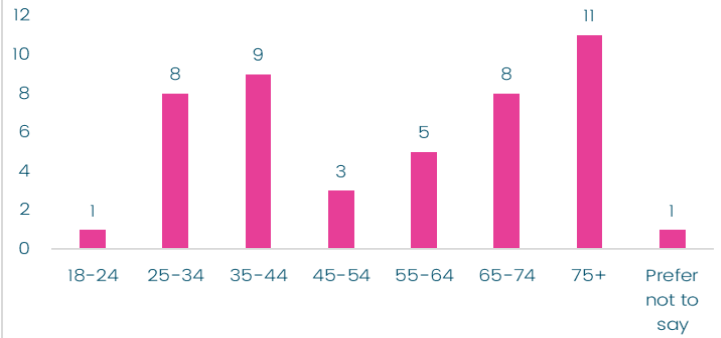


Park Ward Demographics

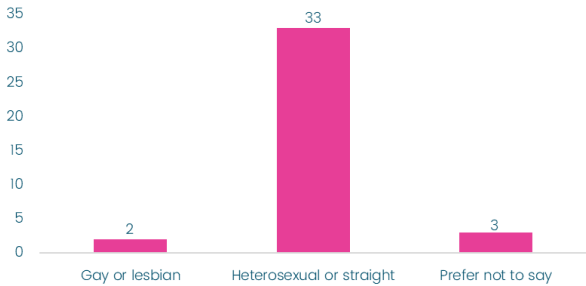
What gender do you identify as?



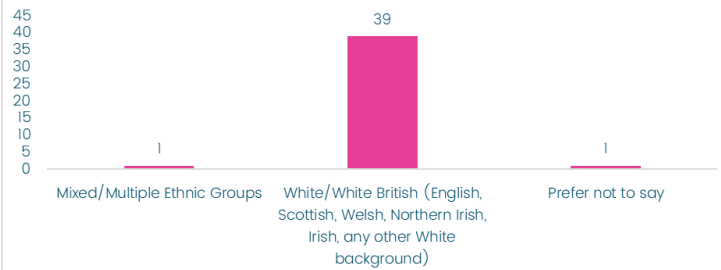
How old are you?



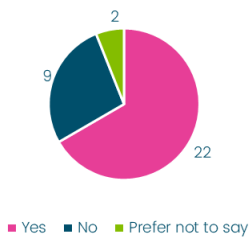
What is your sexual orientation?



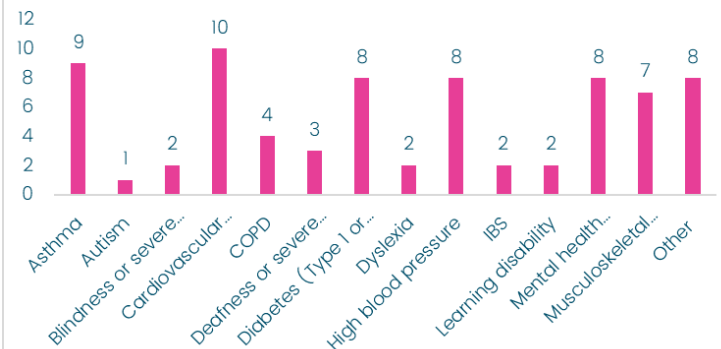
What is your ethnicity?



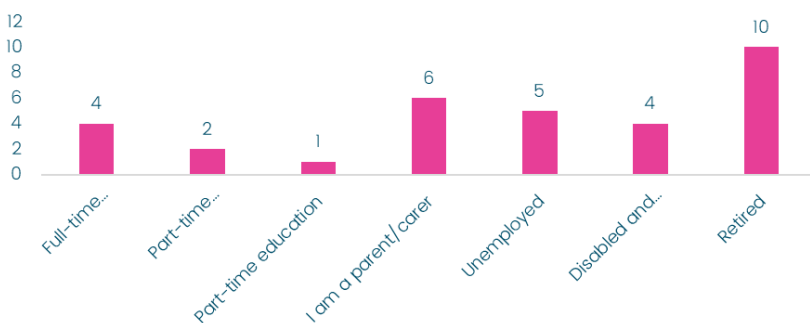
Do you have a long-term health condition or disability?



Which of the following long-term health conditions or disabilities do you have?

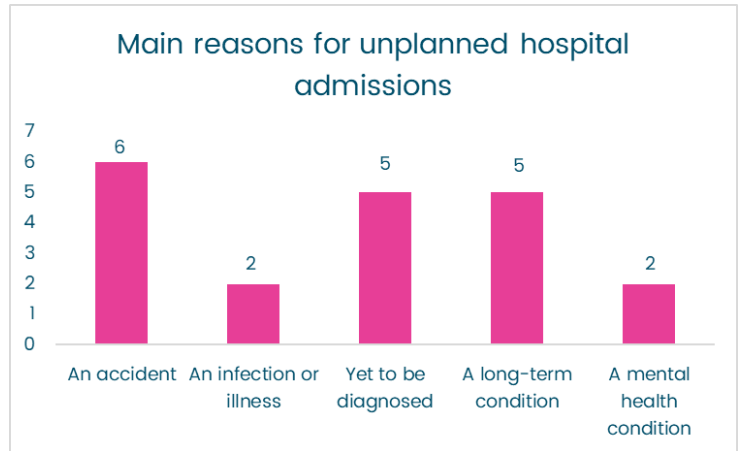


Are you in employment or education?



Park Ward

We heard from **19** local residents who had recently had an unplanned hospital admission.



The hospital admissions shared by residents can be categorised. Six admissions were a result of accidents, including falls, an overdose and a car crash. Two admissions were due to various infections or illnesses, such as suspected sepsis. Five admissions were yet to be diagnosed, including heart attacks, strokes and undiagnosed pain. A further two admissions related to mental health conditions, and five admissions were a consequence of long term health conditions, including diabetes, Crohn's disease, an ovarian cyst, seizures and dementia.

"I'm in and out of hospital anyway, because my blood sugar levels sometimes go down to 1 point something due to my Diabetes (which I've had for 30 years), and I rush into hospital. I am Insulin dependent and sometimes the ambulance staff insist I am admitted to hospital due to the severity of my condition. I can get admitted every couple of days or every couple of months, depending on my health."

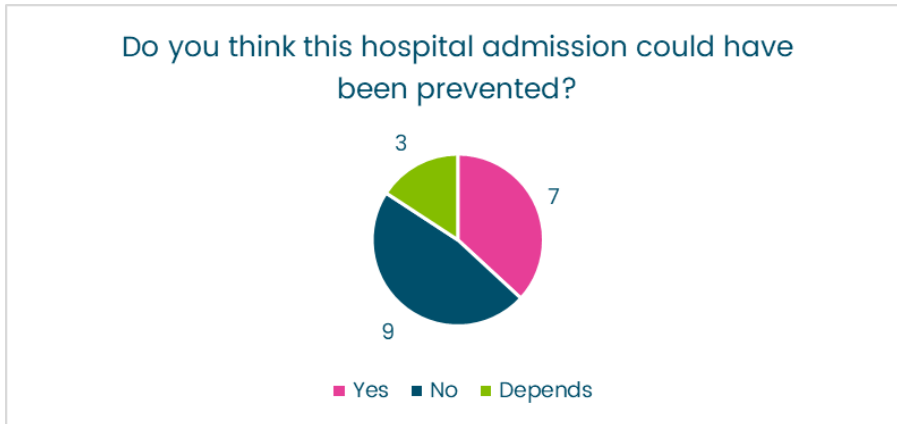
"For myself, I had gone back to work after Covid before having a slip at home. I damaged my knee and it was quite painful. I was in hospital for five days and lost ten meals over the course of that due to operations being cancelled. This was due to other people coming in that were more important."

"I've had Crohn's disease since 1999. After having my Covid jabs, it flared up again. I'd been told that it had moved to the right side last February. I'd eaten an apple and it got stuck in my large bowel so went to the hospital. They ended up removing 20cm of bowel without having to fit a stoma bag."

"I was taken in to A&E 2021. We went to cross the road and I was hit by a car and my husband went over after I had fallen into him. I took the brunt of the car. We were both taken to the hospital by ambulance. My husband only had a scrape. I had a CT scan and my right leg had tissue damage. I was in for 4 days. When I was discharged I was struggling to walk afterwards. I sat on the toilet and the next thing I remember I was on the floor. The ambulance came again and they got me on the chair. When she examined me she didn't know if the problem was in my heart or lungs. They rushed me in didn't go in A&E went straight to a room. Doctor took me for a CT scan again. When I was taken back to my bed, 2 trainee nurses then came in to take bloods so I asked if I could go to the toilet but I wasn't allowed, so they brought me a bed pan then I blacked out again. The doctor came back with the CT results and said it was the biggest blood clot he had ever seen between my heart and lungs. I stayed on the heart ward for 3 days."

"My wife took a fall and broke half her skull leading to her having to have a metal plate put in."

Park Ward



What do you think could have been done differently to avoid this admission?

Of those that responded to this question, feedback directly related to GP access, poor mental health and management of long term health conditions. It could also be noted that health and care integration is a factor in overall patient experience, alongside effective management of long-term health conditions.

1. GP access

“My daughters could have been prevented – the GP kept losing her notes. Every time she went to the consultant he needed a scan so many weeks old so they kept sending her for scans but then not booking appointments quick enough.”

“I told them he wasn’t eating, drinking and losing weight. I kept telling the receptionist and she said we have not appointments, call back tomorrow. Even if we were calling at 8am on the dot, all the appointments had gone. I told my nurse and she said I will contact them via email and that’s what got the ball rolling. If they’d have listened to me earlier when I was ringing, it could have been prevented.”

“It could have been different if the GP knew what they were doing. I see a different GP every time. I saw a nurse and I’ve never seen them before. They are now saying that I have blood disorder – it is something different every time. I had been to the doctors on the Tuesday but I didn’t trust their advice.”

Park Ward

2. Mental health support

“Given more proper mental health support, earlier on.”

“I think a more joined up service with mental health could have prevented the overdose. Primary is under Blackpool but secondary is Lancashire & Cumbria and their systems don't talk to each other. The staff in the A&E do what they can but they are under so much pressure.”

3. Long-term health conditions

“If they give me some medication or treatment for my shakes, I'd likely be able to return to administering insulin myself again (as I used to previously), and therefore avoid as many admissions. I'm independent and try and do as much as I am myself.”

“Some of the ambulance staff are good and can treat me at home, but some aren't able to help me at home and insist I go to hospital. I'm usually in for a week or so. It gets under control and I come out and then it repeats and I have to return to hospital.”

“Hopefully I will be able to get something to stop the shaking symptom. It could be Parkinson's or nerves, but they can't give me medication until I've had my scan to confirm.”

“It couldn't have been avoided first time when I was hit by a car. But the blood clot afterwards could have been avoided. I had blood clot previously and was on blood thinners then the doctor took me off and put me on aspirin. When the doctors at hospital came to reduce the blood clot he said why were you taken off blood thinning when you'd already had a blood clot? He said let me put it this way you will be on blood thinners for the rest of your life.”

Park Ward

How did this impact your life **emotionally**?

Of the 19 residents who engaged with Healthwatch on their recent admissions, the emotional impact this had was significant. The feedback can be shared under four themes:

1. Disruption in continuity of care

Distress caused by the loss of a trusted carer and the lack of continuity in care led to individual's feeling a sense of frustration and having to start over.

"When I was last in hospital, what annoyed me was that before I went in, I had one good carer who I trusted and had a bond with. Because I was in the hospital for more than a week, I lost my carer... The care company have refused to give me my old carer back, and you just get the feeling of 'was it all worth it' as I'm back to square one with a new carer. This has caused me unnecessary stress and I'll dread this every time I'm admitted again now."

2. Impact upon mental health

The impact upon an individual's mental health as a consequence of being admitted to hospital was noted, highlighting the role of friends and family as a significant source of support.

"It's affected my mental health. I'm on medication anyway for being a manic depressive. I try not to dwell on it. We speak to the grandchildren and my daughter/son support me. It's very helpful having that family support network."

"I try not to feel down and stressed, but I do rely on my friends and they are a massive help. I had depression many years ago and was treated for it, so I try to stay on top of the black wave and don't want to go under it again. I have a firm wall against it and don't allow it entry. That's how I cope."

"Felt down at the beginning. Couldn't get about. I said they should have let me die."

"A lot being away from family. Left me feeling anxious and wanting to get out."

"My mum because she is old with other ailments, she thought "it was the end", and she got quite depressed."

"Really badly, mentally because it's a last resort. You get treated well when you're in the hospital but when you're out you kind of get treated like a parcel that just been passed on and not cared about. Left me feeling worthless."

Park Ward

How did this impact your life **emotionally**?

3. Negative experiences during hospital stay

Negative experiences throughout the duration of a hospital admission impacted upon an individual's emotional well-being and overall hospital experience.

“While I was there I asked where the toilet was and I was told to wait 1 minute. I ended up peeing myself. It wasn't until my trousers were taken off that they found an infection in my leg. I also asked for food as I hadn't eaten for 12 hours at midnight and I wasn't given any food until 8am and I am diabetic. These experiences were very distressing.”

4. Reduced mobility

It was also noted the impact that reduced mobility has upon an individual's emotional wellbeing, creating a sense of frustration.

“I struggled with no longer being as strong physically and having restricted movement in my arm. This is hard because I'm a carer for work.”

“I had to stay at home and recover for a long time. This was hard.”

Park Ward

How did this impact your life financially?

Some residents noted that they have become unemployed as a consequence, been left unable to work, relied on sickness benefit, had to pay privately for healthcare and relied on state pensions.

“Yes it's impacted my life financially. I had to rely on benefits and then the day came for my pension but I found out I'm a waspy. I don't have a lot of money and have very little savings. I brought two kids up on my own and have nothing left. I rent my house from BCH, they're great with any problems and are proactive. The repairs department are excellent.”

“I lost my job because of it. Well I said let me go because I can't do it now and asked them if they'd finish me. They wouldn't let me use a stick anyway. Got sick pay - company sick pay then statutory sick pay for 28 weeks, then nothing. Now all we get is our state pensions and a small pension from work.”

“We've had to pay for private appointments just to get a reliable appointment.”
“Can't work anymore following the strokes.”

How did this admission impact your life socially?

Some residents discussed the impact their recent hospital admission had upon their life socially. It was noted that some residents struggled with feelings of isolation and losing confidence when leaving the house.

“My confidence to go out reduced. I wait for my friends to come and take me out as often as they can when they get time. They're kind and without them I would have no-one. My son lives in Preston. I rely on my friends heavily. I used to be involved in healing groups but I'm not anymore. I don't have any hobbies now.”

“Because my daughter has cysts she has lost her confidence - she has gained 2 stone, lost hair and has poor skin. She has gone very introverted.”

“Impacted me socially a lot. Felt really distant from everyone.”

“I don't get any support for me. I'm my support. I have been offered Blackpool carers but I don't want that support. I feel like it's my job to look after my husband in sickness and in health. I'm not ready to let people in. With me, it's getting somebody in who he doesn't know which he doesn't like. The support is there via the telephone from family, but not coming in physically.”

“Feel bored being stuck in the house. My husband takes the car to work so I can't get out.”

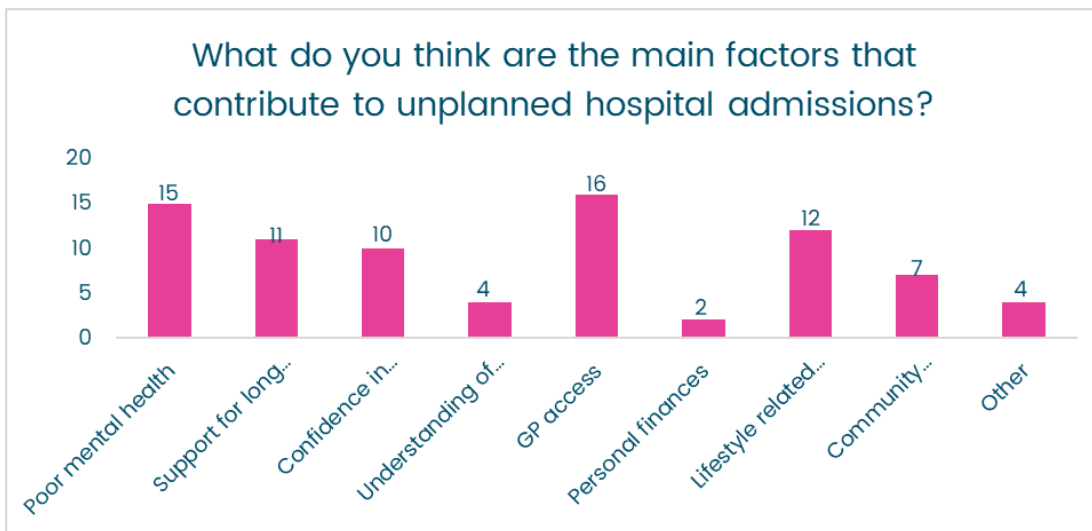


Park Ward

Wider Engagement

Our door knocking and wider engagement work revealed a wide range of individuals who despite lacking direct experience with unplanned admissions, expressed a strong desire to engage in discussions about health and care services in their local area.

The following sections of this report highlight the detailed information gathered through door knocking and community engagement activities in Park, providing valuable insights for analysis and decision making.



'Other' responses included "if it's a weekend or out of hours and if your CPN is off sick", "cancelled appointments", "support for the elderly" and "young people on the estate and their lifestyles."

Have you noticed any particular groups within your local community who are more likely to experience unplanned hospital admissions?

The majority of residents who engaged with Healthwatch living in Park ward have noticed that older adults are most likely to experience unplanned hospital admissions, followed by children and young people and people with caring responsibilities.

"You do see at Christmas and occasions you see a lot of elderly because they are on their own. I see a lot of social admissions because they don't have social care. They are having to stay in hospital because the care homes aren't taking them or social care packages aren't in place."



Park Ward

Wider Engagement

How do you think the NHS and LA could help reduce the number of hospital admissions?

Residents of Park ward provided feedback and suggestions on how hospital admissions could be reduced. Responses have been themed in the below categories:

1. Improving access to GP services

“My GP surgery is just across the road, but they’re as much use as a chocolate teapot. I can’t always get over there as there’s not always someone available to support me there. The carers need notice and are only here for 15 minutes; they can’t get me across there and back in 15 minutes. This contributes to my hospital stays. The Doctor at my Surgery said, “What do you expect me to do”. You can ring and wait 10-15 minutes before they even answer the phone. They said they can’t come out to do home visits and they are short-staffed. I’m in limbo and housebound until I get my current health conditions/issues resolved.”

“More joined up system, if the different parts of the services joined up then you wouldn't end up in the hospital. Hospital is the last resort for when no other services will do anything. I feel like 80% of the people in A&E don't need to be there but this also goes all the way through. If they were dealt with more appropriately at the early stages at the GP they wouldn't end up in hospital.”

“They can't, they just need to put on more GP appointments. They're all done over the telephone at Layton Medical. I went in physically for some results and I was told they will call you. I don't like answering the phone. I prefer face-to-face appointments so I can ask questions. I'm currently under the diabetic nurse. Manage it through insulin. I go once a year, no problems.”

“Making sure appointments aren't cancelled. Putting the money into staff and resources - the ones that are there are really overworked, and you start becoming a number to them.”

“The issue is with the GP. You ring Ill and instead of getting a doctor to see you or an appointment at the doctor, they say go to walk-in or send an ambulance out. There should be things in place where you don't have to go to hospital for things that aren't serious. You go and see people sat there and taking a bed.”



Park Ward

Wider Engagement

2. Improving access to mental health services

“There needs to be more mental health services and better access to them. The waiting lists are so long. So many people and not enough services. If there were more services, people might get seen quicker. Consistent funding for support.”

“People need someone to let off steam to and have someone to listen. People don't feel listened to by their GP. The workers in the NHS don't have enough time for this - they are overworked. They need someone who can give this time and actually listen.”

“More CAMHS support. A lot of services close you off and don't communicate with you then blame other services. Take accountability when things go wrong.”

3. Enhancing community provision, safety and support

“I sometimes hear about youngsters on the estate stealing mobility scooters and pushing old people off, leaving them on the side of the road. That is not nice and more patrols are needed on the estate. In this corner of Grange Park it's idyllic as we're all older and keep our gardens half decent. I'm very grateful that I feel I am safe and my car/house is safe, that is so important. I would be a nervous wreck if I was living scared. Further in the estate it's violent and drugs and alcohol are involved. That needs sorting.”

“Better support in the community including opportunities for social interaction.”

“The elderly don't get enough support, especially what I see through my job, we don't get enough time to give people the care that they need.”

4. Raising awareness and improving understanding of services

“Education is part of the issue and needs to be sorted out to sort out the health problem. In the past ten years, there has been a push to direct people to the right service but they are still getting people going to A&E to fix their washing machine.”

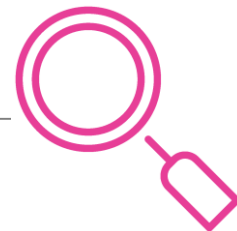
“I have said many times that if they were to charge at A and E for the stupid things some people come in for it would be a deterrent. I don't think going private is the way to go but a small charge for unnecessary visits is the way to go.”

“Education. People need to learn and be able to read about things, as well as where to go. The average person knows more about their car than their own body.”

5. Increase resources

“I know there are only so many nurses but they need more staff.”

“Increase staff.”



Park Ward

Wider Engagement

What do you think is the role of patients and their families in preventing unplanned hospital admissions?

Residents of Park were asked how patients and families could prevent hospital admissions. Resident responses can be themed into three areas:

1. Patients being proactive in their own self-management and timely seeking of care

“It’s hard to tell when I’m going to have a hypo (due to Diabetes). One minute you can be fine, and the next minute you’ve dropped, there’s not a lot anyone can do. It’s just I’m out of it with my blood sugars until they get me under control again. When you’re diabetic and have hypo’s, they can just come on. If you go to Whitegate Drive, you could be there an hour or longer waiting. It’s no good sitting around moping because you make yourself ill.”

“To make sure they are getting medical assistance from the word go and not leaving things, thinking they will go away.”

“Know your doctor and get checked regularly, even if you aren’t feeling under the weather.”

“Just seeking early help and things like that.”

“Reach out for support or speak out if there’s problems. Trying to be consistent with medication.”

“Seek out support early on but often don’t know support is there.”

“I think it comes down to lifestyle stuff. If you have asthma, go out and get fitter. It’s that simple.”

2. Support and advocacy from family members and friends

“I look after my husband, make sure he has a shower, eats and keeps him going. The tablets only do a certain amount.”

“I cared for my mum for 10 years who had emphysema and heart failure.”

“We just support one another. We get no help in to support her either. If I had a problem, I’d try and deal with it myself. I don’t know who would help.”

“I have a lady who comes in and does cleaning – they become part of your family. People like that do things for you – shopping etc. It helps you carry.”

“Sometimes family can help, it depends on the circumstances. You don’t always know if the family are the right people for them to support.”



Park Ward

Wider Engagement

“We’re doing the dressings ourselves. My husband changes them because they get saturated and dead heavy. He’s never been taught how to do it but I think we do it better than they do. We’ve just learnt from watching them.”

“We look after each other, I’m a carer for my husband and one of my children has a learning disability. Anything to do with my husband or the kids I’m quick to contact for help.”

“I’ve got some brilliant neighbours. We look after each other.”

3. Increased support and education from healthcare services

“I don’t think families should prevent unplanned admissions no. The hospital is offering telephone appointments and it is all doctors want to do so why should families help. If something was seriously wrong, I’d be worried.”

“Yes because you get people doing stupid things wasting A&E’s time. My brother works there and he says people go in for earache.”



Park Ward Primary Drivers

GP Access

Residents of Park ward cited negative experiences with accessing GP appointments. Particular reference was given to the time taken via the telephone to make contact with the surgery, with patients often being held in a lengthy 'queue'. Other residents noted the length of time taken to be seen by a GP when booking appointments, often having to wait weeks, although this was not consistent for children. The strain caused by the Covid-19 pandemic further exacerbated the difficulties faced in securing timely appointments for Park residents. While some individuals have praised their doctors for the quality of support and care received, others have expressed difficulties, with particular reference being made to poor aftercare and a lack of personalised care. Further feedback noted patient attitudes towards receptionists, with residents expressing frustration at being unable to book GP appointments and having to disclose the reason why this is required.

1. Difficulty accessing GP appointments

"At my GP, it is virtually impossible to get an appointment. I went back and they said it's not important, you don't need a visit. It was about the menopause."

"I can't get a GP appointment. Even if you start ringing at 8am you can't get an appointment, you're waiting an hour and a half on the phone and then that's all your minutes gone. I can't afford it."

"It can be a bit flakey GP booking appointments; I would phone up, and usually, there aren't appointments until next week."

"I had an angina attack and was told to call the GP if I experienced the same symptoms again. I did, so I tried ringing and couldn't get in. Sometimes the pharmacist at the chemist is better. You just can't get an appointment, they haven't seen me since 2019."

"It's hard to get the doctors to come out to see you though. They wouldn't come and see my mum. They couldn't pinpoint what was wrong with her. They keep saying can you put her in a car and bring her here but it's too much of a faff. When she died, the doctor hadn't seen her in for four years so they just put down old age on her death certificate. How can they say its old age when they hadn't seen her?"

"It's hard getting appointments at the GP – they only book next day appointments and don't book routine appointments."

"You don't see your doctor anymore, especially at my GP. All they're bothered about is research for Covid and asthma. It takes a month to get in. There's lots of GP's locum now, so they don't know about our situation. I feel my care is not personalised. We're old school. They don't know us now."



Park Ward Primary Drivers

GP Access

2. Positive experiences

“They are brilliant and being really good. They’re offering video consultations with my husband because they’d like to see him every 28 days. They know he doesn’t want to go out so do it through video. We get appointments fine. The nurse just emails them and we get an appointment made just like that. She is so good.”

“I had a severe chest infection. I went got an appointment with the doctors. I struggle with hearing so I prefer an English doctor so I can understand. I needed steroids. I couldn't fault the Doctor. They told me to come back if the antibiotics didn't work. She was lovely.”

“I was supported by my GP following my hospital admission. They were good as I had some more infections. The doctor had to come to my house and they were really good about it.”

“My doctors have been great. They were really quick when I had a cancer scare.”

“I had my smear done yesterday at my doctors. They're alright there. She was really nice and gentle.”

“My GP referred me to dietician. She has seen me more recently due to the weightless problems. I prefer seeing the same doctor because she knows me. When she gets the results, she tells me straight away and makes an appointment if anything is a-miss. I find it absolutely superb. If you need an appointment, they triage you in the morning and you can basically get an appointment virtually the same day. I'm been with them 20 years. I have nothing but praise for the NHS.”



Park Ward Primary Drivers GP Access

3. Impact of COVID-19 and pandemic restrictions

“Since the Pandemic I have found it hard to get appointments. My wife has had some success in getting to see people.”

“Mainly because of covid – it is putting a pressure on services anyway and limiting GP appointments. There is no reason for them to be doing it anymore”.

“You can’t see a GP since Covid. We were sent a message from docs during Covid and told to isolate. For 3 years, myself and my husband weren’t seen by a doctor. I phoned docs and she said she was struggling to get an appointment and I had to wait 4 weeks.”

4. Patient attitudes towards receptionists

“My own doctor says I do have appointments because I can see the slots on my screen, but the receptionists don’t tell you that at the desk. They tell you to ring them up at 8am. I ring them up and when I call there’s no appointments. They tell you to go to the walk in centre.”

“The receptionist asks you more than the doctor does. It’s so intrusive and I find it really rude. I suffer with chesty coughs. I can’t see a doctor so I’ve given up now.”

“I can’t get a doctor’s appointment. They always say someone will call you back. I’m quite an embarrassed person and I don’t like saying to the receptionist why I need to be seen. There’s always people behind you and it should be more private. They should take you into a room.”

“The receptionists think they’re the doctors these days since Covid.”

“I don’t like to speak to the receptionist about my health, I don’t feel comfortable as she’s not medically trained. Sometimes you don’t want to tell them what you’ve got. I get offered to speak to the pharmacist sometimes, but I want a Doctor.”

“Its stuff I’d like to speak to my doctor about because it’s personal.”

5. Access to GP appointments for children

“It’s hard to get an appointment for yourself but it’s easier for the kids. So far they’ve never turned my kids away but when it’s me it’s different.”



Park Ward Primary Drivers

Management for long term conditions

Park residents noted discrepancies in the support received from GP surgeries for managing their COPD. A large proportion of individual's made reference to a lack of support groups, with existing groups not being communicated effectively. In contrast, other individuals had positive experiences in relation to other long term health conditions, such as dementia, asthma and diabetes. Regular access to consistent support left residents feeling satisfied. The use of regular reviews allowed individual's to feel supported and cared for. Despite this, other individual's made reference to self-managing their long term health conditions as a consequence of being let down by services. Some residents have learnt to be pro-active in seeking support and advocating for regular reviews if failed by health care services.

1. Inconsistent support for COPD management from the GP

"I generally feel supported by my doctors, I go to my asthma and COPD checks every year. When I was diagnosed with COPD in 2012, I went to a 12 week course at Whitegate Drive which was really useful, I still do bits and pieces myself that I learnt on that course. I feel as though my asthma and COPD is well regulated and I haven't been hospitalised for either. I just use my inhaler, don't need steroids or anything."

"Since Covid, everything has changed. Support, as in to tell us where to go, would be helpful for my COPD. We don't have a key contact at the GP. The only time we go in to our GP is when we're poorly. I used to have an annual check and then went on to breath check, but I haven't had one of these for years. You can't tell anyone by text or phone how you are, it has to be face to face."

"We do apparently have a COPD nurse, but she was only there certain days, but we've not seen once for a long time (years). There's no communication between services, as we only find out about new COPD support groups, etc. through word of mouth."

"I only come here (COPD support group at the grange) to see if I can help anybody, as I've learned over the years how to manage my condition. I don't really get much other support really, but it's good to help others. The peer support is helpful I think."

"I get no help for my COPD, just use inhalers but I don't feel like they work right. One did but they've taken it off the marker. My breathings definitely got worse since I was first diagnosed but they've not done a breathing test recently."

"The staff at my GP are brilliant and nice people, they do help me with my COPD. They ask questions and they're interested. I have three inhalers and I've been shown how to use them, I'm competent with them. The only problem is you have follow ups and reviews, then they quickly discharge you so the support is ad-hoc, as and when you need and not consistent."



Park Ward Primary Drivers

Management for long term conditions

2. Positive experiences with access to consistent support

“They do rehab at Stanley Park which I have attended. I was referred straight away to this from the cardiologist. They give loads of good advice. The information they give is amazing.”

“I have regular asthma checks with the asthma nurse every few months, the same for my daughter. They are trying to decide the best route to take with her.”

“I also receive help for diabetes. I have reviews for this regularly. They also do my eyes once a year as well. They are always on time in contacting me around this.”

“We’ve got loads and loads of healthcare. My husband has vascular dementia. He has carers coming in and GP consultation all the time. He was already mid to severe when we got the diagnosis. It comes with so much stuff. He has a walker, arthritis and poor mobility. His bowel and bladder isn’t good. His appetite is really poor. He had to stay in overnight because his blood showed low levels of magnesium and potassium. It was the district nurse who did his bloods at home and showed low results. He hadn’t been good and she takes regular bloods anyway. It was every three months but now it’s weekly. His iron was zero. He ended up on a drip etc.”

“The cardiologist at the hospital has been brilliant. I definitely felt supported.”

“I have type two diabetes. If I have questions between appointments they are quite good with helping me over the telephone. I have 6 monthly appointments.”

3. Self-management and education of long term health conditions

“I’ve had Crohn’s disease since 1999. After having my Covid jabs, it flared up again. I’d been told that it had moved to the right side last February. I’d eaten an apple and it got stuck in my large bowel so went to the hospital. They ended up removing 20cm of bowel without having to fit a stoma bag. Eight weeks later and I was back at work. They’ve tried me with two biological medicines but I had a reaction to both which can’t be helped. I just had to educate myself how best to manage it myself from now on. When I was diagnosed in 1999, there was no support network there so you had to learn quick.”

“My wife is on a watch list for Alzheimer’s and her memory is bad due to chemo. There is no help from age uk etc. If had a problem, I’d try and deal with it myself.”

“My husband has to help with my dressings because they just get wet and they won’t change them. It’d horrible sitting with them wet all day. The one thing he can’t do is put the compression on, he’s not been trained and they’ve never offered to. I think it’s for the simple reason of if it goes on too tight you can lose your legs and they can go black.”

“I have heart failure and my lungs are dead. I’ve not been told what’s caused the heart failure or how to manage. It put me off going back to the hospital and I’d never call another ambulance again.”



Park Ward Primary Drivers

Management for long term conditions

4. Patient's being proactive in seeking support

"Mostly they contact me for my diabetes but they did forget on one occasion so I contacted them and reminded them. Never had to seek urgent care with my diabetes. It's all regulated and good."

"I'm supposed to be seen by a nurse every 6 months for asthma and I've got a review with my nurse in July. I had to phone and ask for a review. My husband was diagnosed with Alzheimer's 8 years ago. I was worried because he was having nightmares and sweats. It was 4 weeks before they saw him. They haven't reviewed his Alzheimer's in 3 years. While on holiday, we got 2 emails from docs saying we needed a review – it's only the second review in 4 years."

5. Additional feedback

"I'm in and out of hospital anyway, because my blood sugar levels sometimes go down to 1 point something due to my Diabetes (which I've had for 30 years), and I rush into hospital. I am Insulin dependent and sometimes the ambulance staff insist I am admitted to hospital due to the severity of my condition. I can get admitted every couple of days or every couple of months, depending on my health. I'm waiting for a brain scan to confirm if I have Parkinsons, as severe shaking affects my diabetes, and has done for the last year. Because of my shakes I can't administer my insulin independently. I have carers in 4 times daily. However, they are not allowed to administer insulin, only to give me tablets. I can't open my blister packs due to my shaking, so it helps that they can do that for me. I have a diabetic nurse who comes to my home twice daily to administer my insulin. One minute I can be fine, but an hour later my blood sugar levels have dropped. I can't seem to get it under control. When they take me in, I have an overnight bag ready to take with me, but they're not allowed to take my wheelchair with me. When I'm in hospital, my carers can't come into my property as I'm not there and they are not authorised to, so I can't get the wheelchair to me. I use an ordinary push wheelchair (which I can't use independently) and also have an electric wheelchair which I'm not allowed to use currently, as I have to wait for the scans to decipher what is causing the shakes. I'm not covered to use my electric wheelchair on my insurance."

"I had a stroke in 2021. They moved me to Preston for an op to relieve the pressure. They complained as I need a sleep apnoea machine to sleep at night and I didn't have it - my daughter couldn't bring it to Preston. They induced a coma after stroke and had problems bringing me out of the coma. I had a tracheostomy in my neck. They were supposed to close it before they released me but they didn't and it just fell out so I put a plaster on it. The tracheostomy was done at Victoria. No support has been provided since. I was sent home with no one picking me up. The care was a joke – my daughter would phone up and be palmed off."



Park Ward Primary Drivers

Confidence in health and care services

Residents of Park had differing levels of confidence in health and care services. Some residents spoke highly of their experiences with health and care, specifically referencing positive experiences with the midwifery team, clear communication from staff, high quality of care received, alongside timely support when needed. In contrast, other residents of Park cited difficulties with their experiences of health and care, subsequently causing a lack of confidence and feeling unsupported. Some individual's made reference to health care services failing to provide adequate early intervention and patient's not feeling listened to, causing health conditions to worsen. Some residents noted inadequate communication and coordination, with healthcare professionals failing to communicate waiting times effectively and take appropriate considerations for reasonable adjustments.

1. Positive experiences

"My daughter and I both have asthma and have had asthma attacks. I've never had a bad experience at A&E and I get seen very quickly – I work at the hospital so when you are in uniform you get seen in 5."

"I had a tumour removed last year in surgery at Victoria hospital. It went very well. I've been fine since. It was on my bowel. I've got the all clear now. I go for scans every 6 months and the follow up care has been fine. I was going for a hysterectomy and they saw it after my MRI. It was a mass on my bowel. It was the size of a grapefruit. I didn't have any chemo treatment. After the operation I had chemo tablets."

"It's through these nurses I'm still alive. I can go back to 45 years when I had meningitis and I can't praise them enough. (Blackpool Vic)."

"When I was in hospital after my accident, I couldn't have asked for any more. I was not left for hours – couldn't have been treated any better. The response when you get home is where it falls apart. You don't hear from anybody."

"I went into ED recently with my broken foot and I was sent to urgent care which was very good. They sorted it within 2 hours including the x-ray and provided me with a stick which has been very good support."

"Healthcare staff are very courteous. There's not a lot they can do (NHS). They're doing their best, but it's a waiting game because of the backlogs."

"Yes when I was at the Vic, they looked after me and saw the bigger picture. The communication was good and I was given options after advising me what was best. I love the NHS."



Park Ward

Primary Drivers

Confidence in health and care services

2. Negative experiences with health and care services

“I had one bad experience with a junior doctor. They suspected cancer in bowel areas. I was in a lot of pain so I had been to the doctors who told me to go to A&E. This doctor said I had an STI – I said it definitely isn’t. This was based on my age and due to being sexually active at the time.”

“I get no other support other than when I go to whitegate on a Monday and Thursday. Because I’m an OAP, I feel like they want rid of me. We have to change my dressings ourselves because they get wet.”

“Healthcare services need to be caring and supportive, just because it’s not complex doesn’t mean you’re not struggling. Primary care wasn’t very nice or professional in my past experience in 2012. Not very understanding and quite rude, only just gone back under them now.”

“I have been discharged from the hospital before and told to take two paracetamol, but I was desperate and in agony. They said there was nothing wrong on the x-ray, I didn’t know then that I had a slipped disc. They sent me home and were not helpful, everyone glared at me. I don’t think I should have been sent home. I’m crippled for life. I can’t have an operation as the anaesthetic would kill me.”

“I went to the walk-in for my chesty cough instead of the GP and they gave me antibiotics. That cleared it within three days. That’s the only place I’d go now. I only waited an hour and a half but you expect that now. It’s really easy. I’ve given up with my GP. I’ve just given up on it all to be fair. I don’t have faith in them anymore due to Covid and consistent negative experiences. If I felt unwell I’d deal with it myself, then if not Whitegate Drive.”

“When my wife was in hospital, the physio used to leave her in her chair all day. No support. She rang me and said it was dark and couldn’t see daylight. I decided to bring her home and sort her out ourselves.”

“Last time I went in I was put on the old people’s ward, and yes I can understand why, because I’m 61, but I’m not as old as the other people on the ward. You can be sat in a wheelchair on the corridor until you’re sent to a ward, and this can take hours. This doesn’t instil confidence. There have been a few negative experiences, but the staff have been stressed as it’s been busy. Sometimes you can just be left there in a chair, waiting to go to a ward. It just depends on how busy the hospital are and what they’ve got on their plate.”



Park Ward

Primary Drivers

Confidence in health and care services

3. Failure to provide adequate early intervention, causing health conditions to be exacerbated

“I suffered from sepsis toward the end of the pandemic. I could not get a response from the medical profession until it had escalated. I did not go to hospital but did require serious antibiotics.”

“For the strokes, if it was picked up sooner I might have got help sooner.”

“Once I went to the GP and they told me she only had an ear infection and to go home with antibiotics. He put me down as a “paranoid mum” on the notes. I phoned the ambulance because she wasn’t right and they immediately took her to the Vic on red alert. All because the doctor didn’t listen to me.”

“I don’t go to the doctors – only if needed. I had cancer on my arm which grew. I knew it was bad. I was wrongly told that it had gone and it was then left for 18 months so it grew more.”

“When she went to ward 37 it kicked off. The first week she had anaphylactic shock from paracetamol. She was given it 4 times a day and when she was being sick, they even picked a tablet up off floor out of her sick. They said it was thrush. She couldn’t have an operation due to not being able to stop being sick. All the staff didn’t look after her. When she was moved to ward 38, they realised it was an allergy, listened to us, took on our concerns and apologised.”

“My wife is with Layton medical and I’m with Highfield road. She is in constant pain with her leg. The GP just prescribe things but they don’t work and it’s worse. We don’t feel supported or listened to by the NHS.”

“I don’t think it could have been prevented, but I went to the walk-in centre with swollen legs and they didn’t fully assess me whilst I was there, just did a blood test and sent me home. They didn’t advise I go to the hospital and there was no follow up. Shortly after, two big purple blisters developed and we had to ring an ambulance. It took 8 hours for an ambulance so husband carried me to the car. I went to hospital with sepsis and they had to take part of my leg away. I still struggle with water in my legs. It wasn’t a nice experience.”



Park Ward

Primary Drivers

Confidence in health and care services

4. Inadequate communication and coordination

“My mum was left alone for hours before she was told what was going on. When she was discharged they said she would see the seizure clinic within 2 weeks, she's chased this up and they had given her the wrong contact number. She has eventually managed to get the right number and it turns out to be 12 weeks. She's been really worried about this and has lost a lot of confidence in the process. There is a history of brain cancer in our family so it's been a stressful time.”

“My social worker has tried to chase up my appointment for my scan through the hospital as I'd heard nothing, but they can't say when my appointment will be due to the current backlogs. You can't predict really as there may be other strikes in the future.”

“The nurses just don't know what to say. It makes me not want to speak.”

“I had an ECG (at the surgery) and echo (at the hospital) a month ago. I'm still waiting for results. I'm with Layton medical. They said they've not got results. Been waiting a month and they said it should be two weeks.”

“I haven't got a scan appointment yet from the hospital, that I've been able to attend anyway, it's a laugh and a joke at the moment. They have been sending me weekend appointments but there's no transport to get me there. I've contacted patient transport but they only operate Mon-Fri. They know I'm in a wheelchair now and need hospital transport and that I'm waiting for this scan. There isn't enough room at hospital for me in my wheelchair, but the staff aren't aware of my mobility before I arrive, even though it's on my notes. I've had appointments cancelled when I've been at hospital and they've realised there isn't enough room for me (because they haven't made reasonable adjustments). We've raised it as a concern, but whilst I've been at the hospital, not a formal complaint. The Dr. is usually in one room all day long and won't want to be changing rooms just to see me. By the time I get up there, it's a wasted journey. It's a waste of the transport service, Dr.'s and my time.”

“When she was in hospital, the ICU staff were very good but other than that it was not good. They were really nice when I had the skin graft done, but as soon as I had my staples taken out they didn't want to know me.”

Park Ward Primary Drivers

Understanding of health and care services



Residents of Park cited difficulties with navigating the health and social care system. Individuals struggled to understand what services were available and when to use these, or alternatively what to do if they had been told to use a particular service but were experiencing difficulties accessing this. Reference was made to short term funding and feeling let down by healthcare professionals for not being able to access support accordingly. In contrast, those residents who had knowledge of the health and care system or had educated themselves regarding this proved advantageous, as they were proactive in receiving support. One resident noted the difficulties which came with being digitally excluded, struggling to access information online. Further comments highlighted the difficulties with services signposting to alternative health and care services with little explanation. This often left individuals feeling confused and unsupported. Some residents highlighted areas for improvement, focusing on training, effective signposting and joined up communication between services.

1. Difficulties navigating the system and its complexities

“If I need to know more about my legs, I don’t know whether to ask the nurses doing them or the GP, but I can never see the GP.”

“People knowing about services. A lot are only funded for 3 years – this isn’t a long time. Once you’ve got feet under the table it changes. When you’re trying to find local support services it’s really hard to know what is available because it is constantly changing.”

“A lot comes down to GPs, they should point you in the right direction but they don’t so you have to navigate the system on your own or involve other people.”

“My child’s social worker tried to refer me for some support but I got knocked me back. I used to be under the complex care team and they also wouldn’t take me back, they said there’s not much more they could do as I was under them for 7 years. It’s all to do with mental health via primary care and now I’m left. At first it was a bit of a struggle. I’m currently waiting for an ADHD assessment but it will be up to 18 months.”

“At the moment I have a water infection so I’ve been to the chemist. They said it was cystitis. There’s blood there now so what do I do. I rang the doctor and I’ve still not been seen so now where do I go?”

“I don’t know who can help. How can you help with Alzheimer’s?”

Park Ward Primary Drivers

Understanding of health and care services



2. Knowledge of the health and care system

“My stroke consultant said I need to stop smoking so referred me to my GP for nicotine patches but I was told that they don't do this, however, I wasn't told about the free smoke sensation service in the same building. I had to find this out myself but they have been brilliant, really supporting. Not had a cigarette for 3 weeks.”

“I understand how the system works as I worked for the NHS for over 20 years. This helps.”

“When talking to medical professionals, I am capable of talking to them very knowledgably. I used to teach mathematics and half of everyone I taught went on to be a doctor. This gives me an advantage one on one. GPs often change their tact when I can talk back in the same language.”

3. Limitations with access to information for those digitally excluded

“One issues is that I am limited to how I can use my phone. I am not very tech literate. Medical services have a lot that you can do online and which I can't access. I am also dyslexic which does not help.”

4. Signposting to alternative health and care services

“When I came out of hospital, Blackpool district nurses wouldn't come. They said you're already getting support what do you want us to do. They said we have to go to Preston. We were not treated kindly and felt confused.”

“I have a DOBLA to listen to blood flow through my legs, and the GP said this is not my area of expertise, so I need to go to the walk-in centre.”

“I have used the GP and the hospital. I found it brilliant. The GP referred me to the hospital. I was referred within a month.”

5. Ideas for improvement

“To improve, it goes back to being a joined up service with better signposting.”

“Healthcare needs better communication and working together. Be more proactive.”

“Training is essential to raise awareness amongst healthcare staff on sexual health issues, especially the coil.”



Park Ward

Primary Drivers

Personal Finances

The experiences shared by the residents of Park ward shed light on the challenges individual's face when accessing healthcare services due to finances. Feedback suggests that the lack of financial resources restricts people's ability to afford transportation to health appointments such as the walk-in centre, worsening their difficulties. Additionally, the financial burden imposed by the cost of making phone calls to schedule appointments with GPs adds to hardships. Reference was made to the Covid-19 pandemic, with some residents believing that this has impacted people's inclination to seek support, instead internalising the struggles they face.

1. Financial constraints hindering healthcare access

"A wider support network. But no one has any money – this is having an impact. Covid has internalised on everyone – people aren't as good as reaching out."

"I can't get to the walk in centre. I have a four year old, three year old and a baby. It's waiting in the walk-in centre with two kids. If it was payday I'd get a bus but I can't afford it."

"You're waiting an hour and a half on the phone to the GP and then that's all your minutes gone. I can't afford it."



Park Ward Primary Drivers

Lifestyle related risk factors

Residents of Park shared ways in which they maintain positive health and wellbeing. Individual's made specific reference to engaging in activities and hobbies, alongside various forms of exercise and keeping active through sport. Healthy eating habits were noted, with residents adopting a diet suited to their needs. Other residents of Park regularly engaged in voluntary work in order to maintain positive health, as well as attending local community groups to keep occupied. Specific reference was made to family support networks, with individual's enjoying spending time with family members. Other residents cited employment as a factor which keeps them well, alongside engaging in self-care to keep a positive mind-set. A minority noted substance use as a contributing factor to poor health or a means of managing their health.

1. Engaging in activities and hobbies

"I try to stay positive and keep busy by gardening and doing bits around the house when I can."

"We eat ok. Try and keep our mind occupied and potter about in the garden."
"Husband drives motorbikes."

"I have my cat that I look after, play video games, watch TV, go on chat sites."

"I have my fire tablet playing games and bingo. We watch Netflix."

"We get out on Sundays. The wife does magnet fishing."

"For me, I chill out and take it day by day. I play on the games on my phone."

2. Active lifestyle

"I walk my dog and get out. Also staying active and eating a balanced diet."

"I get out and keep well. I'm relatively active but I do have a knee problem that can sometimes slow me down."

"I do bowls across the Fylde coast, I am in a few leagues, I walk around the park."

"I walk a lot, I love walking. I just come to this GOGA walk. I walk from the glitterball to north pier and back every Sunday and Monday. I get stressed so walking helps."

"I dance around with the kids. We'll be going on more walks now it's summer. I used to go to gym with partner but fell and fractured shoulder. My 12 year old goes to Park and loves it."



Park Ward

Primary Drivers

Lifestyle related risk factors

3. Healthy, personalised eating habits

"I eat more vegetables than anything else, and fruit and chicken."

"I drink ginger with apple. All the family are in good health."

"I eat well (loads of veg) and stay active."

"I've lost lots of weight recently so they're doing tests again. They can't find any cancer. They've given me a set menu to follow and add-ons (like additional milk) and now I'm feeling a bit better. I put on 2kgs with this and now I'm nearly 5kgs from when I started."

"I'm waiting on an appointment with dietician. There's a wait to get him on those ensure drinks. I pay for them myself at the minute to keep him topped up."

4. Employment and volunteering

"I volunteer for HIS provision and for Hope Church on Grange Park. I do admin at the church which has supported me emotionally, especially when I was a single mum, and built my confidence."

"I just keep a positive head. I volunteer on a Wednesday and keep busy. My husband goes to Warren Manor so they're my respite days."

"Working. I'm working as much as I can full time on central pier, it can be hard because it's seasonal and not permanent so I have to get agency work."

"I don't like sitting still, I keep busy. I regularly check my body - I know my own body. I work too - it is important to me. I make a difference to people's lives."

5. Support networks and social connections

"My faith and friends keep me well. I have a good support network in my boys. I lost my husband two years ago in Covid. We had been married for 52 years. I keep myself busy and throw myself in everything now. It was during the isolation period. I struggle with that one."

"We keep ourselves well by living day to day and trying to look after each other. We have our grandchildren which looking after them is like a hobby. I love watching my grandson play football."

"I work to keep myself busy. I go to my mums practically every day."

"I just spend time with my brother and his kids."

"Doing things with my children. I enjoy my job."



Park Ward

Primary Drivers

Lifestyle related risk factors

6. Attending community groups

“I also find support in groups like the ones run at the grange as they help combat isolation, loneliness. On Monday’s I got to the Holy Trinity group. I also attend Blackpool Football club.”

“These help to give purpose. I attend the Alzheimer’s group as well as I know the person who runs it and due to past experience I know how to handle people with Alzheimer’s.”
“My husband goes walking with Blackpool walking club once a month which gives me some respite.”

“I go to the wainwright friendship club on a Wednesday. Meet and match nights on a Friday. Thursday I go to multisports – together we can do. I go to the sports club at the ymca on a Sunday.”

7. Self-care

“I do breathing exercises for my COPD. I follow an app on Facebook that shows you how to do breathing exercises, and I’ve found this really helpful.”

“I have received support from Healthworks for my mental health who helped me to understand my triggers.”

“Think of the positives. Enjoying life, go on holidays and breathing fresh air. Being thankful.”

“Keeping to appointments, asking for help when needed. Trying to be consistent with medication.”

8. Substance use

“Admitted through an overdose at A&E. Had two strokes that my GP thought was a migraines during the pandemic. Went to hospital and final had a scan and learnt I had had a stroke.”

“6 months ago the hospital killed my dad. He had pneumonia but they said it was a drug overdose (he was on a methadone project). He had a reaction to the prescribed drug. They withdrew his fluid and food and he died over the space of a week. They had DNR’s due to Covid.”



Park Ward

Primary Drivers

Community involvement

Some Park residents discussed various community engagement and activities locally. Several individuals made reference to joining groups @the Grange, and the wider implications this has on combatting loneliness and isolation through creating friendships and giving a sense of purpose. Despite this, some individuals highlighted the difficulties faced during weekends and evenings when groups are limited. Some residents noted the importance of support networks as an alternative to community involvement in order to maintain positive wellbeing, and subsequently, the difficulties faced when this is lacking. Specific mention was given to youth provisions, and the positive impact local youth groups have on children and young people. A minority of residents stated that they weren't involved in anything in the community through choice. Some residents suggested areas for improvement, including a range of social activities to cater for all ages, group activities taking place in the evening and grants invested in the community.

1. Experiences of community involvement

"I come to the Grange. I also go to Claremont bingo at Claremont Conservative Club. I always go to church and coffee mornings. I have a car and take my friends so we get about. I find it difficult being on my own at the moment. I've moved from a three bedroom house to a one bedroom flat after my husband died to Covid. It's been a lot of change."

"@the grange helps me with loneliness. I come 5 times a week. It's a lifeline. I don't know what I'd do without it. I suffer with depression and I have psychosis. 12 months ago, I wouldn't even have a conversation. I have changed in 12 months massively and I can't believe it. My friend passed away 12 months ago and we used to look after each other so I struggled. I only realised after 2 months that I had neighbours at the groups. We pop in to see each other now."

"If the weather is nice I will potter in the garden. It doesn't help now that football has finished. There used to be a group that met in the squirrel for an evening meal but that dwindled off due to low numbers and the people organising it eventually gave up. People tend to be okay during the day especially if they're working but it is lonely at night. It's when you got home to an empty house that things get to you."

"The Grange is a lot better since lockdown – there's all sorts going on. It's only £2 for a warm dinner and all the rooms are always busy."

"I go to sporting memories at the grange. I go to holy trinity south shore – social event bingo, general knowledge quizzes. They keep me connected after I lost my wife."

"On a Thurs, I go to women's fellowship and my husband goes to the dunes with the husbands. We have a game of bingo or quiz. I enjoy going to sporting memories, extra time going for 6 years they are like a family. Blackpool football club is his life – go to football with our children."



Park Ward

Primary Drivers

Community Engagement

2. The importance of support networks

“I have been through it but I have 2 lovely sisters who phone me every night.”

“I gave up work and looked after my mum when she was ill and she didn't seem to change much. She did really well for 96. I didn't get any support as a carer when caring for my mum but wasn't really bothered. I've got my brother. I had no support to help with the loss of my mum.”

“After my surgery, they wanted to send me home the same day. I live on my own and said I couldn't manage. I had no one to look after me so I wanted to stay. I managed to stay in overnight.”

3. Youth provisions

“My son gets involved with Boathouse Youth. It's amazing and I couldn't ask for a better youth club. He also goes on his bike to Kicks.”

“I am waiting for a reply back for Boathouse Youth for the kids. I heard about it through my cousin's kids. It's amazing.”

4. Lack of community involvement

“I don't access anything at the grange or any community support because I don't feel like I need to.”

“No involvement in community groups. I don't feel welcome locally. There's places in town where I've felt more welcome.”

“We don't do anything in Grange Park, it's for old people who probably live on their own and have lost their husband or have no friends. It's not for me.”

“I'm not involved in the community because he doesn't want that and nor do I. I still have to abide by his wishes.”

5. Opportunities for development

“It needs to be more accessible. There is a community centre locally but it's only open Monday - Friday 9-5.”

“There needs to be social activities for women in their 30's and 40's. I have gone to the Grange but everything seems to be for older people who women with babies and toddlers.”

“Patient transport should be better utilised as it is used and abused. More community health drop-ins would be great - like the bus they take around. More things like that within the community.”



Park Ward Primary Drivers

Poor mental health

Residents of Park described the complexities of accessing personalised, timely support. One resident highlighted that despite their preference for talking therapy, they continuously encounter a system that offers medication as the primary solution. Support through counselling was noted, with feedback being mixed. Medication has offered partial respite for some residents, slowing suicidal thoughts for one individual. Reference was made to the benefit that local community groups bring to improving mental health midweek, however, the lack of community groups operating on weekends and bank holidays can cause some individual's to feel isolated. Some residents face challenges in obtaining a proper diagnosis for their mental health, causing feelings of frustration.

1. Difficulties in accessing personalised, timely support

"I am always fighting. I want talking therapy and keep getting offered medication."

"The Dr said 'you can speak to me' about my mental health but I can't get through to her."

"I am still trying to get a professional diagnosis for my mental health. Been stuck under anxiety and depression when it is PTSD."

"I've not had any mental health support, been given a number for supporting minds but I haven't reached out, I just try to sort myself out. People don't have as much confidence in healthcare services anymore."

2. Support through counselling

"I have a lot of trauma from my bad childhood, I've had counselling 3 times but it doesn't work for me."

"In terms of my mental health I have had some support. The first was through Blackpool Council. I lost my son, aged 36, to cancer as well as my wife and granddaughter several years following that. The first lot of counselling helped but the second two didn't. I have taken medication for my mental health and this took the edge off."

"The first councillor I used was very good. It felt like a weight had been lifted. The ones I have had since were not as good. I have tried to get the first one back but she had been promoted due to her skills."

"I got to bereavement counselling for the loss of my husband. I find it helpful. I found it myself. I go to St. Thomas's Church. It can be a group session or one to one. I do have support and that does mean a lot to me."



Park Ward

Primary Drivers

Poor mental health

3. Support through medication

“I had suicidal thoughts but they put me on anti-depressants and these thoughts have slowed since.”

“I have anxiety and depression and every year this is reviewed. I am on meds. My partner died and I tried to end my own life.”

“I am on anti-depressants and am wanting a review. However, despite me requesting this I have not been offered one.”

“I’m on an anti-depressant and I have the app so I just order my prescription through that.”

“I have anxiety and have been referred to mental health support by my GP. It has been good.”

4. Community involvement and support

“For my mental health, I do sessions like the sporting group at the Grange four times a week. I see myself as providing help as well as getting assistance from being there. For my overall health care I work hard on being well.”

“I struggle on bank holidays and weekends as the support groups don’t run then. Weekends can be quite long.”



Park Ward

Conclusion and Recommendations

GP Access

1. Improvements to appointment availability: It is important to recognise the struggles residents of Park face in accessing GP appointments, specifically lengthy waiting times, although this was not apparent for children. Increased awareness is a necessity with regards to enhanced access, as residents appear unaware of appointments available outside of working hours and weekdays. Patient education in relation to this would be beneficial in order to help with GP accessibility through utilising enhanced access slots.

2. Enhance continuity and consistency in GP care: Residents of Park experienced a variation in the quality of care received within local GP surgeries. Positive experiences were noted, however, some residents raised issues surrounding inadequate aftercare and a lack of continuity in care, with a different GP being seen at each appointment. Where possible, it is important to ensure the same GP is seen consistently so care feels personalised for the patient and confidence is instilled, building a positive professional-patient relationship.

3. Patient education surrounding the role of receptionists: Some residents of Park noted negative experiences with sharing personal healthcare issues with local GP receptionists in order to access an appointment, causing feelings of frustration. It would be beneficial for residents to be educated regarding the role of receptionists, understanding the need for further information in order to inform triage. This awareness could consequently diffuse feelings of frustration and enable a positive relationship to be built.



Park Ward

Conclusion and Recommendations

Management of long term conditions

1. Enhance consistency in long term condition management: Residents of Park with long-term conditions experience variability in the level of care and reviews provided across GP settings, specifically those experiencing COPD. While some individuals receive consistent support, others with the same condition face difficulties due to a lack of clear management and infrequent reviews. This inconsistency recognises the need for standardised and consistent care to ensure that all individuals with long-term conditions receive adequate support and regular reviews. A system whereby notifications are generated when an individual is due for a review could prove beneficial in ensuring care is consistent and timely, aiming to reduce unplanned hospital admissions.

2. Improve signposting and informing from GP's: Some residents have been proactive in learning and seeking resources regarding various long term health conditions, self-educating themselves on their condition. To ensure patients feel supported and understand their condition, it should be mandatory that GP's provide patients with reliable resources to better inform them regarding their specific condition and how to manage this. Alongside this, signposting from GP's to relevant support groups locally could prove beneficial in providing peer support and ensuring a joint up approach with the community.



Park Ward

Conclusion and Recommendations

Confidence in health and care services

1. Facilitate training for GP's regarding patient voice: For some residents, failure from primary care to provide adequate early intervention resulted in health conditions being exacerbated. When initially presenting, some individuals did not feel listened to or taken seriously. Training could be provided within healthcare settings for professionals to actively listen to an individual's own opinions regarding their health, and these be taken seriously when voiced.

2. Improve communication regarding waiting times: There is a need to maintain clear and regular communication with individuals during waiting periods for care, instilling confidence and reassuring patients that they haven't been overlooked or forgotten. This could help foster trust between patients and healthcare providers, ensuring patients feel supported and prioritised. For example, if a waiting list is one year, quarterly communication with patients should be implemented to maintain positive communication.



Park Ward

Conclusion and Recommendations

Understanding of health and care services

1. Increase awareness and education about different healthcare services:

Some residents within Park struggle to navigate the health and care system due to its complexities, although those with knowledge of the system did not face the same barriers. More should be done to increase awareness and education about different healthcare services, whether this be through public awareness campaigns, effective signposting within primary care, educational materials, and training for healthcare providers. Ensuring individuals are well-informed about when to seek help from specific services or healthcare professionals, and understanding which services are suitable for different medical issues, is crucial to preventing unplanned hospital admissions. Traditional awareness-raising methods are not effectively reaching some individuals within the Park, so consequently, piloting a new educational approach could prove beneficial for a joined-up approach.

2. Consider accessible information and communication for those digitally excluded:

Some individual's face barriers when accessing information regarding their health online. Digitally excluded individuals should be provided with support and accessible information in a way suited to them. Communication through the preferred channel identified by individuals is crucial for active engagement and interaction with services. In certain cases, innovative methods of communication may be required, such as utilising community connections to facilitate meaningful conversations. By adapting to an individual's communication preferences and exploring creative approaches, effective engagement can be enhanced, helping individuals connect with the services they need.



Park Ward

Conclusion and Recommendations

Personal finances

1. Provide financial assistance to individuals struggling to access healthcare services: Some individual's within Park ward would benefit from further financial support to access healthcare appointments. Feedback suggests that the lack of financial resources restricts people's ability to book appointments via telephone and afford transportation to health appointments, worsening their difficulties. A provision should be piloted, whereby those without the financial means to access primary care appointments should be eligible for free transport to improve overall health and wellbeing. Although patient transport is apparent, it is clear the eligibility criteria is too prescriptive and does not allow for individual cases to be considered.



Park Ward

Conclusion and Recommendations

Lifestyle related risk factors

1. Encourage residents to consider lifestyle choices: Based on feedback from residents in Park, it is evident that adopting an active lifestyle, engaging in self-care, making healthy dietary choices and pursuing personal hobbies and interests can significantly impact overall wellbeing. For individuals who are not currently following this lifestyle, it is important to offer support that motivates and enables positive changes. This support could include directing individuals to community groups that promote accessible physical activities, provide educational resources on nutrition, and cater to popular interests. By providing such guidance and resources, we can empower individuals to make positive lifestyle choices and improve their overall health.

2. Connect residents with a social network: Establishing social connections can serve as a valuable support system, offering assistance in the prevention and management of health conditions. The sense of belonging within a community is essential for promoting the physical and mental wellbeing of individuals. To effectively address the issue of social isolation and enhance overall wellbeing, it is crucial to adopt a proactive approach to social prescribing. This entails connecting isolated community members with groups and activities that align with their needs and interests, enabling a sense of belonging and providing meaningful support. In addition, encouraging residents to engage in voluntary work, attend community groups and partake in employment where appropriate gives a sense of purpose and helps to enhance overall wellbeing.



Park Ward

Conclusion and Recommendations

Community involvement

1. Increase awareness of the benefits of community involvement:

Feedback from Park residents has shown the strong importance of community groups in combatting loneliness and isolation, creating friendships and giving a sense of purpose. Although community engagement is high, it is important to promote both the community groups within Park, as well as the positive experiences individuals have when attending these settings, to the wider community. This could be done through advertisement campaigns, outreach to community organisations, and partnerships with healthcare providers. This approach should be consistent throughout the whole of Park ward to encourage inclusivity.

2. Facilitate community groups on weekends and evenings: Some elderly individuals highlighted the difficulties faced during weekends and evenings when community groups are limited, resulting in feelings of isolation and loneliness. Facilitating groups with differing hours and varying age groups, operating in the evenings and on weekends, would be beneficial to help maintain positive health and wellbeing, particularly the elderly.

3. Make community involvement a priority for healthcare providers: This could include asking patients about their social support networks and providing referrals to community resources. Further utilisation of social prescribers is required in order to ensure as many local residents as possible are supported to access the community.



Park Ward

Conclusion and Recommendations

Poor mental health

1. Increase access to personalised, timely mental health support: Timely intervention is important for individuals facing the initial stages of mental health challenges, aiming to prevent further escalation and provide accessible support as soon as possible. It is vital that individuals at all levels of complexity, including those experiencing a mental health crisis, have access to the same level of prompt support when needed. In addition, it is crucial to prioritise person-centred mental health support, specific to the individual's needs. This involves offering access to both talking therapy as well as medication, ensuring individuals are offered a range of treatment options that suits them.

Claremont Ward



Number of doors knocked on – 146

Number of people engaged through door knocking – 30
engaged

Number of people engaged through community settings – 76

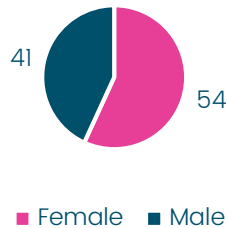
List of community groups visited in ward – Claremont Community Centre, Claremont First Steps Community Centre, William Lyons House, St Pauls Worship Centre, BCH Spencer Court, HIS Provision van, Westminster Primary School, Social Prescribing Link workers, Magic Club.

Total engaged in Claremont Ward – 106 residents

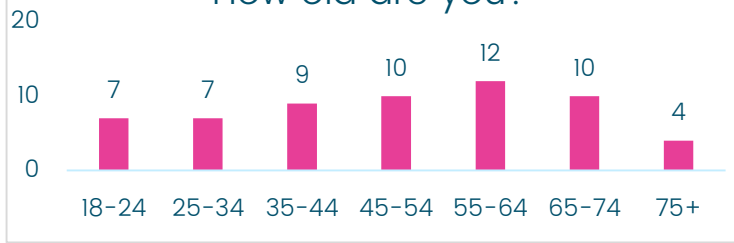


Claremont Ward Demographics

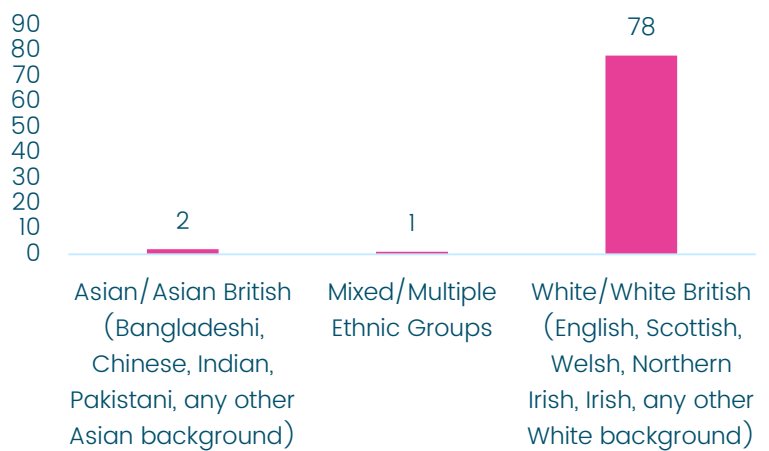
What gender do you identify as?



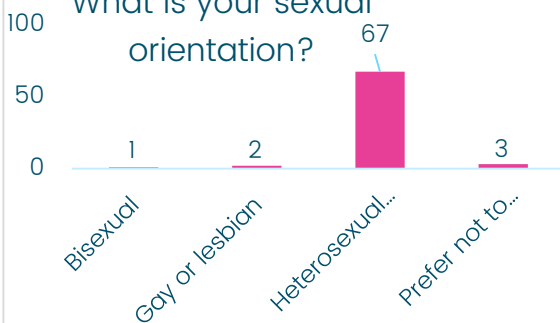
How old are you?



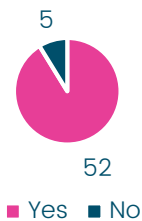
What is your ethnicity?



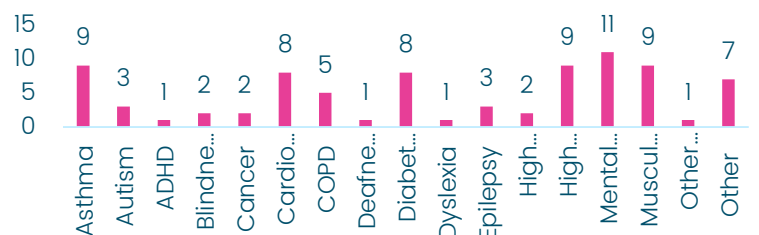
What is your sexual orientation?



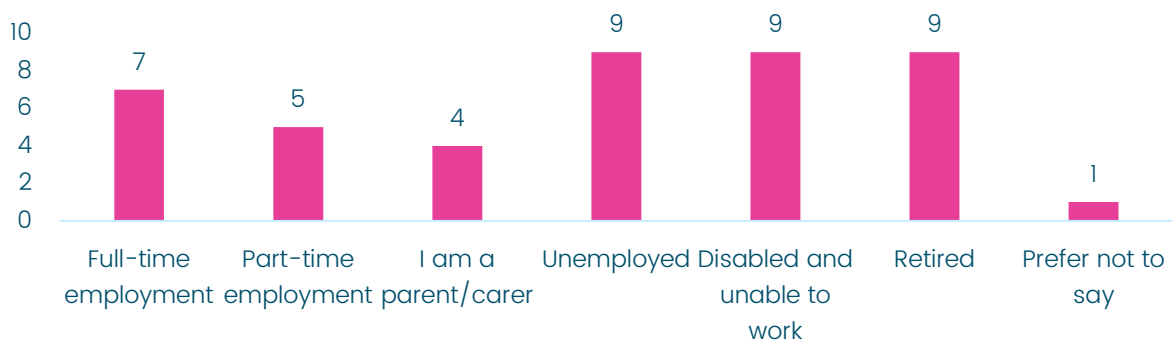
Do you have a long-term health condition or disability?



Which of the following long-term health conditions or disabilities do you have?

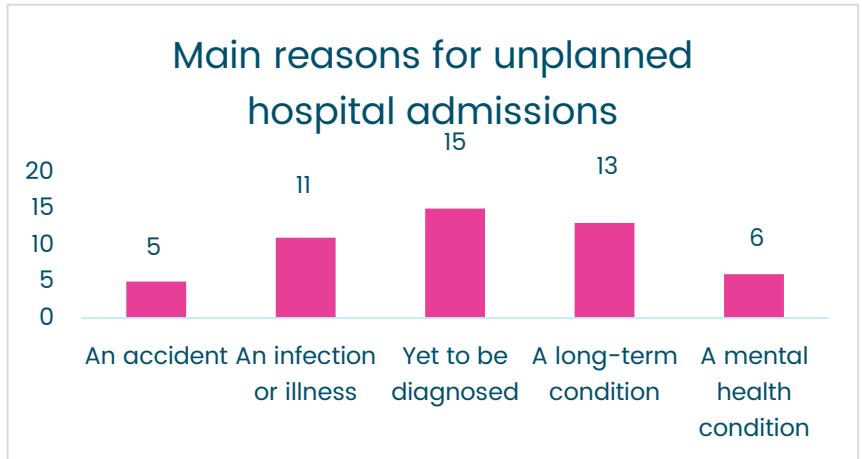


Are you in employment or education?



Claremont Ward

We heard from **50** local residents who had recently had an unplanned hospital admission.



The unplanned hospital admissions shared by residents have been themed into the following categories. Fifteen admissions were yet to be diagnosed, including chest pain, strokes, double pneumonia, stomach pain and suspected DVT. Five admissions were a consequence of long term health conditions, including asthma, cerebral palsy and epilepsy. Eleven admissions were a result of a range of infections and illnesses, including sepsis and kidney stones. Five accidents were reported, particularly falls resulting in broken bones. A further six admissions related to mental health conditions, with some disclosing suicidal thoughts and having a mental health crisis.

“My mum is in a care home and had got sepsis through an infection on her leg and had to be taken to hospital. She also has dementia. For her to wait 35 hours for a bed on a ward and seeing people brought in the door... She was getting upset and crying.”

“I had collapsed at work and was coughing up blood. I was told I had 2 blood clots in my left lung. The first day I went in they palmed me off and just said it was my heart, as I have heart problems. I went back myself the next day because I knew something wasn't right.”

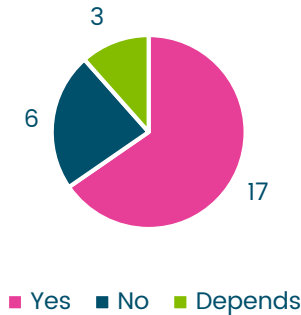
“I was drinking a lot to mask my mental health symptoms. I had a bottle of cider in my bag and kept sneaking off. Doctor said I needed to detox from the alcohol before I could be seen. Told to contact horizon. Another doctor said to just go home and take some pills, it felt like I was being fobbed off. I spoke to them and they didn't give me much help. The alcohol team came out to me and told me to keep drinking at a reduced level so I wouldn't get withdrawal. I then had a mental breakdown. We went to the light lounge and the person I spoke to was absolutely lovely. He wrote a note for me to take to A&E. I was in there for 5 or 6 hours before being transferred to a ward where I stayed for 3 days... I wish they could see mental health on the same level as a broken leg. I had a cannula in my arm for 8 hours that I didn't need.”

“Been in hospital a lot over the years, I was in 5 weeks ago for a few nights. It's always a few different things like my breathing, stuff to do with drinking, I have a cyst on my left kidney, high blood pressure. In 2020 I was in for a few months with my prostate.”

“I had a 2 month stay, my husband said he couldn't cope anymore and rung an Ambulance who said I needed to go in. A couple of days later they said we're putting you on a ward.”

Claremont Ward

Do you think this hospital admission could have been prevented?



What do you think could have been done differently to avoid this admission?

The majority of feedback related to accessible treatment within a primary care setting, as well as being able to navigate this part of the system. Additional feedback referenced availability and effectiveness of mental health support, and lifestyle related risk factors.

1. Diagnostics and treatment in General Practice

“GP tried to counter the infection with ineffective antibiotics, leading to the issue becoming worse. Should have just referred me to ENT immediately.”

“I think my GP should have been able to diagnose food poisoning, but he missed it. This resulted in me being in agony and having no choice but to go to A&E as it was out of doctor's hours.”

“I tried to get a doctor to give me a scan on my back, but they wouldn't do it. My GP has also tried to refer me for a scan at BVH, but keeps getting knocked back. I wouldn't have to keep going into the hospital if they would just give me the scan.”

“It was an ongoing medical condition (gallbladder/gallstones) which doctors were aware of, but he hadn't received proper care for that, so the pain escalated until he needed urgent hospital care.”

Claremont Ward

2. Lifestyle related risk factors

“Had I not have been drinking alcohol and been in the wrong place at the wrong time, then it probably could have been avoided.”

“If I had more awareness of food allergies and nutrition.”

3. Access and understanding healthcare services

“I now understand how to get an appointment at my GP if we need to and we'd go to Whitegate drive UTC or A&E with any emergency healthcare issues.”

“It could have been avoided if I'd been able to get a GP appointment. It's the same as all the other GPs, you just can't get an appointment. Other people said why don't you ring 111? They would have sent me to the hospital anyway. Also, the ambulance waiting times are horrendous, so we couldn't wait for them to assess me at home.”

4. Mental health support

“It could have been prevented. There should be more support – they only give it for so long. Places like Sycamore House should also be available for 2 weeks rather than 1 – you are only just settling in for a week.”

“Yes, it could have been avoided if there were more places like this (Sycamore House) where you feel supported and cared for, and they don't pump you full of drugs, and they listen to you. No one should have to suffer when there should be a good support network going to help rather than pump with drugs and off you go. No aftercare – you get that feeling they are looking down their noses at you – not engaging and feeling judged. They check on you for the week after.”

“Seeing the same person throughout and seeing people who specialise. A familiar face because I had to re-explain my issues to 3-4 different nurses. It would be nice to have a group of people who support the NHS. There needs to be more training and awareness around mental health.”

5. Complications following surgery

“Had a hip replacement that went wrong and went septic twice. Ended up having three operations.”

Claremont Ward

How did this impact your life emotionally?

The emotional effects on those who have experienced an unplanned hospital admission in Claremont are varied, but deeply felt. Some people suffered high levels of stress, lack of motivation and frustration. In contrast to this, a small minority of residents shared feelings of hope and positivity. The feedback has been divided into the following six themes:

1. Impact upon mental health

The impact of health upon an individual's mental health has been described, including how this manifests in different people.

"Downs not the word. It's had a massive effect, I've been shouting a lot and struggling mentally."

"Huge toll on my mental health, felt let down by the doctors."

"My Cerebral Palsy causes me increased stress, and it's slowly getting worse."

"Poor mental health. Down and stressed. Doctor said I'm suffering from anxiety but I said I wasn't. Since thought about it and I think I am. Seeing the kids alleviates this."

2. Disruption of daily life

There are many implications of an unplanned hospital admission on daily life, during which an effect is felt on an individual's emotions.

"Every time I had the pains I couldn't do anything - kept getting rushed into the hospital. I put my life on hold as I was spending time in the hospital. It impacted my mental health."

"Have ended up signed off work for several weeks and now have a permanently disfigured ear. This has obviously caused a great increase in stress and decrease in mental health."

"It's been really hard because I like getting out and doing the garden but I couldn't."

"Lack of motivation, mental fog, lethargy."

"Previously I was walking almost every day, the incident prevented me from getting out and performing daily activities."

"Stress increase and lack of motivation, judgment from people I knew before when I was healthy, adapting to new life, I feel like a liability, some people are dismissive and this makes me upset and belittled."

Claremont Ward

3. Traumatic experiences

Some individuals struggled with things they witnessed and experienced within the hospital setting, impacting them emotionally in both the short and long term.

“Negative emotional impact. I saw some horrible things... It was traumatic. There has to be something – a separate area for people who aren't critical. Areas for people with mental health issues in crisis.”

“I've had previous really terrible experiences where I was literally treated like an animal... Negative impact on me emotionally – the last place you want to be is in a waiting room full of people when you are having panic attacks... Mental health needs to be treated with a bit more understanding and compassion.”

“I've come for my mental health and I could see her (the receptionist) rolling her eyes... You should be taken somewhere quiet. Mental health needs to be treated with a bit more understanding and compassion.”

4. Support network

For those with support, the negative emotional impact appears to be reduced in comparison to those lacking in a support network.

“My husband died whilst I was in the hospital so it was really hard. I don't know how I feel. I didn't want to be on my own.”

“It was really bad, thankfully I have a flat mate.”

“It was a long road to recovery, but I had my friends.”

5. Personal growth

In contrast to the above themes, some felt a positive emotional impact from their unplanned hospital admission.

“It didn't impact me, when physio said that I wouldn't get movement back, it was like a 'challenge'.”

“I'm trying to build myself up and get my confidence back.”

Claremont Ward

How did this impact your life financially?

The financial effect of unplanned hospital admissions on residents in Claremont is extremely varied. For those in receipt of financial support from the DWP, the impact appears to be slightly reduced. Seven residents cited no financial impact, with one saying “I am already in a lot of debt.”

1. Cost to visit the hospital for loved ones

Some people struggled with the financial implications of visiting loved ones.

“Cost my husband a fortune in visiting the hospital, £4.99 on the bus.”

“I had to pay a lot for taxis to and from the hospital all the time. Had to buy food and drink while I was there – never knew how long I was going to be waiting for.”

“Partner had to pay parking fees (cost). You don't know how long you're going to be in so no idea of cost until you return to the car.”

2. Entitlement to benefits

For those seeking financial support from the benefits system, there were mixed experiences of how accessible this process is.

“The incident didn't really affect me financially, I still went to the Job Centre. I was advised to go on the sick, they could see that my mental health wasn't too good so felt that I needed time to get myself right.”

“We're supposed to be getting help to speak to the DWP to help with carers allowance, someone's ringing apparently.”

“I haven't had a problem getting benefits and DLA as it's all on my medical records. I wasn't actually working before anyway, I've not worked for 6–7 years but I was a care worker. It was a hernia that stopped me from working.”

“I can't work because of my health and I care for my partner. We claim PIP and carers allowance.”

3. Sick pay

Similarly, a few people had differing experiences with sick pay from their employer.

“My employer gave me full pay on sick leave, they have been very supportive.”

“My work only pays statutory sick pay, so this month will be very tight.”

Claremont Ward

How did this admission impact your life socially?

Some residents discussed the loneliness and isolation they felt following their hospital admission and deterioration in health. Barriers to socialising were frequently mentioned, such as physical and emotional struggles. Some people mentioned no impact on their life socially, with one stating “I don’t go out anyway.”

1. Isolation and accessibility challenges

Limited mobility and the implications of ill health on an individual’s ability to socialise had a significant impact.

“I can’t walk without a walker now and I don’t have one yet, my social worker has arranged for one to be delivered.”

“I don’t go out a lot due to my mental health, I feel a lot of shame. There is still a lot of stigma about mental health especially from older generations.”

“I haven’t felt comfortable going outside for some time due to a combination of significant dressings and inability to do some self-care (shaving, cutting hair, etc.) until wound site is fully healed due to risk of reinfection from hair shards.”

“Lonely and isolated since husband moved away. My husband bought me my mobility scooter. I hadn’t got that I wouldn’t get out.”

“I used to visit the local mosque every Friday, but don’t go anymore as I can’t speak properly. They are very welcoming there, but it’s so overcrowded now with newcomers and more Muslims locally, it’s too busy for me.”

2. Lack of involvement in the community

Some people do not have interaction within a community setting, resulting in loneliness and isolation.

“I’m quite isolated and I feel like people call round less since I became ill, they all have their own problems. I’m not linked in with anything and was supposed to be getting a social prescriber but I’ve not heard anything.”

“If affected my life a bit and I already wasn’t going out, I spent time at home resting which I didn’t like, I don’t enjoy staying in.”

“I don’t get involved in the community, but I do have family involvement, with my daughter living in and other family members taking care of me, cooking my meals and such. Before losing my wife 7 years ago and recently having a stroke, I was very sociable and went travelling often, but I struggle with communication now and need a bit of help with this and walking any distance.”

Claremont Ward

3. Emotional impact of social isolation

There were various social and emotional consequences felt from an unplanned hospital admission.

“I felt loneliness and seclusion, but work was the only thing that was keeping me positive.”

“I was stuck in a lot and got really down because I love getting out to the community centre.”



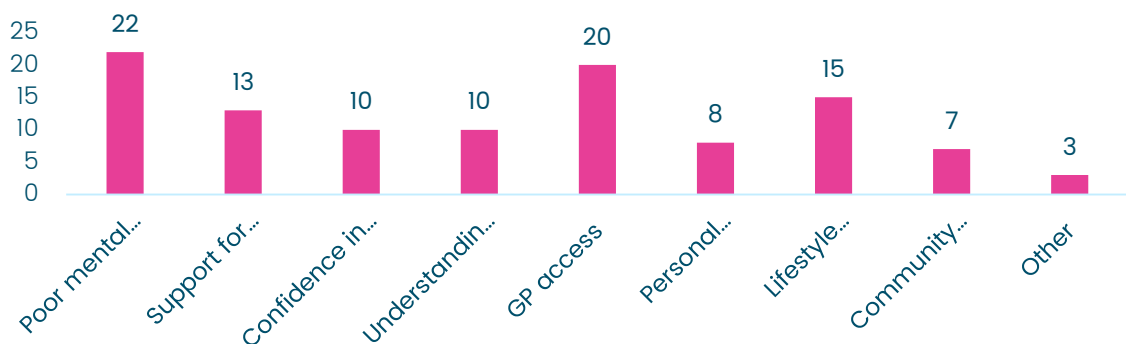
Claremont Ward

Wider Engagement

Our door knocking and wider engagement work across Claremont revealed a wide range of individuals who, despite lacking direct experience with unplanned hospital admissions, expressed a strong desire to engage in discussions about health and care services in their local area.

The following sections of this report highlights the detailed information gathered through door knocking and community engagement activities, providing valuable insights for analysis and decision making.

Generally, what do you think are the main factors that contribute to unplanned hospital admissions?



'Other' responses included "I saw quite a few homeless people in there, one man stole an extra sandwich because he was hungry" and "some people will be prescribed medication and they will choose not to take it, then go back and say that the problem has got worse."

Have you noticed any particular groups within your local community who are more likely to experience unplanned hospital admissions?

The majority of residents who engaged with Healthwatch living in Claremont ward have noticed that older adults are most likely to experience unplanned hospital admissions, followed by children and young people and people with caring responsibilities.



Claremont Ward

Wider Engagement

How do you think the NHS and LA could help reduce the number of hospital admissions?

Residents in Claremont have put forward suggestions to improve access to healthcare in order to reduce unplanned hospital admissions. It is important to note that some of the proposed ideas may already exist, highlighting further issues regarding awareness of available support. Responses have been themed into the following categories:

1. Improving access to GP services

“By people being able to get access to their GP, as they are mostly unavailable and a waste of time.”

“Consistent GP - he sees three different GPs - can't see the same one twice. Would think seeing the same person all the time would mean they get to know the patient. More GP's. Speed up procedures - if he had had surgery sooner then he would have been in hospital a lot less.”

“I would think that if they had more doctors' appointments available and helped the people more who need the help and not fob them off there would be less problems.”
“Making it easier to get into the doctors and make an appointment, you can spend hours trying to make appointments now.”

“More accessible GP surgery's open later in secluded areas.”

“More GP appointments and less waiting times. Appointments on the same day would be good, especially when considering minors. If we can't get seen at the GP we go to the walk-in centre.”

“See people sooner at the GP's.”

“Sort out the GP's surgeries, so that more people can get access.”

“You can't get to see a GP, so it's no wonder people end up at A&E. They don't know where to turn.”



Claremont Ward

Wider Engagement

2. Enhancing community provision, safety and support

“Needs to be more in the community especially community centres to focus on children and their mental and physical health and wellbeing.”

“Community health checks.”

“Health should come into the community.”

“Better community outreach.”

“More community based things to do, for example gardening. Find out peoples interests. A good support network around that – going for walks – mental health support walks with trained staff/ volunteers. You just want to know that you aren’t on your own. Create a football team. It should be a holistic approach and people should be able to make their own choices about what they want to do.”

3. Raising awareness and increasing understanding of services

“Keep people informed about it – I saw something on TV about ear infections, and I had one. It made me go.”

“Advertise better, be stricter as people associate the hospital as somewhere that they will not be turned away from they were born there. They think, that’s where they will treat me.”
“Spoke to MH liaison team. Lots of back and forth between services. It wasn’t handled well at the hospital. A lot of miscommunication, one nurse speaking to another nurse and Chinese whispers/misinformation.”

4. Improving access to mental health services

“Children with mental health conditions, trying to look for support for son, think he has ADHD and separation anxiety. Stuck between GP and school, as neither will take any responsibility and just pass between each other. Son had a support worker at school to help him but she has left so he’s left with nobody now. He doesn’t trust anyone. He masks and then it affects him more at home, left dealing with it alone at home.”

“I think mental health plays a huge role. The lady has been waiting over three months for a SPA appt. The waits are too long. They have letters saying they’re on the list but its months and months.”



Claremont Ward

Wider Engagement

5. Targeted support for specific groups within the community

“Healthcare services need to prioritise patients based on their needs, such as age and severity of factors in regards to illness.”

“Ask the person – a person centred approach. People are so desensitised. Systematically in the NHS is too restrictive – following guidelines. Where is the person-centred approach?”

“Continue with the outreach service that contact the GP and the hospital. You could also send occupational health out to people’s homes. Providing handles and stair lifts would be good to stop people having to go in in the first place.”

“Helping the homeless and providing better mental health support (police don’t have knowledge/experience to deal with an attempted suicide – mental health team is needed for this). Rather than being left hanging, people need proper support services.”

“I saw a bloke in the waiting room drunk with a rucksack. Apparently he had been in there 12 times within 12 months. She said to him you can’t keep coming here wanting a bed because you’ve nowhere to go and you’re drunk. She said we can’t help because it isn’t an emergency. Why didn’t they get someone from the alcohol team to talk to him or refer him/ arrange for help for that night? More communication between services would prevent repeated instances like this.”

“Maybe by having mandatory check-ups at the hospital for people with long term illnesses to help monitor them better – something similar to a health MOT.”

“Offer a 24/7 service which is one below the doctors and can help with minor accidents and illnesses. Aim to focus this service on the older generation and mums with young babies.”



Claremont Ward

Wider Engagement

What do you think is the role of patients and their families in preventing unplanned hospital admissions?

For those residents who have a support network, it is clear this is hugely beneficial in maintaining their health and wellbeing to prevent unplanned hospital admissions where possible. With that being said, those who are providing the support can sometimes suffer detrimental effects as a result of prioritising their loved one's health. Some residents suggested proactive measures that individuals can take in order to care for their own health and reduce the need for service intervention. However, for people struggling with limited or no support, preventing deterioration in health and wellbeing appears to be significantly more difficult. Responses can be categorised into these three areas:

1. Support from family, friends and neighbours

"Families should have more of a say of how to support individuals - how they can help should be explained by medical staff."

"Family can help with caring responsibilities - my brother takes me shopping."

"I have family who come round to see me regularly, and my daughter who lives with me. I'm lucky to have that support."

"It is really good to have the support of a neighbour who has been through the same as me."

"Role of support and connectedness - love and time together. It is so precious. Some people don't have supportive families and it is really sad. You want role models."

"Telling your family members when they need to go to the doctors. Sometimes my family members are reluctant to go so maybe a comment section where you can alert healthcare professionals to do a welfare check."

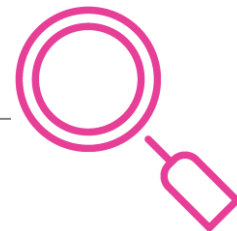
"Received TV, walking stick and possible mobility scooter from friend."

"Thankfully got lots of neighbours who are mates so if we need any help, we just rely on each other."

"Full time carer for partner for 5 years, I have a healthy support network."

"Partner buys equipment online for support as GP/ hospital have not given them. My partner receives no carer allowance and no carer support."

"I look after everyone and make sure they're all sorted. Sometimes I struggle with my own health but I put them first."



Claremont Ward

Wider Engagement

2. Patients taking proactive steps to care for their own health

“Be health-wise and practice self-care.”

“Ensure doctors are visited early.”

“I sort myself out. I would only access emergency services in a real emergency, and use the pharmacy for help with any other health issues.”

“Knowing basic first aid helps, it's important. If you don't know this, then sometimes people end up in A&E needlessly.”

“I try to have regular check-ups and live a healthy life when I can.”

“I have learning difficulties but I look after myself. I'm really pleased I can look after myself and I'm independent living.”

“Keep away from dangerous situations, look after their health, get support for medical conditions quickly from GPs rather than letting it get worse and needing hospital.”

3. Struggling with limited or no support

“I spend a lot of time looking after my son, I don't have much time to look after myself and only have Hannah from Empowerment supporting me.”

“I've had no help, nobody's been to see me. Son was useless and he's in HMP now for 7 years. I don't see my other sons. We're actually struggling to look after the big dog. I find it hard because I care for my wife full time but I'm struggling walking myself.”

“My husband cares for me as much as he can but he's struggling with his health too and has been hospitalised.”

“I don't really talk to my family, I think they're too busy and we don't really share our problems with each other. They've got their own stuff going on so they don't need to hear about my anxiety.”

“My family don't come to see me and it means my days are boring.”

“We don't bother with services or trying to get support, we just rely on ourselves.”

“I don't have any close family, my child died of a drug overdose after being a MH inpatient. This was a year ago and I feel like nobody remembers.”



Claremont Ward Primary Drivers

GP Access

The majority of residents in Claremont who engaged with Healthwatch reported struggles with accessing their GP, with the main reasons being due to waiting times for an appointment, lack of face to face consultations and inconsistencies in care. Some residents have made the decision to seek care through alternative means, including the pharmacy and urgent treatment centres. It is important to highlight that most of those who have used a different route to Primary Care informed Healthwatch they will continue to access care in this way going forward, in order to avoid the issues with their GP. Additionally, some people are choosing not to reach out to their GP for help and so are experiencing worsening health conditions. Despite this, some individuals remain pleased with the care they are receiving via their GP surgery and shared positive experiences regarding timely appointments, receiving medication and kind staff.

1. Delayed referrals or waiting times

“My hospital admission could have been prevented – GP access is the issue. You have to be in a real crisis to get help.”

“It took me an hour and 17 minutes to get through to my GP. Then when I got through they said no appointments.”

“I struggled to get a repeat prescription for an Eczema cream, had to make an appointment to get the cream, I waited six weeks for the appointment. I believe that if you're not a young child you're not classed as a priority.”

2. Frustration with lack of face to face appointments

“I couldn't breathe and they wouldn't come out to me. I felt cold from head to feet and went to bed. I couldn't get back into bed. It was pneumonia. I've had pneumonia 5 times. I have COPD and the doctors wouldn't come out to me. I didn't know who my family was.”
“Sometimes I phone the GP and they haven't got any appointments. A lot of the time you can only get an appointment on the phone. Previously with the NHS you were looked at as an individual but now a number.”

“I think I could do with more face to face GP appointments. Telephone appointments just don't work for me. Feel like he listens to me face to face and it's just a better experience. I don't feel a connection via the telephone. My social prescriber rings me too.”

“I don't really get help from my GP, the doctor rings but I do not get face to face.”
“It's an interesting experience. You end up talking to the receptionist about what your issue is, when you don't want to share this personal information with them. They only want to do phone call appointments, but sometimes you just need to see a GP. We have doctors, paramedics, nurses at the surgery, but you see them and feel you aren't being taken seriously. My partner had shoulder surgery 4.5 years ago, and the GP didn't even know whether there were pins fitted until 6 months ago.”



Claremont Ward Primary Drivers

GP Access

3. Hesitancy to access care

“I feel breathless with anything I do, even getting up but I have no respiratory conditions diagnosed at all. The doctor said I have a small heart murmur. I must still have it. I don't like to bother them and I say no I'm alright, but I am honest with them when I really need the help.”

“My nana had a bad cough and ended up with pneumonia because she didn't book an appointment at the doctors - she thought she wouldn't get one and there were people who needed the appointments more than her.”

“I've got an infection and won't go to the doctors because it's down there.”

“I don't really go even though I'm meant to. I've got a bad chest, meant to get my bloods done and they're really low. Think they've said I need an inhaler, I'm getting a scan on my chest as well.”

“After 3 months suffering I did make an appointment at the GP, on advice of a friend. Now I am on medication for life.”

4. Lack of consistent GP

“You can never get appointment and if you do you never get the doctor you want who may be good but don't know about you like the family doctor would. I had to send photos in to doctor online to see the medical issue.”

“We're back to speaking to anybody at the GP now and not having a designated GP. I've always got to see a doctor but you can't have an appointment for about 6 weeks. I miss the prescription line too, you can't speak to a human now. I always got the right drugs when I ordered it like this.”

“You don't see a doctor anymore can only see a practice nurse.”

Claremont Ward Primary Drivers

GP Access



5. Residents seeking alternative routes to visiting the GP

“The UTC on Whitegate Drive has been good, giving me treatment straight away for issues with my legs, when my GP said they couldn't help me for months.”

“I'd wait at home with it and struggle, turn up at Whitegate drive and wait hours, or be dead.”

“I avoid the GP, I have had a health check in the van.”

“I can't get a GP appointment when I want one. I've had to wait 7 weeks for a face-to-face appointment. I had problems with my legs in January and I was told I'd have to wait until May to be seen. I ended up going to the walk-in centre and was treated straight away.”

“I work and have tried to call my GP at 8am, but can't wait all day to get through. If I try to book a regular appointment, I have to wait 2 months sometimes. I don't bother anymore and instead use my local pharmacy when I want health related advice. Doctors are a complete waste of time. I use pharmacy or A&E, and that is it.”

“I went to Whitegate due to a sebaceous cyst. I've been living with it for some time but recently it had gone softer and was causing me some issues. I went to Whitegate, waited a couple of hours and they sorted me out. I was happy with this.”

6. Positive experiences

“My GP is really good and I can get my prescription easily, I take 6 pills in a morning and I self-catheterise. They've trained me to do this so I do morning and night.”

“I have a learning disability and I have an annual health check. They are good, they check for everything.”

“My baby was poorly a couple of days ago and I phoned the GP and they gave me an appointment straight away.”

“I went for a blood test and had low iron and the GP had kept calling up and following up with everything.”

“I ring for an appointment in the morning at 8am to speak to a doctor and they will fit me in the same day. The nurses are fantastic. I go every 3 months for a depo jab and B12 and they're great, I can have a genuine conversation with them.”

“I phone up at 8am to get a doctors appointment - they either give you an appointment with a nurse or a doctor if it's urgent and I've never had a problem. Last time I saw a paramedic working in the GP practice.”



Claremont Ward Primary Drivers

Management for long term conditions

From having conversations with residents in Claremont that are registered at different GP Surgeries and have various long-term health conditions, it became apparent to Healthwatch that there are clear inconsistencies in the care received, particularly when considering the monitoring of these conditions. Some people receive regular reviews by the appropriate professional within a Primary Care setting and so have a good understanding of their own condition and treatment. On the other hand, some residents shared their frustration with the lack of consistent support for their long-term condition. The implications of this included insufficient knowledge surrounding their own health, difficulties in utilising the treatment methods and a lack of confidence. Furthermore, some people have received specialist resources that have improved their overall quality of life, whilst others have had to find aids via their own means.

1. Diagnosis

“Left leg swelled up and I’ve been told its heart disease. Seen a different doctor who said it was osteoarthritis and was told to just eat well and nothing they can do.”

“My legs are so swollen – I’ve been to the doctors and they have said it’s due to lack of movement but I don’t feel like they really listened to me. The doctor said he would increase my tablets and I’ve also been given anti-depressants. I don’t think this is going to sort the problem and the answer is always just more medication. I get shooting pains up and down my legs. It was after I got covid I nearly died and since then my legs have been like this. I’m awake all night long with the pain.”

“I had this accident at work when I was 38. He said you’d expect what I have which is crumbling of the spine in someone who is 60 odd and I have to deal with it. I have to sleep with 6 pillows because of my back. I’ve seen an occupational therapist years ago but that’s it.”

“My daughter has a speech and language difficulty, she received a referral for a speech and language therapist and a full diagnosis. This has been a massive help for her and she can communicate so much better now since getting this help.”



Claremont Ward

Primary Drivers

Management for long term conditions

2. Negative experiences with accessing care

“There’s a 3 year waiting list for surgery for hip replacement, but I went private and had it done in a week, but it cost £13k.”

“I’m waiting on a neurology appointment, it’s been 18 months since I had contact and I’ve deteriorated in that time.”

“I have end stage chronic kidney disease, and there are no renal services in Blackpool. For me to visit my clinic I have to travel to Chorley.”

“I find it difficult to order inhalers for myself and children, part prescriptions have been done at times, or prescriptions aren’t ready at the chemist when they say they will be.”
“I’m an insulin dependent type 1 diabetic and I’m going blind as well but I only see my diabetic nurse once a year if I’m lucky.”

“Neurologist last seen me in 2018 for my epilepsy – I haven’t seen a doctor for 2/3 years. Just found out through Healthwatch enquiring that I’ve been discharged from the neurology department but this wasn’t communicated with me.”

3. Monitoring of health and long-term health conditions

“Only get a phone call nowadays to check for asthma but it’s not the same.”

“I’m going to the hospital tomorrow but I don’t get monitored by my GP and no annual health check. I have only seen a respiratory nurse in hospital when I have been in with pneumonia.”

“I have asthma. Supposed to see an asthma nurse but haven’t seen them in about year. I struggle and it flares up an awful lot, 2 or 3 times a week depending on the weather. I have a blue one and a brown inhaler – I’m confident using them. Sometimes I think they’re working but other times they’re not. I’ve not been hospitalised with my asthma since I was young though.”

“I am on medication for my diabetes. I’ve got a blood pressure monitor for this and finger pricking. I used to have to do it three times a day, now reduced to twice a day. I write in my books – blood sugars and blood pressure. I’ve reduced the amount of crisps I eat and improved my diet to help regulate this. I’m frightened now as I might hypo. I have a diabetic nurse and see the GP as well. Get my reviews every three months.”

“I also have an annual review for asthma and diabetes type 2. It’s always on time. They’re meant to be half an hour but I have an appointment for an hour because I have two things. I don’t have a specific nurse but there’s two or three that are specific at the GP. They’re always on the ball with reminders. I get a text every October saying I need to make an appointment.”



Claremont Ward

Primary Drivers

Management for long term conditions

4. Self-management and education of long term health conditions

"I've nearly died from my asthma as a kid but I have my 2 inhalers now and feel like I can manage it quite well. When I'm out on my bike and running it doesn't affect me but when I stop I feel like I can't breath. I know my limits."

"I'm on blood thinners every day and I have a blue inhaler."

"I'm bad with my breathing, I can't use the inhalers I've been prescribed a year ago, I've never been able to get on with it. I could do with something like the powder."

"I am type 2 diabetic and I have an injection in my stomach."

"I also got education through the doctors of what I should/shouldn't be eating with my diabetes."

"I have been to the asthma nurse and have been given inhalers. They work when I get round to it. I have a nebuliser as well. I was shown how to use them and feel confident with them."

"I'm on the edge of type 2 diabetes and control it through my diet. I've almost managed to reverse it. I also had high BP and high cholesterol, which is far better than when I was first diagnosed because I'm more active now."

5. Provision of aids, resources and specialist support

"I paid £130 for a mobility scooter from my friend for my girlfriend, it allows us more freedom as I was used to using a wheelchair."

"I have had access previously to Occupational Health, when I did see them I was advised to live on microwave meals because I shouldn't be cooking due to my epilepsy."

"Chorley Home Therapy have been fantastic, and support me well in dialysing at home."

"I have had good support from the Cardiology Team at BVH after being diagnosed with heart failure and having a stent fitted 7 years ago. I had 6 weeks in treatment and my experience in hospital was very positive. I was offered different support, and a COPD support group, which I didn't bother with, but it was nice to have the option of support."



Claremont Ward Primary Drivers

Confidence in health and care services

Some residents in Claremont have had positive encounters with local health services, resulting in reinforced confidence and trust in the support available. Similarly, for those who have had negative experiences, their confidence has reduced which has had an impact on their perception and utilisation of local support. Particular areas of concern for residents that has reduced confidence in health and care services are lack of communication, waiting times and being unable to access the right service at the time it is required.

1. Positive experiences

“I’ve been to Whitegate Drive for some support previously and they did a good job with dressings but I’ve been discharged from there.”

“The hospital were all brilliant. They need a pay rise. Can’t fault them.”

“It was a positive experience with the physio team.”

“Good communication, doctor’s explained things seriously, felt like I was properly listened to. I felt like they really cared.”

“With my second child I had to have specialist support during pregnancy and birth due to my heart problems. I had to go to Manchester hospital and the level of care and communication was really good.”

“When my son got hit by a bus and had to be taken to Preston Royal where he was in a coma for 3 weeks they were brilliant staff.”

“The nursing and the care I received at the Vic was brilliant.”

“We didn’t have any issues at BVH and we were seen much quicker than expected. We were pleasantly surprised.”

“My midwife was fantastic with both of my children and my current dentist is really good.”
“I had carers for my mum 4 times a day. Trinity were really good. They got it organised so quick, a hospital bed for my mum.”



Claremont Ward

Primary Drivers

Confidence in health and care services

2. Reinforcement of negative experiences

“My mum had a fall and it took Vitaline 8 hours to come. They told me to leave her on the floor and not move her – she would have been there for 8 hours.”

“I have no confidence in the NHS or any other support networks for that matter, been let down too many times.”

“Vitaline take ages to come so it doesn't give me much faith.”

“I'd be reluctant to have another op. I've lost confidence and trust in services.”

“My mum was sick. I tried to get the doctors to come out for a week before she died as she had got sepsis. They sent out a male nurse, who she wouldn't see. The doctor saw her on Friday and said they would see her Monday as she was fine and then she died on Saturday. She was 84, they should have sent a doctor. We only live around the corner and we couldn't get her there, that's how poorly she was. They put her cause of death as frailty and old age but it was due to an infection. This has caused a massive mistrust.”

3. Inadequate communication and coordination

“They have been cancelling appointments due to strikes. I had to phone up and ask for them to urgently rebook my appointment as I was in pain.”

“It had taken 5 weeks from the message from A&E to get to the doctors and lots of miscommunication.”

“Sometimes I'm sent out forms regarding my disability and they know I can't write, I struggle to get help with this because some of my care has been cut.”

“I don't think my GP is very good. They never call you back when they say they will.”

“They always have an excuse why something has not been done. Communication is poor. Look at my annual reviews, they say a doctor will authorise it and never do.”

“I was having a lot of pain down my side near my lungs. I left it for a while thinking it was nothing. I rang 111 and spoke to a doctor who advised me to go in. He got an ambulance. They did loads of x-rays and they found 2 blood clots on my lungs. They didn't admit me onto a ward because they had no beds. I was rushed in on a Friday having pain again. They did another scan and Sunday just gone the doctor from outpatients said could I get to the hospital asap because my stools were black and sticky. I went to A&E from 5pm to midnight for them to tell me I need to go to the doctors.”

“You cannot get in to see a doctor. I'm well overdue a health check now. I called up and they said they would contact me but they haven't.”



Claremont Ward

Primary Drivers

Confidence in health and care services

4. Difficulties with available services/support

“My social worker that I’m supposed to have is none existent.”

“I’m on the waiting list to have my teeth out, I’m in pain with them but I have massive anxiety about dentists so I’ve got to wait to get them out at the hospital. It could be 2 years waiting. I don’t normally see a dentist but I’ve managed to get help through a scheme in Blackpool at Salvation Army cause I’m basically homeless, I’m living in a hotel.”

“I also struggle with dentist access. Due to my medications it affects my teeth. I have lost a lot of my teeth now and it’s embarrassing. I used to have an NHS dentist but because I didn’t go during Covid I got struck off.”

“I had lots of social worker support when I came out of hospital, they were brilliant and with me from the start. The hospital arranged social care involvement and she helped me with everything until she went off on maternity leave. Since then I’ve not had a proper one and just get anybody now. They turn up knowing nothing about me.”



Claremont Ward Primary Drivers

Understanding of health and care service

Some residents in Claremont are facing many barriers to accessing care and support, with many of these barriers being underpinned by a lack of accessible information and struggles with communication.

1. Lack of clarity on available support

“I don’t know where to ring or go to when I need support.”

“I need genetic tests for my children but I’m finding it difficult to navigate the systems with hospitals in different areas not sending information to each other. I’ve had a genetic test done by Sheffield but Blackpool won’t test my children based on my say so, they need confirmation from Sheffield but Sheffield have been slow to send the information over. I can’t manage to talk to anyone and I don’t understand all the complex language.”

2. Limitations with access to information for those digitally excluded

“I only have a landline.”

“I have a mobile but don’t have Wi-Fi or use the internet.”

“I struggle with anything online or on my mobile, I don’t do tech.”



Claremont Ward

Primary Drivers

Personal finances

From having conversations with residents in Claremont who are struggling financially, it was clear that this is having an impact on long-term conditions and overall health. Particular areas of concern related to housing conditions, such as damp, black mould and difficult relationships with landlords. In addition, for those struggling to pay for gas and electricity, many are faced with rising debt, poor living conditions and the associated stress that comes with this. There appears to be an opportunity within community settings, for example food provision, to provide intensive holistic support and money management education, as feedback suggests this is currently a gap in support available.

1. Issues relating to housing

“My life improved since having a flat and not being on the streets anymore. On universal credit and in £710 arrears with rent. I received the cost of living credit but that was just used on food and essentials. I have to stay at friends when I have no electric.”

“My children all have asthma because of the damp in their bedroom, and it took years for housing to come out and sort it. It’s a housing association called Places for People.”

“I rent a flat through a private landlord and he’s telling me I need to give him the money that I got off the government, it was £400. I don’t know what to do or if that’s right”
“I sleep on the sofa, I don’t have a bed”.

“I need support when dealing with my landlord. I’ve got black mould in my flat, I’ve told the landlord about it many a time and he said it’s normal. I think it’s affected my chest, I struggle to breath sometimes. Heating only works for 2 hours in winter, my hands went purple and had to go to the doctors- they said it was because of the flat. I sent the landlord pictures and he blocked me. I was really cold through winter.”

“I privately rent and I don’t have the deposit to move but the landlord is making me ill, he’s not listening.”

“I’m struggling in a 2nd floor flat and I have to wash myself at the sink.”

“I pay private rent and the kitchen ceiling fell down. It had been leaking for 12 months. It’s taken them 2 weeks to come round and do it. They’re awful but I am in arrears with rent so I don’t bother him. I owe about 4k and he doesn’t bother me so I just leave it.”

“I live in the bedroom as it’s too cold in the living room in winter.”

“Been street homeless and used to access more support then but since having the flat, you’re entitled to less.”



Claremont Ward

Primary Drivers

Personal finances

2. Positive feedback regarding housing and adaptations for health

"I live in a housing association bungalow – they have done all of the mobility aids e.g. shower chair, hand rail, ramp etc. Great Places are brilliant."

"I live in a flat – it's ok apart from the neighbours. We did have problems but not at the moment. We have reported it to BCH plenty of times and they took it seriously. Drugs and all sorts. I have been there over 20 years and it has got worse. I do feel safe there. They fitted a ramp because my husband had his leg amputated."

3. Issues relating to gas and electricity

"I struggle with the gas and electric, I'm on ESA and I don't get paid for another week on Thursday."

"Only just been put back on universal credit at job centre, I was previously on job seekers but they cancelled it as I couldn't work due to pain in my leg. I had no electric or gas for 16 weeks, so couldn't have a shower etc. was shoplifting for bare essentials. Relying on universal credit, back and forth from jobs until health issues increased."

"I struggle with Paying for the electric, I'm on UC."

"I need help with the cost of living, I've got quite a lot of debts and I'm struggling now I'm not getting the money for my gas and electric from the government. I'm on universal credit and I've not worked for a while, I went sick. I'm 30 odd weeks away from getting a state pension so I need some help to last until then."



Claremont Ward

Primary Drivers

Personal finances

4. Financial support and money management

“The DWP call and I’m managing my money well.”

“My nerves are bad, I haven’t worked since the 80s, I used to get some benefits but I just live off savings now. I don’t get DLA or anything. You’ve got to be almost near death to get anything.”

“I’ve been on UC for about a year, I was on DLA before and that was better because I could manage. Nobody will help me with the PIP form.”

“I get paid on the 24th of this month so this is a busy day for me.”

“I volunteer at a food provision. Money management is an issue, we had someone turn up after spending £60 on hair and nails but they have no food in the cupboards. Some people are really struggling with managing their money and haven’t been educated on it.”

“Struggle to make it to the end of the Month. 20 years ago I struggled with loans. Pay £197 a month. My son helps me pay it. Pay £100 every four weeks a top up for this house. I got loans from everywhere. I coped by getting another loan. I was in a right mess. I manage financially but only just. The week before getting paid I just have a sandwich. It makes me feel like giving up. Why do I live this long and now I’m nothing. I have age UK involved. They are supposed to be managing my finances/benefit entitlement check. They only contact me at the moment via the phone, but I’m no good on the phone. I could do with them coming and visiting me. Been told to put in a claim for attendance allowance. I don’t like using the phone. It makes my arm go like jelly and that I’m going to collapse.”

5. Additional feedback

“I want some support, I don’t have a phone and people keep asking me for money.”

“I’ve had a few falls because the soles of my shoes have worn down.”

“There is so much support in Blackpool, especially for food. You could never starve here.”



Claremont Ward

Primary Drivers

Lifestyle related risk factors

Residents of Claremont who are active, have purpose within an employment or voluntary setting and connection with loved ones or members of the community felt as though they were able to maintain positive health and wellbeing.

1. Engaging in activities and hobbies

“Doing the garden and coming to Claremont community centre, I love it. We need to get out. We've got electric scooters now so can get to Cleveleys on the tram.”

“I do arts and crafts, painting and jigsaws. I don't go out because of mobility issues and my mental health.”

“You try your best, I walk the dog and try and eat as healthy as you can. Family time, trying to make the most of precious time especially with grandkids.”

“I like cross stitch and watch videos of this online. We get out in the community when we get paid, and enjoy shopping. I love Disney and my favourite character is Mickey Mouse.”
“I do an online Maths and English course, due to my most recent bout of depression I now attend this online.”

2. Active lifestyle

“I do lots of walking and cycling.”

“I go out with my walker.”

“I have joined the gym at the council. I go swimming.”

“I meditate, spend time in nature and walk as often as possible.”

“Looking after my children keeps me fit and healthy - we go to the park and swimming.”

“Steps to health' Tuesday Wednesday Thursday get together and walk at different places.”

“The best thing you can do is to get out, it's so important.”



Claremont Ward

Primary Drivers

Lifestyle related risk factors

3. Healthy, personalised eating habits

“I’ve been making homemade food.”

“A big problem we see parents having who access the food provision is fussy eating children because the parents have passed on their eating habits, and children who will only eat certain types of food, textures, colours etc. It’s hard for families when they’re struggling with this.”

“I eat ready meals.”

“Being a type 2 diabetic you’re supposed to have certain things. Plenty of fruit and veg. If I cook I get tired easy. I struggle cooking a meal. I can forget I’m cooking something so I eat a lot of sandwiches. My daughter in law will cook me a meal when she cooks.”

“The nutritionist comes to the community centre from BFCCT and I’ve lost over a stone from it. They’re going to carry on coming every 4 weeks to check.”

“I’ve got low blood pressure, I need to eat more and lose my appetite when I’m stressed.”
“When I eat I can’t chew. I get pain because my gums hurt. Need an NHS dentist.”

4. Employment and volunteering

“I work and that keeps me active.”

“I tend to socialise, I go to church and I used to do homeless outreach. I worked in a charity shop.”

“I work, keep fit and keep myself to myself. I don’t access any community group.”

“My job keeps my active, although it is stressful its keeps me fit which helps my general wellbeing.”

“I volunteer at the local community centre and I love cross-stitching.”



Claremont Ward

Primary Drivers

Lifestyle related risk factors

5. Attending community groups

"I attend community groups with other ladies and spend time with my family often."

"I exercise, enjoy socialising in small groups, self-care, and I attend a couple of community groups."

6. Support networks and social connections

"My partner and children keep my mental health and wellbeing in a good place, they support my needs very well."

"Look after each other in the family, everyone look out for one another."

"I'm trying to avoid bad influences and people who want you to get back to that bad place."

7. Substance use

"I had a tooth extracted, I was advised not to smoke afterwards and I ignored that advice."

"Trying to stop drinking, I'm on my 15th day sober. I have a key worker at horizon. I managed to do 16 days before but then my son got out of jail and came round with a bottle of vodka so I drank a few bottles for a few days."

"Drinking and drugs – sometimes for mental health."

"I smoke weed, sleep and eat that's it."

"I was self-medicating and bought testosterone off the street."



Claremont Ward

Primary Drivers

Community involvement

Within the Claremont ward, there are clear examples demonstrating the benefits of community involvement, particularly for those who would otherwise be socially isolated. Some residents shared their positive experiences of attending community groups and food provision within Claremont, which has ultimately enhanced their health and wellbeing. Positive feedback was frequently shared in relation to the amount of food provision available to local residents. With that being said, some people are currently facing barriers to community involvement, such as struggles with mobility, apprehension or lack of knowledge on what community groups/support are available. For those who are currently socially isolated and not involved in the community, Healthwatch Blackpool observed a negative difference in overall health and wellbeing when comparing to those who have connection and feel a sense of purpose. In terms of interaction with neighbours, some people have a positive support network around them, whilst others appear to have little communication with those living closest to them.

1. Positive effects on health and wellbeing

“Any social groups good for mental health.”

“It gets a bit lonely being on my own, that’s why I love coming to the community centre. It’s company and everyone is lovely.”

“Horizon are the only ones who support trans. They are amazing.”

“The Lived Experience team and Horizon at Winstone House are brilliant. I’ve been clean for a while now and they give me so much support.”

“The psychiatrist at the Light Lounge recommended Sycamore House. Said it’s great for people struggling with MH. Having somewhere local has been really good for having family support. Someone from the light lounge has been in touch 3 times to check in with us.”

“I go to Claremont Community Centre. On a Friday they do a wellbeing walk which is an hour. I come to St Pauls Church to on a Thursday.”



Claremont Ward

Primary Drivers

Community involvement

2. Examples of community involvement and the associated benefits

“I’ve started volunteering to hopefully start me on the path back in to work.”

“I volunteer at the local community centre, this is something I really enjoy.”

“My children attend the local Magic Club (Youth Centre) and do various music classes and afterschool activities. They love it.”

“I come to HIS provision but I don’t attend any groups, I have limited energy, HIS provision are brilliant with me.”

“I’ve had to stop driving because I’ve been registered blind – it was a shock but I’ve got used to it. I started walking round with my stick to the community centre once a week, I now come here 3 times a week. I trip and fall a lot because of my sight but I love coming here. It was my social prescriber that linked me in.”

“They pick us up by bus at our front door. It is the only way I get out. Its good company and we have a 3 course meal.”

“I come to St Pauls Church community group. People just come here for a coffee and a chat. We don’t tend to dwell on our health problems.”

3. Feedback regarding food provision

“No one goes hungry in Blackpool, you can get free food 7 days per week. People do a round robin and don’t ever pay.”

“I go to St Thomas, Bridge Project, here, Bank Street Mondays and Wednesdays all for food.”

“Come here to First Steps sometimes on a Thursday, and I go to Salvation Army Bridge Project sometimes.”

“I come to the food pantry at Claremont First Steps.”

“I come here every Thursday for a food parcel and I have a brew and a chat in here before. I love it and it really helps me.”

“I go to the food hubs Street Angels, Helping Hands, St Thomas’ Church, Claremont Community First Steps. My friend told me about it.”



Claremont Ward

Primary Drivers

Community involvement

4. Lack of community involvement

“I feel secluded and think it’s detrimental for my health and recovery to live in Blackpool. My environment is really getting me down, I’m in a flat off central drive. I can’t see the wood for the trees.”

“Not involved in anything from the community. My life is seeing my granddaughter. I can’t get very far.”

“I’m secluded and in the house a lot.”

“There aren’t any community groups in my area – if there was I would go to it. I don’t get out much so I’d get my daughter to take me. More local groups to tackle isolation.”

5. Opportunities for development

“Need to be more community groups in the community because not enough in the local area.”

“Offer educational services of what’s available and provide preventative education.”

“I get support from Hannah through Westminster, other than her I don’t have any other help. I don’t know of anything out there. Hannah took me to Claremont Community Centre, but it would be overwhelming to go alone. There just isn’t much in the community that I feel like I can get involved in.”

“A lot of people would attend day courses that were put on for free in the community to help educate on better health and first aid.”

“I have a car and a blue badge and can drive everywhere, so I will consider trying some community groups now I have the information. I didn’t know about these before though and I’m only just getting back on my feet after the stroke.”

“I use the food bank on Tuesdays in town. I borrowed grabbers from the community centre and this helps me when I can’t get up. I want to grow fruit and veg at the community centre.”

6. Involvement with neighbours

“I’m not close with my neighbours.”

“I’ve been talking to a neighbour so I don’t feel as alone.”



Claremont Ward

Primary Drivers

Poor mental health

Feedback regarding mental health support was mixed. Residents in Claremont cited positive experiences of accessing the right support at the right time, being treated with care and compassion. It is clear that an important factor to maintain positive mental wellbeing is having an outlet to communicate with, whether that be a community support network or a mental health professional. For those struggling with their mental health at the time of engaging with Healthwatch, there was a common theme regarding a lack of personalised support, having a limited support system and feeling little hope. Some people referenced feeling like they face judgement, which contributes to low self-esteem and disempowers the individual to reach out for help. Current experiences were shared to illustrate the daily struggles being faced by some local residents.

1. Maintaining positive mental health

“I worry a lot and struggle with stress and anxiety, but being accepted by people and involved in the community relieves anxious feelings.”

“I called 999 because I was manic – the paramedic held my hand and taught me a breathing technique. He said it’s ok not to be ok. He was an angel.”

“I’ve had help from counselling in the community. They were very good and it helped.”

“My wife died about 7 years ago and I just switched off for about 2 years. I had no bereavement support but I probably wouldn’t have accepted it at the time. I’ve ended up talking to the people at the community centre about it, they’re all women so I find it easier to talk. I’ve spoken about it more in the last year than I ever had before.”

“I’ve been to the Light Lounge before and the staff there are brilliant. I was diagnosed with bipolar a couple of years ago but I’ve had PTSD and OCD since I was young, I was brought up in care so it’s all to do with that. I have a mental health nurse that I see every 6 months and when I was really low I went to the phoenix centre who saved my life. I’m proud of how I’m doing now but it’s hard, some people still text me trying to get me back into drink and drugs but I’m a lot stronger now.”

“I also had counselling sorted through the GP and that helped.”

“The support I’m getting for my mental health is much better since I was diagnosed with bipolar.”



Claremont Ward Primary Drivers Poor mental health

2. Ongoing struggles with accessing personalised, timely support

"I lost my wife 2 years ago and I developed bad anxiety after this. I had no bereavement support after the loss of my wife, accessed healthier minds but it was rubbish. I'm on beta-blockers now. I went to a couple of groups but they aren't good for me, I walked out cause I could feel my anxiety going through the roof. I had to stop working cause I started having panic attacks, I used to be a chef. I'm trying to get back into work again and I'm getting support with that."

"I struggled with alcoholism and depression, I'm on medication but would like some mental health support now. I did speak to someone after I was sectioned when I was NFA but I haven't had any support for a while."

"I struggle to get access to mental health support for myself - I always get told my issues are too complex."

"I was offered CBT but it didn't work for me. There needs to be a more holistic approach rather than following a programme. It needs to be person centred for the diagnosis - what you need and the coping strategies to deal with them."

"I also have had to wait 3 or 4 weeks for a mental health appointment which by the time I would have the appointment it's likely that I would be feeling okay again, temporarily."

"I really struggle with my mental health, I don't want to engage with services."

"I got support for mental health after my accident years ago. At the time, I wasn't as bad as I am now. Get no support for my mental health currently. I would value this but I don't want them thinking I'm mad. I don't feel a human being anymore. I feel everything has been taken away from me and nobody cares."



Claremont Ward Primary Drivers

Poor mental health

3. Experiences with mental health care within a hospital setting

“Friday morning I hit myself. I was black and blue on my legs. Everyone is scared I might hurt myself on purpose but accidentally. I tried to call my friends and no one answered. I called 999 because I was manic. They took me to hospital and I was put in a relatives room for quite a while. Said to take a diazepam to calm me down. We were talking and it triggered me to hit myself. He stood up and he said you either taking a lorazepam and let me do an assessment or you’re gonna carry on hitting yourself and leave. He left me in the room on my own. He was in a blue uniform with a red stripe on it. I spoke to the A&E manager and told her what happened and said the mental health assessor said I could go if I get my meds. She told me to sit down. Another nurse in a bright uniform spoke to me and said lets change the environment you are in. She took me to assessment unit 2 – a little ward with sectioned off rooms. I was in there for 11 hours – relatives room for 2 or 3 hours. She said would you be willing to get help and I said yes. I know if I left that day I wouldn’t be in a position to support myself. They offered several places but said I could come to Sycamore House.”

“The community mental health team – they are in a separate building. They leave you be but they keep you informed on what’s happening. I was the only one in there and it was much better. They need to streamline this – people need to get there to the CMHT.”

“I saw someone who was like a mental health in casualty nurse who I think goes over to the mental health team. That took about 3 minutes. Then I had to wait for the mental health team which took 2 hours in the waiting area. I had a chat with the mental health nurse for about half an hour – by this time I was a lot worse.”

4. Current factors contributing to poor mental health

“I’m traumatised from what happened to me at the hospital, and I’ve been treated really badly since having a hidden disability. I have times where I don’t want to go out because of it, and I can feel people sniggering. The manager at the local shop is dreadful.”

“When you start testosterone you take on that male identity of “I don’t need support I can do this myself”.”



Claremont Ward

Conclusion and Recommendations

GP Access

1. Encourage local residents to access care when required: There appears to be a reluctance from some patients to access their GP, largely as a result of individuals not wanting to bother services and not perceiving themselves as a priority. It is important that our community is encouraged to seek timely support and takes a proactive approach to prioritising their own health, without feeling like a burden to services.

2. Clearer messaging regarding alternative routes to primary care: There needs to be a consistent approach from primary care services when communicating about other services, such as local pharmacy and urgent treatment centres. At present, some individuals feel driven to access care elsewhere due to negative experiences with their GP, but there is no clear stance on the correct healthcare route for patients to take.

3. Improvements to appointment availability: Efforts should be made to address the difficulties patients face in accessing GP appointments, particularly the method of booking. Furthermore, increased awareness is a necessity with regards to enhanced access, for both local residents and professionals booking into these appointment slots. The issue with a lack of appointments may be partially resolved through patients being booked into the available enhanced access slots.



Claremont Ward

Conclusion and Recommendations

Management of long term health conditions

1. Enhance consistency in long term condition management: The diagnostic, monitoring and reviewing processes of long-term conditions for residents in Claremont is currently inconsistent. Patients that have been identified as having a long-term condition, particularly diabetes, high blood pressure and respiratory conditions, should be placed onto a monitoring system whereby a flag can be raised for patients who are not receiving frequent reviews appropriate to their needs.

2. Prioritise patients with repeated unplanned hospital admissions: For those who have experienced an unplanned hospital admission as a result of their long-term health condition, communication between the hospital setting and primary care needs to be prioritised in order to implement quick and effective support for individuals who are evidently struggling.

3. Empower individuals to understand and prioritise own health: Some individuals have a comprehensive understanding of their own treatment, the triggers that exacerbate their condition and the plan going forward to maintain positive wellbeing. To reach this point, professionals have provided thorough explanations in a way that is tailored to how each patient can understand the information. Every individual should be given the knowledge and tools to understand their own long-term health condition, to promote ownership over one's health.



Claremont Ward

Conclusion and Recommendations

Confidence in health and care services

1. Every contact counts: At the point of residents in Claremont seeking support and voicing their need for help, immediate action to begin the process and a comprehensive approach is vital to instil confidence in the individual. Restrictive services that raise barriers and do not react quickly to the needs of the individual lead to a lack of trust and consequently, dis-engagement from support.



Claremont Ward

Conclusion and Recommendations

Understanding of health and care services

1. Consider accessible information and communication for those digitally excluded:

Healthcare professionals should be aware of the difficulties with accessing the internet or using a mobile phone for some residents in Claremont. Communicating via the preferred route that the individual has identified is paramount to prolonged engagement and interaction with services. Creative means of communication may be necessary for some individuals, for example utilising community connections to facilitate conversations.

2. Increase awareness and education about different healthcare services:

This can be done through public awareness campaigns, educational materials, and training for healthcare providers. It is important to tailor the education to the population of Claremont, which may involve utilising new means of communication. When analysing the feedback, it seems that an outreach approach to build rapport and raise awareness may be beneficial.



Claremont Ward

Conclusion and Recommendations

Personal finances

1. Implement a holistic approach to assessing individuals: The feedback shared demonstrates the importance of considering financial circumstances when making decisions about health, particularly when thinking about those with long-term conditions. In order to adopt a proactive approach to preventing ill health, referrals by healthcare professionals will be required into housing and cost of living support to address such issues, alongside healthcare intervention. Doing one without the other appears to currently be counterproductive, so a joined-up approach between the community sector and statutory health services is crucial. Explicit conversations between professionals and patients are required regarding the social determinants of health, to highlight areas of concern that are exacerbating health and wellbeing.

2. Education on money management: If the provision exists to deliver education on managing personal finances, awareness needs to be raised of how to access this. In particular, outreach into food provision settings within Claremont will ensure some of those who would benefit most from this will have the opportunity to learn if they wish. However, if this education is not currently available, it would be useful to co-design this with local people to ensure it contains the relevant information that is required.



Claremont Ward

Conclusion and Recommendations

Lifestyle related risk factors

1. Promoting the examples of positive health and wellbeing: For residents in Claremont who are effectively managing their health and have not experienced an unplanned hospital admission, the common features within their lifestyle include having purpose, social connection and a level of activity, whether that be through hobbies or simply getting out of the house. The power of these lifestyle related factors in managing risk should not be underestimated, and instead should be celebrated by health and care services. Services that incorporates these elements into their programme will be able to encourage such activity, and ultimately reap the rewards over the long-term.

2. Facilitate accessible volunteering/employment opportunities: In the first instance, there is a need for opportunities that are accessible for those with long-term health conditions who want to contribute to the community. In addition to this, statutory organisations working in this sector have a role in motivating and inspiring individuals to take voluntary or paid roles that will benefit both themselves and their local community. At present, there appears to be a gap in consistency, with some professionals encouraging local people and others taking a more pacifying approach.



Claremont Ward

Conclusion and Recommendations

Community involvement

1. Support to access community settings: For some of the most socially isolated residents in Claremont, it would be extremely helpful to have a compassionate outreach support worker to accompany individuals when first attending groups within the local community centres, to build confidence and facilitate introductions. In practice, this may be an individual meeting with the outreach support worker beforehand to build rapport and establish what their hobbies/interests are. Going forward, the outreach support worker can then accompany the individual when first attending community settings, to remove some of the accessibility barriers.

2. Targeted door knocking within Claremont: Relationship building within the ward is required to meaningfully communicate with local residents about what they would like to see within their community. Local people knocking on the doors of their neighbours to facilitate conversations with both community and statutory services will be beneficial to repair trust and connections.

3. Increase awareness of the support available within the community: It is important to promote the opportunities for community involvement within Claremont, and the variety of activities that are on offer across all age groups. Within a relatively small geographical area, there are numerous settings that the community can access should they wish, however, many are unaware of what is available to them. Promotion of such community services is necessary, as well as a more consistent approach to signposting across the ward.

4. Utilise food provision: Due to the popularity of food hubs with residents in Claremont, there appears to be a missed opportunity for outreach into these settings by healthcare professionals. Collaborating with the community sector will be pivotal in providing support to people within these environments, and is likely to reach individuals who do not readily access services.



Claremont Ward

Conclusion and Recommendations

Poor mental health

1. Personalise mental health care: This could include providing individualised treatment plans and connecting patients with the resources they need to develop coping mechanisms and manage their mental health conditions.

2. Non-judgemental support delivered by empathetic staff: The positive feedback suggests staff are the pivotal difference in life-changing support, and this should be celebrated. Those who receive compliments could pair with others within their team to highlight best practice and create a positive culture.



Priority wards

Overarching recommendations

Embedding door knocking within the community: It is apparent from our door knocking engagement, that Blackpool has collectively forgotten too many people when considering healthcare and community provision. In order for people to reach their full potential, a proactive approach to identifying people on their door step, and subsequently working alongside people from a holistic perspective needs to be implemented. If the model of health and social care delivery is entirely reliant on our local people directly accessing the services, we will continue to leave many behind.

Make community involvement a priority for healthcare providers: This could include asking patients about their social support networks and providing referrals to community resources. Further utilisation of social prescribers is required in order to ensure as many local residents as possible are supported to access the community.

Improvements to appointment availability in primary care: Efforts should be made to address the difficulties patients face in accessing GP appointments, particularly the method of booking. Furthermore, increased awareness is a necessity with regards to enhanced access, for both local residents and professionals booking into these appointment slots. The issue with a lack of appointments may be partially resolved through patients being booked into the available enhanced access slots.

Importance of long-term condition management: The diagnostic, monitoring and reviewing processes of long-term conditions for residents across priority wards in Blackpool is currently inconsistent. Patients that have been identified as having a long-term condition should be placed onto a monitoring system whereby a flag can be raised for patients who are not receiving frequent reviews appropriate to their needs. For those who have experienced an unplanned hospital admission as a result of their long-term health condition, communication between the hospital setting and primary care needs to be prioritised in order to implement quick and effective support for individuals who are evidently struggling.



Priority wards

Overarching recommendations

Every contact counts: It is of paramount importance that a conversation is initiated with all individuals who have contact with a statutory or community service to determine what support they would like in order to improve their health and wellbeing. During this conversation, there will preferably be immediate action and a comprehensive approach to instil confidence in the individual. Restrictive services that raise barriers and do not react quickly to the needs of the individual lead to a lack of trust and consequently, disengagement from support. A system that is agile and proactive is crucial to building positive relationships with the community.

Empowering individuals to understand and prioritise own health: Some individuals have a comprehensive understanding of their own treatment, the triggers that exacerbate their condition and the plan going forward to maintain positive wellbeing. To reach this point, professionals have provided thorough explanations in a way that is tailored to how each patient can understand the information. Every individual should be empowered to have ownership over their own health and wellbeing, and the decisions made surrounding this.

Cost of living support: The feedback shared illustrates the current financial strain of the cost of living crisis, and the impact this is having on health and wellbeing. In order to adopt a proactive approach to preventing ill health, referrals by healthcare professionals will be required into housing and cost of living support to address such issues, alongside healthcare intervention. Doing one without the other appears to currently be counterproductive, so a joined-up approach between the community sector and statutory health services is crucial. Explicit conversations between professionals and patients are required regarding the social determinants of health, to highlight areas of concern that are exacerbating health and wellbeing.