

Neighbourhood Hubs

Conversations with people in the Chorley Roads area August 2017

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

Introduction

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

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

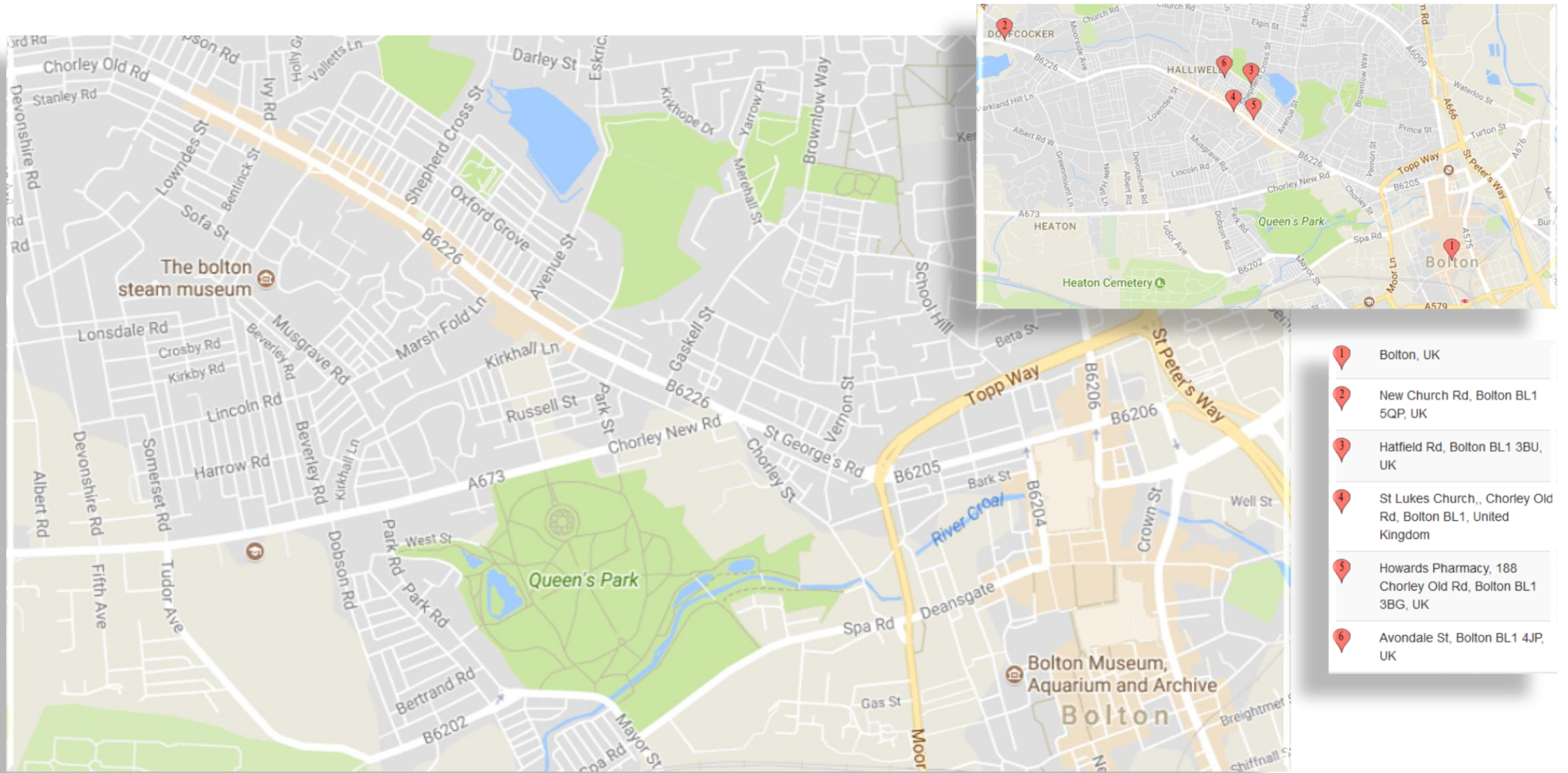
Other health and care related activities have also been discussed as possible contenders for delivery via a LCO, including prevention activity, early intervention activity, and long term conditions management for those with both physical and mental health conditions.

This research follows on from a study of experiences in Farnworth, 2016. The study focuses on the Chorley Roads area of Bolton; the aim is to expand understanding of different local attitudes to the development of LCOs.

At the time of commissioning the original research in 2016, thinking with regards to what the new delivery model might ‘look like’ remained relatively limited. When the 2016 Farnworth study was conducted no other engagement activity had taken place with the public in Bolton on the subject of LCOs; patient views on how a good Local Care Organisation would shape up were not known.

In this context the Bolton GP Federation approached Healthwatch Bolton to further develop public engagement that would open up discussion with the public.

Introduction – Chorley Roads Map/Research Sites



Purpose of the research

To engage with people in the Chorley Roads area on the subject of neighbourhood level health services, comparing results with and adding to understanding from our 2017 Farnworth Neighbourhood Hubs study.

To gather views and ideas about what would improve the experience of accessing future health and wellbeing services.

In particular to ask;

- What services people think a good neighbourhood level health organisation should offer.
- Individuals views about who (in terms of practitioners) they feel would be best placed to help them.
- Bearing in mind progress at neighbourhood level around the recruitment of practice based pharmacists, we also asked people about their experiences of medication reviews.

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

Methodology

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

All field researchers were experienced engagement officers from Healthwatch Bolton.

All comments were recorded verbatim against the relevant question prompts.

Comments were analysed against three sets of criteria;

1. **Specific mentions of services and clinicians (People)**
2. **Comments on patient behaviour and experience, such as attitudes to staying well and waiting time (Attitudes to care)**
3. **Comments about access and improvement (Place) ***

* At times comments were attributable to more than one criteria and more than one category, and are separately counted in each.

The Questions:

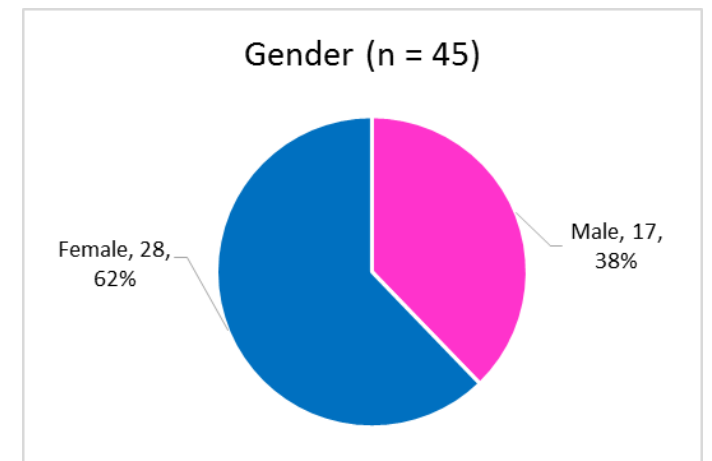
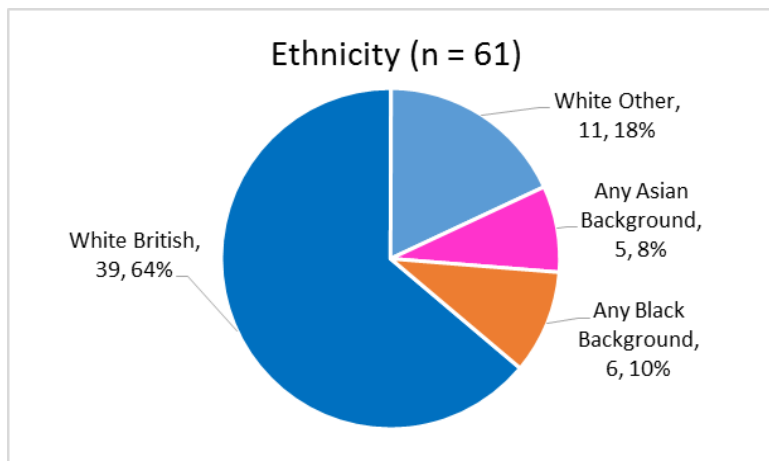
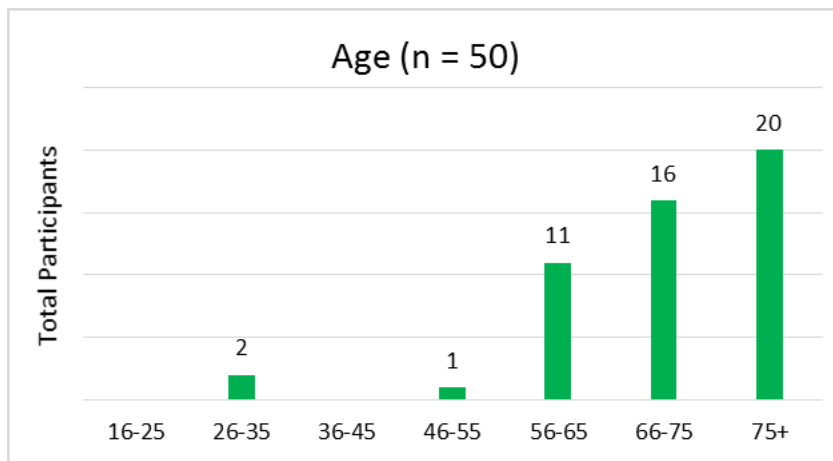
	Question
1	When you ring your GP are you given a choice of who you could see? Who do you feel best meets your needs today and why? Who do you usually feel most comfortable seeing and why?
2	What would you like primary care arrangements to look like locally in terms of: The Core Clinical services you would expect to be able to find there? What other than health services would you like to see there? Are there any other services possibly provided by the voluntary sector you would wish to see there?
3	Who or what would help you stay well or manage your health in a new way/setting Have you ever had a medicine review?
4	How long do you currently wait for an appointment by a healthcare professional? What do you feel is a reasonable length of time to wait? How could things work differently to get the timing right?
5	How far would you travel to reach services other than you have now? Are your current health and care services accessible in terms of location, opening times and buildings? Other suggestions for my local area?

Who we spoke to

We spoke to **61** people at **five** venues in the Chorley Roads area in August 2017.

The total comments collected in this research is 361
The number of comments used in this report is 300.

Location	Number of respondents
Health Sites	
Avondale Health Centre	12
Howards Pharmacy	8
Community Venues	
Triangle Church Café	9
St. Luke's	20
UCAN Centre	12
Total	61



Key Findings

Local Hubs related:

What services might be useful at a local Hub? – Preventive as well as Primary Care.

Prevention - Supporting health and wellbeing, mental health, advice services regarding housing, and benefits. Exercise, diet, staying social and avoiding isolation are seen as important.

Primary Care - GPs and Nurses main contact points, but also a recognised usefulness of being able to access a range of other possible Primary Care professionals locally.

Medicine Review - Many had had their medications reviewed though frequencies of reviews varied. There appeared to be some confusion in some people's minds over what constitutes a full medicines review.

Access - Many people wanted a range of local services, but were willing to travel for specialist treatments. There were individual accounts of difficulty with regards to travelling to specific services.

General Suggestions – The need to listen to specific experiences, which might impact how individuals engage long-term with services. Also some suggestions on improving the local urban environment/funding for areas outside the city centre.

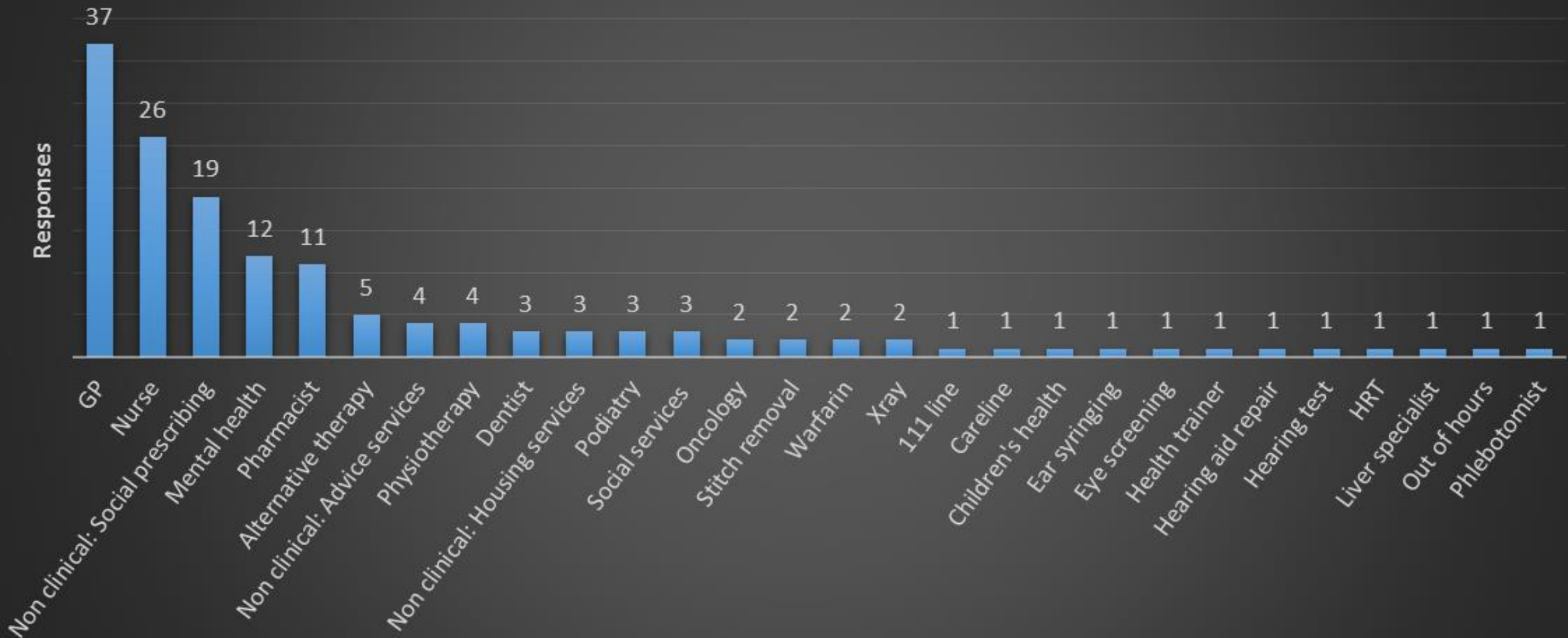
Local Hubs related findings

- **What services might be useful at a local Hub?**
- **Prevention**
- **Primary Care**

What services might be useful at a local Hub?

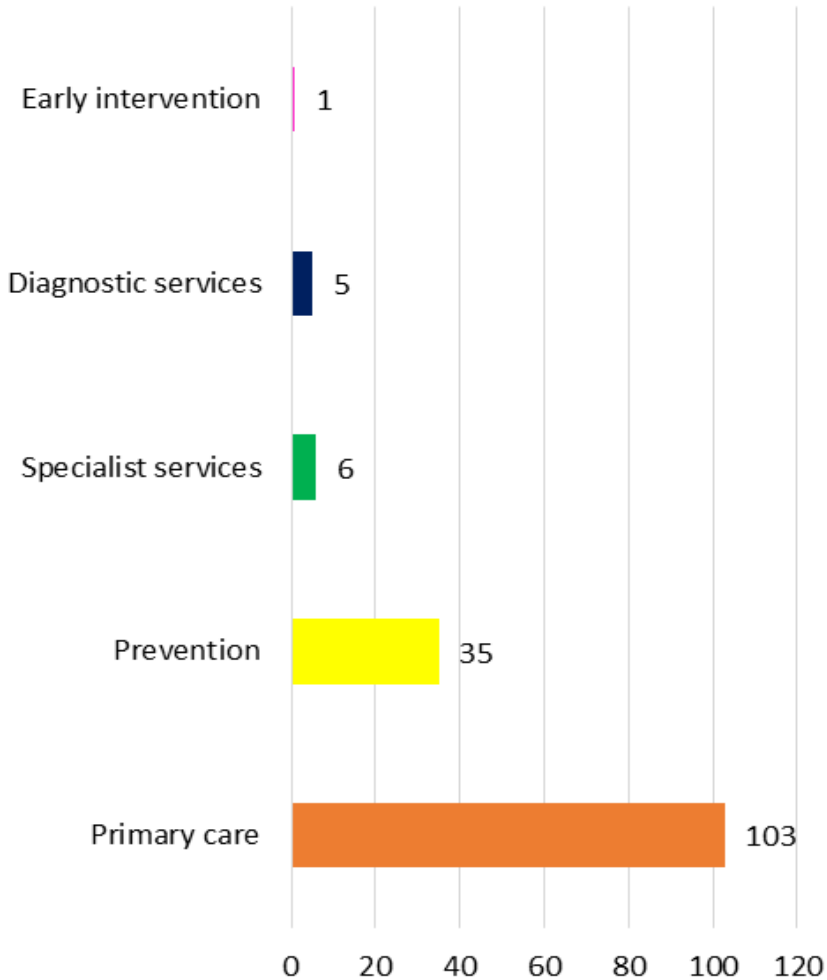
What services might be useful at a local Hub?:

All Services/Professionals by Mention (n = 150)

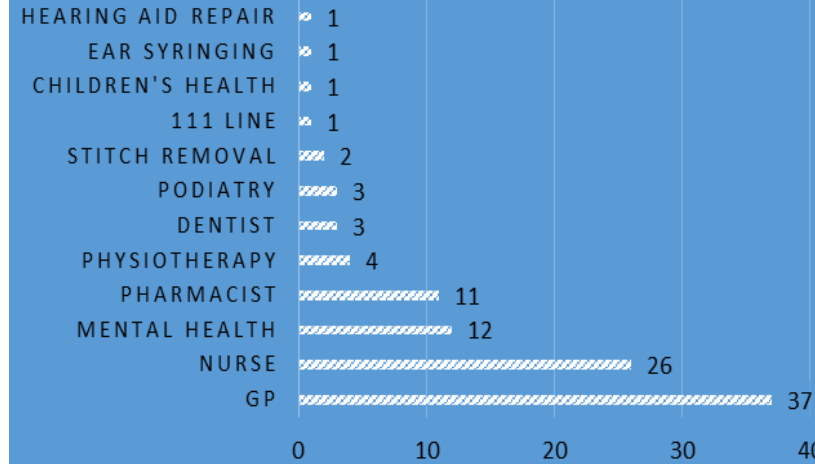


What services might be useful at a local Hub?:

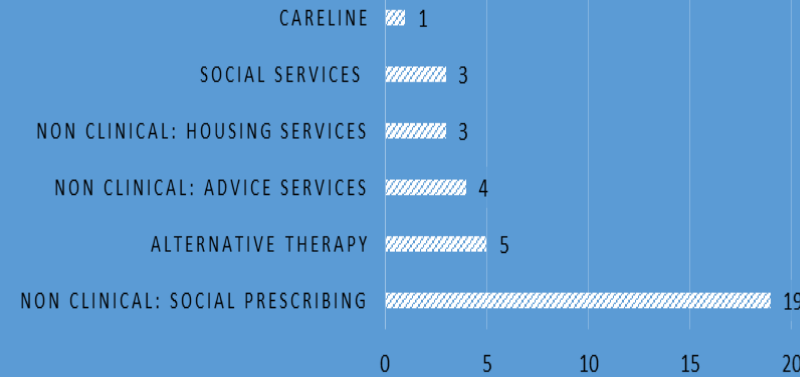
Services/Professionals
Mention Breakdown
(N = 150)



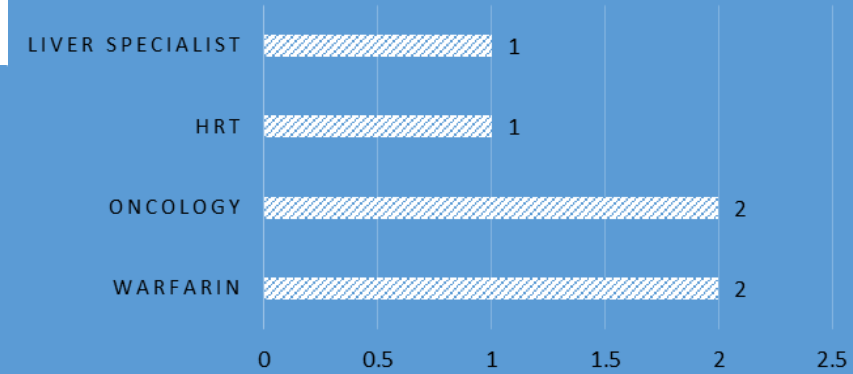
PRIMARY CARE (N = 103)



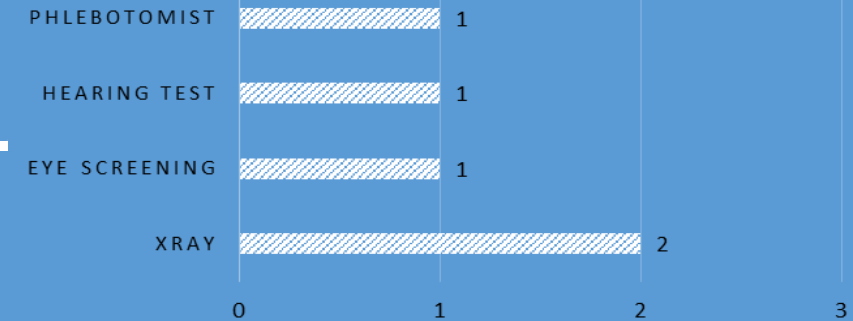
PREVENTION (N = 35)



SPECIALIST SERVICES (N = 6)



DIAGNOSTIC SERVICES (N = 5)



EARLY INTERVENTION (N = 1)



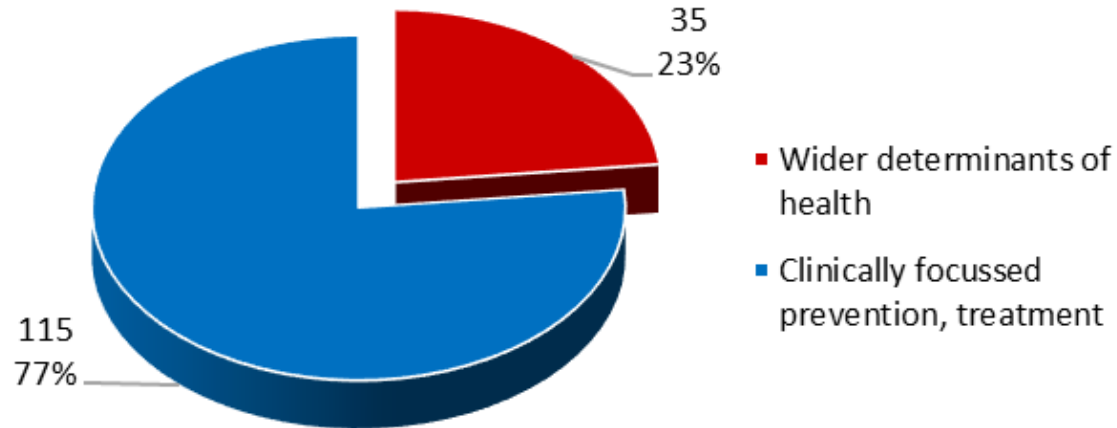
Prevention

Improving patients' awareness of, and access to, non-clinical services may

- Prevent or reduce health problems
- Help people find appropriate support quickly
- Stop people turning to Primary Care practitioners for problems associated with the wider determinants of health .

Prevention:

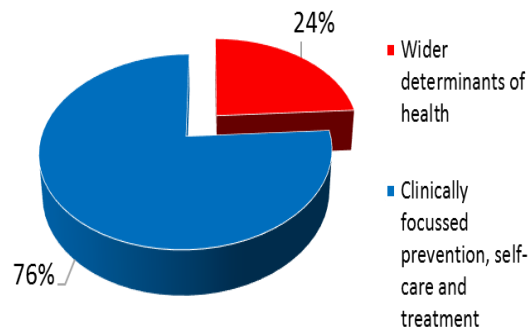
Clinical Care and Prevention (N = 150)



In this study activity supporting people with the wider determinants of health are described as 'non-clinical routes'.

The category includes; careline, housing services, advice services, alternative therapy, social prescribing.

Farnworth Hubs Study 2016, N = 237.



This non clinical/wider determinants support represents almost a fifth, 23% (35) of mentions, which suggests strong demand for these types of services.

This compares to 24% (57) of mentions for non-clinical preventions activity as found in our Farnworth study.

Prevention:

Respondents connected physical exercise, healthy diets, and avoiding isolation with staying healthy.

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

"Alternative therapies, exercise by keeping active."

"I do a lot of walking and have regular checks after a stroke 10 years ago."

"It's making me unwell not being able to find work as it's a big pressure...my Mum gives me money each month to have a travel card as she is retired now. It's doing my head in living with someone with that problem and I need help to end that relationship."

"Mum has osteoarthritis...Boredom and social isolation are the main concerns for her so we are trying to get her into sheltered housing."

"There's a need for better information about food generally, portion control, sugar and fats - like Weightwatchers."

"A balanced lifestyle; I've never smoked and have never drunk much."

"Services for young people."

"Is that not what UCANs are for? Let's keep things simple as it used to be and a proper service where they actually listen to you and take notice of you."

"Organised walks to combat isolation caused by too much contact by telephone and the internet."

"Befriending services would help with social isolation."

"Relationship help."

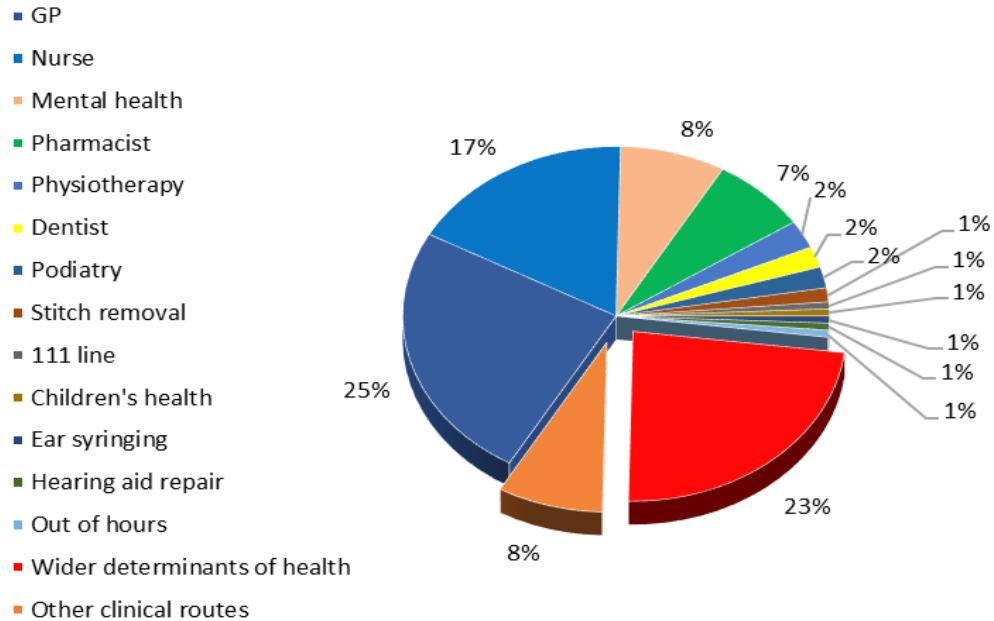
"Social Services and housing."

"Welfare rights, Citizens Advice Bureau who could hold a session every week and GPs could refer on."

Primary Care

Primary Care:

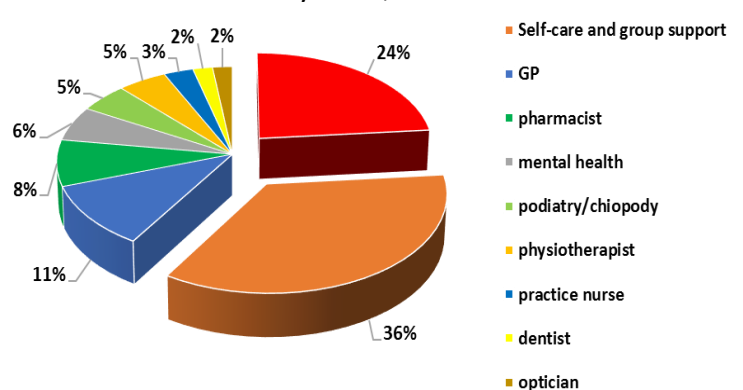
Primary Care comparison with wider determinants/other clinical (N = 150)



Overall, Primary Care represented 69% (103) of service mentions. GP's made up 25% (37) of this, nurses 17% (26), mental health 8% (12), pharmacists 7% (11), physiotherapists 2% (4), dentists 2% (3), podiatrists 2% (3) with others all at 1% (1e.a.).

- GPs were seen as main points of reference for primary care users in Chorley Roads receiving more mentions than in the Farnworth study (GPs Chorley roads 25%/Farnworth 11%).
- Nurses received the second highest number of mentions in Chorley Roads 17% as compared to only and 3% in Farnworth.
- Wider determinants accounted for 23% of responses in Chorley Roads as compared to 24% in Farnworth .
- No one in the Chorley Roads sample mentioned 'self-care and support' activity as compared to 36% (88) in Farnworth.

Farnworth Hubs Study 2016, N = 240.



Primary Care:

A range of professionals are able to address my needs...

“I’d like District Nurses back in GP surgeries as sometimes you can’t get to speak to them where they are; contact is better when they are in a GP surgery.”

“I think talking therapies are good and because of that I think a mental health worker would be good to have at your doctor’s surgery.”

“Not having to come to Avondale to have stitches removed and ear syringing (be good to have them alongside the GP practice).”

“I see a physio at Bolton One; it would be nice if they were at my practice and Podiatry and Eye Screening.”

“Pharmacists can be working in some GP practices now as some have a pharmacy attached.”

...though I am not always clear if services already exist and what change would mean.

“I feel my GP practice is just for health; I wouldn’t see anyone else.”

“I don’t need anything else; you might get too many people there and be overcrowded.”

“I wouldn’t like being able to see another clinician as once I had a phone call from the pharmacist inviting me to come in for a flu vaccination; I felt this was a breach of confidentiality.”

“It is already possible to speak to a pharmacist in the local pharmacy so we don’t need one in our GPs.”

“I’m quite happy that we have everything we need locally.”

Chorley Roads specific findings

- **Medicine Review**
- **Access**
- **General Suggestions**

Medicine Review

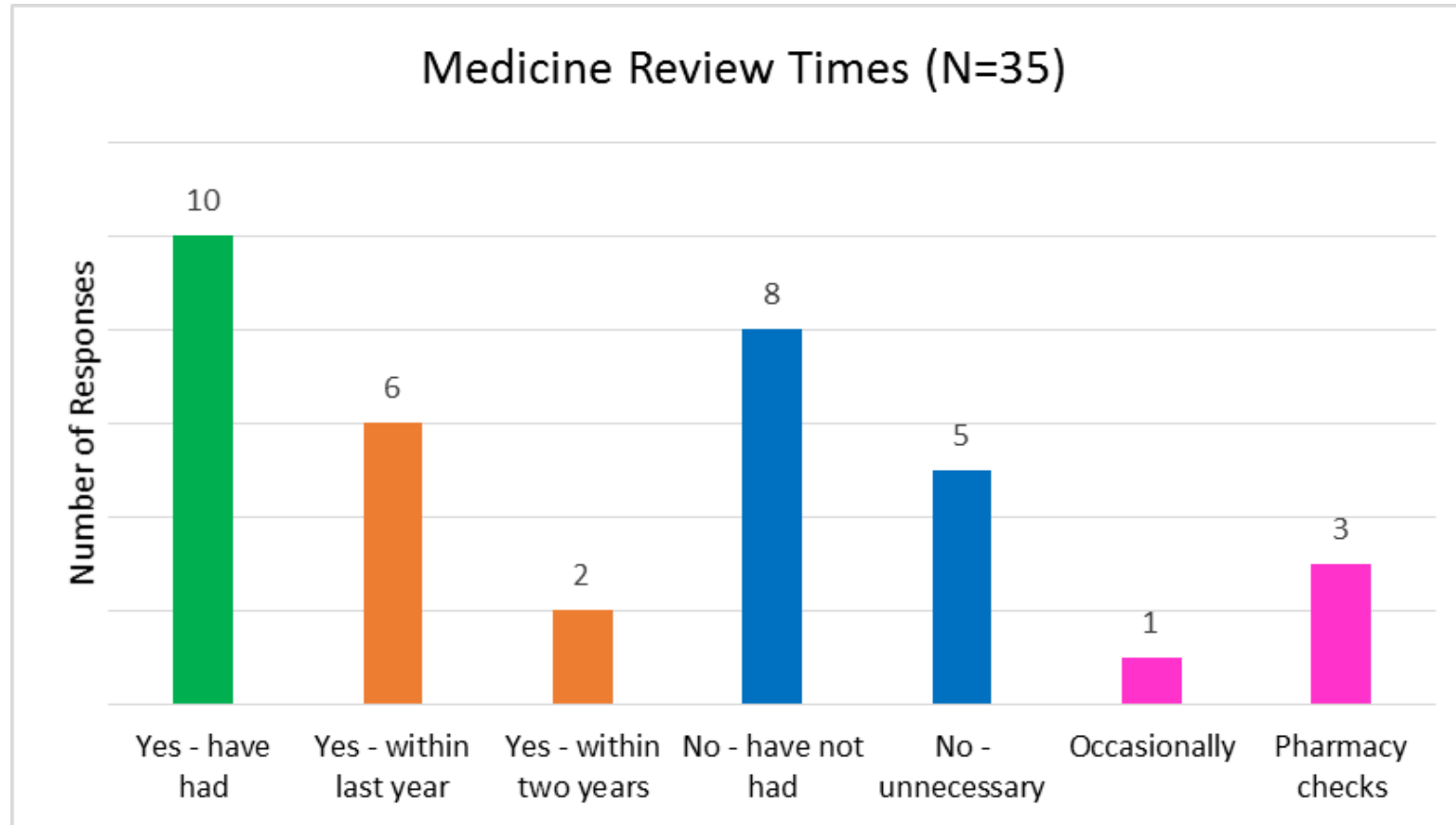
Over half of respondents stated that they had had a medicine review with either a nurse, pharmacists or a GP.

Those who had not had a review mainly felt that it would be useful to have one.

There was some confusion around what exactly counts as a medicine review.

There is not a consistent approach to medicine reviews and more work needs to be done to help patients understand what a medicine review is and how to ask for one.

Medicine Review:



We asked respondents if they had undergone a review of their medicines.

Over half 51% (18) stated that they had their medicines reviewed.

Almost two fifths 37% (13) had not had a review.

There may be some confusion over the nature of a medicine review. Some replied yes, having spoken to their community pharmacist about medicines for example

Medicine Review:

I have had a medicine review...

“Yes at the pharmacists and at my GPs; it’s always helpful.”

“Yes, I don’t know how frequently but the pharmacist does I get an asthma check-up by the nurse at the practice, not by the pharmacist.”

“The pharmacist delivers my medicines at 10.30 on a Friday. The pharmacist goes through them on the phone.”

“Yes at the doctors by the Nurse Practitioner.”

“We get excellent service at the pharmacist on the corner of Bennetts Lane and Elgin Street and we are very concerned it’s in danger of closing after 90 years. The practice was sold and to someone who owns a practice also on Halliwell Road.”

...I am unclear if I have had, or need, a formal review.

“No but I’m only on one medication so don’t really feel the need for a review.”

“No. I’m on long term medication but have never been offered a review.”

“I’ve never had one – it might be useful.”

“I’ve never had one – I wouldn’t find one useful.”

“My medicines are delivered so I’ve not had a review or been contacted by the pharmacist.”

“I haven’t had a review and I’m on a 5 year medication plan following breast cancer.”

Access

A significant number of respondents were reliant on walking or buses for access to healthcare.

There was willingness to trade local access for quality of provision; for those without a car this is acceptable as long as still reachable by public transport.

People noted the cost of transport, and of having to take time off work, as a hidden cost associated with healthcare.

There remain some problems with accessible public transport and patient transport.

Access:

Healthcare should be local, of quality, and easily accessible.

“Needs to be local; a town centre location is perfect for me.”

“Within 1 mile as I don’t drive and rely on public transport.”

“Still keeping some services local and keeping some things central.”

“I would drive as long as it was in the Bolton area; currently we have to go to Manchester Children’s hospital regularly so my husband has to take the day off.”

“Currently we walk to the GPs and it’s a 10 minute walk. There’s no bus so we’d have to get a taxi.”

“I don’t mind travelling anywhere as long as it is accessible by public transport.”

“Needs must. I’d go anywhere if it’s necessary but routinely I don’t mind if there is transport or not too far to drive.”

“I don’t mind travelling to any service as long as I know the outcome will be the best it can be.”

“It’s better travel for good treatment than put up with poor treatment close to home.”

“I have my own transport so I don’t mind.”

“Mum can’t use buses and wheelchair taxis are too expensive but patient transport will not take her without a suitable wheelchair but the NHS say she doesn’t meet the criteria for an NHS wheelchair so she can’t travel anywhere and requires home visits.”

“If anything is too far to walk from a bus stop then I’ll pay for a taxi but then a hospital appointment can be a long walk from the hospital entrance to the area you are attending.”

“If you are an older person travel can mean taxis and they aren’t as cheap as you think; the costs come out of a pension. Public transport isn’t always cheap. There’s a need for more advice about local travel and how to access services.”

General Suggestions

Those we spoke to wanted their specific concerns and situations to be listened to, for example a bad experience with health practitioners could prevent future engagement.

There was also a desire for up-grading of the local area, and better funding for areas outside immediate town centre.

General Suggestions:

My experience of healthcare, or observation of healthcare, worries me about...

“An NHS Dentist; the last dentist I saw boded up my teeth and cracked my jaw bone; I’d not want to go back.”

“There needs to be more help for adults who have ADHD. It’s hard to live with someone with a long term problem that’s not going to get any better; he’s told me he’s not going to get better from ADHD.”

“Better and more immediate care for people with mental health conditions.”

“The Walk-in-centre should continue; I can’t believe drunks and drug users make their way up to the hospital.”

I think more money is needed for local services/areas.

“Extra money that’s available to the NHS needs to be spent wisely and it’s a good thing to ask people what they value in their health and their views.”

“What we do need in Bolton are pavements you can walk on because they are appalling. If you are elderly or unsteady on your feet you have to walk with your head down to watch where you are walking.”

“The money all goes into the town centre and the Council forgets the outlying areas like ours (Chorley Roads/Smithills), Farnworth and Westhoughton.”

“Councillors should go out when it’s just going dark, wearing tinted glasses and using a walking stick to see how bad it is for the elderly.”

Findings and Recommendations

The findings can be split into two sections. The first is comparable, and extends, the initial work in Farnworth around proposed healthcare Hubs. The second section covers comments which are specific to the Chorley Roads area.

Local Hubs:

People mentioned a wide range of practitioners (both for prevention and primary care activities) that they are either engaging with already, or wish to engage if given the choice. As demonstrated in the earlier section of the report.

Primary care is mostly seen as GP and Nurse driven, though pharmacists and other supporting practitioners were also valued.

A smaller number of other-clinical professionals were mentioned by interviewees as being of use, these tended to be diagnostic services which would (currently) require onward referral.

Finally around one fifth of people appreciated that non-clinical services could play an important role in their healthcare. This area includes complementary therapies, physiotherapy, social services, advice and guidance and other social prescribing type interventions such as befriending.

Analysis of the data in this report has focused on how existing needs, prevention, and primary care, can be better understood in the Chorley Roads area. There are potential benefits to local health if existing understanding of preventative measures can be promoted and supported.

Findings and Recommendations

Chorley Roads Findings:

In this study people were also asked about their experience of medicine reviews. Some were having reviews with varying regularity, but close to 40% had not had one at all. It would be worth exploring further if patients understand what represents a formal medication review. It would also be useful to inform people how to request a review.

People were also asked about access to health care. In this area patients were often reliant on local public transport or travelled on foot. However, people were willing to travel to receive specialist, or notably better, healthcare. The need to be accessible by public transport remained constant, regardless of local or distant healthcare sites.

Recommendations:

- The results support the promotion and delivery of **preventive and non-clinical** related aspects of healthcare.
- The results suggest that, but note that **GP and Nurses** remain at the heart of 'primary care' delivery but that there is an appetite for widening the range of practitioners working in this area.
- Some residents did **not see the need** for expansion in services offered alongside their GP.
- A campaign on the value of **medicine reviews** giving supporting information on how to access this process would be welcome.
- Understanding of what 'local' means in this geographic area is important as many people rely on **walking/public transport**.

Field researchers; Gail Gregory and Karen Wilson
Report; Alice Tligui, Alex Tan

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

- Avondale Health Centre
- Howards Pharmacy
- Triangle Church Café
- St. Luke's
- the UCAN Centre

For their participation in this project.

