

Choosing Your Healthcare

November 2024



Why we worked on this project

It is known that health services across Bolton are not being utilised to their fullest potential. The purpose of this project is to listen to the voices of the public, to obtain an understanding of their behaviours and experiences when using GPs, Pharmacies, the A & E department, Urgent Treatment Centres, NHS 111, the Urgent Dental Care Service and out of hours services. The intention is to use the feedback to adapt out-of-hospital service offerings, so that they are utilised more fully when residents have an urgent health need. The assumption is that a percentage of A & E attendances can be avoided if small changes are made to awareness of, and access to, out of hospitals services.

The feedback from the survey includes a breakdown into Primary Care Network areas (PCNs) to see if there are any differences in responses to the survey questions, so that health and care commissioners can produce an action plan to address these. Primary Care Networks are groups of GP practices that work together, and with other health and care providers, to deliver a wider range of services to the local population than might be possible within an individual practice. There are nine Primary Care Networks in Bolton.

How we did this

Healthwatch Bolton and Bolton Community and Voluntary Service (CVS) were commissioned by Greater Manchester Integrated Partnership (NHS GM), to set up a survey and undertake focus groups in the community. A survey was designed by Healthwatch Bolton, Bolton CVS and NHS GM, to ask questions about the key areas as above. The survey received 292 responses; however it has only been possible to fully analyse 244 of these due to incomplete data and responses being from outside of Bolton. In addition to this, 151 people participated in 12 focus groups from nine community organisations, and three individual interviews. Therefore, the total number of responses analysed from the survey and the focus groups is 398. Some focus group participants may have also completed the survey.

Summary of Main Findings

Information regarding Primary Care Network demographics and response numbers can be found on page 28.

Experiences regarding GPs – Access, Appointments and Communication

While there are many positive experiences with GP services, particularly in terms of compassionate care and prescription fulfilment, many patients face significant challenges. Accessing appointments, whether by phone or digitally, is difficult and frustrating for many people. Most respondents prefer to access their GP practice by telephone and many secure an appointment either on the same day or within a few days. Patients often lack continuity of care, have difficulty seeing the same GP or health professional, and feel rushed through appointments, and encounter difficulties with staff communication, especially at the reception desk. Vulnerable groups, including older people and those with complex health needs, face additional obstacles, including the lack of follow-up care and difficulty navigating the appointment systems. Some participants mentioned slow or inadequate referral processes, leading to escalations like visits to A & E. Some reported difficulties securing same day appointments with GP practices, leading to attendance at A & E.

The reasons why people would attend Accident & Emergency (A & E)

People attend A & E mainly when they are directed to by a healthcare professional, when they believe their condition is urgent or life-threatening, or when they have no other viable options for care. Some people indicated that they were aware that their issue was not appropriate for attending A & E, however they felt they had no other option available to them, such as a same day appointment at their GP. Other factors that influence decisions to attend A & E include long wait times, the complexity of the process, and concerns about service quality, particularly for mental health issues. There are also instances of people feeling they have been sent to A & E because their GP does not want to deal with them. A very small minority did say that they attended A & E due to the proximity of where they lived, and if they could not secure an appointment with their GP.

The reasons for attending A & E visits ranged from traumatic injuries (falls, fractures) to medical emergencies (chest pain, respiratory distress, seizures, and infections) and chronic condition management (e.g., high blood pressure, pancreatitis). Many visits were directed by medical professionals like GPs or NHS 111.

There was also a mention of A & E being a 'trusted' place to attend to get guaranteed treatment. From feedback from people in attendance at A & E, one person felt that their GP had sent them there as the GP did

not want to be 'bothered' to treat them, but once in A & E it was made clear to them that they were in the right place. Another attendee was the parent of a disabled child and felt that A & E was becoming a 'default' option for their care.

Other Health and Care organisations contacted before attending A & E

Before attending A & E, people used various healthcare services, including calling an ambulance (for conditions like sepsis or injuries), with the majority contacting their GP or NHS 111 (especially on weekends), visiting walk-in centres, seeking help from St John Ambulance, or seeing a chiropractor. Some also used out-of-hours GP services like BARDOC¹, and a few contacted other providers such as Achieve² or dialysis departments. In some cases, individuals were unsure of the steps they took but typically tried these options before going to A & E.

Knowledge and Experience of Urgent Treatment Centres (UTCs)

While many people who used the Urgent Treatment Centre (UTC) at Bolton Hospital were satisfied with their care, there is low awareness of the service among the public. Long wait times, occasional confusion about the service, and varying treatment experiences were common. However, those who were directed to the UTC from A & E or NHS 111 generally had positive outcomes once seen and were happy with the care and service provided. More information and clearer signage about the UTC service could improve its visibility and user experience.

Experience of Using NHS 111

NHS 111 users reported a mix of experiences, with some facing delays with getting call backs, inconsistent service, and miscommunication, while others appreciated quick escalation, out-of-hours advice, and helpful guidance for both urgent and non-urgent issues. There was mixed awareness regarding knowledge of NHS 111's ability to book appointments with health professionals, indicating that some people did not fully understand the range of services NHS 111 could offer beyond advice and referrals.

Knowledge and Experience of Using Pharmacies

¹ Bolton and Rochdale Doctors On Call (BARDOC)

² Achieve Recovery Service provides drug and alcohol treatment and recovery services

While basic pharmacy services like advice, vaccinations, and some health checks were well-known and widely used, there is a gap in awareness regarding the full range of pharmacy services available, particularly for minor ailments, medication prescriptions (without the need to see a GP), and the Pharmacy First initiative³.

Many individuals either had infrequent visits to pharmacies for health advice or hadn't used them for such purposes in many years. Those who did visit typically sought advice for specific issues or routine prescription services. People also reported that they felt uncomfortable to ask a pharmacist for health advice because of workload issues – or the pharmacy being very busy.

Urgent Dental Care Service

While the Urgent Dental Care Service⁴ is generally known to many respondents, awareness gaps still exist, especially regarding how to access it. Experiences with the service are mixed: some find it helpful and accessible, while others encounter challenges with availability, accessibility including transport, and continuity of care. Awareness is important for vulnerable groups and those who are new to the area. There is still a gap in the provision of NHS dentistry with some respondents saying they do not have an NHS dentist. Some have had to attend A & E to get dental treatment.

Suggested Improvements to Health and Care Services

People are calling for quicker access to healthcare and better access to GPs. People want reduced waiting times for appointments, more staff and resources and better continuity of care, with improved infrastructure and facilities and less confusion. There's also a strong demand for more accessible services, better communication, more compassionate care, and enhanced support for vulnerable groups such as older people, disabled, and those with mental health needs.

³ Pharmacy First is expected to free up GP appointments for patients who need them most and will give people quicker and more convenient access to safe and high quality healthcare. It includes the supply of appropriate medicines for 7 common conditions including earache, sore throat, and urinary tract infections, aiming to address health issues before they get worse. For more information see: <https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-services/pharmacy-first/>

⁴ **Manchester Urgent Dental Care Service** [0333 332 3800](tel:03333323800)

Available every day 8:00-22:00 including weekends and bank holidays.

Overall, simplifying access to healthcare, improving communication, making service provision less confusing and expanding service options would make it much easier for people to receive the non-emergency care they need.

Key Themes and Insights

GPs	A & E	Urgent Treatment Centre (UTC)	NHS 111	Pharmacists	Urgent Dental Care Service
<p>Continuity of care; Seeing the same health professional- especially for vulnerable groups including older people with complex health needs</p> <p>Feeling ruined through appointments</p> <p>Difficulty in accessing via phone and navigating appointment systems</p> <p>Difficulty securing same day appointments – at times leading to A & E attendance</p> <p>Slow/ inadequate referral process- at times leading to A & E attendance</p>	<p>Some attended when no other option was available to them, such as a same day appointment at their GP.</p> <p>Concerns about service quality, particularly for mental health issues.</p> <p>Some residents referenced being sent to A & E because their GP does not want to deal with them.</p> <p>Attended A & E due to the proximity of where they lived, and if they could not secure an appointment with their GP.</p> <p>Attending A & E due to being signposted by either their GP, NHS 111, or other health provider.</p>	<p>There is low awareness of the service among the public.</p> <p>Long wait times before being seen</p> <p>Varying treatment experiences were common</p> <p>More information and clearer signage about the UTC service could improve its visibility and user experience</p>	<p>Delays in phone being answered and with getting call backs,</p> <p>inconsistent service, and miscommunication</p> <p>Referred to A & E –after long wait for call back from 111</p> <p>There was mixed awareness regarding knowledge of NHS 111's ability to book appointments with health professionals</p>	<p>There is a gap in awareness regarding the full range of pharmacy services available, particularly for minor ailments, medication prescriptions (without the need to see a GP), and the Pharmacy First initiative.</p> <p>People also reported that they felt uncomfortable to ask a pharmacist for health advice because of workload issues – or the pharmacy being very busy.</p>	<p>Awareness gaps still exist, especially regarding how to access this service</p> <p>Had to travel outside of GM to access at times</p> <p>Accessibility including transport, and continuity of care.</p>

Cross Cutting Improvements

Work in partnership with our residents so that they are better informed and empowered

- Develop Digital Tools: Interactive Websites and Apps, Online system trackers, using social media to inform
- More workshops with residents and community groups
- More printed accessible materials empowering residents on health care offerings

Promote out of hours service

Enhance digital integration between services; tell story once

Methodology

A digital (and hard copy) survey was produced in partnership with Bolton CVS and NHS GM colleagues. The survey consisted of 28 questions (including demographic information).

The questions asked about experience of using GPs and primary care services, NHS 111, A & E, Urgent Treatment Centres (UTCs), Pharmacies/Chemists, the Urgent Dental Care service and people's overall experiences of health and care in Bolton. This was promoted via Healthwatch Bolton and Bolton CVS newsletters, social media channels and website. The survey was launched on 1st October and ran until 8th November. A press release was also included in the Bolton News.

The survey was also shared at various community events attended by Healthwatch and Bolton CVS engagement staff. NHS GM also collected some survey responses from the Accident and Emergency Dept at Bolton Hospital. The survey was also included in Bolton GP Practice bulletins, and neighbourhood newsletters.

➤ **Focus Groups/Interviews**

In addition to the survey, 12 focus groups from nine organisations were also undertaken, plus three interviews, which were facilitated by Healthwatch Bolton and Bolton CVS staff. They engaged with groups that are deemed under-represented. The focus groups consisted of a mix of ethnic backgrounds, sex, age and disability. More in-depth insights and information regarding the feedback from the focus groups and demographics, can be found in the appendices at pages 31-52. The focus groups explored people's experience of using their GP – including access, appointments, using digital apps and quality of the service. People were also asked about what factors would influence their decision to attend A & E, what people knew about UTCs and the services that pharmacies offer, experience of using NHS 111, the Urgent Dental Care Service and their overall satisfaction with services

GP Experience

Feedback has been split into the nine Primary Care Network Areas. Sample sizes for each practice can be found in the demographics on page 29-30. Please note there is no feedback for some practices. The following table(s) show feedback from the **survey responses**.

PCN	GP Experience – Telephone Access, Appointments, Transport, Quality, Digital Apps
Halliwell	The top concern in the feedback appears to be phone wait times , with 8 people mentioning long waits on the phone. This issue was noted more frequently than others such as difficulty seeing a preferred GP, access issues, or long waits for routine tests. While many individuals reported positive experiences with the service, phone wait times and challenges with using the digital app were mentioned.
Central	<p>The top concern is booking difficulties and waiting times, with 20 negative mentions. Secondary issues include receptionist gatekeeping (8) and clinical experience concerns (6). There are fewer positive mentions (10), mostly about good service when eventually seen.</p> <p>While some practices like Little Lever and Astley Dale received praise for care quality, others like Orient House were criticised for logistical and accessibility issues. The overall process of booking and getting timely care appears to be problematic across multiple practices.</p>
Chorley Rds	The top concern in the feedback is difficulty in securing appointments with specific doctors , especially for urgent or specialist care. Many respondents expressed frustration at not being able to see their preferred GP or doctor, particularly when urgent care or specific expertise was needed. Additionally, long wait times for phone access and challenges with digital services (like apps and online appointment systems) were also noted as significant issues, but the primary concern remains the difficulty accessing preferred healthcare providers.
Rumworth	The top concern in the feedback is difficulty booking appointments (20 mentions), particularly due to long waits on the phone, challenges getting through, and issues with scheduling times that work or securing appointments with specific doctors. Many respondents also expressed frustration over long waiting times for both phone access and appointments. While the quality of care was generally appreciated by some, the impersonal nature of telephone consultations and the difficulty accessing preferred doctors were common sources of dissatisfaction.
Westhoughton	The top concern among respondents is difficulty accessing appointments , (14 mentions) particularly due to long wait times, challenges getting through by phone, and struggles with securing appointments with preferred doctors. Many individuals also expressed frustration with the phone and online systems , including long hold times

PCN	GP Experience – Telephone Access, Appointments, Transport, Quality, Digital Apps
	<p>and difficulties with the digital systems, especially for older adults. Transportation issues, such as parking problems and reliance on taxis, were another significant concern. Additionally, negative experiences with doctors and staff, including a lack of continuity with specific doctors and unsympathetic or unhelpful staff, were commonly mentioned.</p>
Brightmet & Little Lever	<p>The top concern is telephone accessibility and inconsistent GPs (4 mentions) with some mentioning parking problems and long wait times for appointments.</p>
Farnworth & Kearsley	<p>The top concern expressed by respondents is long waits to book appointments or get through to the GP, with 9 mentions of delays, including difficulty reaching someone in the morning. Inconsistency in seeing the same GP was also a major issue, with 8 mentions of frustration over not being able to see a preferred doctor. Transportation difficulties, such as relying on taxis, were highlighted by a few, particularly those with limited mobility or no access to a car (4 mentions).</p> <p>Quality of care was praised by many, with 10 mentions of good or excellent experiences, while some criticised the care as rushed or impersonal (6 mentions). Additionally, access to care during weekends or nights was noted as difficult by some, and a few respondents expressed dissatisfaction with reception services, feeling like they were treated as a number (2 mentions). Finally, some respondents appreciated online services like the NHS app for managing appointments and prescriptions, with 3 mentions of satisfaction.</p>
Horwich	<p>The top concern raised by respondents is long waiting times mentioned by at least 14 respondents. This includes waiting on the phone for extended periods, having to call at specific times (like 8 a.m.) to secure an appointment, or being forced to wait weeks for a booking.</p> <p>Other concerns mentioned include complicated booking system on the app. Some complained about being seen by different doctors or healthcare professionals each time, leading to a lack of continuity in care. Intrusive receptionists and Limited availability and flexibility of GP appointments.</p>
Turton	<p>The top concern was long waits (6 mentions) and difficulty getting appointments (4 mentions), though 5 respondents reported no issues, and 6 praised staff or service quality as "excellent." Some mentioned accessibility challenges, limited appointment choice, and positive use of the NHS app.</p>

Focus Group Insights for GP Experience



“When we call the GP, we have to say it's an emergency to get a GP appointment. It's difficult calling the GP at 8am and waiting in a queue as its school run time / work time”.



Patients face challenges accessing GP services, with phone struggles in the mornings and mixed experiences with online booking due to digital literacy issues. In-person bookings help some but aren't always feasible. Reception staff receive mixed reviews, with concerns about rudeness and privacy but also support for navigating systems. Non-urgent appointments often have long delays, and emergency slots are difficult to secure. Continuity of care is inconsistent, though some patients report positive experiences with regular health checks. Referrals and prescription services vary, with some practices like Halliwell Health Centre praised for efficiency.

Specific Practices Feedback:

- **Halliwell Health Centre:** Efficient for prescriptions and same-day appointments; positive use of translators.
- **Bolton Medical Practice – Great Lever:** Convenient location but lacks continuity of care.
- **Wyresdale Road & Dalefield Surgeries:** Difficulty with same-day appointments, leading to some A & E visits.
- **Tonge Fold Surgery:** Encourages patient independence.
- **Peter House Surgery:** Oversubscribed and difficult to access.
- **Little Lever & Astley Dale** – noted for good quality care.
- **Orient House** – noted for accessibility issues.

Recommendations – GP Experiences

- Focus on improving GP services by offering more appointments, enhancing phone systems, simplifying appointment booking, signposting to pharmacies or NHS 111 where appropriate.
- Acknowledge the diverse population in Bolton and focus on areas of significant deprivation - in particular ethnic groups and those with accessibility issues. Increase community engagement with these groups and share information regarding accessing healthcare. Utilise community health navigators where appropriate. For example: help with digital literacy.
- Continuity of care should be prioritised by assigning primary GPs and improving record-keeping to avoid repetition for patients. Quality of care can be improved by allowing more time per appointment and ongoing GP training.
- Reception staff need better communication training, and their workloads should be supported. Accessibility should be addressed through improved transportation options and home visits for those with mobility issues. Special attention should be given to vulnerable groups, such as patients with learning disabilities and older people, to ensure they receive consistent care.



"GP receptionists advise you to call 111 sometimes, which does not have your medical information, does not deal with the issue- feel as though they will signpost you to A & E which is not good as this is very timely to go there."

"I had a post-surgical infection but did not want to attend A & E as it wasn't an emergency, but the GP said they couldn't deal with it- but nowhere else to go."



Accident & Emergency (A & E)

Survey Feedback


PCN	A & E
Halliwell	Reasons for attending A & E included chest pains (6 mentions), dizziness or vertigo (5), injuries such as broken bones or toe injuries (5), infection or post-surgery complications (3), and urgent needs like prescriptions or emergencies beyond GP capacity (5). Most visits were due to serious or urgent medical issues.
Central	The main reasons people attend A & E are for accidents or injuries (e.g., broken bones, head injuries, severe bleeding), emergencies (e.g., breathing problems, heart failure, sepsis), and urgent care that cannot be handled by GPs or first aid (e.g., X-rays, severe chest pains). Many emphasise only going in extreme cases, while some mention avoiding A & E due to long wait times.
Chorley Rds	Many respondents mentioned going to A & E for emergencies or urgent situations, with 20 mentions of it being for serious or life-threatening conditions, such as suspected heart attacks, strokes, broken bones, and breathing problems. 2 responses highlighted the need for A & E when GP appointments were unavailable (Heaton & Spring House), or difficult to secure, particularly when urgent care was needed.
Rumworth	Most people use A & E only for emergencies or serious health problems, with some attending if referred by a doctor or unable to get help elsewhere. Frustrations about long waiting times were noted, with a few avoiding A & E due to delays. Visits with family or friends typically involve urgent conditions, injuries, or medical advice. A small number couldn't recall their last visit or chose not to share details. Additionally, some contacted their GP or NHS 111 before attending A & E.
Westhoughton	Most people would only go to A & E for emergency situations, such as heart attacks, strokes, severe injuries, or breathing issues. Some attended after being advised by NHS 111 or when other healthcare services were unavailable. A few emphasised avoiding A & E unless absolutely necessary, usually for life-threatening conditions or when GP appointments were not accessible. In some cases, people were directed to A & E by 111 after struggling to access timely GP care. Ten people contacted their GP before attending A & E, and seven contacted NHS 111.
Brightmet & Little Lever	People mentioned broken bones, chest pains and bleeding, in an emergency only and if advised by the GP
Farnworth & Kearsley	People primarily attend A & E for life-threatening emergencies, with 9 mentions of serious conditions such as heart attacks, chest pain, and strokes. Other common reasons include severe injuries (7 mentions) like broken bones,

	<p>head injuries, or accidents. Respiratory or cardiac issues and severe pain were also mentioned (3 mentions each). Some respondents would go to A & E if advised by a medical professional (2 mentions) or if they couldn't manage the situation elsewhere (2 mentions). Other specific conditions included burns, seizures, and head injuries while on anticoagulants.</p> <p>A few people mentioned attending A & E for conditions like kidney stones, a TIA, dizziness, blacking out, or more specific issues such as dermatitis or pancreatitis (1 mention each). There were also personal stories, like a fall triggering emergency care due to anxiety, or a child's breathing problems leading to admission.</p> <p>Four people contacted their GP before going to A & E, and three contacted NHS 111.</p>
Horwich	<p>The main reasons people attend A & E are for serious emergencies such as chest pain, major trauma, and broken bones. Many respondents mentioned they go for urgent, life-threatening conditions that cannot be treated by a GP or at a primary care facility, such as heart attacks, strokes, and severe injuries. Some attend A & E when they are advised by a GP, 111 service, or when they need immediate emergency treatment.</p> <p>Most people contacted NHS 111 before attending A & E, with several mentioning this service for advice or guidance on whether to seek emergency care. GP practices were also frequently contacted, either for direct advice or to attempt booking an appointment. A few individuals noted reaching out to other sources, such as a chiropractor or a specialist hospital (e.g., Salford Hospital for dialysis). Some people mentioned Achieve, who ordered tests, though this was less common.</p>
Turton	<p>People primarily attend A & E for emergencies, such as life-threatening conditions (e.g., heart attack, stroke, severe bleeding), suspected broken bones, burns, or serious injuries. Many stated they would go only if absolutely necessary, when advised by NHS 111, a GP, or other medical professionals, or if urgent care was unavailable elsewhere. Accidents, head injuries, falls, and severe pain were also common reasons, often as a last resort after other options were exhausted. Some emphasized the need for critical care or immediate attention unavailable at GP surgeries.</p> <p>7 people consulted their GP before attending A & E, 10 called NHS 111, and one contacted BARDOC.</p>

Focus Group Insights for A & E Experience

Patients face significant challenges accessing GP services, including difficulties with same-day appointments, long phone wait times, and digital barriers, which often push them toward A & E. Mental health needs are frequently unmet, leading many to rely on A & E, despite its long wait times, resource shortages, and inadequate mental health support. Proximity, transport, and trust in NHS referrals also influence patients' decisions to attend A & E.

There are, **27 specific** mentions of attending A & E when their needs were not met or when advised by another service. These include situations where GP appointments were unavailable, NHS 111 or other professionals recommended A & E, or primary care settings lacked urgency or capability to address their issues.

 *“Prefer to go GP (or other GP) before A & E due to the long wait times. Would call 111 before going to A & E. Location and transport impacts whether I go or not. Having somebody available to go with you or mind the family. If signposted, you trust that voice and will listen to them whether to go or not”*

“Staff don't take things seriously sometimes. As I work in mental health there was an incident where I had a client that needed to see the GP, but the receptionist just told me to take her to A & E.”

“Some surgeries offer weekend appointments but don't let you know, - this would help stop people going to A & E”.



Recommendations – Accident & Emergency

- There needs to be an acknowledgement that most people do not want to attend A & E for some of their health issues, but they simply have no other choice if they do not know about the range of primary care services available to them, or they are unable, or have difficulty accessing them.
- Whilst the majority of people who attend A & E do so when signposted by other health professionals, there needs to be clear communication and community engagement to educate the public on appropriate A & E usage. Messaging should be concise and relatable, shared via multimedia platforms and interactive digital tools like apps and symptom checkers. Help with digital literacy skills needs to be considered.
- Community workshops and partnerships with local leaders are crucial for outreach, alongside printed materials such as multilingual leaflets and the 'Get to Know Where to Go' booklet.
- Healthcare professionals, including GPs and pharmacy staff, should be trained to guide patients on alternative care options, for example knowing what a pharmacist can offer etc., and school programs should incorporate A & E education.
- Feedback from patients and staff should continuously refine these efforts to enhance public awareness and the patient experience.
- There needs to be more mental health support from primary care services and better support available in A & E.


Urgent Treatment Centre (UTCs)

Survey Feedback


PCN	Urgent Treatment Centre (UTC) Awareness
Halliwell	2 people were aware of the UTC and noted they had a long wait.
Central	20 people said No they did not know about the UTC. 3 people said Yes, they knew appointments could be booked at the UTC by NHS 111.
Chorley Rds	22 people said they did not know about the UTC. 11 people said yes, and of those who had used it, most respondents had a positive experience praising its speed, thorough care, and efficiency.
Rumworth	17 x no not aware, 4 x not sure, 1 said yes.
Westhoughton	34 said no not aware, 4 said yes, they were aware.
Brightmet & Little Lever	5 said yes there were aware, 2 said no. 2 knew appointments could be booked by calling NHS 111.
Farnworth & Kearsley	16 said no they weren't aware, 8 said yes.
Horwich	22 said no they weren't aware, 9 said yes. 2 people knew appointments could be booked at the UTC by NHS 111.
Turton	13 said yes, 17 said not and one was not sure. 8 people knew appointments could be booked at the UTC by NHS 111. Most comments describe either positive or mixed experiences with services. Some praised the efficiency and care received, such as after a GP referral or for post-surgery follow-up. Others shared frustrations, including long waits, feeling rushed, or being prioritised lower than others.
Totals	66 Yes, 150 No, 5 Unsure

Focus Group Insights for Urgent Treatment Centres (UTCs)

Awareness of UTCs is inconsistent, with many participants either unaware of their existence or confused about their role. Knowledge often came from being directed there by A & E, and some reported not realising they had used a UTC due to unclear communication or signage. Feedback highlights confusion about UTC locations and their purpose, although those who recognised they received care there generally reported positive experiences. Access to UTCs is often perceived as reliant on referrals from A & E or NHS 111, with limited awareness of booking options through NHS 111. Experiences with service quality and wait times varied, pointing to the need for improved communication, signage, and training to enhance clarity and accessibility.

 *“Where are the UTC sites in the hospital? there is so much information that we do not know about. I may have been to a UTC centre for treatment and did not realise or was informed properly. Treatment was good.”*

“Something is better than nothing. Experience is varied- dependant on staff. They don't offer immediate treatment, ask you to return if condition gets worse. Prescription received after 4 hours of waiting which can be late at night and there is nowhere to get prescription”.



Recommendations (UTCs)

- Public awareness of UTCs needs to be increased using targeted marketing campaigns and community outreach should inform people about services and access, supported by clear signage and informational materials at key locations.
- Reducing wait times can be achieved through efficient triage systems and adequate staffing during peak hours.
- Enhancing the patient experience involves improving communication about processes, creating comfortable waiting areas, and ensuring accessible information.
- Streamlined referrals between A & E, NHS 111, and UTCs, along with clear follow-up care instructions, can minimise confusion.
- Staff training on patient management and regular feedback collection will help maintain and improve service quality.

NHS 111


Survey Feedback

PCN	NHS 111
Halliwell	Feedback showed that 7 people were signposted to A & E by NHS 111, 2 were directed to out-of-hours GP services, and 1 had an ambulance arranged. 3 mentioned receiving telephone advice, while 2 were unsure NHS 111 could arrange A & E appointments.
Central	<p>9 people said they had never contacted NHS 111, 3 received telephone advice. 3 were signposted to A & E, 2 had an appointment with a health professional. 11 people knew NHS 111 could make them an appointment with a health professional. 6 people contacted their GP before attending A & E, 4 contacted NHS 111, and had an ambulance.</p> <p>There were also mentions of being referred to other healthcare services like out-of-hours GPs for various issues, including chest pain, severe knee pain, and scald injuries.</p>
Chorley Rds	<p>13 people said they have never contacted NHS 111. 8 people had received telephone advice. 4 people were booked an appointment with a health professional and one person was sign-posted to a pharmacy.</p> <p>People contacted NHS 111 for a variety of health-related reasons such accidents, injuries and falls, needing assistance in obtaining medical supplies or advice for conditions affecting their family members.</p> <p>15 people knew NHS 111 could get them an appointment with a health professional.</p>
Rumworth	12 people said they had never contacted NHS 111, 3 were booked an appointment to a health professional and 3 had telephone advice. 7 did not know NHS 111 can book them an appointment with a health professional.
Westhoughton	There was a mixture of telephone advice and being booked an appointment with a health professional. Most respondents knew NHS 111 could book them an appointment with a health professional.
Brightmet & Little Lever	There were a mix of experiences with NHS 111. Some individuals were signposted to A & E or an Urgent Treatment Centre, while others were booked for appointments with a health professional after contacting NHS 111. A few individuals mentioned receiving telephone advice, and some indicated they had never contacted NHS 111 at all.
Farnworth & Kearsley	11 never contacted NHS 111, 5 got telephone advice, 3 were signposted to A & E. 9 said they knew NHS 111 could get them an appointment with a health professional.

<p>Horwich</p>	<p>8 people never contacted NHS 111, 13 were signposted to A & E, 10 were booked an appointment with a health professional, 8 received telephone advice, 3 were signposted to a UTC and one to the out of hours GP.</p> <p>People contacted NHS 111 for issues such as stomach pain, breathing problems, chest pain, asthma, medication concerns, allergic reactions, swelling, and health complications related to chemotherapy, COVID, or heart conditions.</p> <p>11 people knew that NHS 111 could book them an appointment with a health professional.</p>
<p>Turton</p>	<p>Most respondents reported being signposted to A & E after contacting NHS 111. Several individuals mentioned being booked an appointment with a health professional or receiving telephone advice. Others were directed to Urgent Treatment Centres, while a few contacted NHS 111 on behalf of others, such as older people parents or spouses. 6 people stated they had never used NHS 111, and some mentioned relying on GP out-of-hours services instead. A few used NHS 111 for specific situations like a COVID vaccination appointment or an urgent night-time issue.</p> <p>People contacted NHS 111 for chest pains, heart problems, severe abdominal pain, vomiting, or conditions like diabetes allergic reactions to antibiotics. Parents sought help for children with illnesses such as Norovirus, tonsillitis, or high fever.</p> <p>15 people knew NHS 111 could get them an appointment with a health professional.</p>

Focus Group Insights for NHS 111

Experiences with NHS 111 reveal both challenges and benefits. Negative feedback highlights delays, missed callbacks, inconsistent service quality, and frequent referrals to A & E, which some found inefficient. Miscommunication and difficulties describing symptoms were also common concerns. On the positive side, many users appreciated the service for its out-of-hours accessibility, prompt escalation of serious cases, and helpful guidance for non-emergencies, especially for children and the older people. However, knowledge of NHS 111's ability to book appointments with healthcare professionals was very limited, with most people unaware of this feature unless they had directly used it.

 *"Waiting for 30 minutes to get through, (told would call in 2 hours) 4 hours to get you back and then signposted to A & E. Would have contacted own GP if it was not a bank holiday- should have gone straight to A & E"*

"Good experience of NHS 111 x2- they signposted immediately to A & E and that's positive. Felt listened to and give you the appropriate advice".

"I would not have known that NHS 111 can make me an appointment with a health professional until I called them, and they told me this"



Recommendations – NHS 111

- Staff should get regular training to be kind and consistent when talking to callers. Clear rules and checks will help ensure serious cases are handled properly.
- Public campaigns and leaflets should explain what NHS 111 can do, like booking GP appointments and giving advice when GP surgeries are closed.
- Questions from call handlers should focus only on what's important to save time, and patients should get follow-up calls to check they received the right care.
- In Bolton, it's important to help older people, non-English speakers, and those with disabilities by offering health navigators and targeting areas where people struggle to access care. Digital tools like apps and online records should be improved to make services easier to use. Feedback from patients and other organisations should be used to keep improving services.


Pharmacists

Survey Feedback

PCN	Pharmacists – awareness of services
Halliwell	Minor illness x 12, Contraception x 6, Substance Misuse x 1, Providing prescription medicine x 12.
Central	Minor illness x 18, Contraception x 9, Substance Misuse x 6, Providing prescription medicine x 6, Unaware x 2.
Chorley Rds	Minor illness x 34, Contraception x 8, Substance Misuse x 5, Providing Prescription medicine x 20.
Rumworth	Minor illness x 22, Contraception x 9, Substance Misuse x 8, Providing prescription medicine x 10.
Westhoughton	Minor illness – x 37, Contraception x 8, Substance Misuse x 5, Providing prescription medicine x 30.
Breightmet & Little Lever	Minor illness x 5, Contraception x 3, Substance Misuse x 3, Providing prescription medicine x 4.
Farnworth & Kearsley	Minor illness x 23, Contraception x 8, Substance Misuse x 6, Providing prescription medicine x 14, Unaware x 2.
Horwich	Minor illness x 21, Contraception x 14, Substance Misuse x 6, Providing prescription medicine x 19, Unaware x 2.
Turton	Minor illness x 31, Contraception x 12, Substance Misuse x 7, Providing prescription medicine x 23.
Totals	Minor Illness x 203, Contraception x 77, Substance Misuse x 47, Providing prescription medicine x 138, Unaware x 6

Focus Group Insights for Pharmacists

People's experiences with pharmacies show a mix of awareness and usage. Many use pharmacies for advice, blood pressure checks, vaccines, minor ailments, and general health guidance, with some appreciating their ability to prescribe antibiotics or provide medications without a GP visit. However, many are unaware of the full range of services pharmacies offer, such as minor ailment treatments, health checks, or prescribing for conditions like urinary tract infections (UTIs) or skin irritations. Experiences vary between pharmacies, leading to confusion about available services. While some highly value pharmacists' knowledge and accessibility, others feel hesitant to seek help due to perceptions of staff being too busy or stressed.

 *"No, they seem so busy and stressed out all the time, I would feel bad for asking them for help."*

"I wasn't aware of Pharmacy First."

"Services differ between different chemists which is very difficult. feel as though there needs to be more information/ communication around what services they offer"

"Cohen chemist in Halliwell is amazing". A pharmacy assisted in getting me a GP appointment"



Recommendations – Pharmacies

- To raise awareness of pharmacy services, public campaigns and community workshops should inform people about treatments for minor ailments, prescriptions, and health checks.
- Specific services like the Minor Ailments Scheme, Pharmacy First, and vaccinations should be promoted, particularly during flu season and for travel.
- Accessibility can be improved through extended hours and mobile pharmacy services for underserved areas. Clear signage and digital platforms, such as websites and apps, can better communicate available services. Training pharmacy staff and providing patient support will ensure effective communication and assist those with mobility or digital literacy challenges.

Urgent Dental Care Service Awareness

Survey feedback

PCN	Urgent Dental Care Service
Halliwell	No x 13.
Central	Yes x 8, No x 11, Don't know about it x 4.
Chorley Rds	Yes x 5, No x 28, Don't know about it x 3.
Rumworth	Yes x 10, No x 11, don't know about it x 3.
Westhoughton	Yes x 1, No x 41, Don't know about it x 3.
Breightmet & Little Lever	Yes x 1, No x 7.
Farnworth & Kearsley	Yes x 6, No x 15, Don't know about it x 5.
Horwich	Yes x 6, No x 22, Don't Know about it x 6.
Turton	Yes x 7, No x 18, Don't know x 4.
Totals	Yes x 44, no x 166.

Focus Group Insights for Urgent Dental Care Service (UDC)

Responses around awareness of the service were mixed with some people being aware of the service and some not. Some had positive experiences with weekend appointments and effective emergency care. Negative experiences included difficulty accessing appointments and unnecessary treatments. Geographic barriers and long waits for NHS dentists were common issues. Suggestions included better communication, late-night services, and reminders for check-ups. Overall, there was mixed feedback with satisfaction in emergencies but frustration with access and quality.

 *“Yes – The service was helpful. I work at a school; I had an experience with a young child. The family were new to the UK) was in so much pain he was banging his mouth he had to go A & E. People don't know about the UDC service”*

“My friend had an horrendous experience couldn't get through on the weekend had to travel outside of Greater Manchester to go to Oldham for treatment”

“Emergency dentist often take out teeth when not needed”



Recommendations – Urgent Dental Care Service

- Consider running public awareness campaigns that include educational materials like leaflets, posters, and flyers to inform communities about urgent dental care services. Social media and local websites can help spread awareness.
- Websites should be updated with clear access information for urgent dental care, including support for vulnerable individuals. Dedicated hotline numbers should be widely promoted and easy to remember. Dental practices must have information on how to access urgent dental care.

Further Considerations and next steps

- Formulate an action plan to address the recommendations for each area.
- Ensure actions are properly tracked to evaluate the impact of any changes made
- Ensure that changes and improvements to services can be demonstrated to the public and fed back appropriately.

Demographics – Primary Care Networks (PCNs)

PCN	Total No. of Survey Respondents Analysed	Age Range	Postcode	Ethnicity
Halliwell Octagon Medical x 6 Burnside Surgery x 3 Halliwell Surgery x 4	13	46-55 36-45 Over 75	BL1 x 12	Asian - British Pakistani: 1 White: 7 Mixed - White and Black Caribbean: 1 Asian - British Indian: 1
Central Deane Medical Centre x 1 Orient House x 3 Great Lever One x 1 Al-Fal Medical x 2 Deane Clinic x 1 Bolton General Practice x 4 Bolton Medical Centre x 4	16	18-25 x 1 36-45 x 1 46-55 x 4 26-35 x 2 56-65 x 7 66-75 x 3 Over 75 x 2	BL1 x 7 BL3 x 12 BL4 x 3 BL5 x 3 BL6 x 1	Any other White background: 2 White: 7 Black - British African: 1 Black - British Caribbean: 1 Asian - British Indian: 3 White and Asian: 1
Chorley Rds Dalefield Surgery x 2 Spring House x 8 Heaton Medical x 17 Cornerstone x 5 Wyresdale Rd x 8	40	26-35 x 1 36-45 x 3 46-55 x 12 56-65 x 6 66-75 x 7 Over 75 x 3	BL1 x 32 BL2 x 2 BL3 x 2 BL6 x 3	Asian - British Pakistani: 2 White: 26 White and Asian: 1 Asian - British Indian: 6 Black - British African: 1
Rumworth Pikes Lane 1 x 10 Swan Lane Medical x 10 Garnet Fold x 2 Shanti Medical x 5	27	46-55 x 4 56-65 x 5 66-75 x 5 Over 75 x 2	BL3 x 21 BL4 x 3 BL1 x 3	White: 9 White and Asian: 2 Asian - British Bangladeshi: 1 Asian - British Indian: 9
Westhoughton Stable Fold x 3 Unsworth Group x 42	45	56-65 x 5 46-55 x 4 66-75 x 19 Over 75 x 9 36-45 x 4 18-25 x 1	BL5 x 41 BL 6 x 4	White: 44 Any other White background: 1

PCN	Total No. of Survey Respondents Analysed	Age Range	Postcode	Ethnicity
		26-35 x1		
Brightmet & Little Lever Dunstan Partnership x 1 Alastair Ross x 3 Dr Hallikeri x 2 Tonge Fold x 1 Spring view Medical Centre x 2	9	46-55 x 3 26-35 x 2 66-75 x 1 56-65 x 1 Over 75 x 1	BL2 x 4 BL3 x 2 BL4 x 1 BL1:x 1	All White
Farnworth & Kearsley Kearsley Medical x 10 Stone Hill Medical x 6 Fig Tree x 4 Farnworth Health Centre x 6	26	66-75 x 4 26-35 x 7 46-55 x 6 36-45 x 2 56-65 x 5 Over 75 x 2 18-25 x 1	BL4 x 25 BL3 x 1	White: 15 Asian British Bangladeshi: 2 White and Black Caribbean: 1 Other White background: 1
Horwich Kildonan House x 15 Pike View Medical x 8 BCP Horwich x 12	35	46-55 x 10 26-35 x 2 66-75 x 7 56-65 x 8 36-45 x 6 Over 75 x 3	BL6 x 21 BL1 x 3 BL3 x 6 BL5 x 1	White: 32 Black Caribbean: 2
Turton Harwood Group Practice x 10 The Oaks x 8 Crompton View x 2 Mandalay x 4 Edgeworth x 3 Bromley Meadows x 6	33	26-35 x 3 36-45 x 2 46-55 x 5 56-65 x 7 66-75 x 5 Over 75 x 7	BL1 x 8 BL2 x 15 BL7 x 10	White: 30 Asian British Pakistani: 1
TOTAL	244			

Appendices

Full Focus Group and Individual Interview Feedback

GP Practice

Participants were asked to share their experiences of their GP practice:

1. Access and Appointments:

- **Phone Call Struggles:** Many participants reported difficulties calling their GP practices, particularly in the early morning hours (8 AM), which can lead to long waiting times, engaged lines, or being unable to secure same-day appointments.
- **Online Systems:** While some patients benefit from using online forms or the NHS app to book appointments or request prescriptions, others find these platforms difficult to use due to digital literacy issues, language barriers, or lack of confidence. Not all participants are familiar with these services, and some rely on family members or support workers to assist them.
- **In-Person Visits:** For participants living close to their GP, visiting in person to book an appointment has been effective, though not always feasible.

2. Experience with Reception Staff:

- **Mixed Reviews:** Some practices, like Halliwell Health Centre, have been praised for helpful staff, while others, faced criticism for perceived rudeness.
- **Privacy Concerns:** Participants expressed discomfort with being asked to share personal health details with receptionists, especially in public waiting areas.
- **Supportive Receptionists:** In some cases, staff assisted patients unable to navigate online booking systems.

3. Wait Times for Appointments:

- **Long Delays:** Appointments often involve waiting periods of two weeks or more, especially for non-urgent issues. Emergency slots are sometimes available, but patients need to call early but may not always succeed in securing one.
- **Repeat Appointments:** A common complaint was the inability to address multiple issues in a single appointment, forcing patients to prioritise or self-manage less severe conditions.

4. Continuity of Care:

- **Inconsistent Experiences:** Patients frequently reported seeing different doctors, which affects the continuity of care and forces them to re-explain their medical history.
- **Positive Long-Term Care:** A minority noted positive long-term experiences, such as yearly checks for physical and mental health.

5. Referrals and Medication Management:

- **Referral Delays:** Some participants mentioned slow or inadequate referral processes, leading to escalations like visits to A & E.
- **Medication and Prescriptions:** While some patients praised quick and reliable prescription services, others highlighted delays and difficulties obtaining necessary medications without reviews or re-evaluations.

Specific Practice Feedback

- **Halliwell Health Centre:** Praised for efficiency in sorting prescriptions and offering same-day appointments. The presence of translators was also highlighted as a positive feature.
- **Bolton Medical Practice – Great Lever:** Mixed experiences, with one participant finding it effective due to proximity but lacking continuity of care.
- **Wyresdale Road and Dalefield Surgeries:** Some respondents had difficulty in securing same-day appointments, leading to some patients turning to A & E.
- **Tonge Fold Surgery:** Noted for empowering patients to take charge of their own care.

- **Peter House Surgery:** Mentioned as oversubscribed and difficult to access.

Barriers and Additional Observations

- **Digital Literacy and Access:** A significant number of participants struggle with online platforms, requiring external help. This is compounded for individuals with learning disabilities or limited technical skills.
- **Transportation Issues:** For patients without access to a car, reaching appointments can be challenging, particularly in the morning when taxis are busier.
- **Emergency Alternatives:** Several respondents indicated a reliance on A & E for non-life-threatening issues when GP access is limited, which can put strain on emergency services.

Accident & Emergency (A & E)

Participants were asked to share their thoughts on what factors would influence their decision to attend accident and emergency at Bolton Hospital:

1. GP Services:

- **Access Challenges:** Most participants report difficulty getting same-day or urgent appointments. Common frustrations include long phone wait times, issues with online systems, and limited appointment availability, leading some to resort to A & E.
- **Positive Feedback:** Some practices, like Halliwell Health Centre, were praised for offering same-day appointments, efficient prescription services, and overall positive experiences. Receptionists in certain cases were found to be friendly and helpful.
- **Digital Barriers:** Many struggle with navigating online forms or apps due to digital literacy or technical issues. Support from family or social workers is often needed.
- **Receptionist Interaction:** Mixed feedback includes reports of rude or dismissive staff, but others noted that staff were helpful. Concerns over discussing personal issues with receptionists due to privacy were also common.

- **Continuity and Consistency:** Patients often face different doctors at each visit, making continuity of care difficult. Pre-booked appointments can be weeks away, which frustrates patients needing prompt attention.
- **Mental Health Concerns:** Some respondents shared that mental health conditions often lead to attending A & E due to a lack of GP availability or suitable support.

2. A & E Experiences:

- **Wait Times:** The majority noted this as long, sometimes exceeding seven to 16 hours. This does deter some people from going unless absolutely necessary.
- **Emergency Situations:** While A & E handles life-threatening cases well, non-critical cases often see significant delays. Walk-in centres or UTCs are sometimes preferred for quicker service.
- **Quality of Care:** Some participants shared positive experiences where they were treated promptly and attentively. Children generally received priority treatment.
- **Mental Health in A & E:** A common theme was the lack of effective mental health support. Participants with mental health issues felt A & E was not the right environment for their needs.
- **Translation Services:** Although available, they can be unreliable if interpreters are busy, making accurate communication difficult.
- **Trust in Referrals:** Advice from NHS 111 or referrals from professionals often prompt visits to A & E. Trust in this guidance plays a significant role in decision-making.
- **Resource Issues:** Reports of under-resourced departments, lack of privacy, and occasional staff rudeness were shared.
- **Accessibility Factors:** Proximity to A & E, transport options, and having someone to accompany them were influential factors for many respondents.

Urgent Treatment Centres (UTCs) *(UTCs provide medical help when it is not a life-threatening emergency. They can diagnose and deal with many common problems people go to A & E for.)*

Participants were firstly asked if they knew what a UTC was:

1. General Awareness:

- Awareness of UTCs is inconsistent. Some participants were well-informed, while others were unaware of their existence or confused about what they are.
- Out of some groups, only 1 in 4 people knew about UTCs, and that knowledge often came from being directed there by A & E staff.
- In contrast, all participants in some discussions were aware of UTCs, indicating varied levels of public information dissemination.

2. Lack of Clear Communication:

- A number of participants mentioned that they might have been to a UTC without realising it, highlighting insufficient communication or signage explaining the service they received.
- Comments like "nobody knew about it" and "no one had heard of UTCs" were frequent, suggesting that outreach or public education regarding UTCs needs improvement.

3. Location Awareness and Confusion:

- Some participants expressed confusion about where UTCs are located within hospital premises, reinforcing the need for clearer information and directions.
- There was feedback requesting more details about the locations of UTCs and their role in healthcare.

4. Positive Feedback on Experience:

- Those who realised they had received treatment at a UTC generally reported positive experiences, such as streamlined care and good quality of treatment.

5. Requests for Information:

- Several groups or individuals emphasised the need for more information about UTCs, their locations, and their purpose in healthcare.

Experience of using a UTC and booking appointments:

The feedback on experiences with Urgent Treatment Centres (UTCs) highlights several themes regarding awareness, access, and quality of care:

1. General Experiences with UTCs:

- **Mixed Experiences:** While some respondents had good experiences with UTCs, noting quick service and positive outcomes, others expressed confusion about the system, especially regarding transitioning from A & E to a UTC.
- **Time Efficiency:** Some participants reported being seen quickly (e.g., in and out within 3 hours) after being directed by A & E or NHS 111, which reflects a positive experience when access to UTCs is clear.
- **Dependence on Staff:** Experiences varied based on the staff on duty, suggesting that training and communication could impact the quality of service.

2. Access

- **Confusion Over Responsibility:** There were instances where patients felt unsure about who was responsible for their care upon arriving at UTCs, particularly after starting in A & E.
- **Limited Direct Use:** Most respondents reported that they had never accessed a UTC directly, relying instead on referrals from A & E or NHS 111. For some, this reflects a lack of awareness of the UTCs as an option for urgent care.

- **Long Waits for Treatment:** Although some had quick experiences, others mentioned waiting for up to four hours for prescriptions, particularly frustrating when late-night access to pharmacies was limited.

3. Awareness of Booking Options:

- **Lack of Knowledge:** Most participants were unaware that appointments at UTCs could be booked via NHS 111. This indicates a major gap in communication about how to access these services effectively.
- **Misconceptions About Access:** Many respondents believed that UTC access was only possible through A & E, demonstrating a need for clearer messaging about the booking process and availability of services.

NHS 111

Focus group participants were asked if they had ever used the NHS 111 service and what their experiences were:

1. General Sentiment and Mixed Experiences:

- **Overall Awareness:** Most respondents were aware of the NHS 111 service, particularly for out-of-hours needs.
- **Mixed Quality of Care:** Experiences with NHS 111 varied significantly; some found the service efficient and supportive, while others encountered challenges, particularly with empathy and communication.

2. Specific Feedback on Experiences:

- **Positive Experiences:**
 - Several respondents reported receiving good, timely advice and being signposted to appropriate services, including A & E and other necessary care options.

- The service was seen as a lifeline for urgent advice, especially when GP services were unavailable.
- **Negative Experiences:**
 - Some individuals felt that their calls were not handled with the necessary urgency, with one respondent mentioning they needed an ambulance but did not receive appropriate escalation from NHS 111.
 - There were instances of feeling dismissed or receiving incorrect advice, which led to confusion about whether to go to A & E or wait for further assistance.

3. **Callback Issues and Wait Times:**

- **Delays in Communication:** A common complaint was the lack of timely follow-up, with reports of significant delays in receiving callbacks from medical professionals, leading to frustration among users.
- **Long Wait Times:** Respondents reported long waiting periods to get through to NHS 111, impacting their decisions on whether to seek further care.

4. **Empathy and Communication:**

- **Variability in Support:** The level of empathy displayed by staff appeared to vary; some respondents experienced supportive and informative interactions, while others felt rushed or misunderstood during their calls.
- **Irrelevant Questions:** Several participants noted that the questions asked during calls were sometimes irrelevant or confusing, leading to a sense of wasting time. This was particularly challenging when they were trying to describe complex health issues.

5. Service Utilisation:

- **Limited Use of NHS 111:** Some participants had not used the service at all, and those who had varying levels of familiarity with the process often suggested that more information about available services, such as Urgent Treatment Centres (UTC), would be beneficial.
- **Emergency Situations:** There were mentions of being unsure whether to use NHS 111 for serious issues, with one participant indicating they had mistakenly called NHS 111 when they should have called 999 instead.

6. Referrals and Signposting:

- **Effective Signposting:** Some respondents appreciated the service's ability to redirect them to the correct care facilities, noting positive experiences with being directed to A & E or other appropriate services.
- **Need for Better Information:** Feedback indicated a desire for better communication about the availability of services, including the option to book appointments at UTCs, which some were unaware of.

Focus group participants were asked if they knew that NHS 111 could make them appointments with health professionals:

1. General Awareness:

- **Mixed Knowledge:** Awareness of various services provided by NHS 111 was inconsistent among respondents.
- **Limited Knowledge:** Only one individual seemed to have a clear understanding of the services offered, while others had varying degrees of familiarity.

2. Specific Services Awareness:

- **Healthcare Services Offered:** There was knowledge about several specific healthcare services that could be accessed through NHS channels, including:
 - Vaccines
 - Blood pressure checks
 - General advice
 - Antibiotics without needing to visit a GP
 - Ear wax removal and hearing tests
- **Limited Awareness:** Three out of five respondents were not aware of some of these services, indicating a gap in knowledge.

3. Appointment Scheduling:

- **Mixed Responses on Appointments:**
 - Two participants knew they could call NHS 111 for an appointment with a GP, practice nurse, or consultant.
 - Two other participants were unaware of this possibility.

- **General Confusion:** Many respondents were unclear about the process and options available through NHS 111, with most stating they would not have known about the ability to book appointments without prompting or personal experience.

4. Referral Knowledge:

- **Referral Awareness:** There was some acknowledgment that NHS111 could refer users to doctors or other healthcare providers, although the understanding of this process was not universal.
- **Need for Clarification:** Several respondents indicated that they had learned about the referral capabilities only through direct experience or discussions related to the survey.

Pharmacy

Focus group participants were asked to share awareness and experience of the health services that their pharmacy offers:

1. General Awareness:

- **Varying Knowledge:** There was a mixed level of awareness regarding the services provided by pharmacies. Some respondents had a good understanding, while others were largely unaware of what pharmacies could offer beyond basic prescription dispensing services.

2. Specific Services Mentioned:

- **Common Services:** Many respondents identified several key services offered by pharmacies, including:
 - Vaccinations (e.g., flu jabs)
 - Blood Pressure Checks
 - Diabetes and Sugar Tests
 - Pain Relief and Antibiotics
 - Advice on Common Illnesses
 - Minor Ailments Consultation (some pharmacies can prescribe medication for certain conditions)
 - Stop Smoking Services
 - Contraceptive Services
- **Limited Knowledge on Prescriptions:** Some respondents were not aware that pharmacies could prescribe antibiotics or provide treatments for minor ailments without needing to see a doctor.

3. Perceived Qualifications and Variability:

- **Concerns about Qualifications:** There were questions regarding the qualifications of pharmacy staff to provide certain services, indicating a need for clarity on their training and competencies.
- **Service Variability:** Respondents noted that services offered can differ significantly between different pharmacy chains or locations, leading to confusion about what is available.

4. Pharmacy First and Minor Ailments:

- **Awareness of Programs:** A few respondents mentioned the "Pharmacy First" initiative, which allows pharmacies to address minor ailments directly, yet not all were aware of its existence or how it operates.
- **Accessibility:** Some feedback highlighted that pharmacies provide quick access to healthcare services, acting as a convenient alternative to traditional GP appointments.

5. Feedback on Communication:

- **Need for Better Information:** There was a consensus that more information and communication are needed to raise awareness about the full range of services pharmacies provide, ensuring the public is better informed about their options.

Focus group participants were asked if they had ever used a pharmacy for health advice:

1. Treatment and Services Provided:

- **Antibiotics Without Doctor Consultation:** Respondents shared positive experiences of receiving antibiotics for earaches and other minor ailments without needing to consult a doctor, highlighting the accessibility of pharmacy services.
- **Range of Health Advice:** Pharmacies provided various health-related services, including:
 - Management of Chickenpox (treatment for children)

- Blood Pressure and Sugar/Diabetes Checks
- **Allergy Advice:** Antihistamines and creams were provided for allergic reactions, with pharmacists offering reassurance and monitoring advice.
- **General Health Consultations:** Respondents sought advice on over-the-counter medications, changing prescriptions, and managing symptoms like asthma and coughs.

2. Accessing Pharmacy Services:

- **Awareness of Services:** While many respondents acknowledged the availability of pharmacy services, there was uncertainty about how to access them, particularly for treatments of minor ailments such as urinary tract infections (UTIs), shingles, and minor infections.
- **Visibility of Services:** Some respondents had seen promotional materials (e.g., posters) regarding services offered at pharmacies, which helped increase their awareness of what was available.

3. Mixed Perceptions of Pharmacists:

- **General Satisfaction:** Most feedback indicated that pharmacists were generally seen as helpful and knowledgeable. One respondent specifically praised "Cohen Chemist in Halliwell" for its excellent service.
- **Busy Atmosphere:** Despite the positive remarks, there were concerns about pharmacists being overwhelmed or stressed, leading some individuals to feel hesitant about seeking help. This suggests that while pharmacists are seen as valuable resources, the high demand on their time can create barriers for patients needing assistance.

4. Limitations in Service Availability:

- **Service Variability:** Respondents noted that not all pharmacies offer the same range of services, leading to confusion about what specific pharmacies can treat. This variability can affect patients' willingness to seek help at their local pharmacy.
- **Unused Medication:** One respondent expressed frustration over receiving medications they could not use, emphasizing the need for better management and communication regarding prescriptions.

5. Relying on Pharmacy Services:

- **Regular Use:** Several respondents indicated they frequently relied on pharmacies for health advice and consultations, suggesting a strong recognition of their role as accessible healthcare providers in the community.
- **Assistance with Appointments:** Some pharmacies even assisted patients in obtaining GP appointments, demonstrating their proactive approach to patient care.

Urgent Dental Care

Focus group participants were asked to share their knowledge and experience of the urgent dental care service:

1. Awareness

- **General Knowledge:** Many respondents were aware of urgent dental care services, with varying degrees of familiarity. Out of seven respondents, three had used the service, while two thought they had and two were unaware of its specifics.
- **Mixed Responses:** Although some respondents were familiar with the service, experiences varied widely in terms of accessibility and effectiveness. The urgent dental care contact number was shared with the group to facilitate access.

2. Experiences with the Service:

- **Positive Experiences:**
 - One respondent reported a good experience with timely appointments over the weekend for an infection, although treatment was limited until the infection was cleared.
 - Another noted the effectiveness of emergency appointments, which provided essential immediate care despite the need for follow-up with their regular dentist.
- **Negative Experiences:**
 - Issues included difficulties in getting follow-up care after emergency appointments, as patients had to return to their regular dentist for ongoing treatment.
 - Some respondents faced challenges in obtaining appointments, particularly during weekends, with one person having to travel outside their area for treatment.
 - Complaints were made about the quality of care, with reports of receiving unnecessary extractions and challenges faced by wheelchair users.

3. Accessibility Issues:

- **Geographic Limitations:** Many respondents pointed out that available urgent dental care services might be located far from their homes, creating additional barriers to access.
- **General Difficulty in Finding NHS Dentists:** Respondents expressed frustration over the challenges in finding NHS dental practices, noting long wait times and strict policies that could lead to being removed from a practice after missed appointments.
- **Awareness Gaps:** While most respondents knew about urgent dental care, there were reports of individuals, including new arrivals to the UK, not being aware of these services, leading to escalated situations requiring emergency care at A & E.

4. Calls for Improvement:

- Respondents highlighted the need for better communication and awareness regarding the urgent dental care service, particularly for vulnerable populations or those new to the area.
- Suggestions included improving the availability of late-night services to accommodate working individuals, as well as consistent reminders for check-ups to prevent patients from being removed from practices.

5. Overall Perceptions:

- The feedback reflects a mix of satisfaction and frustration with the urgent dental care system. While many appreciated the ability to access emergency services, significant concerns about accessibility, follow-up care, and overall quality of dental services persist.
- The inconsistency in patient experiences suggests a need for systemic improvements to ensure equitable access to care across different locations.

Overall Experience and thoughts about what people would like to see improved or changed

1. Increased Awareness and Communication:

- **Information Sharing:** There is a strong need for improved communication about available services, particularly regarding NHS 111 and Urgent Treatment Centres (UTCs). Many participants expressed that knowing which service to use and how to access them would reduce confusion and streamline care.
- **Empathy in Communication:** Participants emphasised the importance of empathetic communication from healthcare professionals to enhance patient experiences.

2. Simplifying Access to Services:

- **User-Friendly Guides:** Creating an easy-to-navigate guide or flowchart detailing which services to access based on specific health concerns could help patients make informed decisions without unnecessary delays.
- **Visible Information:** Displaying information about available healthcare services prominently in community centres/groups, pharmacies, and online platforms can improve awareness and access.

3. Enhancing Community Health Services:

- **Community Health Initiatives:** There is a call for more accessible health services in community settings, enabling individuals to seek help for minor issues without needing to visit A & E.
- **Non-Emergency Care Options:** The need for more walk-in clinics or urgent care options for non-emergency situations was highlighted, allowing for immediate attention without prior appointments.

4. Improving Appointment Availability:

- **Extended Hours:** Extending clinic hours into the evenings and weekends would make healthcare more accessible for working individuals.
- **Availability of Same-Day Appointments:** Participants expressed a desire for more same-day appointment availability to address urgent health concerns.
-

5. Building Trust and Confidence:

- **Building Relationships:** Establishing a consistent relationship with healthcare providers is crucial for patient confidence in the system. Ensuring continuity of care can help patients feel more secure in seeking help.
- **Improving Patient Care:** Many respondents noted a need for more attentive care, such as home visits for vulnerable populations, including the elderly and young children.

6. Utilising Technology for Better Engagement:

- **Digital Innovations:** Incorporating digital solutions to facilitate appointments and follow-ups can cater to individuals with difficulties in making phone calls or who prefer online interactions.
- **Regular Check-Ins:** Implementing routine follow-ups with patients, especially those with ongoing health issues, could ensure timely interventions and continuity of care.

7. Community Education and Resources:

- **Educational Programs:** Community workshops on healthcare resources, self-care, and recognising symptoms can empower individuals to take charge of their health and seek assistance when necessary.
- **Navigational Support:** Providing navigators or case managers to assist individuals in understanding healthcare options and navigating the system could enhance access to appropriate services.

8. Addressing Language Barriers:

- **Translation Services:** Improved interpretation and translation services are essential for non-English speakers to access care and understand their treatment options effectively.

9. Feedback on Existing Services:

- **Positive Experiences:** Participants praised specific services, such as The Hive health service and Listening Lounge at BAND, noting their effectiveness and responsiveness.
- **Mixed Experiences with Emergency Services:** There were frustrations with the current structure of accessing dental care and the inconsistency of services, leading to longer wait times and complex referral processes.

Focus Group Information

Group	Participants	Demographics collected (where known)
Transforming Lives (Elite) Men's boxing for mental health Over 50s boxing	13	12 male, 1 female
Changing Life Directions	22	South Asian/All female
Sapphire Partnership	24	13 female, 8 male Learning Disability
Meditation Minded/Bolton Hindus Age Inspiration	19	South Asian 13 male, 2 female
Next Steps (GMMH)	11	White British 8 male, 3 female
Khidma Ladies Group	32	South Asian All female
Halliwell ladies Group	19	All female South Asian
Wave	4	3 male, 1 female
Headspace	7	4 male, 3 female

Organisations who took part in the focus groups:

Transforming Lives (Elite): [Elite](#)

Changing Life Directions: [Changing Life Directions](#)

Sapphire Partnership: [Sapphire Partnership](#)

Meditation Minded – Bolton Hindu Inspiration: [BHA](#)

Khidma Ladies Group: Facebook Page ID: 103489672527775

WAVE Adventure: [WAVE](#)

Headspace Bolton: [Headspace](#)

Next Steps: [Next Steps](#)

Halliwell Ladies Group – no details

Individual interviews

Number of interviews	Demographics
3	White British /female – age range: 25-34 Asian British Indian/female – age range: 35-44 Asian British Indian/female – age range 25-34

Thanks, and Acknowledgements

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Useful Information

Pharmacy First Scheme – your local pharmacy can now treat some common health problems and provide prescription medicine if needed, with no need for a GP appointment:

<https://gmintegratedcare.org.uk/pharmacy-first/>

If you don't have a regular dentist, or your dentist is closed – **call the Greater Manchester Urgent Dental Care Service** [0333 332 3800](tel:03333323800) (NHS patient charges apply)

Available every day 8:00-22:00 including weekends and bank holidays.

'While you Wait' can support people with their physical and mental wellbeing while they wait for NHS treatment. It includes advice and tips on how to manage your condition and cope with pain:

<https://gmintegratedcare.org.uk/keep-well/while-you-wait/>

Keep in Touch

If you would like to be kept informed about this the action plans from this report, please sign-up to receive our newsletter: <https://www.healthwatchbolton.co.uk/contact-us>

The report will also available on our website: www.healthwatchbolton.co.uk

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