

NHS Heywood, Middleton and Rochdale responses to public questions received during April 2019 to March 2020

April – August 2019 - there were no public questions submitted

September 2019

Questions submitted to Governing Body on 20 September 2019 (Raised by TE on behalf of Better Health4Middleton)

Q1 There are some major problems with the pharmacy at the moment..... I know you are going to say they are not your responsibility...but pharmacies are losing staff and cannot cope with the minor services they are supposed to provide – patients are also going to have to start paying delivery charges Boots chemist in Middleton I was told are doing minor ailments service but they haven't started. The pharmacies provide other services i.e. blood pressure checks, cholesterol and some other services, and I hear talk of them taking 111 calls? This will only come back on GPs who cannot already cope how are you going to support this??

Healthwatch Rochdale also raised the question re Boots delivery charges for prescriptions and raised concern and requested to be involved in discussion with NHS England

Response: In terms of funding cuts, whilst there was a reduction in funding as part of the 2016 – 2018 community pharmacy funding settlement related to payments for essential services, additional funded services were introduced and the pharmacy quality scheme. The level of funding for essential services has been maintained as part of the Community Pharmacy Contractual Framework for 2019 – 2024. There have been pharmacy closures across GM since the 2016 – 2018 community pharmacy funding settlement; however there have also been new pharmacies that have opened. Overall, there is still adequate NHS commissioned pharmacy service provision across GM and the levels of service provision is comparable or higher than the England average.

With respect to patients being referred to community pharmacies, providing support and healthcare advice to patients and managing minor illness has been a core element of their role for many years. Over recent years there has been a greater push to better utilise the skills and availability of community pharmacists to support patients and where appropriate act as first port of call. In many areas GP reception staff and care navigators actively signpost patients to pharmacies. We also have commissioned minor ailment services delivered by community pharmacies across GM to support patients to self-care and access medicines without the need to visit a GP. The NHS 111 referral service as part of the new Community Pharmacy Contractual Framework formalises current signposting arrangements into a referral. The NHS 111 referral service has been piloted in various parts of England for over 12 months and pharmacies have safely and efficiently managed a large volume of patients via the pilot service. This has been commissioned as a part of a new advanced pharmacy service, the NHS Community Pharmacist Consultation Service from October 2019 with two elements. The NHS 111 referral element and what was the former NUMSAS

(urgent medicines supply service). As the service is an advanced pharmacy service, whilst we would encourage as many pharmacies as possible to provide the service to maximise access, it is not mandatory requirement or an essential service. We currently have over 121 pharmacies delivering NUMSAS across GM and we anticipate that more than this will provide the Community Pharmacist Consultation Service (CPCS).

Regarding the other services mentioned in the press, such as health checks, and Cardiovascular Disease (CVD) reviews. These are not mandatory services but are being piloted and introduced across the life of the new framework between 2019 -2024 to support and compliment Primary Care Networks (PCN) services and will be piloted via the pharmacy integration fund. There is also funding available with the new framework to support pharmacies in the implementation of new services which will assist with the training and development of their teams.

Whilst pharmacies are being encouraged to make better use of technology, including automated dispensing. A number of pharmacy organisations have gone down the route of utilising hub and spoke models and automated process via central points; however, this is not a mandatory model and pharmacies are required to provide medication to patients in a timely manner. On the point around what GPs inform patients, it usually takes up to 48 hours to prescribe medication following a request to the surgery (often quicker with EPS); however, this is the time to get a prescription to the pharmacy and does not take the time to dispense which can be a couple of days if stock is required. If a pharmacy is using an off-site automated hub the patient should be informed and consent if happy. The whole process of getting medication prescribed by a GP and medicines dispensed from pharmacy may take up to 7 days but taking 7 days to dispense medication from receipt of prescription would not be a reasonable timeframe.

With respect to delivery of medication by pharmacies, this is not an NHS commissioned service and has been done by pharmacies on a good will basis. Pharmacies are able to charge for this service, as any business would for delivery services. Fully appreciate that there is a need to support vulnerable patients and I understand that pharmacies are making provision. The exception to this are distance selling pharmacies, who by virtue of their contract cannot deliver essential pharmacy services (including supply of dispensed medications) on or near their premises. Therefore, these pharmacies are required to send NHS prescribed medications to patient's homes free of charge.

We are working with Local Pharmaceutical Committee (LPCs), community pharmacy contractors and stakeholders to support the implementation and roll out of pharmacy services introduced as part of the new contractual framework.

Q2 The Caring together forum raised the issue of care homes no longer being able to store syringe drivers in care homes and the impact on patients and GP input.

Response: The CCG has recruited to the Quality Improvement Post - Trish Garvey – Trish will be working on the end live pathway and the syringe drivers' issue. We will need to look at this with the District Nursing teams.

Clinicians confirmed end of life pathways have been written up to elevate systems and issues with the automatic prescribing. Assurance has been provided that should a patient required a syringe driver the District Nurses can get one within the hour and will be available via on call 24 hours a day.

Further discussions are taking place at the End-of-Life Committee

Q3 There are also issues around prescribing and dealing with the Bladder and bowel pads. Storage issue due to all delivered at once. Health & Safety issues – fire hazard. Dignity issue as there are only 2 pads allocated per 24 hours. Is there anything we can do to address that?

Response: The CCG have been working with infection control colleagues regarding the prescribing and storage of pads and are also looking to see if the prescriptions are right and supporting the homes to make best care choices.

This is something we can include in ongoing reports.

October 2019 – no questions were submitted

November 2019

Questions submitted on 15 November 2019 (Raised on behalf of Better Health4Middleton)

Q1 Thank you for the follow up to the question about pharmacies. I have shown it to the pharmacy and he agrees with some of the comments.

However, my questions were aimed at my concerns that these changes will have an impact on GP services. I can see from the response that the CCG is aware.

Response: Pharmacies are commissioned by NHS England, the response was collated and shared from the last meeting

No further update required.

Q2 The needle disposal question in relation to Middleton has not been answered, please can you provide an update?

Response: Responses to questions relating to needle disposal have been provided previously on 16 March 2018, 20 July 2018, 21 September 2018 and 16 November 2018.

As previously updated. Needle disposal falls under the portfolio of Public Health, Rochdale Borough Council therefore the question to CCG has been closed. It was reiterated that the CCG cannot dictate if a practice collects sharps.

The current service based at Alkrington Health Centre will continue for this financial year and a meeting is planned in January 2020 to discuss the service provision from April 2020 onwards. The CCG can ask the LA colleague working on this to contact you, if permission is given to share contact details. Permission was granted and contact details will be shared.

Q3 In the public area, hearing what is being said isn't easy. Most of the attendees talk towards the chair and therefore, as we are behind them, it can be difficult to hear what is being said. One or two, especially near to the chair can be heard as they speak up.

Response: Governing Body members were reminded to use the microphones when speaking to address this.

Q4 To be more environmentally friendly by not printing off shed loads of paper versions on items on the agenda, when will the CCG use the two large screens in the training room ? We have all this lovely technology, which is not being taken full advantage of, both sound & vision.

Response: *To use the screens would require an additional member of staff being taken out of the office, to scroll through the papers keeping them in line with the discussion. Member's present would not be able to do this in addition to actively participating in the meeting.*

The CCG will consider this and look at the feasibility of different approaches.

Q5 Rochdale is supposed to be user friendly for Older People. Can the CCG give me any examples of this?

Response: *This is a GM wide commitment and Rochdale Borough Council has an Older People's Champion – Councillor Pat Dale.*

The CCG currently supports and facilitates the User Carer Forum and also Rochdale Senior Citizens forum.

An event is currently being planned to bring older people across the borough together. This will be publicised in due course and details shared with Better Health4Middleton.

Two local older people are members of the Greater Manchester Older People's Network as is the CCG Engagement Lead. This ensures that initiatives and discussions at GM level can be fed back to older people in the borough.

Q6 I have been doing some research this week ever since questions were raised again about PPGs at Middleton surgeries. I've not completed the survey yet, but what I see raised questions about how committed surgeries are to having these PPGs? At a previous BH4M meeting a GP did say that PPGs frighten him. I couldn't believe my ears. Looking at the information on each surgeries website raises some questions. If this is the situation online, I hate to think what the situation is for all the people who are not online. How are people to know what services are available if you don't tell us? If the PPGs were working more effectively, perhaps these issues would be dealt with. But if surgeries are going to "Dodge the bullet" then many issues will remain. The attitude of GPs, Practice Managers and some staff needs to change. Sometimes it feels like we're trying to communicate with MPs who are in the Westminster bubble.

Response: *A question was previously raised in relation to PPG's (Patient Participation Groups) on 15 May 2018 and 20 July 2018 when the following response was provided:*

"PPGs are run by the GP Practices and it is their decision whether they have these in place. The CCG and Primary Care team has offered support and worked with the individual practices, however not all have engaged.

The CCG supported the setup of two groups within the Borough to support Rochdale PPGs and Heywood & Middleton PPGs to align with the two Locality Engagement groups of practices. The Rochdale group is still meeting but this is not the case in Heywood and Middleton."

The CCG has shared best practice and will again encourage this at the Locality Engagement Group meeting and explore what support can be offered

The comment about GP who was frightened, the CCG would hope this was a light-hearted response and was very surprising. This will be shared with the Primary Care Team to look at how we communicate alternatively with Practices.

December 2019 – no public questions were submitted

January 2020

Questions submitted on 17 January 2020

Q1 Has the Governing Body meetings been moved to an earlier slot (9.30am) to make it more difficult for public to attend?

Response: No, the CCG welcomes public attendance. The time changes will be reviewed in 6 months' time (3 meetings).

Q2 What is happening with The Hive (ex Clough St). It was hoped the Hive would have been built by now, if not fully open to patients. Right now, the site has been cleared and that's all. Middleton is keen to see this surgery built and open with more services available for Middleton residents.

When will building start?

Are there any completion dates?

Response: HMR CCG are continuing to work with the practice to support the new build, however at present the CCG are awaiting confirmation of the next stage from a number of parties.

As soon as we are able to share any anticipated dates, the CCG will work with the communications team to ensure the public are regularly updated with key milestones.

Q3 I previously provided information in relation to PPG's. Dr Ghafoor suggested I contact someone in Rochdale, please can you tell me who that is?

Response: The information provided about PPGs in the Middleton area has been useful and has been passed to both Governing Body and Primary Care commissioners. If Mr. Ettenfield has further information or requires feedback he should liaise with the Patient and Public Engagement Lead (Phil Burton - phil.burton@nhs.net) and he will be happy to liaise with Primary Care commissioners and individual practices.

Q4 When does the CCG consider how patients get to their appointments, places where the CCG has decided to provide services regardless of inconvenience?

How does a diabetic get to an appointment for Retinopathy when the place is Rochdale Infirmary at 8.30am?

Response: When the type of service being delivered can be provided at community locations the integrated commissioning team would liaise with providers to ensure this is so. Increasingly services are delivered in local community locations, though there will always be services that need to be delivered from a hospital site.

In the case of diabetic retinopathy, the service is commissioned by NHS England and split into GM North and South. The HMR service comes under the GM North service and can be accessed from the following locations:

- ***Middleton Health Centre - Middleton***
- ***Croft Shifa Health Centre - Rochdale***
- ***Phoenix Centre – Heywood***
- ***Rochdale Infirmary***
- ***The Village Medical Centre – Littleborough***

Q5 The latest annoyance is no more advanced appointments, only same day. This means, you can't plan anything and, if you want to see a GP, you need to be at the surgery when it opens at 8am or, if you're lucky, find a same day appointment online. Using the phone is out of the question.

How does this work for elderly people or who have movement issues like the lady near me who rarely leaves her home?

We understand there are problems with DNA (Did not attend). But is this the way forward? NO.

Response: HMR CCG are consistently working with GP practices to improve access to general practice. As part of the Long-Term plan NHS England sets out its plans to have a digital-first primary care where digital access will become a new option for every patient improving fast access to convenient primary care. Which means patients that are able and willing will be able to use more digital solutions to access general practice, freeing up telephone lines and receptionists in practice.

Unfortunately, there isn't a contractual requirement that requires GP practices to manage their appointment systems in a certain way, this then means that as a CCG we are unable to dictate what or how practices offer their appointments.

If an issue is highlighted to the CCG about a particular practice, we can and do support and work with practices to improve their access through our Quality Monitoring Programme.

Q6 Cross Boundary Issues – We know Manchester CCG are dragging their feet with the Cross-border issues. This is a problem for many residents in Middleton. People only see the NHS, they don't see or understand all this stupidity with boundaries, which we were told would disappear with Devolution. If anything, it's got worse with the CCGs protecting their budgets more than ever. It's crackers. What happened to one NHS?

Does the NHS work for the people, or do the people work for the NHS?

Response: Questions previously raised, and responses provided on 18 May 2018 and 20 July 2018:

HMR CCG has a Cross Boundary Contract in place for HMR registered patients. This matter is the responsibility of Manchester Health and Care Commissioning, as the registered GP is a member of that organisation.

With consent HMR CCG have forwarded the letter and the copy letter sent to Andy Burnham – Mayor of Manchester and to the organisation for them to respond.

HMR CCG provided dates of Manchester Health and Care Commissioning Board meetings to assist with any further follow up.

Healthwatch Rochdale have also followed up with Manchester Health and Care Commissioning.

February 2020 – no public questions were submitted

March 2020

Questions submitted in advance of 20 March 2020 meeting (by TE on behalf of Better Health4Middleton)

Q1 This maybe for Public Health again. It seems some pharmacies are refusing to take back old medicines claiming they're not paid to do this. Is this true? How do people dispose of their old medicines if this is correct? Is this another case of throw them in with your domestic waste?

Response: Core Community pharmacy services are not commissioned by CCGs. Collection & disposal of waste medicines from pharmacies is a service commissioned by NHS England

Waste medicines taken back by pharmacies are placed in secure containers which are collected by approved contractors. The pharmacist does not have to undertake any work, other than to place the medicines in the secure container. If patients are refused by the pharmacist, NHS England in Manchester should be contacted for advice or to make a formal complaint.

NHS England Primary Care Team (Local Area Team) – Pharmacy – 0113 825 5162

Q2 The pharmacies have change over to supplies from: the warehouse to pharmacy shops, now. As a result, they're using different bags. Are these bags disposable with the normal waste? The bags are difficult to open and leave you needing to use a pair of scissors to open them. We could take the old bags back to the pharmacy for them to be reused. Perhaps we need to return to the old paper bags?

A complaint was sent to Rowland's Pharmacies. However, they don't seem to be interested in these problems.

Response: CCGs do not commission core services from community pharmacists and we do not have any control over what bags or containers are used or other operational issues. The choice of bags used by the pharmacist is likely to be a corporate decision for chains of pharmacies, including Rowlands.

Q3 It's pharmacies again. It's come to my attention that Rowland's Pharmacies are planning to change their opening hours in June. The hours will be shorter and not match with the GP opening hours.

If all the pharmacies do this then patients and customers are going to have problems, especially if this Coronavirus continues onward for months. The other issue is, is this the start, of the end of the chemist's shops. If it is, how will people without the internet place their orders and then collect them?

Response: Opening hours for community pharmacy is dependent on their contractual arrangements. All core services for community pharmacy are in agreement with their terms of service. For example, some pharmacies have an agreement to open 100 hours per week, others less so. Any change of hours must be in agreement with NHS England.

Pharmacies decision to open longer or shorter hours will be dependent on a number of factors, whatever decision is reached by the owners, this will have to be agreed by NHS England colleagues.

Q4 In view of these questions, how much work is being done between the GPs and Pharmacies?

Response: HMR CCG is not necessarily aware of any formal / informal agreements between individual GPs and neighbouring community pharmacies to improve medicines usage. There is a new national initiative to improve medicines communication following hospital discharge and it is expected that all local pharmacies will participate. Going forward, there are clear indications from the Department of Health that as Primary Care Networks develop, there is to be a clear role for community pharmacy in supporting the aims and objectives where medicines are used, such initiatives will hopefully be shared with local patients / residents.

Q5 I'm told of the DWP offering to go into a GPs surgery to help give advice but being refused. This doesn't surprise me. I offered BH4M to go into a GPs surgery to just help people be aware of where they can get help without heading directly to A & E. I wasn't refused, but it was made clear that they wouldn't make it easy for us. So, the question is, what is wrong with your GPs and surgeries? I would have thought they welcome help?

Response: Dr Duffy responded to this question. Nothing is wrong with GP Practices. GP practices would not be an appropriate arena for DWP to attend to provide advice.

The last set of questions I put forward at the last meeting needed some answers. It was noticed that the reply from HMR CCG fell somewhat short. The answers were more the type of non-answers expected off MPs. Just because you don't want to give a reply doesn't mean we give up and go away. Think of the number of times we've asked about the Needles Disposal Service. And we're still asking.

As previously notified, Sharps disposal falls within Public Health. The CCG have previously passed on contact details and are unable to provide anything additional to the responses previously provided.

Q6 Perhaps we should ask now, for an update on what the latest situation is and if we can have a better answer to the last questions?

Response: The questions previously submitted on 17 January 2020 were mainly related to Primary Care, the questions were raised at the Primary Care Commissioning Committee, which was held on 14 February 2020, no further updates were noted.

Q7 When are you going to change your meetings back to a 10.30am start time? With a 9.30am start time you are preventing people from attending in person. That may please you? You may start your working day at Riverside at 8 or 8.30am. But we have to travel to get to Rochdale. The exclusion of the public may please you, but it doesn't please us. We have enough problems without HMR CCG making life more difficult. PLEASE change your meetings back to a 10.30am start time.

Response: As previously answered on 17 January 2020:

The time changes will be reviewed in 6 months' time (3 meetings).

The CCG acknowledges that the time change is not going to suite everyone, however, this month prior to Covid-19 advice more members of the public confirmed their attendance than the previous time.

The following question was submitted by BB on behalf of Rochdale Senior Citizen Forum (RSCF)

Q8 When the Kirkholt Health Centre is opened, what services can we expect to be available there?

Response: The new Medical Practice will provide Two storey building (630m2 gross internal area) split into three areas: staff zone, public zone and clinical / services zone) 17 car parking spaces (14 visitor / 3 doctor spaces). 3 disabled spaces located adjacent to the public entrance.

Services that will be provided initially are as follows:

- *2 GPs, a GP trainee, 2 Nurses, 1 Health Care Assistant, 1 Advance Nurse Practitioner and 1 counsellor.*
- *Focused care worker, a clinical pharmacist, a social prescriber and a CCG Pharmacist*
- *Discussions area also underway with the local community groups to use our health education room and to offer paediatric phlebotomy through GP Care*
- *GP practice will be open Monday to Friday 8am until 6.30pm*

Longer terms plans include:

New build has capacity for 6,000 GP registered patients (in close proximity to a pharmacy and dentist planned as part of the wider Kirkholt regeneration)

- *Rooms to support Multi-Disciplinary including health (nurses and out of hospital specialists) and social care providers*
- *Health education rooms for use by voluntary, community and faith groups*
- *Rooms where Public Health and Health trainers can provide information and advice to support self-management of conditions as per local needs of the Kirkholt residents*
- *A community / meeting room which could be used by voluntary, community and faith groups to support social prescribing and local wellbeing*
- *Focus on supporting providers of primary care to collectively operate from one site which presents a greater opportunity for primary care at scale and strengthening development of place-based commissioning in Kirkholt.*

The following questions were submitted on 26 January 2020 following the Governing Body meeting and recorded at the meeting on 20 March 2020.

Q9 As Sepsis is so big, and just looking around and the number of cases, this is something that needs attention, called prevention.

I did see Royal Oldham Hospital did put on a meeting last Thursday.

There are numbers of people out there who have had Sepsis and need some support.

Where's the support for Sepsis?

The only thing I see is the Sepsis Trust. The NHS website seems to have copied what's on the Sepsis Trust website.

Sepsis has overtaken Cancer and so needs some sort of support group other than a website.

Perhaps this is something you could look in to, please?

Response: Sepsis was discussed at Part 2 Governing Body meeting in January 2020. It was reported that:

“The local Sepsis collaboration is now up and running and it was reported that processes are working well. An awareness training package has been produced by the Sepsis Society for Care Home staff and a pilot of this will be implemented. Following analysis this will then be adapted to meet the needs of Adults and Children.

It was confirmed that all practice reception staff are fully trained in how to identify possible symptoms of sepsis, additionally there is a lot of work ongoing locally in schools etc to increase awareness.”

Following the question and discussion, the Quality and Safeguarding Team have offered to attend a future meeting at the Lighthouse Project to provide a presentation.

Please note, due to Covid-19 this presentation is not able to take place currently. This will be provided as soon as is safe to do so and workload allows.

Q10 It's come to my attention that when it comes to Breast Cancer Screening, there's a shortfall in Middleton?

If this is true, what is being done about it?

So, the question is, what's happened to the mobile units?

Why can't we have a mobile unit come to Middleton and park in the gardens or on Tesco's car park?

Response: Breast Cancer Screening falls within Public Health, the following response has been provided by RBC Public Health.

The provision of breast screening in Middleton is the same as for all other parts of Rochdale Borough. This is a service commissioned by NHS England and provided by Bolton NHS Foundation Trust, but what we can tell you is that the Bolton, Bury, Rochdale programme has 3 fixed sites; in Rochdale (Nye Bevan), Bolton town centre and at Radcliffe Primary Care Centre. The service does not currently run a mobile service. The one site for the Borough was agreed as Nye Bevan some years ago.

At this moment in time Bolton, Bury and Rochdale programme doesn't have any plans to increase the number of screening sites they currently have. They do review all programmes to ensure they fulfil screening technical requirements and screening capacity that meets population size. Public Health will continue to participate in these reviews and feed in views such as the ones you have raised.

We do know that there is variation in uptake across Middleton and other parts of the Borough with some areas having good uptake and some lower. The figures across the Borough show that some issues may be in relation to transport but that there are other factors too. The programme has employed a Cancer screening improvement lead and what we plan to do is ask them to undertake work in areas that have low

uptake and discuss with local GPs and others how this can be improved. We will then see if this changes uptake in these areas.

RBC Public Health can also pass your comments on to the NHS England commissioners to consider further as part of ongoing reviews of the programmes across Greater Manchester and the North West.