

NHS Heywood, Middleton and Rochdale Clinical Commissioning Group (HMR CCG)
Chair's responses to public questions from April 2018 to March 2019 Governing Body meeting

17th May 2018

	Question	Response	Any additional update or response
1	<p>Why are the Patient Participation Groups (PPG's) in the Middleton area poorly backed by the CCG?</p> <p>I am currently working with GM Devolution representing older people. How as volunteers can we have a voice and awareness of what services are available.</p>	<p><i>PPG's 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.</i></p> <p><i>The CCG supported the setup of two groups within the Borough to support Rochdale PPGs and Heywood & Middleton PPGs to align with the two Local Engagement groups of practices. The Rochdale group is still meeting but this is not the case in Heywood and Middleton.</i></p> <p><i>The Deputy Chief Officer / Executive Nurse agreed to meet with the member of the public to gather more detailed information and discuss both PPG support requested and access to Older People's information to support GM Older People's network.</i></p>	<p>The Heywood and Middleton PPG group has been fully supported by the CCG. The Primary Care Team, Phil Burton (Engagement Lead) and Michael Dale (Chair of Rochdale PPG) have all contacted Stuart Chesters (Chair of the Heywood and Middleton Group) to ask whether he would like to re-instate the group. We are in the process of setting up an engagement meeting at the Lighthouse project in Middleton to encourage more patients to attend and we have discussed other possibilities including posters in shopping centres, social media, MJog campaigns etc.</p>
2	<p>Please can you provide an update on the Cross-Boundary Issue.</p>	<p><i>As detailed in the letter you received. 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.</i></p> <p><i>Following receipt of your consent. HMR CCG have forwarded your letter and the copy letter sent to Andy Burnham to the organisaiton for them to respond.</i></p> <p><i>HMR CCG will provide you with the dates of Manchester Health and Care Commissioning Board meetings to assist with any further follow up.</i></p>	<p>Healthwatch Rochdale have contacted and met with Dr Tracey Vell from the Greater Manchester Health and Social Care Partnership to discuss this issue further. This issue is ongoing however this is a very isolated case due to individual health needs. Healthwatch Rochdale have liaised with the individual who raised the concerns and will continue to support residents as required.</p>

3	<p>Why do you have to go through BARDOC to contact the District Nurse Services, which is a private company?</p>	<p><i>Following feedback from patients in relation to frustration of having to contact various different numbers to access services. A single point of access is now in operation, this is a central telephone number, who provide triage and sign post to the appropriate service.</i></p> <p><i>HMR CCG have commissioned BARDOC to provide this service, similar to any other service that is commissioned.</i></p>	<p>No additional update.</p>
4	<p><i>On behalf of Better Health 4 Middleton:</i> Why don't we have any Admiral Nurses?</p>	<p><i>Although HMR CCG does not commission admiral nurses, we do have a number of other services that provide similar support and advice to that which an admiral nurse would typically offer. This includes:</i></p> <ul style="list-style-type: none"> <i>• supporting families and carers of people with dementia to develop skills and techniques around communication to help them stay connected</i> <i>• supporting families and carers of people with dementia to prevent or manage signs of fear and distress</i> <i>• signposting to (or providing) additional care and support where individuals and/or families are struggling to cope</i> <p><i>In Rochdale we currently have the following:</i></p> <ul style="list-style-type: none"> <i>• A befriending Service that matches volunteers with people with a diagnosis of dementia providing support for the person with Dementia and their carer</i> <i>• Well-being Cafes that are purely reserved for people with a diagnosis of dementia and their carer</i> <i>• CrISP (a carer's information programme) providing emotional support/social isolation; help on clarifying their diagnosis/coming to terms with the condition; help with financial or legal considerations of caring or thinking about residential care settings and moving on following bereavement</i> <i>• A dementia advisor that supports people with a diagnosis and their carers</i> 	<p>No additional update</p>

	<ul style="list-style-type: none"> • <i>Shifa Family Link Project – (Supporting people with dementia). The Project offers support to people living in the community with memory changes or a diagnosis of dementia, their carers and family members to enhance their ability to live well and independently</i> • <i>Dementia Care offers specialist dementia carer support providing practical and emotional support and some signposting</i> • <i>Living Well with Dementia offers one to one holistic support including massage for pain management and can support both the patient and the carer for up to six months</i> 	
<p>5 <i>On behalf of Better Health 4 Middleton:</i> Why don't we have a late-night chemist? Do we have to travel to Manchester or Salford?</p>	<p><i>Contracts with community pharmacies are held by NHSE not the CCG.</i></p> <p><i>New contract pharmacies were required to open for 100 hours, there is no requirement for pharmacies currently open during conventional hours to change their times of opening to extended hours</i></p> <p><i>There is now no "rota" in operation and pharmacies opening extended hours would need to have a justification for doing so as pharmacist(s) would be required to be there - all would cost money (not to mention safety). If there are few prescriptions and little in the way of OTC sales, the pharmacy would run at a loss - something the owners are largely reluctant to do</i></p> <p><i>Within Middleton area the following pharmacies are open late:</i></p> <ul style="list-style-type: none"> • <i>Boarshaw until 7pm</i> • <i>Tesco until 8pm</i> <p><i>There is also an option for prescriptions to be delivered.</i></p> <p><i>There have been some really good questions raised today which would probably be of benefit to other members of the public. The Deputy Chief Officer / Executive Nurse will take these forward and request that relevant information is included</i></p>	<p>No additional update</p>

in the CCG Livin It magazine which is available throughout the HMR borough.

20th July 2018

	Question	Response	Any additional update or response
	A representative for Better Health 4 Middleton raised the following questions:		
1	<p>Needles disposal in Middleton, where can needles be taken for disposal?</p>	<p><i>Some of the questions had previously been raised and responses shared with the representatives and members of the public in attendance. Copies of the responses will be forwarded to the individual.</i></p> <p><i>Question raised at Governing Body on 16 March 2018 and the following response was provided:</i></p> <p><i>Unfortunately, the borough-wide service had been withdrawn without consultation with the CCG. Upon being made aware of this the CCG has worked with Community Health Partnerships (CHP) in order to get this re-instated. The collection points are back up and running at Nye Bevan House, Croft Shifa in Rochdale and the Phoenix Centre in Heywood and will shortly be re-introduced at Alkrington Health Centre in Middleton. The CCG, working with the Local Authority, have ensured that the previous service will be re-instated and will review whether what is currently commissioned and provided is high quality, cost effective and meets the needs of our residents.</i></p> <p>Additional update provided by member of public - Springvale Resource, Middleton will also accept needles from individuals but not from organisations.</p>	<p>A meeting has taken place to discuss the provision of needle disposal. The meeting confirmed that the current arrangements will continue to be available this year as publicised previously. The meeting also discussed possible options should the current arrangements change and discussed the issue of the accessibility of Alkrington for some patients. To replace or add to the service would need a budget to be found. This continues to be discussed across the Council and the CCG and if there are patients that currently use any of the existing sites then we would be pleased to hear their views on arrangements that we have in place.</p>
2	<p>Regarding late night opening pharmacy in Middleton. The previous information provided to me is not late enough. Why are they no longer working on a rota</p>	<p><i>Questions previously raised and response provided on 18 May 2018 and the following response was provided:</i> <i>Contracts with community pharmacies are held by NHSE not the CCG.</i></p>	<p>No additional update</p>

	<p>system? The best to get to for those using public transport is Asda Chadderton.</p>	<p><i>New contract pharmacies were required to open for 100 hours, there is no requirement for pharmacies currently open during conventional hours to change their times of opening to extended hours</i></p> <p><i>There is now no "rota" in operation and pharmacies opening extended hours would need to have a justification for doing so, as pharmacist(s) would be required to be there, all would cost money (not to mention safety). If there are few prescriptions and little in the way of OTC sales, the pharmacy would run at a loss - something the owners are largely reluctant to do</i></p> <p><i>Within Middleton area the following pharmacies are open late:</i></p> <ul style="list-style-type: none"> <i>• Boarshaw until 7pm</i> <i>• Tesco until 8pm</i> <p><i>There is also an option for prescriptions to be delivered.</i></p>	
<p>3</p>	<p>PPGs - can we have support to reinstate the Heywood and Middleton locality PPG?</p>	<p><i>Question raised at Governing Body on 18 May 2018 and the following response was provided:</i></p> <p><i>PPG's 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.</i></p> <p><i>The CCG supported the setup of two groups within the Borough to support Rochdale PPGs and Heywood & Middleton PPGs to align with the two Local Engagement groups of practices. The Rochdale group is still meeting but this is not the case in Heywood and Middleton.</i></p> <p><i>The Deputy Chief Officer / Executive Nurse has agreed to meet with the member of the public who previously raised the question to discuss PPG support and will feedback to the member of the public raising the question today.</i></p>	<p>HMR CCG are happy to provide support to the Heywood and Middleton PPG. A patient engagement event is being planned in Middleton and conversations are ongoing with the locality chairs (Michael Dale and Stuart Chesters)</p>
<p>4</p>	<p>Cross border services – what is the current situation?</p>	<p><i>Questions previously raised and response provided on 18 May 2018:</i></p>	<p>Healthwatch Rochdale have contacted and met with Dr Tracey Vell from the Greater</p>

	<p><i>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.</i></p> <p><i>With consent HMR CCG have forwarded the letter and the copy letter sent to Andy Burnham – Mayor of Manchester and to the organisaiton for them to respond.</i></p> <p><i>HMR CCG provided dates of Manchester Health and Care Commissioning Board meetings to assist with any further follow up.</i></p> <p>Additional update from Healthwatch Rochdale – <i>Healthwatch Rochdale have also followed up with Manchester Health and Care Commissioning.</i></p> <p><i>Consideration also needs to be given to residents in Whitworth and Rossendale boundary, which Healthwatch Rochdale is pursuing.</i></p>	<p>Manchester Health and Social Care Partnership to discuss this issue further. This issue is ongoing however this is a very isolated case due to individual health needs. Healthwatch Rochdale have liaised with the individual who raised the concerns and will continue to support residents as required. Healthwatch Rochdale contacted Calderdale CCG and shared their feedback. Calderdale CCG responded to say they will send some communications out to providers to ensure this doesn't happen.</p>
5	<p><i>The issues have been raised with the CCG Patient and Public Engagement Committee and alternative venues have been sought. An offer was received to utilise the Co-operative Funeral Services meeting rooms; however, this was a first floor room and did not have any disabled access facilities. As an interim measure until suitable premises can be found, the meetings are taking place at Number One Riverside at no cost to the User Carer Group.</i></p> <p><i>Rochdale Borough Council Adult Care service has, as an interim measure, offered to make the bookings at the Town Hall on behalf of the User carer forum thus taking away the cost pressure.</i></p>	<p>The User Carer Group meetings will continue to be held at the Town Hall until December, currently at no cost to the group Participant numbers continues to be a concern and ways to build on this are being considered. The CCG Engagement Lead has joined the GM Older People's network to enable the CCG to act as a conduit between the local and regional group.</p>

		<i>Moving forward, Voices for All will submit a bid to the Ambition for Ageing project to attract sufficient funding to maintain the group in the longer term.</i>	
6	Minor ailments at pharmacies – A problem due to cutbacks – pharmacies struggle and sometimes send patients to GP. Closure of the walk in centre means they can't go there anymore, so they end up at A & E or Urgent Care centre.	<i>The CCG is encouraging pharmacies to sign up to the Minor Ailments Scheme, however are unable to enforce this. Boots, Peterloo and Middleton Junction have all recently signed up to the Minor Ailments Scheme.</i>	No additional update
7	Getting to sites to access services is another problem for people using public transport. 3 buses to Rochdale or Oldham, 2 buses to Bury or NMGH or 1 to MRI, 2 to Salford. When you set up a service do you take into account people need to use public transport, which is appalling?	<i>The CCG are conscious of need to travel to services, which is why we are looking at trying to move services out of hospital and into the community HUBS. Unfortunately, we cannot afford to have every service in each locality, therefore specialist centres are in situ where appropriate.</i>	No additional update
<i>A volunteer from Rochdale Community Partnership raised the following questions:</i>			
8	What service and provision are available for homeless people?	<i>HMR CCG have commissioned HART (Homeless and Assessment Response Team) and also regularly support homeless events at Rochdale Infirmary and work with local services.</i>	No additional update
9	What are you doing to improve Awareness and impact of Mental Health amongst BME youths?	<i>Our children and young people's (CYP) emotional health and wellbeing service, #Thrive is commissioned to deliver mental health awareness assemblies and workshops in schools across the borough. We also commission a peer mentoring service, which works with young people aged 11-24 offering support and advice around the services and support available as well as self-help tools/techniques. Kooth, our online</i>	

		<p><i>counselling service has also done a number of presentations in schools and Hopwood Hall College. M6 theatre has also worked in schools to deliver monologues and workshops in schools to raise awareness of mental health topics, for example, self-harm. Although, these services are not particularly targeted at the BME communities, they are open to all children and young people in the borough.</i></p> <p><i>The 'Stories we can tell' scheme funded through the SIF, is particularly aimed at young people who have experienced traumatic events and many of the CYP accessing this support are from asylum seeking families. This scheme aims to encourage and enable these young people aged 11 to 21 years to tell and share their stories. As well as providing the young people with new skills in writing and performing, the scheme works to build confidence, empathy and understanding, and help the young people to find their voice and to realise that they were not alone.</i></p> <p><i>#Thrive have also previously worked with Muslim Community Events.</i></p> <p><i>The CCG and Rochdale Borough Council are also reviewing and developing a new grant offer for the borough. Groups will be invited to apply for funding through its new grant pots which aim to support and strengthen communities through the use of focused themes and set outcomes. It is still to be decided how these themes will be determined, but it is expected that these will be co-developed by commissioners and local communities. Examples may include; Schemes which raise awareness of Mental Health amongst BME communities.</i></p>	
10	<p>What is being provided for young people around health, who is delivering where and when? How much funding is</p>	<p><i>Contact details for Engagement Lead and Commissioner working with young people to be provided and details of the Directory of Services "Our Rochdale". www.ourrochdale.org.uk</i></p>	<p>No additional update</p>

allocated to groups in Rochdale?

Generally, throughout the Borough there is under representation of young people and member practices would be delighted for young people to get involved in their patient participation groups (PPG's).

The local offer (for children with special educational needs and disabilities) is available to view via this [link](#)

There are a range of services available for children and young people's health. The services that are available to support CYP's mental health are available to view on our website <https://www.hmr.nhs.uk/index.php/your-health/mental-health-and-wellbeing/camhs-t-plan>, along with our plans to enhance the support available. In addition to our mental health services, we also commission a children's acute and ongoing needs service (CAONS), which provides health care in the community for children and young people aged up to 19 years. Details of the CAONS service can be viewed via Pennine Care NHS Foundation Trust's website <https://www.penninecare.nhs.uk/your-services/service-directory/heywood-middleton-and-rochdale/community-services/childrens-nursing/heywood-middleton-and-rochdale-childrens-acute-and-ongoing-needs-service/>

The children's pooled fund is £47.5m (based on 2017/18 figures). In addition to the commissioned services for children and young people the CCG have provided funding to the following schemes via the Social Investment Fund process which aim to support children and young people's health and emotional wellbeing.

- Healthy ACTIONs is an expressive therapy project's, which used drama to promote various awareness raising campaigns in schools, and youth settings across the borough.*
- Pop-up Healthy Me is a scheme which aims to raise awareness amongst young people on suicide prevention*

		<p><i>in sport. The group attend various events and settings across the borough.</i></p> <ul style="list-style-type: none"> • <i>Stories We Could Tell runs weekly, every Monday from Drake Street and engages children from all across the borough. The project is aimed at young people who have experienced traumatic events or have mental health issues.</i> • <i>M6 Theatre Company deliver outreach drama workshops, award winning theatre productions, regular free time youth theatre sessions for marginalised children and families across Rochdale Borough:-</i> <ol style="list-style-type: none"> 1. <i>Unlocking Voices (Film & resource project with Cared For Young People)</i> 2. <i>Linking Schools (Primary aged children from different cultural backgrounds)</i> 3. <i>Weekly Youth Theatre (#THRIVE/HYM & RMBC Youth Service referrals)</i> 4. <i>Performances for intergenerational community audiences at M6 Studio Theatre</i> 5. <i>Get Creative - new newsletter & communications strategy to share the menu of current free/highly subsidised cultural/creative activities & support available in the Borough</i> <p><i>These services are open to all children and young people across the borough.</i></p> <p><i>The total amount spent on the above SIF schemes is £49,740.</i></p>	
11	<p>What are the biggest health challenges for Rochdale?</p>	<p>Public Health provided the following response:</p> <p><i>The health challenges in Rochdale Borough are described in the Joint Strategic Needs Assessment (JSNA). The Council are currently building webpages for the JSNA that will be accessible by the public. These will be based largely on the JSNA summary document which is attached.</i></p>	<p>No additional update</p>

Describing the biggest health challenges very much depends on how you want to define and conceptualise health. If health is seen from a disease model perspective, then you are likely to concentrate on the biggest causes of early deaths. In Rochdale the main causes of early death are from the following disease areas: cardiovascular disease - including heart disease and strokes; cancers; and respiratory disease. Diabetes is also an important disease in Rochdale and is more prevalent in people from a South Asian background. From the disease model perspective, the biggest challenge is to get local people to alter their health behaviours. Most of the early deaths recorded are preventable and could be reduced if the population did the following: stop smoking if you are a smoker; reduce alcohol consumption; increase levels of physical activity and eat a healthy diet that includes a lot of vegetables and fruit. Other big challenges from the disease model perspective are ensuring equitable access to services across groups, encouraging early diagnosis of disease and encouraging attendance at cancer screening. It is also important to recognise that many people in Rochdale have health conditions and also challenges such as being a carer or living in poverty.

If you look at health using a determinants of health approach the biggest challenges to health come from issues linked to poverty and include poor housing and unemployment. The statistics are very clear in showing a health gradient across the Borough with the least deprived areas having the best health and the most deprived having the poorest health. From this perspective reducing health inequality is the biggest challenge.

Finally, if you look at health from a holistic wellbeing perspective and focus on quality of life rather than length of life and absence of disease a different set of challenges emerge. Important challenges are, ensuring safety in and out of the home, tackling mild mental health issues, helping older people

		<p><i>connect, encouraging modest but achievable behavioural changes to improve health, improving health literacy and fostering a sense that Rochdale Borough is friendly and caring place for everyone.</i></p>	
<p>12</p>	<p>What are biggest health challenges for Rochdale BME communities?</p>	<p>Public Health and HMR CCG Equality, Diversity and Inclusion Lead provided the following response: <i>The BME community in Rochdale is not homogenous and forms a diverse population and health challenges may vary in particular groups. Between the census in 2001 and 2011 the BME communities in Rochdale Borough grew from 13.9% to 21.4% of the population. This trend is likely to have continued which means BME communities now form a much more sizeable group than in the past. The largest BME group is Pakistani with 10.5% of the population and the second largest is Bangladeshi with 2.1%. The socio-economic profile of our BME groups is often vastly different to that of our White British residents with consequent effects on their quality of life and health outcomes. BME groups generally have worse health than the overall population and language or cultural barriers may prevent these groups from accessing mainstream services. As mentioned above social deprivation is a very important factor and the distribution of the BME community across areas of deprivation will be an important determinant of health. Reducing health inequality across communities in Rochdale is one of the biggest challenges.</i></p> <p><i>The CCG welcomes the findings reported in ‘The State of Health Black and Other Minority Groups’ a contribution to the Development of a Joint Strategic Needs Assessment (JSNA) for GM by the Black Health Agency in Manchester. The full report is available via this link. Differences in the health of Black and other minority groups are most prominent in the following areas: mental health, cancer, heart disease and related illnesses such as stroke, Human Immunodeficiency Virus (HIV), Tuberculosis (TB) and diabetes. Additionally, an increase in the number of older Black and other minority people in the UK is likely to lead to a greater need for provision</i></p>	<p>No additional update</p>

		<p><i>of dementia services as well as the provision of culturally competent social care and palliative care.</i></p> <p><i>In Rochdale we are working closely with communities to continuously improve our understanding of local need and ensure the services we commission are accessible to all users and contribute to improving outcomes. For example, our GPs offer a health check for South Asians which is similar to the national scheme and finds cardiovascular disease and diabetes earlier. This is offered to people believed to be at risk from age 30.</i></p> <p><i>We have a range of expertise to support our ongoing work to ensure health inequalities for BME communities are addressed. For more information about our work in addressing race inequality please contact our Equality and Inclusion Lead samina.arfan@nhs.net</i></p>	
13	<p>Refugee and Asylum Seeker Families. Volunteers are currently working with 19 families and no one person/service is working with them. There is a dire need for families to receive support and not have to wait for 6 /7 weeks this relates to Health and Social Care.</p>	<p><i>Asylum seekers are able to register with GP Practices and receive health care provision in line with the general population.</i></p> <p><i>Contact details of the Joint Director of Integrated Commissioning were provided along with the Commissioning Lead for Children's Services to discuss further.</i></p> <p><i>The link for Rochdale Directory of Services "Our Rochdale" was also provided as a useful resource.</i></p> <p>www.ourrochdale.org.uk</p>	No additional update

21st September 2018

	Question	Response	Any additional update or response
1	<p>Question submitted in advance on behalf of Better Health 4 Middleton:</p>	<p>It was confirmed within the meeting that the responsibility for needle disposal sits with Rochdale Borough Council under Public Health, which the CCG confirmed verbally when the</p>	<p>A meeting has taken place to discuss the provision of needle disposal. The meeting confirmed that the current arrangements will continue to be available this year as</p>

I know this topic has been raised before. I know because I started it and followed it up. We are told that the services have been re-instated via Alkrington Health Centre. As an observer I have to say, this isn't convenient. People are not going to travel from one side of Middleton to the top end of Alkrington to dispose of their used needles. Hence, I followed up on a lead from Clough Street / The Hive who told of the Waste Disposal Yard at Springvale. Having visited the facility myself, the answer was "Yes, we will accept sharps of individuals, but not businesses". I passed this information to the CCG at their last meeting.

So why am I raising this again? The answer is because the SAFE disposal of needles isn't working. Before the last meeting we heard of drug users just throwing their needles anywhere and Diabetics throwing their needles in with the regular rubbish collections. Add in to this the report by the Middleton Guardian, on the front page, photos and a story of needles just thrown away and left for anyone to stand on as they

question was initially raised at Governing Body on 16 March 2018

It is a decision of the individual GP practices as to whether they would wish to provide a needle disposal service for their patients.

It was agreed that further clarity be sought and shared. Discussions have taken place between the CCG and RBC colleagues and the following update is provide:

Needle Collection

The CCG has liaised with Community Health Partnership to ensure the needle collection and transfer service is reinstated across the borough as detailed below:

- Croft Shifa (Belfield, Rochdale)
- Nye Bevan House (Rochdale),
- Phoenix Centre (Heywood)
- Alkrington Clinic (Middleton)

Apart from these 4 centres GP Practices are not commissioned by the NHS to accept patients used needles. It is therefore the decision of each practice whether they accept them or not from patients if asked to do so.

The needles would have to be encased in a secure sharps bin when taken to the practice. Patients using needles themselves for Diabetes or other health conditions can get their sharps bins on prescription from their GP or they can buy them.

Any healthcare practitioner that uses a needle or sharps to deliver treatment in a home or community/health setting is responsible for their safe collection and transfer as part of routine health service provision.

The Council is responsible for the disposal of clinical waste from residential homes but does not have a home collection service for needles. If the Council do agree to collect

publicised previously. The meeting also discussed possible options should the current arrangements change and discussed the issue of the accessibility of Alkrington for some patients. To replace or add to the service would need a budget to be found. This continues to be discussed across the Council and the CCG and if there are patients that currently use any of the existing sites then we would be pleased to hear their views on arrangements that we have in place.

make their way through a Middleton park. The point here is, we know that people are NOT disposing of needles in a safe manner. The main reason is that the collect locations are inconvenient. Middleton's needle exchange is on Lakeland Court, Langley. Again, not convenient to all, no more convenient than Alkrington Health Centre. Why can't the surgeries accept needles and use the safe service to dispose of them? Far more convenient, and far safer than the system we have.

News came to our ears at Better Health 4 Middleton that the general needles disposal is controlled by Public Health. So why didn't the CCG tell us this? Since then, Better Health 4 Middleton has had a monthly meeting where someone from Public Health attended to hear from Turning Point. However, she told us that the general disposal of needles is not the responsibility of Public Health. They deal with the Needle Exchange, but not the other needles like those from Diabetics and so, "You need to take this back to the CCG". Next

needles/sharps they may charge residents a fee for collection.

Any individual with significant concerns about a large amount of clinical waste remaining at home would need to discuss this further with the service they can be contacted on 0300 303 8884

Spring Vale Recycling Centre

The supervisor at Springvale Recycling Centre, Middleton has confirmed that they provide a needle collection service for individuals but not organisations.

Needle Exchange

For Injecting Drug Users – the Council commission a service from Turning Point to provide clean needles, sharps bins and collection points across the Borough for injecting drug users who register with the scheme. All users are encouraged to dispose of all needles and sharps responsibly. For a short time, there was an issue with low stocks in one pharmacy. Training on a new ordering system that now triggers automatic restocking has been completed and this issue has been resolved.

- Lakeland Court, Langley provide a needle exchange service for drug users

A Middleton Guardian article described drug users disposing of “gear” in a graveyard in Middleton, this included crack-pipes, tin foil and lighters.

While the CCG acknowledges this is a problem it is not the responsibility of the CCG to remove them. RBC will collect them if notified by a member of the public about discarded syringes and other drug use articles on public spaces. If the needles or other drug use equipment are on private land the council may make a small charge. The number to ring is - 0300 303 8884

	<p>the finger was pointed in the direction of the council. So, who IS responsible for the safe disposal of needles? Who can decide about using surgeries for the safe collection and disposal of used needles? Please you can tell us the answers to these questions?</p>		
2	<p>Please can you provide an update on the previous minutes in relation to the CCG and Rochdale Borough Council developing a new grant offer. Which groups will be invited to apply, will these be existing groups, or can small groups also express an interest?</p>	<p>Work is ongoing to develop a new grant offer and the criteria for applications has not yet been finalised. The varied pots will promote wider access to funding, providing large third sector organisations, start-ups and all groups in-between the opportunity to apply. Further information on the new pots and the criteria will be available via the Our Rochdale website once the process has been approved, towards the end of 2018.'</p>	<p>The Connecting You: Development Fund to reduce social isolation for older people opened in January 2019 and offered short term funding between £2,000 and £20,000, with a total of £200,000 being awarded in this round of funding. The fund, which is managed by NHS Heywood, Middleton and Rochdale CCG and Rochdale Borough Council, targets specific themes for each round of funding. Future funding rounds will be available in Spring 2019 and Autumn 2019, and themes will be released at a later date. Further details can be found at: https://www.hmr.nhs.uk/reducing-social-isolation-focus-of-new-round-of-funding Members of the public / voluntary sector organisations who had previously expressed an interest in accessing the funding were notified in January 2019 when the funding was launched.</p>

16th November 2018

	Question	Response	Any additional update or response
1	<p><i>Questions raised on behalf of Better Health 4 Middleton:</i></p>	<p>The CCG is not aware of any Endocrinology services stopping at Salford Royal Hospital.</p>	<p>No additional update</p>

	<p>A Better Health 4 Middleton member is having problems with a service at Salford Royal Hospital, Endocrinology. The service seems to have stopped and there's no information about its future. She has tried phoning several numbers but none of them offer any help as they're phones that doesn't accept messages.</p>	<p>There are seven endocrinology services to book into at Salford Royal Hospital depending on the reason for referring. There is a central Out Patient appointment line that patients can contact 0161 206 4100, this requires the individual to call and provide their NHS Number to assist with the enquiry. The Better Health 4 Middleton representative was advised to request the member who is currently experiencing the difficulties to contact the CCG commissioning team to support them with contacting the relevant endocrinology department. CCG reception – 01706 652853. Additionally, patients who are experiencing difficulties with services are able to contact the Patient Advice Liaison Service (PALS) on 0161 2126270 or public Freefone: 0800 121 4430</p>	
<p>2</p>	<p>Very recently, the Needle Exchange reported problems. They were running out of needles. I took action and I'm happy to report that as of yesterday I'm told the needle exchange has been supplied with needles. It shouldn't take me to get involved. One solution was offered yesterday. If the surgeries won't or can't accept needles for disposal, why can't the pharmacies have a bin so they can accept them? Who is responsible for the needle disposal services? Is it the CCG, Public Health, The Council? That's something we've never been told.</p>	<p>The question was previously raised at the Governing Body meeting on 21 September 2018 and a response provided on 12 November 2018 as detailed below: It was confirmed within the meeting that the responsibility for needle disposal sits with Rochdale Borough Council under Public Health, which the CCG confirmed verbally when the question was initially raised at Governing Body on 16 March 2018 It is a decision of the individual GP practices as to whether they would wish to provide a needle disposal service for their patients. It was agreed that further clarity be sought and shared. Discussions have taken place between the CCG and RBC colleagues and the following update is provide: Needle Collection The CCG has liaised with Community Health Partnership to ensure the needle collection and transfer service is reinstated across the borough as detailed below:</p> <ul style="list-style-type: none"> • Croft Shifa (Belfield, Rochdale) • Nye Bevan House (Rochdale), • Phoenix Centre (Heywood) • Alkrington Clinic (Middleton) 	<p>A meeting has taken place to discuss the provision of needle disposal. The meeting confirmed that the current arrangements will continue to be available this year as publicised previously. The meeting also discussed possible options should the current arrangements change and discussed the issue of the accessibility of Alkrington for some patients. To replace or add to the service would need a budget to be found. This continues to be discussed across the Council and the CCG and if there are patients that currently use any of the existing sites then we would be pleased to hear their views on arrangements that we have in place.</p>

Apart from these 4 centres GP Practices are not commissioned by the NHS to accept patients used needles. It is therefore the decision of each practice whether they accept them or not from patients if asked to do so.

The needles would have to be encased in a secure sharps bin when taken to the practice. Patients using needles themselves for Diabetes or other health conditions can get their sharps bins on prescription from their GP or they can buy them.

Any healthcare practitioner that uses a needle or sharps to deliver treatment in a home or community/health setting is responsible for their safe collection and transfer as part of routine health service provision.

The Council is responsible for the disposal of clinical waste from residential homes but does not have a home collection service for needles. If the Council do agree to collect needles/sharps they may charge residents a fee for collection.

Any individual with significant concerns about a large amount of clinical waste remaining at home would need to discuss this further with the service they can be contacted on 0300 303 8884

Spring Vale Recycling Centre

The supervisor at Springvale Recycling Centre, Middleton has confirmed that they provide a needle collection service for individuals but not organisations.

Needle Exchange

For Injecting Drug Users – the Council commission a service from Turning Point to provide clean needles, sharps bins and collection points across the Borough for injecting drug users who register with the scheme. All users are encouraged to dispose of all needles and sharps responsibly. For a short time, there was an issue with low stocks in one pharmacy. Training on a new ordering system that now triggers

		<p>automatic restocking has been completed and this issue has been resolved.</p> <ul style="list-style-type: none"> Lakeland Court, Langley provide a needle exchange service for drug users <p>A Middleton Guardian article described drug users disposing of “gear” in a graveyard in Middleton, this included crack-pipes, tin foil and lighters.</p> <p>While the CCG acknowledges this is a problem it is not the responsibility of the CCG to remove them. RBC will collect them if notified by a member of the public about discarded syringes and other drug use articles on public spaces. If the needles or other drug use equipment are on private land the council may make a small charge. The number to ring is - 0300 303 8884</p>	
3	<p>Another question from yesterday was the Cross-Border services, again. People said they're confused. It was stated that people are not allowed to use some services at North Manchester Hospital. One mentioned was ENT. I argued that can't be correct because I used the service only a week ago. But this person said, she couldn't use it thus the confusion. Why are some denied and others allowed?</p> <p>Update Some service users refer to people living on Alkrington who have Middleton doctors trying to use North Manchester General Hospital services.</p>	<p>Healthwatch Rochdale reported to date there has been no engagement from Manchester Health and Care Commissioning (previously Manchester CCG). Healthwatch Rochdale confirmed that East Lancashire CCG have engaged and will link in with practices regarding this issue.</p>	<p>Healthwatch Rochdale have contacted and met with Dr Tracey Vell from the Greater Manchester Health and Social Care Partnership to discuss this issue further. This issue is ongoing however this is a very isolated case due to individual health needs. Healthwatch Rochdale have liaised with the individual who raised the concerns and will continue to support residents as required. Healthwatch Rochdale contacted Calderdale CCG and shared their feedback. Calderdale CCG responded to say they will send some communications out to providers to ensure this doesn't happen.</p>
4	<p>An elderly patient (86 yrs.) was discharged from hospital with a Green prescription as the internal White prescription could not be</p>	<p>Further information was requested in order to fully understand what has taken place. Clinicians clarified the standard procedure for patients to be discharged with any required urgent medication, this would</p>	<p>No additional update</p>

used with the Pharmacy closed. Because it was late in the day and weekend the person was released with no information and a green prescription which could not be met until Monday. NOT acceptable. Could the person issuing the prescription not tell the lady where she could get her medication? Too many people of her age are not on the internet and therefore couldn't have gone on the Better Health 4 Middleton website and found out which chemists are open outside normal hours. I was able to show people at our meeting the Better Health 4 Middleton website and the section where it shows the chemists locations and opening hours and tell them that the nearest on a bus route is Asda, Chadderton. Other chemists are open, but depending on where you live, would depend on whether you could get there easily by public transport. Certainly not Bury, Heywood or Middleton. Middleton to Rochdale, you'd need to change buses.

be provided by the hospital on discharge for the full course of medication.

If the medication is not urgent the hospital may write a green prescription for collection at a local pharmacy within 7 days.

19th January 2019

	Question	Response	Any additional update or response
1	<p><i>Questions submitted by member of public (DM)</i> Why is Pain Management Solutions still in place? Given by Rochdale CCG's very own figures Pain Management Solutions is failing dismally with a score of 2 from a scale of 1 – 5. I'd be very interested to know how long the CCG will tolerate such poor performance. And let's not forget this is the health of people who are suffering that we are talking about. The CCG has its own Patient Services who are also not servicing its patients as they mislead patients such as myself with inaccurate estimates to answers to enquiries / complaints and blame staffing, yet the delays must have been pre-existing? Pain Management under the NHS worked. Now it's via a private company with profit margins. Bleeding cash from the health service. This cannot be a good thing.</p>	<p>The rating referenced is a national patient rating from service users not specifically an HMR scale. Work will take place to review the local ratings for pain management. Confirmation was received that the previous pain service provided by Pennine Acute NHS Hospitals Trust (PAHT) is no longer recommended via NICE guidance, which resulted in the change in provider. Further assurance was provided that any complaints received are fully investigated and this is currently being progressed via the appropriate route.</p>	<p>Commissioners are currently reviewing Pain management solutions as part of the planned care review</p>
2	<p><i>Question raised on behalf of GM Older People's Network</i> Can the profile of the network be raised and that the focus change from GM to also include local issues?</p>	<p>Members were advised that the Director of Operations / Exec Nurse regularly meets with local members of the GM Older Peoples Network and will ensure that links are made with HMR CCG Engagement Lead.</p>	<p>HMR CCG are aware that the older population is growing and will continue to grow in the future. This means that more older people will need support to maintain their health and wellbeing. The CCG will play a full part with partners to support older people for a healthy future.</p>

The HMR CCG Engagement Lead has recently joined the Greater Manchester Older Peoples Network and will be attending network meetings. Alongside existing members from the borough of Rochdale he will raise issues relevant to older people in the borough at every opportunity.

On the 28th June 2019, the HMR CCG Engagement Lead will be attending “For an Age-Friendly Heywood, Middleton & Rochdale Borough Celebration Event” at Middleton Arena.

The event, organised by Ambition for Ageing is part of a drive to make Heywood, Middleton & Rochdale one of the first age-friendly boroughs in the country, bringing together groups and organisations that work with older in the borough of Rochdale.

3

Question raised by TE on behalf of Better Health 4 Middleton. Why Alkrington Health Centre for needles and not Middleton?

A response has been provided previously in relation to needle disposal / exchange service on 21 September and 16 November 2018.

It was further clarified that the responsibility for needles sits with Rochdale Borough Council and not the CCG. The Director of Public Health suggested that a meeting takes place to fully understand why Alkrington Health Centre was chosen and will follow up direct.

A meeting has taken place to discuss the provision of needle disposal. The meeting confirmed that the current arrangements will continue to be available this year as publicised previously. The meeting also discussed possible options should the current arrangements change and discussed the issue of the accessibility of Alkrington for some patients. To replace or add to the service would need a budget to be found. This continues to be discussed across the Council and the CCG and if there are patients that currently use any of the existing sites then we would be pleased to hear their

			views on arrangements that we have in place.
4	<p><i>Question raised by TE on behalf of Better Health 4 Middleton. Why are there delays in prescriptions from hospitals?</i></p>	<p>It was confirmed that further details will be required to investigate specific cases which will also require patient consent.</p> <p>Further clarity was provided as previously providing in response to the question raised on 16 November 2018. If a green prescription is issued the medication is not urgent.</p> <p>Response to question raised on 16 November 2018 and previously shared:</p> <p><i>Clinicians clarified the standard procedure for patients to be discharged with any required urgent medication, this would be provided by the hospital on discharge for the full course of medication.</i></p> <p><i>If the medication is not urgent the hospital may write a green prescription for collection at a local pharmacy within 7 days.</i></p>	No additional update
5	<p><i>Question raised by TE on behalf of Better Health 4 Middleton. Are there plans for more doctors and surgeries in Middleton due to the 800 new homes which are planned?</i></p>	<p>The CCG has been linked with the HMR Strategic Estates Group and with Rochdale Borough Councils Strategic Housing department in relation to upcoming developments and the potential population increase. The CCG will continue to work closely with the relevant stakeholders to understand the anticipated demographics and needs of the people moving into the new housing to ensure equitable provision of services; and as Dr Duffy already stated within the Governing Body meeting, some of these 'new' residents may already be registered with our local practices. The CCG in terms of Primary Care provision/access, HMR CCG have supported the national drive to introduce 8am to 8pm weekday opening along with weekend access and continues to work hard to address the workforce issues being seen nationally. There is a whole programme of work in place to address the ongoing difficulty in recruiting, developing and retaining GPs, Practice Nurses and Primary Care Staff in HMR. The CCG has also been working on increasing access/reducing variation in other ways which has been embedded across the Borough within all practices to ensure all patients receive the same high-quality service no matter which practice they are registered</p>	No additional update

		with. It should also be noted that currently all practices across the Borough are operating open lists which means they are all taking on new patients	
6	Question raised by TE on behalf of Better Health 4 Middleton. Is there an impact on practices not being able to take repeat prescriptions over the phone?	It was confirmed that due to potential safety issues, the Care Quality Commission (CQC) have advised that practices should not take repeat prescriptions over the telephone and these must be request online or face to face.	No additional update

16th March 2019

	Question	Response	Any additional update or response
1.	What area's or thematic strand are your priorities for the next 12 months?	For Primary Care, the key priorities are: <ul style="list-style-type: none"> • Primary Care workforce • Access/reducing variation • Introducing the changes set out in the five-year framework for GP Contract Reform to implement the NHS Long Term Plan 	No additional update
2.	What preventative work if any are you going to commission?	Public Health commissions our preventative work which includes such things as the diabetes prevention programme, sexual health screening etc. The CCG work closely with our Public Health Prevention Programme commissioners to ensure we support this area of work.	No additional update
3.	In 2018 a piece work was commissioned around the mental health act. What was the purpose for this?	The CCG did not commission a piece of work in 2018 re the Mental Health Act, so at this stage are unable to comment on questions 3 & 4. If further detail is provided as to what specifically is being referenced, we can look into this further	No additional update
4.	The Mental Health Act - especially sectioning - only affects a small amount of the population in the HMR boundaries. What was your rationale and what outcome did you want from this?	As above	No additional update

5.	<p>What do you intend to commission for the BAME community which accounts for just over 24% and over which have many long-term illnesses?</p>	<p>The commissioning for such long-term illnesses is not specific to the BAME community as the way in which such conditions are managed are the same for all. However, we are aware that there can be access issues, therefore the CCG ensures that communications are targeted; examples being slots on Crescent Radio, holding events to try to encourage uptake of screening within certain communities, working with local Imams to ensure messages are shared etc. It should also be noted that for each new service commissioned, we complete an Equality Impact Assessment to ensure that our services, policies and practices do not directly, indirectly, intentionally or unintentionally discriminate against the users of our services or the staff.</p>	<p>No additional update</p>
5i.	<p>15/3/19 - Supplementary question to response: This is not targeted enough.</p>	<p>The commissioning of services will be the same for all communities, however the delivery will be different for long term conditions and access to services maybe different in different areas. As a CCG we are encouraging providers to say how they will deliver the outcomes. A lot of work is taking place. The member of the public noted that somewhere communication is breaking down and more needs to be done to address this.</p>	<p>No additional update</p>
6.	<p>How do you intend to keep them informed to worsening of their conditions and preventative measures which will save the NHS considerably a large amount of money?</p>	<p>Again, other than access/communication, this is not dealt with differently to any other patients with long term conditions. There are processes in place to manage the different conditions in a primary care setting to reduce the cases of exacerbations requiring inappropriate secondary care input etc and ensuring that appropriate clinical advice is provided to achieve the best possible outcome for our patients.</p>	<p>No additional update</p>
6i.	<p>15/3/19 - Supplementary question to response: There is not enough preventative work taking place.</p>	<p>The CCG confirmed a lot of prevention work is taking place, campaigns in relation to healthy diet, regular exercise, daily mile, cervical screening awareness etc. Advice is the same to all populations this is delivered differently to be sensitive to cultural views. A Clinical Board member confirmed the work taking place locally via the prevention access board. It is hoped to hold an engagement event to improve awareness locally in the near future. The members of the public commented that the ways in which the messages are being delivered does not always work. The CCG acknowledged it was important to get the right message to the right</p>	<p>No additional update</p>

	<p>people and this is a discussion that is taking place with care navigators as part of the awareness event to empower individuals so they can take on that message and share with their communities.</p>	
<p>7.</p>	<p>Why are commissioners not consulting with grass root organisations?</p> <p>The CCG has a well-established Patient and Public Engagement Committee (PPEC) that meets on a quarterly basis. The Committee has been set up to provide assurance on the delivery of the CCG's patient and public involvement duty. Ensuring the CCG's commissioning activities meets its statutory duties, adheres to national guidance and best practice. This also has task and finish groups that are convened as required and report into the PPEC. The committee's core membership has Third Sector and voluntary organisations representing those groups with protected characteristics, the Chair of the Locality Patient Participation Group (PPG) is also a member of the committee representing the wider patient population and the committee is chaired by a lay member whose portfolio includes patient and public engagement.</p> <p>The CCGs primary care sub-committees have patient representatives as co-opted members who are invited as dictated by the agenda.</p> <p>The CCG is a member of the locality patient participation group who meet every two months. This group is made up of members of individual practice patient participation groups who meet to discuss best practice, share information and receive updates on healthcare transformation.</p> <p>The CCG engages many service users and local organisations on a regular basis to ensure they are kept up to date with current issues and can input into the CCG's business. This can range from informal meeting sessions, formal presentations to full co-design/co-production (e.g. #Thrive Service) The CCG attempts to ensure that events are arranged in all areas of the borough to enable participation from as many local people as possible.</p> <p>When the CCG is commissioning a service through a formal tender procurement, service users are supported to participate in a panel</p>	<p>No additional update</p>

<p>7i.</p>	<p>15/3/19 - Supplementary question to response: Why does PPEC not have any patient representative?</p>	<p>to sense check the specification, score tenders and make the final decision jointly as part of the tender panel.</p> <p>Members of the public do not attend PPEC, organisations attend on behalf of their members, as a single member of the public does not necessarily represent all of the population. The CCG Engagement lead meets with individuals outside of PPEC and the PPEC also has task and finish groups that report in when appropriate. The PPEC has representation from the Patient Participation Group and as part of Governing Body membership Healthwatch Rochdale represent patients within the borough.</p> <p>Patients, Carers and Service Users are involved in the commissioning of services and link with the relevant work that is taking place. PPEC is a networking committee linking with third sector and voluntary organisations to ensure that communication links are made and ensure that information is shared with individual members of those organisations. Additionally, data obtained from individual patient, carer and service user experiences is utilised to performance and quality monitor commissioned services.</p> <p>Health watch Rochdale is establishing a patient group which patients and members of the public are welcome to join, this will link in with PPEC via Healthwatch Rochdale representation.</p>	<p>Healthwatch Rochdale are in the process of setting up a local advisory group which will report directly into Healthwatch Rochdale's Board. The role of the Advisory Group is to ensure that the views and experiences of Rochdale residents in relation to Health and Social Care are communicated to the Rochdale Healthwatch Board so that its decision-making processes can be built upon and enhanced. The Group shall be made up of Rochdale borough residents.</p> <p>The Group should aim to have representation from each of the four Rochdale localities so that a breadth of opinion can be sought. The Group should decide on quoracy, where and when it meets and any other attendance requirements.</p> <p>Recruitment will take place early June for this group.</p> <p>Further work will be carried out with this group to ensure trends analysis data is shared with commissioners and providers.</p>
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8.	<p>There seems to be a lack of evidence that your commissioning models and tendering covering equality & diversity impact model. What is your response to this?</p>	<p>There are a several support mechanisms in place to support the integrated commissioning team take account of equality and diversity in commissioning. This includes access to capacity building via the Equality Analysis (EA) and Equality Impact Assessment (EIA) Masterclasses delivered by our Equality Diversity & Inclusion Strategic Lead and quality assurances of EAs undertaken. We recognise more needs to be done to ensure this becomes systematic across teams. We do have Equality Diversity and Human Rights (EDHR) Schedule that is embedded within our NHS Standard contracts with our providers and we recognise more need to be done to improve monitoring of this schedule. Equality questions are embedded within the NHS procurement process and some further work is required to ensure consistency across the wider health and social care landscape. Further work is required to ensure service specifications have a link to the EDHR schedule. We will be having a development session to ensure the members of the Integrated Committee and Health and Wellbeing Board understand the role of EA/EIA in decision making. This is a priority area for 2019-20.</p>	<p>No additional update</p>
8i.	<p>15/3/19 - Supplementary question to response: Is it possible to see a time line of the priority area for 2019-20?</p>	<p>As a result of issues and gaps that we are aware of, which include the issues you have raised. A paper will go to the Integrated Commissioning Board after the Purdah period (3 May 2019). the date has yet to be confirmed. The paper will look at strengthening the current commissioning cycle and will also ensure the EIA is embedded throughout the cycle for Health and Social Care. The process that will be followed includes, the endorsement at Integrated Commissioning Board and an implementation phase to make the improvements.</p>	<p>Work is already under way to standardise the EIA approach across the council and CCG. Also, EIA masterclasses are delivered bi-monthly to staff across the CCG and Council. A paper will go to a future Integrated Commissioning Board meeting, the date has yet to be confirmed</p>
9.	<p>You have legal duty to provide services and take into consideration of the BAME community, under the equalities Act 2010, Ten year forward plan etc. How do you intend to address this?</p>	<p>Yes, you are right, currently we have a lot of data of people in the borough, which informs our Joint Strategic Needs Assessment (JSNA) including for BAME communities. We recognise more needs to be done to use this data which an EA/EIA framework to inform our plans. For example, our recent dementia workshop highlighted considerations that impact BAME communities; this will be fed into our forthcoming strategy to inform commissioning and service delivery.</p>	<p>No additional update</p>

	<p>When feeding back to our communities about the transformation of local healthcare services we have commissioned 7-minute briefs to explain the key themes of transformation in three languages; English, Urdu and Bangla. As part of the engagement plan, we conducted engagement sessions with 3 groups attended by local Asian ladies who did not have English as their first language and had difficulty reading. To support their engagement the 7-minute briefs were transcribed to spoken word audio CDs to enable the ladies to listen to the messages contained in the briefs.</p>	
<p>10.</p>	<p>Question raised by TE on behalf of Better Health4Middleton Where is the Rochdale Falls Prevention Team? It doesn't seem to exist, and more people are falling, getting injured and there's no obvious place where they can get help. Where do people get help. Better to have a prevention service than end up in hospital.</p> <p>HMR CCG commission a central falls team provided by PAHT and we have an integrated community physio in 5 out of the 6 integrated neighbourhood teams (recruitment is currently taking place for the 6th).</p> <p>The integrated approach has greatly reduced the amount of time patients wait to be seen by a community Physio. The teams receive referrals from any agency (including GP, Practice Nurse, Link4Life) for falls assessments for people who are identified of being at risk of falling and following a fall, as well as for walking aid assessments and generic community physio.</p> <p>In addition to the above, Link4Life provide 2 programmes around balance & stability & take self-referrals and referrals from professionals including the Falls Team. These can be accessed by telephoning Paul Gardner, Programme Manager Health & Wellbeing Tel: 01706 926235 Mobile: 07890 250655 Email: paul.gardner@link4life.org and requesting access to:</p> <ol style="list-style-type: none"> 1. Functional Fitness 2. Postural Stability course. This is an accredited Falls prevention programme - Currently running at Rochdale Leisure Centre. <p>The Patient Advice and Liaison Service (PALS) is also available for members of the public to contact to assist with signposting to any services commissioned by HMRCCG or to raise any concerns in relation to a specific service. Telephone Number - 0161 212 6270 or public Freefone: 0800 121 4430</p>	<p>No additional update</p>

NHS Heywood, Middleton and Rochdale Clinical Commissioning Group (HMR CCG)
Chair's responses to public questions from April 2018 to March 2019 Primary Care Commissioning Committee meeting

25 May 2018 -

	Question	Response	Any additional update or response
1	Within the Core+ Contract how are the required number of appointments calculated and does this change seasonally?	<p>Core+ targets are in addition to the core GP contract requirements. There is no seasonal variation. The weekly target is to provide a minimum of 75 GP (or Advanced Nurse Practitioner) appointments and minimum 30 Practice nurse or healthcare assistant appointments per 1,000 population by each GP practice, based on HMR CCG list size as at 1st April 2017. A consultation is defined as either face-to-face, home visit, telephone/video consultation. Any access support provided by the CCG or subcontracted by CCG commissioned services are to be excluded e.g. 7-day access service, Out of Hours or Acute Visiting Scheme.</p> <p>The minimum target figure has been adopted to meet the Greater Manchester Primary Care Standards.</p>	There are no longer any required number of appointments included in the Core + contract. This was included as part of the pilot but following robust review and evaluation of this pilot this requirement was removed.
	How many bilingual staff are there in the EASY HUBS?	<p>Community Connectors are employed by Rochdale Borough Council (RBC), HMR CCG liaised with RBC, who provided the following response.</p> <p><i>There are 12 Community Connectors (8 full time and 4 part time), one member of staff who is bilingual can speak Urdu, Punjabi and Mirpuri and is based at Rochdale but has flexibility to move around the borough if required.</i></p>	No additional update
	How can community connectors relate to the community if not bilingual?	<p>The CCG recognises its diverse population and is continually striving to meet their needs, by exploring new ways in which to engage. We continue to seek to obtain the views and understand the needs of people from black, Asian and other minority ethnic groups and to continue to work closely with existing community groups, faith leaders and educators who may already have links to groups and individuals with poor access to services.</p> <p>As part of our transformation plan we held a campaign of engagement involving people, community organisations and faith leaders who can represent the views of local minority</p>	No additional update

ethnic groups which helps to ensure that the services reflect the needs and preferences of the local population.

Data available from translation services for GP appointments during January 2016 – December 2017 showed the following as the top 10 main languages requested within the Rochdale borough:

1. Farsi
2. Polish
3. Portuguese
4. Urdu
5. Arabic
6. Chinese (Mandarin)
7. Punjabi
8. Russian
9. Albanian
10. Slovakian

Community Connectors are employed by Rochdale Borough Council (RBC), HMR CCG liaised with RBC, who provided the following response.

As detailed above there is one bilingual Community Connector in post. All Community Connectors have access to translation services and further technology and training is being explored to assist with translations.

Our Rochdale Directory of services is now live, and this has access to Browsealoud which can translate the website into spoken voice in different languages, this also has the ability to change words on screen. This is a key tool for the Connectors to ensure they are able to relate to all members of the community when supporting someone whose first language is not English.

As a patient representative, I sit on forums across Greater Manchester. Why can I not go on the local Patient and Public Engagement Committee? I was

Patient and Public Engagement Committee has representation from all sectors. As the appropriate people were not in attendance at the committee today, it was requested that the question be submitted via the website. To enable a full response to be provided

Please see response to Governing Body question from 15/3/19 7i as detailed above.

<p>refused and I want to see all the papers.</p>	<p>Following the meeting the Patient and Public Engagement Committee Chair, Vice Chair and the CCG Engagement Lead met with the member of the public to discuss further.</p>	
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10 August 2018 – NO QUESTIONS MEETING CANCELLED

9 November 2018 – NO MEMBERS OF THE PUBLIC IN ATTENDANCE

8 February 2019 – Questions forwarded to Governing Body and responses provided on 16 March 2019

The following questions were submitted by JR on behalf of Bridging Communities 4 All on 11 February 2019 in relation to Papers presented and verbal updates provided to the Primary Care Commissioning Committee on 8 February 2019.

<p>1.</p>	<p>From the Paperwork I did not see any patient representatives or experts by experience in the various committees that have been set up. I am aware that Healthwatch Rochdale attends to represent the patients voice, but this is limited and does not fully give you focused answer of individuals using the services. Where at the Greater Manchester level patients do sit on the various committees. Can the format change in Rochdale to make it more inclusive?</p>	<p>At HMR CCG we have a well-established Patient and Public Engagement Committee that meets on a quarterly basis. The Committee has been set up to provide assurance on the delivery of the CCG’s patient and public involvement duty. Ensuring the CCG’s commissioning activities meets its statutory duties, adheres to national guidance and best practice. This also has task and finish groups reporting into it. This committee has Third Sector and voluntary organisations representing those groups with protected characteristics, the Chair of the Locality Patient Participation Group (PPG) is also a member of the committee representing the wider patient population and the committee is chaired by a lay member whose portfolio includes patient and public engagement</p> <p>The CCGs primary care sub-committees have patient representatives as co-opted members who are invited as dictated by the agenda.</p> <p>The CCG is a member of the locality patient participation group who meet every two months. This group is made up of members of individual practice patient participation groups</p>	<p><i>Please see response to Governing Body question from 15/3/19 7i as detailed above.</i></p>
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		<p>who meet to discuss best practice, share information and receive updates on healthcare transformation.</p> <p>HMR CCG engages many groups on a regular basis to ensure they are kept up to date with current issues and can input into the CCG's business. This can range from informal meeting sessions to formal presentations. The CCG attempts to ensure that events are arranged in all areas of the borough to enable participation from as many local people as possible.</p> <p>When the CCG is commissioning a service through a formal tender procurement the Engagement Lead invites service users to participate in a panel to sense check the specification, score tenders and make the final decision jointly as part of the tender panel.</p>	
2.	<p>The LCO forum seems to be a closed shop, patients should be able to challenge at the point of discussion not retrospectively as this will waste value time all around.</p>	<p>One Rochdale Health & Care (the Rochdale LCO) at present does not have a legal requirement for meetings in public but has committed to a broad programme of patient and public engagement so that they can have a meaningful influence on how services are developed. The ORHC Board is currently considering how it might hold regular meetings in public.</p>	No additional update
3.	<p>There was a mention of a new indicator's framework:</p> <p>What are these?</p> <p>What are the targets for these?</p> <p>Where are we currently?</p> <p>How do you intend to improve on these indicators and what investments and consultations will be carried out, alongside status quo paperwork?</p>	<p>A verbal update was provided regarding the development of Core+ for 2019/20. Following a robust engagement process Core + was launched as a pilot in 2017/18 to test out a new outcomes-based approach to commissioning with a focus on partnership working and commissioning a borough wide approach. Within Core + a range of outcomes are identified which are arranged under a set of core themes. Each theme contains a number of indicators which have been agreed in order to measure progress against the specified outcomes. Following the success of the pilot, Core + was further commissioned and work is ongoing now to review the themes and indicators in 18/19 to inform any proposed changes for 19/20. Engagement with range of commissioners, clinical</p>	No additional update

		leads and CCG members forms an integral part of the review process that is currently ongoing.	
4.	<p>With regards to Digital transformation, have you carried out a risk assessment and accessibility assessment? As I foresee up to 30% of Rochdale population that will have no access or lack of knowledge to access these services.</p> <p>What steps have been taken to ensure that patients, with mental health related diagnosis, will be able to fully access and understand the changes?</p> <p>And also consider for neuro-diversity?</p> <p>Rochdale is inimically deprived population, many of which will not have access to and have no knowledge of using smart phones; computers etc. and this change will cause a lot mental distress.</p>	<p>As stated in the recently published “five-year framework for GP contract reform to implement the NHS Long Term Plan”: Digital primary care has the potential to improve access, quality and outcomes, including through better data, more accurate diagnosis, and support tools for patients. For many patients, digital will become their channel of choice when interacting with the NHS. This is likely to be particularly true of 16-25 year olds. Increasingly they forgo traditional GP appointments. Progress on digital delivery will be important to maintain social solidarity behind the general practice model, and contract requirements will be updated annually as part of wider contract negotiations, to reflect advances in technology and delivery of the support promised in this agreement.</p> <p>The advancement of such technology does not remove other methods of engagement but rather, it will enhance it, offering a wider range of ways in which to access and engage with these services. This will only be offered to patients who wish to use these new technologies and for whom this is suitable.</p> <p>Communication will be key to ensuring patients are aware of the options available to them and how to access these, for example, NHS England will launch a public campaign in 19/20 to raise awareness of the ability to book appointments online</p>	<p>We recognise that digital technology is not suitable for all population group, and the use of digital technology for mental health is only used after an assessment with a mental health provider, who will also assess need including whether digital is appropriate. If not alternative arrangements will be made.</p>
5.	<p>25% of GP appointment allocation should be online, this measure you are marginalising a huge part of the population as there will be significant access issues.</p>	<p>This is a national requirement rather than a local one. This is set out in the recently published “five-year framework for GP contract reform to implement The NHS Long Term Plan”</p>	<p>No additional update</p>
6.	<p>Repeat prescriptions to a centralised location.</p>	<p>This work is still in the development stage and we believe that changing the location of contact will not introduce any additional risks.</p>	<p>No additional update</p>

	<p>Risk mitigation register - has one been done and what were the outcomes?</p> <p>Who checks the repeat prescriptions requests?</p> <p>Will they have a medical background?</p> <p>If some of the medication that fall under NICE guidelines will the call centre remove them, or will a GP be involved in this?</p> <p>There are so many issues I foresee around this proposal and at the moment it is looking like this decision has been based around economic reasons with little or lack of consideration the effects on the patients. The term used in the paper "clinically Appropriate" is extremely subjective and if was carried out in an open and transparent manner GP's will have to see all their patients with complex medical needs.</p>	<p>In developing the proposed service, we are engaging with other areas who have already implemented this, to ensure that we learn from their experiences, to help share what the local service looks like. In addition, this will initially be a pilot that a small number of practices will participate in, to again ensure the system works safely and meets the expected benefits.</p> <p>For the practices that participate in the project, some central assessment of the medication request will be undertaken at the time of receipt of the call There will be input from staff with some specialist training in medicines management / optimisation as part of the process</p> <p>We will not be assessing any medication against any NICE criteria as this would be too time consuming, NICE guidance is advisory and needs to be taken in the context of the patient's clinical presentation.</p> <p>As stated above this project is in development and we do not envisage any impact on patients</p> <p>The term is indeed subjective, however there are no clear objective definitions of what is clinically appropriate, each clinician will use their knowledge and skills to give the treatment which they believe will be clinically appropriate, this may differ from other clinical opinions.</p>	
7.	<p>Diabetes dual meters. It was discussed there was zero cost to this.</p> <p>The question is that how much will the new testing strips cost in comparison to the current ones?</p>	<p>The benefits of use of the dual meter are that the CCG will reduce costs of ketone test strips</p> <p>The new strips are £6 which are less costly</p>	No additional update

	<p>How will these meters be rolled out?</p> <p>Collection of data - is this automated or reliant on the patient?</p>	<p>Patients will be invited to attend their practice for a change</p> <p>Data will be collected through the CCGs current systems</p>	
<p>8.</p>	<p>There was a mention of "Urgent Care and Paediatric Review" but there were no papers present to see what changes were being discussed and what new thematic pathways were being considered.</p> <p>Who is involved in discussion?</p>	<p>This relates to the Paediatric Urgent Care review. The CCG was successful in securing a bid to be part of the 2018 AQuA (Advancing Quality Alliance) Patient Flow Programme. This is in its infancy and AQuA will be supporting the CCG to facilitate a programme of workshops with services across the system which will include a mapping exercise to understand the current position and identify areas of improvement. As such, further information will be taken through the appropriate governance routes as the work progresses.</p>	<p>No additional update</p>