

NHS Heywood, Middleton and Rochdale Clinical Commissioning Group (HMR CCG)  
Chairs responses to public questions submitted to Governing Body and recorded at the  
meeting on 17 July 2020

The following questions were submitted in advance (June) by a member of the public (TE)

	Question	Response
1	<p>I know somewhere in Riverside there are almost 9,000 copies of a booklet called, "Keeping Well at Home". These are supposed to be distributed to residents across Rochdale Borough. Why are they sat in some stockroom in Riverside collecting dust?</p> <p>When will they be sent out? Why do so many staff not know about these leaflets?</p>	<p>Booklets entitled "Keeping well at Home" aimed at supporting older people were delivered to Number One Riverside but it is unclear whether they were addressed to an individual or just to the building.</p> <p>Due to the Covid 19 pandemic there were very few staff in the building at any time to deal with the booklets. This is because RBC, HMR CCG and Link4Life agreed that to keep staff safe, as many staff as possible would work from home.</p> <p>When the matter was raised by a Middleton resident action was taken to ensure the booklets were distributed as widely as possible. Distribution was more difficult than usual because:</p> <ul style="list-style-type: none"> <li>• Many of the normal distribution sites are closed (Community centres, libraries, places of worship)</li> <li>• Very few older patients are visiting GP practices therefore leaving numbers at those sites was not practical</li> </ul> <p>However, a concerted effort has been made to distribute the booklets widely:</p> <ul style="list-style-type: none"> <li>• HMR Circle distributed around 1000 booklets through their networks</li> <li>• A Number were delivered to MiddletonInAction, based at St. Michael's church Middleton, so that they can be given out with their food parcels.</li> <li>• Around 100 were delivered to two local residents (one on Syke, one on Alkrington) who offered to deliver them to friends and neighbours</li> <li>• 100 were taken to an older person's group in Springfield Park for the group to redistribute</li> </ul> <p>Further numbers will be distributed at every opportunity.</p>
2	<p>I understand there are scanner trailers or similar on Tesco's car park. Why are they there and what for? Are they just collecting dust too?</p>	<p>Mobile clinical units were sited on the car park at Tesco in Middleton as a contingency measure, to become a second 'hot hub' for the assessment of potentially covid positive patients to be seen in a safe environment away from other clinical settings such as GP practices.</p> <p>Thankfully the number of local covid 19 cases has not made it necessary for this second site to be opened and used. The first such 'hot hub' site was opened on Whitehall St in Rochdale and this has in recent weeks</p>

		<p>been functioning for fewer hours per day, thanks to further reduction in numbers of local cases.</p>
<p>3</p>	<p>I notice that CCG Governing Body meetings are continuing to be held at 9am, followed by the public sessions at 9.30am. The conclusion can only be that you don't want the public to attend?</p>	<p>A response to this question was provided on 17th January and 20th March 2020 prior to lockdown.</p> <p>Governing Body Meetings start at 09:30 with the public forum, not at 09:00 as stated in the question.</p> <p>The time of the meeting was changed in response to requests/suggestions from other members of the public wanting to attend. The new arrangements will be trialed for a period of 6 months and then reviewed.</p> <p>Due to Covid 19 the meetings are currently taking place virtually with the option for members of the public can observe the meeting and submit questions to be asked during the meeting within the Public Open Forum.</p> <p>The timings will be reviewed in due course once meetings are able to take place face to face with members of the public.</p>
<p>4</p>	<p>Right now, with the Coronavirus, Screening of all types, I guess is at a halt due to distancing. That aside, and before this lockdown started, where were we with screening?</p> <p>I've been looking at AAA screening. Certainly, I've never been approached. I'm not saying I want to, but how many people are not being screened and are at risk?</p>	<p>Public Health England (PHE) rather than the CCG is responsible for the NHS Screening Programmes and the Screening Quality Assurance Service (SQAS). An overview of these services can be found here <a href="https://www.nhs.uk/conditions/nhs-screening/">https://www.nhs.uk/conditions/nhs-screening/</a></p> <p>Screening rates have been affected by the national lockdown, and services are now in the process of ensuring all those who are eligible for screening are offered this as soon as possible. Screening programmes are set up to target those at risk hence all eligible patients would be in an at risk group. Specific data on uptake for HMR for all screening programmes can be found via the following link</p> <p><a href="https://fingertips.phe.org.uk/search/screening">https://fingertips.phe.org.uk/search/screening</a></p> <p>Screening for Abdominal Aortic Aneurysm (AAA) is offered to men in the year of their 65<sup>th</sup> birthday. If you are a male over 65 you can request a test if you feel you are at risk of having an Aortic Aneurysm.</p> <p>More details are available on the NHS Website - <a href="https://www.nhs.uk/conditions/abdominal-aortic-aneurysm-screening/">https://www.nhs.uk/conditions/abdominal-aortic-aneurysm-screening/</a></p>

*The following questions were submitted in advance by JR local resident*

<p>5</p>	<p>In the last 12 months have there been changes to the way patients with diabetes are monitored at GP Practices, particularly regarding</p>	<p>Update provided by HMR CCG Clinical Board member:</p> <p>There have been no changes to the services in last 12 months except the temporary recent suspension of face</p>
----------	--	---

<p>patient testing and the communication of results?</p> <p>What monitoring should a diabetes patient expect from their GP?"</p>	<p>to face annual reviews during COVID-19 to prevent infection risk.</p> <p>The monitoring &amp; management where possible is supported via phone/ video consultations.</p> <p>Expectation from GP practices:</p> <p>1- Diagnosis and management as per good practice guidance.</p> <p>2- Each case is managed with its uniqueness because it is not just diabetes - the management is dependent on if other comorbidities or not?</p> <p>Any complications?</p> <p>The presentations of symptoms.</p> <p>3- If we start from diagnosis - practices are expected to address clinical presentation investigate and approach diagnosis &amp; discuss the management plan - all this need to done partnership with patient.</p> <p>Hba1c blood test is usually the test of choice as per WHO guidance organised to establish diagnosis.</p> <p>Once confirmed patient then should be invited for discussion in safe &amp; mutually convenient environment (which can be face to face / video or telephone in current climate).</p> <p>Newly diagnosed are expected to be offered diabetes educational programme which are available through ICDS service.</p> <p>Depending on the investigations outcome and patient understanding and medicinal management plans the follow ups are to be organised. (Nice guidance support available to all clinicians to help decide on durations and if at any stage onward referral for specialist input needed).</p> <p>4-Minimally once a year annual review is required as per QOF from practice. Which involves nine process checks.</p> <p>5-Annual eye screening offer is sent through our other provider.</p> <p>6-Annual flu invitations by practice.</p>
--	---

7- Other immunisations like pneumococcal and shingles based on clinical criterion also expected to be offered to patient by practices.

8- Practices are also expected (if signed up for Local Enhanced Services) to identify where appropriate pre-diabetes state based on blood test outcome - the suitable patients to be offered pre- diabetics clinic referral.

*The following questions were submitted in advance by AW local resident currently working within homeless sector*

**6** As a Homeless Worker in the area it has regularly come to the attention of myself and colleagues across the Borough that some reception staff are still turning away homeless people presenting at Medical Centres and GP practices to register as new patients on the spurious grounds that they do not have sufficient identification documents such as photographic ID.

We have even on occasion provided information cards from human rights campaign group Liberty, Housing Justice & Homeless Link explaining their universal right to Free NHS treatment with in some cases have still resulted in no change in their ability to register as NHS patients. This is a recurring problem that seems to continue unabated year in year out with the same practices

The Governing Body will no doubt be aware of the work of organisations such as Homeless Friendly across the region to improve access to NHS support for homeless or transient individuals and the NHS charter enshrining the right to NHS treatment free at the point of use so perhaps this is an appropriate time to make a public statement in the local media reminding staff in GP Surgeries and Medical Centres across the Townships of the rights of all citizens , including the homeless , to NHS medical support and their right to register without the need to have photographic ID or passports to do so ?

Thank you for raising this important issue, as a consequence the CCG will send out targeted communications to all practices via the weekly primary care update and CCG news and also ask Healthwatch Rochdale to promote this.

A patient can register at any practice of their choice as long as they are currently residing within that practices boundary. With regard to proof of identification, there is no regulatory requirement to prove identity, address, immigration status or the provision of an NHS number in order to register.

Most of our practices will have a request for ID built into their policies/processes as it is generally useful information that supports the registration process. Seeing some form of ID will help to ensure the correct matching of a patient to the NHS central patient registry, to ensure previous medical notes are passed onto the new practice. However, registration and appointments should not be withheld because a patient does not have the necessary proof of residence or personal identification. Inability by a patient to provide identification or proof of address would not be considered reasonable grounds to refuse to register a patient. If a patient cannot produce any supportive documentation but states that they reside within the practice boundary then practices should accept the registration.

Also, any practice policy to ask for patient ID should be applied in a non-discriminatory fashion. This means the policy should apply to all prospective patients equally. A practice policy should not routinely expect a patient to

		<p>present a photograph as this could be discriminatory.</p> <p>It is also worth noting that a patient does not need to be “ordinarily resident” in the country to be eligible to register at a GP practice. Therefore, all asylum seekers and refugees, students, people on work visas and those who are homeless, overseas visitors, whether lawfully in the UK or not, are eligible to register.</p> <p>We will reiterate this message to all of our member practices.</p> <p>For information, we also commission "HART", a homelessness scheme that takes the health care and support to our homeless patients in venues where and when they regularly attend. One of the main aims of this scheme is to improve the health and wellbeing of these individuals, helping to manage their own health better whilst reducing the extent to which they rely on emergency services, ensuring the transient population of the borough have access to appropriate health care and are eventually reintroducing them back into mainstream General Practice.</p> <p>When a patient is seen in the HART service they are supported to register at a GP practice within the borough if they aren't already, as a key component of this service is support patients back into mainstream general practice, and accessing services as a when required e.g. social, housing, voluntary sector etc.</p> <p>This service was paused during the height of covid due to the high-risk environment of the soup kitchen and the venue subsequently closing. The newly commissioned outreach service is due to commence in August where the team will be directly in-reaching to hostels and working with the Borough partners e.g. the voluntary sector and local authority.</p>
<p>7</p>	<p>NHS trusts, GP providers, and clinical commissioning groups were advised in April in a letter from NHSE chief nurse Ruth May and medical director Stephen Powis, not to send out blanket DNR forms. The national action was prompted following reports of GP practices sending letters to care homes suggesting patients were unlikely to be</p>	<p>Dr Duffy – HMR CCG Clinical Chair confirmed the CCG received the letter from NHSE and that DNAR forms are not completed as blanket policy within practices but only after appropriate Individual assessment and discussion as was the case pre - Covid19 Pandemic</p>

admitted to hospital and requesting DNR forms to be signed.

Can the Governing Body confirm that it has received the letter from NHSE chief nurse Ruth May and medical director Stephen Powis and that DNR forms are not being used by local GP's as a matter of general policy for the elderly or those with learning difficulties during the Covid 19 pandemic in our NHS footprint area?

APPENDIX:

Letter:

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/maintaining-standards-quality-of-care-pressurised-circumstances-7-april-2020.pdf>

8 How many weeks should it take the average local NHS patient to transfer from one GP Practice to another GP Practice?

I have been asked to raise this matter with a number of local homeless people I work with, some of whom have to wait several weeks to transfer from one GP to another, often left without access to a GP, or their previously prescribed medication such as antidepressants, anti-psychotics, diabetes & other GP prescribed medication vital to their physical & or mental health & wellbeing during the transition period from practice to another.

I have numerous times witnessed an individual's mental health deteriorate hugely & rapidly during such times leaving them no option but to obtain NHS support via emergency walk in crisis support teams at A&E putting an additional burden on an already overstated local mental health support services. Patients in crisis should not have to get themselves sectioned under the Mental Health Act in order to gain access to GP care, NHS medication or continuing their mental health therapy through emergency support services at the A&E because they have no daily access to their own GP, often for several months at a time on a recurring basis.

We are sorry to hear of these experiences. Unfortunately, we are not able to comment on individual cases. However, we can confirm that all HMR practices are open and taking new patients.

As soon as a practice accepts the new patient registration form, the patient is effectively registered and can access primary medical services from that site.

All practices have the ability to transfer the electronic patient record on the same day, however paper records can take the 6-8 weeks you mention which can be caused by delays in practices sending these over or if a patient is not currently registered at a practice this can cause a delay also. This is a standard timeframe and is not specific to any particular cohort of patient. However, the new GP practice can make contact with the previous one to request a summary care record and to discuss any queries they may have in terms of medication etc, so this should not delay support/treatment.

It should also be noted that general practices are also under a duty to provide emergency or immediately necessary treatment, where clinically necessary, irrespective of their homeless status, their nationality or immigration status.

	<p>Timescales of six to eight weeks are not uncommon amongst the local homeless population and I would be interested to know if this is the same average time it takes to change GP in the general population or it is just specific minorities where it takes nearly two months to transfer an individual's medical notes from one Greater Manchester Doctors surgery to another?</p> <p>In the interests of transparency &amp; accountability will the Governing Body consider publishing the time it takes to switch GP on a Practice by practice basis across the Rochdale Townships?</p>	<p>If you wish to discuss individual cases to be investigated, please contact NHS England's Customer Contact Team. The contact details are as follows:</p> <p>Telephone: 0300 311 22 33 Email: <a href="mailto:england.contactus@nhs.net">england.contactus@nhs.net</a> Postal address: NHS England, PO Box 16738, Redditch B97 9PT</p> <p>Due to Primary Care records falling under the management of NHS England, HMR CCG is unable to provide the detail requested.</p>
<p>9</p>	<p>This week's Academy of Medical Sciences report points out that a particularly "challenging" winter could bring a second wave of coronavirus infections that could lead to around 120,000 deaths in UK hospitals, twice as many as the first wave, according to an estimate of a reasonable worst-case scenario. This happened in the Flu pandemic in 1919 when the second wave was worse than the first.</p> <p>Could I ask what proactive steps in our area the Commissioners are taking to try and mitigate the catastrophic effects of a possible second wave on the NHS in terms of rolling out Winter flu vaccinations to all front-line workers &amp; those in the community likely to be at risk of influenza?</p>	<p>Covid-19 Health and Social Care Recovery Plan was an agenda item at the Governing Body meeting on 17 July 2020. Detail is provided within the paper which available via the CCG website following this <a href="#">link</a>.</p> <p>We have in place a Multi Agency Flu planning group that supports all providers to ensure good uptake of the flu vaccination to all those eligible.</p>
<p>10</p>	<p>Will there be sufficient Winter Flu vaccine supplies locally for all who should have it this year &amp; can it be made mandatory and can mass immunisation at appropriate work sites be organised?</p>	<p>Flu vaccine supplies for the routine programme run last year were ordered by local primary care providers. Public Health England run the supplies for the Children's programmes.</p> <p>Nationally, we have been informed that there is sufficient supply for the recently announced expanded programme.</p> <p>We do not yet have details of how to access supplies for new cohorts such as the healthy 50 to 64 year olds.</p> <p>We have requested that we are informed quickly of any supply issues from local practices and also from the Greater Manchester Public Health England Screening and Immunisation team</p>

		<p>Mandatory flu vaccinations is a matter for National determination and this has not been agreed.</p> <p>Vaccinations of workers not eligible for the NHS scheme is a matter for the Employers to organise and fund apart from health and social care workers who are eligible for the NHS programme and have plans in place. We do have wide communication of the NHS scheme which many staff in a wide range of workplaces can access via their GP or Pharmacist.</p>
11	Will the existing C19 walk in testing centres remain open locally until next Spring?	Walk in testing will continue to be available however the specific site of each of these will be determined by the spread of the virus within the boorugh.
12	What is the current situation with the mobile C19 testing centre at JD Sports factory?	Testing at this site is now complete.
13	Are Local NHS contingency plans in place for a local C19 Lockdown if local transmission rates and infection rates increase this winter or when the second wave spikes?	All agencies and services are making plans for the potential of a second wave alongside regional and national teams. Contingency plans are dependent upon the specific national, regional and local measures that are utilised.
14	Sadly Care homes in Castleton have had the highest death rate from Covid 19 so far according to ONS data What steps have been taken locally to try and ensure Covid 19 does not impact on the same vulnerable care home populations in a second wave this winter?	<p>There is a large care home population in Castleton however in the context of GM we have one of the best records to date re deaths and outbreaks in care homes.</p> <p>The CCG work with Public Health, Infection Control and adult care and are going to build on the call to action to continue training and support re infection control Working closely with Rochdale Health Alliance(RHA) to support care homes regarding support around physical health checks with the Virtual hospital up and running</p>
15	It's clear that on a ward by ward basis some areas are worst hit by Covid in terms of deaths and infection rates. With this in mind what lessons can be learned from the first wave of this pandemic and what existing best practice in reducing transmission rates can be rolled out across the townships during this window of opportunity before winter?	<p>Our plans for Outbreak Control in Rochdale Borough are set out in our Local Outbreak Control Plan which is available here <a href="http://www.rochdale.gov.uk/council-and-democracy/policies-strategies-and-reviews/strategies/health-and-well-being/Pages/coronavirus-outbreak-control-plan.aspx">http://www.rochdale.gov.uk/council-and-democracy/policies-strategies-and-reviews/strategies/health-and-well-being/Pages/coronavirus-outbreak-control-plan.aspx</a></p> <p>In setting out what interventions we might use, we consider a range of factors. Successful interventions will need to match closely to the specifics of the cohort affected rather than solely based on geography. Eg this might include age group, whether the majority of cases are men or women, whether</p>

		<p>cases are linked to travel either within the UK or from abroad, whether specific workplaces are of interest or places of multiple occupancy are involved, or increased numbers of cases arising from say a particular event. Hence geographical considerations are just one factor of many which we consider in managing the spread of the virus.</p> <p>These factors determine how we can best promote our key messages to follow the advice on social distancing, hand hygiene, getting tested and isolating.</p>
16	<p>Who is responsible locally, either individually or collectively, for ensuring local Care Homes, Hostels, B&amp;B's and hotels have sufficient access to PPE, access to C19 testing for staff and residents and home testing kits or access to collective testing on a site by site basis is available locally if required in event of a second wave of C19?</p>	<p>This is a Partnership responsibility; the CCG are working as noted above (Q5) and plans are advised by our local Health Protection Board.</p>
17	<p>Are any plans being considered locally for the free distribution of face masks or hand sanitiser to the local homeless population and or those on NRPF - No Recourse to Public Funds, Asylum seekers or those on benefit sanctions (re-imposed by the DWP nationally last week) who find the cost of face masks and hand sanitiser prohibitive whilst on limited, fixed or zero incomes?</p> <p>Some European countries have been doing this for months. For example, the Regional Government in Tuscany has just distributed 30 free face masks to every household in the region amounting to 43 million free masks as of yesterday. Is there a budget to do the same in our NHS footprint area especially in light of the Westminster government making face masks compulsory in shops from 24/07/2020?</p>	<p>The CCG does not have a budget for masks, however Rochdale Borough Council obtained a one off supply via partners within Greater Manchester and has been fortunate to be able to distribute a large number of free masks to residents, although this is likely to be for very limited time only. The masks provided are single use/disposable, and in preference we wish to encourage our residents to obtain a sustainable (ideally reusable) face covering as soon as possible.</p>