

NHS Heywood, Middleton and Rochdale Clinical Commissioning Group (HMR CCG)
Chair's responses to public questions from April 2017 to March 2018 Governing Body meeting

15th April 2017

	Question	Response	Any additional update or response
1	Does the CCG have a role to play in engaging with employers and the community in relation to promoting Health and Wellbeing?	<i>Yes HMR CCG does have a role to play in engaging with employers and the community in relation to promoting health and wellbeing and also promotes health and wellbeing within our organisation.</i>	Engaging with employers and the community in relation to promoting Health and Wellbeing is included in the Engagement Workplan and will be a priority project for 2018/19.
2	Which board member would be the first point of contact to discuss initiatives in relation to this?	<i>The CCG Board member would be Mrs Karen Hurley – Director of Operations and Engagement.</i> <i>Councillor Janet Emsley is the Chair of Rochdale Health and Wellbeing Board and is a Governing Body member.</i> <i>HMR CCG Engagement Lead as part of the programme of work plans to link in with larger organisations in relation to the promotion of health and wellbeing within the work place.</i>	Councillor Sara Rowbotham is now the Chair of Rochdale Health and Wellbeing Board and is a Governing Body member

19th May 2017 – No Public Questions

16th June 2017

	Question	Response	Any additional update or response
1	Governing Body were informed by a member of the public that a question had been submitted in advance requesting an update on the Kirkholt Developments and confirmed a response had	<i>HMR CCG's Chief Officer confirmed work is progressing and informed he leads on Strategic Estates where this was high on the agenda. As and when updates are available these will be presented to Governing Body and ensure the member of the public is informed and kept up to date.</i>	Papers regarding the Kirholt scheme have been presented at Governing body on 17 November 2017 and a Full Business Case was presented at NHS HMR CCG Primary Care Committee on the 25 May 2018.

been provided by the Estates Lead.

Director of Economy is John Searle, from June 2018 he will lead on Strategic Estates

21st July 2017 – No Public Questions

18th August 2017 – Meeting cancelled

15th September 2017

	Question	Response	Any additional update or response
1	<p><i>As a former nurse for 37 years, I am disgusted at discharge procedures and would like to ask. "Why are patients on discharge not followed up? This is based on personal experience of two elderly family members being discharged without any follow up. One from Wythenshawe hospital and one from Fairfield General Hospital (a Bury Resident)"</i></p>	<p>Dr Duffy echoed, why not? Patients should be followed up by the Acute Hospital if necessary or within the community by District Nursing or Primary Care. HMR CCG would expect that patients are followed up from hospital and the relevant teams informed, this is unacceptable.</p> <p>The member of the public was requested to seek consent from relatives to enable the specific cases to be followed up. HMR CCG are only able to look into the HMR resident concerns – but would ensure the Bury resident would be followed up by Bury CCG</p> <p>As more services are provided in the community it is even more important that discharges from hospital are planned well and patients are fully aware of what will happen as they leave hospital. The CCG works hard with the hospital and social care to make sure this is done well and we are really disappointed that this has happened. This can be even more difficult when the hospital is not local and the CCG needs to be able to challenge poor practice. HMR CCG would need the details to be able to understand why this</p>	<p>The response from the Pennine Acute Hospitals Divisional Director of Nursing in Heywood, Middleton & Rochdale is as follows:</p> <p>The community neighbourhood teams incorporating the district nursing teams can only follow patients up if they have received a referral and they are aware of the patient being discharged.</p> <p>The teams do receive referrals from health and social professionals, families, carers and patients can self-refer. The referrals are co-ordinated via the single point of access and the liaison service. Patients can self refer via their GP.</p>

		<p>has happened and in order to improve discharge procedures.</p> <p>The member of the public agreed to liaise with the relatives to ascertain if they were willing to share their details.</p> <p>The Joint Director of Integrated Commissioning provided her contact details for any further information if that could be made available.</p>	<p>No further information has been provided to explore this.</p>
<p>2</p>	<p><i>Why are patients who are elderly, travelling so far out of the area, which requires the use of costly taxis? To access care when we have a Local Hospital not used</i></p>	<p>Dr Duffy confirmed the local hospital is used and the only areas not used are those not fit for purpose.</p> <p>Dr Duffy acknowledged that patients are having to travel but unfortunately it is not possible for all services to be provided locally. Those patients travelling are doing so to gain high quality of care which is more of a priority over location with specialities being undertaken at specialist units.</p> <p>As part of the Locality Plan a significant amount of work is taking place to develop services in Rochdale to ensure services that can be provided in the community. The Locality plan is much more about local services being provided locally, where necessary.</p> <p>The Joint Director of Commissioning acknowledged that information needs to be shared more with people of Rochdale. Public engagement events are taking place to look at local services and members of the public are encouraged to attend to help shape the</p>	<p>Where possible services are provided locally. Specialist services are provided within a specialist multidisciplinary team which cannot be provided in every locality due to lack of specialist resource.</p> <p>If there is a particular issue with a particular service within HMR the CCG would be more than willing to look into this but more details are required.</p> <p>Some patients are eligible to claim travel expenses and this would require a discussion with the cashiers office in the appropriate hospital. Some patients could be eligible for ambulance transport and this can be organised through their GP.</p> <p>As part of the process of engagement for the transformation agenda since January, several local venues have been visited to inform and raise awareness with local people about proposed and on-going developments to health and social care.</p>

		<p>future of local health and social care services.</p>	<p>Sherrif Street sheltered housing complex, the Lighthouse project, Croft Shifa Health Centre, Spotland Methodist Church, Milnrow Co-op, Littleborough Co-op, Kirkholt Community Church , Meadowfields Community Centre and Rochdale Town Hall have all been venues for this outreach work with 200 local people being reached.</p> <p>There have been internal and external communications activities associated with the launch of the new family services model in ensuring staff, practitioners and communities are aware of the new working model and access routes.</p> <p>The transformation work streams have offered public relations opportunities that have resulted in coverage positive for the borough. An example of this is coverage of the elderly oral health project which is the first of it's kind in Greater Manchester enabled by transformation funds.</p>
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20th October 2017

	Question	Response	Any additional update or response
1	<p>I have not been able to attend recent CCG meetings, and wonder if there is any further news re the building of the Health Centre on the Strand at Kirkholt. We recently heard that there was some delay due to discussions re the proposed site, and this has raised anxieties re time scales</p>	<p>The CCG have now appointed One Partnership to lead this work following issues we had with NHSPS. A project team has now been established and meetings initiated.</p> <p>A report is being prepared for the November Governing Body meeting (17/11/17) to provide an update and progress timelines. The paper will be available on HMR CCG website prior to the meeting</p>	<p>Papers regarding the Kirholt scheme have been presented at Governing body on 17 November 2017 and a Full Business Case was presented at NHS HMR CCG Primary Care Committee on the 25 May 2018.</p>

	<p>and the possibilities of it being cancelled.</p> <p>Do you have any information re this?</p>	<p>for members of the public to access.</p>	
<p>2</p>	<p>What are the patients' rights when a hospital physician recommends a specific medication for a diagnosed condition but their practice refuses to prescribe it due to cost?</p>	<p>The GP can decline to prescribe for a number of reasons. Sometimes medicines are designated as "hospital only" and the GP cannot prescribe. Sometimes specialists request medicines use which are "off label" which means that they are unlicensed for the medical condition. In Greater Manchester, we have a robust process in determining which medicines are effective and affordable. Local GPs are directed to the formulary and encouraged to choose medicines relevant to the particular condition being treated.</p> <p>Each prescriber has their own preferences, this does not mean that these are better or worse than similar treatment(s), often it is an individual view. In clinical practice, there are few "right or wrong" medicines, just more or less suitable. There is also generally no evidence that the specialists proposed medicine will be superior to the one chosen by the GP with reference to local formularies and guidelines.</p> <p>In England, the National Institute for Health and Clinical Excellence adopts a clinical and cost-effectiveness approach in approving or rejecting medicines. We take this into account when making the decision to prescribe</p> <p>Your GP has the most comprehensive set of medical</p>	<p>No further update</p>

		information about you and therefore with this broader knowledge, is best place to make decisions about your treatment. He / she takes all the above factors into account when deciding whether the recommended medicine is suitable for you, cost is only one factor to be considered.	
3	Why will the CCG not fund an inpatient in an eating disorder unit in Ipswich?	HMR CCG is not commissioned to fund this service. This is specialised commissioning funded by NHS England. Contact details have been provided to the individual who submitted the question.	No further update

17th November 2017

	Question	Response	Any additional update or response
1	<p>I have received and read the report for Kirkholt Update.</p> <p>I cannot, however, believe what I am reading, That the Health Centre, which we were assured would be completed by summer 2018, is back to square one, and that once again promises that were made to Kirkholt residents have been broken. I attended meetings about the layout of the building, the services which were to be based there, and saw the architects plans in 2017. I have waited patiently for some</p>	<p>Kirkholt questions</p> <p>Firstly to say NHS HMR CCG employed NHS property services to work with the CCG to develop the Kirkholt site as a new health premise back in 2014.</p> <p>For an extended period a range of local and other stakeholders have been involved in the plans to develop a new health centre on the Kirkholt site. A statement of community consultation was drafted as part of the original planning application for Rochdale Boroughwide Housing's (RBH's) Strand redevelopment. This consultation covered the outline application that was submitted for the wider central Kirkholt area, including the roundabout site and</p>	<p>A Full Business Case was presented at NHS HMR CCG Primary Care Committee on the 25 May 2018.</p> <p>Planning permission decision is still pending but expected Mid-June.</p> <p>Work is underway to develop the proposed legals and leasing structure. Once agreed, it is anticipated that the site construction will start in a few months and complete by December 2019.</p>

feedback from those meetings, and meantime have been re-assuring local residents that the centre would be built. Now I find that those meetings were a waste of everyone's time and effort and money, and that the CCG is now re-starting the process. There is a statement in the document that residents have received regular updates. This is untrue, we have heard nothing, and it becomes clear from this report that the building project was shelved after the 2017 meeting. When I expressed anxieties earlier in the year that there was no sign of building starting I was put in contact with a previous employee of the CCG on June 15th and basically fobbed off and assured that things were still on track for completion in summer 2018. AM I MISREADING THIS REPORT?

proposed health centre. Consultation events that informed the statement took place in March 2014 and carried on until July 2015. Feedback from residents was that they viewed a new health centre as part of the overall regeneration to be very positive.

Regular RBH newsletters have informed the community in Kirkholt about the progress of the regeneration, the roundabout and health centre building having been signalled as a later stage of the development.

Updates in reports to Heywood Middleton and Rochdale CCG Governing Body have ensured that progress on the health centre development has remained in the public domain.

In January 2017, as part of the progression of plans for the health centre development, a specific stakeholder and community workshop took place at which a range of stakeholders and community representatives were invited;

- Rochdale Borough Housing
- GPs and practice managers at the ingoing practice
- Patient representatives at the ingoing practice
- Representatives of the Kirkholt residents association
- Patient representative of the older persons group at Kirkholt
- Representatives of Pennine Care FT community services
- Representatives of third sector providers (eg Big Life Group, MIND)

- Representatives of Rochdale Council
- Leader of the Council and Councillors from the borough
- Representatives of partnership organisations (NHS Property Services, NHS England)

During 2017, it became apparent that NHS property services was not able to provide the work for us, so we took the decision to appoint a new provider to take this work forward, which is One Partnership. There has been no wastage in money here as One Partnership were the contracted design team under NHS PS.

As we move forward the stakeholders identified before will continue to be involved in the development of the centre as it continues to gather momentum. Communications and engagement activities will be increased now that we have a New Partner who can deliver for us and as the plans progress. There will be;

- A further stakeholder and community workshop inviting the same stakeholders, to feedback on the current position
- Continued liaison and involvement in finalising the design and construction of the building through a tenants/user group
- Regular updates about the health centre development in the Kirkholt community newsletter produced by RBH
- Update reports to Heywood Middleton and Rochdale CCG Governing Body and subsequent promotional activity (via press

		<p>and media, social media etc) to highlight progress</p> <ul style="list-style-type: none"> Depending on need/response, engagement events to inform patients face to face <p>The CCG's Head of Communications and Engagement sits on the monthly Kirkholt Health Centre Steering Group to ensure that communications and engagement activity is suitably embedded in to the progress of the project.</p> <p><i>Following the response the member of the public confirmed that no updates have been provided by Rochdale Borough Housing (RBH). NHS HMR CCG Chief Officer agreed to follow this up with RBH.</i></p>	
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15th December 2017 – No Public Questions

19th January 2018

	Question	Response	Any additional update or response
1	Why are annual diabetic foot assessments from private providers not accepted? Would it be possible for annual diabetic foot health assessments, completed by private podiatrists, to be accepted by GP surgeries, in order to save duplication of work.	This would prevent duplication of work and to answer this there is no reason why a GP would not accept a private podiatry assessment so long as the private provider were accredited and qualified	No further update
2	I am a patient at York House Surgery which last year merged with Argyle Street to create	<i>In terms of Heywood Health, the practices (York House and Argyle St) merged in December of 2016. The CCG is not aware of any plans for the use of either site to change. Both Argyle and York House</i>	Both sites continue to deliver services.

<p>Heywood Health. I am concerned that the future of York House, with its unique culture and separate client base, continues to be insecure.</p>	<p><i>premises remain open with patient access for appointments. We would need some further detail in regards to the specific concerns, and they would more than likely have to be responded to by the practice. The CCG Head of Primary Care is happy to be contacted if you wish to provide additional info/discuss further and I can share their contact details for this after the meeting.</i></p>	
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16th February 2018 – Meeting Cancelled

16th March 2018

	Question	Response	Any additional update or response
1	<p><u>Better Health 4 Middleton Group</u> – Heywood has Phoenix Centre which has a range of services, at least 12 including diabetes clinic, audiology, podiatry, district nurses, health visitors, physio, dental, psychological, well baby clinic.</p> <p>In October 2016 Simon Wootton in an email to my colleague recognised the fact that Middleton had no currently equivalent HUB. Rochdale has Nye Bevan House. Middleton has a</p>	<p><i>There are no plans to build a new facility such as Phoenix Centre. Hubs may be one building or a range of buildings in a place (campus approach) that can be used for providing and/or locating services. There are 4 Hubs planned in development across the borough. These are not new buildings but are areas in existing buildings that are not used and hence can become a base for the community connector teams that are part of the Locality plan and which will help residents in identifying the location of the services that they need. As part of the Locality Plan a Directory of Services for the borough is being developed to assist with signposting residents. We are also in the process of recruiting some Hub workers and Community Connectors and are hoping to formally launch the Hubs in May 2018 once we sort out lease arrangements</i></p> <p><i>There is a clinic at the top of Alkrington. However, evidence shows that it is a little far for people to utilise easily, therefore a more centralised contact zone for people is being explored.</i></p> <p><i>Middleton along with the Rochdale Borough is part of a locality asset review that we are undertaking as part of our Estates work, that will look</i></p>	<p>Rochdale Borough’s Locality Plan “Co-operating for better health and well being” identifies the need for four community service hubs to be developed to provide early help and support to people without them having to access primary and social care. This concept is termed ‘Early Access to Support for You’; the four EASY hubs are located at Middleton Health Centre, Phoenix Centre Heywood, Rochdale Infirmary and Littleborough Health Centre.</p> <p>The four EASY hubs are located at Middleton Health Centre, Phoenix Centre Heywood, Rochdale Infirmary and Littleborough Health Centre. The EASY service offer is delivered by a</p>

	<p>40% larger population than Heywood but still has no central hub dispensing such services. Have you any plans?</p>	<p><i>at all public sector buildings to ensure we have considered all available public estate and how it is used now. It will also consider what may be needed in the future. There is very limited capital money available, therefore in the first instance we need to review how we use existing buildings and be able to demonstrate they are being used to full potential. The locality asset review will help to start to identify any gaps and any new health facility would be subject to the development of a business case which would need to demonstrate how the investment would create savings and add value.</i></p>	<p>team of Community Connectors who work at set times at the hubs and provide drop in sessions in various community settings to ensure they work in areas of identified need. The Community Connectors assess an individual's needs and use 'Our Rochdale' online Directory of Services www.ourrochdale.org.uk and other resources to access information about local groups, services and activities that individuals can be signposted/referred to. Referrals to the Community Connector service are by self-referral, any health and social care professional, or any service or organisation who feels an individual would benefit from preventative service information/help/support. Referrals to the service can be made via email and telephone, in Middleton there are 3 Community Connectors and they can be contacted as follows: Telephone: 0300 303 0360 Email: community.connectors@rochdale.gov.uk</p> <p>A paper on the Locality Asset Review (Neighbourhood asset review) was presented at May 2018 Governing Body meeting outlining project timelines.</p>
<p>2.</p>	<p><u>Milkstone and Deeplish Area Forum</u> – Resident informed that GP</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</i></p>	<p>The CCG are continuing to work with the Local Authority and Community Health Partnerships to reinstate the sharps</p>

Surgeries are no longer accepting sharps bins from individuals requiring these with Type 1 Diabetes

Better Health 4 Middleton One from Middleton - We

have one Needle Exchange on Langley Estate for all drug users of Middleton. We have no idea of where to dispose of used needles used by anyone else, for example those people with Diabetes. The Chemists won't take them and GP Surgeries receptionists refuse them. Currently, it would seem to be that people are throwing them in the general waste, which is not exactly safe disposal.

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.

collection service at Alkrington Health Centre in Middleton.