

**NHS Heywood, Middleton and Rochdale Clinical Commissioning Group (HMR CCG)
 Chair's responses to public questions from April 2013 to March 2014 Governing Body meeting**

26 April 2013

	Question	Response
1	Can someone please explain to me why it has taken approximately 30 weeks for a 70 year old member of the community to be given a review for treatment only to be told it will then be approximately 30 more weeks before any treatment is available? Why is it that someone with a broken mind has to wait for such an unacceptable length of time when someone with a broken leg would enjoy immediate treatment?	This length of time to await an appointment is not acceptable. The CCG held a meeting with its provider of Psychological Therapies service on the actual afternoon of the last Governing Body. This was a pre-scheduled meeting to seek a remedial plan within two weeks to demonstrate how the provider will deliver a much improved service with significantly lower waiting times than are currently the norm. The CCG further expects to see these improvements within the next three months or it has clearly explained its intent to take action to ensure that such services are in place in a timely and effective manner.
2	Do the GP member practices have to refer to the CCG if they want to provide services?	GP practices are private businesses and are free to fund and host whatever private services they wish. However should they wish the CCG to fund any associated costs or development of services they DO need to approach the CCG
3	Is it possible for the role and responsibilities for all Governing Body members to be published so that we know who does what?	The CCG is currently updating its website and will cover all roles and responsibilities of Governing Body on it. In the interim, brief details of all Governing Body members will be available at the start of the next public meeting.
4	Is the CCG following NICE guidance for IVF?	It is currently working on considering the latest NICE guidance and will have determined this by the end of next month.
5	Diabetes – not much detail on website? Is it still a priority?	Dr Duffy advised that Diabetes is a key clinical priority and informed that Dr Sonal Sharma is Clinical Lead for this area. Dr Hampson clarified that the diabetes work is ongoing.
6	In addition to the Patient participation groups in practices, a lead patient representative used to meet with all other leads from other surgeries to discuss issues. These seem to have stopped. Will they be happening going forward?	Dr Hampson advised that patient quality feedback forms have been established for each locality to capture patient feedback. The Locality Engagement Officers are meeting with all Patient Participation Groups and are looking to set up locality and borough wide meetings.

7	A GP reviewed bloods my blood tests and missed something important because it wasn't highlighted on the report.	We are working with our pathology suppliers regarding notification of significantly abnormal results to ensure that the appropriate person / organisation is fully informed.
8	A close friend has been waiting over 6 months to see a counsellor for Post-traumatic Stress Disorder. She has been referred for this treatment after general counselling sessions. This is now serious. How much longer will she have to wait?	See question 1 answer above

17 May 2013

	Question	Response
1	Is there an appeal system for GP practices to make a case for extra funding? If so how does it work? Getting an appointment with a GP is a major concern at the practice I attend. I know that elsewhere practices use a triage system – is this issue being addressed by the CCG?	<p>There is not an appeal system for GP practices to apply for additional funding. However the matter of variation in practice funding is being discussed with NHS England as part of the debate on quality variation within Primary Care and a consensus that a move to reduce the variation in funding across practices is desirable.</p> <p>The CCG is looking into many different ways that Practices may be able to adopt to increase access to appointments – triaging appointment requests is one such option. We have regular meetings of GP practices known as Peer Review meetings where problem areas such as access are discussed along with the various solutions practices have developed in response. This enables practices to share what works for them with other practices to see if alternatives will be suitable for their own practice to implement.</p>

21 June 2013

	Question	Response
1	For a long period of time I was involved with various patient experience groups. They all seem to have disappeared. The Reablement Patient Experience Group used to be run by Phil Burton however; this doesn't appear to still take place. For a patient who is very keen and wants to be involved it is very frustrating that these groups appear to have been stopped.	<p>I understand the frustration this person is feeling. Due to the changes in the NHS instigated by Government in 2012 and the close down of HMR PCT it has not been possible to convene some of our involvement groups. However NHS HMR CCG is keen to reinvigorate the enthusiasm for groups affected negatively by the change.</p> <p>NHS HMR CCG would like to build on the involvement of public and patients and ensure this continues to be a key part of our decision making processes. To this end our Communication and Engagement lead officer has begun to contact all those public and patients who previously contributed time and expertise to help us improve the health and</p>

wellbeing of people in our borough.

The Communication and Engagement lead officer has outlined how public and patients can be involved with HMR CCG. These are:

- Receiving regular updates about what the CCG is planning
- Taking part in on line or postal surveys to help HMR CCG find out what you think about healthcare issues and needs across the borough
- Attending focus group meetings or other events to discuss healthcare issues with the GPs and officers who are responsible for commissioning services
- Attending HMR CCG Governing Body meetings to witness the decision making process and to ask questions of the Governing Body
- Taking part in specific commissioning programmes as part of a tender panel
- Joining patient groups to discuss issues about specific conditions such as Heart Disease, Diabetes, and Strokes etc.

If you would like to be involved with HMR CCG in some way please contact:

Phil Burton, Communication and Engagement Lead, NHS HMR CCG, PO Box 100, Rochdale, OL16 9NP or e mail to phil.burton@nhs.net. Or phone 01706 764319.

19 July 2013

	Question	Response
1	Is there still an organisation like the RBUF (Rochdale Boroughwide User Forum) in the CCG? We were involved with this for the PCT but have not heard anything for the last three months. We would still like to be involved in this.	We are currently developing a business case to secure funding to further develop the RBUF. We are committed to a local user and carer led mental health forum.
2	Following my previous inquiries about the possibility of increased funding for GP practices and my letter to the Secretary of State, I have received a reply from the Department of Health which indicates that all practices would receive the same increase in	There is roughly a 1% increase in practice funding this year for all practices. While this is better than some industries and government departments it is in context of expenses rising at greater than 1%. For some practices the withdrawal of minimum practice guarantee means an actual decrease in funding. It does not answer the question in relation to inequity of funding across practices both locally and nationally that the

	<p>contract/ income.</p> <p>How much is the increase? From when? How long is this for?</p>	<p>previous question had alluded to.</p>
3	<p>How do you plan to resolve our claim (continuing health care) and in what time scale?</p> <p>Over 200 claims.</p>	<p>Having discussed this with the relevant department within the CCG, this situation has moved on since the Governing Body meeting. The claim will continue through due process along with other similar claims.</p>
4	<p>Please can you tell me the number of practices that are using 0844 numbers?</p>	<p>Three GP practices currently have 0844 numbers in operation.</p>
5	<p>How financially viable are the mobile clinics situated in various car parks? I attended and had consultation and x-ray. I was then sent a hospital appointment but surprise surprise no x-ray sent to the hospital. So I had to have another one!! How is this financially viable???</p>	<p>The situation described in your question is not financially viable or good clinical practice and there are processes in place to prevent this happening.</p> <p>There is an agreed process in place for all diagnostic tests, including x-rays, to be made available to the hospital electronically via the Integrated Electronic Portal (IEP). Care UK, who provide the mobile clinics, are monitored to ensure that they provide these electronic copies and have a very good track record in this area.</p> <p>It is the responsibility of the hospital (provider) to download the relevant x-ray for the patients that are referred to them. There have been issues in the past with providers not doing this and then repeating the x-ray. Where the CCG has evidence of this (e.g. patient consent is given for their details to be used to investigate) this is raised with the provider via the contract validation process. The CCG would not pay for the repeat x-ray in this case in line with agreed clinical and referral pathways.</p>

16 August 2013

	Question	Response
1	Is there an independent group checking on whether private companies who provide services are actually giving good value both in front of house and administration?	The Greater Manchester Commissioning Support Unit monitors all providers that the CCG holds a contract with. This information is provided to the CCG on a regular basis and allows for any corrective action to be taken as appropriate.
2	Have you commissioned optical services from Care UK? How long is this contract for and who is monitoring this service?	<p>The CCG currently has a 3 year contract for optical services provided by Care UK at the Croft Shifa Health Centre, Rochdale and The Phoenix Centre, Heywood. This service is monitored via the Greater Manchester Commissioning Support Unit on behalf of the CCG, who ensures that all key performance and quality indicators within the contract are met.</p> <p>Care UK and Pennine Acute Hospitals Trust were identified as suitable providers of the optical service during the Any Qualified Provider process. Regular contract performance reviews take place and patient satisfaction with Care UK is extremely high.</p> <p>A member of the public informed the Governing Body that her personal experience of Care UK was not positive and advised that not all patients who have a poor experience complain.</p> <p>This is acknowledged by the CCG who need patients to inform them of any issues so that they can be addressed. The CCG receive regular feedback on the Care UK ophthalmology contract and the reports are really encouraging with excellent patient feedback. The percentage of patient completing the survey is good so we are assured this is a robust review process.</p>
3	Would you say that services for patients have improved since April 2013? What are your plans for improving services for older people, for example, easier access to appointments and improve services locally? Are there any patient representatives on your panel?	<p>There has been an improvement since the GPs have had a more active commissioning role, since the CCG has been in shadow form since April 2012. The Older Patients Care Strategy is now in place. A procurement process, which will support elements of this, is in its early stages. Patient representatives have agreed to be involved in this procurement process.</p> <p>There are a number of projects being developed around improving patient care. The Oasis Unit at Rochdale Infirmary, the Integrated Community Diabetes service and the</p>

		<p>Community cardiology service are just a few examples of the work being progressed. Joint working between GP's and community staff around care planning is also working well, trying to prevent hospital admissions.</p> <p>The CCG is keen for members of the public to be involved in this work. If you would like to be involved in any way please contact our Patient Engagement Lead, Phil Burton via the contact details given below:</p> <p>Patient Engagement Lead Freepost RTGA-LJBY-SYAB, NHSMR CCG PO Box 100 Rochdale OL16 9NP</p> <p>Tel: 01706 764319 Email: phil.burton@nhs.net</p> <p>In addition the CCG is working closely with NHS England Greater Manchester Area Team and have two demonstrator sites to test ways of improving access (See response to question 5 below for more information).</p>
<p>4</p>	<p>In relation to patient participation groups, how are people expected to work with their GP when GPs are not up to working with patients on the panel? When does the patient get to say how and who they can see if there is a problem.</p>	<p>Many practices find the Patient Participation Groups (PPGs) very useful; however, some practices do not use the groups to their full advantage. Each CCG locality has a dedicated Locality Engagement Officer who works closely with the practices and will continue to offer support to aid the development the PPGs.</p>
<p>5</p>	<p>As previously raised there are a number of problems when trying to get appointments at practices. Other practices have implemented a triage system which seems to work well. Is there any way that the CCG can look into this, and try and find a way that will help surgeries to create better systems?</p>	<p>Practices are working to try and identify the best solution for patients and have implemented a wide range of ways to try and improve access. This is a high priority national issue. The GM Primary Care Commissioning Strategy is in development, and one of its 4 key themes is access, and how this can be optimised.</p> <p>They have commissioned 6 test sites, 2 in Heywood, Middleton and Rochdale, across GM to develop their services to deliver:</p>

- Improved access for patients to their participating surgeries
- Reduce hospital admissions for patients on their practice lists
- Reduce A&E attendances for patients on their lists

The CCG would like to involve patients in how GP practices can improve via the Patient Participation Groups.

20 September 2013

	Question	Response
1.	This is revisiting a previous question in relation to the ophthalmology service run by Care UK. I wish to state that the administration is not patient friendly as it was only resolved following the involvement of the ombudsman.	This question has now been reviewed and discussed with Care UK. The CCG have received assurances and are confident that the learning from this issue has been addressed by the service and processes are now in place to prevent reoccurrence.
2.	Does the CCG have the remit to tackle the urgent problem of lack of adequate care in our hospitals at the weekend? If so, what is being done to establish 24/7 care – still lacking 65 years after the NHS was born – often abysmal and dangerous.	<p>The CCG has limited authority to change hospital working hours but we acknowledge that this is both a local and national concern. It is important that 7 day working is instigated in the right services and managed in the right way.</p> <p>Some services, such as orthopaedics, stroke and discharge teams, have started to operate on a 7 days per week basis. Some have increased to 16 hour days with a view to extending this to 24 hours when this is feasible.</p> <p>Healthier Together are currently looking to improve quality standards and there is a national drive to improve consistency of care and availability of services on a seven days per week basis.</p>
3.	Local provision of health services has been removed from Kirkholt over recent years. Could these local services be restored so that there is provision on the estate? Examples of the services in question are – mental health service provision, podiatry, baby clinic and speech therapy.	<p>A number of services were relocated from Kirkholt by the provider when the building that housed the services had to be demolished. These services are still available in other parts of the borough, as close as possible to Kirkholt as detailed below:</p> <p>Child Welfare Clinic – relocated to Kirkholt Medical Centre Speech and Language Therapy Children’s – relocated to Kirkholt Medical Centre Podiatry – relocated to Nye Bevan House Family Planning Clinic – relocated to Croft Shifa Health Centre Community Psychiatric Nurse Clinic – relocated to Sudden Resource Centre</p>

HMRCCG recognises the needs and challenges of the local population and the requirement to support services closer to home. Discussions are currently taking place with the NHS England Greater Manchester Area Team and Rochdale Metropolitan Borough Council regarding this area of Rochdale.

18 October 2013

Question	Response
<p>1. Will the information that has been provided to the CCG regarding my difficulties with Care UK be fed into the future commissioning of private companies to examine all aspects of the role of these companies in depth?</p>	<p>Following the previous question and information provided, and a review of Care UK, a number of lessons have been learnt and implemented by the service.</p> <p>The CCG ensures that patient and public feedback is carefully reviewed and fed into the commissioning of any provider, not just private sector providers.</p> <p>Some of the ways public and patient feedback is used to influence the work of the CCG are:</p> <ul style="list-style-type: none"> • Public/patient groups that directly influence commissioning decisions by participating in tender panels where appropriate. • Feedback from public/patient experience of services is reported to the Patient Experience Assurance Subcommittee and Quality and Safety Committee so that the CCG can be assured commissioners are aware of and can react to such feedback. • GP practices can report any patient concerns about healthcare services they receive to the CCG and commissioners by completing Quality Feedback forms on behalf of their patients. • The CCG regularly meets with public and patients to discuss their healthcare issues. To date, discussions have been held with around 600 people. <p>The CCG is currently commissioning a new integrated palliative care contract. A public/patient group has convened to examine and comment on the specification for the contract. In the next few weeks the group will have the opportunity to score any tenders received and be represented on any interview panel. In this way, the group will not only influence the commissioning decisions taken but will actively contribute to those decisions.</p>

15 November 2013

	Question	Response
1.	The coalition government recently announced that it may be feasible to initiate 'drunk tanks' where drunks are placed rather than attending A&E. Is this something that can be done locally (with the option of charging for this)?	<p>The idea of 'drunk tanks' came from the police chiefs. They are actually meant to be places of safety where intoxicated people may be detained overnight and can be made to pay for their stay.</p> <p>The concept was discussed at the CCG's Clinical Commissioning Development Group (CCDG) which is a clinically-led forum at which potential schemes such as this are reviewed and developed, if appropriate. The CCDG decided that it would not take forward the idea of a drunk tank for a number of reasons:</p> <ul style="list-style-type: none"> • Clinical concerns around an underlying medical condition being missed in assuming someone is 'just drunk' • The legal difficulties that could arise in 'detaining' a member of the public in the facility • The fact that such a service would not be able to see under 18s and this is the age group that is often affected
2.	If openness and transparency are so important, why am I excluded from Part 2 of the Governing Body meeting?	<p>The Governing Body meeting is held in two parts; Part 1 is held in public and Part 2 is held in private.</p> <p>The Part 2 element of the Governing Body meeting allows members the opportunity to discuss commercially in confidence items. It also provides an opportunity for staff remuneration to be considered, which would not be appropriate for members of the public to be part of as it involves staff members' personal information.</p> <p>However, all information and business which is appropriate for sharing is shared and in the public domain. Where possible, discussions that take place in Part 2 of the meeting are taken forward into Part 1 and this is also the reason that Part 2 takes place immediately before Part 1.</p>
3.	Are inspections of care homes by the Care Quality Commission going to be 'on spec' (unannounced) from now on and how many lay people will be able to attend?	<p>CQC inspections are predominantly unannounced. The CQC describes three types of inspection:</p> <ul style="list-style-type: none"> • Scheduled: these are unannounced inspections that focus on a minimum of five of the national standards, and they're also tailored to the type of care that is provided at the service. • Responsive: these are unannounced inspections that are carried out where there

are concerns about poor care.

- Themed: these inspections focus on specific standards of care or care services.

The inspection teams include 'experts by experience' who are people who have had direct experience of services and have had preparation with the CQC to support them when undertaking inspections with the inspection team; the CQC have around 300 experts by experience who take part in inspections, spend time talking with people who use the service and observe the care setting.

The CQC is also looking at how it can work with Healthwatch in the future, and with local patient participation groups when inspecting GP practices.

20 December 2013

	Question	Response
1	Following the release of a report naming one of HMR's GP practices as one of the worst in the country, is there anything that can be done regarding this specific problem and how widely is this spread?	<p>The report related to a specific practice within Nye Bevan House. The CCG have been working with the NHS England (Greater Manchester) Area Team to support this practice. The Care Quality Commission (CQC) is investigating all practices across the country. Approximately 900 practices have been inspected and a third of these have not met the CQC requirements.</p> <p>The CCG have continued to work with this practice and in January 2014 the enforcement order has now been lifted. The practice continues to work with the CQC to ensure that all standards are met.</p> <p>Dr C Duffy emphasised that this has provided an opportunity for lessons to be learnt around the CQC communication process with CCGs and NHS England.</p>

17 January 2014

	Question	Response
1.	What is the current position in relation to the CQC report relating to a Nye Bevan practice?	A follow-up visit has now taken place with the practice, and the enforcement notice against them has been lifted. The practice is being monitored by NHS England (Greater Manchester) Area Team.
2.	Will all blood tests in the future be done at North Manchester General Hospital (NMGH)?	<p>No, not all bloods will be done at North Manchester for HMR residents.</p> <p>Member of the public Ms E Rickards also advised that there was a wait at NMGH for</p>

		<p>over an hour.</p> <p>Dr Lynn Hampson advised that The Pennine Acute Hospitals Trust hold the community nursing contract in North Manchester, therefore community services for the North Manchester area are provided at NMGH. Following the Governing Body meeting it has been decided that this issue will be raised at the next contract review meeting at which point a follow-up response will be posted.</p>
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February 2014

	Question	Response
1.	What is the CCG response to the recent suggestion by NICE that medicines for elderly 'non-productive' population should no longer be available to NHS patients?	Dr Lynn Hampson responded that this suggestion goes against the CCG's values and assumptions. The Governing Body confirmed that this is not a policy that the CCG will follow.
2.	Will the CCG be looking to provide the funding to allow a pilot to take place in the Littleborough area to provide extended access to GP services which will include weekends, helping to relieve pressure on A&E and the Urgent Care Centres?	Dr Chris Duffy responded that access to out of hours is high on the CCG's agenda. It was confirmed that the CCG are aware of the pilot proposal for the Littleborough area and confirmed that this will be reviewed as part of the overall strategy for improving access to primary care.

21 March 2014

	Question	Response
1.	A number of companies have been, or are being awarded Health Care contracts from CCGs around the country. These, (all private companies), are gaining services / supply contracts which were previously provided by the NHS. How many such contracts have been, or are being, awarded / entered into by HMR CCG? Will this transfer of commissioned services (from Public to Private provision); ultimately result in a reduced or decimated NHS? Listed here are just some of these providers:	<p>The CCG is either lead or co-commissioner for a total of 182 contracts which can be broken down as follows:</p> <p>22 NHS Contracts – these are the major contracts for our large providers including Pennine Acute Hospital Trust, Pennine Care Foundation Trust, Salford Foundation Trust, Bolton Foundation Trust etc.</p> <p>25 Continuing Health Care Contracts – These are nursing home providers</p> <p>75 Enhanced Service Contracts – These are contracts with GP Practices, Pharmacies and Opticians</p> <p>28 Any Qualified Provider Contracts (AQP) – These contracts allow patients choice to</p>

- Spire Healthcare
- Care UK
- Circle Health
- Ramsay Health Care
- General Healthcare
- Virgin Care

access services through another provider and are in addition to NHS services.

32 other contracts – These are mainly community, Clinical Assessment and Treatment Services (CATS – Care UK), mental health services.

The larger number of non-NHS provider contracts does not mean there have been a lot of contracts moving services from NHS to non-NHS providers. This is demonstrated by the AQP contracts which simply allow patients the choice to access services through another provider – they do not replace the NHS services, they are in addition to NHS services.

Dr C Duffy advised that the CCG has received the below comment from a member of the public, which relates to a service provide by one of the services listed above.

“I realise that the National Press earn their income from publicising short falls in the Health Service but my personal experience recently has proved otherwise. I unfortunately or fortunately, depending on how you view it, had to have a colonoscopy on the 6 March 2014 which I was dreading. However, from beginning to end the staff were brilliant, extremely caring and reassuring. In no way could I fault them or want to. (Union Street Diagnostic clinic). In conclusion our local GP service is excellent. Anyway, thank you commissioning group for making the right choices on my behalf.”