NHS
Heywood, Middleton and Rochdale
Clinical Commissioning Group

NHS Heywood, Middleton and Rochdale Clinical Commissioning Group (HMR CCG)
Chair's responses to public questions from April 2014 to March 2015 Governing Body meeting

April 2014 meeting cancelled

16th May 2014

	Question	Original Response	Any additional update or response
1	Does the CCG currently support the excellent work and ideals of Age UK?	The CCG absolutely supports the work and ideals of Age UK and has and will continue to work with them to support older people. A number of conversations have taken place recently with Age UK regarding a "take home and tuck up" pilot. This has been trialled in other places, where the elderly are actively supported from the point of discharge, for example ensuring that when they arrive home there is food available. Age UK already provides the Hospital to Home. The process of discharge from hospital can be particularly problematic for older and disabled people who need personal care and support as well as medical care. The Hospital to Home service ensures that any patient with a Rochdale Metropolitan Borough postcode may access the service and can receive support for up to 3 weeks following discharge from a hospital ward or Accident and Emergency regardless of whether they are eligible for care and any statutory services. This service will complement the actions being taken to improve compliance with the interagency hospital discharge policy. It will increase the options available to both ward and A&E staff and fill an existing gap in ensuring the safety and wellbeing of older people upon discharge, and hence will reduce the likelihood of a crisis developing on their return home.	Age UK Rochdale will be involved in the partnership providing the Intermediate Tier of Service which will be live from 01 September 2015. This service is an outcome based commissioned service meaning that payment will be made dependent on the outcomes and experience delivered to patients rather than via a traditional block contract arrangement.

18 July 2014			
	Question	Original Response	Any additional update or response
1	There is a lack of services available around acquired brain injuries (ABI) and no guidance available. Neuro rehabilitation is limited. There is a general feeling that services in this area are limited. What is the CCG doing about this?	The NHS England Greater Manchester (GM) Area Team is currently undertaking a complete review of these services, although specific details around this review are unknown. The individual's particular concerns about the service have been noted and will be relayed to the GM review panel. The CCG Clinical Locality Governing Body member for Rochdale East has recently met with the neuro-rehabilitation team and the member of the public asking this question to clarify the issues and is taking this forward with the current providers to improve care.	HMRCCG held a Neuro Rehab Summit on 30/01/2015 which focused on a patient story and was attended by a range of stakeholders including providers, service users, carers, support workers, family members, local authority and CCG members. This has resulted in the development of a joint action plan with Rochdale Council which will be implemented during 2015/16. This CCG action plan is in synergy with the work being undertaken across GM.
2	What is the CCG's position regarding private companies providing NHS services sending pamphlets via the Royal Mail advertising themselves as being far superior to NHS providers? Examples of the flyers have been provided to the Governing Body.	Whilst private companies are allowed to advertise their services, the information provided in the advertisement must be factually correct and cannot imply that their services are better than other providers. The CCG has now reviewed the pamphlets provided and feels that the leaflets do not breach any guidelines and the CCG is not able to prevent companies promoting their services in this manner.	Guidance was sought across GM from the national lead for marketing practice in the NHS. Advice received was that no provider has breached any guideline or regulation in relation to the marketing of services.

15 August 2014			
	Question	Original Response	Any additional update or response
1	Regarding the proposal to extend GP's opening hours, we would all vote for this but is it a feasible proposition?	It was confirmed that the proposal is to extend access to GPs; it is not necessarily about ensuring that all practices open from 8:00am – 8:00pm, as this would not be feasible. The overall target for this improvement is the end of 2015.	The CCG continues to support seven day working in primary care and is looking at the practicalities of how this will function. Seven day working is now included in the developed Primary Care Standards for HMR CCG to which all practices are now

			working to achieve. Plans are being put in place to increase access to primary care – as previously shared this will not necessarily be your GP or your practice, but will be a GP who can access your information. The initial proposals for HMR are being considered in relation to seven day access, the details are being reviewed and further communications will be shared as this progresses.
2	Before we move any further forward can we please get the GP surgeries sorted out first. I have a big concern with my own surgery and after listening to many people, a huge number are having the same trouble." *It was clarified that this was in relation to appointments with the patient's own GPs and the practice not running smoothly*.	The contracts for GPs are held by the NHS England (Greater Manchester) Area Team, and therefore the CCG does not have a significant amount of control over the practices. It was emphasised that it is difficult to solve the problems with primary care without solving the issues at hospitals and vice versa. Dr L Hampson highlighted that if one of her patients had to wait seven weeks to see her that she would be concerned about this and would want to be informed. It was suggested that specific concerns were raised directly with the Practice Manager.	See above HMR CCG has developed new Primary Care Standards to which all practices have signed up. This will guarantee a high level of in practice provision from scheduled and unscheduled GP and nurse appointments to telephone consultations and result in significantly improved access for patients. The CCG now has a joint committee with NHS England, which meets quarterly, this is a meeting which takes place in public, so a great opportunity to raise questions such as this – the papers/reports and information regarding this committee will be available via the CCGs website. The access to GP services seven days/week should assist with access issues, such as this one raised at the Governing Body
3	More and more doctors are taking less time in the surgery	Dr Duffy advised that he was a GP that had cut down his surgery time to take up the role of CCG Chair.	

	and are cutting down their hours, why is this happening?	Fortunately his surgery is able to backfill the time that he is away from surgery. It was highlighted that clinicians need to be actively involved to provide a clinical perspective at a high level, there are also a number of GPs that are reducing their hours due to personal reasons and need to ensure that they don't "burn out".	
4	This means that you don't always get to see the same GP, therefore there is a lack of continuity, and often previous discussions have to be repeated.	Although some patients would prefer continuity, surveys have shown that access to a GP is more important than continuity for some patients .	Seven day working will result in less continuity of care ultimately, but the CCG is working hard to look at integrated records, so that any GP could access your detailed medical care summary and therefore be able to treat effectively.
5	There are services available at the Rochdale Infirmary, however you have to go to North Manchester General Hospital to receive treatment at specialised centres that are not local.	No services will be taken from Rochdale Infirmary as part of the Healthier Together programme. The services that were moved from the site as part of Healthy Futures were done so due to clinical safety issues.	A number of specialist services have since been developed at Rochdale Infirmary including the Pennine Rheumatology Centre which is unique across the North East Sector, the Oasis Unit – the first of its kind in the UK and all ophthalmology surgery is now undertaken at this site. From the 1st September elements of the integrated intermediate tier of services will operate from Rochdale Infirmary
6	When a procedure is done at Rochdale Infirmary, why are Rochdale residents sent to another hospital for the procedure. There is no element of patient choice involved when liaising with the central booking team, as they give you the first available appointment regardless	Dr C Duffy confirmed that nationally patient choice is being balanced against the speed of access to an appointment or treatment as part of the 18 week Referral to Treatment Time (RTT) pathway. Dr L Hampson advised that following the negative press about Rochdale Infirmary following the outcome of the Healthy Futures programme a number of residents still think that Rochdale Infirmary is closed. It was highlighted that the Urgent Care Centre currently	PAHT is viewed as one choice nationally as it is choice of provider rather than choice of site which is enforceable through national Choice guidance.

	of location.	sees more patients than the A&E Department did. The Clinical Assessment Unit and Oasis Unit are being reviewed by hospitals around the country as an innovative model, and there is also a significant number of day case surgeries taking place. It was also noted that there is a bus that travels between the Pennine Acute sites for patients to use to improve access to all the hospitals. Dr B Wood clarified that he triages referrals to ENT. If the referral states a specific consultant or location, the process states that the request must be actioned, therefore the issue may be with the content of the referrals as well as the central booking system.	
7	A member of the public advised that her residents have significant issues booking appointments, in particular for those who do not speak English.	A number of concerns have also been raised regarding the interpretation service that is received at the hospital. Dr C Duffy advised that the lack of multiple languages and the interpretation service at PAHT will be reviewed. This issue will also be passed to PAHT for their attention .	We have met with the interpretation service which supports primary care, and have reviewed the number of contacts, languages and the continuity and efficiency of these services. In addition to feedback from service users, no specific issues have been raised for concern, however, we shall continue to monitor and review.
8	A particular concern that continues to be raised is in relation to blood sugar management at home. Those who are on tablets for their diabetes are no longer provided with the equipment to test their blood sugar levels at home.	It is unclear if this is GP policy. Dr B Wood confirmed that national guidance states that for those who have Type 2 diabetes there is no need for blood sugar levels to be measured in the home.	For patients who take *some* oral medication, regular home glucose monitoring provides no additional benefit to regular testing as performed by your local GP or practice nurse. For some patients who take certain other oral medicines- especially short acting sulphonylureas and who drive motor vehicles, current DVLA recommendations (2015) are that patients test before driving, this is to ensure that the patients' blood sugar has not fallen to a level where it could

			be considered unsafe to drive. For patients using injectable therapies (insulins), regular monitoring at home is recommended. New NICE guidance on management of type 2 diabetes is expected later in 2015, any updates on recommended monitoring necessity and frequency if appropriate will be communicated through to local clinicians. The guidance has not changed. It is however acceptable for those with Type 2 diabetes on insulin to use meters plus those where there has been some sudden change in control of blood sugars. Once stabilised there is no need for on-going self-testing.
9	A member of the public informed the Governing Body that her husband has had significant issues with his GP practice.	Dr C Duffy highlighted that this is an individual GP issue that highlights the affects that the whole system is having on patients.	
10	Why are there so few NHS dentists?"	Dr C Duffy advised that this is a national crisis. Information is available via NHS England regarding NHS dentists, and it was agreed that this would be shared.	

19 September 2014

	Question	Original Response	Any additional update or response
1	As Rochdale Adult Care Services has to make a saving of £51 million this year and is asking service users for their say, how	Work is ongoing with the local authority to minimise the effect the cuts will have on health. It was clarified that the cuts relate to the whole of the local authority over a two year period, and not specifically to adult	The CCG is working with the local authority towards integrated commissioning of all adults services from 1st April 2016. The Integrated Commissioning Programme is ambitious and reflects the aspirations

	will the CCG be involved? As this will have a massive impact on service users and their carers.	care.	of both organisations to work together to improve outcomes in the Borough.
2	I believe the CCG finances the work of PALS, by what measures do they evaluate this service?	It was confirmed that the Patient Advice Liaison Service (PALS) is funded by the CCG and provided by the Greater Manchester Commissioning Support Unit (GM CSU) on HMR CCG's behalf. It was highlighted that the CCG work closely with GMCSU and meet with them regularly to discuss the service. Monitoring reports are received and reviewed by the Quality and Safety Committee, and where relevant, the Patient Experience Assurance Group. Ms Rickards queried how the service is measured. It was clarified that providers provide reports on activity and response rates to the Quality Monitoring Groups which are reviewed and discussed. Discussions took place regarding PALS in general and it was highlighted that it would be useful to have a named person and an opportunity to provide feedback on the service. It was agreed that Dr S Savage would liaise with PALS and identify whether they identify a named person for each case.	Confirmation has been received that there is a named individual that takes responsibility for each case.
3.	Do you have to be on the preferred provider list to provide any healthcare services? Who is the children's services link?	Dr Duffy confirmed that the children's link is Karen Kenton, Associate Director Joint Commissioning for Children, HMR CCG / Rochdale Metropolitan Borough Council (RMBC). S Croasdale agreed to share Karen Kenton's details. It was confirmed that the need to be on the preferred provider list would depend on the service provision. It was suggested that this be discussed with K Kenton.	The CCG does not have a preferred provider list for children's services. Provision is secured through relevant procurement processed dependent on the service(s) being commissioned.

19 October 2014- No public questions

21 November 2014			
	Question	Original Response	Any additional update or response
1	How are people appointed as lay members and is this for a specific time period?	When a lay member position becomes available it is advertised and a recruitment process (including application and interview) then takes place to appoint an appropriate person. The appointment is made for a three year period.	Two of the CCGs lay member appointments will be re-advertised this year because 2 of the 3 existing lay members will have completed 3 years at 31st March 2016
2	Concern was raised regarding the Diabetic Retinopathy service being moved from the Phoenix Centre in Heywood meaning patients had to travel to either Rochdale Infirmary or Moorgate in Bury. The following questions were raised: • Why was there no consultation prior to the service being moved? • Why has it been moved from a relatively new, fit for purpose building? • How are people expected to get travel to the new locations as it is more than one bus away.	The CCG have received an update letter from the NHS England Director of Commissioning for Greater Manchester and the Head of Public Health Commissioning who are responsible for commissioning this service.	The CCG have raised the issue again at their Q4 Checkpoint Assurance meeting with NHS England and are awaiting a response.

19 December 2014			
	Question	Response	Any additional update or response
1	Will the CCG consider holding a workshop for all participants of Patient Groups to encourage the sharing of how to achieve the most positive outcomes for PPGs and practices?	The CCG agreed that this was a good idea and would certainly look into arranging a workshop. Mrs K Hurley, Director of Operations and Engagement, said that she would meet with Ms E Rickards to discuss this further.	The CCG did progress a boroughwide PPG meeting, feedback stated a preference for locality PPG meetings, therefore these are held in Rochdale and Heywood & Middleton. Further consideration is being given to a workshop type event, and clarity being sought regarding the details in respect of this event, as to not duplicate previous efforts made for boroughwide events of this nature.
2	Have the CCG any plans to encourage the placing of defibrillators in schools or smaller venues? Do you know if the Government are intending to bring in a directive or law along these lines for equipment to be in use in these or similar venues?	The CCG are not aware of any current Government plans in this regard. Some organisations are required to have a defibrillator, generally in areas where there is considered to be people most risk, whereas it is optional for other organisations. Each defibrillator costs between £2000 and £3000 and so there would be a cost associated with including them in all schools. Whilst using a defibrillator is good practice, the CCG is not in a position to make it mandatory for schools and smaller venues to have them. The British Heart Foundation has donated a number of defibrillators. Dr C Duffy agreed to look into the potential for having defibrillators in other venues. It was also agreed that Mrs L Mort would raise this at the Children and Young People Partnership Board and the Director of Children's Services.	There is no requirement for schools to have defibrillators and no known plans to do so in Rochdale
3	Why are people with diabetes being forced to travel from Heywood to Bury or Rochdale for their retinal screening when independent opticians in Heywood are willing and capable	Dr Duffy explained that he was unclear as to whether the equipment available in opticians is sufficient to provide the type and quality of images needed for retinal screening. The issue around location was also raised at the	See previous question response.

	of providing this service? You will be aware of the visual problems associated with dilation, which makes driving inadvisable and public transport journeys more traumatic for elderly and those with reduced mobility. Having local diabetic screening would allow these people to continue to have their eye health fully checked, rather than risk non-compliance due to accessibility problems.	Governing Body on 21 November 2014. Since then NHS England, who commission the service, have confirmed that a consultation will take place prior to any final decision being made regarding the location of the service. Mrs L Mort shared the following correspondence from NHS England: *"NHS England, together with Pennine Acute Hospitals Trust, are now undertaking a review of the screening sites to ensure the optimum configuration of services. As part of this we can assure you of our commitment to engage with patients and other key stakeholders such as yourselves, so we can understand any issues and concerns and ensure you are updated about progress. Accessibility, transport and appointment times will be key considerations and we will ensure that the needs of patients and stakeholders are integral to this process. We would aim to undertake and complete this by April 2015."* Mrs W Meston agreed to liaise with NHS England and Public Health England regarding the details of the consultation.	

16 January 2015			
	Question	Original Response	Any additional update or response
1	Does the CCG have the ability to influence what brands Pharmacies prescribe?	CCGs are not able to directly influence what is dispensed but can do so indirectly. GP's can either prescribe branded or generic medication for pharmacies to dispense. Branded medication is generally more expensive but no more effective and therefore where possible GPs will	The CCG is currently considering if some commonly prescribed items can be prescribed as "branded generics", these treatments can often be less costly than the original brand, but offer the consistency of brand familiarity (shape, colour and size) to patients. Not all medicines are available in this form but can be quite useful for some commonly prescribed

		prescribe generics. One advantage of this is that it avoids pharmacies not being able to dispense if or when they are out of stock of a particular branded product. The Government are currently looking into whether pharmacies should be allowed to override a branded prescription to dispense an alternative generic medication. One concern raised by a member of the public was that not prescribing the recognised brand could be confusing for elderly people and might prevent them taking their medication. This should not be the case if the patient regularly attends the same pharmacy as generally the same medication would be dispensed. If a GP recognised that there might be an issue for a particular patient they could request that the pharmacy dispensed via a dosette system. Pharmacies can dispense in this way even if the GP has not requested it. If a patient is unsure about any medication that they are prescribed the best advice would always be to question this with their pharmacy.	medicines. The CCG needs to ensure that this medication is equivalent before recommending its use. The Government has introduced a scheme to allow community pharmacists to supply a more costly formulation if there is a temporary shortage of generic products We are aware that there has been a number of medicines which have been in short supply for a period of time, often this is as a result of a medicine batch failure and this often necessitates destruction or quarantine. It can often take some time before supplies return to normal

20 February 2015			
	Question	Original Response	Any additional update or response
1	*Would the CCG consider negotiating with MEN Group to have a page on health related issues and any health issues coming in the next month on a regular monthly basis.*	It was confirmed the CCG already have a monthly slot with the MEN Group which covers the borough. Each month the CCG provide health articles, these are edited, and can vary in size. Ms Rickards was not aware of this. Director of Operations and Engagement confirmed this had been in place and negotiated from the start of the CCG, however, the information Ms Rickards shared was helpful, and this would be looked in to. Communications and Engagement team will arrange a meeting with the journalist to open discussions and review of the current publications.	Review has taken place of the coverage, the journalists will do their utmost to support the CCG, taking in to account no associated costs for the CCG
2.	*When PCFT discharge patients on CPA approach does the CCG ensure that a GP has been given the necessary training?* *Have any discussions taken place on clinical evaluation?*	GP and Clinical Lead for Rochdale East, Dr Hampson explained there had been significant improvements in the information provided when a patient was discharged, there had been constant negotiations about quality of discharge summaries. In the past no discharge summaries had been provided but, now GP's are receiving timely discharges with appropriate information. Director of Commissioning & Provider Management explained – Cost Improvement plans process is undertaken yearly through North East Sector, through Quality route to ensure any changes are clinically safe prior to being implemented. Dr Hampson said in the past GP's had felt unprepared in the community and were often reliant on secondary care and Mental Health colleagues. Historically there had not been much communication, but this was now being addressed with electronic information, and as a	Since this was mentioned the mental health teams have all aligned themselves with GP multi-disciplinary teams and so can support where there are patients needing more co-ordinated care.

		consequence this had assisted with patient care. Also plans in relation to community integrated neighbourhood working, would ensure a much more co-ordinated approach. There's also been a big education push mainly around old age and dementia. Mr Newton explained his primary concern in relation to Care Programme Approach and the extensive and complex needs of individuals, and asked is HMR CCG confident when highly vulnerable patients with extensive level of care are discharged to the care of GP's. It was confirmed when a patient was discharged into community, it does not mean completely discharged from all specialist care, the GP still have support available from Mental Health services. The CCG is trying to ensure services delivered in the community meet the needs of the individual and he appropriate community support is available. Mental Health Team in community still has a way to go before it is as perfect as we would want it to be, it is improving and moving forward and there has been significant investment this year. Mr Newton concluded by expressing his gratitude at the support he currently receives from his GP at Milnrow Village Practice, Dr Chris Duffy said this would be feedback to the practice.	

20 March 2015			
	Question	Original Response	Any additional update or response
1	*How will the CCG ensure that the Patient Participation Groups (PPG's) have a voice in the developing process that is to take place soon?*	Devolution Manchester (Devo Manc) includes the devolution of health and social care funding to Greater Manchester CCG's and Local Authorities. There is a paper being presented today to Governing Body which gives significant information around the Memorandum of Understanding (MoU) in relation to Devo Manc. HMR CCG is committed to engage with PPG's across the borough and will ensure that all information is shared with all groups and that this flows as a two way process. In addition regular updates will be provided at Governing Body. Governing Body Secretary will feed back to Ms E Rickards.	The CCG have decided to run an engagement event following the Annual General Meeting which will focus on Devo Manc.
2.	In light of knowledge relating to N3 connection facility being available at Phoenix Centre. Mrs Lees asked would HMR CCG help bring the camera back into Heywood as a temporary measure to support those patients who have mobility issues and are unable to travel to other sites? A further camera would cost £20,000. Would HMR CCG support the purchase of an 8th camera to be used as a mobile camera to provide access to	HMR CCG does not have responsibility for commissioning the service and therefore cannot directly influence this. It can ,however offer an opinion on the issues relating to this service to the commissioners . The Director of Operations proposed that all information be collated into one document and this will be shared with Mrs Lees, to ensure a consistent approach. The Director of Public Health agreed to work with HMR CCG to provide assurance and support from Local Authority and gain clarity going forward. Director of Operations to take forward and link in with Mrs Lees.	Responses to all questions raised with the CCG have been collated and sent to Mrs Lees.

	outlying areas? If it was not possible to put the camera back into Phoenix Centre would HMR CCG support an alternative location within Heywood being sourced?	Mrs Lees agreed to send the minutes of the meeting on 11 March to Director of Operations to ensure all pieces of information link together with work being undertaken by Jane Pilkington, from Public Health England,(the Commissioners) in relation to public consultation.	
3.	Are HMR CCG aware DRS screenings frequency is changing from annual screenings to bi-annually.	Dr L Hampson explained that no decisions had been made and any changes would only be implemented following robust evaluation of data. Evidence shows that there is no benefit to being screened annually for many patients and this is well researched. If there are potential risks for an individual, reassurance was given of good systems in place within the borough with opticians. Public Health England also provide support to NHS England commissioners in relation to screening. The Director of Public Health will clarify frequency of screening and report back on this including the specifics around the new proposal and the timescales for implementation.	