

NHS Heywood, Middleton and Rochdale Clinical Commissioning Group (HMR CCG)  
Chair's responses to public questions from April 2015 to March 2016 Governing Body meeting

17<sup>th</sup> April 2015

	Question	Response	Any additional update or response
1	Will the Chair remind attendees not to use mobile devices during the meeting?	<p>Dr Chris Duffy asked for attendees to use devices discreetly and appropriately.</p> <p>It's important to note that both members of the public and Governing Body members may well use mobile devices to access the meeting agenda and papers.</p>	
2	<p>Issue raised with regard to how long it is taking Pennine Care Foundation Trust (PCFT) to answer a letter of complaint, which was submitted on 12 January 2015 with regard to their policy of discharging mental health patients into full time GP Care.</p> <p>Member of the public further explained the detail of the complaint. Although he had a response initially from PCFT to say that his complaint was being dealt with, no further response had been provided.</p>	<p>Dr Chris Duffy explained that the member of the public should not have had to wait so long for a response as all providers have a duty to respond to complaints within certain timescales. The CCG agreed to pick this up on behalf of the member of the public.</p> <p><i>Post Governing Body update: The CCG has now received all of the detail behind this complaint and the CCG complaints team have contacted the complainant to take this forward.</i></p>	<p>Following on from this Dr Chris Duffy and Karen Hurley, Director of Operations and Engagement have met with patient.</p>

<p>3</p>	<p>Last year Lesley Mort spoke of the Kirkholt Area and the possibility of a medical centre being located there. We lost the local resource when the community centre was demolished. Has there been any development on this issue?</p>	<p>Further details around this will be reported to Governing Body in the next few months. There are some developments in the Kirkholt area which are linked with NHS England.</p> <p>The CCG Chief Officer, Lesley Mort, and Director of Operations and Engagement, Karen Hurley, will be meeting further with those involved in this and further information will be brought back to Governing Body as appropriate.</p> <p>The CCG has continued to review the services delivered on Kirkholt and followed up previous concerns raised regarding services no longer being delivered in the Kirkholt area. This will all be taken into consideration when working with other agencies in respect of the developments on Kirkholt.</p>	<p>The Governing Body received an update on this at its meeting in May 2016. The project initiation document was formally approved in February 2016. The next stage in the process is to develop a robust business case.</p>
<p>4</p>	<p>Diabetic Retinopathy in Heywood.</p> <p>The Governing Body were informed by the public that diabetic retinopathy will return to the Phoenix Centre in Heywood.</p> <p>Concerns were raised that some people were not accessing screening due to the change in location and would therefore miss out on their screening this year.</p>	<p>Dr Bob Wood explained that GP's received a notification letter if patients did not attend screening, however, this could not be generally shared due to patient data sharing protocols.</p> <p>Following discussion it was agreed that the GPs would pull together a list of those patients that hadn't attended the diabetic retinopathy service and send that to the screening service. Dr Bob Wood and Dr Chris Duffy agreed to take this forward with the member of public.</p>	<p>Since the questions in relation to diabetic retinopathy the consultation process has concluded and the reviewed service has been implemented across a reduced number of sites but with much more robust delivery. The service has been re-instated in Heywood.</p>

15<sup>th</sup> May 2015

	Question	Response	Any additional update or response
1	<p>Where they Dr Duffy and Dr Wood up to with collating the names of diabetic patients, from the Cluster, who missed the last round of screening due to the inaccessibility of the new venues, to enable them to approach NHS and PAT re making other arrangements for them, which they said they would do at the last meeting.</p>	<p>Names have been collated by Dr Wood and Dr Duffy for their relevant practices. Dr Wood explained that his practice search indicated that there had been 33 DNAs this year compared to only 1 last year. The names of these patients would be forwarded to the service to ensure these patients are offered a further appointment.</p> <p>It would be possible for all of the practices in Heywood to complete similar searches. However, a more practical approach would be to request that the Diabetic Retinopathy service do this.</p> <p>Dr Duffy will write to the commissioner of the service to liaise with the service provider asking them to provide a list of patients who did not attend screening appointments and determine what systems are in place to offer an alternative appointment to a more accessible venue.</p>	<p>Since the questions in relation to diabetic retinopathy the consultation process has concluded and the reviewed service has been implemented across a reduced number of sites but with much more robust delivery. The service has been re-instated in Heywood.</p>

19<sup>th</sup> June 2015

	Question	Response	Any additional update or response
1	<p>As one of only four NW Ambulance Service Greater Manchester First Responders in the Heywood, Middleton &amp; Rochdale area, I am particularly passionate about the promotion and provision of 'Community Public Access Defibrillators' for</p>	<p>Ms W Meston advised that a member of the North West Ambulance Service attended the Public Health Team meeting where it was agreed that a joint project will be established to review where all defibrillators are located across the borough. Additional defibrillators have been purchased for the community across the borough, and work is ongoing to ensure that all defibrillators are registered with information on how they can be accessed. The project is part of the Chain of</p>	<p>There are over 100 defibrillators across the borough that are registered with North West Ambulance Service (NWAS).</p> <p>If a person suffers a cardiac arrest the 999 caller will be directed to a registered defibrillator if it is located within 200m. We are working in partnership with NWAS to encourage organisations to register.</p>

the swift treatment of cardiac arrests. I'm sure that the members are aware that currently, there is not one single Public Access Defibrillator, one that is available 24/7 to members of the public, anywhere in Rochdale and that the first one is not due to be commissioned, by Rochdale Judo Club, until funds can be raised by the club to pay for a secure cabinet within which to house it on the outside of their building at Trafalgar Street, Rochdale.

Please would the Governing Body explain the CCG's policy towards funding Public Access Defibrillators within Heywood, Middleton and Rochdale and would they acknowledge that there are many front line NHS staff who would gladly volunteer their free time to assist in identifying possible, future locations within the CCG's area of responsibility within which to house them?

Survival Plan. Dr Chris Duffy said that the CCG are supportive of it this project. Dr Lynn Hampson assured the public that all GP practices have got defibrillators and that they are accessible. Ms W Meston explained that there are 24 hour facilities but not many and she would feed this back.

Public Health have funded and placed 20 defibrillators across the borough to date, please visit [www.rochdale.gov.uk/defibs](http://www.rochdale.gov.uk/defibs) for a full list and information.

Further funding has been given to place another 12 Community Public Access Defibrillators (CPADs) and St John's Ambulance have also donated 5 static machines. We are still in the process of locating these and talking with potential building owners.

Alongside the placement of defibrillators we have also been training members of the community how to perform CPR and use a defibrillator, to date we have trained 383 people.

The work has been recognised by NWS and has won a Cardiac Gold Smart Award.

**2** Would the CCG consider helping financially the Littleborough Group Practices'

Clarification from the member of the public was received that the funding was for posting letters and expected to be £120. Dr Duffy explained that this would need to be discussed outside

carers event on Saturday August the 15<sup>th</sup> this will also involve Carers not only from our practice but also from the other Littleborough based practices'

of the Governing Body meeting. It was agreed that it would be discussed and an update would be provided.

Ian Mello suggested that the carers centre may be able to provide practical support to reach carers.

**Post meeting update:**

Since Governing Body one of the CCG Commissioning managers met with the Practice Manager at Littleborough Group Practice who informed her that all GP Practices will be hosting a Carers Day at the Coach House, Littleborough on 15 August. This will also be the official launch date of the Carers Reward Card and publicity on the day will feature the Carer's Choir, the Practices and Rosso bus who have agreed to join the scheme. The scheme is run by Michael Fern, MF Dental who has developed a patient reward scheme with local businesses in Littleborough through "acerplan". This has been extended to include the whole of Rochdale Borough and specifically targeting businesses which would give the most benefit to Carers. One of the businesses who have just signed up to the scheme is Rosso buses, who are offering a discounted Carers Day Ticket (25% reduction with the Carers Reward Card presentation). Rosso buses will be undertaking some publicity with us and will be naming a bus after the Carers in their honour.

A CCG representative and RBC representative will meet with the committee to support where possible.

3 Last week I visited Nye Bevan House where there are some six disabled parking bays. Of these six, four were occupied by vehicles NOT displaying a blue

Dr Chris Duffy explained that Nye Bevan is not the responsibility of the CCG. Sam Evans will liaise with Community Property Services who are responsible for Nye Bevan House and provide an update.

	<p>badge. When I enquired at the reception desk, it was explained to me that no one had time to check for abuse of this disabled facility and that the abuse was mainly by parents and other visitors to a nearby school. Who is responsible for managing car parking in this car park, and ensuring that no abuse occurs?</p>		
4	<p>Can Dr Duffy and Dr Wood please advise if there is an update on the numbers of Heywood patients who have missed their 2014 retinopathy screening and is there any chance arrangements can be made and address these missed appointments.</p>	<p>There has been an increase which would indicate that the move has affected the number of DNA's. In Dr Duffy's practice, Argyle Street Medical Centre, there were 37 DNA's in 2012, 34 in 2013 and 70 in 2014. In Dr Woods practice, Heady Hill Surgery, another in Heywood there was 1 DNA in 2013 compare to 33 in 2014.</p> <p><b>Post meeting update:</b> Since the Governing Body meeting the diabetic screening service have requested a meeting with Dr Chris Duffy to further investigate the figures.</p>	<p>Since the questions in relation to diabetic retinopathy the consultation process has concluded and the reviewed service has been implemented across a reduced number of sites but with much more robust delivery. The service has been re-instated in Heywood.</p>

17<sup>th</sup> July 2015

	Question	Response	Any additional update or response
1	<p>Following our request for statistics for the DNA's for DRS 2013/14 and 2014/15. Can we please add the statistics for York House Surgery Heywood. 2014/15 is 42.</p>	<p><i>Yes - the figures for York House Surgery will be added.</i></p>	<p>Since the questions in relation to diabetic retinopathy the consultation process has concluded and the reviewed service has been implemented across a reduced number of sites but with much more robust delivery. The service has been re-instated in</p>

<p>Have you had any response regarding the statistics from Audrey Howarth (Commissioner – North West Commissioning)</p> <p>Are you aware the Overseeing Scrutiny Committee (OSC) which is on 28 July 2015 at Bury Town Hall?</p>	<p><i>A meeting will be arranged to compare figures, scrutinise findings and discuss Diabetic Retinopathy Service.</i></p> <p><i>HMR CCG is aware of the OSC meeting on 28 July 2015. Unfortunately Dr C Duffy is unable to attend, however a representative from HMR CCG will be agreed and will attend the meeting.</i></p> <p><i>The CCG always ensure that there is senior attendance at the OSC.</i></p>	<p>Heywood.</p>
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**21<sup>st</sup> August 2015 – No meeting**

**18<sup>th</sup> September 2015 – No public Questions**

**16<sup>th</sup> October 2015**

	Question	Response	Any additional update or response
1	<p><i>Is it true that patients will have to in the future nominate a pharmacy who will then receive your prescriptions electronically?"</i></p>	<p>Dr C Duffy advised that there is no mandate for patients to nominate one pharmacist.</p> <p>Dr B Wood clarified that the government are intending that all prescriptions will be done electronically, but that it will not be necessary to nominate a pharmacy to have an electronic prescription.</p>	

**20<sup>th</sup> November 2015**

	Question	Response	Any additional update or response
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<p>1</p>	<p>Kate Jones (Healthwatch) – in light of recent media coverage, have HMR CCG received any indication of a strike within the borough by Junior Doctors and, if you have, how will this be managed with local service providers.</p>	<p>HMR CCG are aware of the proposed strike action. NHS England have circulated a template for all CCG's to complete to ensure capacity is available. All completed templates are submitted today. HMR CCG are meeting with Pennine Acute Hospitals Trust, Emergency Planning Officer and Resilience Lead. Mr Ian Mello agreed to provide a briefing to Healthwatch Rochdale to confirm arrangements in place during this period.</p> <p>GPs have also been made aware of the proposed strike action and are working with Local Medical Council to look at increasing capacity on the planned strike day.</p>	<p>Healthwatch were added to the distribution lists relating to this matter.</p>
<p>2</p>	<p>David Edwards and Henry West</p> <p>The question concerns the closure of the walk in facility in Middleton. This has proved a success with Middleton residents to the extent that there have been over 9000 signatures objecting to its closure. It is extremely well situated adjoining a major transport hub. Is this being done in the interest of Middleton residents or as suggested in the Middleton Guardian, in the interest of other GP Practices?</p> <p>It is hoped that a rounded picture is being taken into account as the Walk In Centre facility is valuable. As previous Chair of</p>	<p>Dr Duffy clarified that any decision made around Middleton would be made for the benefit of the public and not the benefit of existing Middleton GP practices. However, acknowledging his conflict of interest Dr Chris Duffy passed the question to Mrs Karen Hurley – Director of Operations and Engagement, to answer all questions relating to Middleton Walk In Centre.</p> <p>Mrs Hurley explained that the GP registered element would continue and the recommendation was to re-procure. The Middleton Walk In Centre element would be an overlap with the new extended hours primary care pilot. The CCG has taken on board the importance of this location and therefore the extended hours pilot will eventually move into the Middleton Arndale although this is not possible initially.</p> <p>The extended hours service will be open evening and weekends and will be by appointment, although the CCG is currently assessing whether drop-in sessions and emergency appointments can be included.</p> <p>Dr Lynn Hampson explained that a Health and Wellbeing</p>	<p>The Walk in Centre Consultation has been concluded and the decision of the joint committee was to decommission the service and work with the current provider to establish exactly which vulnerable groups they provided a service for that was not provided elsewhere such that alternate more appropriate provision would be commissioned.</p> <p>Upon receipt of the data from the WIC Provider the CCG will ensure that this feeds in the design of the Integrated Health &amp; Social Care HUBs. The CCG and Local Authority will work with local patients in each area to ensure that local needs are met.</p>

	<p>Middleton Township Committee who previously looked at putting together a facility which gathered all facilities in one location, working towards trying to rebuild the facility seems appropriate at a location where transport HUB is the busiest.</p> <p>Personal experience has proved that it is difficult to get access to medical services when your own practice is full for the day and can take no more patients or during the weekend. It was a great innovation by the practice to launch the WIC in this location.</p> <p>David Edwards challenged the theory that Mancunians equal number of people from Middleton and Rochdale that use the Walk in Centre. He explained that people don't live in silos and this is inevitable as Middleton is at the side of the borough.</p>	<p>HUB is being developed as part of the Locality plans with Rochdale Borough Council as part of GM Devolution and the vision is for each locality to have a HUB in place with 4 across the borough.</p>	
<p>3</p>	<p>The following question was submitted by Mr Mike Southworth, Patient Participation Group Chair:</p> <p>How has the petition submitted with 9333 signatures from the</p>	<p>See response to question above.</p>	<p>The Walk in Centre Consultation has been concluded and the decision of the joint committee was to decommission the service and work with the current provider to establish exactly which vulnerable groups they provided a service for that was not provided elsewhere such that alternate more</p>

	<p>Middleton Participation Group been taken into account in appraisal of the recommendation made regarding the expiration of the walk-in contract at Middleton Health Centre?</p>		<p>appropriate provision would be commissioned.</p>
<p>4</p>	<p>The question was submitted by Liz McInnes MP and received following the meeting.</p> <p>The Middleton Walk-in Centre is an excellent and much-used facility, greatly appreciated by the local community. If the proposed changes take place, I understand that the hubs will have an appointment system. What will happen when all those appointments have gone? What assurances can the CCG give that this would not result in more patients attending A&amp;E, increasing pressure on our acute services?</p>	<p>A formal letter response was requested and a letter was sent with the detail below:</p> <p>I write in response to your emailed Governing Body question which was received electronically by the CCG on 20th November 2015. Unfortunately the question was received after the Governing Body meeting had commenced and as such was not answered within the meeting. I am keen however to provide a response and have included information below which I hope will offer some reassurance in regards to CCG plans for the management of urgent primary care demand.</p> <p>Your question relates to one aspect of the CCG's wider primary care work programme in relation to primary care access. The extended access hubs offering additional, predominantly routine, appointments to patients over evenings and weekends will be operational from December 2015. The hubs will offer a telephone appointment system as well as offering access via patient's registered GP practice. There will be a finite number of appointments available within the hubs and the demand for these appointments will be monitored closely throughout the pilot period. There will be some opportunity for the capacity to be flexed based upon demand where required.</p> <p>The majority of the appointments will be routine appointments</p>	<p>The extended access Primary Care hubs which are currently in place offer additional primary care capacity outside of normal business hours on an appointment system basis. These hubs were implemented as a pilot to assess the patient demand in each area and the learning from this pilot will be used in the development of the integrated health and social care HUBs which will include an out of hours primary care offer.</p>

that will be pre bookable up to 2 weeks in advance. There will be an element of urgent 'bookable on the day' appointments within each clinical session. The bookings of which will be triaged clinically to ensure that those patients with a relevant clinical need are prioritised. In the event of the hub appointments becoming full patients will be directed to the most clinically appropriate alternative provision. This may be their GP practice (in core GP hours - where access is likely to be enhanced due to the implementation of our local Quality Standards), a local Acute Visiting Scheme (AVS) for a home visit (where clinically required), a system resilience clinic (which operate at times of increased demand), an out of hours provider clinic, Children's nursing team service (capacity of which has been increased) or local Pharmacies and wider health care provider services as appropriate. The CCG are confident that the urgent primary care provision within HMR is robust and safe for patients which are our highest priority.

The CCG will monitor the levels of demand and capacity for urgent primary care services during the 10 month period during which the walk in centre will remain in place alongside our local plans which include the extended access hubs. The monitoring information will be fed through our governance structure and this will assist in the design of our future services.

If you would like further information in regards to our wider primary care plans please do not hesitate to contact me.

	Question	Response	Any additional update or response
1	<p>Having over the last couple of months been using the new system Emis access, which I understand is being introduced Borough wide, would the CCG explain the benefits to me as a user as so far I have not found it as informative or consumer friendly as the previous system of Vision on line'</p>	<p>The HMR CCG Information Technology strategy encourages all practices to use a single clinical system but the choice of clinical system remains with the practice. As EMIS dominates the majority of practices across GM this is one of the reasons for implementing the system to assist with 7 day extended access services. This will enable access to clinical records, with the patients consent. It is hoped other services will also adopt the system to enable the wider sharing of records which will assist with integrated working and the delivery of joined up healthcare pathways. This can be delivered by other providers but after evaluating the models available, the EMIS model was the preferred option.</p> <p>EMIS increases online access for patients in relation to repeat prescription ordering, appointment booking, access to records and is ahead of other systems in relation to technical functionality. EMIS is a new system to some GP Practices therefore it is too early to have fully assessed the patient satisfaction in each case..</p> <p>Having all practices using a single clinical system allows practices to share best practice which can already be seen in the borough. We are able to receive economies of scale benefits when procuring training and extra functionality.</p> <p>HMR is working on an integrated digital care record project which will integrate directly into EMIS which will allow EMIS users seamless access to shared records. Vision does not have this level of integration.</p> <p>There are both direct and indirect benefits to the patient. Further discussion re technical ability will take place outside of Governing Body.</p>	

<p>2</p>	<p>Healthwatch Rochdale receive a number of complaints around practice triage – does the CCG have any plans to standardise the approach across GP practices?</p> <p>Further question:</p> <p>Has there been any public consultation around what works best? Would the CCG consider a survey with support from the Patient Participation Groups.</p>	<p>Some practices implemented telephone triage processes in response to patient feedback in terms of access. In some instances this helps to alleviate some of the issues and in other practices it is not well received.</p> <p>CCG discussions have taken place in the past, however, each practice is different and different solutions work for them. The CCG will continue to work with individual practices and their Patient Participation Groups to assess the impact and levels of patient satisfaction in relation to telephone triage .</p> <p>HMR CCG Primary Care Team have a number of work programmes in place to address the existing access issues and will continue to work with practices and patients to address access issues to primary care services within the Borough.</p> <p>The CCG is also involved in public sessions organised by Healthwatch to discuss GP access.</p>	<p>Feedback received during recent patient events in relation to practice access has been fed back to individual practices. GP Practice access/triage is also an agenda item on the upcoming Locality PPG meetings agendas. The feedback received from these meetings will feed into CCG plans to address access issues within HMR. Patients are encouraged to attend the Locality PPG meetings to contribute.</p>
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15<sup>th</sup> January 2016

	Question	Response	Any additional update or response
<p>1</p>	<p><i>On the 8<sup>th</sup> January HWR received an email inviting our organisation to attend a consultation event on the Rochdale locality plan on the 25<sup>th</sup> January. Upon receiving this email I went straight back to the sender and questioned whether this event was open to the</i></p>	<p>Mr I Mello informed members he had responded to the questions via email and there appeared to have been a misunderstanding by the CCG respondent which resulted in the response being miscommunicated.</p> <p>Mr Mello confirmed the process was completely open and a series of public meetings had previously taken place and work is ongoing with both Communications and Engagement leads for HMR CCG and RBC to ensure information is shared</p>	

*general public as all services provides seemed to have been invited, and if it was HWR would happily promote it. HMR CCG responded by saying 'Thank you very much for the offer however I already have the contact details for the members of the public that attended the initial design week'. I continued to question various parts to the response, the most important one being – what about the people who couldn't attend the design fortnight? It should be open to all!*

*Following on from this I was advised that I would receive further information on the event to help promote.*

*I have contacted HMR CCG engagement led to chase more information but unfortunately Phil Burton has not been provided with any more information than what I already have.*

*Therefore my questions are:*

*Why are publication on any public consultation processes coming out so late and with very little information?*

appropriately to enable members of the public to attend. This will be managed via a planned and open process which is being supported by the Greater Manchester Devolution Team with materials supplied centrally to be matched to our Locality Plan in each individual event. Healthwatch are supporting this across GM and will be attending each event.

Mrs K Hurley informed members she had attended Healthwatch Rochdale Board meeting on Thursday 14 January and Healthwatch Rochdale want to support the CCG and work closely with them to ensure public engagement takes place.

<p><i>How are members of the general public hearing about them/being invited?</i></p> <p><i>Why does it feel like the consultation process is a closed door approach? The same people attending?</i></p> <p><i>What assurances can HMR CCG provide to ensure that the consultation process is representative of the local population?</i></p> <p><i>Why is HMR CCG Engagement team not involved in the planning of the public consultations process?</i></p>		
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**26<sup>th</sup> February 2016**

	Question	Response	Any additional update or response
1	<p>A member of the public asked which members of the Governing Body had heard of the following;</p> <ul style="list-style-type: none"> <li>• Parkinson’s Disease</li> <li>• Post Polio Syndrome</li> </ul> <p>All of Governing Body had heard of Parkinson’s Disease whereas numbers were much lower in terms of awareness for Post Polio Syndrome. However, all</p>	<p>The Governing Body acknowledged concerns about the lack of public knowledge about Post Polio Syndrome, and the information provided about the syndrome.</p> <p>Dr Duffy agreed to ensure that HMR CCG website would detail the condition. Information about the condition will also be distributed with the minutes of today’s Governing Body meeting.</p> <p>A link to The British Polio Fellowship website is included below which provides further detail into this condition.</p>	

<p>Governing Body GPs were aware.</p> <p>A short statement was made in relation to the requirement to raise awareness of Post Polio Syndrome.</p>	<p><a href="http://www.britishpolio.org.uk/polio-and-post-polio-syndrome/post-polio-syndrome/">http://www.britishpolio.org.uk/polio-and-post-polio-syndrome/post-polio-syndrome/</a></p>	
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**18<sup>th</sup> March 2016**

	Question	Response	Any additional update or response
1	<p>The following question was emailed to HMR CCG by a member of the public:</p> <p>The lack of parking at the Croft Shifa Health Centre is a major problem. Why was a health centre destined to "house" so many services given planning approval? It is a major issue for patients and staff alike. I witnessed the parking fiasco at first hand this week. The disabled are catered for but no one else is. Cars are also now being left in ridiculous positions around - and even outside - the site. Its not good enough to build a centre and then create such a small parking area that a danger to all. If this was built subject to parking specifications- I suggest the specifications should be changed asap, for the safety of all users.</p>	<p>The Croft Shifa is not a building owned by HMR CCG, as it is a LIFT building.</p> <p>Rochdale Borough Council implemented a Green Travel Policy at the same time as regeneration and in line with national policy. At this time no further parking spaces could be secured.</p> <p>Parking was acknowledged as a common problem across the four LIFT buildings in Heywood, Middleton and Rochdale. However, as Croft Shifa is not land locked, concerns will be fed back to the Partnership to enable discussions to take place with Rochdale Borough Council.</p>	

<p>2.</p>	<p>Further Question raised under Any other Business on behalf of the Milnrow Patient Participation Group.</p> <p>Members of Milnrow PPG have concerns about air condition and pollution and who is responsible for monitoring this? The PPG have forwarded their concerns to Rochdale Observer.</p>	<p>Public Health (RBC) are responsible for monitoring air pollution, concerns will be fedback to Public Health to follow up as appropriate.</p>	
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