

Public questions from Healthwatch Rochdale Board Meeting.

Thursday 15th December 2022, 2pm – 3.30pm.

The following questions were submitted in advance:

Questions	Healthwatch Rochdale response:
<p>It has been reported nationally that 'Exclusive analysis of NHS data by National World has uncovered a postcode lottery for adult patients using the Improved Access to Psychological Therapies (IAPT) programme across England, which provides talking therapies to people with common mental health conditions.'</p> <p>In the Heywood Middleton & Rochdale area NHS patients face increasingly long waits between first and second therapy sessions with the proportion of patients waiting over 28 or 90 days, Jan to Jun 2022 by clinical commissioning group (CCG) being recorded at a rate of 93.3 % patients wait more than 28 days and 57.9% patients waiting more than 90 days [1].</p> <p>Q1. Can Healthwatch Rochdale Board confirm these waiting times [1] for Heywood Middleton & Rochdale ICP are correct?</p> <p>Q2. Can Healthwatch Rochdale Board give any indication of why there is such a distinct 'postcode lottery' regarding patient waiting times for NHS patients facing long waits between first and second therapy sessions in HMR area?</p>	<p>1) Healthwatch Rochdale do not have access to this information and are unable to confirm if it is correct information. The correct organisation to ask about this would be Heywood, Middleton and Rochdale Integrated Care Partnership. More information and contact details are https://gmintegratedcare.org.uk/my-borough/rochdale/</p> <p>2) HWR are aware that there has been an increased need for therapy sessions due to the Covid 19 pandemic. However, a postcode lottery has not been identified locally through our engagements to date.</p> <p>3) Concerns have been raised with commissioners and providers. HWR have been notified there has been staff shortages and that a recruitment drive has taken place to improve the situation. In addition, it has been confirmed that other</p>

<p>Q3. Can Healthwatch Rochdale Board list what proactive steps they will be taking / have taken in their contacts with local NHS service commissioners to reduce local waiting lists for talking therapies to people with common mental health conditions.'</p> <p>Q4. Does Healthwatch Rochdale Board agree with said national director of Healthwatch England Louise Ansari that such excessive waiting times impact negatively on patients' mental health and</p> <p>'This leaves them feeling in limbo and struggling to self-manage their condition,". "And when they are finally able to access support, it is not always the right sort of help or is time-limited only. "For some these delays are difficult, for others they can be dangerous. Patients in crisis report to us that services seem oversubscribed, particularly community services, which could have helped prevent circumstances escalating in the first place'?</p> <p>Q5. Moving forward is Healthwatch Rochdale able to collate the incidence of suicidal ideation, self-harm or suicide recorded locally by mental health support providers or practitioners of patients waiting for talking therapies to people with common mental health conditions</p>	<p>services are in place to provide support, for example Living Well.</p> <p>4) The Board note the response from Healthwatch England Director but have no further comment to make.</p> <p>5) The role of Healthwatch Rochdale is to listen to local people's views and experiences of using health and care services and use those views to help improve services. It does not fit in with our role to collate incidences of suicidal ideation, self-harm or suicide.</p>
<p>The British Medical Association reported today (11/10/2022) that:</p> <p>'The experiences of Resident Medical Officers (RMOs) in the UK have been laid bare in a new survey conducted by the BMA and Doctors Association UK (DAUK), finding widespread poor conditions, low pay and excessive working hours. RMOs, doctors who provide resident services largely in the independent health sector and are most frequently recruited abroad as international</p>	<p>6)Healthwatch Rochdale are a neutral organisation and exist to make sure local people's experiences of health and care services are shared with commissioners and providers. As such, Healthwatch Rochdale have no opinion on this.</p> <p>7) Healthwatch Rochdale are unable to provide this</p>

medical graduates, describe pay deductions, bullying, and multiple instances of racism. A shocking 34% of those surveyed reported bullying and harassment, with 47% reporting unfair treatment and a 31% reporting unregulated shifts. 89% report working over 70-hour weeks, far in excess of legal limits and advertised contracts. Terms like “borderline slavery” and “sh*ttiest employer anyone could ever have” were representative of the mass of comments from respondents to the survey’ [1].

Q6. Do the Healthwatch Rochdale Board agree with Dr Emma Runswick, deputy chair of BMA council, that ‘The treatment reported by these doctors is a disgrace to UK medicine’ ?

Q7. Can the Healthwatch Rochdale Board ask HMR Primary Care Commissioning Committee to confirm that no Resident Medical Officers (RMOs) are employed under such contracts in the Heywood, Middleton & Rochdale area?

Q8. Does the Healthwatch Rochdale Board endorse the BMA call that

- **Both the NHS and the independent sector to take responsibility for the conditions under which people are employed under their roof**
- **Minimum employment standards aligned to NHS TCS and trade union recognition to apply to all agency etc medical staff who work within a Trust or other NHS environment**
- **Independent operators to publish for patients the main terms and conditions of the doctors who they or third parties working for them are employed on**

A review of the practices of the agency sector including their international recruitment practices and the involvement of the UK Government in supporting them

Q9. Can the Healthwatch Rochdale Board place HMR Primary Care Commissioning Committee

information. You would need to contact Heywood, Middleton and Rochdale Integrated Care Partnership for this question. More information and contact details are <https://gmintegratedcare.org.uk/my-borough/rochdale/>

8) Healthwatch Rochdale are a neutral organisation and exist to make sure local people’s experiences of health and care services are shared with commissioners and providers. As such, Healthwatch Rochdale have no opinion on this.

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<p>under scrutiny and ask them to confirm that no providers contracted to provide services in the Heywood Middleton & Rochdale area are provided by 'private medical recruiters and by the NHS Trusts that employ their services ' or recruit staff from Nigeria ' a country where active recruitment by UK firms is prohibited by the Department for Health and Social Care in order to stop the "brain drain" effect that depletes developing countries of their medical workforce?</p>	
<p>A Reasonable Adjustments Flag is being piloted on the NHS Spine.</p> <p>It will be visible to organisations providing care as soon as the patient is registered or referred, allowing the organisation to be immediately aware and prepare in advance to provide adjustments.</p> <p>This is scheduled to be in place by 2023/24.</p> <p>Q10. Does Healthwatch Rochdale Board know when this Reasonable Adjustments Flag will be embedded in our Heywood, Middleton & Rochdale NHS ICP ' footprint ' area or the date at which these reasonable adjustments are likely to be made or the date at which these reasonable adjustments are likely to be made for local NHS patients requiring them in HMR area?</p> <p>Hospital passports are documents that briefly describe a person's health and communication needs, contact details for their friends or family, and descriptions of things that might cause them distress.</p> <p>They are in use by both autistic people and people with learning disabilities and are produced by several different organisations so they may vary widely in appearance, but should all contain similar kinds of information. A hospital passport should be shown to any healthcare professionals the autistic person comes in</p>	<p>Q10) Healthwatch Rochdale are unable to answer this question. You would need to contact Heywood, Middleton and Rochdale Integrated Care Partnership for this question. More information and contact details are https://gmintegratedcare.org.uk/my-borough/rochdale/</p> <p>Q11) Healthwatch Rochdale are unable to answer this question. You would need to contact Heywood, Middleton and Rochdale Integrated Care Partnership for this question. More information and contact details are https://gmintegratedcare.org.uk/my-borough/rochdale/</p> <p>Q12) Healthwatch Rochdale are unable to answer this question. You would need to contact Heywood, Middleton and Rochdale Integrated Care Partnership for this question. More information and contact details are</p>

<p>contact with, kept with their notes at their bed if they are admitted.</p> <p>Q11. Does Healthwatch Rochdale Board know if such Hospital passports are now standard in our Heywood, Middleton & Rochdale NHS ICP ' footprint ' area or the date at which these reasonable adjustments are likely to be made for local NHS patients requiring them in the HMR area?</p> <p>Sign languages Some autistic people use sign languages, such as British Sign Language (BSL) or Makaton because they struggle with spoken words, have severe auditory processing problems, or additional hearing loss. Accordingly, they will need an interpreter to help them in health settings.</p> <p>Q12. Does Rochdale Healthwatch Board know if sign languages, such as British Sign Language (BSL) or Makaton and language appropriate interpretations are available in our NHS ICP ' footprint' area are now standard in our Heywood, Middleton & Rochdale NHS ICP ' footprint ' area or the date at which these reasonable adjustments are likely to be made for local patients requiring them in the HMR area?</p>	<p>https://gmintegratedcare.org.uk/my-borough/rochdale/</p>
<p>Q13. How many public questions were asked in total of the Healthwatch Rochdale Board between 1 January 2022 and 1st December 2022?</p> <p>Q14.How many public questions were asked in total from Healthwatch Rochdale between 1 January 2022 and 1st December 2022 and where can the answers to these questions be found in the public domain?</p> <p>Q15. How many Public questions asked directly of Healthwatch Rochdale Board between 1 January 2022 and 1st December 2022 were</p>	<p>Q13) In 2022, Healthwatch Rochdale received a total of 56 questions to be asked at their Public Board Meeting broken down as below:</p> <p>March Board Meeting – 8 questions received</p> <p>June Board Meeting – 4 questions received</p>

categorized as not in Healthwatch Rochdale's remit or referred to other individuals or the questioner signposted to another organisation?

Q16. Moving forward does Healthwatch Rochdale have any concerns about or comments that the local patient voice will be further diminished, marginalised or silence by a recent decision by the Heywood, Middleton and Rochdale – Primary Care Commissioning Committee Date: 9 December 2022, as follows

' It is standard practice in both the NHS and Local Government to provide the opportunity for public questions. Although this is not a statutory requirement, it is important that we take all opportunities to engage the public in our decision-making process, but it is important that we have a procedure which achieves the balance between engagement and transparency with the time and resources required to respond to a significant number of questions. The protocol proposes acceptance of one question per person or organisation. Questions should be limited to 100 words in length. To allow greater flexibility, this protocol will allow 3 relevant sub-questions.

Restrictions Questions shall be restricted to matters within the powers and functions of PCCC. Questions shall not be permitted if the Chair / Senior officer deems that the question: • relates to quasi-judicial matters e.g. (current or potential legal proceedings or consultations) • relates to confidential matters (e.g., a procurement or an individual). • is not about a matter for which PCCC has responsibility. • is defamatory, frivolous, factually incorrect or offensive • is directly about party political matters • is formed to make a statement rather than to receive information' [1].

September Board Meeting – 21 questions received

December Board Meeting – 23 questions received.

Responses to public questions are available on the Healthwatch Rochdale website

www.healthwatchrochdale.org.uk

Q14) March Board Meeting – 0 questions answered (signposted to relevant organisation in line with public board question process)

June Board Meeting – 4 questions answered. Available to view at

www.healthwatchrochdale.org.uk

September Board Meeting – 22 questions answered. Available to view at

www.healthwatchrochdale.org.uk

December Board Meeting – 23 questions answered.

Q15) Healthwatch Rochdale received a total of 56 questions in 2022. Of these, only 12 questions were directly relevant to the role of Healthwatch Rochdale.

Q16) Due to the analysis of the questions received in 2022, HWR are planning to review and adapt the procedure for public questions on a similar basis as

<p>Campaigners are concerned that the eager acceptance of such a protocol without any meaningful discussion or debate is an obvious attempt to avoid public scrutiny and silence critics at a time when public engagement is low – as well as being somewhat academic given not a single public question was submitted to Heywood, Middleton and Rochdale – Primary Care Commissioning Committee Date: 9 December 2022 – so one would have thought increasing not silencing public questions would be the priority of a genuinely accountable & truly patient focused NHS organisation moving forward ?</p> <p>Is the Health Rochdale Board able to raise this as a concern on behalf of local NHS patients and service users who may feel disempowered in the light of adopting such a protocol as happened at the Heywood, Middleton and Rochdale – Primary Care Commissioning Committee Meeting Date: 9 December 2022?</p>	<p>that outlined in the question. It is our intention to amend our protocol in order to target HWR time and resources on responding to questions more directly related to our role and statutory responsibilities. When the procedure is reviewed and formally adopted by the Board it will be published on the HWR website.</p>
<p>Q17) Does Rochdale Healthwatch share the concerns of Tony Lloyd MP that ' Over 3000 people in Rochdale waited over a month for a GP appointment in October 2022' and if so how does Rochdale Healthwatch plan to help collate & record the lived experience of those 3000 patients accessing local GP's in 2023?</p>	<p>Q17) Healthwatch Rochdale listen to the views and experiences of people using all publicly funded health and care services which includes GP practices. People can speak to us over the telephone, via email, via our website feedback form or face to face at one of our Information, Advice & Signposting Surgeries. We feed all our data into the soft intelligence framework of the Primary Care Network. In addition, for your information: we have recently carried out extensive work on GP websites and GP Patient Participation Groups. More information can be found on this here</p>

	www.healthwatchrochdale.org.uk/news/2022-11-30/how-many-rochdale-borough-gp-practices-have-active-patient-participation-group
<p>Q18) What does Healthwatch Rochdale Public Board see as the main issues about health and social care locally ?</p> <p>Q19) How are Healthwatch Rochdale Public Board involving local community groups / groups representing, for example, BAME residents, disabled people, unemployed people, homeless people, asylum seekers and refugees, young people, older people, any other groups?</p> <p>Q20) What budget does, if any , does Healthwatch Rochdale Public Board get – from the Integrated Care Board and/or from the council?</p> <p>Q21)Has Healthwatch Rochdale Public Board got a devolved budget from the Integrated Care Board to gather patient feedback from health services locally?</p> <p>Q22) Does Healthwatch Rochdale Board have a devolved budget, are they involved in deciding on priorities for commissioning and/or providing of health and/or social care services locally ?</p> <p>Q23) How is Healthwatch Rochdale Board making those decisions on local NHS patient's priorities?</p>	<p>Q18) Healthwatch Rochdale are directed by the feedback they receive from local people. This information is collated and analysed internally to provide an insight into the priorities local people are telling us. This is discussed at monthly Advisory Group meetings where actions are identified.</p> <p>Q19) Healthwatch Rochdale have an extensive engagement plan which aims to include all members of the community in our work. In addition we have the work of Youthwatch and our Advisory Group which aims to have representation from the diverse communities across the borough.</p> <p>Q20) Healthwatch Rochdale are funded via national government. This is received locally via Adult Social Care. Healthwatch Rochdale is open and transparent with their budget, and this is reported in our annual budget.</p> <p>Q21) Healthwatch Rochdale do not receive any budget from the Integrated Care Board</p>

	<p>Q22) Healthwatch Rochdale are an independent organisation and are not involved in deciding the priorities for commissioning and/ or the provision of local health and care services.</p> <p>Q23) Healthwatch Rochdale make decisions on the priorities of NHS patients based on the feedback we receive and in line with our decision-making policy. You can find all our policies here https://healthwatchrochdale.org.uk/news/2023-01-18/our-policies</p>