

## AGENDA FOR HEALTH SCRUTINY COMMITTEE



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**To: All Members of Health Scrutiny Committee**

**Councillors :** J Grimshaw, R Brown, E FitzGerald,  
M Walsh, C Boles, D Duncalfe, J Lancaster, L Ryder,  
N Frith, R Gold and M Rubinstein

Dear Member/Colleague

### **Health Scrutiny Committee**

You are invited to attend a meeting of the Health Scrutiny Committee which will be held as follows:-

<b>Date:</b>	Wednesday, 18 September 2024
<b>Place:</b>	Council Chamber, Town Hall, Bury, BL9 0SW
<b>Time:</b>	7.00 pm
<b>Briefing Facilities:</b>	If Opposition Members and Co-opted Members require briefing on any particular item on the Agenda, the appropriate Director/Senior Officer originating the related report should be contacted.
<b>Notes:</b>	

## **AGENDA**

### **1 APOLOGIES FOR ABSENCE**

No Apologies

### **2 DECLARATIONS OF INTEREST**

Members of Health Scrutiny Committee are asked to consider whether they have an interest in any of the matters on the agenda and if so, to formally declare that interest.

### **3 MINUTES OF THE LAST MEETING** *(Pages 3 - 10)*

The minutes from the meeting held on 16<sup>th</sup> July 2024 are attached for approval.

### **4 PUBLIC QUESTION TIME**

Questions are invited from members of the public present at the meeting on any matters for which this Committee is responsible.

### **5 MEMBER QUESTION TIME**

A period of up to 15 minutes will be allocated for questions and supplementary questions from members of the Council who are not members of the committee.

### **6 HEALTHWATCH UPDATE** *(Pages 11 - 112)*

Healthwatch Update, three papers to be presented by Adam Webb

### **7 WOMENS HEALTH UPDATE** *(Pages 113 - 116)*

Womens Health Report Attached

### **8 WORKFORCE UPDATE** *(Pages 117 - 120)*

Report Attached workforce update, to be presented by Kat Sowden

### **9 HEALTH INEQUALITIES REPORT** *(Pages 121 - 132)*

Health Inequalities Report Attached, to be presented by Jon Hobday

**Minutes of:** HEALTH SCRUTINY COMMITTEE

**Date of Meeting:** 16 July 2024

**Present:** Councillor E FitzGerald (in the Chair)  
Councillors R Brown, M Walsh, C Boles, D Duncalfe,  
J Lancaster, L Ryder, R Gold and M Rubinstein

**Also in attendance:** Will Blandamer, Deputy Placed Based Lead and Executive Director, Health and Adult Care  
Adrian Crook, Director of Community Commissioning  
Councillor Tamoor Tariq, Cabinet Member, Health and Wellbeing

**Public Attendance:** No members of the public were present at the meeting.

**Apologies for Absence:** Councillor J Grimshaw and Councillor N Frith

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#### **HSC.1 APOLOGIES FOR ABSENCE**

Apologies for absence are listed above.

#### **HSC.2 DECLARATIONS OF INTEREST**

There were no declarations of interest made at the meeting.

#### **HSC.3 MINUTES OF THE LAST MEETING**

The minutes of the meeting held on 20 June 2024 were agreed as an accurate record.

Councillor FitzGerald reported that all members had received an email regarding the appointment of a nominated Corporate Parenting Champion from each committee. It was explained that the person would receive training and would be responsible for advocating for Corporate Parenting matters at each committee.

Councillor FitzGerald asked for nominations.

**It was agreed:**

That Councillors Ryder and Walsh would be the Corporate Parenting Champions for the Health Scrutiny Committee.

#### **HSC.4 PUBLIC QUESTION TIME**

There were no public questions.

#### **HSC.5 MEMBER QUESTION TIME**

There were no member questions.

#### **HSC.6 HEALTH AND CARE UPDATE**

Will Blandamer, Deputy Placed Based Lead and Executive Director, Health and Adult Care gave a presentation giving an overview of the Bury Integrated Care Partnership operating model, priorities, NHS performance overview and finance.

The presentation explained that the role of the Health Scrutiny Committee is to;

- review and scrutinise matters relating to the planning, provision and operation of the health service in the area.
- require information to be provided by certain NHS bodies about the planning, provision and operation of health services
- require employees, including non-executive directors of certain NHS bodies, to attend
- make reports and recommendations to certain NHS bodies and expect a response within 28 days
- set up joint health scrutiny and overview committees with other local authorities
- have a mechanism in place to respond to consultations by relevant NHS bodies and relevant health service providers on substantial reconfiguration proposals
- have a mechanism in place to deal with referrals made by local Healthwatch

Bury Integrated Care Partnership describes the joint work of the key partners in Bury to manage and transform the health and care system in Bury and to provide better outcomes for residents and included Bury Council, Northern Care Alliance (inc. Fairfield General, and Community Health Services), Pennine Care Mental Health Trust, Manchester Foundation Trust, NHS Greater Manchester, Primary Care Providers – GPs/pharmacists/dentists/optometrists, VCFA and wider Voluntary Sector, Bury Healthwatch, Persona and other partners.

The Health and Care System in Bury costs about £450 million per year.

Will explained the ambition of the Partnership, set out the Governance arrangements and then explained how the Bury Locality Board fit in with the partnership and the programme of work and priorities for Bury.

There are 10 programmes of work: Urgent Care, Major Conditions including Cancer, Learning Disabilities and Autism, Complex Care, Mental Health, Primary Care, Adult Social Care Transformation, Ageing Well inc. frailty and dementia, Planned care and community services, and End of Life and Palliative Care.

The high level priorities were set out and the 6 obsessions which inform the way the priorities are delivered.

It was explained that an integrated neighbourhood team had been established in each of the towns in the borough creating five neighbourhoods and included adults care, community health services and GPs with plans to expand to include other parts of the health and care system. A model of family hubs was being rolled out within the neighbourhood footprint to support children, young people and families and other public services were being aligned on the same footprint with established public service leadership teams in each neighbourhood.

The presentation gave information on the Supra local footprint which had been developed with the Northern Care Alliance and the 4 localities they serve, Bury, Oldham, Rochdale and Salford as well as a partnership meeting with MTF (Manchester University NHS Foundation Trust), and partnership meetings with the 5 boroughs that Pennine Care Foundation Trust works on.

Information was provided on the GM context including the GM Strategy for Health Care and Wellbeing and the operating model. It was explained that there were financial challenges



across the GM system and work was required to produce a sustainability plan and align arrangements across the GM footprint for provision of services and treatments such as IVF.

The presentation included benchmarking information on how Bury was performing compared to the NHS indicators across GM including A & E attendance, the number of patients in hospital who are kept away from home, access to Children and young people's mental health services, inappropriate adult mental health out of area bed days, the percentage of patients identified as having 20% or greater 10 year risk of developing CVD are treated with statins and waiting time for planned care.

It was explained that the Director of Public Health will attend future meetings of the Health Scrutiny Committee to update on the public health outcomes framework.

It was also noted that the Director of Adult Services will bring forward performance reports on key indicators for ASC.

Councillor FitzGerald explained that she had attended the GMCA Joint Health Scrutiny Committee where the work of the Committee had been discussed. There were 9 meetings scheduled for this municipal year compared to 5 the previous year with teams meetings planned in between.

Councillor FitzGerald explained that the work of the committee included reviewing proposed consultations and the harmonisation of services/thresholds of access (such as IVF) across Greater Manchester. It was suggested that the Health Scrutiny Committee should have the opportunity to input in the work of the GMCA Committee and this could be done by Councillor FitzGerald sharing the Committee papers with members and if required having meetings to discuss.

The Cabinet Member for Health and Wellbeing, Councillor Tariq thanked Will for the presentation and highlighted some of the areas that the committee may wish to look at throughout the year and suggested that members may want to attend a visit to the Irwell Unit at Fairfield Hospital.

Those present were given the opportunity to ask questions and make comments and the following points were raised;

- Councillor Rubinstein referred to the statistics across GM and asked if there were also national statistics.

It was explained that statistics were measured locally regionally and nationally.

- Cllr Ryder referred to work being done to reduce specific acute non elective admissions and asked whether this was reflective of what was happening in the community.

Will explained that there the active case management processes in place to reduce unplanned admissions seemed to be successful.

Adrian reported that proactive care planning in GP surgeries had created 30,000 more GP appointments, a rapid response service had been established, extra resources had been made available at front of A & E and the implementation of same day emergency care were seeing unplanned admission figures consistently reducing.

- Councillor Gold referred to the fact that Fairfield Hospital was limited in the services it could provide which meant that Bury patients were required to attend other hospitals. He asked how the relationships were between hospitals.

Will explained that there was an excellent working relationship with Fairfield Hospital and across the Northern Care Alliance, there were fortnightly meetings with the NCA Chief Operating Officers as well as regular meetings with North Manchester and Bolton regarding maternity services.

- Councillor Walsh asked if the SEND Improvement Assurance Board had been established in the lead up to the CQC and Ofsted and whether it would continue to meet after the inspections.

Councillor Tariq explained that the long term position to turn around SEND requires Children and Adults services to work together.

Will reported that the Council and ICB will be required to respond to SEND and Pennine Care and the NCA will have input at different stages of the action plan. The ICB will be judged on timely access for supporting families. Will explained that he and the Executive Director of Children and Young People sit together on the Board.

- Councillor Duncalfe explained that Blackburn area health authority were in a similar position to Bury in that they use several hospitals as specialist centres of excellence to treat specific conditions. Blackburn have introduced a free scheduled bus service in between all of the various units in their area.

Councillor Duncalfe enquired as to whether Bury have considered introducing a similar service between sites as elderly and less mobile patients often do not drive and could have difficulty in travel between the various sites.

Will explained that this was not something that Fairfield and the NCA had considered but the NCA had indicated that they would contact Blackburn to find out more information. It was possible that they may consider a pilot scheme depending on the information provided and whether assessment information was available. It was stated that funding would be an issue as this was not something that the NCA could fund.

Councillor FitzGerald asked Members to consider all of the information provided to identify topics for inclusion in the work programme of the Committee:

It was also asked whether the Committee should establish a sub committee to input into the work of the GMCA or to share the agenda's with a view to having Teams discussions.

Councillor Lancaster suggested sharing the agendas with the committee as a first step with a Teams invitation being sent to allow those members that wish to be involved to meet to discuss.

Members were also asked to consider a visit to the Irwell Unit as suggested by Councillor Tariq.

### **It was agreed:**

1. That Will be thanked for the presentation.

2. That the Committee Members would consider the contents of the presentation and email the Scrutiny Officer/ Chair with suggestions for items to include on the work programme.

## **HSC.7 ELECTIVE CARE WAITING TIMES**

Will Blandamer gave a presentation giving an update on the elective care and cancer recovery programme.

The presentation included waiting times for appointments, national standards, waiting times for elective care for Bury patients at all providers and comparisons of RTT (referral to treatment) in specialities over 65 weeks and 78 weeks compared to GM.

It was explained that Dermatology, Trauma & Orthopaedic and ENT still have the highest proportion of total Bury Waiters in April. The highest proportion of 65 plus week waits are in Urology and Gynaecology. The highest proportion of 78 plus week waits are in Urology, ENT, Ophthalmology and other- Surgical Services all with 1 waiter.

There were 23 breaches of the 78 week standard at the end of March 2024, 12 of these were due to patient choice, 8 were capacity breaches and 3 were clinically complex.

Diagnostic services performance was good for Bury residents and the NCA were working through challenges.

With regards to performance in relation to cancer diagnosis and treatment it was reported that the Integrated Care Board were working closely with the NCA on access to treatment over 62 and a higher percentage of patients receiving diagnosis within the 28 day Faster Diagnosis Standard.

Will explained that the teledermatology appointments in Salford had gone live in October 2023, the impact on performance was positive with over 1600 patients attending an appointment

The impact was set out as follows; time to first appointment 13-14 days saved, time to FDS communication 7-8 days saved, FDS performance improved from 49.8% in October to sustained delivery of the standard since December.

The planning objectives and the work programme were set out within the presentation.

Members were given the opportunity to ask questions and make comments and the following points were raised:

- Councillor Duncalfe asked whether GPs were encouraged to refer patients for elective treatment in locality or whether treatment options further afield were considered.

It was explained that there should be no barriers to where elective services were carried out and all options should be considered.

- Councillor Boles referred to the current campaign being promoted reminding patients to bring their own medicine when being admitted into hospital and asked if information around this could be shared with elected members.

Will confirmed that this information would be shared after the meeting.

- Councillor Rubinstein asked whether there was any evidence of figures being manipulated to make it look like waiting times were less than they were.

Will explained that he didn't believe that this kind of practice was happening across the Northern Care Alliance. There was no evidence to suggest that this occurred. Adrian Crook explained that there were 522,000 patients on waiting lists in Greater Manchester, to manipulate the figures would take a considerable amount of work and there would be no benefit to doing so.

Councillor Tariq stated that if patients were concerned that they had been removed from a waiting list they could contact their local Healthwatch who would support them with any issues.

**It was agreed:**

1. That Will be thanked for the update.
2. That an update be brought to a future meeting of the Committee in 2025.

## **HSC.8 HEALTH INEQUALITIES UPDATE**

This item was deferred to a future meeting of the Committee.

## **HSC.9 COMPLIMENTS AND COMPLAINTS REPORT**

Adrian Crook, Director of Community Commissioning presented a report Providing members of the Health Scrutiny Committee with details of information relating to compliments and complaints within the Adult Social Care Services.

It is a statutory requirement to produce an Annual Complaints Report relating to Adult Social Care Complaints, received by the Corporate Core Department, Bury Council.

The report relates to the period 1<sup>st</sup> April 2023 – 31<sup>st</sup> March 2024, and provides comparisons between previous years, as well as detailing the nature, scope and scale of some of the complaints received.

The number of complaints received should be considered in context with the number of people actually having direct contact with Adult Social Care Services (excluding their relatives, friends or carers who might make complaints on their behalf). The number of people to have direct contact with Adult Social Care Services during 2023/2024 was 8,343. It is positive that the proportion of people wanting to make a complaint about the services received from the department is low at only 63.

Out of the 63 complaints received, 4 complaints came back to the department to advise they remained dissatisfied, meaning 59 complaints were resolved after the initial response.

The nature of the complaints were set out within the. There has been a slight increase in complaints relating to 'conduct of social care staff' (from 6 to 9). Whilst there has been a slight increase in this area, no particular service area, team or individuals have been highlighted as a concern.

The number of complaints received was also set out by service area. The report has highlighted a slight increase from previous years in complaints for CAD Hub, Choices for Living Well, Prestwich Integrated Neighbourhood Team and the Safeguarding Team. Although

the report highlights an increase the numbers are still relatively low, which does not indicate any area of concern.

The timescales to respond to complaints were reported. 49% of the complaints received were responded to within the 20 working day timescales, 27% of complaints were responded to outside of the 20 working day timescales, 13% of those were over 40 working days and 3% of complaints were responded to over 40 working days. Of the complaints responded to outside of the 20 working day timescales all complainants were kept updated on the delay, the reason for the delay and provided with a new response date.

The number of complaints investigated by the Local Government and Social Care Ombudsman (LGSCO) has not increased and remained as the previous years of 5 cases in 2023/2024. All five cases received by LGSCO were closed after initial enquiries.

In addition to complaints, the department also records the number of compliments received. The number of compliments received had increased from 601 to 826.

Included within the report were some examples of the positive feedback that had been received.

Members of the Committee were given the opportunity to ask questions and make comments and the following points were raised:-

- Councillor Tariq referred to the report and thanked the Adult Care Services for their commitment and hard work.
- Councillor Rubinstein asked whether departments and teams asked for feedback.

Adrian explained that this was not current practice across the teams but would be something that they were planning to promote.

**It was agreed:**

1. That Adrian be thanked for his presentation.
2. That the Adult Care Services staff be recognised for their hard work and commitment.

**HSC.10 WORK OF THE COMMITTEE**

Northern Care Alliance JOSOC

Councillor FitzGerald updated Members on the work of the Northern Care Alliance Joint Overview and Scrutiny Committee. It was explained that Cllr FitzGerald and Councillor Lancaster had attended the last meeting. There was currently one Bury vacancy on the Committee from Labour Group.

Councillor FitzGerald explained that the Committee included Salford, Oldham, Rochdale and Bury working together. She had reiterated the issue in the ToR about decisions should be made with all LAs represented (not agreed) and more clarification on how it fits with the GMCA level scrutiny.

NCA provide services beyond just the acute hospitals – specialist (Major trauma in Salford) and integrated care in localities. It was explained that the objective of the Joint Committee will be: To scrutinise the generic services provided by the Northern Care Alliance relating to the

health of the population in Bury, Oldham, Rochdale and Salford and contribute to the development of policy to improve health and reduce health inequalities in respect of services provided by the hospitals.

## GMCA JHOSC

Councillor FitzGerald had attended the GMCA Joint Health Scrutiny. The Committee had looked at the work plan plus the service reconfiguration around Adult ADHD and IVF.

Both of these have come up in this scrutiny meeting and they are the first steps in the harmonisation / alignment of provision being equitable across GM.

It was explained that other areas for review are: children's ADHD, Specialised commissioning cardiac and arterial vascular surgery, specialist weight management, diabetes structured education & children's autism.

## Work of the Health Scrutiny Committee

Members of the Committee were asked to discuss the work of the Health Scrutiny Committee.

Councillor Gold referred to Ambulance services and asked whether the work of NWAS was something that the Committee could look at.

Will reported that there was an ongoing piece of work to explore alternatives to admissions. Each of areas work slightly differently. NWAS were carrying out a live audit looking at live admissions. Work was also being carried out with regards to end of life and palliative care with care homes and NWAS and how to work with care homes to allow their residents to die with dignity in their home.

Will reported that urgent care was included within the forward plan.

Other areas highlighted for possible inclusion were;

- End of life care
- National funding to primary care to extend the range of clinicians within GP practices

It was reported that Primary Care was included on the work programme.

**COUNCILLOR E FITZGERALD**  
**Chair**

**(Note: The meeting started at 7.00 pm and ended at 9.25 pm)**

# The value of listening

Healthwatch Bury  
Annual Report 2023–2024





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**"Over the last year, local Healthwatch have shown what happens when people speak up about their care, and services listen. They are helping the NHS unlock the power of people's views and experiences, especially those facing the most serious health inequalities."**

Louise Ansari, Chief Executive at Healthwatch England





# Message from our Chair

**The Healthwatch Bury Annual Report presents us with an opportunity to pause and reflect upon our busy year.**

I hope you find it useful in providing insight into the impact we have had; on how we've spoken up for people's rights to health, helped to improve their access to healthcare, and gathered feedback that has enabled us to drive and influence change and shape local services. Our Annual Report speaks for itself in this respect, charting how our reach continues to expand, how our team supports hundreds of people each year to access the healthcare that they need, providing signposting, information, and feedback to them on how we have taken their views forward, and helped to make improvements. Our case studies illustrate positive ways in which local people have been empowered, how we anonymise their feedback on healthcare received whenever requested and continue to support our services to respond to changing needs, helping to ensure that patients are offered a range of ways to make appointments with health professionals, including those who are digitally or socially excluded, and carers.

I want to extend a huge thank you to Adam Webb, our Chief Officer, and all the team, who work tirelessly to ensure the voices of the citizens of Bury are engaged with, listened to, and actively heard, implementing an ambitious Enter and View programme which shines a light upon good practice and surfaces sub optimal standards and outcomes in healthcare services which are commissioned through the public purse. We are also indebted to our members, our volunteers, and our partners and allies for their steadfast support. My personal thanks are extended to the Healthwatch Bury Directors, who have grown in strength and capability over the last year, as we continued to use our statutory position to support change and improvement for local people. And finally, we couldn't have done it without you, the people of Bury, who have taken time to share your views, opinions and experiences with us, providing us with evidence of what good looks like and what needs to improve – in short, the intelligence with which to spot trends and create change.



**“Whilst the work we do has positively touched the lives of countless individuals across the Borough, we cannot afford to be complacent. Insight gathered throughout the year confirms that the need for support and system navigation prevails and is growing within all the communities of Bury, not least because of the pressures and budgetary constraints that our public services face. With this backdrop, our role as a watchdog for health and social care services has never been more important.”**

**– Ruth Passman, Chair Healthwatch Bury**



Each year our Healthwatch Board and team meets to set in place a challenging programme of work, and this report touches upon our key priorities for 2024-5, placing a laser focus upon helping people to navigate the healthcare system, improving access, uncovering health inequalities and unmet need, and supporting service improvements. I'm looking forward to us creating a positive impact and improvement wherever we can. Next year, we face challenging times once again and pledge to move forward with positivity, working alongside all those who live, work and volunteer in Bury, to meet local challenges with additional resolve and an exciting new resource. We shall soon be opening accessible 'shop front' premises in the centre of Bury, where people can visit us face to face for help and advice and join in engagement activities so 'watch this space'! The team are planning a great launch programme for our new premises, as well as a programme of Public Meetings.

Whilst the work we do has positively touched the lives of countless individuals across the Borough, we cannot afford to be complacent. Insight gathered throughout the year confirms that the need for support and system navigation prevails and is growing within all the communities of Bury, not least because of the pressures and budgetary constraints that our public services face. With this backdrop, our role as a watchdog for health and social care services has never been more important.

The Annual Report also shows the benefit and power of Healthwatch Bury working strategically, and it has been my pleasure to continue to work alongside our partners, and to represent Healthwatch Bury, and our citizen voices, on the Health and Wellbeing and the Locality Board.

I am confident that Healthwatch Bury will continue to be a driving force for positive change in our local health and care landscape. With our commitment to amplifying the voices of those we serve, we will strive to build a healthcare system that is truly inclusive, responsive, and equitable for all. Thank you for your continued support.

**Keep up to date with what we are doing,  
health and social care developments as  
well as guides, how-to's and plenty more.**

**Visit our website at  
[healthwatchbury.co.uk](https://healthwatchbury.co.uk)**

**You can also find us on LinkedIn,  
Facebook,  
X (formerly twitter),  
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or sign up to  
our e-bulletin.**



**Contact  
[info@healthwatchbury.co.uk](mailto:info@healthwatchbury.co.uk)  
for more information or assistance.**



# About us



## Healthwatch Bury is your local health and social care champion.

We make sure NHS leaders and decision-makers hear your voice and use your feedback to improve care. We can also help you to find reliable and trustworthy information and advice.

### Our vision

A world where people who live, work, volunteer, study and use services in Bury can all get the health and care they need.



### Our mission

To make sure Bury people's experiences help make health and care better.



### Our values are:

- **Listening** to people and making sure their voices are heard.
- **Including** everyone in the conversation – especially those who don't always have their voice heard.
- **Analysing** different people's experiences to learn how to improve care.
- **Acting** on feedback and driving change.
- **Partnering** with care providers, Government, and the voluntary sector – serving as the public's independent advocate.



# Year in review

## Reaching out:

**793 people**

shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

**325 people**

came to us for clear advice and information about topics such as mental health and the cost-of-living crisis.



## Making a difference to care:

We published **3 reports** about the improvements people would like to see in health and social care services.

Our most popular report was

### Our Enter & View report on Burrswood Care Home

which highlighted the issues raised by residents, families and staff at the service.

We also published **over 100 news stories** about health and social care developments on our website, and published many guides to help you get the care you need.

We published **4 activity reports** showcasing what we have been up to and highlighting issues to the health and care commissioners and services.



## Health and social care that works for you:

We're lucky to have

**25**

outstanding volunteers who gave up **22 days** to make care better for our community.

We're funded by our local authority.  
In 2023 - 24 we received

**£122,000**

which is the same as the previous 10 years.





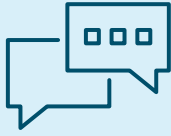



We currently employ

**6 staff (3.5 full time equivalent)**

who help us carry out our work.



# How we've made a difference this year

Spring	 <p>We highlighted concerns of people in Bury around access to pharmacy services and changes in provision.</p>	 <p>We took steps to get people the support they needed while waiting for planned care, involving patients in creation of new waiting well resources.</p>
Summer	 <p>Our team actively kept track of all vacancies to register with NHS dentists to help people that were struggling to get one themselves.</p>	 <p>We worked with our largest hospital trust to involve patients in improving accessibility of patient letters .</p>
Autumn	 <p>We raised issues in accessing sexual health services being experienced, particularly by women, to the providers to improve their referral process</p>	 <p>We worked with our local Mental Health Trusts to review quality assurance procedures in the aftermath of the Edenfield Scandal.</p>
Winter	 <p>We helped people access appointments and medical records via the NHS app, holding sessions to teaching people how to use it and supporting them if they couldn't.</p>	 <p>We helped people suffering in the cost-of-living crisis to access foodbanks, housing assistance and help with prescriptions.</p>

# Your voice heard at a wider level

## We collaborate with other Healthwatch to ensure the experiences of people in Bury influence decisions made about services at Greater Manchester Integrated Care System (ICS) level.

This year we've worked with Healthwatch across Greater Manchester, where we:



Gathered opinions from across our local communities and used our knowledge to contribute towards the development of the Greater Manchester Dementia United Quality Standards, the Greater Manchester ICS People and Communities Engagement Strategy and the Shanley Report.

Undertook a Greater Manchester Children and Young Peoples (CYP) Mental Health Project, with a focus on on pathways to mental health support. This project gathered peoples lived experiences of existing service provision across Greater Manchester. Recommendations and findings will be fed back to GM and local commissioners and providers to help shape future service delivery.



Appointed 3 key roles to the Healthwatch in Greater Manchester partnership. These include an Independent Chair of the Network, Chief Coordinating Officer and Administration and Data Officer. These roles will drive forward the leadership, coordination and delivery of the All Age Strategy 2022-2025 alongside partnership working across the Greater Manchester Healthwatch Network.

Worked in collaboration with Greater Manchester Patient Services to co-produce ongoing reports throughout the year which identify challenges and share the lived experiences of the people of Greater Manchester. We have, and will continue to, ensure their voices are heard throughout the Greater Manchester ICS through their Quality and Performance Committee.







# Listening to your experiences

**Services can't make effective improvements without hearing your views. That's why, over the last year, we have made listening to feedback from all areas of the community a priority. This allows us to understand the full picture, and feed this back to services and help them improve.**

# Giving people the ability to access essential care

**This year we have prioritised spending time with people who have had significant barriers to accessing healthcare and helping them to understand their rights and negotiate the system.**

Following work we carried out to identify groups of people in Bury that have been telling us that they are struggling to navigate the health and care system, we set up opportunities to speak to them in person. Taking a 'drop-in' model, where we would be available to talk to individuals to listen to the issues they were facing, regularly arranged to let them know when and where they could reach us, we found that there were plenty of people who were otherwise not having the help they needed made clearly available to them. We were able to prepare with the most up to date information available to help and to arrange further contact when needed to work through complex issues.

## Our specialist drop-ins included

Housing association tenants

Homeless people

Refugees and asylum seekers (including those fleeing the war in Ukraine)

Job centre sessions



## What did you tell us about?

- Some people were being given incorrect information about requiring ID to register with a GP and access GP appointments, and some were even told that nationals of particular countries were not eligible for primary care GP services..
- The reliance on apps and digital literacy to book appointments, access records and information was a significant barrier to those who struggle with technology and access to it, or those who struggle with English.
- That current systems available to book GP appointments were problematic for those that don't have regular reliable access to a telephone.

## What difference did this make?

- We were able to ensure that official communications went out and were fully understood by reception staff of the current rules and processes set out by NHS England about requirements for ID and eligibility for all to book appointments with a GP.
- People were given assisted to book essential appointments by our staff, and alternatives put in place for those that help them.
- We have increased knowledge of our offer of assistance to those underserved groups, people that work with them and professionals wanting to hear from them



## Listening to people using care-homes and using their experiences to push for improvement

**Taking action on concerns we had received, Healthwatch Bury decided to use our statutory powers to carry out an Enter & View visit to a local care home.**

Our team of trained representatives went to see first-hand how the service was being delivered, what the environment and atmosphere was like and to speak to those that were there.

We spoke to residents, staff and management, as well as gathering feedback from friends and carers of those in the home and discovered there were many issues. Our team escalated the concerns to the local authority and Care Quality Commission and it triggered an unannounced inspection.

Our team found that:

- Activities have been identified as a concern as it was reported residents on the dementia ward were not being included and this had been added onto the care teams list of tasks who were struggling with time and needed to prioritise personal care..
- Residents were also not permitted to go outside due to a fence being removed and the home expressed no plans to erect a new one.
- Food was not available outside of set mealtimes and families were told to bring additional food in to supplement what was offered, on top of a £200 per month increase in fees.

### What difference did this make?

- The inspection from the CQC following our report led to a rating of inadequate in all 5 key areas. This was followed by a team put together including the local NHS partners and Council services working intensely with the service to turn things around
- Capacity was reduced and some residents moved to alternative accommodation while a positive transformation occurred. Places are now opening up and the latest inspection has shown huge improvements.

Since our visit, extensive work has been undertaken by teams from Bury Council, local NHS services such as Medicines Optimisation teams, GPs, the Care Quality Commission and Healthwatch Bury has been involved throughout, able to inform the families and friends of residents of developments and changes.

Our relationship with these services has improved and we are a key part of quality assurance and scrutiny having proved how our intelligence can effectively aid improvement and provide an early warning.



**“they do not value the residents as people but more as ‘pound signs and income”**

– Member of care staff interviewed by Healthwatch Bury during the visit

## Three ways we have made a difference in the community

Throughout our work we gather information about health inequalities by speaking to people whose experiences aren't often heard.

### Creating empathy by bringing experiences to life

**It's important for services to see the bigger picture. Hearing personal experiences and the impact on people's lives provides them with a better understanding of the problems.**

We highlighted the issues people have had in accessing dementia assessments following our report last year. Local plans to establish a dementia steering group, and overarching Dementia strategy and quality assurance process have all involved us and highlighted the issues we raised. We will continue to ensure service users and their families will be represented in the process.



### Getting services to involve the public

**Services need to understand the benefits of involving local people to help improve care for everyone.**

Following the BBC Panorama programme that brought to light many problems at the Edenfield Centre Mental Health Unit in Prestwich, we have worked with our local providers to improve feedback and quality assurance processes in facilities delivering services in the borough, including private providers who deliver NHS services which has previously been something the system is not very good at. We are also working on improving reporting mechanisms to ensure concerns are responded to quickly and appropriately.



### Improving care over time

**Change takes time. We often work behind the scenes with services to consistently raise issues and bring about change.**

We have been bringing in experiences and feedback we have gathered into the process to redesign how intermediate care is delivered in Bury. Our enter & View visit to the current intermediate care facilities allowed us to make sure fresh and up-to-date experiences a core part of the intelligence and guidance we provided. As plans and strategy are being developed, we are using this to be sure designs are appropriate and inclusive for all those who may need it.



There's a summary of other some outcomes we've achieved this year in the Statutory Statements section at the end of this report.



## Hearing from all communities

**Over the past year, we have worked hard to make sure we hear from everyone within our local area. We consider it important to reach out to the communities we hear from less frequently to gather their feedback and make sure their voice is heard, and services meet their needs.**

**This year we have reached different communities by:**

- Holding drop-in sessions to help homeless people access services that they needed.
- Working with Asylum seekers, refugees and immigrant communities (such as those from Ukraine displaced by war) to ensure they can understand their rights and what care is available to them.
- Listening to those with sensory loss and physical disabilities to understand the barriers they face in getting GP appointments.

## Supporting those needing sexual health services

**We heard from people that were having problems understanding and accessing sexual health services in Bury and neighbouring boroughs and so looked into it.**

We found that it was exclusively women coming to us with problems accessing the services, including people from vulnerable groups. Information given on websites was not accurate, some reported having no responses from calls or messages and waiting times were very long.

### What we have done

- We met with the provider to highlight the issues people were having.
- We passed on the details of those that had come to us (with their permission) to be contacted directly to arrange appointments.
- We offered support in informing people of processes, pathways and what they can expect from the services as well as sharing developments and changes as they arise.

## Making sure 'Pharmacy First' fits in Bury

**The NHS has made moves to make pharmacies the first port of call for a growing number of conditions in an effort to reduce demand for GP appointments and to streamline the experience for many people.**

We have worked with local commissioners and providers to understand what this will mean for people and help direct them as appropriate.

We have collected feedback from pharmacy users and how the experiences have been and shared information, including:

- *When is it right to go to the pharmacy instead of a GP or A&E?*
- *What services can they provide?*
- *Does this change what people can access a GP and other services for?*
- *Can they prescribe medication?*

We will continue to be part of a process that monitors how things are going, how they can be improved and feeding back any intelligence we have.

We will also continue to ensure we are keeping the public informed of any changes as they happen.





## Advice and information

**If you feel lost and don't know where to turn, Healthwatch Bury is here for you. In times of worry or stress, we can provide confidential support and free information to help you understand your options and get the help you need. Whether it's finding an NHS dentist, making a complaint or choosing a good care home for a loved one – you can count on us.**

### **This year we've helped people by:**

- Assisting people to access the services they need
- Providing up-to-date information people can trust
- Helping people access NHS dentistry
- Supporting people to look after their health during the cost-of-living crisis

## Understanding patient communication needs

**It's essential that people have clear, accurate communication about their care. So Healthwatch Bury has been looking at the ways services communicate with their users.**

We have found that complaints and concerns we collect are very often about the communication people receive from the services they are using (or trying to access). These can vary from problems with understanding signage at hospitals, inconsistencies with patient letters, lack of interpreters or complex jargon used in descriptions.

So we are continuing to make it a priority to understand issues and help services to improve how they communicate.

### **What we have done so far:**

- Reviewed patient letters for Northern Care Alliance, assisting in their standardisation and accessibility work.
- Worked with groups with sensory impairment to understand their communication needs and feed back to the services that need help to get it right.
- Assessed signage at Fairfield Hospital to highlight issues in 'wayfinding'.
- Helped people access interpreting services appropriate for their needs and translated information for them.

## Increasing digital literacy in Bury

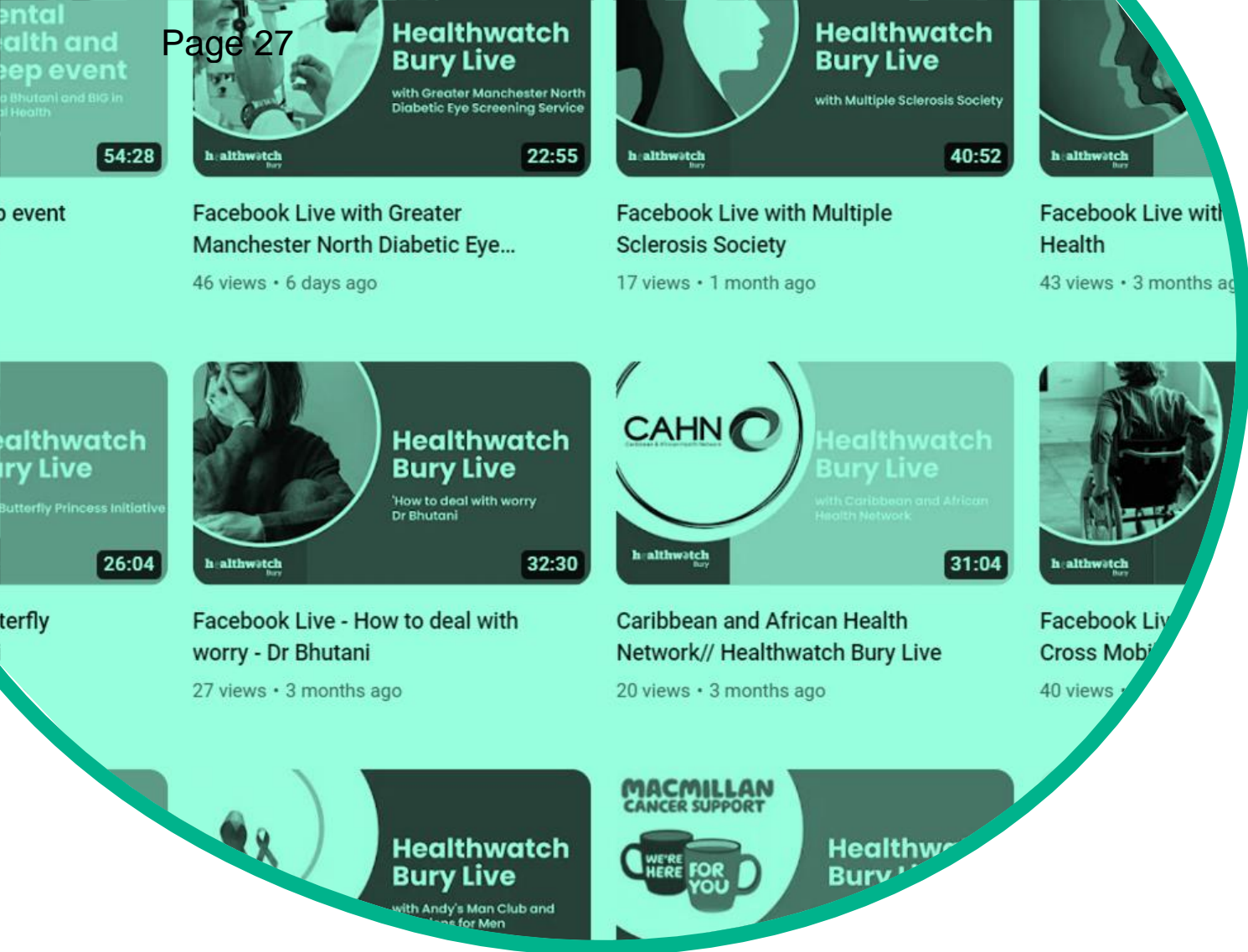
**Digital tools can make a positive difference to healthcare – but only if it's clear how to use them.**

Thousands of people are finding it easier to use digital health services in Bury, after Healthwatch Bury started offering guidance and learning sessions.

Digital platforms increasingly have a place in healthcare for things like booking appointments, especially after the pandemic. But there's a risk of exclusion for people who aren't confident with these services or can't access them.

### **Healthwatch Bury wanted to make sure everyone could get the benefits of digital services.**

- So, we ran face-to-face workshops at GP surgeries and one-to-one coaching at drop-ins to support people who are struggling with it to understand and confidently use online services.
- As well as making things easier for patients, the work has helped reduce time and money spent on calls to GP surgeries, and empowered patients to anticipate and act on their needs.
- We have registered people who couldn't do it themselves, set communication preferences and given people a full understanding of how to access their health information via the NHS App.



## Informing online

**Our Youtube channel now has more than 50 videos providing information from support groups and services, helping people understand the support that is available.**

We have been broadening the spectrum of subjects covered and organisations we have worked with to address areas people have asked for information about. Audio-visual information is supported by subtitles and transcripts can be translated if required, making us more accessible.

### **Our other online highlights include:**

- Publishing over 100 news and information articles about health and care affecting people in Bury on our website.
- Collecting more than 250 survey responses on our SmartSurvey platform, giving us easy, rich and varied avenues of feedback.
- Updating our LinkedIn page keeps the professional world up-to-date with our work and events, which has resulted in more partners and stakeholders getting involved with us.
- Using social media to give us the ability to collect feedback both directly, as well as using it as an 'ear to the ground' to find out what views are locally.





## Knowledge on the web

We provided many guides, explainers and updates on our website alongside local news and developments around health and social care.

Covering all sorts of topics, there is a wealth of useful content constantly being updated to help people in Bury understand and navigate the system.

However we can also use our website to see where people need the most help – Our guide to ‘How can you find an NHS dentist?’ was consistently one of our most popular pages, as was info on Bury sexual health services, which suggest people need better information on the subjects.

## Seeing and hearing

Since April 2022 we have published 48 of our live information sessions on Youtube, giving an ever-growing library of audio-visual information presented by services and groups themselves in their own words.

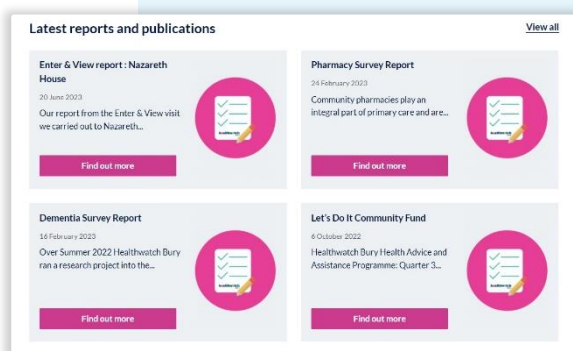
Covering subjects including Cervical Cancer Awareness, the role of community pharmacy, Bury Hearing Hub, Menopause awareness and plenty more, the sessions contain lots of background and also include a Q&A session at the end.



## Gathering reports

Our work often results in us creating reports on the areas we have been working on. You can find all these in the ‘Reports’ section of our website, along with past Annual reports, board minutes, activity reports and more.

Keep an eye out for our upcoming reports, including Enter & View reports and those on areas we are focussing on, such as the upcoming report on prescriptions.







## Our board & team

**Our board of directors comprises of a dedicated team who use their considerable skills, experience and knowledge to steer the work of Healthwatch Bury.**

The board are:

Ruth Passman (Chair), Alan Norton (treasurer), Tan Ahmed, Alison Slater, Masoud Sanii, Florence Sokol, Gita Bhutani and Jeff Glasser (stepped down November 2023)

### **Do you feel inspired?**

We have the opportunity to recruit more experience, skills and knowledge to our board, so please get in touch today if you think you are interested.



## Our staff team



Adam Webb – **Chief Operating Officer**

Annemari Poldkivi – **Research & Public Participation Officer**



Andrea Wilson – **Administration & Social Media Officer**

Shirley Waller – **Engagement Officer**



Charlotte Foster – **Volunteer Coordinator**

Beverley Santana Vega – **Engagement & Project Officer**



Laura Vallance – **Project support**





# Volunteering

**We're supported by a team of amazing volunteers who are at the heart of what we do. Thanks to their efforts in the community, we're able to understand what is working and what needs improving.**

## **This year our volunteers:**

- Visited communities to promote their local Healthwatch and what we have to offer
- Collected experiences and supported their communities to share their views
- Carried out enter and view visits to local services to help them improve



Since I began as a volunteer for Healthwatch Bury, I have seen a real growth and increase in their work. More projects are being taken on all the time, for example, for people with dementia and their families, access to GPs for people with sensory disabilities and Enter and View visits. Also many more outreach visits are taking place, for example on park benches, at Prestwich Clough day to name two. Park bench surgeries, attended by a couple of staff and a volunteer, involve a banner describing what Bury Healthwatch is all about. Also a variety of leaflets on topics in which people may be interested. Parks are chosen to catch passers-by who may be walking through for many reasons and give opportunity to talk face to face.



This is all as well as keeping up with legislation, linking in with the national Healthwatch body, networking locally to name a few other tasks. As a volunteer, it keeps me up to date in what is happening in the health and social care field nationally as well as in my local area. It allows me to meet up and work with employees and other volunteers so enhances my life as a retiree but I hope some of my experience brings a little value to the organisation.

**Florence –  
Volunteer for Healthwatch Bury**



## Do you feel inspired?



We are always on the lookout for new volunteers, so please get in touch today.

 <https://healthwatchbury.co.uk/volunteer>

 **0161 253 6300**

 [info@healthwatchbury.co.uk](mailto:info@healthwatchbury.co.uk)





## Enter & View Report

Holt House

Visit  
Rep

## Enter & view authorised representatives

These are our Healthwatch Bury volunteers that have gone through our thorough Enter & View training processes and have passed the relevant Disclosure and Barring checks, enabling them to conduct visits on behalf of Healthwatch Bury.

- Caroline Sutcliffe
- Florence Sokol
- Alison Slater
- Alan Norton

In addition to the above, our staff team have also undergone the training and checks and are authorised to conduct Enter & View visits.



# Finance and future priorities

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.

## Our income and expenditure

Income		Expenditure	
Annual grant from Government	£122,000	Expenditure on pay	£141,320
Additional income	£8,800	Non-pay expenditure	£18,767
		Office and management fees	£12,186
<b>Total income</b>	<b>£130,800</b>	<b>Total expenditure</b>	<b>£173,249</b>

\*Income for Greater Manchester Healthwatch delivery not included.

**Additional income is broken down by:**

- £2,000 received from Healthwatch England for work on a project.
- £2,000 received from the local ICS for joint work on a project.
- £800 funding received from a local charity to support their project.

**ICS funding**

Healthwatch across Greater Manchester also receives funding from our Integrated Care System (ICS) to support new areas of collaborative work at this level, including:

Purpose of ICS funding	Amount
Greater Manchester Network funding for single point of contact and administrative hub.	£ 99,000

**Next steps**

**Over the next year, we will keep reaching out to every part of society, especially people in the most deprived areas, so that those in power hear their views and experiences.**

We will also work together with partners and our local Integrated Care System to help develop an NHS culture where, at every level, staff strive to listen and learn from patients to make care better.

Our top three priorities for the next year are:

- 1. Tackling inequalities** – Helping improve the outcomes for those that the system isn't working well for
- 2. Uncovering unmet needs** – Amplifying the voices of those who are missing out on vital support
- 3. Improving navigation** – Helping people find their way around the complex world of health and social care to get the help they need.





# Statutory statements

**Healthwatch Bury CIC, 56–58 Bolton Street, Bury, Greater Manchester, BL9 0LL**

Healthwatch Bury uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.



## The way we work

### Involvement of volunteers and lay people in our governance and decision-making

Our Healthwatch Board consists of 7 members who work on a voluntary basis to provide direction, oversight and scrutiny of our activities. Our Board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community.

Throughout 2023/24, the Board met 8 times and made decisions on matters such as Our future public engagement plans, our contract with Bury council and its specifications as well as the future of our premises.

We ensure wider public involvement in deciding our work priorities by using public feedback, consulting with representatives and patient groups, involving volunteers and lay people in our Enter & View panel and inviting participation in our AGM.

### Methods and systems used across the year to obtain people's experiences

We use a wide range of approaches to ensure that as many people as possible can provide us with insight into their experience of using services. During 2023/24, we have been available by phone, and email, provided a web form on our website and through social media, as well as attending meetings of community groups and forums.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We will publish it on our website and will also have copies available at our engagement events as well as our AGM.

### Responses to recommendations

We had no providers who did not respond to requests for information or recommendations. There were no issues or recommendations escalated by us to Healthwatch England Committee, so no resulting reviews or investigations.

### Taking people's experiences to decision-makers

We ensure that people who can make decisions about services hear about the insights and experiences that have been shared with us.

In our local authority area, for example, we take information to Health Scrutiny Committee, Social Care Risk Escalation Group, the System Assurance Committee, Public Health Delivery Partnership, Elective Care and Cancer Recovery Board and several more.

We also take insight and experiences to decision-makers in the Greater Manchester Integrated Care System. For example, we have a representative on the GM System Quality group. We also share our data with Healthwatch England to help address health and care issues at a national level.

## Strategic representation

A key part of the role that we have played in carrying out our statutory responsibilities over the last year is our membership of and participation in the Bury Health and Wellbeing Board. As Chair, Ruth Passman has represented Healthwatch Bury on the Board, providing strategic input, constructive challenge and using influencing skills to ensure that the voice of services users, carers, patients and the public is heard. Working in collaboration with leaders from the healthcare system, the public, voluntary and community sector and a range of local stakeholders, this has enhanced our strategic impact last year, in close alignment with our input into the broader Greater Manchester (GM) programme of work to secure Healthwatch representation at all levels as we moved to an Integrated Health System.

### Greater Manchester

This year we have strengthened our relationship with neighbouring Healthwatch organisations and worked with Healthwatch across the patch to put in place arrangements to host the GM Healthwatch Network in Bury. This helps us to be at the forefront, ensuring that Healthwatch achieves a more united and powerful presence with which to influence decisions made about services at Greater Manchester Integrated Care System level.



Healthwatch Bury is represented on Greater Manchester Integrated Care Partnerships by Danielle Ruane – Chief coordinating Officer of the Healthwatch in Greater Manchester Network, and Greater Manchester Integrated Care Boards by Heather Etherage – Independent Chair of the Healthwatch in Greater Manchester Network. Ruth Passman represents Healthwatch in Greater Manchester on the Population Health Committee; a committee of the NHS Greater Manchester Integrated Care Board. In addition to being responsible for discharging the statutory organisational responsibilities of NHS GM, the Committee provides wider system leadership in relation to population health in Greater Manchester, with a primary focus on improving health outcomes and reducing health inequalities.

We have continued to build a strong local identity in 2023-4, taking forward an enhanced programme of joint work with the CQC to ensure we are best placed to receive and provide local intelligence on matters of concern regarding local health care services.

## Enter and view

This year, we made 4 of Enter and View visits. We made 14 recommendations or actions as a result of this activity.

Location	Reason for visit	What you did as a result
Care home – Burrswood	Patients raised safety concerns	Wrote a report with recommendations – the service followed up on these and patient safety improved.
Care Home – Holt House	Public requests for information	Wrote a report, shared findings with partners and made recommendations for improvements.
Intermediate Care Facility – Killelea House	To collect information prior to local service reconfiguration planning	Created report and associated recommendations to feed into future planning work.

## 2023 – 2024 Outcomes examples

Project/activity	Outcomes achieved
Health navigation drop-ins	Helped people access care services, report problems and gather intelligence.
Primary care access for people with sensory loss and physical disabilities	Helped people access primary care, improved knowledge and ability to use interpreters, service user experienced fed into service design and commissioning, provided information to staff around enhanced needs.
Patient letters	Assisted in redesign and standardising of patient letters from hospital trust, ensuring accessibility and comprehension of many groups.
Intermediate care	Provided intelligence, insight and experiences to enhance design of future service being scoped to cover Bury in coming years.
Dentistry	Monitored availability of places on NHS dentist patient lists and helped people get registered with an NHS dentist when they have not been able to themselves

## Message from the Chief Operating Officer

**It is clear for all to see that NHS and social care services are under extreme pressure at the moment and the need for those services is huge.**

Budgets have been reduced for both services to deliver, and in the households of the people that need to use them and the cost of living is causing life to be very difficult for many.

That means that our work at Healthwatch Bury is more important than ever. Our helpline often fields calls from people who are desperate for assistance having been passed from person to person with no action or resolution, trying to find the right place to go. This is often as a consequence of many services being withdrawn, cut or under pressure to narrow their remit due to budget pressures, leaving people stranded.

As a result, our workload has increased and we are also under pressure to deliver with no extra resource, but we are committed to help those that need it and will do whatever we can to assist people in navigating the system, as well as amplify their voices when it comes to decision making around those services.

We have sought to secure our future in delivering an effective Healthwatch for the people of Bury and have arranged to move in to new premises. Working with local housing provider Irwell Valley, we will have a shop unit where people will be able to visit us in person for help and advice, as well as being somewhere we can hold engagement activities.

We have also agreed on a new contract with Bury council to continue to deliver Healthwatch for the coming two years at least, allowing us stability and giving those who use our service a promise we will be around for some time to come.



**Adam Webb –  
Chief Officer, Healthwatch Bury**

**“To be honest I had given up. I had been told ‘sorry, we can’t help’ so many times I thought that was it. I was in pain and I had no idea what my rights were and without your help I would still be in pain. I shouldn’t need your help to see a dentist, but I am thankful you did help.”**

**– A Bury resident on getting an  
emergency dental appointment**



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 Instagram handle here

 LinkedIn handle here

 TikTok handle here

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## SCRUTINY REPORT

**MEETING:** Health

**DATE:** 18 / 09 / 2024

**SUBJECT:**

**REPORT FROM:**  
Healthwatch Bury

**CONTACT OFFICER:** Adam Webb

---

### 1.0 BACKGROUND *[brief]*

1.1 This is the 2023-24 Annual report for Healthwatch Bury

1.2 It details the work we have undertaken in the last business year, the people we have dealt with and the issues we have highlighted.

### 2.0 ISSUES *[brief]*

This report includes the issues we have identified and addressed over the past year both in the Bury locality and also as part of the network of 10 Greater Manchester Healthwatch. Subjects include using patient experience to inform regulatory and council bodies of serious problems in a care home, supporting people with sexual health services, digital health literacy in Bury, improving patient communication methods feeding into intermediate care redesign process.

It also highlights our coming priorities and our plans for the coming year.

### 3.0 CONCLUSION *[brief]*

This is a legal document and is available to the public, partners, stakeholders and Governmental bodies. It includes relevant statutory statements.

### 4.0 SAFEGUARDING IMPLICATIONS

N/A

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#### List of Background Papers:-

#### Contact Details:-

Adam Webb

Executive Director sign off Date: \_\_\_\_\_



JET Meeting Date:\_\_\_\_\_



# Prescriptions Project Report

Healthwatch Bury

May 2024





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## Introduction to Healthwatch Bury

This report has been produced by Healthwatch Bury. The Healthwatch network consists of 152 Healthwatch organisations across each of the local authority areas in England. It also has a national body called Healthwatch England based in London. We are all independent organisations who aim to help people get the best out of their local health and social care services, whether it's improving them today or helping to shape them for tomorrow.

Everything we say and do is informed by our connections to local people and our expertise is grounded in their experience. We are the only body looking solely at people's experience across all health and social care in Bury. As a statutory watchdog, our role is to ensure that local decision makers put the experiences of people at the heart of their care so that those who buy (commissioners) and provide our services (NHS Trusts, GPs, the voluntary sector and independent providers) can benefit from what Bury people tell us. Our reports on various elements of health and social care in Bury can be found on our website at the following link: [healthwatchbury.co.uk](http://healthwatchbury.co.uk) or by contacting us directly using the details on the back cover.







## Executive Summary

Healthwatch Bury conducted a research project to explore patient experiences with the prescription process. The aim was to identify key issues and local good practice example, assess the usability of digital platforms like the NHS app, and provide recommendations to improve prescription process and patient satisfaction. Data collection involved community group visits, engagement activities, and one-on-one interviews. 122 questionnaire responses were collected as part of the project.

Key findings identified included a lack of communication and coordination among GP practices, pharmacies, and patients. This repeatedly resulted in delays and errors in the prescription process.

Participants emphasised the need for enhanced online systems for managing prescriptions. Issues such as supply management and timely medication availability were critical areas needing improvement.

The findings suggest that immediate actions should focus on improving online systems, improving communication, and providing additional support services to patients. Continuous monitoring and additional research should be conducted to evaluate the effectiveness of implemented changes and address any emerging issues. Addressing these key issues and implementing the recommendations will lead to improving patient satisfaction and healthcare in the Bury area.





## Key findings

Q When asked to rate their initial contact with the healthcare professional prior to getting a prescription **the majority of respondents (65%) reported being either very satisfied or satisfied with their initial contact**, suggesting that many patients are generally content with their interactions with healthcare professionals.

Q **Lack of communication:** Several respondents highlighted poor communication between GP surgeries and pharmacies, leading to confusion and delays when getting prescriptions approved.

Q **High confidence in pharmacists:** 84% of respondents feel comfortable and confident asking their pharmacists for further information.

Q **54% reported being very satisfied, experiencing no problems in collecting their prescriptions.** This suggests that for many, the process is smooth and efficient. Several comments indicate that many patients benefit from delivery services.

Q An overwhelming **94% of respondents reported no financial barriers or concerns** related to the cost of their prescriptions. This suggests that for the vast majority, the current system of prescription costs is manageable and does not pose significant financial strain.

Q **NHS App:** 39% of respondents used the NHS app for ordering repeat prescriptions, and 25% for accessing medical records. However, 38% did not use the app at all, citing technical difficulties and poor integration across NHS trusts.

Q **Holistic Health Approaches:** The responses indicated that the recommendations such as exercise, social prescribing, and other holistic health approaches are still not widely used. Signposting to holistic health approaches would provide a broader treatment plan for patients.







## Our recommendations:

The key recommendations to local service providers and commissioners include the following:


### Improve Communication and Coordination

- 
- Q **Better Collaboration:** Improve communication between GP surgeries, pharmacies, and patients to avoid delays and reduce prescription mistakes.
  - Q **Regular Training:** Keep staff up-to-date with ongoing training on the latest procedures and technologies.


### Upgrade Digital Systems

- 
- Q **Modernise Tech:** Update and integrate digital systems to manage prescriptions better, ensuring medicines are always available when needed.
  - Q **Support and Educate:** Offer thorough technical support and training so patients and staff can make the most of digital tools like the NHS app.


### Make the NHS App Easier to Use

- 
- Q **Fix Technical Problems:** Sort out any technical issues quickly so the NHS app works well across all NHS trusts.
  - Q **Promote the Benefits:** Highlight the app's advantages and provide clear instructions to encourage more patients to use it.


### Improve Patient Support

- 
- Q **Provide Extra Help:** Offer additional support for patients managing their prescriptions, including help from family or carers.
  - Q **Set Up Helplines:** Signpost to or set up helplines or support centres to assist patients with any prescription-related questions or problems.

### Encourage Holistic Health Approaches

- 
- Q **Suggest Non-Medication Options:** Encourage GPs to recommend alternatives like exercise, social prescribing, and other holistic health practices.
  - Q **Raise Awareness:** Increase understanding and use of alternative prescribing methods to give patients more comprehensive support.

### Commit to Ongoing Improvement

- 
- Q **Keep Monitoring:** Continuously monitor and research to ensure changes are working well and address any new issues that come up.
  - Q **Gather and use Feedback:** Regularly collect patient feedback to find areas for improvement and make sure the prescription process meets their needs.



## Background

The primary issue addressed in this report was to gather patient experiences in regard to the prescriptions process in the Bury area. Key concerns include poor communication and coordination among General Practitioner (GP) practices, pharmacies, and patients, leading to delays and errors in prescription management. Additionally, there are significant challenges related to the usability of digital platforms, particularly the NHS app, for managing repeat prescriptions and accessing medical records. The need for enhanced digital systems and better support services for patients managing their prescriptions independently is also highlighted.

Bury Metropolitan Borough has a diverse population with varying healthcare needs. The Borough had a population of 193,846 according to the 2021 Census. The borough is characterised by a diverse demographic, with a significant proportion of the population being White British (78.2%), alongside notable communities of Pakistani (7.8%) and other ethnic groups.<sup>1</sup>

Unpaid care provision has also been a significant aspect, with 4.5% of residents providing up to 19 hours of unpaid care weekly, a decrease from previous years<sup>2</sup>. Bury has a higher prevalence of certain chronic conditions, including cardiovascular diseases and diabetes. These conditions are particularly prevalent among older adults, reflecting the borough's aging population. Many rely on regular prescriptions for managing chronic conditions.<sup>3</sup> This demographic profile underscores the importance of a reliable and efficient prescription service tailored to meet the needs of an aging population with significant health challenges.

Several other organisations have conducted research on prescription processes, focusing on issues such as electronic prescribing, patient satisfaction, and system efficiency. Notably, studies have highlighted common problems like communication breakdowns between healthcare providers and patients, and the need for better integration of digital health tools. However, while these studies have identified broad issues, they often lack detailed insights into the specific experiences and needs of local populations like those in Bury.

For instance, broader national studies have found that electronic prescribing systems can reduce errors and improve efficiency, but they also point to significant variability in implementation and user experience across different regions and healthcare settings. These studies generally recommend improving digital literacy among patients and healthcare providers and ensuring robust technical support for electronic systems.

The findings from this report are particularly relevant to the Bury area. The report reveals that a substantial portion of the population faces barriers in using digital platforms like the NHS app, with 38% of respondents not using the app at all due to

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<sup>1</sup> [Bury \(Metropolitan Borough, United Kingdom\) - Population Statistics, Charts, Map and Location \(citypopulation.de\)](https://citypopulation.de/en/uk/bury-metropolitan-borough)

<sup>2</sup> [Home - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

<sup>3</sup> [Local Authority Health Profiles - OHID \(phe.org.uk\)](https://phe.org.uk)

The feedback from local engagement activities, including park bench surgeries and community events, indicates a strong preference for better communication and coordination among GP practices, pharmacies, and patients to reduce delays and errors in the prescription process.

Overall, this report provides a comprehensive overview of the challenges faced by the local community in managing prescriptions and offers targeted recommendations to improve the efficiency and effectiveness of the prescription process in this area. By addressing these issues, local healthcare providers and commissioners can significantly enhance patient satisfaction and healthcare outcomes.

- Q [Pharmacy Report 2023-24 \(parliament.uk\)](https://www.parliament.uk)
- Q [Prescribing exercise and physical activity to treat and manage health conditions - PMC \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/36111111/)
- Q [NHS England » Green social prescribing](https://www.nhs.uk/news/2023/06/23-green-social-prescribing/)
- Q [A "Prescription" that Cares for the Whole Person \(mindful.org\)](https://www.mindful.org/2023/06/23/a-prescription-that-cares-for-the-whole-person/)
- Q [Improving patient safety through feedback on prescribing errors \(health.org.uk\)](https://www.health.org.uk/news/articles-and-opinions/improving-patient-safety-through-feedback-on-prescribing-errors)
- Q [The Causes of and Factors Associated with Prescribing Errors in Hospital Inpatients | Drug Safety \(springer.com\)](https://www.springer.com/journal/10987/advance-article/doi/10.1007/s10987-023-09750-1/1)
- Q [Challenges and advantages of electronic prescribing system: a survey study and thematic analysis | BMC Health Services Research | Full Text \(biomedcentral.com\)](https://www.biomedcentral.com/submit/submit-your-manuscript)
- Q [NHS England » NHS campaign to help patients get treatment from their pharmacy](https://www.nhs.uk/news/2023/06/23-nhs-campaign-to-help-patients-get-treatment-from-their-pharmacy/)





## Methodology

Survey questions were produced to look at patient experiences with prescriptions.

Following its official launch in December 2023, the survey was distributed and promoted in a range of ways, including:

- Healthwatch Bury's website, ebulletin and social media channels (Facebook, X, Instagram, LinkedIn)
- Face-to-face engagement, including park bench surgeries, community events and attending coffee mornings.
- Stalls at local health centres and Fairfield General Hospital.
- Visiting local groups including Breathe Easy, Speakeasy, One Step Bury, Big in Mental Health, Parkinson's Support Group, local food banks, housing support sessions, International Women's Day event and Women of Worth group.
- Posters displayed in local GP surgeries and pharmacies.
- Asking statutory organisations, health and social care providers, local businesses, voluntary sector partners and community groups to promote the survey.
- Direct emails to contacts and organisations.
- One to one interviews with patients.
- Hard copies available on request.



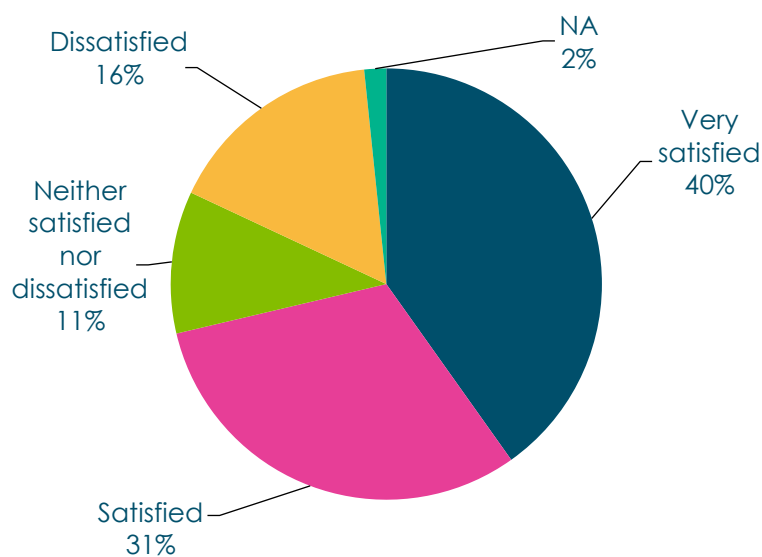


## Findings

We received 122 responses to the survey between end of December 2023 and beginning of May 2024.

All respondents, except for one, had received a prescription from a healthcare professional within the past 12 months, ensuring responses in the report are based on recent experiences.

We asked the patients to rate how satisfied they were with the process overall:



The majority of respondents, 71%, expressed satisfaction with the process of getting a prescription. However, a notable minority, 16%, were dissatisfied, and 11% were neutral, indicating that while most people had a positive experience, there is room for improvement in the prescription process.

When asked to rate their initial contact with the healthcare professional prior to getting a prescription the responses are mixed but generally positive amongst patients. The majority of respondents (65%) reported being either very satisfied or satisfied with their initial contact, suggesting that many patients are generally content with their interactions with healthcare professionals. However, a notable portion (18%) were neutral, and a significant minority (17%) were dissatisfied or very dissatisfied, indicating areas for improvement.

### Overview

**122**  
responses to  
the survey

**71%**  
said they were  
satisfied with  
the process  
overall.



## Initial Contact

*'It took me 3 days and numerous attempts to get in touch with a GP. Then I had to do an over the phone appointment only to be told by the GP that they needed to see me before prescribing, so had to wait a further 2 days to get in for a face to face. One week later I was able to get the medication I needed.'*

– Survey  
Respondent

## Positive Experiences

**Helpful Staff** Some comments highlighted positive interactions with healthcare professionals and pharmacy staff, who were described as helpful and informative.

**Effective Processes** Respondents appreciated the straightforward process of obtaining repeat prescriptions and the responsiveness of their GPs and pharmacies.

**Convenience and Efficiency** Many respondents praised the convenience of using the NHS app for repeat prescriptions, finding it easy to order medications and receive timely notifications from their pharmacies.

## Areas of Concern

**Access to appointments** A common issue was the difficulty in securing appointments, with many patients expressing frustration over long wait times and the prevalence of telephone consultations instead of face-to-face visits.

**Communication Issues** Poor communication between GP surgeries and pharmacies was frequently mentioned. Patients often discovered prescription issues only upon arriving at the pharmacy, leading to further delays and the need for additional appointments or calls.

**Administrative Errors** Errors such as incomplete prescriptions, wrong medications, and missing repeat prescription items were noted. These mistakes often required patients to return to their GP or pharmacy to resolve the issues.

**Systemic Delays** around Bank Holidays and weekends, and procedural issues like the requirement to wait until only seven days of medication are left before reordering, were sources of frustration for patients.

**Technology-Related Problems** Some patients experienced significant delays due to the use of prescription apps, with one respondent mentioning a two-and-a-half-week delay.

**Inadequate Support** Several comments highlighted a lack of support and knowledge from healthcare professionals, particularly in specialised areas such as menopause treatment. Patients sometimes had to make multiple appointments before receiving appropriate care.





The overall sentiment towards initial contact with healthcare professionals prior to obtaining a prescription is mostly positive, with a significant majority expressing satisfaction. However, the detailed comments reveal several areas that require attention to improve the patient's experience. Improving appointment availability, communication between healthcare units, minimising administrative errors, addressing systemic delays, and providing better support and information to patients are crucial steps to increase satisfaction and streamline the prescription process.

## Case Study:

### Understanding medication changes



*"I've been feeling really dodgy about going to the pharmacy lately. The medications I've been taking suddenly changed brands, and I have no idea why or what it means for my health. The chemist I go to is the only one nearby, but every time I'm there, it's chaos. The staff look so busy and stressed; I hate to bother them with my questions.*

*But lately, I've noticed that the dosages on the labels seem different from what I'm used to, and sometimes the labels on the packets don't match what's inside the bag. It's confusing and worrying. I'm not sure if it's a mistake or if something has changed with my prescription that I don't understand.*

*I wish I knew how to approach the pharmacist about this, but I don't even know what questions to ask, I can't even pronounce some of the names of the pills. I feel a bit lost and just muddle on myself. Maybe I should try to go when it's quieter, but even then, I'm not sure if I'll get the chance to talk to someone who can explain things to me properly. It is pretty frustrating because my health feels like it's nearly out of my control right now, and I don't really know how to fix it."*

- **82 year old North Bury resident**





The responses to the question about encountering challenges or delays in getting prescriptions approved indicate notable issues within the prescription process. With 52% of respondents reporting difficulties and 47% stating they did not encounter such problems; the data reveals that a significant portion of patients face obstacles in obtaining their medications.

Patients reported common issues like:

**Lack of Communication** Several respondents highlighted poor communication between GP surgeries and pharmacies, leading to confusion and delays. Patients often discover problems only when they arrive at the pharmacy, resulting in additional steps to resolve the issue.

**Appointment and Availability Issues** Difficulties in securing appointments with GPs and the unavailability of certain medications further complicate the process. Some patients experienced delays, specifically near Bank holidays.

**Administrative Errors** Mistakes such as medications being missed from repeat prescriptions or incomplete prescriptions were also noted. These errors often required patients to return to their GP or pharmacy to rectify the situation.

**Systemic and Procedural Issues** Situations such as not being sent their regular prescription after transferring to a new surgery or being unable to order medication until only a week's supply is left, highlight procedural inefficiencies. These rules and oversights can create unnecessary delays and stress for patients.

**Technology-Related Delays** Use of prescription apps has led to some delays, as mentioned by a respondent who faced a two-and-a-half-week delay due to the app.

**Other Issues** Instances of incorrect medications being prescribed, changes requiring payment, and GP's limited knowledge about certain conditions (e.g., menopause) also emerged as barriers.

Overall, while almost half of the respondents reported no issues, the experiences of the 52% who did face challenges highlight the need for improved communication, streamlined processes, and better system management to ensure timely access to medications.

## Getting prescriptions approved

47%  
had not experienced delays in getting their prescription approved.



## Collecting prescriptions

# 54%

reported  
being very  
satisfied,  
experiencing  
no problems  
in collecting  
their  
prescriptions.



The responses regarding the latest experience with collecting prescriptions are generally positive for most patients but also highlight several areas of concern. A majority of respondents (54%) reported being very satisfied, experiencing no problems in collecting their prescriptions. This suggests that for many, the process is smooth and efficient. Several comments indicate that many patients benefit from delivery services, which add convenience and reduce the need to visit the pharmacy.

Several issues were identified in the responses, including delays, availability problems, and logistical challenges.

**Wait Times and Delays** 11% of respondents noted that while their prescription was ready, the pharmacy staff was very busy, resulting in wait times. 16% reported that their prescription was not ready when they arrived, and 10% had to return later to collect it. This indicates a significant portion of patients experiencing inconvenience and delays.

**Medication Availability** 5% mentioned that their usual medication was not available, and they were given an alternative, which could potentially affect their treatment. Several comments reiterated concerns about supply issues, leading to delays or substitutions.

**Errors and Miscommunications** 2% received the wrong medication, highlighting the risk of prescribing errors. Comments also indicate instances of miscommunication, such as medications being prescribed incorrectly or issues with repeat prescriptions, leading to confusion and multiple visits to the pharmacy.

**Logistical Challenges** Some patients expressed frustration with the limited opening hours of their pharmacies. While many appreciate delivery services, some reported delays in delivery or issues with coordinating delivery times.

**Technology and Systemic Issues** Some patients faced difficulties with online prescription systems, including delays and the inability to cancel orders. A few comments pointed to delays caused by the GP's part in the prescription process, suggesting a need for more streamlined procedures.



The responses to a question around comfort and confidence to ask further information around medication or condition show a largely positive attitude. A significant majority (84%) of respondents feel comfortable and confident seeking advice from their pharmacists.

### Positive Findings

**High Confidence** The fact that 84% of respondents feel comfortable and confident asking their pharmacists for further information underscores the pharmacists' role as accessible and trusted healthcare providers.

**Helpful and Understanding Staff** Several comments highlight positive relationships with pharmacy staff, who are described as helpful, understanding, and knowledgeable about new medications.

### Areas for Improvement

For the 16% of respondents who do not feel comfortable or confident, several key themes emerged in their comments:

**Privacy Concerns** Many respondents expressed discomfort due to a lack of privacy in pharmacies. The absence of private rooms or the need to discuss sensitive information in open areas where others can hear were common concerns. This lack of privacy can discourage patients from seeking advice.

Suggestions for improvement include ensuring that consultations occur in private rooms or more discreet settings to protect patient confidentiality.

**Perception of busyness** Some patients feel that pharmacists are too busy to provide thorough consultations, leading them to avoid asking for advice to not take up the pharmacist's time.

Addressing this perception could involve better managing the workflow to ensure pharmacists have dedicated time for patient consultations without interruptions.

**Professionalism and Communication:** A few comments indicated that some pharmacists come across as unapproachable, which can deter patients from

## Confidence in pharmacists

# 84%

of  
respondents  
feel  
comfortable  
and confident  
asking their  
pharmacists  
for further  
information.





seeking their help. Improving staff training on customer service and communication skills can develop more positive patient-pharmacist interactions.

**Specificity of Advice** Patients noted that while pharmacists are knowledgeable, they often cannot prescribe medications. This limitation can lead patients to prefer consulting their GP or specialist for detailed medical advice, especially for conditions requiring prescriptions.

Clear communication about what pharmacists can and cannot advise on, and promoting their role in medication management, can help set realistic expectations. Recent Pharmacy First campaign will help to address this and will set out what pharmacies can and cannot deliver.

**Physical Accessibility and Auditory Issues** Comments from patients with hearing difficulties highlighted the need for better accommodation, such as private consultation spaces where they can communicate more effectively without background noise.

Ensuring accessibility features and providing alternatives for those with hearing impairments can improve the experience for these patients.

**Trust and Relationship Building** For some patients, trust in their pharmacist has been built over time, and this trust enhances their comfort in seeking advice. However, building such relationships requires consistent, positive interactions.

Encouraging pharmacists to engage regularly with patients and take the time to build relationships can foster greater trust and comfort.

While the majority of patients feel comfortable and confident seeking information from their pharmacists, addressing privacy concerns, improving customer service, managing the perception of busyness, and accommodating specific patient needs can further increase this. By implementing these improvements, pharmacies can ensure that all patients feel secure and supported in their interactions with pharmacists, thereby optimising the quality of care and advice provided.

## Confidence in pharmacists

*'Often the pharmacist talks through the plastic screen or in the open shop, rather than a private area in which I could hear better due to my poor hearing.'*

Survey  
respondent





## Accessibility

83%

indicated they  
received  
medication  
information in  
an accessible  
format.



A significant majority (83%) of respondents indicated that they received medication information in an accessible format. This suggests that most patients feel well-informed about their medication.

**Areas for Improvement** The feedback from the 7% who answered "No" and their additional comments provide insights into specific areas that need consideration.

**Clarity and Readability** Some respondents noted that the printing on the medication label isn't always clear, which can make it difficult to read important information. Several comments mentioned that the writing is too small, especially for those who wear glasses. Increasing the font size on labels and informational leaflets can help.

**Plain language and simplicity and Understandability** There is a need for information to be presented in plain English, avoiding technical jargon that can confuse public. Patients appreciate simple and clear instructions. Suggestions like asking to write instructions directly on the medication box were mentioned. Information leaflets are often too technical. Simplifying these leaflets while maintaining essential information could improve understanding.

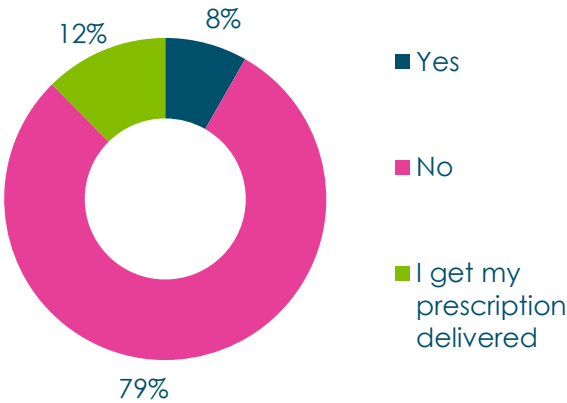
**Completeness of Information** Some patients reported not receiving specific instructions, such as the need to clean teeth after using certain medications. Ensuring all necessary information is provided is essential. A few comments indicated that they did not receive any explanation about their medication. Providing thorough explanations during consultations or through printed materials can help.

**Accessibility to Healthcare Professionals** Some respondents expressed a desire to speak directly to a GP for clarification about their medications. Ensuring patients have access to healthcare professionals for questions can help.

While the majority of patients feel that the information about their medication is accessible, addressing the concerns of those who do not is essential for improving patient satisfaction and safety.



Are there any transport issues that affect your ability to access your prescriptions?



While the majority of respondents do not face transport issues when accessing their prescriptions, the 8% who do face significant challenges that need to be addressed. Additionally, the 12% who use delivery services indicate the importance of this option in overcoming transport barriers.



Transport

79%

do not have any transport issues that affect their ability to access prescriptions



## Cost of Prescriptions

94%

of respondents reported no financial barriers or concerns related to the cost of their prescriptions.



The responses show a generally positive view, with a small minority expressing specific concerns.

An overwhelming **94% of respondents reported no financial barriers or concerns** related to the cost of their prescriptions. This suggests that for the vast majority, the current system of prescription costs is manageable and does not pose significant financial strain.

**6% of respondents indicated financial concerns related to their prescriptions.** Although this is a small percentage, it highlights important issues that need to be addressed to ensure fair access to necessary medications.

Some respondents, such as those currently in full-time education or with medical exemptions, express worry about future costs once they no longer qualify for exemptions. This highlights the need for support during transitions without financial strain.

Issues like being required to pay for over-the-counter medications such as Gaviscon Advance, which are not prescribed, present financial burdens for some patients. Respondents on benefits who struggle to afford medications over the counter and face administrative hurdles to get prescriptions highlight the need for more streamlined processes and support for vulnerable populations.

Some patients report difficulties in accessing their prescriptions due to the need for in-person requests, which can be inconvenient and costly, particularly for those with mobility issues or living in remote areas.

Patients needing ongoing medications expressed frustration at not being able to obtain more than a month's supply at a time, which increases the frequency and overall cost of obtaining prescriptions.

While most respondents do not face financial barriers related to prescription costs, the concerns raised by the 6% who do highlight areas for improvement. Addressing these issues through targeted support and information<sup>4</sup>, simplified processes, and better financial support can help ensure that all patients have equitable access to necessary medications without financial strain.

<sup>4</sup> [Help with Health Costs in Bury leaflet April 2024 \(healthwatchbury.co.uk\)](https://healthwatchbury.co.uk)



Primary methods of arranging repeat prescriptions from the responses received:

**Pharmacy Requests** 31% of respondents ask their pharmacy to request their repeat prescriptions, showing a reliance on pharmacy services for convenience.

**Digital Platforms** 30% order their prescription through the NHS app. This indicates a significant implementation of digital solutions for managing healthcare needs

**Direct Contact with GP Practices** 11% ring their GP practice, 12% go to their GP practice in person to order.

**Less common methods** include NHS and GP Websites. A smaller percentage of respondents use the NHS website (2%) or their GP practice website (2%) to order prescriptions. 13% use various other methods, indicating some fragmentation in the process.

### Challenges with Current Systems:

- Several respondents mentioned difficulties with using the phone, such as long hold times and calls being cut off. This can lead to frustration and a preference for in-person visits despite the inconvenience.
- Problems with app functionality and verification barriers highlight a need for improved user experience and expert support.
- System Inconsistencies. The transition from GP to pharmacy-based systems has caused some confusion and inconvenience for patients.



## Repeat prescriptions

31%

of respondents ask their pharmacy to request their repeat prescriptions.



## Positive Feedback on Digital Solutions

**NHS App and pharmacy apps:** Those who successfully use the NHS app find it convenient and efficient, reflecting its potential as a primary tool for managing prescriptions if usability issues are addressed. Specific pharmacy apps received positive feedback, indicating that tailored solutions from pharmacies can also be effective.

A significant number of patients **rely on their pharmacies to manage their prescriptions**, suggesting that pharmacies play a crucial role in the medication management process.

Despite the availability of digital options, some patients still prefer or are forced to **visit their GP practice in person** due to issues with other methods. Some patients have turned to email communication with their pharmacies as a workaround to the problems faced with other systems.

The responses show a diverse range of methods used by patients to arrange their repeat prescriptions, with a strong preference for digital solutions where efficient. However, significant challenges with phone systems and digital platforms need to be addressed. Enhancing the usability of these systems and improving integration with pharmacies can streamline the process, making it more convenient and efficient for patients.

## Repeat prescriptions

# 30%

order their  
prescription  
usually  
through their  
NHS app.







The survey reveals that 34% of respondents have experienced difficulties with obtaining repeat prescriptions for their medications, while 66% have not. The detailed comments provide insights into the specific issues encountered by patients:

**Online Ordering System issues** include system hiccups. Problems with the online ordering system are frequently mentioned, causing delays and confusion in the prescription process. Medications being out of stock is a common issue, requiring additional trips to alternative pharmacies.

- A significant number of respondents highlighted **poor communication between GPs and pharmacies**, leading to delays and errors. Some comments indicate issues with reception staff at GP practices, which can impact the efficiency of processing prescriptions.
- Patients often need to see their GP for **medication reviews** or approval before prescriptions can be issued, which can cause delays. Inaccuracies in prescription records, such as outdated medications being listed or current ones omitted, create further complications.
- **Availability of medications and stock issues** at pharmacies is a frequent issue. Substitutions with cheaper alternatives without proper checking of allergy information or medical advice led to problems.
- **Approval delays** are caused because prescriptions sometimes remain unapproved on doctors' desks, causing delays. Problems with the timing of issuing prescriptions, such as only issuing them the week they are due, can result in patients nearly running out of medication.
- **Problems with using prescription apps** are mentioned, causing frustration and delays. Conflicting information about the prescription process from different sources (GP surgery, pharmacy, NHS website) adds to the confusion.

While a majority of respondents do not face difficulties in obtaining their repeat prescriptions, a significant minority do encounter various issues primarily related to communication, system reliability, and medication availability.

## Repeat prescriptions

66%

of patients had not experienced any difficulties when obtaining repeat prescriptions for their medications.



## Medication review

42%

of  
respondents  
found it Easy  
or Very Easy to  
schedule and  
attend  
medication  
reviews.



We asked respondents to rate how easy or difficult they found to schedule and attend regular medication reviews.

### Ease of Scheduling and Attending Reviews:

**Easy to Very Easy (42%):** A significant portion of respondents found it relatively straightforward to schedule and attend medication reviews, with some noting that reviews were conveniently conducted over the phone.

**Neutral (12%):** A smaller group found the process neither easy nor difficult, indicating a neutral experience.

### Difficulties Experienced:

**Difficult to Very Difficult (23%)** A considerable number of respondents experienced difficulties, citing long wait times, challenges in booking appointments, and communication issues, such as phone calls being cut off after long hold times.

**Lack of Awareness and Missed Reviews (22%)** Many respondents were either unaware of the concept of a medication review or reported never having had one. Some mentioned that they were overdue for a review or had not been contacted despite needing one.

**Frequency and Format.** Some respondents noted that medication reviews are often conducted by phone, which they found convenient. A few reported being asked for frequent reviews, which they found unnecessary or burdensome.

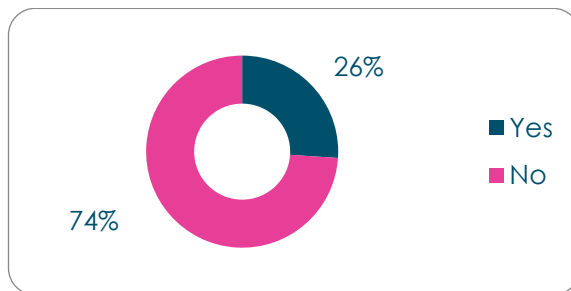
**GP Surgery Specific Issues.** Specific surgeries were mentioned for their poor phone systems, leading to frustration among patients.

**Scheduling Challenges.** Several comments highlighted the difficulty of getting appointments with GPs, with some noting that it can take weeks to see a doctor or that hospital appointments are generally more accessible.

**Positive feedback** was given to healthcare providers that proactively scheduled and conducted reviews, especially those done over the phone, which was seen as convenient.



We asked if patients have ever needed assistance from family members, friends, or caregivers to obtain or manage their prescriptions.



**26% Said Yes** A significant minority of respondents indicated that they have required assistance from family members, friends, or caregivers to obtain or manage their prescriptions. **74% Said No.** Most respondents manage their prescriptions independently, without needing external help.

**Dependency on Others.** The 26% who require assistance highlight a dependency on social care systems, which may indicate issues with accessibility, mobility, health literacy, or other barriers to independently managing prescriptions. **Potential Strain on Caregivers** This dependency can place additional responsibilities on family members, friends, or caregivers, potentially affecting their time, resources, and well-being.

**Support Services:** The data suggests a need for healthcare services to offer additional support for those who struggle to manage their prescriptions independently. This could include:

- **Home Delivery Services:** Expanding pharmacy delivery services to reduce the need for physical visits.
- **Simplified Medication Management Tools:** Providing tools or resources to help patients better manage their medication schedules.
- **Enhanced Communication:** Ensuring clear and accessible communication about prescriptions, possibly through phone consultations or in-person guidance.
- **Community Outreach:** Engaging with community groups to offer education and support for those who may face challenges in managing their prescriptions.

## Support from carers

**26%**  
of  
respondents  
need  
support from  
their family,  
friends or  
carers to  
obtain or  
manage  
their  
prescription.



## NHS application

# 39%

of respondents  
use the NHS  
app for  
ordering their  
repeat  
prescriptions.

# 38%

of respondents  
does not use  
the NHS app.

We asked patients to share with us if and how they use the NHS app, the results below:

**Order Repeat Prescriptions** 39% of respondents use the NHS app to order repeat prescriptions, indicating a significant reliance on the app for medication management.

**Access Medical Records** 25% use the app to access their medical records, highlighting the app's role in facilitating personal health information access.

**Set Up Preferred Pharmacy** 22% use the app to set up a preferred pharmacy for collection, showing moderate use for streamlining prescription pickups.

**Contact GP** 11% use the app to contact their GP, suggesting some use of the app for direct communication with healthcare providers.

**Proxy Setup for Family Members:** 1% use it to set up their family member by proxy for them to order and collect prescriptions, a feature not widely utilised.

**Non-Users** 38% do not use the NHS app at all, indicating a considerable portion of the population either lacks access to or chooses not to engage with the app.

### App Limitations and Issues:

Several respondents highlighted frustration with the NHS app, particularly concerning its inability to integrate records across different NHS trusts. This inconsistency requires users to manually transfer information between systems, which is time-consuming and clumsy.

Technical issues such as app malfunctions, verification failures, and memory constraints on devices were common complaints.

There is a notable desire for better functionality and integration, especially for those with complex medical histories and appointments across multiple trusts.



## NHS application

*'I tried three times to download the NHS App, went through all the steps but it doesn't go past the verification stage'*

Survey  
respondent



### Positive Feedback and Use Cases:

Some users expressed satisfaction with the app during the COVID-19 pandemic, appreciating the remote contact with GPs and the convenience it offered during that time.

The app is also valued for facilitating easy prescription orders and managing pharmacy preferences, making these processes more efficient.

### Barriers to Use:

A portion of respondents reported not using the app due to medical conditions that hinder app usage, lack of technical knowledge, or preference for other methods like in-person visits or pharmacy-specific apps.

Others indicated a lack of need for the app or dissatisfaction with its performance, prompting them to avoid it altogether.

### Alternatives and Workarounds:

Some users rely on pharmacy-specific apps or prefer direct communication with their pharmacists for managing prescriptions.

The app's shortcomings have led some to revert to traditional methods, such as phone calls or in-person visits, despite recognizing the potential convenience of digital solutions.

**Training and guidance** We identified some good practice examples locally where Patient Participation Groups (PPGs) have introduced drop-in sessions at GP practices. During these sessions, PPG members assist in raising awareness about the NHS app, providing support and training to patients on how to set up and use the app. This initiative not only helps patients become more proficient in managing their health appointments but also benefits GP services by enabling patients to cancel appointments through the app, thereby reducing administrative burdens.





We asked if patients had ever been directed to anything else other than medication.

A significant majority of respondents (76%) indicated that they have not been directed to anything other than medication. This suggests a predominant reliance on medication in their treatment plans.

**Exercise** is the most common non-medication recommendation, with 16% of respondents reporting this. It indicates a recognition of the benefits of physical activity in managing health.

**Social prescribing**, where individuals are directed to non-medical support such as community activities, was mentioned by 7% of respondents. This suggests some awareness and use of holistic health approaches.

A small percentage (2%) mentioned being directed to **books**, indicating a minor role for bibliotherapy or educational resources in their treatment. The smallest group (1%) mentioned being directed to **green spaces**, suggesting that nature-based interventions are not widely prescribed.

Various **other** alternatives were mentioned, accounting for 6% of responses:

- Beats (Bury Exercise and Therapy Service)
- Thinking ahead (Low mental health support)
- Tai chi (practice that involves a series of slow gentle movements and physical postures)
- Physiotherapy, a common recommendation for various physical ailments.
- Gym for back problems
- Counselling and therapy, Mental health support

The data highlights a significant reliance on medication, with exercise being the most common alternative recommendation. There is a diversity of other interventions, but their relatively low mention suggests an opportunity for broader implementation of holistic health strategies.

Personalised care, taking into account individual preferences and needs, appears to be fundamental for efficient health management.

## Alternative prescribing

76%

of respondents have not been directed to anything other than medication.

16%

of respondents have been prescribed exercise by their health professional.



## Accessing prescriptions



Positive feedback was received about proactive pharmacy services and digital solutions.

We asked patients to share anything else about accessing their prescriptions.

The responses indicate a mixed experience with accessing prescriptions, with notable areas for improvement in communication, system efficiency, and service accessibility. Positive feedback about proactive pharmacy services and digital solutions highlights the potential for technology to enhance the prescription management process. However, addressing supply issues, ensuring better coordination between healthcare providers, and improving customer service remain vital to increasing patient satisfaction.

### Supply and Quantity Issues:

**Long-term Medications:** Many respondents expressed frustration with not being able to receive a sufficient supply of long-term medications (e.g., BP/cholesterol meds). They questioned why lifelong medication could not be provided in larger quantities.

**Supply issues:** Issues with stock availability and switching to generic medications without patient consultation were highlighted, particularly for those with visual impairments.

### Convenience and Accessibility

**Pharmacy Services:** Positive feedback was given to pharmacies that provide delivery services and proactive customer services. However, the closure of some pharmacies on weekends and limited opening hours were noted as inconveniences.

**Digital Solutions:** The NHS app received praise for making the ordering process easier, though some found it challenging initially. Some participants suggested improving the app further and addressing delays in medication delivery.

### Communication and Coordination:

**GP-Pharmacy Coordination:** Several respondents reported communication issues between GP practices and pharmacies, leading to delays and errors. There were instances of prescriptions not being processed in time or incorrectly issued.



## Accessing prescriptions



Responses indicated a need for improvement in communication, system efficiency, and service accessibility.

**Customer Service:** Positive interactions with pharmacy staff were noted, but there were also complaints about GP receptionists and the need for better communication regarding medication changes and availability.

### System and Process Efficiency:

**Telephone and In-Person Requests:** Many respondents found it inconvenient to order prescriptions via phone or in person, suggesting the need for a dedicated prescription line or an easier online system. Some preferred the old system where they could request medications over the phone.

**Appointment Delays:** Difficulty in getting timely GP appointments for medication reviews was a common issue, leading to delays in receiving necessary medications.

### Emergency and Urgent Needs:

**Emergency Prescriptions:** Positive experiences were shared about receiving same-day emergency prescriptions, which was particularly helpful for those who forgot to order on time.

### General Satisfaction:

**Overall Experience:** While many respondents reported satisfactory or excellent experiences with their pharmacies, issues with GP practices, and delays in prescription processing were recurring themes.

**Improvements Needed:** Suggestions included having a separate phone line for prescriptions, better coordination between GPs and pharmacies, clearer communication, and more flexibility in prescription quantities.





## Case Study:

### Navigating Life with a Rare Immune Condition: A Patient's Journey

**G** Over a decade ago, a patient received a life-altering diagnosis for a rare immune system condition, which took an entire year to identify. This disease causes painful, cigarette-like burns all over the body. To manage it, the patient relies on a special medication that can only be prescribed by a hospital consultant at Fairfield General Hospital, where they attend regular check-ups.

Initially, the patient's medical journey was stable. Every three to four months, they had clinical check-ups with a fantastic consultant who deeply understood their condition. However, everything changed when COVID-19 hit. Suddenly, appointments were frequently cancelled or replaced with phone calls due to the high risk of infection. This disruption wreaked havoc on the patient's health, leaving them mostly bedbound and easily exhausted.

Since the pandemic, the patient's care has been inconsistent. Now, every three months, they see a different locum specialist, making it difficult to build a trusting relationship. For an entire year, all appointments were over the phone, which wasn't sufficient for managing such a complex condition. The frequent cancellations and changes cause immense anxiety, and the patient constantly worries about their condition worsening without proper oversight.

The medication is the patient's lifeline, but it's potentially dangerous and requires regular blood tests. Despite this, the current system forces the patient to travel to the hospital twice for each visit: once to see the consultant and again to pick up the prescription. Given their severe mobility difficulties, this is incredibly taxing. Public transport is costly and inconvenient, adding another layer of stress to an already challenging situation.

All the patient wants is some consistency and reliability in their care. They need appointments to go ahead as planned to avoid the anxiety and fear that come with last-minute cancellations. Combining consultations and prescription pick-ups into a single visit would significantly reduce the strain on their body and mind. Seeing the same specialist regularly would help rebuild the trust and understanding that is so crucial for managing their condition effectively.

Transportation is another significant hurdle. Assistance with travel costs or finding more convenient ways to get to the hospital would make a world of difference. While in-person visits are essential, telehealth could be a valuable tool for minor follow-ups, reducing the need for frequent trips and allowing the patient to manage their energy better.

Navigating this rare immune condition is a constant struggle for the patient, but with more consistent care, streamlined visits, and better support, their quality of life could greatly improve.





The demographic survey data reveals a predominantly older, female, White British, and Christian population. The high percentages of long-term conditions and disabilities align with the older age distribution. There is a notable presence of carers. The respondents are diverse in marital status. There is also a presence of minority sexual orientations and ethnicities. This shows the responses represent varied personal and cultural backgrounds.

### Gender and Age Distribution

The majority of respondents were female (78%), with males making up 21% and non-binary individuals 1%. This may affect the survey's results, potentially highlighting issues and treatments more relevant or accessible to women.

The age distribution shows a predominantly older population:

- 32% are 75+ years
- 30% are 65-74 years
- 13% are 55-64 years
- 14% are 45-54 years
- Only 8% are under 45 years

This indicates that the survey results are more reflective of the experiences and needs of an older demographic.

### Geographical distribution

The respondents are primarily from Ramsbottom, Elton, and North Manor (36%), followed by Redvales (23%), Prestwich (17%), and Radcliffe and Whitefield (both 12%).

### Ethnicity

A large majority (84%) identify as White British. Other notable groups include:

- 6% from any other white background
- 3% White Irish
- 1% each for Chinese, Pakistani, African, Caribbean, Asian and White, another ethnic background, and those who prefer not to say

This may mean the survey findings might not fully capture the experiences of minority ethnic groups.

## Demographics

92%

of survey  
respondents  
were over 45  
years.







## Sexuality

Most respondents are heterosexual (83%), with smaller percentages identifying as asexual (4%), bisexual (4%), lesbian (1%), gay (1%), and other (1%). This suggests the data is predominantly reflective of heterosexual experiences.

**Religion:** The respondents are mostly Christian (59%) or have no religion (25%). Other religious affiliations include:

- 7% Jewish
- 1% each for Muslim and Buddhist
- 2% other religions
- 6% prefer not to say

This indicates a significant Christian representation, but also a notable proportion of people with no religious affiliation.

The respondents are varied in their **marital status**:

- 35% married
- 23% single
- 20% widowed
- 11% divorced
- 3% cohabiting
- 2% separated
- 1% in a civil partnership
- 5% prefer not to say

This diversity suggests that a wide range of personal circumstances are represented.

## Health Conditions and Disabilities

- 53% have a long-term condition, which is significant considering the age distribution
- 24% have a disability
- 14% consider themselves to be carers. These figures highlight the high prevalence of long-term conditions and disabilities, reflecting the likely health challenges faced by the respondents.

## Demographics

53%

of respondents  
live with a  
long-term  
condition.

24%

of respondents  
have a  
disability.

14%

of respondents  
are carers.



## Acknowledgements

Many thanks to all participants, community groups, volunteers and partners who helped make this report possible.

## References

1. [Bury \(Metropolitan Borough, United Kingdom\) - Population Statistics, Charts, Map and Location \(citypopulation.de\)](#) (Accessed June 2024)
2. [Home - Office for National Statistics \(ons.gov.uk\)](#) (Accessed June 2024)
3. [Local Authority Health Profiles - OHID \(phe.org.uk\)](#) (Accessed June 2024)
4. [What help can you get to pay for your prescriptions? | Healthwatch Bury](#) (Accessed June 2024)

## Contact us

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If you require this information in an alternative format,  
please contact our office via the details below.

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# SCRUTINY REPORT

**MEETING:** Health

**DATE:** 18 / 09 / 2024

**SUBJECT:**  
Prescriptions

**REPORT FROM:**  
Healthwatch Bury

**CONTACT OFFICER:** Adam Webb

---

## 1.0 BACKGROUND *[brief]*

- 1.1 This is a report on the subject of prescriptions and prescription services created by Healthwatch Bury
- 1.2 Our objectives were to explore patient experiences with the prescription process. The aim was to identify key issues and local good practice example, assess the usability of digital platforms like the NHS app, and provide recommendations to improve prescription process and patient satisfaction. Data collection involved community group visits, engagement activities, and one-on-one interviews. 122 questionnaire responses were collected as part of the project.

## 2.0 ISSUES *[brief]*

Key findings included:

Several respondents highlighted poor communication between GP surgeries and pharmacies, leading to confusion and delays when getting prescriptions approved.

The responses indicated that the recommendations such as exercise, social prescribing, and other holistic health approaches are still not widely used.

38% did not use the NHS app at all, citing technical difficulties and poor integration across NHS trusts.

The majority of respondents (65%) reported being either very satisfied or satisfied with their initial contact, suggesting that many patients are generally content with their interactions with healthcare professionals.

## 3.0 CONCLUSION *[brief]*

The report contains the detail, but we produced Six recommendations to address the points raised for the relevant services working in the process of issuing and supplying as well as monitoring prescriptions. This review is coming at a time where 'Pharmacy first' policy will have an impact on the capacity and delivery capabilities of pharmacies, and as patient-led ordering is being phased in, we feel it is important to heed the findings of the report in implementation of these changes.

## 4.0 SAFEGUARDING IMPLICATIONS

N/A

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**List of Background Papers:-**

**Contact Details:-**

*Adam Webb*

Executive Director sign off Date:\_\_\_\_\_

JET Meeting Date:\_\_\_\_\_

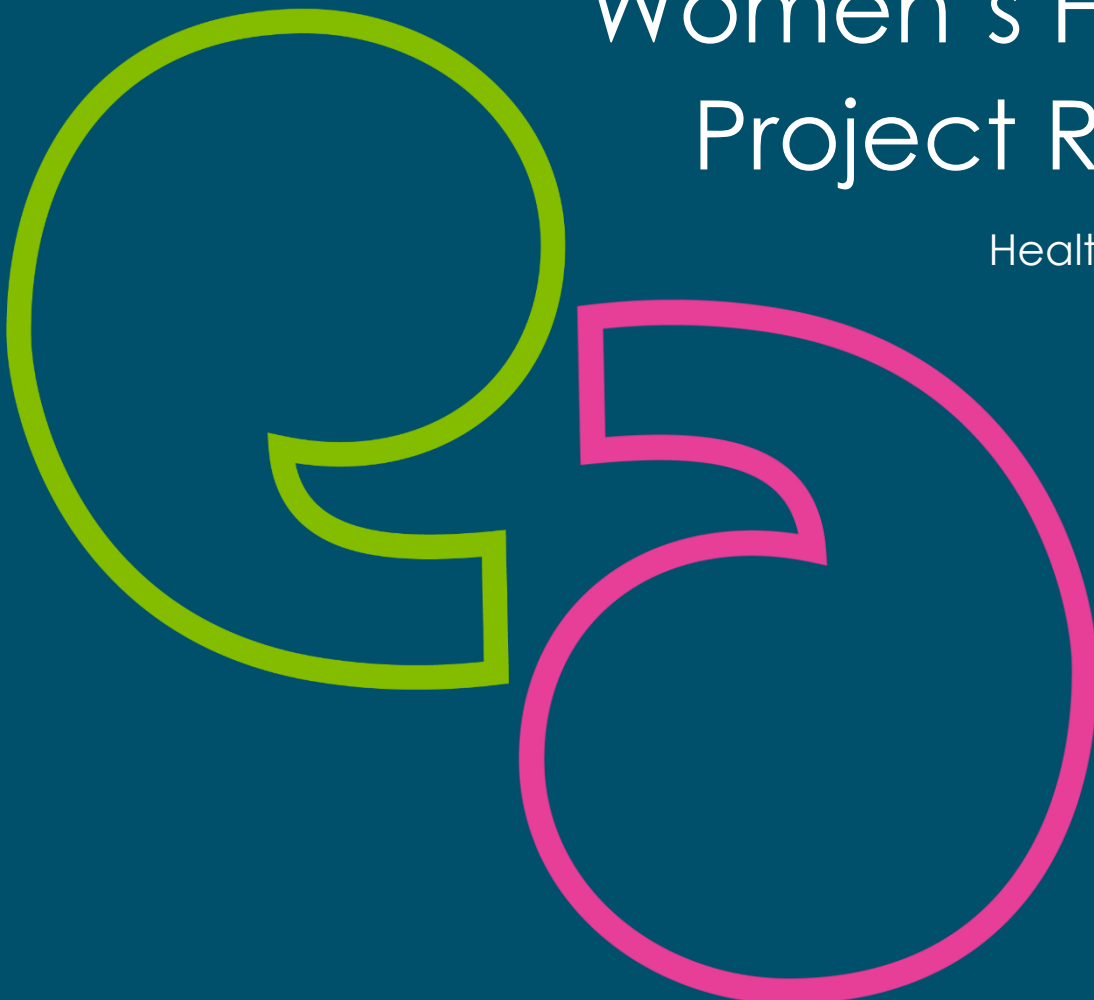




# Women's Health Project Report

Healthwatch Bury

May 2024





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## Introduction to Healthwatch Bury

This report has been produced by Healthwatch Bury. The Healthwatch network consists of 152 Healthwatch organisations across each of the local authority areas in England. It also has a national body called Healthwatch England based in London. We are all independent organisations who aim to help people get the best out of their local health and social care services, whether it's improving them today or helping to shape them for tomorrow.

Everything we say and do is informed by our connections to local people and our expertise is grounded in their experience. We are the only body looking solely at people's experience across all health and social care in Bury. As a statutory watchdog, our role is to ensure that local decision makers put the experiences of people at the heart of their care so that those who buy (commissioners) and provide our services (NHS Trusts, GPs, the voluntary sector and independent providers) can benefit from what Bury people tell us. Our reports on various elements of health and social care in Bury can be found on our website at the following link: [healthwatchbury.co.uk](http://healthwatchbury.co.uk) or by contacting us directly using the details on the back cover.





## Executive Summary

The department of health and social care developed a Women's Health Strategy in August 2022 highlighting several specific issues which impact women in the UK.

Women generally live longer than men but spend a significantly greater proportion of their lives in ill health +/or disability when compared with men. Little focus is placed on women-specific issues like miscarriage and menopause and women are under-represented in clinical trials. Men were often used as the default choice in research and clinic trials, this has led to gaps in insight and data.

Healthwatch Bury have engaged with local women to find out more about their experiences of health and care services during their adolescent, reproductive and post reproductive years in order to understand and improve local services.

### Our objectives

To understand the experiences of women in our community around health & social care across the life course

### Our questions

Do women have the right information at the right time in their lives to enable them to make their own decisions and informed choices?

We developed a questionnaire and carried out consultation between November 2023 & February 2024. We talked to local groups, organisations and attended several events, including GM Women's Health Strategy event in Stretford, GM Menopause event in Bury and International Womens Day (Women of Worth) and spoke to women of all ages across the Borough.

162 women took part in the consultation completing questionnaires either online or face to face and their experiences have been included in this report.

A summary of findings are detailed below and we hope the planned introduction of Women's health hubs will provide a unique opportunity to address some of the issues identified and provide a more caring, informative and timely experience for local women.





## Key findings

- Q Many respondents to our survey reported health concerns and symptoms associated with menstruation and menopause which are part of the normal life course journey & affect all women
- Q Experiences were very mixed, but satisfaction levels were generally higher if women felt listened to, received good information and had options/treatment explained to them
- Q A number of women reported having their symptoms dismissed as 'too young for menopause' or 'its normal for your age' or diagnosed with anxiety with little or inappropriate treatment offered
- Q Several women reported that mainstream treatments/medications were unsuitable for their symptoms due to other health issues, but GP's lacked knowledge about suitable safe alternatives
- Q Lack of information available for women over what to expect, symptoms or where to get 'trusted & reliable information'. This was particularly difficult for women where English was not the first language or some Jewish women who did not have digital access
- Q There was some reported confusion over where to go for contraceptive advice, particularly coil fitting and removal as some GP Practices offered this service, and others did not. Difficulty accessing sexual health clinic appointments were also noted.
- Q Concerns were raised by several women that they were now too old for screening services ie. mammograms and cervical smear tests. This caused them anxiety and impacted their mental health.
- Q Issues reported by Intersex or Transsexual women when trying to access screening services. Staff dismissive and uninformed.






## Our recommendations:


### Timely planning

-  Services to be planned around Women's healthcare needs across the life course with timely access to information and advice around life changes


### Accessible and useful information

-  Information to be easily available to all women and girls about what to expect across the life course, understanding symptoms and where to get help. This should be available in easy read formats, pictorial and community languages


### Knowledgeable and understanding staff

-  Healthcare staff to receive adequate training around Women's health and the planned Women's health hub should include specialist staff who are able to offer advice, support and treatment on the broad range of issues concerning Women's health

### Addressing diverse needs

-  Healthcare staff to receive enhanced training around LGBTQI+, minority & ethnic communities and learning disabilities and the impact that life changes, have on people with limited access to education and knowledge


### Personalised care

-  Hub staff to take time to listen, explain and advise on options for treatment and healthcare to all women and girls and be knowledgeable about alternatives to standard treatments for women with complex health conditions.

### Knowing the options

-  Improved training for GP's on treatments that could be suggested if they are unable or unwilling to take HRT

### Holistic approaches

-  Consideration of services around specific needs or requirements for patients with Learning Disabilities or Physical Disabilities, who are of minority ethnicities, and Orthodox Jews.



## Background

The department of health and social care developed a Women's Health Strategy in August 2022 highlighting several specific issues which impact women in the UK.

Women generally live longer than men but spend a significantly greater proportion of their lives in ill health +/or disability when compared with men. Little focus is placed on women-specific issues like miscarriage and menopause and women are under-represented in clinical trials. Men were often used as the default choice in research and clinic trials, this has led to gaps in insight and data.

Women's healthcare needs are generally predictable across the life course but there are many areas where women still struggle to access care.

400,000 women enter perimenopause stage each year but many struggle to recognise their symptoms or get timely treatment. 1:20 suffer severe symptoms & 1:10 women leave their jobs due to untreated menopause. 1:10 women visit primary care at least 10 times before diagnosis with 1:3 women not diagnosed for 3 years.

Many of these health issues are predictable but services are not planned around women's health, often lack capacity (48,000 women in GM waiting for gynaecology appointments), or healthcare professionals have not had sufficient training.

This has been recognised nationally and funding has been provided by Department of Health and Social Care (DHSC) for the establishment of Women's health hubs across the country. A recent statement issued by NHS England in April 2024 provided some clarity on how this funding is to be used:

By the end of July 2024, Integrated Care Boards (ICB's) should have at least one health hub operational with further expansion by December 2024. Funding has been received in Greater Manchester for this area of work and our report on

## WOMENS HEALTH AS AN EMERGING PRIORITY



**Maternity deaths are 4 times higher in black women and 2 times the norm in Asian women.**



**1 in 3 women over the age of 60 years suffer from urinary incontinence, often as a result of past pregnancy & childbirth.**





Women's health experiences in Bury should provide some context to the need and concerns in the local area.

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*'Hubs do not have to be a building or specific place; they may employ digital resources to provide virtual triage or consultations, or alternatively they may make use of existing facilities.'*

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The core services to be included in the hubs include:

- Menstrual problems, assessment and treatment (including endometriosis and POS)
- Menopause, assessment and treatment
- Contraceptive advice and provision
- Preconception care
- Breast pain assessment and care
- Pessary fitting and removal
- Cervical screening
- Screening and treatment for STI's and HIV

Our engagement and research seeks to understand the current service provision for women in Bury around some of the main life events affecting women's health and wellbeing in line with priorities identified in the Women's Health Strategy for England 2022.

The planned introduction of Women's health hubs in Greater Manchester is an opportunity to address some of the barriers to provision, capacity issues affecting diagnosis and treatment and the need for timely and effective advice and support, and we hope this report will assist health providers to understand and act on the experiences of women in Bury to improve local service provision.



## Methodology

Survey questions were produced using background information from the Department of Health & Social Care Women's Health Strategy for England report 2022 to identify the scope for our consultation and using local knowledge from previous conversations with patients who have sought help from HWB in the past 12 months. Feedback was included from Health Commissioners and Sexual Health Service Manager Bury.

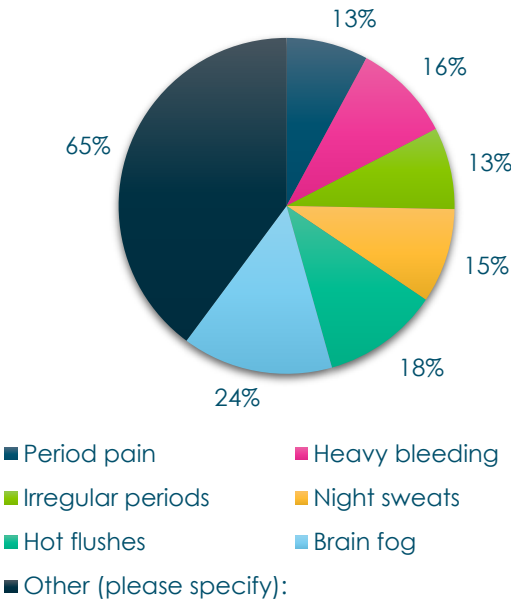
- Q The survey was promoted using Smart survey on Healthwatch Bury website and social media (Twitter and Facebook)
- Q Promotion at local community groups targeting primarily women, for example, breastfeeding group, parent and toddler groups, women's groups supporting vulnerable women.
- Q Promotion at local events, for example, GM Menopause event (Bury), Women of Worth Christmas Fayre, Cost of Living event
- Q Promotion through minority ethnic community groups and organisations such as Gupp Shapp, The Fed Mums group, BRAC, Eagles Wing
- Q Church groups and Community Cafes
- Q Discussions with service managers on how women's health issues affect residents with Disabilities and Learning Disabilities.
- Q Direct mail out to voluntary sector partners, community groups and health providers
- Q Hard copies of the survey were available on request





Findings

1. In the past 12 months have you received help or advice from a healthcare professional for:  
(Please tick all that apply)



A total of 162 Women responded to this survey with 42% reporting health concerns associated with menstruation with a further 47% reporting symptoms associated with menopause. All respondents had sought help from a healthcare professional during the past 12 months.

Other conditions or concerns that respondents reported consulting a health professional for included: osteoporosis, joint pain, post-menopausal bleeding, urinary infections, urinary incontinence, prolapse, hormone related anxiety, hyperemesis gravidarum, post-partum support, cystitis and perimenopause. Many of these conditions affect only women or primarily women.

These figures demonstrate the huge impact of women's health over the life course on the healthcare system.

SEEKING HELP

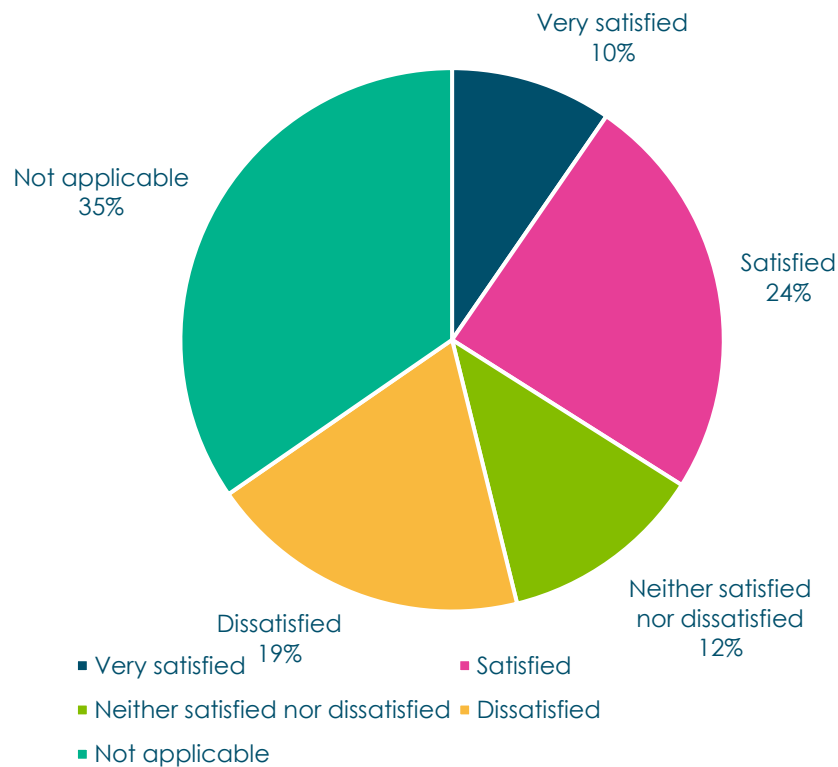
A total of 162 Women responded to this survey with 42% reporting health concerns associated with menstruation with a further 47% reporting symptoms associated with menopause.

All respondents had sought help from a healthcare professional during the past 12 months.





## 2. How satisfied were you with any advice, support and help given for your symptoms?



A total of 34% of women reported they were satisfied or very satisfied with the help and support they had received with 19% reporting dissatisfaction. The following question explores the reasons for the satisfaction ratings



### 3. Please tell us about your experiences of getting help (For example: What worked well? What could have been better?)

#### ***What worked well***

Responses were very mixed and covered a number of conditions and healthcare services. Praise for staff was particularly good when the Patient felt listened to, received good information and had treatment explained to them.

Examples include:

'I was seen within weeks for an ultrasound and results showed I needed a hysteroscopy. That was done within 3 weeks. I needed it under General Aesthetic at Fairfield and stayed overnight. The ward and nurses were great'

'They advised within days, sent to Crumpsall hospital for examination so happy at the speed'

'Got a reasonably early appointment with GP. Nurse & GP very supportive & reassuring, options & treatment explained'

'I had post-menopausal bleeding and was seen within 2 weeks for a hysteroscopy procedure. Carried out under General anaesthetic at Fairfield. Medical care was great & ward at hospital was clean, comfortable and good staff'

'I work with a lady from the young people's sexual health department, and she helped me understand why my periods are heavy and painful and put me on the contraceptive injection to prevent me from experiencing it again. It was very helpful'

'Being given HRT, as I never knew my symptoms were perimenopause'

#### ***What could have been better***

This question obviously generated a lot of patient feedback and a more detailed compilation of responses are attached as an appendix. A number of respondents mentioned known concerns around lack of face-to-face appointments and difficulties getting through to the GP Practice by telephone but other respondents highlighted issues which are of interest in the context of this report. Some of the main themes emerging include: symptoms being dismissed, too young for

### **POSITIVE EXPERIENCE OF GETTING HELP**

**"I work with a lady from the young people's sexual health department, and she helped me understand why my periods are heavy and painful and put me on the contraceptive injection to prevent me from experiencing it again. It was very helpful"**



menopause, GP's lack of knowledge if mainstream treatments are not suitable, lack of knowledge, information or choice. A growing number have sought private treatment, particularly concerning menopause symptoms and several respondents mention the impact that unhelpful responses from health professionals have had on their mental health.

'Fobbed off at all aspects. GP blamed weight, thyroid, inactivity. Reluctant to say symptoms are menopausal, but reluctant to investigate. Said was my mental health – yes it is my mental health NOW as no one will listen to me'

'I have been given antibiotics for recurring water infections, but no advice about how to prevent these or suggestion we investigate the cause, it's just "one of those things" because of my age (mid 50s and being menopausal. I have had to give up full time work because of the stress of possible incontinence and taking time off sick, I've told the Drs this, but they are not interested'

'I was prescribed HRT for terrible hot flushes, but I had high blood pressure and phlebitis so had to stop taking it. No replacement offered'

'Went to private clinic for menopausal treatment, as not getting support or help from GP'

'Difficult to access GP appointments. Reception staff at GP giving incorrect advice over the phone. I am a Doctor myself so pushed to speak to the GP but felt as though I was being discouraged from having an appointment'

'Doctor seemed to have no knowledge of post-partum symptoms (male GP). Prescribed antibiotics but no knowledge of if they were safe for breastfeeding and I felt silly for asking about alternatives'

'I went to see the practice nurse re absolutely no libido & was told to just do it anyway as it's probs physiological! I wasn't happy so asked if the practice had a menopause specialist, which they did. I've since had bloods & was found I'm not absorbing the patches as oestrogen was very low. So now trying spray and then going back. Asking for the specialist was the best thing I did'

'Have been accused of having an eating disorder when my period pain was making me sick and accused of faking the pain'

'There was no help at all for me. I had oestrogen receptive breast cancer in 2019 so I am not allowed to have HRT. There

## NEGATIVE EXPERIENCE OF GETTING HELP

**"Fobbed off at all aspects. GP blamed weight, thyroid, inactivity. Reluctant to say symptoms are menopausal, but reluctant to investigate. Said was my mental health – yes it is my mental health NOW as no one will listen to me"**

**"Doctor seemed to have no knowledge of post-partum symptoms (male GP). Prescribed antibiotics but no knowledge of if they were safe for breastfeeding and I felt silly for asking about alternatives"**

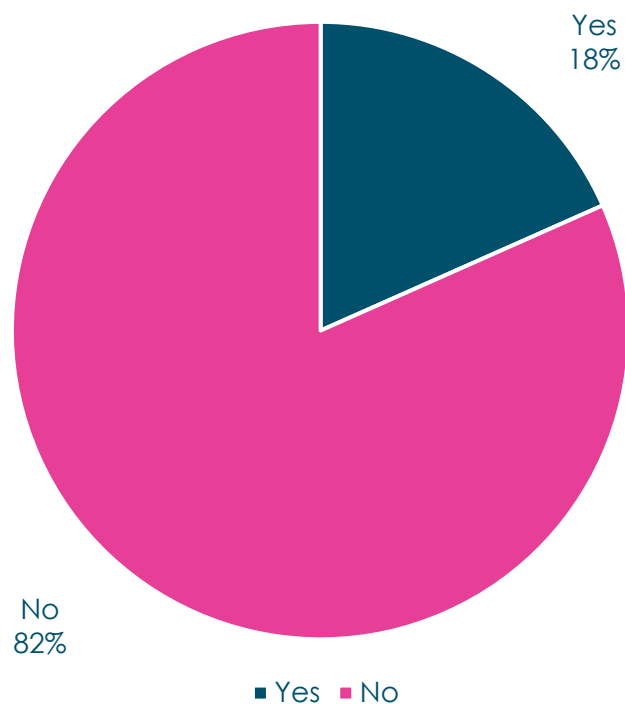


is no alternative WHATSOEVER available for women in my position, on the NHS. It is just appalling that I and other women are left with severe symptoms like those I have listed, and two Consultants and my doctor can do absolutely nothing for me. This has affected my daily life to the point that I have been referred to Occupational Health at work and friends have left'

'Doctor did not listen and just prescribed me anti-depressants'

'It has taken speaking to 3 different GPs to get a referral for menopause as my blood pressure is high and they don't know what to prescribe. I have been ignored and dismissed by the previous GPs and not taken seriously about my menopause symptoms'

#### 4. Have you sought advice or support on contraception or sexual health?



18% of respondents have sought advice on contraception and/or sexual health and responses are considered in more detail below.



**5. If yes, please tell us about your experience (What worked well or what could have been better?)**

**If no, did you consider seeking help & if so, what stopped you from doing this?**

Respondents have raised several concerns regarding access to contraception and sexual health. Several respondents did not know where to go, others had difficulty accessing coil removal and fitting and others found a lack of information around options available. Difficulties accessing sexual health clinics were also raised by several respondents.

**What worked well?**

'Different types of contraception offered, each one explained with benefits and risks'

**What could have been better?**

'Very difficult to access services for the coil. My GP doesn't do them, had to go on the pill which wasn't my preferred choice and took 6 months to get the coil - had to have it removed & refitted & had to travel to Ashton. Again no appointments in Bury. Rochdale or Oldham for 4 weeks+'

'I was told I was too overweight for the contraceptive pill and not given further support, the appointment was over the phone'

'Tried so many birth control pills. None agreed with me. I had the copper coil years ago & also was no good for my body. I need contraception so thought I'd try coil again. Booked online, specified what I needed, rearranged childcare, turned up for appointment only for Dr to tell me he's not qualified to fit it & to go to Reception. Reception said no qualified Dr's available & go to family planning clinic. I was just so disheartened & not got it done yet'

**EXPERIENCE OF SEEKING SEXUAL HEALTH HELP**

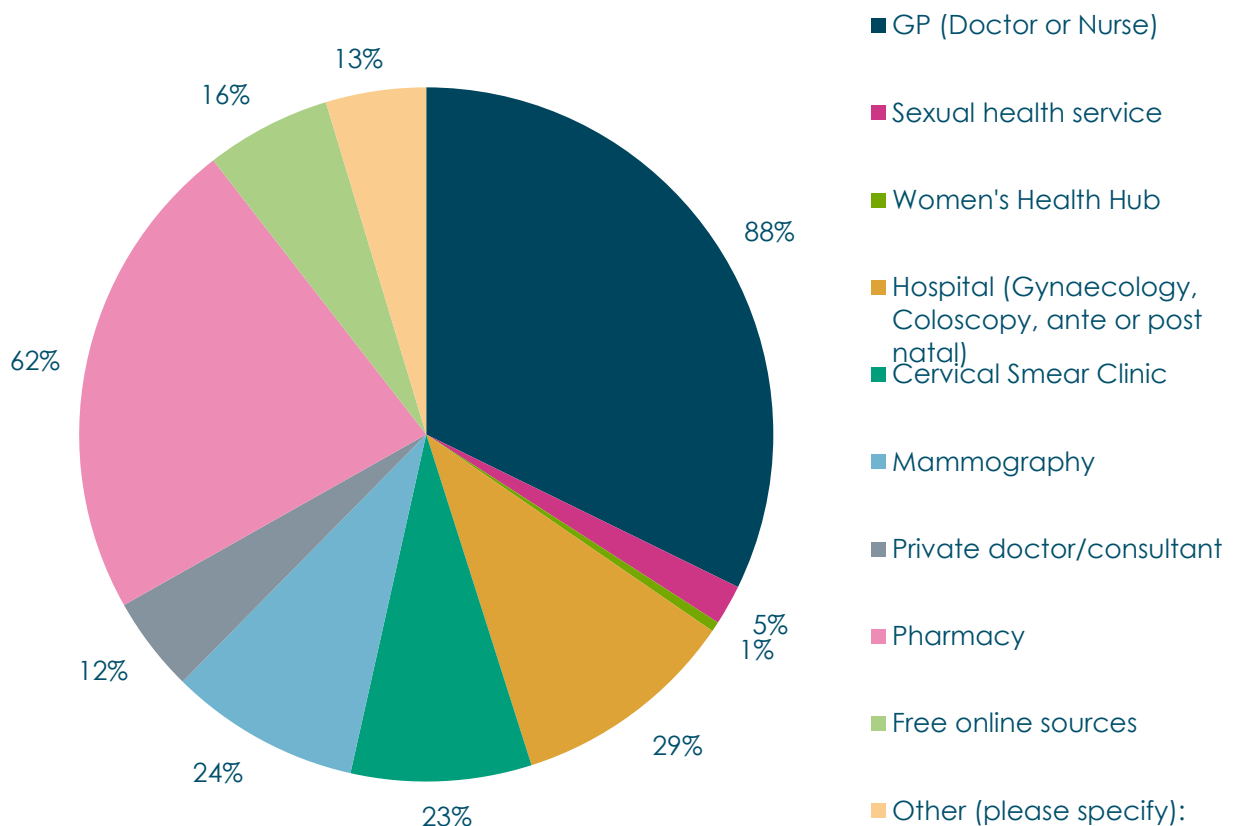
**"I was told I was too overweight for the contraceptive pill and not given further support, the appointment was over the phone"**







**6. In the last year, which of the following services have you used? Please tick all that apply.**



This question demonstrates the majority of women (88%) rely on GP Practices for health care advice and support with 29% accessing hospital services.

5% of respondents had accessed a sexual health clinic.

23% and 24% (cervical and breast) of respondents had accessed screening clinics in the past year.

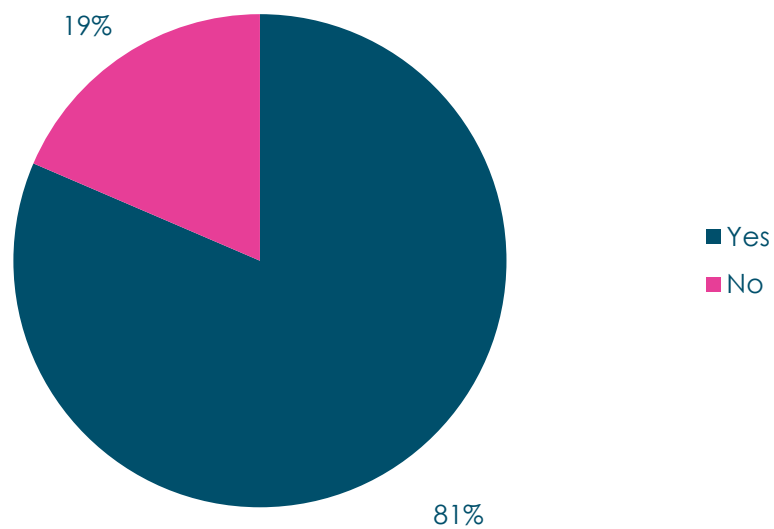
62% of respondents had accessed a pharmacy which is the second most visited service for healthcare for women.

Online resources and private treatment were visited/used by 16% and 12% respectively.

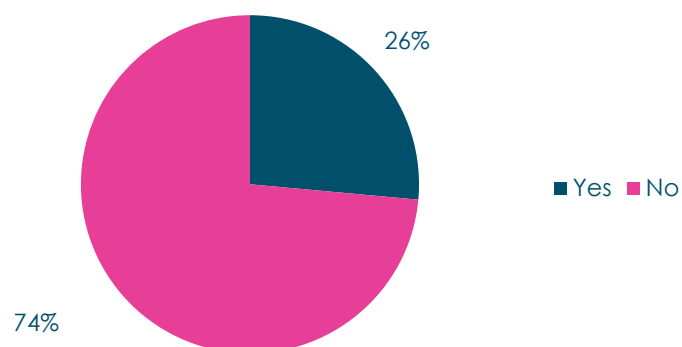
81% were happy with the support received from these services collectively.



7. Were you satisfied with the information or support you received?



8. Have you used apps to track or monitor your health or cycles? (e.g. Femtech, Flo, etc.)



Currently only 26% of women have used apps to track or monitor their cycles or health but it was evident that this was more prevalent in younger respondents.



## 9. Have you got anything else you would like to share about your experience in the past year?

'More information would be useful, more compassion and understanding to individuals situations'

'I've had a tough year with my health. Needed some surgery, cancer scare, and serious mental ill health. The support from GP, Hospitals, pharmacy, community care and BIG has been really good. Supportive, responsive, organised and efficient. Helped me cope.'

'I feel I am being discriminated against due to my age. I don't get smears, mammograms or other women's health checks'

I would like to be able to get some help for the awful menopausal symptoms I am experiencing. I cannot take HRT or oestrogen replicants as I have had previous oestrogen receptive breast cancer. Myself and women like me should not just be left to get on with it, if we cannot be prescribed HRT as the menopausal has a very detrimental affect on all areas of your life.

There must be a hub / home visit Nurses able to treat pregnant women at home with fluids instead of taking up beds in hospital or left home severely unwell without treatment

I use the Internet to read up on issues. Attended Menopause session by STH - very good

Lack of support/compassion relating to miscarriage

I think there is a distinct lack of post natal support. There is no sure start centres within Prestwich anymore. I struggled to find a drop-in clinic for baby weighing & Health Visitor support which is something I used a lot with my first baby

Use online sources but would like to see more information on what to use

I think GP's need to become more knowledgeable & stop trying to give antidepressants

I would appreciate a group for Older Women to meet regularly to share concerns about health and ageing as I feel very badly informed about what to expect and how to best respond to bodily changes

## ADDITIONAL COMMENTS

**"I feel I am being discriminated against due to my age. I don't get smears, mammograms or other women's health checks"**

**"There must be a hub / home visit Nurses able to treat pregnant women at home with fluids instead of taking up beds in hospital or left home severely unwell without treatment"**

**"I have lots of leaflets and lots of conflicting online information so have no idea what is the best way to manage my health issues."**



I would like to reiterate my request to separate non pregnancy related gynaecological scans from the antenatal departments. I appreciate that it may be convenient for the NHS but it is doing untold damage to women's mental health and wellbeing.

I've had a very rough year with my mental and physical health. Needing multiple tests procedures, surgery and acute and primary care input which remains ongoing. At all times the care and support from my GP, hospital, community care has been exemplary and a credit to their professions and services

I have lots of leaflets and lots of conflicting online information so have no idea what is the best way to manage my health issues.

### 3. Personal stories: Survey respondent



I would like to be able to get some help for the awful menopausal symptoms I am experiencing. I cannot take HRT or oestrogen replicants as I have had previous oestrogen receptive breast cancer. Myself and women like me should not just be left to get on with it, if we cannot be prescribed HRT as the menopausal has a very detrimental effect on all areas of your life.





### 3. Personal stories:

#### Service Manager Interview: Learning Disability Service



As a service, we work with adults aged 19 to 70+ years of age. Some people may only get 5/6 hours of support whilst others get 24-hour care.

We try to monitor people and use a tick box of symptoms if we recognise changes in behaviour or think someone may be unwell. We have had occasions when a GP may recommend changes in medication or prescribe anti-psychotics when symptoms may be due to menopause.

Screening for cervical smear, bowel or mammograms will depend on a person's ability to consent or may have to go to a best interest meeting.

We have a person-centered approach but need information around Women's health in easy read format to enable us to have conversations & more staff training for younger staff to recognise symptoms. We have a good and positive relationship with LD Nurses but there are challenges with healthcare for people with LD. Medics need to recognise & consider normal life progressions when treating people with LD

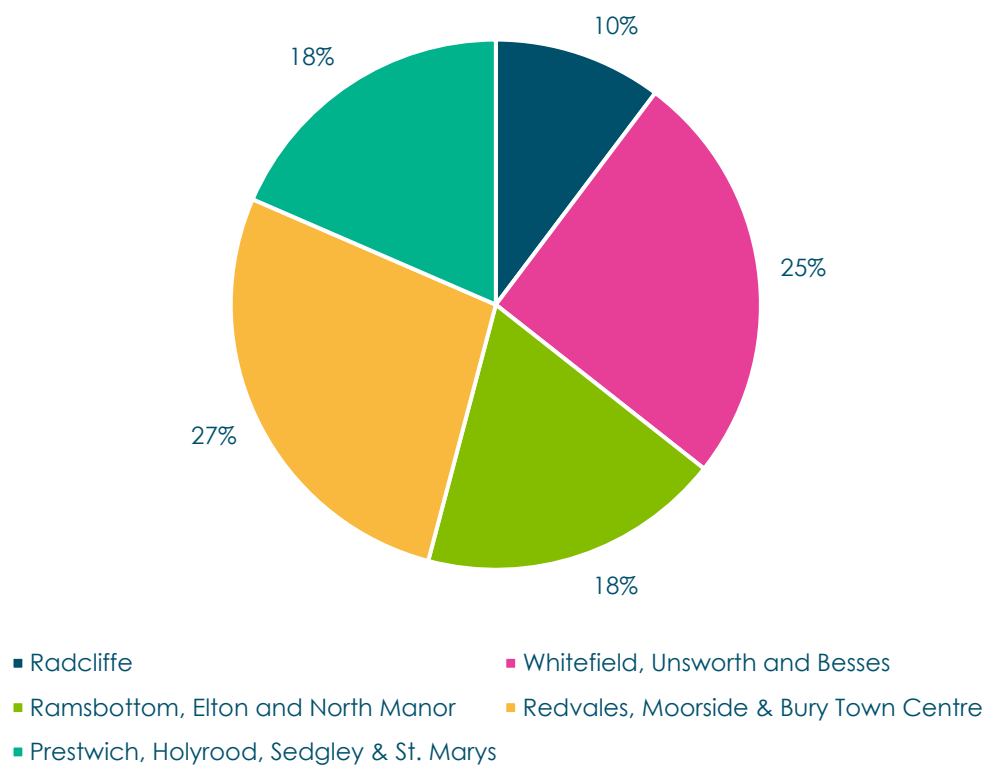




## Demographics

The following charts detail the demographics of the respondents to the survey. The results indicate that the survey was successful in reaching a representative sample of the female population of the Borough. The one area that is underrepresented is the younger age group 13 to 24 years. Attempts were made to contact Youth Services on several occasions but due to changes within the service it was not possible to arrange any visits over the timescale of this project. Similarly approaches to specific female groups within the colleges were unsuccessful.

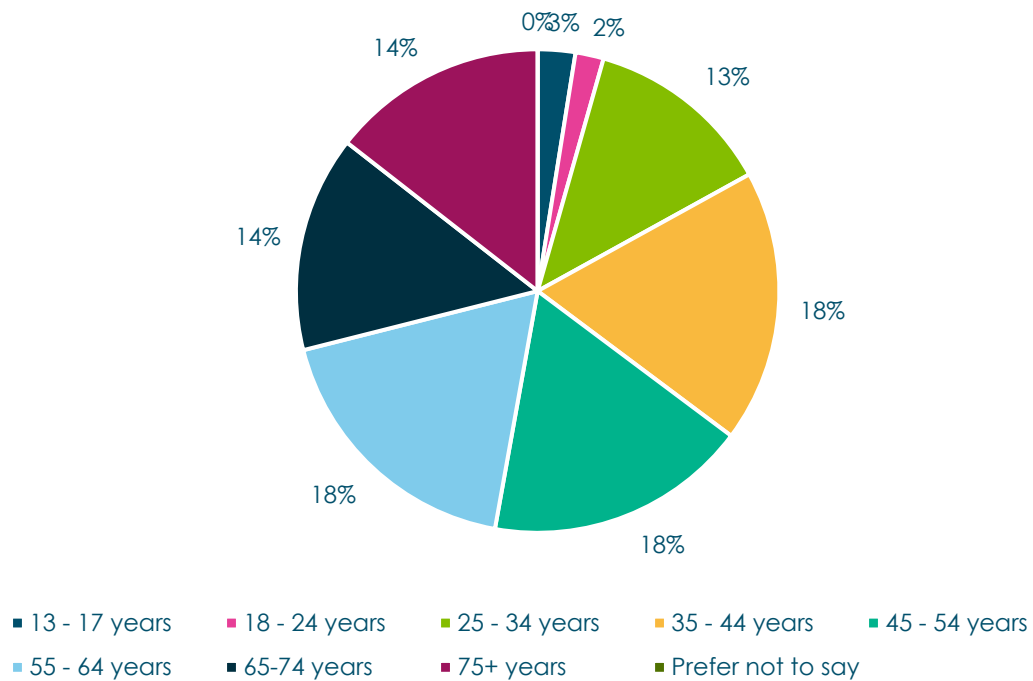
1. Please tell us which township you currently reside in?



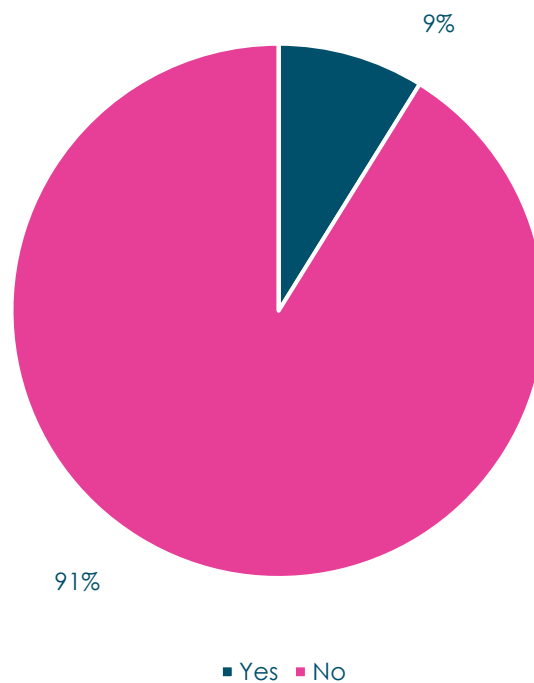




## 2. Please tell us which age category you fall into?

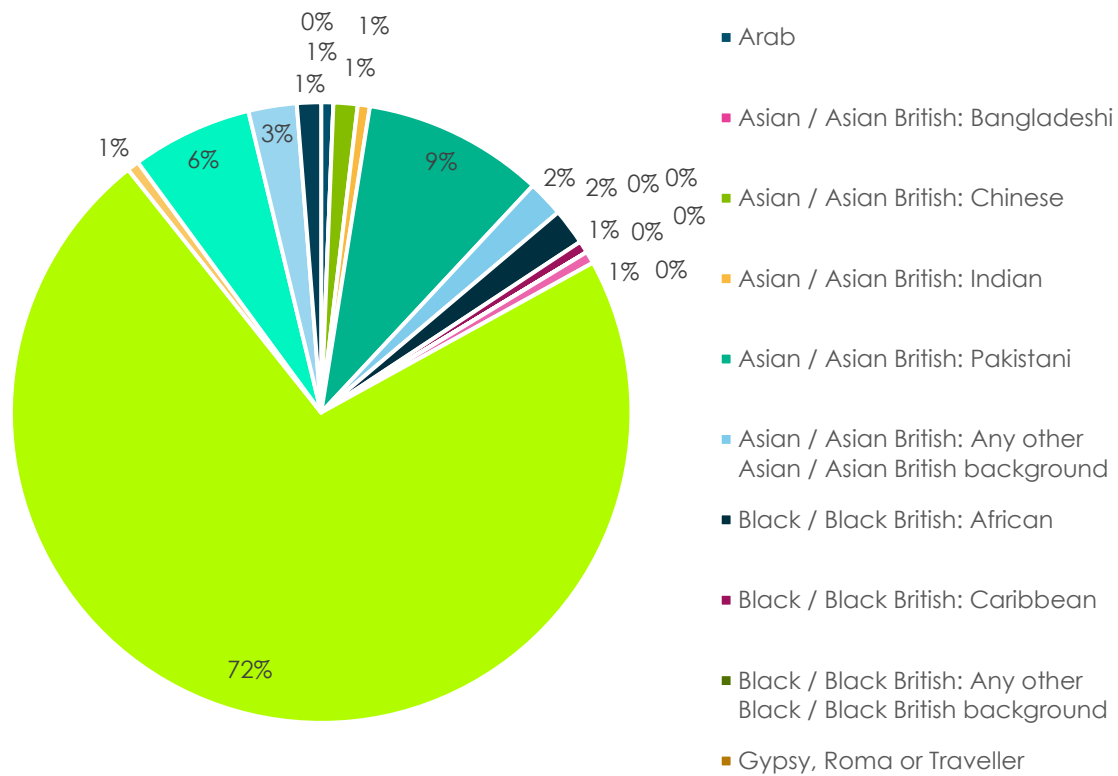


## 3. Is your gender different to the sex that was assigned to you at birth?



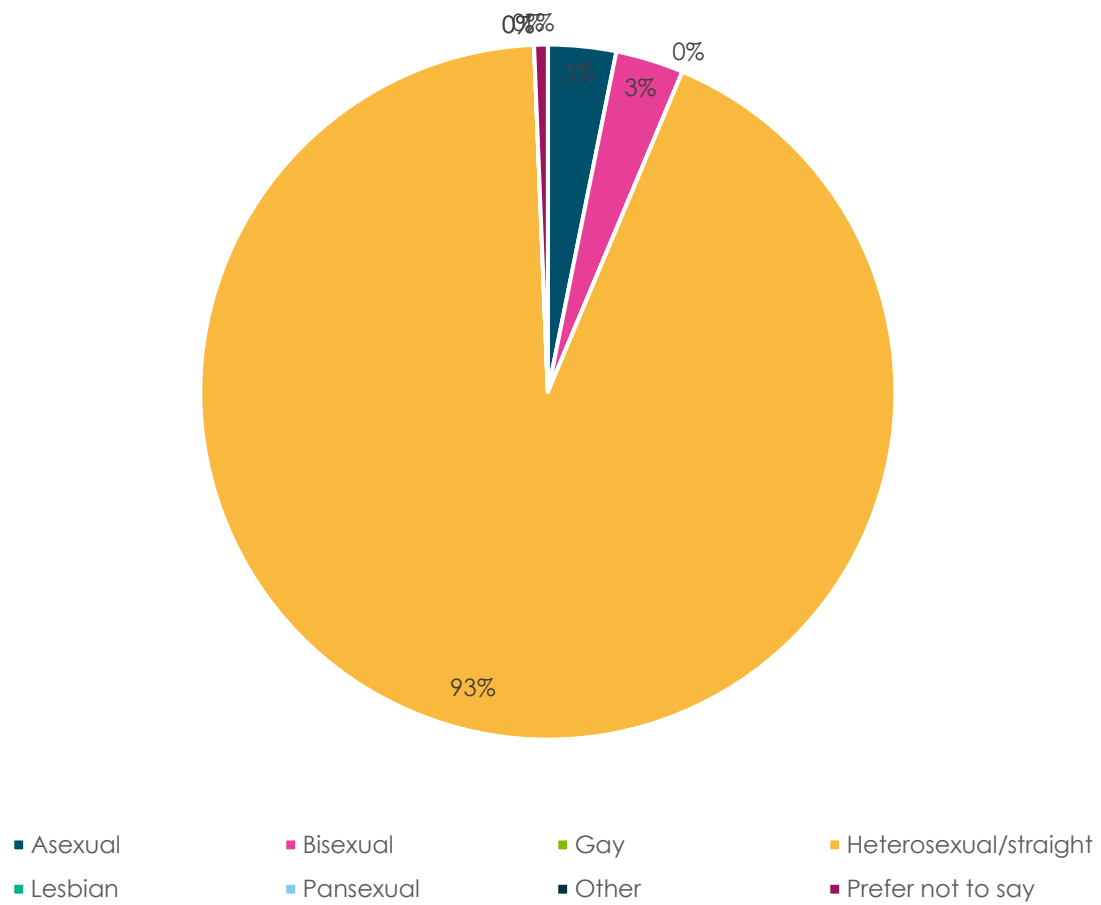


#### 4. Please select your ethnic background:



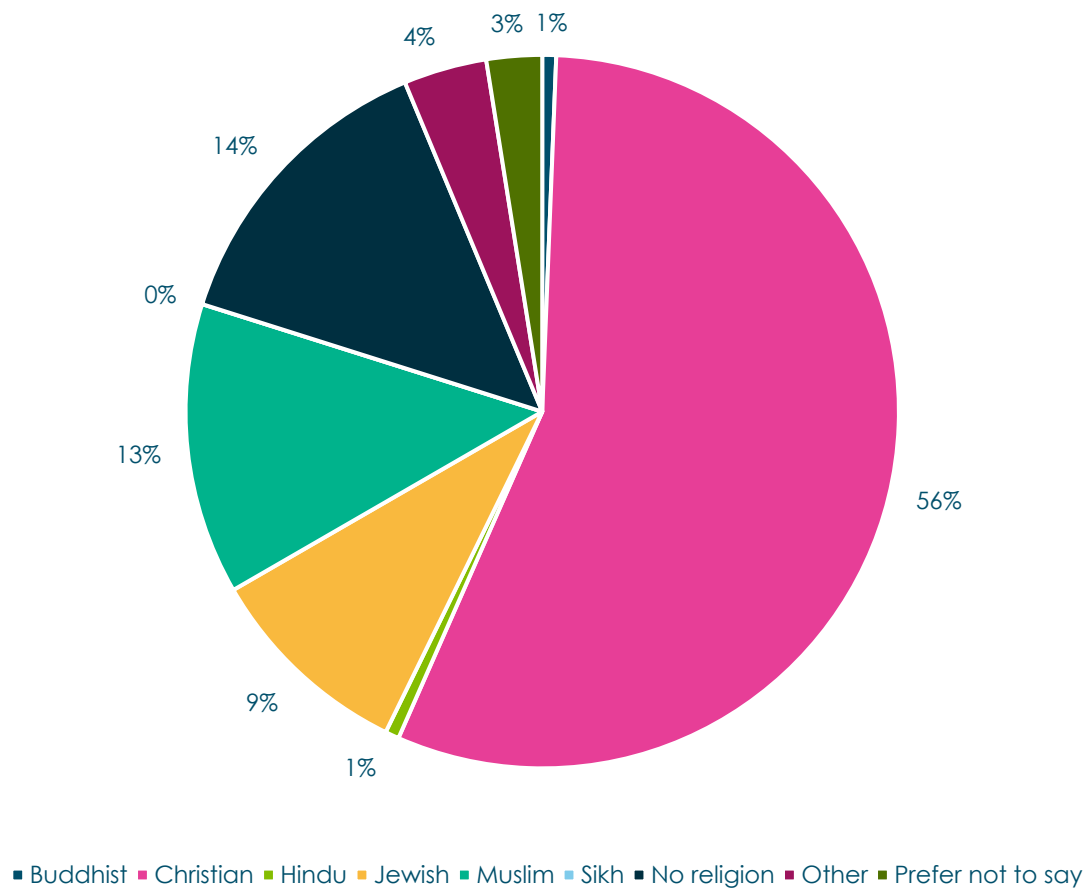


5. Please tell us which sexual orientation you identify with:



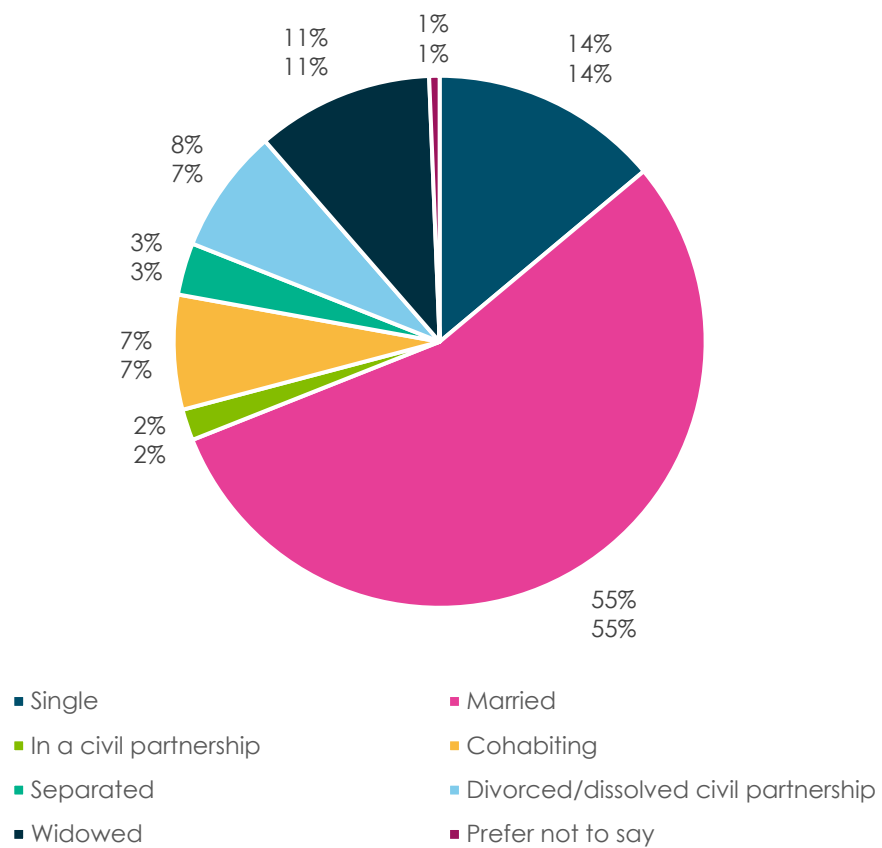


**6. Please tell us about your religion or beliefs:**



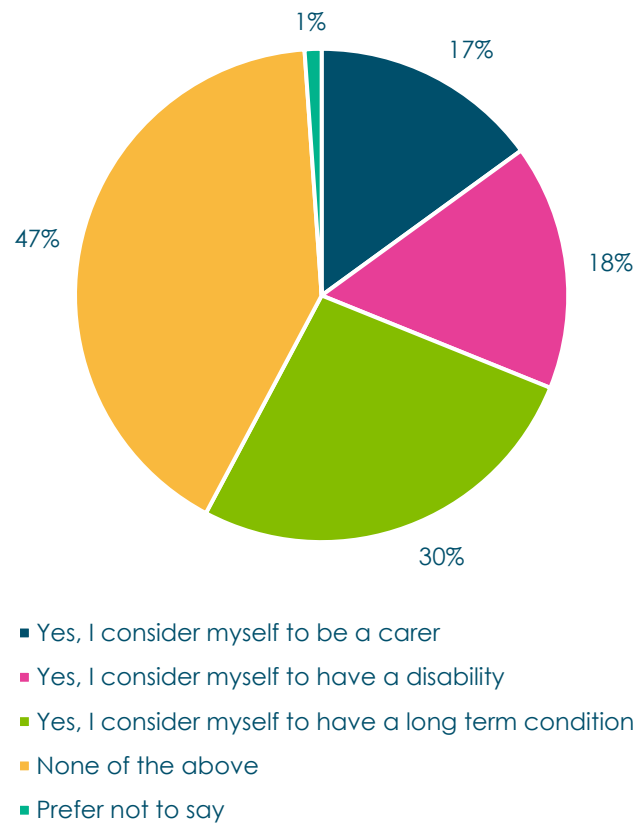


### 7. Please tell us about your marital or civil partnership status:





**8. Do you consider yourself to be a carer, have a disability or a long-term health condition? (Please select all that apply):**







## References

1. Women's Health Strategy for England (revised August 2022). A 10 year plan to boost health outcomes for all women and girls, and radically improve the way in which the health and care system engages and listens to all women and girls.
2. PLOS Medicine's Umbrella Review on Menopausal Hormone Therapy: This comprehensive review investigates the effects of menopausal hormone therapy on various health outcomes, such as cardiovascular disease, osteoporosis, and cognitive function. It synthesizes findings from multiple studies, highlighting both the benefits and risks associated with hormone therapy for menopausal women (PLOS). [Menopausal hormone therapy and women's health: An umbrella review | PLOS Medicine](#)
3. BMC Women's Health's Qualitative Study: This study explores the subjective experiences of women undergoing menopause, emphasizing how they perceive this natural stage of aging. The research utilized in-depth interviews and content analysis to uncover themes related to the physical and emotional impacts of menopause, and how these changes affect their daily lives and health behaviors (BioMed Central). [Menopause is a natural stage of aging: a qualitative study | BMC Women's Health | Full Text \(biomedcentral.com\)](#)
4. Cross-sectional Online Survey on Menopause Symptoms in the UK: Conducted by BMC Women's Health, this survey collected data from nearly a thousand women to analyze the prevalence and severity of menopause symptoms. It also examined how these symptoms influence health-seeking behaviors and the demand for specialized group consultations (BioMed Central). [Experience and severity of menopause symptoms and effects on health-seeking behaviours: a cross-sectional online survey of community dwelling adults in the United Kingdom | BMC Women's Health | Full Text \(biomedcentral.com\)](#)  
  
[Women's knowledge and attitudes to the menopause: a comparison of women over 40 who were in the perimenopause, post menopause and those not in the peri or post menopause | BMC Women's Health \(springer.com\)](#)
5. Nature's Feature on Women's Health Funding: This article discusses the broader context of research funding for women's health issues, including menopause. It highlights the underfunding of conditions predominantly affecting women and the need for more robust research in this area (Nature).

## Contact us

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If you require this information in an alternative format,  
please contact our office via the details below.

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# SCRUTINY REPORT

**MEETING:** Health

**DATE:** 18 / 09 / 2024

**SUBJECT:** Womens  
Health & Menopause

**REPORT FROM:**  
Healthwatch Bury

**CONTACT OFFICER:** Adam Webb

---

## 1.0 BACKGROUND *[brief]*

1.1 This is a report on the subject of Women's Health and Menopause created by Healthwatch Bury

1.2 Our objectives were to understand the experiences of women in our community around health & social care across the life course in Bury. This was centered around the question 'Do women have the right information at the right time in their lives to enable them to make their own decisions and informed choices?'.

## 2.0 ISSUES *[brief]*

Key findings included:

Some women reporting having their symptoms dismissed as 'too young for menopause' or 'its normal for your age' or diagnosed with anxiety with little or inappropriate treatment offered.

Several women reported that mainstream treatments/medications were unsuitable for their symptoms due to other health issues, but GP's lacked knowledge about suitable safe alternatives

Lack of information available for women over what to expect, symptoms or where to get 'trusted & reliable information'. This was particularly difficult for women where English was not the first language or for example for some Jewish women we spoke to who did not have digital access.

There was some reported confusion over where to go for contraceptive advice, particularly coil fitting and removal as some GP Practices offered this service, and others did not. Difficulty accessing sexual health clinic appointments were also noted.

## 3.0 CONCLUSION *[brief]*

The report contains the detail, but we produced 7 recommendations to address the points raised for the relevant services working with women. We believe these to be particularly timely with the the planned introduction of Women's health hubs in Greater Manchester as an opportunity to address some of the barriers to provision, capacity issues affecting diagnosis and treatment and the need for timely and effective advice and support, and we

hope this report will assist health providers to understand and act on the experiences of women in Bury to improve local service provision.

#### **4.0 SAFEGUARDING IMPLICATIONS**

N/A

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#### **List of Background Papers:-**

#### **Contact Details:-**

*Adam Webb*

Executive Director sign off Date:\_\_\_\_\_

JET Meeting Date:\_\_\_\_\_

**SCRUTINY REPORT****Health and Scrutiny Board****MEETING:****DATE:****SUBJECT:** **Womens Health Hub**  
**Rachele Schofield, Primary Care Lead (Bury)****REPORT FROM:****Dr Catherine Fines****CONTACT OFFICER:**

---

**1.0 BACKGROUND**

- 1.1 The [Women's Health Strategy for England](#) sets out the 10-year ambitions for boosting the health and wellbeing of women and girls, and for improving how the health and care system listens to women. The strategy encourages the expansion of women's health hubs across the country to improve access to services and health outcomes.
- 1.2 Women's health hubs bring together healthcare professionals and existing services to provide integrated women's health services in the community, centred on meeting women's needs across the life course. Hub models aim to improve access to and experiences of care, improve health outcomes for women, and reduce health inequalities.
- 1.3 Hub models address fragmentation in service delivery with the aim of improving access, experiences and outcomes. Hubs reflect the [life course approach](#) to women's health, where care is not limited to interventions for a single condition, but instead is wrapped around the needs of an individual woman, which in some cases may be multiple needs. For example, hubs can provide management of contraception and heavy menstrual bleeding in one visit or integrate cervical screening with other aspects of women's healthcare such as long-acting reversible contraception (LARC) fitting or removal.
- 1.4 Hubs are in the community, often working at the interface between primary and secondary care. They provide intermediate care, where services are more advanced than typically seen in primary care, but are for health issues which do not necessarily need a referral to secondary care. Hubs do not have to be a building or specific place; they may employ digital resources to provide virtual triage or consultations, or alternatively they may make use of existing facilities, for example GP surgeries or community centres which are:
- delivering care closer to home
  - improving patient experience
  - tackling health inequalities
  - reducing pressure on secondary care and waiting lists

**2.0 Women's Health Hub Core Services**

- 2.1 The Core services to be offered in the WHH are:



- menstrual problems assessment and treatment, including but not limited to care for heavy, painful or irregular menstrual bleeding, and care for conditions such as endometriosis and polycystic ovary syndrome
- menopause assessment and treatment
- contraceptive counselling and provision of the full range of contraceptive methods including LARC fitting for both contraceptive and gynaecological purposes (for example, LARC for heavy menstrual bleeding and menopause), and LARC removal, and emergency hormonal contraception
- preconception care
- breast pain assessment and care
- pessary fitting and removal
- cervical screening
- screening and treatment for sexually transmitted infections (STIs), and HIV screening

### **3.0 Timelines & Financial Envelope**

- 3.1 It is the expectation that at least one hub is to be established in every ICB and that, by the end of July 2024 ICBs are expected to have at least one hub that is operational and provides clinical support and consultations/triaging against at least 2 core services from the core specification and, by the end of December 2024, ICBs are expected to have at least one hub that is operational and provides clinical support and consultations/triaging against all core services from the core specification.
- 3.2 All localities in GM have received £35K for 2024/25 to establish a WHH.

## **4 Bury Women's Health Hub:**

- 4.1 Given the limited funds available for the establishment of WHH, Bury has set up a MDT WHH Steering Group who have reviewed the data available and established that, in order to reduce health inequalities locally in particular the lack of LARC offered by General Practices across the Whitefield Neighbourhood/PCN, that we will offer LARC to patients of Bury.
- 4.2 This service goes live on 1 October 2024, delivered via the GP Federation operating from Fairfax Medical Centre on Sundays with the aim of ensuring those patients who are currently on waiting lists to receive the service are offered an appointment at that clinic. We know that by specifically targeting patients of Whitefield, we will be able to offer care closer to home whilst reducing secondary care waiting lists which currently has 129 patients who have waited up to 4 months to be seen (split by 103 waiting for a coils and 26 waiting for an implant).
- 4.3 The clinic will be open to all patients registered with a Bury GP however, this targeted approach will ensure those who have waited the longest will be proactively approached for an appointment in the WHH.

## **5 CONCLUSION**

- 5.1 Once the service is operational, the WHH Steering Group will review progress and assess next steps in terms of feasibility of expanding the WHH offer to include the remaining 9 Core Service Specification procedures.
- 5.2 We ask that the Committee receive this report for information noting that, once the service is operational, the WHH Steering Group will review progress and assess next steps in terms of feasibility of expanding the WHH offer to include the remaining 9 Core Service Specification procedures and a further update will be provided later in the year.

**List of Background Papers:-**

N/A

**Contact Details:-**

*Rachele Schofield*  
*Primary Care Lead, Bury*

Executive Director sign off Date:\_\_\_\_\_

JET Meeting Date:\_\_\_\_\_

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**SCRUTINY REPORT**

**MEETING:** 18<sup>th</sup> September 2024

**DATE:** 21<sup>st</sup> August 2024

**SUBJECT:** Bury Workforce Strategy - update report

**REPORT FROM:** Emma Arnold (Workforce Transformation Lead) and Kat Sowden (SRO Workforce)

**CONTACT OFFICER:** Emma Arnold

---

**1.0 BACKGROUND**

- 1.1 The Bury Locality Workforce Strategy was co-produced with all Bury system partners, led by the IDC workforce team. It was signed off by IDCB and Locality Board in October 2023. Our strategy articulates the workforce challenges and our shared workforce priorities for the Bury system. It also demonstrates the commitment of our partners to collaboration in working together to address these shared workforce challenges and through adopting a boroughwide approach to delivery of the ambitions of our LETs Do It strategy.
- 1.2 The strategy outlines the key workforce challenges/priorities to address these challenges through the delivery of 6 key programme areas of work. This aligns to the GM strategy/plans as below:
- Good Employment Charter
  - Equality, Diversity, and Inclusion
  - Growing our Workforce
  - Workforce Wellbeing
  - Workforce Integration
  - Developing the Workforce
- 1.3 Due to the size and scale of our workforce challenges the work is largely transformational and therefore requires capacity and time to experience the benefits/impacts e.g. collaborating with schools and colleges in a co-ordinated way for health and care to support people to understand careers options in health/care, developing and enabling accessing pathways into work experience/placements etc to grow the future workforce.
- 1.4 There are limited workforce resources/expertise across our system partners (some have key gaps in this area), therefore the approach to the delivery of the Workforce Strategy has been designed with a distributed system leadership model in mind, playing to the strengths workforce expertise and sharing this to the benefit of our system. The ambition is to strengthen collaborative working by building/developing system leadership and creating spaces/opportunities for partners to collaborate across our workforce agenda via 6 programme area priorities.
- 1.5 In January 24 we adopted a different approach to Strategic Workforce Group to enable a more engaging, focussed discussion on the strategy programme delivery/priorities with partners and

our programme leaders. Positive feedback from our partners has been provided on this change in approach. This group's function/form will be reviewed in October/November as our approach to distributed leadership/collaboration evolves to determine appropriate levels of workforce assurance/effective partnership working/engagement for the delivery of the strategy.

1.6 GM shared their workforce priorities for 24/25 with localities in June 24. These have been reviewed for alignment with our locality priorities and also with other GM locality priorities for connectivity/for opportunities to share best practice/work together across GM/locality footprints where possible e.g. development of a locality induction programme. We are awaiting the key metrics to measure improvements for GM priorities to also consider alignment in this area with our locality metrics.

1.7 In addition, a further recent priority for system workforce expertise has been identified to address a SEND improvement area, following a recent SEND inspection as stated below:

- Development of a partnership wide workforce strategy/development plan which should focus on coordinating training support and guidance to improve health, social care and education professionals' ability to identify, assess and meet the needs of children and young people with SEND, from birth to 25.

1.8 The Workforce Transformation Lead will be working with key leaders across health/care and education to develop the strategy/plan utilising best practice frameworks with an anticipated timeframe for completion of a draft strategy by the end of Dec 24 and associated development plan by March 25. Regular monthly progress reports will be provided to SIAB.

## 2.0 DELIVERY OF THE LOCALITY WORKFORCE STRATEGY

2.1 Key progress in the Implementation of the Bury Locality Workforce Strategy via the 6 delivery programmes includes the following highlights:-

- All programme leaders have reviewed their programme priorities for 24/25 and worked with partners via SWG/programme groups to shape these together to ensure they add value to the system, providing clarity in terms of remit/outcomes. The 6 programmes are in various stages across the range of priorities identified from design, development, delivery/pilot, review etc.
- **Our Workforce Integration programme** lead has led on the design/development of a workforce resources center which has been tested and ready to launch to all system partners. This enables all partners to freely access/download and share best practice workforce policies/toolkits/resources for all 6 workforce programmes in one central place. This sits on the BICP website as a dedicated digital platform to evolve over time with resources to enable partners to improve the support/experience of their workforce e.g. wellbeing toolkits, inclusive recruitment toolkits, good employment charter frameworks. All our workforce programme leaders have contributed to the programme elements/contents on the site.
- **Our Good Employment Charter programme** lead has undertaken a range of engagement activities regarding the charter to build understanding and encourage sign up to supporter status with a number of partners including;
  - General practice (via GP webinars, GPLC, Practice manager forums),
  - Independent provider sector (via LD Provider forum, MH Provider forum, Residential and Nursing Provider forum),
  - Voluntary Sector (via VCSE Leaders forum).

This has led to the sign up of the VCFA and 2 voluntary sector organisations as supporters and One GP practice. The target to have all ICP partners signed up has not yet been achieved. 2 ICP member organisations have not yet signed up as Supporters.

In addition to local work, we have proactively engaging in a range of GM sessions including the GM Workforce Summit, and OD Communities of Practice to showcase the GMGEC journey in practice and to encourage other organisations to begin their GMGEC journey.

- **Our Developing the workforce programme** lead has worked with NCA colleagues to enable access to the NCA offer for the Accelerated Leadership Development Programme for the VCSE leaders group and Hospice leaders. This is also being offered to our GP Federation. There are plans to include a showcase in our independent provider sector workforce event in October and they are also connecting into the various provider forums. In addition, this will be offered to our General Practice colleagues following the development of the workforce strategy via targeted leadership forums inc GP webinar/Practice Managers forum.

We have also developed a system training portal which has been fully tested with partners for launching in September initially with our Strength Based Training e-learning awareness module. The training portal is accessible to all our bury workforce (including volunteers) and will enable us to deliver on the ambitions of our LETs Do IT strategy to develop a place in which people are helped to make the best of themselves, by recognising and building on the strengths not deficits of all our children, families and our communities with an ethos of “what matters to you”.

In addition, a further priority aligned to GM is being progressed by the SRO for Workforce, who is a board member of the Mayor's Employer Integration Board, representing social care alongside John Herring from NHS GM. This board brings together senior leaders from across 7 different sectors:

- Digital and Technology
- Health and Social Care
- Creative, Culture and Sport
- Financial and Professional
- Engineering and Manufacturing
- Construction and Green Economy
- Education and Early Years.

The intention is to bring industry leaders and education providers together to design and implement technical education pathways that provide young people the same quality of opportunity as if they had taken a more academic route. There is a key focus on engaging employers to provide apprenticeships and T Level placement opportunities, whilst also seeking to understand the barriers to this.

- **Our Workforce Wellbeing Programme** lead has established a community of practice group with representation from all partners to enable sharing/utlising partner wellbeing expert leads for this area. The group has shared available wellbeing resources together and are progressing development of a system wellbeing resource for Bury to enable partners to adapt/utilise where partners do not have the resource/improve offers to their staff. This is a proactive approach to encourage a culture that focusses on workforce wellbeing (including our volunteers) with an anticipated long term outcome to reduce absence/associated bank and agency costs covering absence. A key part of this toolkit will also encourage and support the use of wellbeing conversations between managers and staff with guidance and training tools to enable this. The GM wellbeing toolkit has been reviewed and shared as a good practice model on the workforce resources site.
- **Our EDI Programme** lead has formed a working group with EDI leads from partner organisations which have agreed the following actions to support the delivery of the EDI programme objectives:
  - Undertake an audit/gap analysis of their EDI function, tools, policies, and practices which is underway
  - Populate and utilise the online resource centre to share EDI tools, policies, and training across partner organisations
  - Adopt the GM People Inclusion Standards due to be launched on 1<sup>st</sup> October as a workforce EDI framework to work towards



This will include the group Identifying and developing a plan to remove barriers and silo working with EDI across the ICS, ensuring ICS partner organisations have access to, and involvement in inclusion networks borough wide with an aim to work towards BAU status with the EDI programme.

- **Our GROW programme** lead is working to establish a single point/co-ordinated approach for work placement/experience building on the strengths across the partnership and supporting providers who aspire to build this offer with our local school/college partners. A scoping exercise in this area has been undertaken to identify what offers are in place with providers and consideration of how we develop this into a single point on the BICP site. We are also looking at how we improve access/support in a more co-ordinated partnership approach for our care leavers.

For our Independent Provider Sector to assist us to attract to our vacancies and reduce reliance on agency spend we have established a centralised permanent recruitment offer, recruiting to values and providing the initial entry level care skills to support access to employment in the sector. Also alongside this we have developed a flexible working system "Bury Flex" which is a shared workforce providing quality assured/trained compliant workers to providers to fill/cover vacancies/sickness etc to support availability of bed/homecare provision.

For our General Practice Workforce we are currently in the engagement phase in the development of our general practice workforce strategy. We have held/are holding a number of engagement sessions with our general practice workforce via our GP webinar/ practice manager forums and drop in sessions for staff to share their experiences/workforce challenges, explore best practice to address the challenges and share solutions. In addition a survey monkey has been developed and distributed to all general practice workforce who can't attend the engagement session but would like to contribute their experiences/ideas etc.

### 3.0 RISKS

3.1 There are a number of key risks associated with the overall delivery of the locality workforce strategy as outlined below:

- Reduction in capacity in the system workforce team from 3 posts to 1 WTE from 1<sup>st</sup> April 2024.
- Limited workforce partner capacity in the system for partners to engage/participate in the delivery of the locality workforce strategy and engage in SWG.
- Constraints with delivery capacity with the commitment to take a more distributed leadership approach for the 6 programmes with 2 programmes under the leadership of the Workforce Transformation Lead and significant input to a 3rd area i.e. Developing the Workforce.
- Availability of workforce data/resource to collate across the system to monitor impact and outcomes.
- No identified system budget for Workforce/OD (above the 1WTE post).

### 4.0 CONCLUSION

4.1 To note the progress that has been made to date in the above delivery of the workforce strategy with limited capacity/expertise, with a newly formed distributed leadership team. Plans are in place to continue to progress and build on the achievements of these programmes. A formal review of the strategy with partners will be undertaken for 25/26 to also shape delivery priorities.

---

#### List of Background Papers:-

1. Bury Locality Workforce Strategy

#### Contact Details:-

Emma Arnold - [emma.arnold2@nca.nhs.uk](mailto:emma.arnold2@nca.nhs.uk)

Kat Sowden - [kat.sowden@personasupport.org](mailto:kat.sowden@personasupport.org)

Executive Director sign off Date: \_\_\_\_\_

JET Meeting Date: \_\_\_\_\_

# Health inequalities update

Health Scrutiny September 2024

**BURY**

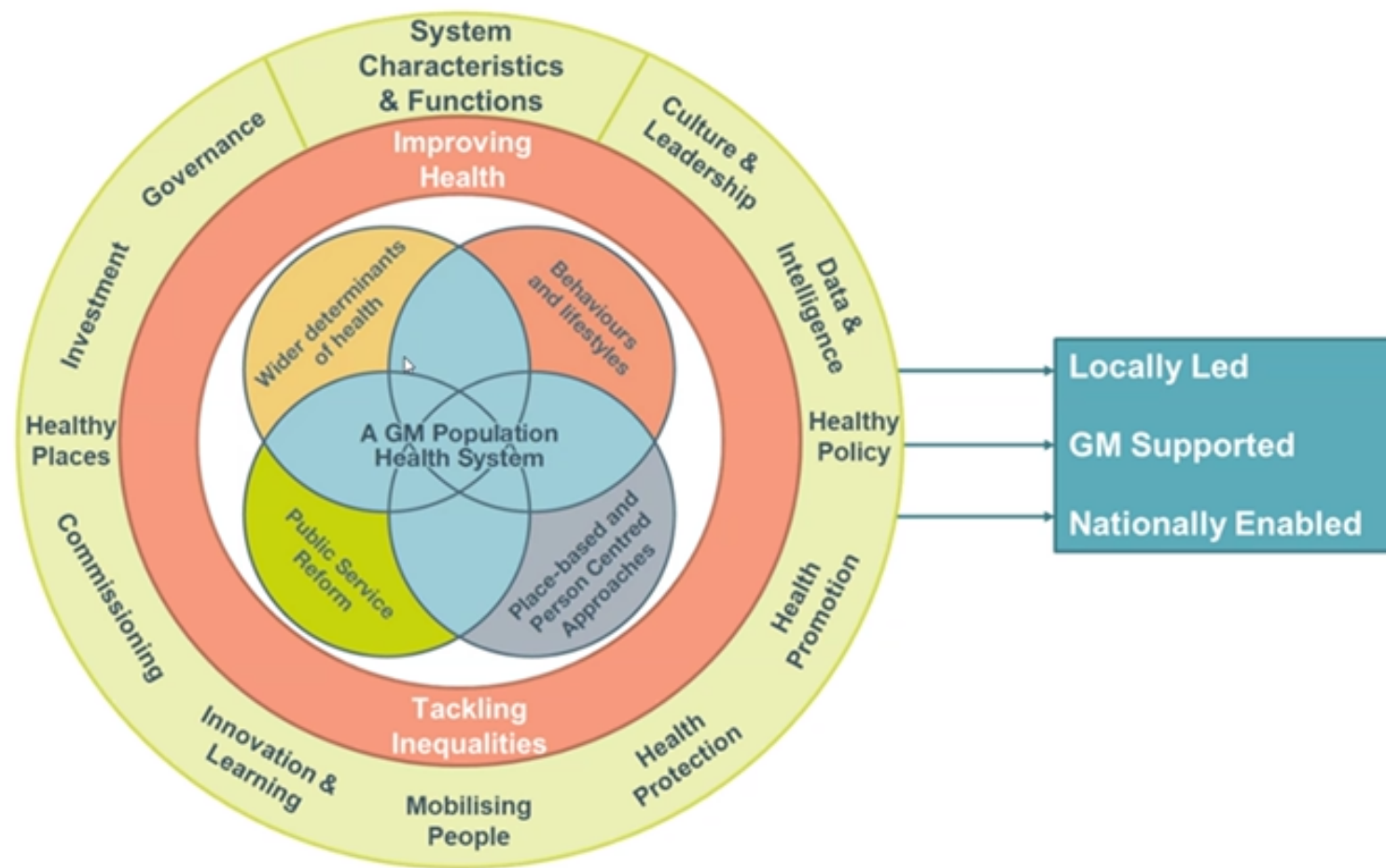
LET'S Do It!

Presented by Jon Hobday, Director of Public Health

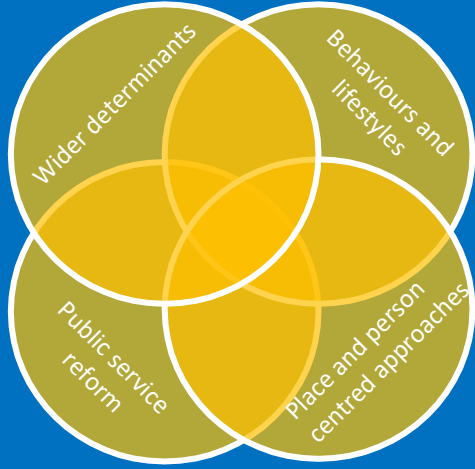
Prepared by Dr Steven Senior, Consultant in Public Health

# Context

## GM Population Health Model



**BURY**  
LET'S Do It!



**BURY**  
**LET'S Do It!**

## Bury's approach to date

Developed a LET'S Do It corporate strategy which is focused on addressing inequalities

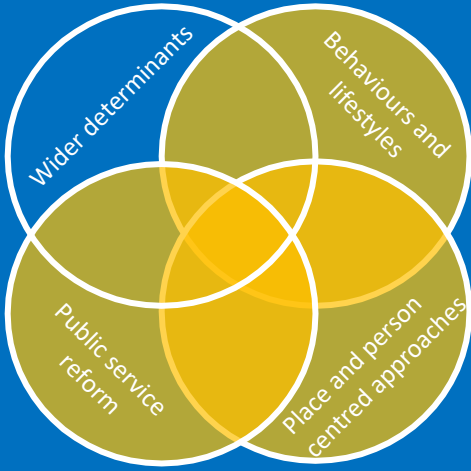
Developed Health and Wellbeing Board as a standing commission to address health inequalities

Developed the health inequalities position paper

Developed a performance framework for the health and wellbeing board which measures our progress against inequalities

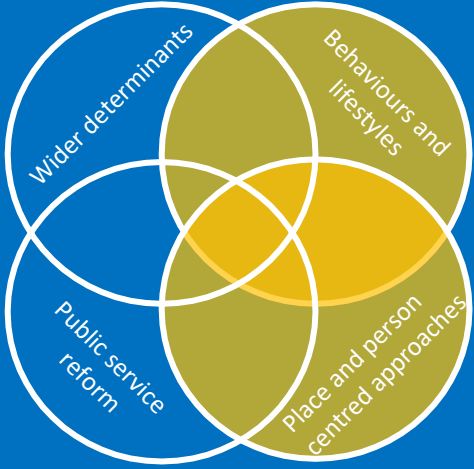
Delivered a range of work across all 4 quadrants

## Alcohol licensing matrix



**BURY**  
LET'S Do It!

- Alcohol is a major cause of illness and violent crime. Alcohol-related deaths have been increasing sharply since the start of the COVID-19 pandemic. **In Bury, cirrhosis and liver disease is the biggest single cause of the gap in life expectancy for women.**
- Evidence exists that area-level action to reduce the availability or density of alcohol outlets can reduce alcohol-related harm.
- The Council has developed an alcohol licensing matrix that shows various alcohol harms by area. This can be used to inform representations to licensing applications.
- One recent success has been challenging application from ASDA to offer 24/7 alcohol sales – ASDA changed their application to sell alcohol up to midnight only following objections which drew on the licensing matrix.



**BURY**  
**LET'S Do It!**

## Swap to stop

- Smoking remains the biggest behavioural cause of death and a major contributor to the gap in life expectancy. Smoking kills more than half of long-term smokers.
- Smoking rates are low and falling nationally but remain higher among people living in deprived areas, working routine and manual occupations, and those living with severe mental illness.
- For those unable to stop smoking altogether, switching to vapes can help. The 'swap to stop' programme offers starter kits to help people stop smoking tobacco.
- Regular outreach (bookable appointments and drop ins) are being held at 13 locations throughout Bury, focusing on places with higher smoking rates, higher deprivation, and patients with severe mental illness.

# Supporting childhood immunisations



**BURY**  
**LET'S Do It!**

- Two ongoing epidemics of vaccine-preventable disease (measles, whooping cough).
- Childhood immunisations are the responsibility of NHS England under the NHS Act (2006). Commissioned by a single GM team.
- Close working between council public health and NHS GM (both local and GM teams) to ensure public health advice on promoting uptake and reducing inequalities.
- £140,000 funding transferred from NHSE to Bury Council to commission catch up clinics.
- Catch up clinics commissioned from Bury GP Federation and Huntley Mount Medical Centre (on behalf of Bury Primary Care Network).

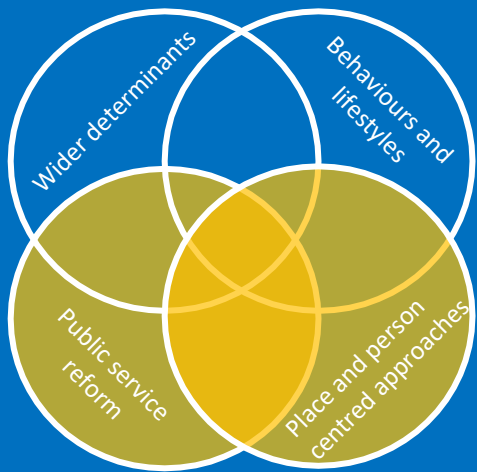


# Supporting childhood immunisations



**BURY**  
LET'S Do It!

- Bury PCN clinics combined MMR vaccine catch up with other childhood immunisations vaccines, adult vaccines for carers, health checks and cervical cancer screening.
- Run by GP practice manager well connected to local community, staff fluent in local languages, pro-active approach to invites and reminders.
- So far: over 500 MMR vaccinations, 324 other childhood vaccines, 26 adult vaccines, 254 other health checks and screening, including for some patients with severe mental illness or learning disability.



**BURY**  
LET'S Do It!

## Supporting childhood immunisations

Deprivation decile	%	Ethnicity	%
1 (most deprived)	38%	Asian or Asian British	37%
2	26%	Black or Black British	13%
3	24%	White	26%
4	6%	Mixed	8%
5		Other ethnic groups	15%
6	2%	Unknown	1%
7	0.5%		
8	3%		
9	0.3%		
10 (least deprived)	0.1%		

# Reducing coronary heart disease



**BURY**  
**LET'S Do It!**

- Coronary heart disease is one of the leading causes of death and of the gap in life expectancy in Bury.
- Responding to data showing higher than normal deaths from coronary heart disease (CHD) at the end of 2021 following the acute phase of COVID-19.
- Developed a framework for preventing illness through better diagnosis, better care, and tackling barriers.
- Worked closely with Bury primary care team to put incentives in place to maximise check-ups and management (e.g. blood pressure, cholesterol).
- Set as one of two priorities for every neighbourhood (alongside neighbourhood-specific priorities).

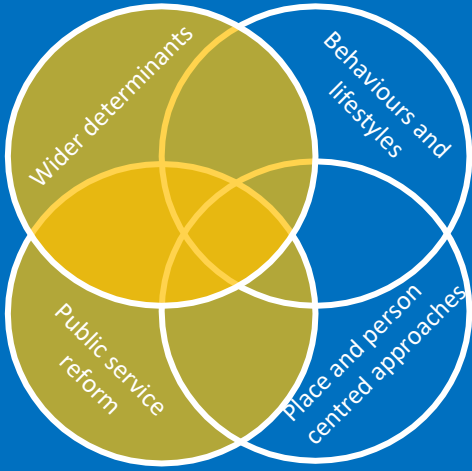
# Reducing coronary heart disease



**BURY**  
LET'S Do It!

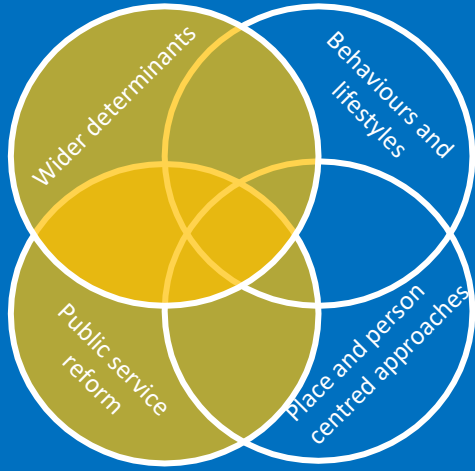
PCN	% of CHD reviews completed In 2022/23	% CHD reviews completed in 2023/24	Increase in reviews completed March 23 - March 24	Change March 23 - March 24
Bury	29%	73%	636	+44%
Horizon	51%	74%	719	+23%
Prestwich	27%	80%	541	+53%
West	22%	54%	313	+32%
<b>Total</b>	<b>38%</b>	<b>72%</b>	<b>2209</b>	<b>+34%</b>

## Working well vanguard



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- According to [GOV.UK](https://www.gov.uk), *“WorkWell funding will give Vanguard Partnerships the capacity to join up the work and health landscape at local level, bringing together various existing work and health initiatives and assets together under one coherent strategy.”*
- *“WorkWell Vanguard Service will provide evidence-based, low intensity work and health assessments that support individuals with their low-level occupational health needs and to overcome barriers to work.”*
- Emphasis is on those in work but where poor health is a risk to their ability to work. Focus on **mental illness** and **musculoskeletal problems** – the most common causes of illness-related worklessness.
- Funding via ICBs. GM’s model was used as an example in the national guidance.



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## Greater Manchester's Working Well Early Help (WWEH)

### Scope

- Supported recently unemployed individuals with a health condition or disability, or those on medical leave, to return to sustained employment, with a direct pathway for participating GP practices to refer in patients in receipt of a fit note.

### Model

- Health-led early intervention with personalised, holistic support to address barriers to employment through two pathways:
- Light-touch advice service for in-work participants at large organisations with employer Occupational Health (OH) support, including guidance on planning and self-help tools, and signposting to wider services
- More intensive six-month support service for SME, self-employed, or recently unemployed participants:
- Vocational Rehabilitation Workers (VRCs) assess participant needs and work with them to develop bespoke return-to-work plans. VRCs provide some non-clinical support elements (e.g. coaching and motivation/confidence building), and can refer directly to health support (e.g. physiotherapy, CBT) as well as coordinating support from the wider Greater Manchester ecosystem of health, employment, training and wellbeing services (e.g., debt advice, foodbanks, CV and interview preparation)