

Activity Report

Report of the Healthwatch Bury activities in Quarter 3
(October – December 2024)



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Current work streams






Quarter 3 2024/25



Greater Manchester

Greater Manchester (GM HW) Healthwatch Network

The Greater Manchester Healthwatch Network is the formalised arrangement of the 10 local Healthwatch organisations, enabling us to work across a regional footprint and allowing us to work on topics that span multiple local authority areas.

- **Roundtable on Cancer Prevention and Management:** HW in GM attended a roundtable hosted by Cancer Research Northwest, contributing to discussions on prevention, management, and research within the unique Greater Manchester landscape ensuring consideration is given to seldom heard communities.
-  **Ophthalmology Strategy Review:** We have been invited and engaged with a review and provide critical feedback on the Greater Manchester ophthalmology strategy, ensuring it meets the needs of patients across the region.
-  **Equality of Access Concerns:** Over the last two quarters, HW in GM has identified a notable increase in feedback related to equality of access. In response, we met with the GM Equalities, Diversity, and Human Rights team to raise these issues. The patient stories and data was met with a positive response, resulting in action planning to address the trends identified.
-  **Consultation Engagement:** HW in GM continues to engage with Greater Manchester on service consultations, ensuring the patient voice is represented at all levels. This period included active involvement in the ongoing review of Cardiac and Vascular services.
-  **CAMHS Response and Action Plan Follow-Up:** We continue to follow up with the responses and action plans given to us across Greater Manchester in relation to the findings and recommendations in our Pathways to CAMHS report, monitoring progress is being made to address the challenges highlighted.
-  **Partnership Agreement Review:** HW in GM met with Greater Manchester colleagues to review the progression of our partnership agreement, reinforcing our collaborative approach and providing feedback as a critical friend to improving health and social care services.

Bury

Enter and View

The Enter and View visit was carried out to Children and Adolescent Mental Health Services in the Q2, and the draft report was completed in Q3. The report was shared with Pennine Care, and we are currently waiting for final amendments before publishing the report. Healthwatch representative also attends the Risk Escalation Group to contribute to current evidence and to keep up to date with local updates. Our Volunteer Coordinator, Charlotte, who was the lead for the Enter and View programme, left Healthwatch Bury at the end of Q3. Enter and View programme has currently been paused for the interim period.

Access Assistance Drop-in sessions.

Let's Do It funding came to an end in the end of September 2022. Healthwatch has continued to hold monthly drop-in sessions for asylum seekers and refugees in Bury East Township. The cases we have continued to support with include making GP appointments, housing, women's health and booking interpreters. The sessions have been extended to other groups in the community to ensure we reach out to most vulnerable.

Joint Family Support sessions for the Bury East area

We have started building links with the new family hubs. We are attending a monthly joint drop-in session at Bury East Family Hub in partnership with Department of Work and Pensions, Bury Council, NHS Talking Therapies and Ingeus to provide a one stop drop-in session. The purpose is to provide support for employment, benefits, mental health and wellbeing services access, support accessing health and social care services.

Prescriptions Project

Numerous patients have shared their experiences of prescriptions and difficulties they have experienced. There also seems to be inconsistency across board of getting a prescription depending on which GP practice patient is registered with.

Healthwatch Bury finished gathering patients' feedback regarding the issues around prescriptions in Q1, the focus was going out to health centres and local ESOL support group. We produced an information leaflet around prescription costs and have now created a draft report. The report has now been finalised and response was received from the Primary Care team and the Local Pharmaceutical Committee. We have also met with the Bury North team to discuss how to best disseminate the messages about the patient led prescribing. The Prescriptions Report was published in Q3: [Prescriptions Project Report | Healthwatch Bury](#)

Clearer Communications Project

Clearer Communications Project's aim was to look at patients' letters and how to simplify the templates so they're accessible for everyone. The focus in Q3 was to create a draft report and we are in the process of finalising it.

Volunteer Programme Our volunteer coordinator has recruited numerous volunteers who have been able to assist us with analysing data for various reports, carrying out Enter and View visits and supporting with general outreach.

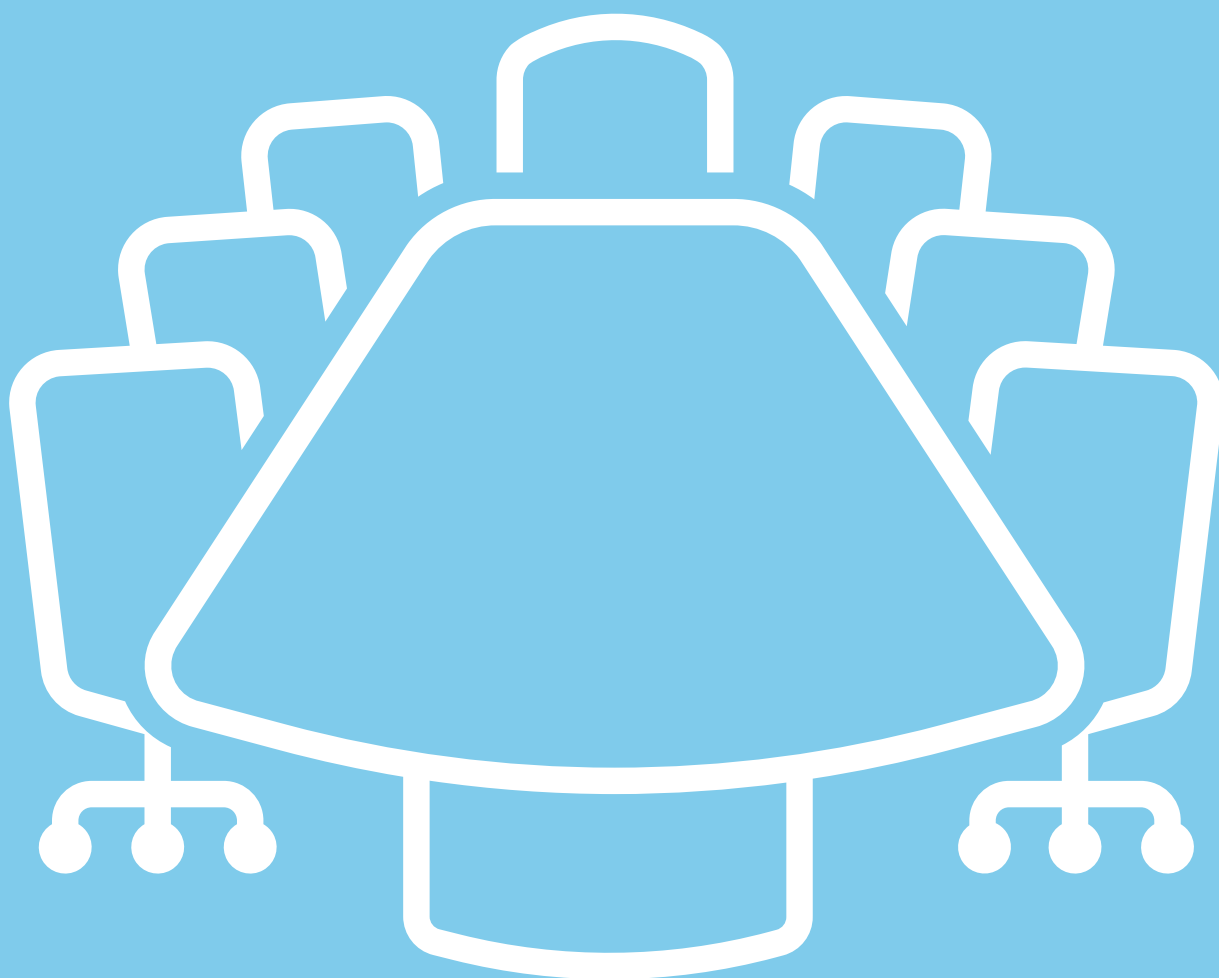
Facebook Live

One further session was held in Q3. The topic was a Hate Crime Project Awareness session with Your Support Matters. All sessions are being recorded and can be seen on the YouTube channel: [Healthwatch Bury - YouTube](#)



Governance updates

Quarter 3 2024/25



Quarter 3 Highlights

- **Board drop in** held on **28th October** with the local MP, **James Frith, and local councillors.**
- **Pre AGM Board Meeting** held on **4th December.**

See the previous Board meetings minutes here: [Board minutes | Healthwatch Bury](#)

- Healthwatch Bury's **Annual General Meeting** was held on **4th December.**
- Regular monthly meetings with **Care Quality Commission** scheduled.
- Regular **monthly Board bulletins** circulated.

Board activities schedule 2024/25

Date	Time	Location	Session name
Tue, 28 th January 2025	5-7pm	Teams	Board meeting
Thu, 27 th February 2025	5-6pm	Teams	Board drop in
Tuesday, 25 th March 2025	5-7pm	Teams	Board meeting



Annual General Meeting

A huge thank you to everyone who attended and contributed to the success of our AGM at The Mosses Centre on Wednesday, 4th December. Your support and participation mean the world to us. Together, we celebrated our achievements and discussed exciting plans for the future.



Public feedback

Quarter 3 2024/25



Issues raised in Bury

Referral and Access to Specialist Care:

- Patients experiencing blurred vision face barriers in accessing specialist care at Rochdale Eye Clinic due to referral requirements.
- A GP referral to cardiology was not made, and the patient was dismissed by a qualified complaints manager.
- Issues with accessing weight loss injections through the NHS, with patients feeling misled about the availability of treatments and surgery timelines.

Community Dental Services:

- Community dentists are reportedly not providing checkups for children with special needs.
- Dental practices are reluctant to register patients needing interpreters due to the cost of interpreting services.

ADHD Medication Management: A patient with ADHD is stressed by the requirement for monthly medication reviews and repeated confirmation of their delivery address.

Consent and Communication in Medical Procedures:

- A patient underwent a biopsy without consent or knowledge, causing distress.
- Another patient reported an unexplained injury post-hernia operation with no clear answers from nursing staff.

Access to Dental Services for Homeless Individuals: Homeless people are seeking access to NHS dental services.

Vaccination Services: Positive feedback on the ease of booking Covid and Influenza vaccination appointments.

Orthopaedics Appointment Scheduling:

- A visually impaired patient faced difficulties attending an Orthopaedics appointment at Oldham and is concerned about being removed from the waiting list after cancelling the appointment.
- Multiple instances of patients with visual impairments facing challenges in scheduling and attending appointments.

Support for Food Bank Access:

- Individuals with mobility issues or injuries are struggling to access food bank services due to delivery limitations.
- A person without food over Christmas seeking urgent assistance.

Concerns about A&E Services at Fairfield Hospital:

- A patient reported several issues, including lack of communication, inadequate medical history recording, and missing standard procedures like CT scans for suspected TIA.
- Concerns about the quality of care and respect for patient dignity in A&E.

Interpreter Services for Refugees: Issues with dental practices not registering patients needing interpreters due to cost concerns, raising questions about funding and potential discrimination.

GP Appointment Accessibility:

- A nurse working shifts is struggling to make GP appointments due to restrictive call times and needs to discuss medication causing sickness.
- A patient with trust and anger issues excluded from their GP practice and seeking counselling for PTSD.

District Nursing Services: A housebound amputee is concerned about changes to their care after being able to leave home for a special occasion, fearing future implications.

Housing Issues: Individuals seeking assistance with housing issues, including poorly maintained private properties.

Social Isolation and Mental Health Support:

- A young deaf man experiencing isolation and difficulties with universal credit and debt.
- An individual struggling with loneliness and poor living conditions, referred to Early Help.

Communication and Discharge Planning in Hospitals:

- Issues with communication among hospital staff and patients, and lack of planned discharges.
- Delays in sorting prescriptions, affecting both admissions and discharges.

Issues found and highlighted

Safeguarding Concerns – Patient Belongings Policy

Background: A recent incident highlighted by a Healthwatch Director exposed significant gaps in safeguarding policies regarding patient belongings in inpatient health settings. This issue has been escalated to the local Safeguarding Board, with a meeting scheduled in January to address these concerns at a systems level.

Incident Summary: An inpatient awoke to a staff member going through their personal belongings in the dark and in the middle of the night, without permission. Although the patient reported the incident to the ward manager and senior nurse, they did not formalise a complaint but pointed out this systemic weakness in safeguarding policies.

Key Issues Identified:

- Inadequate Safeguarding Policies: Lack of clear protocols for accessing patient belongings, undermining patient trust and leaving staff vulnerable to allegations.
- Use of Lockable Drawers: Lockable drawers in the setting were ineffective as all units shared the same code and the code was known to all staff and given to all patients. Additionally, there was no clear communication to patients about their limitations and no information provided to explain to patients that the contents of their locked drawer would also be accessed by staff and in what circumstances.
- Potential for Misuse: Absence of a robust policy allows for breaches of trust, raising concerns about patient safety, staff accountability, and transparency.

Next Proposed Solutions for Policy Development:

- Designation of Drawers for patient use only; staff must have explicit permission to access them.
- Implement a two-staff policy for necessary access, with one being a senior staff member.
- Inform patients to report unauthorised access immediately.
- Develop a secure system for storing high-value items with an inventory process.
- Provide patients with a disclaimer about the hospital's liability for personal belongings.
- Train staff on new safeguarding policies to prevent breaches and/ or perceptions of misconduct.

Next Steps: We have initiated dialogue with the Safeguarding Board to address these gaps and align policies across Greater Manchester. We will explore best practices from other regions and consult with other Healthwatch organisations to identify similar challenges and potential solutions.







Conclusion: This case emphasises the need for a systemic approach to safeguarding vulnerabilities. A coordinated effort, supported by robust policies and staff training, will enhance patient trust and safety while providing clear protections for staff. We will continue to advocate for a comprehensive review and improvement of safeguarding policies.

Where we have been

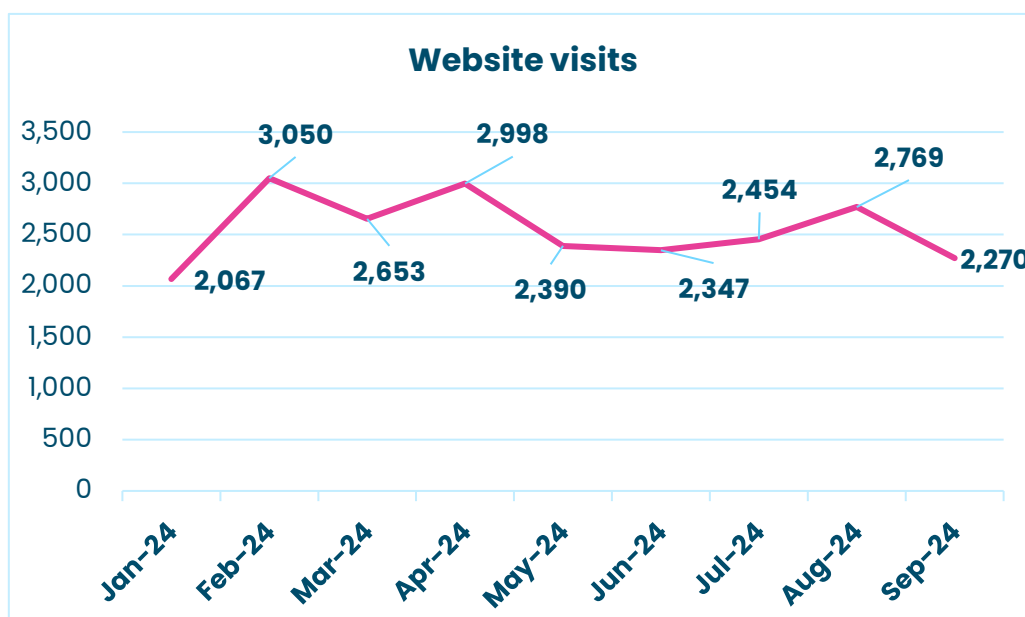
	2024/245 to date	Apr-24	May-24	Jun-24	Jul-24	Aug-24	sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
<i>Engagement activities -total</i>	77	9	9	10	9	12	11	12	10	5			
<i>Bury East</i>	58	6	5	6	5	9	6	11	6	4			
<i>Prestwich</i>	6	0	2	1	0	1	0	1	1	0			
<i>Bury West</i>	7	1	0	1	1	0	2	0	2	0			
<i>Bury North</i>	7	1	2	1	2	1	0	0	0	0			
<i>Whitefield</i>	1	0	0	0	0	0	0	0	1	0			
<i>Virtual</i>	7	2	0	1	1	1	0	0	1	1			
<i>Number of public contacts</i>	1,046	46	79	179	117	142	120	198	144	21			
<i>Number of complaints/compliments/comments recorded</i>	197	37	31	27	23	19	24	9	12	15			
<i>Number of public signpostings</i>	197	37	31	27	23	19	24	9	12	15			
<i>Healthwatch 100: #of surveys conducted*</i>	4	3	0	0	0	1	1	0	0	0			
<i>Healthwatch 100: #of survey responses</i>	26	26	0	0	0	12	41	0	0	0			

*Please note the number reflects our own surveys, not those we promote, and use created by others such as Healthwatch England etc.

Online and social media statistics

 <p>X (Twitter) New followers: 0 Total followers: 1,747 (-50)</p>	 <p>Website Visits: 6,837(-549) Page views: 11,000 (-1,002) News articles: 40 (+12)</p>
 <p>Facebook Likes: 712 (+12) Page visits: 1.5K(+574) Posts:142 (-40) Total reach:7.7K (-1.3K)</p>	 <p>Other Mailing list: 267 Members: 81 Newsletters: 1</p>
 <p>LinkedIn Followers: 108 (+12) Posts: 33(+1) Impressions 2,194(+976)</p>	 <p>Instagram Followers: 361 (+14) Accounts reached: 185 (-58)</p>

Website analytics

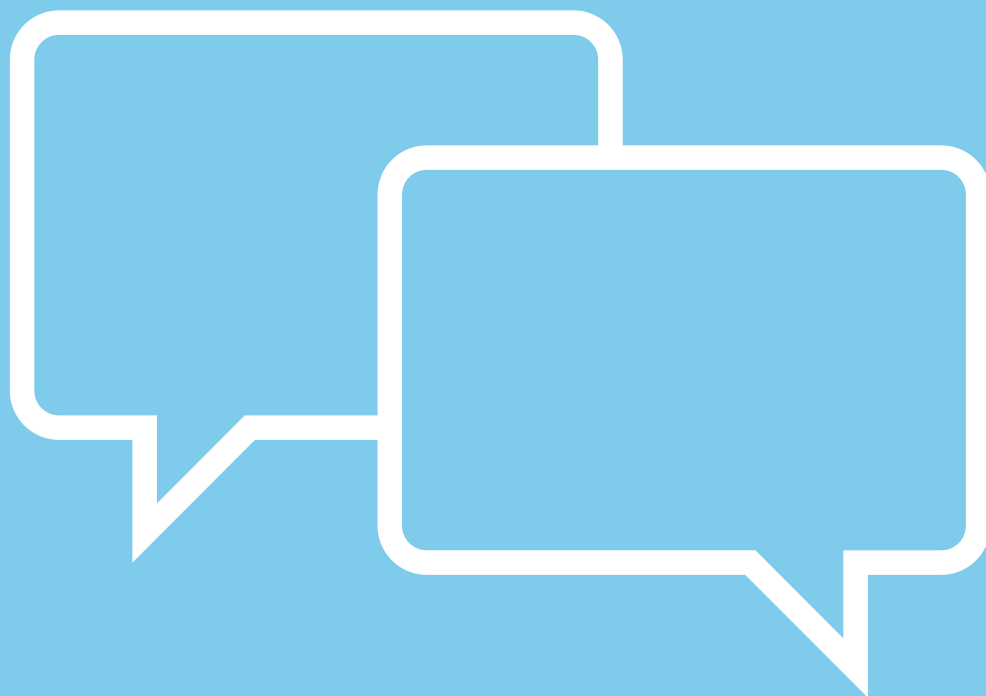


Website most visited pages in Q3

	Website section	Description
1.	Bury Food Banks (Article published November 2021)	Bury Food Banks
2.	Events Healthwatch Bury	Events Healthwatch Bury
3.	News and Reports	News and reports
4.	Bury Sexual Health Service (August 2021)	Bury Sexual Health Service
5.	Mouth Cancer Action Month - checking for mouth cancer (November 2021)	Mouth Cancer Action Month - checking for mouth cancer
6.	Pharmacy Opening Times for Christmas & New Year Bank Holidays (December 2024)	Pharmacy Opening Hours
7.	BOOBS in Bury- Breastfeeding Support for Mums (February 2022)	BOOBS in Bury- Breastfeeding Support for Mums
8.	Minor Eye Conditions Service (MECS) (September 2021)	Minor Eye Conditions Service (MECS)
9.	How can you find an NHS dentist? (July 2023)	How can you find an NHS dentist?
10	Bury Social Prescribing Service (January 2025)	Bury Social Prescribing Service

Public engagement

Quarter 3 2024/25



Engagement events

Event	Location	Audience	Neighbourhood	Number of contacts
Older People's Day	Town Centre	Older People	Bury East	23
Digital Inclusion Meeting	Town Hall	All	Bury East	NA
Bury Older People's Network	Blackburne Hall	Older People	Bury East	17
Joint Family drop in	East Bury Family Hub	All	Bury East	1
World Mental Health Day event	Creative Living Centre	People with mental health issues	Prestwich	16
Awareness event	Bury Hospice	All	Bury East	9
OLA	Fairfield General Hospital	All	Bury East	8
Armed Forces	Town Hall	Veterans	Bury East	7
Health Advice & Assistance	Bury United Reformed Church	Asylum seekers and refugees	Bury East	6
HIV testing event	Town Centre	All	Bury East	47
Public launch event	Healthwatch Bury's office	All	Bury East	46
Meet the Provider	Fusiliers Museum	All	Bury East	18
Let's Talk Autism Awareness	Macca's	All	Prestwich	7
Dementia United workshop	Radcliffe Football Club	All	Bury West	38
NHS app meeting	Barcroft House	Digitally excluded	Bury East	7
BOPN	Blackburne Hall	Older people	Bury East	14
Joint drop in	East Bury Family Hub	All	Bury East	1
Office Stakeholder launch	Healthwatch Bury's office	Stakeholders	Bury East	30
PLACE Assessments Fairfield	Fairfield Hospital	NA	Bury East	6

Women of Worth Fair	Radcliffe Market	Women	Bury West	8
NHS App support session	St Andrews	Digitally excluded	Whitefield	5
Adult Carers strategy consultation	Fusiliers Museum	All	Bury East	28
Annual General Meeting	Mosses Community Centre	All	Bury East	17
Let's Talk Health Podcast	The Met	All	Bury East	1
Joint drop in	East Bury Family Hub	All	Bury East	0
Ruksana - Mind	Healthwatch Bury's office	People with mental health issues	Bury East	2
Eagle's Wing	Bury United Reformed Church	Asylum seekers and refugees	Bury East	1

Healthwatch Bury Live sessions

Topic	(Guest) Speakers	Reach
Hate Crime Awareness Project	Will Case	150 (+19 YT)

Feedback and signposting enquiries

Feedback by service type 1st October – 31st December 2024

Service type	Number of reviews	Number of people signposted	Number of complaints
GP	7	7	6
Dentist	4	4	3
Mental Health	4	4	4
Food Bank	4	4	0
Social issue (isolation and loneliness)	2	2	0
Eye care services	2	2	2
Weight loss injections	2	2	0
Gynaecology	2	2	2
Covid & flu vaccine	2	2	0
Hospital service (Orthopaedics)	2	2	2
CABB	1	1	0
Hospital services - discharge	1	1	1
Adult community nursing	1	1	1
A&E	1	1	1
Chair based exercise	1	1	0
GP	7	7	6
Dentist	4	4	3
Mental Health	4	4	4
Food Bank	4	4	0
Social issue (isolation and loneliness)	2	2	0

*Please note number of complaints refers to negative feedback rather than official referrals to the complaints' advocacy services.

Our Location

Updates on our home



Office Update

As of the beginning of April this year, we took on the lease of a shop unit as part of a community focussed partnership with Irwell Valley Housing Association.

The shop was a former boutique clothing store which had been vacated during the covid pandemic and has required extensive renovation to fit the requirements of Healthwatch Bury's plans.

We have used local contractors to undertake the development, who have extensive experience in working to make properties accessible and available to all.

We are at the stage now where we can hold meetings and work from the office, including meeting in person with members of the public through booked appointments, but there is still some work to do before we are completely ready to open the doors to the public for walk-in service.

We are exploring avenues for assistance with funding to make the space more comfortable and public friendly. We have organised two launch events:

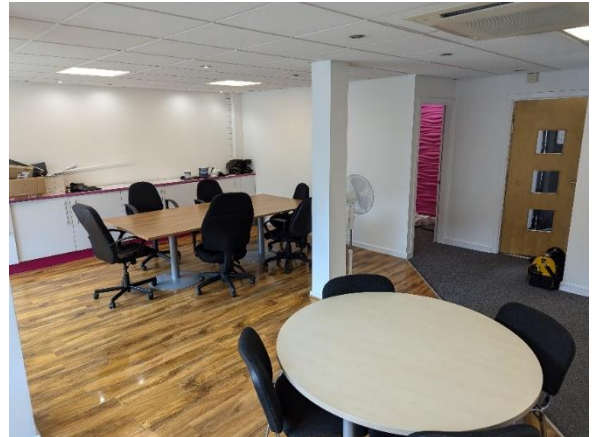
- **Public Launch Event:** On Tuesday, October 29th, the public was invited to visit our new premises, meet our staff, participate in activities, and enjoy light refreshments.
- **Stakeholder and Voluntary Sector Launch Event:** On Tuesday, November 19th, we hosted a special event for stakeholders and local voluntary sector groups. Bury Times also published an article about the event: [Healthwatch Bury opens new central base in Bolton Street | Bury Times](#)

Further details about the launch events can be found later in the report.

We have initiated weekly drop-in sessions at our office every Tuesday from 10am to 2pm, inviting the public to share their health and social care experiences. We are here to listen and help people access local services.

Additionally, we are offering our office space to partner organisations. Some have already taken advantage of this opportunity. Mind uses our small meeting room biweekly, Irwell Valley Housing has begun monthly drop-in sessions, and Calico has started using the small meeting room to meet with their clients.

Our drop in poster below for further information.



Weekly drop in session

healthwatch
Bury

Join us at Healthwatch Bury's weekly drop in session

Pop in to share your feedback about health and social care experiences.
We can also help you to access local services.

Every Tuesday

10am – 2pm

**Healthwatch Bury's Office,
56–58 Bolton Street, Bury, BL9 0LL**

Telephone: 0161 253 6300

Website: www.healthwatchbury.co.uk

Email info@healthwatchbury.co.uk



New office launch – stakeholder event

On Tuesday, 19th November, we celebrated the launch of our new office with various Bury organisations including Home Instead, Citizens Advice Bureau, Job Centre, Calico Housing, Northern Care Alliance, BIG in Mental Health, Next Steps and many others. Despite the snowy weather, we were thrilled to welcome 30 attendees! It was a fantastic opportunity to engage with our staff, connect with local partners and stakeholders, and explore our new premises in collaboration with the Irwell Valley Housing.



We were especially honoured to have The Mayor in attendance, which added a special touch to the event.



Staff Changes

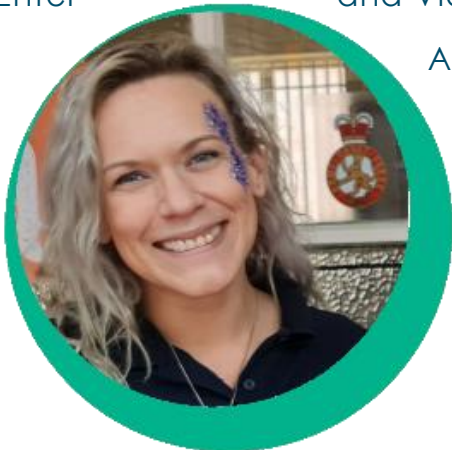
Farewell to Charlotte and Adam

At the end of December, we say goodbye to two outstanding team members: our Chief Officer, Adam Webb, and our Volunteer Coordinator, Charlotte Foster.

Adam has been a pivotal leader for our organisation, guiding us through numerous challenges with his steadfast dedication and vision. His leadership has made a lasting impact, driving improvements and nurturing a supportive environment within our team. We are deeply grateful for his contributions and the positive direction he has set for our future.



Charlotte, with her boundless energy and passion, has been the cornerstone of our volunteer network. She has played a crucial role in our team, particularly known for her exceptional work in establishing and managing the Enter and View program.



Although we are sad to see them leave, we celebrate their achievements and wish them both the very best in their future endeavours.

Case studies

Quarter 3 2024/25



Continuing Healthcare Assessments



You said: We were contacted by an individual regarding the outcome of their partner's assessment for Continuing Healthcare. The individual explained that their partner was assessed for Continuing Healthcare several months ago, but they had not received a decision. The partner has multiple health issues, including Multiple Sclerosis and vascular dementia. The individual is struggling with their partner's deteriorating health, and the uncertainty of the outstanding decision was making things very difficult. They were very frustrated with the lack of communication.

We did: I contacted the Complex Care Team for an update. The Complex Care Team apologised for the delay and explained that the split decisions had not yet been agreed upon between the lead nurse and the Local Authority. The team agreed to chase this up again to see whether they had an outcome and would contact the patient/next of kin and care provider straight away as soon as they received an agreement.

You said: The individual was granted Continuing Healthcare and wanted to know how this would affect them financially. They requested some information in writing but still wanted to talk this through with someone.

We did: I contacted Bury Age UK, Information & Advice Service, and made a referral on the individual's behalf. The individual was very grateful for our involvement in receiving an outcome and the answers they were waiting for.

Addressing Concerns over Appointment Letters



You said: Two nurses from Fairfield, who were running a local cardiac rehab clinic, brought a patient to our attention. The patient had received a letter from their GP practice following a missed appointment. The nurses were alarmed by the letter's threatening tone. The patient assured us that he had only missed one appointment in his life, yet the letter suggested he regularly missed them. The patient wished to remain anonymous.

We Did: We contacted Patient Services at NHS Greater Manchester Integrated Care to express the patient's concerns while maintaining their anonymity. Unfortunately, Patient Services could not proceed without identifying the patient, as they needed access to medical records to verify the number of missed appointments. However, they informed us that their commissioning colleagues would share this issue with the Bury locality team to address it in their wider quality practice meetings.

Patient Transport



You said: A client approached the Bury Peer Led Crisis Service, BIG in Mental Health, needing fortnightly treatment for pain. The client has multiple physical problems and was informed they do not qualify for patient transport. They are physically unable to use public transport and cannot afford taxis to get to Wythenshawe. Crisis Supporter from BIG in Mental Health contacted us to see if we could help.

We Did: We provided the client with details about the Healthcare Travel Costs Scheme (HTCS) and suggested alternative options, including Ride and Ride and HMR Circle. HMR Circle was able to support the client in getting to their appointments. The Crisis Supporter emailed to thank us for our assistance.

Unsafe Discharge



You said: I was discharged last night from North Manchester with a fracture in my spine. I went to Fairfield A&E on Friday evening at the suggestion of the nurse at my GP. After returning home, I asked a friend to drop me off at A&E. I was discharged back to my home. I live alone, I'm in my 80s, and my home is very untidy and needs a good clean. I was told by the hospital to contact my GP if I need any help. I do need help, but I'm frightened that if I ask for it, I will be taken away. I want to stay in my own home as long as I can. Is there any way I could go to somewhere like Killelea House to get stronger, or would my home have to be inspected/assessed? If I could get stronger, I could then arrange some help to get my home sorted out. Sorry to be a nuisance.

We Did: We spoke to the Staying Well Team, but they currently have a 4-week waiting list. Recognising the urgency of your situation, we got in touch to provide information about Adult Social Care and the Age UK Home from Hospital Service. We also offered to do a referral on your behalf, and the patient agreed to be in touch.

Outcome: The patient got back to us on the same day to say: *"Age UK Home from Hospital Service visited me this afternoon. They helped and have taken my details. They will contact me again soon to tell me what they have managed to do for me. Thanks so much for all your help."*

Resolving Shower Repair Issues for an Elderly Lady



You said: In October, an elderly lady reached out to us, expressing frustration over ongoing issues with her shower. Despite multiple repair appointments, the shower remained unfixed, significantly affecting her daily life. She reported the issue in early August and faced a series of cancelled and unfulfilled appointments, leading to unsafe washing practices.

Key issues:

- **Repeated Cancellations:** After the initial report, the repair company rescheduled multiple times, causing significant delays.
- **Inconvenience and Safety Risks:** The elderly lady resorted to washing in the sink, which posed a slipping risk and was physically uncomfortable.
- **Lack of Support:** Despite reaching out to her housing provider, she found little assistance.

We Did: Upon receiving her message, we reviewed the timeline of repairs and recognised the frustration caused by the repeated delays and lack of communication from the repair company.

We contacted the local floating support service, which provided information on relevant authorities, including Environmental Health and the Ombudsman. We shared this information with the elderly lady, empowering her to escalate her concerns effectively.

Outcome: On October 11, 2024, the elderly lady contacted us to share positive news. The repair work on her shower had finally commenced, and she expressed her gratitude for the support provided by Healthwatch. She felt empowered by the guidance we offered, which helped her navigate the situation more effectively.

This case highlights the importance of advocacy and support for vulnerable individuals facing systemic challenges. By facilitating access to resources and providing timely communication, we were able to assist the elderly lady in addressing her shower repair issues, ultimately improving her quality of life.

Addressing Referral Delays for a Child with Autism and Hernia



You said: We received a referral from a community partner. A woman arrived with her partner and their 3-year-old child, who has Autism and a protruding hernia. The child had been referred to Royal Bolton Hospital approximately 12 months ago but had not yet been seen. This delay was affecting the child's development, as she was not yet toilet trained due to discomfort. The parent had returned to their GP Practice and believed they had been re-referred to Manchester Royal Infirmary but was unsure of the details and concerned about the delay.

We Did: We contacted the patient's GP Practice to clarify the parent's confusion and concern. The receptionist explained that they had followed up with Bolton and were informed of a 75-week wait. They were advised to refer the child to another hospital with shorter waiting lists. A referral letter had been sent the previous week to Manchester Paediatrics as an urgent case, with a 4-week wait time. HWB then contacted the parent to explain the situation and advised them to reach out again in January if they had not yet received an appointment.






healthwatch Bury

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