

Activity Report

Report of the Healthwatch Bury activities in Quarter 1
(April – June 2024)



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Current work streams

Quarter 1 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.

A Greater Manchester-wide piece of work was undertaken in Quarter 1 looking at mental health services for Children and Young people in the region. As well as CAMHS, it is looking at associated organisations and groups that offer services to those that need them.

A set of surveys have gone out to service users, parents/carers as well as a survey specifically designed for professionals. Response rates are already very encouraging, and focus groups are being carried out to add more detailed information to the project.

The coordination and project planning is being done by Healthwatch Trafford as the lead Healthwatch and the report will be due in the summer.

Moving into the new business year, GM HW held a development day involving the network where planning and priorities for the coming year were looked at. A new meeting structure has been proposed, and looking at how to formalise the collaborative intelligence gathering.

Danielle Ruane, the Chief Coordinating Officer for Healthwatch in GM is now (as of April) back from maternity leave, so we will have a full capacity GM network team to start 2024/45.

They come to the network with considerable experience of the local Health and Care system and will be working on behalf of the 10 Local Healthwatch in Greater Manchester to develop our abilities, capacity and impact, as well as being a single point of contact for the Greater Manchester integrated care board and partnership to work with local Healthwatch.

Bury

Enter and View

Enter and View Programme is underway. Enter and View Panel meets on a regular basis.

The Enter and View visit to Killelea House was carried out in the Q4 and the report is due to be published. Healthwatch representative also attends the Risk Escalation Group to contribute to current evidence and to keep up to date with local updates.

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 will be starting a joint weekly 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 will be to provide support for employment, benefits, mental health and wellbeing services access, support accessing health and social care services.

Women's Health and Menopause

Feedback received from patients has indicated there is an issue around women getting support and awareness around menopause in Bury. Department of Health and Social Care has also just published their 10-year Women's Health Strategy for England.

Healthwatch Bury started looking into Women's Health issues in 2023. We have started to collect feedback by visiting different groups and working in partnership with local groups. The focus in Q1 was talking to the learning disability group lead and writing up the findings. The draft report has now been produced.

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.

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 Q1 was to gather feedback from patients and start working on the draft report.

Children and Young People's Project We are looking to develop a programme of volunteering for young people – Youthwatch – to involve young people in the Healthwatch Bury work programme.

We would like to recruit participants who could find out about topics that are important for young people and support with writing articles to create a website where young people could find reliable and trustworthy information about health and social care issues. We also envisage young people becoming more involved in

our social media channels. Engagement was carried out with the Early Break substance misuse support group for parents and with Derby High School to start building links with the children and young people's services.

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

Two further sessions were held in Q1. Topics covered were Parkinson's Support Group, Bowel Cancer Screening awareness and Gambling Awareness session with Chapter One. All sessions are being recorded and can be seen on the YouTube channel:

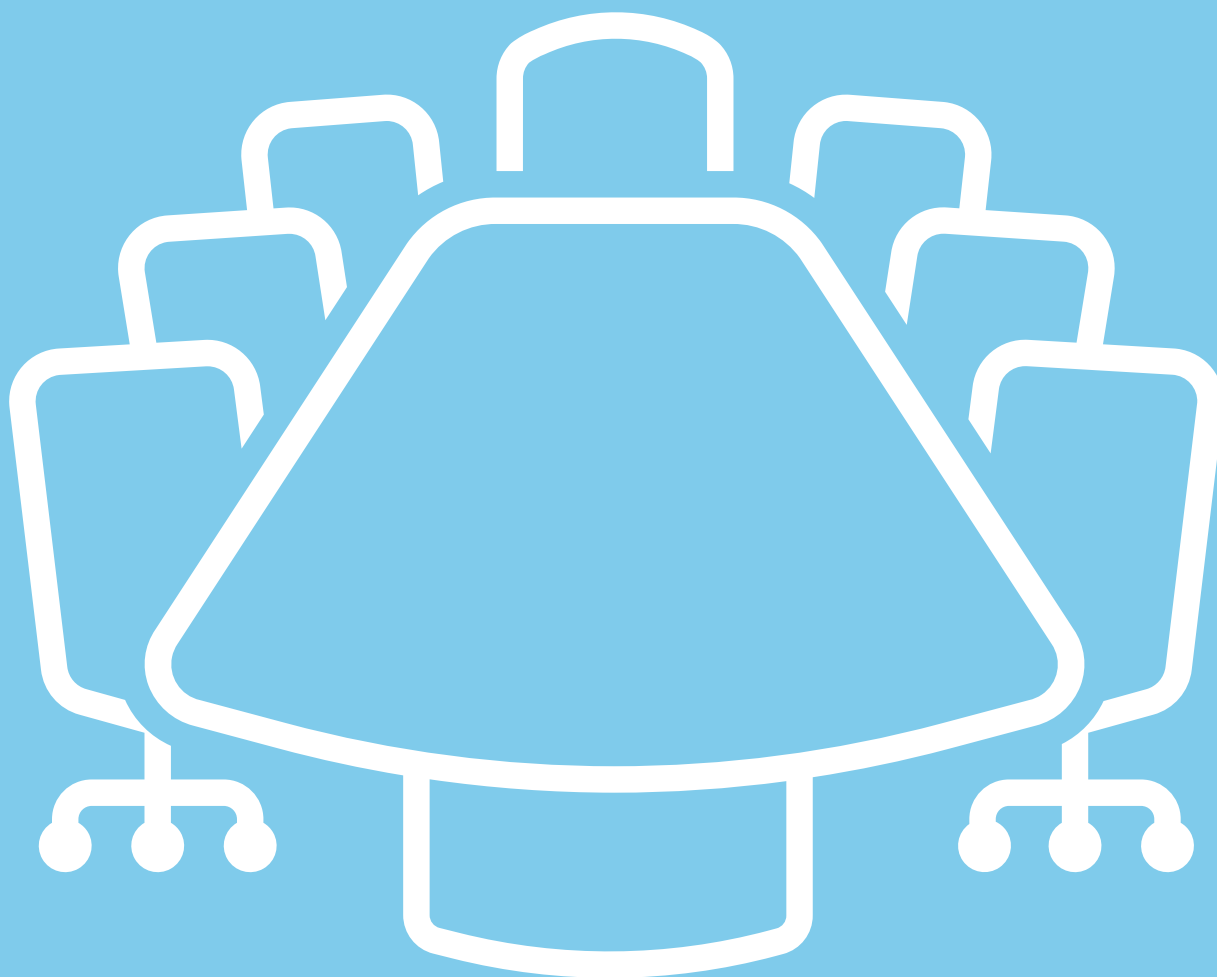
[Healthwatch Bury - YouTube](#)



Derby High School Health and Wellbeing event at the end of June

Governance updates

Quarter 1 2024/25



Quarter 1 Highlights

- **Board Meetings held on 1st May and 25th June.**

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

- **Regular monthly meetings with Care Quality Commission scheduled.**
- **Regular monthly Board bulletins circulated.**

Board activities schedule 2024/25

Date	Time	Location	Session name
Monday, 22 nd July	5-6pm	Teams	Board drop in
Wednesday, 28 th August	5-6pm	Teams	Board drop in
Tuesday, 24 th September	5-7pm	Teams	Board meeting
Monday, 28 th October	5-6pm	Teams	Board drop in
Wed, 27 th November	4-5pm	TBC	AGM premeeting
Wed, 27 th November	5-7pm	TBC	AGM
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



Public feedback

Quarter 1 2024/25



Issues raised in Bury – Dementia

We first met Mr X who is a carer for his wife couple of years ago when Healthwatch Bury was actively seeking patients' views about dementia services. Mr X and his wife had an appointment with the dementia nurse in April and were told that their next appointment would be with the consultant psychiatrist as they are stopping the dementia clinics in Bury (clinics will continue in Rochdale & Oldham). Mr X asked the nurse whether there would be support/access to Admiral nurses and was told no.

Mr X is not very happy about this and wanted to ask if Healthwatch were aware. He said that it was his understanding that they are developing a new strategy to improve dementia services feels that this is a step backwards. Mr X said he would like to talk to someone about this to raise his concerns.

We did: We contacted the One Commissioning Organisation to find out more information.

Outcomes:

- One Commissioning Organisation assured us the Mental Health Liaison Service Manager and the Older Adult Mental Health Service Manager had been directly in contact with Mr X, and his concerns have been escalated up to senior colleagues withing health to address the issues highlighted.
- M X and his wife will receive a home assessment and was re referred to Bury Carers Hub.
- Mr X will be given space to share his views as a carer on his own at appointments as this may cause distress to Mr X's wife. The importance of this will be reminded to the team and all cases going forward.
- There is no plan to permanently cease dementia follow up clinics. They have simply scaled back the number of clinics temporarily for business continuity reasons. One third of Bury CMHT (where this work is done) are currently vacant including the retirement of the nurse who was doing much of this work. Recruitment has been a challenge. Currently Bury does not actually have a commissioned standalone MAS team like the rest of the localities.

Response from the One Commissioning Organisation: 'I will include this as a case study and add into the Dementia Steering Group work. We are aware following many different sources, including the Healthwatch report, that Bury is not providing sufficient ongoing, post-diagnostic support, and that people with dementia, and their carers are feeling let down by the processes and pathways that are, or aren't in place. Within the Dementia Steering Group, we will agree the key workstreams for this year, and ensure that work is completed in a way that takes into account individuals' feelings and experiences, ensuring this adopts a

person-centred approach, with clear pathways for people to follow to get the help and support they need.'

Issues found and highlighted

- **Poor Communication and Access to GP Services:**

Patients are experiencing significant difficulties in accessing GP appointments. Multiple experiences received indicate that phone calls to schedule appointments are not answered or are prematurely ended, leading to frustration and a lack of access to necessary medical care.

- **Inadequate Mental Health Services:**

Feedback highlights a widespread issue with mental health services, including prejudgment, lack of listening, and poor responsiveness to patients' needs. Specific cases mention suicidal thoughts and severe mental health distress not being adequately addressed by GPs or mental health professionals. Additionally, the difficulty in accessing suitable mental health advocacy and support services is a recurring theme.

- **Poor Quality Care in Social and Health Services:**

Several cases report neglect and poor quality of care in both medical and social care settings. Issues include a lack of necessary medical equipment, improper handling of medical diagnoses, insufficient care for individuals with disabilities or long-term conditions, and a lack of appropriate response to complaints about care quality. Specific examples involve neglect in assisted living facilities, misdiagnosis leading to unnecessary distress, and inadequate follow-up on serious health conditions.

Specific examples include:

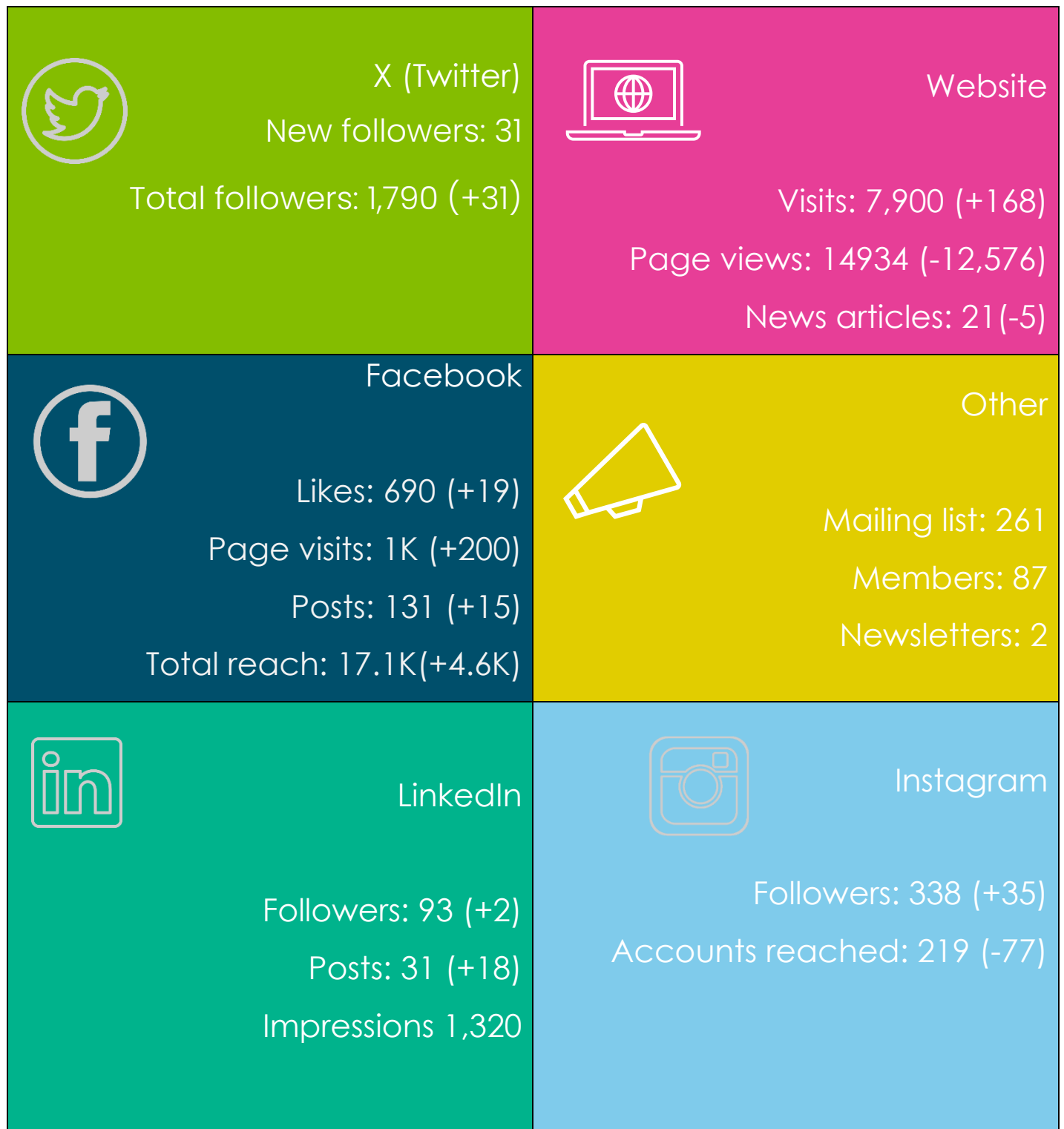
- A patient needing immediate care for burning skin symptoms but not knowing who their registered GP was.
- An asylum seeker with a broken clavicle sleeping rough, facing challenges in receiving necessary treatment and housing post-surgery.
- A patient concerned about the mix of medications prescribed, seeking alternatives that aren't funded.
- Issues with follow-up appointments, such as a pending physiotherapy appointment with no communication.

Where we have been

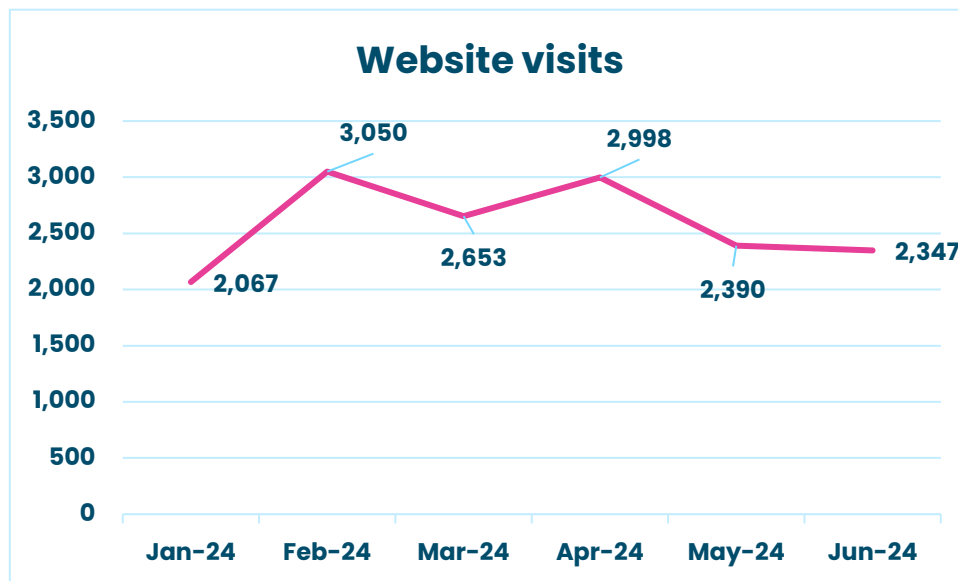
	2024/245 to date	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
<i>Engagement activities -total</i>	28	9	9	10									
<i>Bury East</i>	17	6	5	6									
<i>Prestwich</i>	3	0	2	1									
<i>Bury West</i>	2	1	0	1									
<i>Bury North</i>	4	1	2	1									
<i>Whitefield</i>	0	0	0	0									
<i>Virtual</i>	3	2	0	1									
<i>Number of public contacts</i>	304	46	79	179									
<i>Number of complaints/ compliments/comme nts recorded</i>	95	37	31	27									
<i>Number of public signpostings</i>	95	37	31	27									
<i>Healthwatch 100: #of surveys conducted*</i>	3	3	0	0									
<i>Healthwatch 100: #of survey responses</i>	26	26	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



Website analytics

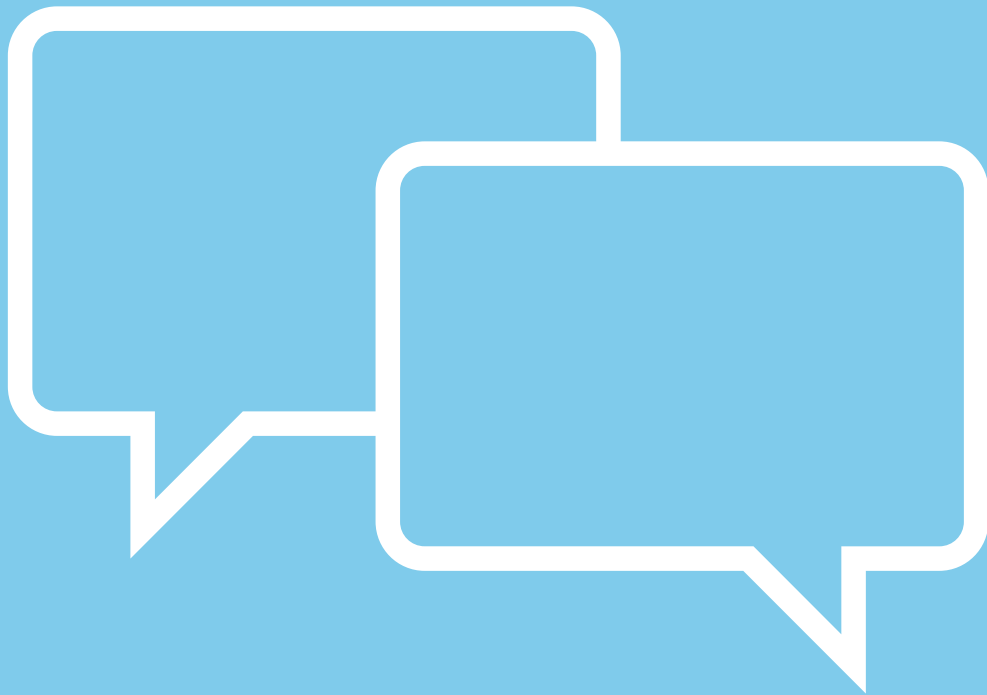


Website most visited pages in Q1

	Website section	Description
1.	Events Healthwatch Bury	Events Healthwatch Bury
2.	Bury Food Banks (Article published November 2021)	Bury Food Banks
3.	News and Reports	News and reports
4.	How can you find an NHS dentist? (Article published July 2023)	How can you find an NHS dentist?
5.	BOOBS in Bury - Breastfeeding support for mums	BOOBS in Bury- Breastfeeding Support for Mums
6.	Bury Sexual Health Service (Article published August 2021)	Bury Sexual Health Service
7.	Minor Eye Conditions Service (MECS) (Article published September 2021)	Minor Eye Conditions Service (MECS)
8.	GM Urgent Dental Care Service	Greater Manchester Urgent Dental Care
9.	Achieve Recovery Services (Article published November 2022)	Achieve Recovery Services in Bury
10	Free Mental Capacity Act e-Learning course	Free Mental Capacity Act e-Learning course

Public engagement

Quarter 1 2024/25



Engagement events

Event	Location	Audience	Neighbourhood	Number of contacts
Observe, Listen and Act	Ward 2, Fairfield General Hospital	Patients	Bury East	7
St Philips Talking Group	St Philips community Centre	All	Bury West	4
Bury Older Peoples network	Nury Unitarian Church	Older people	Bury East	14
Health Advice & Assistance (April)	Bury United Reformed Church	Refugees and asylum seekers	Bury East	2
HWB Drop In	Moorgate PCC	All	Bury East	9
Persona Service Manager	Teams	People with learning disabilities	Bury East	1
Women's Empowerment group	Square Lodge	Women	Bury North	5
Moorgate Primary care	Moorgate PCC	All	Bury East	4
Women's Empowerment group	Brandlesholme CC	Women	Bury North	3
Bury Older People's Network	Bury Unitarian Church	Older people	Bury East	4
Health Advice & Assistance (May)	Bury United Reformed Church	Refugees and asylum seekers	Bury East	5
ESOL drop in	Bury Parish Church	Non English speakers	Bury East	16
Parents with substance misuse support group	Early Break	Substance misuse	Bury East	5

Prestwich Clough day	St Mary's Park	All	Prestwich	27
Women's Empowerment Trauma Support Group	Fairways Lodge, Prestwich	Women	Prestwich	7
Northern Care Alliance Visiting Times Group	Fairfield General Hospital	All	Bury East	12
Bury Pride	Knowsley Street, Bury	LGBTQIA+	Bury East	35
BOPN open day	Green Café, Calrence Park	Older people	Bury East	38
Park Bench surgery	Whitehead Park	All	Bury East	11
Access Assistance	Bury United Reformed Church	Refugees & asylum seekers	Bury East	4
Drop In	Prestwich Pharmacy	All	Prestwich	17
Drop In	Moorgate PCC	All	Bury East	16
Park Bench surgery	Close Park	All	Bury West	14
Park Bench surgery	Hoyles Park	All	Bury East	12
Drop In	Tottington Medical Practice	All	Bury North	32

Healthwatch Bury Live sessions

Topic	(Guest) Speakers	Reach
Parkinson's Support Group	Enid Cathcart	33 (+42 YT)
Bowel Cancer Screening Kit	Alison Chapman	30 (+19 YT)
Chapter One – gambling awareness sessions	Catherine	24 (+26 YT)

Feedback and signposting enquiries

Feedback by service type 1st April to 30th June 2024

Service type	Number of reviews	% of reviews	Number of people signposted	Number of complaints
GP	32	33%	32	22
Autism/ADHD	9	10%	9	2
Mental health	8	9%	8	6
Dental	7	7%	7	3
Adult social care	6	7%	6	4
Food Banks	6	7%	6	1
Hospital	3	3%	3	2
Care record	2	2%	2	2
Continence and stoma	2	2%	2	0
Gastrointestinal	2	2%	2	1
Gynaecology	2	2%	2	1
Orthopaedic	2	2%	2	2
Patient transport	2	2%	2	1
Rheumatology	2	2%	2	1
Continuing Healthcare	1	1%	1	1
Eye condition	1	1%	1	0
Long Covid	1	1%	1	0
Menopause	1	1%	1	0
Ophthalmology	1	1%	1	1
Pharmacy	1	1%	1	0
Radiography	1	1%	1	1
Recovery	1	1%	1	0
Urology	1	1%	1	1
Wound care	1	1%	1	0
Total	<u>95</u>			

*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.

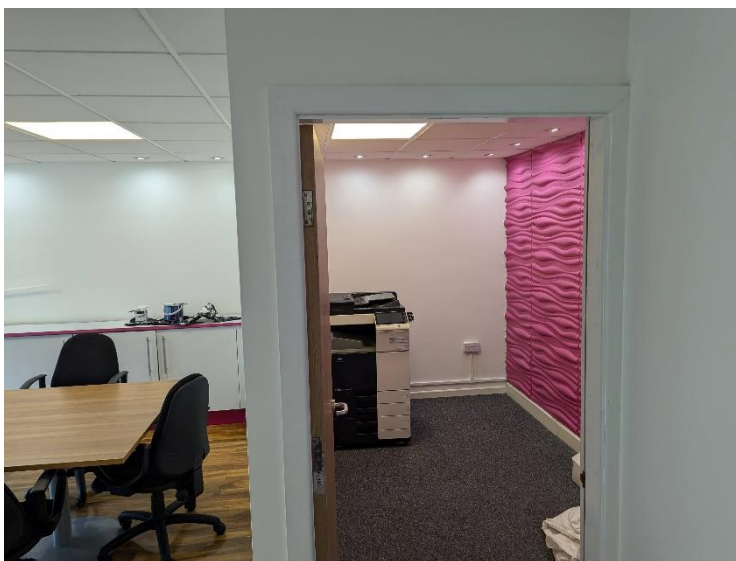
The shop was a former boutique clothing store which had been vacated during the covid pandemic and has required extensive renovation to fit the requirements of Healthwatch Bury's plans.

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, and are now planning our launch events.

Take a look and see how things are coming along, and let us know if you would like to come and visit us yourselves. We have big plans!



Case studies

Quarter 1 2024/25



GP Practice Prescribing Error



You said: Patient telephoned us very distressed regarding one of their repeat medications and the fact that this would be sent through to pharmacy in tablet form when capsules were required. Patient is unable to swallow medication in tablet form due to a health condition. They informed us that they were left without pain medication over the bank holiday weekend. They contacted their GP practice after the bank holiday to rectify this however the request was put through as tablets again.

We did: Healthwatch Bury agreed to contact the practice on the patient behalf to ensure that the next request was sent through as capsules not tablets and asked if this could be flagged on their system. The practice sent this through to pharmacy and the clinician has now put a note on the prescription stating, not to be changed to tablets.

Urgent Mental Health Support Query – Dual Diagnosis



You said: We received a query about an older man, John, who is struggling significantly with his mental health and alcohol addiction.

John retired over a decade ago and has since been drinking heavily. Now in his 70s, he began expressing suicidal thoughts and attempting suicide by slitting his wrists about 12 months ago. This has occurred approximately five times, each requiring emergency intervention at Fairfield General Hospital's A&E, facilitated by his wife, Linda.

Although John was receiving mental health support, his lack of sobriety has led to his referral to Achieve Recovery Services. Despite attempting to engage with these services once or twice, John has not maintained participation and has recently been cancelling appointments. The situation has deteriorated, with John becoming aggressive and repeatedly attempting self-harm.

His family has had to remove all knives and sharp objects from the home. He buys alcohol daily and has not eaten sometimes for days, frequently falling down the stairs. Linda is extremely worried and stressed, feeling they, both desperately need help.

The current environment is unsafe for John due to his self-neglect and poses a potential risk to Linda. When intoxicated, John also becomes mentally unstable.

We did: I raised a safeguarding concern and liaised with the clinical manager for mental health services. She replied with the following:

I have spoken with the Service Manager and Team Manager for the Older People's Community Mental Health Team in Bury. They are arranging a duty visit to consider assigning a Care Coordinator (Nurse/Social Worker) to John. They have agreed to collaborate with Bury Achieve to encourage engagement with both alcohol and mental health services.

I discussed this plan with Linda, who expressed gratitude. Linda also mentioned she has seen her GP, who prescribed antidepressants, and I agreed to refer her to NHS Talking Therapies for counselling. Additionally, I requested that the Older People's Community Mental Health Team offer her a carer's assessment.

Linda was satisfied with this plan.

*Please note, names have been changed to protect anonymity.

District Nurses Waiting Times – patient's story



Patient rang NHS 111 about the side, was sent to Rochdale Infirmary Urgent Treatment Centre. Was then moved to Oldham. Patient was discharged from the Royal Oldham Hospital with no further information around how to look after the wound or when to change. They were given a discharge letter but nothing else and had to Google how to look after the wound and when to get the dressing changed.

Referral was made to district nursing team but had not heard anything and ended up attending the FGH A&E after three days. They also said at the hospital there is a shortage of appropriate dressings, they either had small ones or large ones that are suitable for abdominal wounds.

Once patient received care, it was excellent and no issues.

Sue from PALS investigated on patient's behalf and got back to her. The team leader for wound & lymphedema team got in touch with patient to apologise for a delay and said there are currently 150 patients waiting for their initial appointment. Across England there are 4000 district nurses.





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