C4ALL working along with North Manchester CCG

Project Summary

C4ALL were asked by NMCCG to help in the development of 2 projects. These were as follows:

1. Safer Fasting in Ramadan

NMCCG would like the Communities for All to deliver a Safer Ramadan campaign using the toolkit as a guide and resource to support this initiative. NMCCG would like Communities for All to deliver:

- At least two awareness presentations (including one women's session)
- Delivery of clinically lead Safer Ramadan education sessions (minimum of 2 sessions. Minimum 10 NMCCG patients at each)
- Imams led announcements at Friday prayers.
- Media campaign to raise awareness of Safer fasting in Ramadan.

Each session should be fully evaluated and a report written at the end of the campaign highlighting the approach, evaluation and recommendations to inform possible future campaigns.

2. Understanding patient's perspective of accessing health care.

We would like the Communities For All to hold 4 focus groups in North Manchester (by patch) to understand how patients feel about accessing primary and secondary health care, as well as health and well-being services. We would like the sessions to also address:

- The role of a Community Pharmacist. We would like to understand the perception of a pharmacist as a Health Care professional. To what extent is the Community Pharmacy used as first point of contact for health related issues.
- Understand how patients are told what medication they are prescribed and for what condition they have been prescribed this.
- Understand the importance of a medication review by the patient, and how compliant they are.
- To what extent medication sharing is the 'norm' and to understand if patients realise the risks.

Outcome

The CCG would like to see four focus groups and four reports from each session highlighting the issues raised. We would also like four patient stories discussing experience of accessing healthcare, which maybe negative or positive experiences.

A Safer Fasting in Ramadan using the Desmond toolkit

Fasting is an important spiritual aspect of many religions, such as Islam, Hinduism and Judaism. As well as the abstinence from food (and sometimes drink), fasting is also usually a time of prayer, reflection and purification.

Many Muslims in the United Kingdom fast during the daylight hours in the month of Ramadan. Fasting during Ramadan is one of the Five Pillars (fundamental religious duties) of Islam. It is a time of self-examination and increased religious devotion. It is common to have one meal known as the *suhoor* just before sunrise and an evening meal (*iftar*) after sunset during Ramadan. This summer fasting can last up to 19 hours.

Ramadan is the ninth month in the Islamic calendar, which consists of 12 months and lasts for about 354 days. Ramadan is considered to be the most holy and blessed month.

The month of Ramadan traditionally begins with a new moon sighting, marking the start of the ninth month in the Islamic calendar. Many Muslims (except children, the sick and the elderly) abstain from food, drink, and certain other activities during daylight hours in Ramadan.

In 2014 it was reported that in England 2,814,004 people have diabetes that is 6.2 percent. In certain Muslim communities the prevalence is a lot higher.

The purpose of this pre diabetes project was to run a project to create awareness of diabetes and also about a safer fasting in Ramadan for those with diabetes.

At least two awareness presentations (including one women's session)

Session 1

Awareness presentation

We held an open event at the centre where we invited a local consultant in diabetes Dr Kouta to talk about diabetes and safer fasting in Ramadan. Dr Kouta is a consultant in Diabetes based at the Pennine Acute Hospital Trust. He is very experienced in dealing with patient who have diabetes. This event was advertised locally in the population via social media, Friday announcements, local schools where flyers were distributed including local supplementary school and at the centre and was well received by those who attended. This was open to the whole community and involved a power point presentation and interactive talk on diabetes. The title of the talk was Diabetes and covered all aspects of diabetes. The talk took place on Saturday 6th June 2015 at the Community Hall in Khizra Mosque.

The talk involved a discussion with the public about diabetes, what it is and how it can be diagnosed, its complications and how to reduce chances of acquiring or controlling this condition. This was an interactive session with active discussion on this topic. There was also a portion talking about safer fasting in Ramadan with diabetes.

We had 68 people attend this event including many men and women all from the local community. This was an interactive session where people had the opportunity to ask questions and learn how to prepare for this Ramadan if they were a diabetic and are contemplating about fasting or live with some one who has diabetes and how they can help.

We had a nurse who carried out health checks including free advice on healthy eating and lifestyle advice. This was popular amongst those that attended.

Desmond toolkit as well as other information was used to send the message about safer fasting in Ramadan.

Evaluation & recommendations

The timing of this event was about 2 weeks prior to Ramadan. This gave the local population time to learn about diabetes and how they could benefit. I would recommend in future events should take place at different community centre's and mosques in the locality starting 4 weeks in advance and working up to 1 week before Ramadan giving more people the opportunity to attend and learn. Free health check and advice from nurse was useful and go hand in hand with talks as this gives the opportunity to ask questions and have free health checks. Free BMI checks, lifestyle advice and glucose checks are popular and attract many local people. It is important to not only aim at those who are diabetic but also carers as some people in this community struggle to comprehend and hence it is important to have carers present.

Session 2

Women's awareness session

We held a safer fasting in Ramadan for diabetes session for women only at Khizra Mosque where we had 28 women attend who were mainly of south Asian origin all from the locality. This was a session conducted in Urdu as several women did not understand English as it was not their first language. This involved using the community project based presentation present in the Desmond diabetes pack with additional information relevant to the local population. This event took place on the 11th June 2015 during the day where we felt we could have a maximum turnout for women. This was again an interactive session where women had the opportunity to learn about diabetes, safer fasting in Ramadan and the women who were diabetic or who cared for those with diabetes had the opportunity to learn about diabetes. The discussion discussed categorising those with diabetes and wanting to fast into categories of where they should fast and how to make it safe.This session was facilitated and led by a local GP with an interest in Diabetes. There were many questions the people present could ask that they felt they would struggle to ask from their own doctor or in another setting.

Evaluation & recommendations

This was a very useful session for women and being women only allowed women to ask specific questions that they may have felt uncomfortable if there were men present. This was a small group interactive session. We would recommend again more than one of these sessions at different community centres and places of worship in the locality would be more beneficial as the women who attended this session benefited. If more than one place of worship or community centre is used then this could be scattered over 4-6 weeks prior to Ramadan to ensure maximum benefit. The timing in the day was suited to women who could attend with their children away at school. Promotion of this activity was done by women to engage other women who used community services and this worked well. Feedback forms taken from the Desmond toolkit were used with all positive feedback for these sessions.

Session 3

Diabetes awareness session at a local primary school delivered to parents

This was a presentation given to a mixed population at a local primary school in Cheetham Hill on the 11th June 2015. This was open to the parents and others who wanted to attend the session. This event was promoted in the local community and also at the local school by the parents groups and with leaflets sent out to all parents. We had a great turnout with 31 parents attend. A healthy breakfast was prepared for all the parents in the morning as this session took place just after school starts. There was an interactive discussion held at the school along with positive feedback from parents who completed feedback forms. The talk involved discussion about diabetes and discussion of scenarios for diabetics as well as giving out leaflets with useful information for diabetics. The population again involved many diabetics as well as adults who cared for or lived with someone who was diabetic. The lifestyle advice was very useful for the attendees in this setting.

WE had a positive reply from the school following the talk.

"Hi Mohammad

No Thank You!

Your a great speaker and myself and Ali really enjoyed your presentation. It also seemed like the parents gained a lot of useful information as well!

Your time was greatly appreciated and I look forward to meeting you again".

Evaluation & recommendations

This was an excellent way of engaging parents of children at the local primary school who may not attend the local community centre or mosque. This was another forum used to convey the safer fasting in Ramadan to this group. It was interesting to see the parents who attended this school meeting had not attended any of the other talks on diabetes. It would be useful to delver these sessions in future at all the local schools in the community starting at least 8 weeks in advance before Ramadan to ensure most schools can be covered in the locality that contain a predominant target population and in this way most people in the community can benefit. This session was led by a Gp but at times having a nurse conduct a free health check at school would be useful to increase numbers of attendance. This session took place in the local school and what we found useful was that some people who cared for people with diabetes or lived with diabetes attended to learn how to manage their care better and this would be recommended in future to encourage not only those who are diabetic but also those who care for those with diabetes or live with someone who has diabetes.

- **Delivery of clinically lead Safer Ramadan education sessions (minimum of 2 sessions with Minimum 10 NMCCG patients at each)**

Session 1

We held a session at the community Hall at Khizra Mosque in the evening of 11th June 2015 where again all people were contacted via our promotional campaign in the locality aimed at patient s registered with GPs in the locality. In this session we found that mostly men attended and 1 woman. We held the session at 7.30pm to cater for those diabetics who work. We had 14 men and 1 woman attend this session. We had a long interactive session that was held with a clinical lead who was a GP in this session. This session involved a power point presentation and work shop based sessions to improve the learning experience for all the attendees. The attendees were divided in groups and case scenarios were discussed after the main talk. We discussed scenarios as per the Desmond toolkit where small groups were asked to engage in discussion. This was a useful method of learning and allowing all the groups to learn and discuss and then give feedback from the other groups. A detailed discussion took place about the different risk categories for those who fast with diabetes and list of features for each were discussed.

Evaluation & recommendations

The timing was such that mostly men attended and it maybe in future worthwhile to have a session for men only as we had for women only due to similar reasons for having women only. The workshop method of engaging with the attendees and facilitating discussing was very useful and positive feedback was given for this. The scenarios discussed involved looking at people who maybe at risk of fasting with diabetes and situations in which it would be safe to fast despite being a diabetic. Have a cap and smaller groups for such focused discussions was more fruitful. If we had more than 20-30 for this session it may have been more difficult to manage in the most appropriate way.

Session 2

We held a final session at the community hall at Khizra Mosque on Sunday evening with a special guest speaker on Sunday 14th June 2015 who was called Dr Naveed Younis a consultant in diabetes based at Wythenshawe Hospital. He delivered an excellent interactive session dealing with safer fasting and diabetes UK information to advice the attendees on the benefits and risks of fasting with diabetes in Ramadan and how to attain maximal benefit during this month. We had 36 people attend this session including men and women. He spoke about the use of medication and different routes in can be taken and its impact on fasting. The relationship and affects of fasting on your body during Ramadan and how to have a safe Ramadan. We had Dr Naveed and 2 GP's from the locality attend as well.

Evaluation & recommendations

This was a useful session and the main speaker was excellent and gave a message in a simple manner to the attendees. This talk covered areas with a different style to those covered previously. A TV interview broadcast in future or health talk on a local TV station would be recommended for someone like

Dr Younis. More than 1 session should be considered with such an expert in different local community centres and places of worship to attain maximal benefit. The different timings we used helped to target different people at different times and those who may not have attended otherwise.

- **<u>Imams led announcements at Friday prayers.</u>**

  We are based next door to a large Mosque in the centre of the Cheetham Hill area and have a good relationship with the mosque. The mosque has a weekly attendance for Friday prayers of up to 1500 people from the locality. The announcements started several weeks prior to the start of Ramadan and involved 2 announcements at each Friday prayer held at the centre in English and Urdu. These announcements involved informing people about the upcoming events and also about safer fasting in Ramadan. At the centre leaflets from Diabetes UK were placed at the exits of Friday prayers about safer fasting in Ramadan and these were well received.

  Evaluation & recommendations

  We started the promotion campaign about 4 weeks prior to Ramadan. These were done on Fridays. A recommendation could be to start this a little earlier about 6 weeks in advance. Another recommendation is to promote this event in all local places of worship and community centres.

- **Media campaign to raise awareness of Safer fasting in Ramadan.**

  We helped to promote this project of safer fasting in Ramadan with posters and flyers distributed locally at many venues helping to create awareness. Facebook, twitter, test messaging and the website were used to promote this campaign. We involved the local mosque in this project and they helped to promote this project on their social media sites as well.

We had one of our guest Speakers Dr Naveed Younis a consultant in diabetes at the Wythenshawe Hospital was involved in an interview about safer fasting in Ramadan on behalf of c4ALL on the 7th June 2015 where he was interviewed on a radio station with BBC on an Asian programme where he spoke about the importance of safer fasting in Ramadan.

Evaluation & recommendations

Social media including Facebook, twitter, test messaging and websites are a good means of promoting activity. Radio interview was good and should be encouraged as it was part of an Asian radio programme targeting an Asian population. A newspaper and TV campaign would be ideal in promoting this on the media and would need extra funds to create an advert and promote it accordingly and in this way all avenues of publicity are used. There are certain Asian channels viewed by many people and promotion via them would be better and would target a larger population.

2. Understanding patient's perspective of accessing health care.

We would like the Communities For All to hold 4 focus groups in North Manchester (by patch) to understand how patients feel about accessing primary and secondary health care, as well as health and well-being services. We would like the sessions to also address:

- The role of a Community Pharmacist. We would like to understand the perception of a pharmacist as a Health Care professional. To what extent is the Community Pharmacy used as first point of contact for health related issues.
- Understand how patients are told what medication they are prescribed and for what condition they have been prescribed this.
- Understand the importance of a medication review by the patient, and how compliant they are.
- To what extent medication sharing is the 'norm' and to understand if patients realise the risks.

Outcome

The CCG would like to see four focus groups and four reports from each session highlighting the issues raised. We would also like four patient stories discussing experience of accessing healthcare, which maybe negative or positive experiences.

Focus groups discussion

1. Patch 1 meeting held at Simpson Medical Practice in Moston

On Thursday 19th November 2015 we held a meeting with a group of patient last from this patch. The discussion focussed on the questions we were asked to find out about. We had 9-10 people attend the group meeting and held a discussion with the patients in response to each part of the question.

- **The role of a Community Pharmacist. We would like to understand the perception of a pharmacist as a Health Care professional. To what extent is the Community Pharmacy used as first point of contact for health related issues.**

  1. Some patients stated they felt they could go to the pharmacy to get certain advice and certain medication. One example given was of a patient presenting to the pharmacist with a rash and was given a cream to help him. One patient felt the role of the pharmacist was to dispense medication and not to issue medication as per ailment. One patient stated he was unclear and unhappy with the role of the pharmacist as informed us that he had an incident where the pharmacist decided to half the number of items dispensed and give less and felt no discussion was held and complained to his gp about this as he felt this was not in the remit of the role of a pharmacist to alter number of items prescribed by the gp.

- One felt a medication review was the role of the pharmacist. One felt the role of pharmacist was to dispense items of medication and give free advice. One felt pharmacist decided to give patients cheaper brands of certain medication to save money and this would cause some patients problems as cheaper version may not be as effective. A patient complained that when a new pharmacist opened up the pharmacist contacted the patient and asked if they wanted to have them issue medication as patient was shocked of how pharmacist knew they required medication.

  Some felt pharmacist was a health care professional with limitations.

  Most patients had not heard of pharmacy's minor ailment scheme and had never come across this whereas some had. Most said they would not contact the pharmacist as first point as the pharmacist role is seen to be that of a dispenser and not someone who can prescribe hence no benefit seeing them. One example of a patient with rash was when pharmacist was used but otherwise not used. Some said if felt unwell would contact gp first and not pharmacist. One said if had cough and cold would go to pharmacy first. One had used pharmacy scheme to get thrush cream. One felt he would not use the pharmacy service as they are a business and will give medications to improve their business sales whereas a GP does not have same interest in prescribing medication so would consider them as first point of call. Someone felt a pharmacy might give cheap medication to get rid of their stock so did not feel happy going to pharmacy.

  After learning about pharmacy first and the ease of which to use it some said they would consider this in future.

- **Understand how patients are told what medication they are prescribed and for what condition they have been prescribed this.**

  2. On this point most patients stated they were contacted every year to have a medication review. One stated a discussion was held about medication before prescribing the medication. Many patients felt they were not aware of what they were taking certain medication for and one gave an example of when their relative was unwell and they had to call a paramedic and the paramedics were talking out loud that the medications the patient take interact with each other which made the patient feel unhappy of not being told this in a previous Review. Some patients felt they got conflicting messages from different Heath professionals who would look at their medication and in their eyes review there medication as one gave an example of a hospital doctor telling a patient not to take certain medication his gp was prescribing. One described a review where a gp refused to give a patient medication prescribed by hospital doctor. Some felt they were not told what the medication was given for and its pros and cons by anyone. They felt uneasy not knowing what to say about their medication when different health professionals openly disagreed about the medication they were prescribed.

- **Understand the importance of a medication review by the patient, and how compliant they are.**

- 3. Most understood that a medication review was important. Some patients said they had reviews with their gp, others with the hospital or pharmacist as well. Most patients felt it was in their best interest to have a review. One patient felt the pharmacist was the best person to do a medication review as they specialised in drugs and knew more so felt it was important to have done via them. Some patients stated that the GP can spend less time on medication review and if done by a pharmacist then he/she can spend more time as this is available. Some patients felt a face to face review was important whereas some had telephone reviews and one patient had a SKYPE medication review with a doctor at Salford Royal Hospital. Most patients said they are informed about reviews by the message on their prescriptions and if prompted will attend otherwise unlikely to attend for a review. Most were compliant if contacted by a health care professional.

  To what extent medication sharing is the 'norm' and to understand if patients realise the risks.

  Some of the patient stated they can sometimes borrow other people's medication if needed. Some people said they would never share medication with anyone. One example of sharing medication was when a relative gave another relative some painkillers such as co-codamol. One person mentioned they knew someone who would get extra medication on scripts and due to having more than they need they would share medication with other people. One patient said there are times when they know of people who are given extra painkillers such as tramadol and this can lead to one patient storing in excess of 400 extra tablets if needed. Similar story with paracetamol when given in excess and not needed. One patient stated they knew someone who was on long term medication and would ask the doctor to not send anymore but the pharmacy would continue to request medication leading to cupboards full of medication not needed and this could be taken by others and sometimes thrown in bins. Some patients felt as

GP's were prescribing they gave the correct amount but felt pharmacist would ask for extra medication at times what is not needed and this would in turn increase risk of medication sharing.

- **Understand how patients feel about accessing primary and secondary health care, as well as health and well-being services.**

  One story of a patient was that her daughter was pregnant and developed swelling on the top of her arm. They were unable to see a regular GP and as a result had to see a locum doctor at the surgery who said it could be trapped nerve and to keep moving arm. The midwife was seen who advised to see GP again. The following day the arm had changed colour and again patient was unable to access an appointment with a regular GP and had to see locum again and mentioned same history and again nothing was done about it. The following day the patient presented to A&E as the pain was getting worse and the patient was seen and scanned and told has a clot in the upper arm that could have been fatal. This lady had gained access to a GP at the practice but not preferred GP and only a locum GP. The access to a locum GP was ok but not to her regular GP. The access to secondary care was reasonable as seen and managed appropriately.

  One patient stated she wanted to have her bloods as well as her BP done and was told could have one of the 2 things done in the coming week and to have both had to wait over a month. Patient felt this was inappropriate having to wait over 1 month for an extra appointment and felt with time access to the GP surgery is more difficult. In one practice there has been changes to the regular GP's making it harder to get into the other GP's. This lady felt it takes 1 minute to check blood pressure and having to wait a few weeks for these 2 things was not appropriate.

  One patient stated she wanted suture out and contacted her practice who said they cannot take out the sutures and the sutures were to come out in 5-7 days. They were asked to contact the treatment centre who did not have appointments for over a week and as a result had to go to A&E where they had sutures out. The patient felt the access at the local practice and treatment centre were difficult leading to having to go to A&E where someone more ill could have been seen other than her.

Patch 2 meeting held at Charlestown Medical Practice

On Friday 27th November 2015 we held a meeting with a group of patient last from this patch. The discussion focussed on the questions we were asked to find out about. We had 9 people attend the group meeting and held a discussion with the patients in response to each part of the question.

- **The role of a Community Pharmacist. We would like to understand the perception of a pharmacist as a Health Care professional. To what extent is the Community Pharmacy used as first point of contact for health related issues.**

  1. Some found the role of a pharmacist useful. One was not sure of the role and in his experience felt he was given incorrect information by a pharmacist which was unhelpful. Some saw the pharmacist as a healthcare professional who could assist with medication problems.

  Only one person with health related background had heard of minor ailment scheme but none of the others had heard of this. Most patients said they were unlikely to use the pharmacist first as the doctor is the main person who can prescribe and would prefer to see him. Some said if they know about the minor ailment scheme would consider but would always prefer to see a GP first.

  One patient commented she does not like going to her pharmacist as she has been in several times in the mornings and found it full with a line of patients waiting to have her methadone and patient felt uncomfortable with people like this and would try to avoid a pharmacy as much as possible. Other patients mentioned that they were not aware of this and would agree in not being happy and also say that there should be a separate entrance for the drug users.

- **Understand how patients are told what medication they are prescribed and for what condition they have been prescribed this.**

  2. Some patients stated they have been at times to hospital out side the local trust where they were told they do not have old notes from there and for that reason could not have certain medication. Some patient's state they have been to hospital and not understand how and when to take certain medication. One patient mentioned they knew someone who has poor eye sight and is unable to read the labels on the medication bottle as writing is so small that it cannot be read. Some patients said they do not feel they are told pros and cons of medication but usually told to take a medication without having full information about it. One patient said she was advised to use internet to get information about medication usage. One person stated they were given a certain drug and had double vision and after numerous tests no cause was found but after talking to pharmacist they told them it could be a side effect of that medication. The patient stopped the medication and felt better off it but was unhappy this was not discussed when given this medication. Some patient have stated they have taken medication at times without knowing about the medication as it was not discussed with them when issued by the doctor. One was given medication and then spent time on Google only to find himself finding horrific stories about the medication. One patient felt if they were give a brief summary of side effects about medication would be easier to take as this would make it easier to manage. Also list of pros and cons from the summary would be helpful.

- **Understand the importance of a medication review by the patient, and how compliant they are.**

- 3. Patients stated it was important to have a medication review. Some patients stated that in their experience a medication review was a tick box exercise where a patient was told they are taking this list of medication and that was it. Some patients felt they were not part of the decision making when discussing medication review and were not told why they were taking certain medication. Some patients were on medication for so long and felt the number of medication was never reduced or ever discussed on how to reduce. One patient stated a medication review was done over the phone and one stated they had heard of someone having one done by a medical student. All the patients felt a medication review was important. Some stated they had never been asked about taking herbal remedies, over the counter medication as they could affect regular medication. One patient felt pharmacy was better suited to do medication review as they felt they specialised in drugs and had more knowledge. Some stated they would not go to the pharmacy for a medication review as the GP was the one who initiated medication and knew more. Some patients stated they would be contacted to make appointment to have a review and all patients said they would attend for their reviews but patients did state they were aware of people not attending their reviews.

To what extent medication sharing is the 'norm' and to understand if patients realise the risks.

One patient said he was aware of patients sharing medication and recalled an incident when someone felt short of breath for some reason and shared an inhaler with someone else. The others felt this was not right as this could interact with other patient's medication or the breathing problem may not be due to asthma. Many patients felt that sharing tablets such as painkillers was common and someone mentioned in a house with 2 people living together if one runs out of medication then there have been times when the other spouse may have taken medication. Some patients were aware of people swapping and using other patient's valium tablets and such similar drugs. Some patients stated there concern with sharing medication was the risk of side effects or any contra indication from their current medication. Some felt they would share medication to help others if someone was in pain and they had extra tablets. One stated she was a carer and had visited the home of a patient to find that the cupboards were full of medication that had gone out of date. One patient stated they had heard some patients send medication abroad to relatives or friends in other countries. Most patients felt sharing of drugs was a common problem. One patient had stated they had heard people had sold medication to other people. One patient stated that they sometimes have monthly medication from GP and then if they go hospital they get extra stock from them and then pharmacy will order more leading to extra medication and potential for sharing. They felt there needed to be better communication between hospitals and GP's. The patients stated some would give medication back to the pharmacy whereas some knew of people who would throw away in the bins and/or flush in toilet. Most patients realised there were risks but people had different reasons for sharing as stated above.

- **Understand how patients feel about accessing primary and secondary health care, as well as health and well-being services.**

A Patient stated that sometimes it is difficult to access health care. One patient gave his personal account of having depression and could not get an appointment to see his GP so had to go to A&E for a review. He was seen in A&E by the mental health team and felt upset the way he was treated as they said they cannot do anything and asked for him to be seen by his GP again. He felt on attending A&E there was a stigma attached and was dismissed as having a mental health problem. The 2 mental health nurses that saw him started talking about his medication and made him feel very little. The notes from this were not sent to the GP and patient said to get back into see someone from the mental health team is very difficult. Following a review trying to access mental health services is very difficult as this patient found no way of contacting the mental health team directly.

Some patients said they find it difficult to get access to the GP and end up seeing locum doctors and one gave an example when they saw a gp with some lump problem and then was told to go to hospital and then they sent him back to his GP. This felt it was wasting time being passed from pillar to post.

The patients also said they had problems with getting through to the surgery and when they call at times cannot get through on the phone.

Some patients said they can at times find it hard to get a routine GP appointment as have to wait for 3 weeks so they attend the urgent walk in clinic to discuss there problem as they may have to wait for a few hours but they are seen on the day. After learning about pharmacy schemes some may consider that in the future.

A patient said she was able to book sooner appointments online and other patients were not aware of online access to making appointments.

Patch 3 meeting held at Khizra Mosque for Newton Heath/Openshaw/city centre practice patients

On Wednesday 25th November 2015 we held a meeting with a group of patient last from this patch. The discussion focussed on the questions we were asked to find out about. We had 7 people attend the group meeting and held a discussion with the patients in response to each part of the question. We struggled to gain a venue in this locality and held it at the centre and patients were requested to attend our centre.

- **The role of a Community Pharmacist. We would like to understand the perception of a pharmacist as a Health Care professional. To what extent is the Community Pharmacy used as first point of contact for health related issues.**

  1. The patients said they felt the pharmacist was helping doctors and dispensed medication. Most patients recognised the pharmacist was a health care professional. Most of the patients were not aware of the minor ailment scheme. Some patients said they have been to the pharmacist when they have had coughs and colds and given medication. A patient said he had been to a pharmacy to have his glucose tested and was told cholesterol testing can be done at the pharmacist without having to see a doctor. Most patients said they would use there doctor first and not the pharmacist. One patient had said they would use pharmacy for coughs and colds only but anything else that is more serious would go to their GP. Most patients were not aware of the full list of ailments they could see their pharmacist for. Some patients felt the pharmacy only dispensed medication and would not see the point of going to the pharmacist. One patient had heard of someone taking a child to the pharmacist and they would not give medication and sent them to GP so they felt it was a waste of time going to pharmacist first.

- **Understand how patients are told what medication they are prescribed and for what condition they have been prescribed this.**

  2. Some patients felt they were at times not told about the medication just given prescription and told to take it for a set number of days. One patient said he had been given medication for blood pressure and nothing was explained to him and then when he stopped taking it after a month the doctor asked his why he was not taking medication, this patient felt he was never told he had tot take it for a long time and thought it was for short term use only for one month. One patient felt the GP does try to explain about use of medication but felt they don't have much time so they cannot spend too long. Most patients felt they were not given enough time on discussing medication for their ailments. One patient said he had heard of someone who went to his GP and his GP did not even look at him once and gave him his medication and sent him home without explaining about the medication. One patient said sometimes they are told but they forget when they leave as they cannot even say the names of some of the medication. They would be happier if a leaflet is given as there are times when you read the leaflet in the packet and you do not want to take the medication due to the horrible side effects.

- **Understand the importance of a medication review by the patient, and how compliant they are.**

- 3. Most patients understood it is important to have a medication review as some of them had family members who were on many drugs and it would make sense to have a review of medication. One patient said if he was contacted he would attend for review. One had been told by his pharmacy about his medication when picking them up and found he could talk to the pharmacist about his medication and get advice. From the patients attending compliance was variable, some said they were taking painkillers on and off and do not recall having a formal review but does remember being asked about medication. Most could not recall if they had ever been to see their GP and had a detailed discussion about the medication and what it was for. The patients understood it is important to have a review.

  To what extent medication sharing is the 'norm' and to understand if patients realise the risks.

  Patients said they had heard of people sharing medication especially painkillers. One patient had heard of patients getting extra painkillers to give to others who need them. Some patients said they would consider using someone's painkillers as they know what they do if they had a headache but not other medication. Most patients understood if they took a heart or blood pressure tablet from some one else it could make them unwell so would not consider sharing them. People living together may use other person's tablets if they were on same tablets such as cholesterol tablet if one ran out as they know of same medication but would make sure they do not do regularly. It was explained about potential risks of reactions and becoming unwell by using other peoples medication. One person said they had heard of people sending some of their own medication to other countries as they don't use all the tablets and don't want to waste them or throw them away so they will benefit someone else. One person felt if they asked for reduced medication then the GP may think they do not need them and stop them so better to have more than less.

- **Understand how patients feel about accessing primary and secondary health care, as well as health and well-being services.**

  One patient was unhappy of why they have to go to GP with one complaint; he felt it was not his fault if he had 2 problems. He could only discuss one problem. He initially thought the doctor was joking as he is busy and cannot get into see his GP regularly. He was then told he had to wait several weeks to get seen for the other problem which he thought was not acceptable after going out in reception. As winter comes people feel it is harder to get appointments with their GP.

  One patient said they had been given a quicker appointment to see a nurse for his problem but felt it was better to see a GP but sometimes hard to see doctors first. One patient said he was referred to the hospital and then the hospital cancelled his appointment and changed the date to another day. As he could not attend the appointment that had been made he was told he would have to have his GP re refer him as he could not attend. The felt it was unfair to have to book days off from wok for the hospital to cancel appointment and give you appointment without asking if you are free.

  Some patients felt they had to wait long time to see GP they wanted and did not understand why this was the case.

Patch 4 meeting held at Khizra Mosque for patients from Cheetham Hill, crumpsall GP practices.

On Friday 27th November 2015 we held a meeting with a group of patient list from this patch. The discussion focussed on the questions we were asked to find out about. We had 15 people attend the group meeting and held a discussion with the patients in response to each part of the question.

- **The role of a Community Pharmacist. We would like to understand the perception of a pharmacist as a Health Care professional. To what extent is the Community Pharmacy used as first point of contact for health related issues.**

  1. Some understood the role of a pharmacist to be that of someone who dispenses medication. One gave an experience of having gone to local Boots with eye infection and given eye drops by the pharmacist and got better. One went to the pharmacist for medication as cheaper to buy for his wife and was told by the pharmacist they could not have any medication until the patient attended which they found was a little awkward to bring his wife in at 7,30pm with little kids at home and he then went to another pharmacist and she gave medication without asking so felt some were more reasonable than others. Most patients felt the pharmacist could not substitute the GP. Most patients had not heard of the minor ailment scheme but a few had in someway contacted the pharmacy for minor ailments as another described having a rash and given cream which helped it settle by the pharmacist. One had his cholesterol tested at the pharmacist at Tesco and got a result within 5 minutes which he thought was very good. Most people would contact GP first point and if they struggled may consider pharmacist. One felt if he did not like what the GP said he would contact the pharmacist for a second opinion.

  Understand how patients are told what medication they are prescribed and for what condition they have been prescribed this.

  2. Some patients said they did not understand the language used when discussing the medication and some felt the GP try to get rid of them by giving them a medication and sending them out of the surgery. Some felt they could speak some English and would agree with what the GP said as they did not want to question him or her but would be reluctant to ask them about medication. Most people felt they were never told about medication given. One disagreed and said he is diabetic and had been told about the insulin he was taking. Some felt their GP never explained anything and was more interested in getting them out of the room. They were asked about those with several diseases and if they knew what the medication were for and most did not understand which medication was for which condition. Some patients said about themselves and their family members that they knew of them going to their GP and getting medication and not knowing what they were for. Some patient's relatives had Urdu as main language and suggested the instructions of how to take medication are written in English and they cannot understand what it says and if they could be written in other languages to make it easier to understand. What could be done if someone had poor vision as they would also struggle to read labels on medication. One patient had asthma attack and went to his GP who told him he should have gone to A&E rather than coming to his GP and was angry with him. He had not been taking his medication regularly as was not told of the importance of taking medication regularly and patient felt he was never told about the importance of taking his inhalers regularly and risk of asthma. One patient was given 75mcg of thyroxine

prescription by their GP and the pharmacy gave them 300mcg and after taking this they felt unwell as it had not been explained to them, a friend had noticed such as high dose and asked the pharmacist about this and the pharmacist took the medication, the GP was very unhappy at this error in dispensing. The patient was not aware of high dose as was not explained to them by the gp.

- **Understand the importance of a medication review by the patient, and how compliant they are.**

- 3. Some patients felt the medication review was done by the nurse as one patient had asthma and felt when the nurse saw him for his asthma she would review medication and that was it and would not normally speak to his GP about medication review of inhalers. Some felt the pharmacist was responsible for reviews as many could not recall having been asked to come for a review by their GP to discuss medication. One patient said he was given tramadol by his GP for 7 months and then one day requested them and was told he should not have been on them for more than 3 months so was unsure why he was given for so long. Some patients felt as they were regularly getting their medication from their GP that would suffice as a review and did know they had to go and speak to GP about a review. Most said they could not recall when their GP had called them in to discuss all their medication and explained what they taken for. Most said if they knew they had to have a review they would attend to see their doctor.

To what extent medication sharing is the 'norm' and to understand if patients realise the risks.

One person said they recall an instance when someone was in severe pain and was not able to get to A&E and they went to a friend's house who had strong painkillers and shared their medication which helped them get better. One parent said they knew of one child who was asthmatic and when the other child had breathing problems the parents had given them their sibling's inhaler to use to help them with their breathing. One person said they had heard of some people sending medication to relative abroad such as metformin for diabetes if someone was diagnosed abroad. One person said they knew of someone who had gone abroad and left their medication there intentionally and come back and got more medication from here on their return. Some said they had heard of people who had stored extra medication if they ever need it in future. Some said they had heard of people who would continue to order medication even when they had stopped taking them to give to others. One said he had heard or known of some people who had faked illness to get medication to sell to others. They understood it was wrong to share medication due to allergic reactions or interaction with other drugs the patients are taking. They felt some medication such as painkillers were not as harmful so probably no harm in sharing.

- **Understand how patients feel about accessing primary and secondary health care, as well as health and well-being services.**

One patient mentioned they knew of a relative who had vomited related to pregnancy and they may need admission so they spoke to their relative who advised them to call their GP out of hours. After calling their GP it was put through out of hours and they were given an appointment with a GP at crumpsall Hospital. They attended at the time of the appointment and were seen by the

doctor and promptly referred to the specialist where they were admitted and treated appropriately and all was done quickly and smoothly. They found they were from home to a ward within half hour due to this service however if they had gone to A&E they would have waited for many hours. This was a good experience for them.

One patient said he had a rash and asked for an appointment with his gp and was told to wait for 2 weeks and then said he asked to leave the practice and registered at another practice where he was seen quickly.

One patient said there family member had been referred to the hospital by their GP for gallbladder problem and had times where they had pain and problems but had to wait one year to have surgery. They felt this was inappropriate but could not do anything to speed up their appointment. This was too long a wit and so hard to get seen at the hospital.

One patient felt that the reception staff at his local surgery ask too many questions and make the patient feel uncomfortable and feel they fob them off when trying to get an appointment for what they feel is a genuine problem and they do not feel the reception staff have a right to ask about their health problems. One said he has been told by reception staff that he does not need an appointment and not sure how a receptionist can say that to a patient. Some patients feel it is harder to make appointments with their GP's and if referred to hospitals there are long waiting times.

Four patient experiences taken from above

1. One patient mentioned they knew of a relative who had vomited related to pregnancy and they may need admission so they spoke to their relative who advised them to call their GP out of hours. After calling their GP it was put through out of hours and they were given an appointment with a GP at crumpsall Hospital. They attended at the time of the appointment and were seen by the doctor and promptly referred to the specialist where they were admitted and treated appropriately and all was done quickly and smoothly. They contemplated they were from home to a ward within half hour due to this service however if they had gone to A&E they would have waited for many hours. This was a good experience for them.

2. One patient said he was referred to the hospital and then the hospital cancelled his appointment and changed the date to another day. As he could not attend the appointment that had been made he was told he would have to have his GP re refer him as he could not attend. The felt it was unfair to have to book days off from wok for the hospital to cancel appointment and give you appointment without asking if you are free.

3. A Patient stated that sometimes it is difficult to access health care. One patient gave his personal account of having depression and could not get an appointment to see his GP so had to go to A&E for a review. He was seen in A&E by the mental health team and felt upset the way he was treated as they said they cannot do anything and asked for him to be seen by his GP again. He felt on attending A&E there was a stigma attached and was dismissed as having a mental health problem. The 2 mental health nurses that saw him started talking about his medication and made him feel very little. The notes from this were not sent to the GP and patient said to get back into se someone from the mental health team is very difficult. Following a review trying to access mental health services is very difficult.

4. One patient stated she wanted to have her bloods as well as her BP done and was told could have one of the 2 things done in the coming week and to have both had to wait over a month. Patient felt this was inappropriate having to wait over 1 month for an extra appointment and felt with time access to the GP surgery is more difficult. In one practice there have been changes to the regular GP's making it harder to get into the other GP's. This lady felt it takes 1 minute to check blood pressure and having to wait a few weeks for these 2 things was not appropriate.