

Community Voice Current Activities “Across Our Geographic Area Group”

1. GP Surgeries:

a. General issues: We are interested in the website www.myhealthlondon and have produced possible local comparisons based on its data, but we are concerned at the simplistic quality of the data, which could lead to erroneous conclusions, so our charts are not widely distributed.

b. Expectation of our members for GP services: Jon Spain is leading this project and he plans to set up a Working Group in preparation for a proposed GP Forum at one of our meetings later in 2014.

2. Mental Health Issues

a. An Admiral Nurse for Harrow: For over a year we have encouraged Neville Hughes in his campaign for the replacement of an Admiral Nurse in Harrow to support local dementia patients and their carers. There is a long history of dispute between Harrow NHS bodies – Harrow Primary Care Trust, then NHS Harrow, now Harrow Clinical Commissioning Group - and Harrow Council about old promises and who should pay for an Admiral Nurse. This campaign is still ongoing. Angst is exacerbated by knowing that two Admiral Nurses are highly valued across the border in Hillingdon and that Harrow patients want one too.

b. Music therapy for dementia patients: At our informal meeting in January 2014 there was discussion and support for the therapeutic use of music to stimulate dementia patients, but we are unclear about how to take this forward.

3. Mount Vernon Cancer Centre:

a. Rebuild project: The Mount Vernon Cancer Centre wards are old fashioned and need replacement, and there is no covered access between the Cancer Centre and the Mount Vernon Treatment Centre, so we applaud Project 2015 which hopes to address these issues. However East & North Hospitals NHS Trust, which is responsible for the Cancer Centre, is unwilling to invest capital in improvements unless it owns the land. It is currently in negotiation with its landlord, The Hillingdon Hospitals NHS FT, to resolve this issue. We are monitoring this closely.

b. Lister Cancer Centre: Work started late in 2013 on a new Cancer Centre at this hospital, the headquarters of the East & North Herts. Hospitals NHS Trust. We shall watch this development closely, hoping that the new Cancer Centre, when open, will collaborate with the Mount Vernon Cancer Centre, to mutual advantage.

4. Immigration issues:

a. Immigration status of long established patients: Tightening of NHS checks on eligibility for free NHS services led in 2013 to some of our members being asked for proof of residency which they resented. We are therefore monitoring how the provider trusts in our area deal with this issue.

5. Local lymphoedema services:

a. Hertfordshire lymphoedema services: Pressure on the Mount Vernon Cancer Centre's lymphoedema service obliged it in 2013 to limit its services to cancer patients, which caused problems for other lymphoedema patients. We were are therefore monitoring the provision of these services.

b. Time limited support for lymphoedema patients at Mount Vernon: We are told that even cancer patients can attend this clinic for only two years after completion of cancer treatment, leading to inconvenience and dismay. After making enquiries we will monitor this situation but may be unable to suggest improvements.

6. Healthwatch: Introduced by legislative changes on 1st April 2013, these organisations represent the public within the NHS. The area that we cover is served by Harrow, Hertfordshire and Hillingdon Healthwatch. Hoping to work closely with all of them, we circulated a set of basic questions to find out how each is set up and their priorities. It is apparent that there are considerable differences between them. We shall watch developments closely and try to develop good working relationships.

Both Hertfordshire and Hillingdon Healthwatch have become charities and companies limited by guarantee, in order to establish their independence. In contrast, Harrow Healthwatch has a Delivery Board of local voluntary organisations with an Interim Chairman / Chief Executive from Harrow in Business, who seeks to strengthen the link between Healthwatch and the local business community.

7. Health & Wellbeing Boards: Also introduced by legislative changes on 1st April 2013, these organisations sit within local Councils and are responsible for setting local NHS strategy. Our area is covered by Harrow, Hertfordshire and Hillingdon Health & Wellbeing Boards. We are represented at meetings of their Boards in public when possible and we hope to develop a good working relationship with them all.

8. Hospital food: This topic is of immense interest to patients but is difficult to monitor effectively and objectively. We attempted comparative studies on the cost of inpatients' food in different hospitals in 2013, but our results were inconclusive. We have not resolved how best to take this forward.

9. Hospital car parking: We watch car parking issues closely in all our local hospitals. In late 2013 we wrote to their Chief Executives to establish their differing policies for disabled drivers. We have followed that with enquiries about frequently attending patients, and about visitors of long-stay inpatients. Policies vary for many reasons. We try to support patients interests where possible.

10. Carers: Carers underpin NHS services for many patients, often at great personal sacrifice. We endeavour to promote their welfare and to represent their concerns.

11. Ambulance services: We monitor response times and handover times of the London Ambulance Service. There have been some improvements but also glaring examples of totally unacceptable delays in 2013. Hertfordshire ambulance services also have problems. Options for action are limited but we will continue to do what we can.