

261<sup>st</sup> Meeting, Thursday 6<sup>th</sup> April, 2017, Mount Vernon Hospital

**1. WELCOME AND ANNOUNCEMENTS:**

- a. Welcome:** The Chairman, Joan Davis, welcomed all present, particularly visitors and our guest speaker, James Ross, Director of Transformation, The Hillingdon Hospitals NHS FT. However, she noted that this meeting clashed with the Annual General Meeting of Northwood Residents' Association, which accounted for many absences in addition to those who had sent apologies.
- b. Apologies:** Valerie Rees (*League of Jewish Women Northwood*), Herbert Levinger (*Northwood Hills RA*), Tony Ellis (*Northwood Live at Home Scheme*), Valerie Mellor (*Northwood RA*), Carol Melvin (*Ruislip, Northwood and Pinner Conservatives*), Donald Edwards (*Ruislip RA*), Janet Baddeley, Lesley Davis, Mark Grimwade, Heinz and Susan Grunewald, David Potter, Margaret Ross (*Individual Members*)
- c. Announcements:** The Chairman was clearly distressed to announce that she had just heard of the death of Pamela Grimwade, a delegate member from the Mountwood Patients Participation Group, who would be much missed. All stood in silent respect, as a tribute to Pamela's memory.

**2. GUEST SPEAKER:** The main points of the address by James Ross included:

- a.** In some respects, hospitals are bad places for patients. At one time infections were the greatest risk but that risk has diminished and in the last year Hillingdon Hospital has had no case of MRSA bacteraemia and only three cases of clostridium difficile.
- b.** However it is now recognised that in-patients suffer other serious risks. For a patient aged over 80 years the inactivity of a week in bed corresponds to 10 years of normal decline, a loss of 10% in muscle strength, and recovery from a hospital stay is slow and takes a long time.
- c.** It follows that patients should stay in hospital for the minimum possible time and that during their stay they should be encouraged to be as active as possible, in contrast to the usual practice of either lying in bed or sitting inertly beside their beds.
- d.** It also follows that every day in hospital should contain positive steps towards discharge. From that belief the concept has developed of "red days" when no progress is made and "green days" when beneficial activities are apparent.
- e.** The speaker outlined some of the causes of patients staying longer than ideal in hospital, noting that hospitals are reluctant to keep patients longer than necessary as beds are needed for new admissions, but that delayed discharge can have many causes including lack of nursing home beds, or other beds in the community, or funding to pay for the necessary care, or gaps in social services provision, as well as the many internal causes of delay in hospital discharge.
- f.** He also suggested a number of ways in which hospital routines hamper timely discharge, with alternative routines currently being explored or implemented within his own hospital. He spoke of the advantage of senior review early in the day, long before the consultant's rounds, so that test results can be available when the consultant arrives.
- g.** He noted that as part of the current concerns non-clinicians are being used to chase up causes of delay such as why medication has not been delivered, or why a scan has not taken place.
- h.** He suggested that patients should be empowered to ask four basic questions:
- What is the matter with me?
  - What is going to happen next?
  - What needs to happen before I can go home?
  - When can I expect to go home?

- i. He also noted that wearing their own day clothes helps patients to feel better and more in control of their lives. He suggested minimum use of hospital gowns and the provision of attractive and comfortable pyjamas when access is necessary eg after surgical interventions.
- j. Hillingdon Hospital is making progress but still has a long way to go. As one problem is overcome another problem often appears. However there must be both external co-operation to identify and deal with external hold-ups and hospitals must stop wasting patients' time and learn to talk to patients and their families / carers about the many problems patients face.

The speaker answered many questions before being thanked by Connie Evans for his informative and interesting address – which was endorsed by sustained applause from the audience.

## Part II

**3. MINUTES OF LAST MEETING – Thursday 2nd March, 2017.** These were accepted and signed as a correct record.

**4. MATTERS ARISING NOT ELSEWHERE ON THE AGENDA:** None

**5. URGENT BUSINESS:**

**a This year's subscription:** This fell due on 1<sup>st</sup> April. The Hon. Treasurer Jon Spain thanked those who had already paid and asked the rest please do so as soon as possible.

**b Items on display in the outer hall:** The Chairman noted the availability of reports from a number of NHS Board Meetings and posters publicising our next two meetings, which she hoped members would take and display appropriately.

**6. OPEN FORUM:**

- **Items from our news sheet:** No items were raised by members, but the Chairman noted that volunteers are needed for the working group setting up our project to assist people who are hard of hearing.
- **Members who are ill:** Herbert Levinger, delegate for Northwood Hills Residents' Association has broken his arm and Donald Edwards, delegate from Ruislip Residents' Association, was taken that day to hospital by ambulance with gastric problems. The Chairman agreed to pass on members' good wishes to them both.
- **Royal Brompton Hospital's congenital heart services:** The Chairman will keep members informed of developments in this long-running saga. She asked for volunteers willing to attend and report Board Meetings of this Trust, at which we are currently not represented.
- **Future guest speakers:** In May our guest speaker will be Dr Sheru George, Consultant Dermatologist and Clinical Lead at Hillingdon Hospital speaking on dermatology issues. Our June guest speaker is Dame Jacqueline Docherty, Chief Executive North West London Healthcare NHS Trust, speaking on services at Northwick Park, Central Middlesex and Ealing hospitals. The Chairman noted that for our July meeting she had invited Dr Ian Goodman, Chairman Hillingdon Clinical Commissioning Group and Dr. Amol Kelshiker, Chairman Harrow Clinical Commissioning Group, to update us on the responsibilities for their local GP services that they took on from 1<sup>st</sup> April. Members were invited to suggest topics or guest speakers for later meetings and the following suggestions were discussed – sepsis, deafness, obesity, scans of different kinds – CAT, MRI etc, macular degeneration and strokes.

**5. ANY OTHER BUSINESS:** There was none.

**NEXT MEETING:** Thursday. 4<sup>th</sup> May 2017, 7.45pm PGC Mount Vernon when our guest speaker will be Dr Sheru George, Consultant Dermatologist and Clinical Lead THH, speaking on "Dermatology"

**Closure:** The meeting was closed at 9.35pm.

---

Chairman

Mrs Joan Davis

Tel: 01895 636095

Hon. Treasurer

Mr .Jon Spain

Tel: 020 8537 2835

Website:            [www.communityvoicehealth.org.uk](http://www.communityvoicehealth.org.uk)