

266<sup>th</sup> Meeting, Thursday 5<sup>th</sup> October, 2017, Mount Vernon Hospital

**1. WELCOME AND ANNOUNCEMENTS:**

- a. **Welcome:** The Chairman, Joan Davis, welcomed all present, particularly guests and the guest speakers Dr Claire Shine, Consultant in Emergency Medicine West Herts. Hospitals NHS Trust and Sarah Lafbery, Patient Safety Nurse.
- b. **Apologies:** James Kincaid, Vice Chairman, Jon Spain, Hon. Treasurer, and Nannette Spain, Mark Grimwade, Publicity Officer, Valerie Rees (*League of Jewish Women N'wood*), John Clark (*N'wood Hills Evangelical Church*), Herbert Levinger (*N'wood Hills RA*), Valerie Mellor (*N'wood RA*), Connie Evans and Chris Hickman (*Oak Farm RA*), Carol Melvin (*Ruislip, N'wood and Pinner Conservatives*), Linda Clarke (*South Ruislip RA*), Donald Edwards (*Ruislip RA*), Liz Segal (*Vine Lane RA*), Janet Baddeley, Susan Grunewald, Barbara Kalopsidiotis, Barbara Porket, Trikam Vadher (*Individual Members*)
- c. **Announcements:** The Chairman apologised that members' badges had unfortunately not been brought to the meeting.

**2, GUEST SPEAKERS:** Dr Claire Shine, and Sarah Lafbery addressed the meeting on the topic of "Sepsis – myths and facts", noting the following:

- a. Sepsis is the body's response to a bad infection overwhelming the immune system and attacking vital organs. It is life threatening
- b. Press reports on sepsis have been much in the news. They tend to focus on young people, but 60% of those contracting sepsis are over 60 years, whereas roughly 19% are under five years.
- c. The UK Sepsis Trust website has lots of information.
- d. Sepsis is a very serious condition. Dealing with it costs the NHS £2.3bn per year. There are over 150,000 cases per year in the UK, of whom 44,000 die – more than the combined deaths from breast, bowel and prostate cancer. Possibly 11,000 cases could be preventable with earlier diagnosis. Worldwide 18m die each year.
- e. It is easy to diagnose in later stages, but early symptoms can be vague, starting with no obvious infection. Temperature can be high or low. Confusion and drowsiness may be indications in people previously healthy. Breathlessness may be an indicator, so can the passing of little urine. Patients may feel and look very ill. Always check if symptoms do not improve.
- f. Older adults and babies may not show typical symptoms. Fits accompanying high fever are common in children under six years old.
- g. Prompt treatment with antibiotics can cure sepsis but this is not always successful. Diagnosis and treatment can be challenging and very complex. Blood samples may assist diagnosis. Giving fluids and oxygen can sometimes help. Those working in this field need training. They sometimes develop a "sixth sense" that sepsis is involved.
- h. Staff shortages, overcrowding in A&E Departments, workload pressures and knowledge gaps can all contribute to sepsis problems.

In answering questions the following points arose

- i. Septicaemia, formerly called blood poisoning, is when the infection is in the blood.
- j. Sepsis is an international problem and causes international concern.
- k. Sepsis is not new, but political awareness has grown in the last few years.

The speakers were thanked by Tony Ellis on behalf of the audience. They left the hall accompanied by audience applause.

## Part II

There were no issues that members wished to raise from the speakers' presentation.

3. **MINUTES OF LAST MEETING:** The Minutes of Thurs. 7<sup>th</sup> September were agreed and signed.
4. **MATTERS ARISING:** There were no matters arising from the Minutes.
5. **URGENT BUSINESS:**
  - **Items on display in the outer hall:** Copies of reports from NHS Board meetings held in public were available for collection, also posters for our November / December meetings.
  - **Our website:** The Chairman noted that we need a Website Editor. This role could be open to any member as it does not require technical expertise. Volunteers should contact the chairman.
  - **Representation at Board meetings in public:** We need volunteers to represent us and to report on items of significance. We campaigned to oblige NHS Board meetings to be held in public and it is very sad if we are not represented at such meetings locally. We particularly need representatives at meetings of Royal Brompton & Harefield FT – held either at Royal Brompton Hospital in Chelsea or at Harefield Hospital, and of East & North Herts. NHS Hospitals Trust when they are held at Mount Vernon Hospital. The Chairman can provide more details.
6. **OPEN FORUM:**
  - a. **August news-sheet:** No items required discussion.
  - b. **Our Hard of Hearing Campaign:** Members were urged to participate. Anyone can take part – not just our members. Drawing attention to simple changes could greatly improve facilities for people with poor hearing – identifying the best place to sit to hear microphones; notices on loop system availability and how to turn the system on; sitting in a good light when addressing a deaf person; retaining soft furnishings to absorb background noise etc.
  - c. **Speakers ahead:** Members were asked to suggest possible topics or speakers to the Chairman. She asked for help in identifying what would interest potential members as we need to widen our membership. She urged members to bring friends and relatives to our meetings to increase the size of our audiences, particularly during the holiday season.
  - d. **Reporting personal NHS experiences:** Members were reminded that we record personal experiences, good or bad, at the end of our Council Meetings. This provides us with background information on which actions can be based. We do not take up individual cases but when several people report similar problems we act on general concerns.
5. **ANY OTHER BUSINESS:** Julian Maw, delegate for Hatch End RA, raised the issue that the eight North West London Clinical Commissioning Groups are considering a proposal that they collaborate more closely and act as a single unit for many of their functions. It is proposed that they form a Joint Committee with an Independent Chairman, a shared Accountable Officer and a shared Chief Finance Officer to undertake joint commissioning of acute services, joint purchasing etc. Each CCG would continue to fulfil its statutory obligations and to liaise with its own Local Authority on local co-operation. There was considerable discussion on the merits and risks attached to these proposals and it was agreed that we will need to monitor developments very closely.

**NEXT MEETING:** Thursday 2<sup>nd</sup> November when the speaker will be Dr Ayesha Akbar Consultant Gastroenterologist St Mark's Hospital accompanied by colleagues from that hospital who will tell us about the work of St Mark's Hospital at Northwick Park. We may also have Christmas cards on sale from Lynda Jackson Macmillan Centre and Michael Sobell House.

**Closure:** The meeting was closed at 9 .25pm.

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Chairman

Mrs Joan Davis

Tel: 01895 636095

Hon. Treasurer

Mr .Jon Spain

Tel: 020 8537 2835

Website:

www.communityvoicehealth.org.uk