



255th Meeting, Thursday 1st September, 2016, Mount Vernon Hospital

1. WELCOME AND ANNOUNCEMENTS:

- a. **Welcome:** The Chairman welcomed all present including our guest speaker and other visitors.
- b. **Apologies:** Tony Ellis (*Northwood Live at Home Scheme*), Richard Field (*Northwood RA*), Pamela Grimwade (*Mountwood Patients*), Sadie Wright (*Southbourne WI*), Liz Segal (*Vine Lane RA*), Janet Baddeley, Mark Grimwade, Neville Hughes, Barbara Porket, Margaret Ross, Jenny Stephany (Individuals)

2. GUEST SPEAKER: Dr. Richard Grocott-Mason, Medical Director Royal Brompton & Harefield NHS FT speaking on 'New Threats to the Royal Brompton & Harefield Hospitals in 2016.'

- a. The aim of the Royal Brompton & Harefield NHS Trust (RB&HT) is to be the leading hospital of its kind, serving its patient population, which comes from every corner of the country.
- b. There are three strands to treating heart and lung diseases - clinical care; research and innovation; education and development. The Trust's work covers every stage of life - ante-natal diagnosis, child care, adult services, chronic disease management and end of life care.
- c. The Trust has 500 beds, solely for people with heart or lung disease. It has the largest specialist lung centre in the UK, a heart attack centre, a large cystic fibrosis centre, one of the largest congenital heart centres in the UK and transplant services for both heart and lung. It is one of only five providers of extracorporeal membrane oxygenation in the UK.
- d. RB&HT is the most productive NHS organisation for heart and lung research in the UK with close academic links to the National Heart and Lung Institute, Imperial College.
- e. It has three sites: Sydney St. and Fulham Rd. at Royal Brompton, Chelsea, and in Harefield.
- f. The Trust strives to avoid hospitalisation. It supports patients at home by promoting Expert Patients and virtual homecare support, including the use of Skype and self-monitoring. Staff development and infection control are other important aspects of its work.
- g. Its old buildings are a challenge, but work starts soon on a 6-bed ITU extension at Harefield and an imaging centre with CT and MRI scans is planned; the ideal theatre would be a cross between an operating theatre and a catheter laboratory. A 100-bed extension is proposed on the Sidney Street car park. 77 Wimpole Street is to be a private out-patient and scanning centre.
- h. Another challenge is that UK health spending as a percentage of GDP is lower than in most peer nations – and it is getting worse.
- i. The Trust has an Inherited Cardiac Conditions Service for any heart defect present from birth. 8 babies in 1,000 have Congenital Heart Disease (CHD). In 2014-15 there were 4,000 CHD operations on children, compared with 1,000 on adults and 2,500 catheter interventions in children compared with 1,700 in adults.
- j. Outcomes were good in all centres performing CHD surgery with 99.4% 30-day survival for adults and 97.9% for children. However, these procedures are often not a lifelong cure.
- k. RB&HT covers transition from child to adult very well, particularly certain lifelong conditions such as heart failure, pregnancy, arrhythmia, access to transplant services and future genetic health.
- l. NHS England (NHSE) has now presented 14 standards for centres offering CHD and claims that RB&HT fails to meet some of them, so it proposes to decommission RB&HT's CHD services from 1 April 2017 - which would impact on its other services and reduce its income by 40%.
- m. The Trust is now in talks with NHSE about: (i) Each surgeon having to perform 125 CHD annual operations – but not all CHD operations are the same. (ii) The provision of paediatric CHD services at the bedside within 30 minutes – RB&HT provides for CHD children at the Chelsea and Westminster Hospital a few minutes down the Fulham Road, a service within 30 minutes but not on site RB&HT maintains that these standards are not universally upheld by other trusts.

- n. There is to be a 3-month public consultation on the new proposals, and a decision is to be made in March 2017. There will be no change to current services in April 2017 as previously planned.

The Speaker then responded to questions from the audience, noting that:

- r. CHD consultation must consider proposals, their alternatives, and impact on other services.
- s. A heart and lung hospital needs to perform CHD surgery to underpin its philosophy but the number of transplant operations done is not relevant.
- t. If the CHD service is lost, the Trust could not replace the lost finances, which would impact on both Brompton and Harefield Hospitals. RB&HT had its first finance deficit last year, £10million.
- u. Some people hold the philosophic view that stand alone specialist hospitals are isolated, the wrong model for patient care and that they should be part of a larger general hospital. A counter argument is that transition from childhood to adult care is better in a specialist hospital, which can be more flexible in dealing with the difficulties that can be associated with that transition.
- v. Other hospitals do not have capacity for the proposed changes and Brexit could add challenges.
- w. An earlier dispute with the Royal Marsden hospital over the Trust's plans to sell part of its estate for building purposes has been replaced by the plan to build on a car park. This resolved the Royal Marsden dispute, but the Crossrail 2 plan for a station on the site could cause problems.
- x. The speaker advocated cooperation and collaboration between hospitals, avoiding competition.

The Chairman's thanks to the speaker were endorsed by loud applause from the audience.

PART II

Following discussion, vigorous support for RB&HT was agreed. A member with outside contacts agreed to send the appropriate address to the Chairman, for us to contact NHS England.

3. **MINUTES OF THE LAST MEETING:** The Minutes of Thurs. 7th July were agreed and signed.
4. **MATTERS ARISING:** Calls from 'phones and mobiles to the 111 Urgent Care Service are free.
5. **URGENT BUSINESS:**
- **Cyberknife problems at Mount Vernon Cancer Centre:** Although this was the first NHS centre in the country to use cyberknife, it was not on the NHS England list of 17 centres to be funded from 1st September to use cyberknife for brain metastases. The Chairman had written to Simon Stevens, CEO of NHSE, to protest. *Letter available in the outer hall and on request.*
 - **Copies of reports from NHS Board meetings held in public:** These reports, and publicity sheets for our October meeting, were available in the outer hall. *Also available on request.*
 - **The Care-data scheme has been scrapped:** But a similar new scheme is being set up.
 - **Harrow Healthwatch:** We have protested that the Healthwatch enquiry report set up by Harrow Council has not been published.
 - **New Junior Doctors strike:** Concern was expressed about the new Junior Doctors' Strikes. It was felt that the BMA and doctors are not working together to resolve matters and the new contract would have a negative impact on patients.
6. **OPEN FORUM:** Our January meeting will focus on how The Community Voice should move forward and how it can remain a viable and active organisation.
7. **ANY OTHER BUSINESS:** Members were reminded that the Chairman is pleased to note personal experiences for our records and future action when general problems are identified.

NEXT MEETING: Thurs. 6th October at 7.45pm in Post Graduate Centre, Mount Vernon Hospital when our guest speaker will be Caroline Morison, Chief Operating Officer of Hillingdon CCG speaking on "Looking to the future – a five year plan for Hillingdon"

The meeting was closed at 9.40pm

Chairman

Mrs. Joan Davis

Tel: 01895 636095

Hon. Treasurer

Mr. Jon Spain

Tel: 0208 537 2835

Website: www.communityvoicehealth.org.uk