

NEWS-SHEET – MARCH 2015

STOP PRESS!

Hillingdon Hospital's urgent needs: The three Hillingdon MPs, Nick Hurd, John McDonnell and John Randall, together with Hillingdon Hospital representatives, met the Secretary of State for Health on 9th March, to call for £100m for urgent repairs to Hillingdon Hospital. The meeting followed a report published by the Care Quality Commission, which highlighted a number of failings at the hospital. The Uxbridge Gazette reports that there are also plans to lobby the next government to rebuild the hospital completely, at a cost of £300m, after the general election in May.

1. NEW DIARY DATES:

- a. **Plant sale:** Saturday 9th May 10am – 12.30pm at Michael Sobell Hospice Gate 3, Mount Vernon Hospital - bedding plants, flowers, fruit, vegetables -, plus refreshments. Entry and parking is free!
- b. **On your bike:** 33 mile sponsored bike ride through Amersham, Bovingdon and Hemel Hempstead on Sunday 17th May from Michael Sobell Hospice, Gate 3, Mount Vernon Hospital – registration 7.30am, ride starts at 8am. Pre registration fee £15 or £20 on the day. Tel: 01923 844829.

2. NATIONAL NEWS

- a. **National Tariff 2015-16:** The statutory consultation on the proposed National Tariff received objections from over 51% of relevant providers. However, (*Health Service Journal 13 March. 2015*), NHS England has now managed to get 210 out of 240 NHS providers to sign up to an amended “voluntary” tariff. ... but it is clear that many trusts that accepted the voluntary tariff did so through gritted teeth, and with serious concerns about the consequences ... and now expect to go into the red next year. ... All this points to the urgent need to increase NHS funding, reform payment systems and reconfigure specialist care. ... Relations between the big NHS power bases – the centre and the major hospitals – are more strained than at any time in recent memory.
- b. **The Carers Act:** From April 2015 carers will be entitled to a carer's assessment and the local authority will have a duty to provide services which a carer is assessed as needing – which the carer must pay for, at no more than it costs the Council to provide the service.
- c. **Cap on care costs:** From April 2016 there will be a cap on the total sum an individual pays for care costs, starting at £72,000, but this cap is likely to rise over time.
- d. **Discount club launched for carers:** Carers Trust is the largest UK carers' charity. Its new “Carers Club” is on-line at www.carersmart.org Joining is free. After registration, carers can obtain cash back in numerous high street stores, discounted rates on energy bills, insurance renewal and leisure activities e.g. gym, cinema, and days out, as well as supportive online services.
- e. **Mental health service concerns:** (*Health Service Journal 27 Feb. 2015*) Mental health trusts have complained that their commissioners are disregarding national guidance requiring them to increase real terms spending on mental health in 2015-16 and fund the delivery of new targets. From April new targets require 95% of patients referred to talking therapies to be seen within 18 weeks and 50% of people experiencing a first episode of psychosis to receive treatment approved by the National Institute for Health and Care Excellence within two weeks. NHS England has earmarked £80m to help deliver the new targets. NHS planning guidance also says each CCG should increase mental health spending in real terms by at least as much as its own allocation increase - to ensure movement towards parity of esteem for mental and physical health care.
- f. **Dementia care “not fit for purpose”:** (*Health Service Journal 27 Feb. 2015*) A new report from the Alzheimer's Society has said that care for people diagnosed with dementia is “inadequate and still not fit for purpose”, three years after the government launched its dementia challenge. It also calls

for dementia carers employed or contracted by local authorities to be paid a minimum wage, as well as improved training. Better support for sufferers and families is a further demand.

- g. Foundation trust sector deficit spirals to £321m:** (*Health Service Journal 27 Feb. 2015*) This sector ended 2014 with an in-year deficit five times higher than planned, in the latest sign of the exceptional pressure the NHS is under. Monitor figures show a sector deficit of £321m over the nine months to December. More than half of FTs - 78 out of 149 - were in deficit for the period.

3. LONDON and REGIONAL NEWS

- a. CCGs primary care plans:** (*Health Service Journal 27 Feb. 2015*) Eight North West London CCGs jointly submitted an application for delegated commissioning but, following a review by a regional moderation panel, they did not have time to make the changes required by NHS England.
- b. London trusts reject offer to cut specialist funding:** (*Health Service Journal 27 Feb. 2015*) The £62m fund known as “Project Diamond” used to be provided by the Department of Health – *Royal Brompton & Harefield FT was amongst those that it helped*. Since June NHS England has been negotiating with trusts over how much of the funding it will continue to pay and ... London trusts have recently been offered “approximately 25% of last year’s allocation”, an offer which the trusts have rejected.
- c. Central & North West London Foundation Trust:**
- **Finances:** The year end forecast is a deficit of £1.1m, which is £3.3m behind the recovery plan and £6.8m behind original plan. Monitor’s Continuity of Services rating remains at 3.
 - **Performance:** Both CNWL’s Harrow services and its Hillingdon Community Health services met all their targets. Hillingdon Mental Health Services have identified too few new cases and have had cross border issues but delayed transfers of care from local Older Adults wards in Hillingdon have improved and work is taking place with Social Services to improve the discharge process.

4. HARROW NEWS

- a. Harrow Clinical Commissioning Group:**
- Local GPs are putting on extra urgent appointments that don’t need to be booked in advance to make it easier for residents to see a family doctor and reduce pressure at the Urgent Care Centre and A&E department at Northwick Park Hospital. The scheme will be a pilot until the end of March when a decision will be made whether to extend the pilot more widely or to run it for longer. The practices offering the urgent “walk-in” appointments for any patient – registered with any surgery or none - are open 7 days a week from 8am to 8pm. They are:
 - Alexandra Clinic for Health and Social Care, 275 Alexandra Avenue, HA2 9DX
 - The Pinn Medical Centre, 37 Love Lane, HA5 3EE
- b. London North West Healthcare Trust:**
- **Northwick Park A&E:** This department has moved. Follow the signs to the new A&E entrance at the rear of the hospital.
 - **Research options:** Interested people can join the Patient Public Involvement Forum and both healthy people and patients who have a particular disease can volunteer to take part in research projects, after discussion with a hospital clinician or a GP.
 - **Financial support:** (*Health Service Journal 20 Feb. 2015*) The value of trust bailouts paid out by the Department of Health so far this financial year has already outstripped last year’s total and the trust receiving the most support so far this year is London North West Healthcare Trust which received £61.2m before its merger with Ealing Hospital, plus a further £17.9m after the merger.

5. HILLINGDON NEWS

- a. Harefield Hospital:**
- **The hospital’s centenary:** This has started well with a Heritage Lottery Fund grant of £33,000 to support a social history about the hospital., from its beginnings caring for injured World War I Australian and New Zealand soldiers, to the specialist heart and lung centre that it is today.
- b. Hillingdon Health and Wellbeing Board:**
- **Seven day working and seamless community services:** A review of the needs of Hillingdon Hospital patients has identified some gaps in the provision of seven days a week community services. Priorities are being agreed and key performance indicators are being established.

- **Mental health:** A 14 place mental health care unit is to open this month in Yeading.
- c. **Hillingdon Clinical Commissioning Group:**
- **Prime Minister's Challenge Fund:** This funding was used to establish six Hillingdon GP networks, two in each locality. IT work has already improved e-prescribing and allows patients to see their records. GPs will soon be able to view patient records from other practices in their network, for evening or weekend access, providing that patients have given their permission.
 - **Pressure Relieving Equipment:** A new supplier in March 2015 is expected to save the CCG upward of £300k and to protect the CCG from future claims for lost / damaged equipment. Quality has been approved by Central & North West London FT's Tissue Viability Team, so patients will receive better equipment. Patients' feedback has shaped the service specification.
 - **Health centres:** Details of the proposed Yiewsley Health Centre are still to be agreed. A health centre location has not yet been agreed for the St Andrews site in Uxbridge.
 - **Finance:** The CCG expects to achieve a £2.7million surplus for the year.
- d. **The Hillingdon Hospitals NHS FT:**
- **Paediatric Diabetes team prize:** The team has won £50,000 for its work on Type 1 diabetes.
 - **Care Quality Commission (CQC) inspection report:** Following the CQC's rating of "Requires improvement", announced in February 2015, the Trust is responding swiftly and expects to remedy all possible shortcomings in the near future.
 - **Infections:** The Trust had eleven cases of clostridium difficile in the last three months, breaching its target of maximum 16 cases. The sanction for each case in excess of target is £10,000.
 - **Integrated Care:** A new approach to integrated assessment is being developed. Social workers will be on site seven days a week and a social worker will be based in the new acute medical unit (AMU) working alongside Trust discharge coordinators and therapists to identify, on admission, the anticipated patient's discharge needs. Implementation is expected in April or May.
 - **Summary Hospital-level Mortality Indicator (SHMI):** This bands 137 NHS Trusts for all deaths in hospital and 30 days post discharge. This Trust was one of 15 with better rates than expected.
 - **Finance:** The Continuity of Services Risk Rating is expected to remain at 3 but the forecast deficit for the year is now £ 820,000 against a planned surplus of £66,000.
 - **New car parking tariffs at Hillingdon and Mount Vernon hospitals:** From 1st April the charge at both hospitals will be £1.50 per hour, with a maximum of £18 per 24 hours.
- e. **Northwood and Pinner site:** Nick Hurd MP is working with NHS Property Services Ltd, the current site owner, and potential developers. A small team has been formed to explore an alternative development that would upgrade the Northwood Health Centre and incorporate some sheltered housing with extra care for elderly residents. *(From Nick Hurd MP's February 2015 E-Bulletin)*

6. SOUTH WEST HERTFORDSHIRE NEWS

- a. **West Herts Hospitals Trust:**
- **Interim Chief Executive:** The Trust's new Chief Executive, Jac Kelly, has been appointed as an interim CEO for six months, while the Trust seeks a candidate for substantive appointment.
 - **GP in Accident & Emergency Department:** A GP on duty in the Department will treat patients requiring only primary care – this should help both A&E waiting times and bed pressures.
 - **Care Quality Commission Inspection:** This will take place in mid-April 2015
 - **Visit of Secretary of State:** Jeremy Hunt visited Watford General Hospital on 6th March
 - **Drop in deaths:** Between April and June 2013 the Trust's Hospital Standardised Mortality Ratio was 108 but by September 2014 this had dropped to 85, a drop of 21%! In the same period the national decrease was only 3.3%.
- b. **Herts. Valleys Clinical Commissioning Group:**
- Hertfordshire's emergency health services, including A&E departments and the ambulance service, are experiencing major pressures. The public is urged only to use these services for serious cases, not for common winter illnesses such as coughs and cold, diarrhoea or vomiting. Instead see a pharmacist or GP, or 'phone 111 for advice.

7. GENERAL HEALTH NEWS

Antimicrobial resistance (*Health Service Journal 27 Feb. 2015*)

We urgently need new ways of working to address the growing challenge of antimicrobial resistance.

The UK is ill-equipped to respond to increasing resistance to antibiotics, which already results in 25,000 deaths per year in Europe. With no new classes of antibiotics coming on the market in 25 years, how can the NHS and pharma companies work together to address the growing challenge that antimicrobial resistance presents?

... unless action is taken to address this huge global problem, it could cost the world at least an additional 10 million lives a year by 2050 – more than the number of people who currently die from cancer. Development of new antibiotics is patchy across the pharmaceutical industry and there are only a few players with significant research projects in the pipeline; the financial rewards for creating a new antibiotic are low compared to other disease areas, such as oncology. ... Proposed solutions ... too often leave government or industry carrying significant, or in some cases, unrealistic risk.

.. New business models, based on intra-industry collaboration and public private partnerships are needed to overcome these challenges.

“Don’t waste drugs” (*Daily Telegraph 23 Jan 2015*)

Letter from a reader in Kent: My husband had to abandon many unused drugs due to the changing nature of cancer. Fortunately we found a charity that will take medicines in complete strips and in the manufacturer’s box. “Inter Care”, based in Leicester, is grateful for these and its newsletter details how it has put unused medical drugs to good use in African countries. GP surgeries in UK can choose to be collecting points for this scheme.

Removal of ear wax (*Action on Hearing magazine – formerly RNID - Winter /Spring 2015*)

Question: Previously my GP would remove ear wax by irrigation, but I’m now told this service is withdrawn for ‘legal reasons’ and I have been referred for microsuction. Why?

Answer by audiologist: The decision not to irrigate is being taken more and more by GP surgeries nationwide and it is because of patient safety. If done incorrectly ... syringing can cause significant damage to the ear. If the wax has not been softened enough and/or pressure of the water is too high, then the eardrum can be perforated. In the most severe cases, it may also traumatise the cochlear, causing permanent nerve damage. Most GPs are not ENT-trained and neither are the nurses, so any potential issues are much harder for them to diagnose prior to syringing. Some areas now have ear, nose and throat clinics to deal with less complex cases which are run by GPs who do have ENT training.

Harmondsworth Immigration Removal Centre

Following the 4th March 2015 Channel Four News television item on this Immigration Centre, Central & North West London FT issued a statement from which the following points arose:

The NHS commissions health services wherever people are lawfully detained. CNWL has provided health services at this site since September 2014. It has expertise and experience in this area, providing similar services in secure hospitals and prisons. It operates a “caring not judging” philosophy.

At Harmondsworth it provides 24/7 healthcare services. Within two hours of arrival, individuals receive a healthcare screen by nurses and they are offered an appointment with a GP within 24 hours. Health information is gathered from the individual and those requiring additional care or monitoring are placed in a ward on site. If appropriate the patient will be referred to the local hospital or other services, with escorts from the Immigration Removal Centre staff. Treatment will always follow clinical need.

The Home Office recently passed the commissioning role for these services to NHS England. CNWL is now working with NHS England and with other organisations, such as Healthwatch and Medical Justice, to improve healthcare services at the site. Complaints are always fully addressed.

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