

**241st Meeting, on Thursday 2<sup>nd</sup> April 2015, at Mount Vernon Hospital.**

**ATTENDANCE:** 31 members and guests

## **1. Welcome and Announcements :**

**a. Welcome :** The Chairman opened the meeting, welcoming all present, particularly the guest speaker, Dr. Richard Grocott-Mason and other guests. She was sorry that she must start by announcing the death of Basil Garsed, a highly regarded member. All present stood in silence, in his memory.

**b. Apologies :** Adrienne Glicher (*Eastbury RA*), Mike Gordon (*Harefield Tenants & RA*), Julian Maw (*Hatch End Assoc.*), Mary Perkins (*Mountwood Patients Group*), Herbert Lvinger (*Northwood Hills RA*), Dianne Passmore (*Rickmansworth RA*), Sadie Wright (*Southbourne WI*), Liz Segal (*Vine Lane RA*), Graham Bartram, Neville Hughes, Barbara Kalopsidiotis, Ginny Nevill, Margaret Ross, Nannette Spain, Jenny Stephany (*Ind. Mems*)

**c. Video of the meeting:** Members who did not wish to be filmed were advised to move out of range.

## **2. GUEST SPEAKER: Dr Richard Grocott-Mason, Consultant Cardiologist and Divisional Director, Heart Division Harefield Hospital. Topic: 'Heart Disease, Prevention and Treatment'**

a) Dr Grocott-Mason described the heart and explained that we each have 60,000 miles of blood vessels. It takes approximately 20 seconds for blood to circulate around the entire vascular system; the heart beats about 100,000 times each day and pumps about 2,000 gallons of blood per day. Mortality rates from heart disease have reduced over the years and life expectancy has increased.

b) Common types of heart disease (HD) include blocked blood supply, leading to angina and possibly heart attack; weakened pumping of the heart muscle, causing heart failure; abnormal rhythm (atrial fibrillation) and problems of the aortic and mitral valves. Angina is caused by narrowing of an artery when blood flow at rest is satisfactory, but limited on exercise, causing chest pain and breathlessness. In a heart attack, heart tissue can die due to a blocked coronary artery. In a cardiac arrest, the heart cannot pump and so the electrical signal becomes chaotic.

c) The risk of HD can be reduced with timely intervention. At risk of HD are those with a family history of the condition, smokers, diabetics, the overweight, people with increased waist measurement, with high blood pressure or high cholesterol, certain ethnic groups and the socially deprived.

d) Dr Grocott-Mason described procedures for dealing with various forms of HD, including primary angioplasty, coronary artery bypass, aortic stenosis and he listed advances made in recent years.

e) In answer to a question, he explained that prevention and treatment of a stroke (blockage of a blood vessel to the brain) and of a heart attack (blockage of a blood vessel to the heart) are similar.

f) The British Heart Foundation ([www.bhf.org](http://www.bhf.org)) recommends 150 minutes of exercise per week. However, whilst it is important to exercise, age is a risk factor.

g) Large waist measurement is the best indicator of risk of stroke or heart attack, being more reliable than body mass index or height, but as some patients could have a large waist but not be overweight, there are no hard and fast rules.

h) Recovery after the insertion of an arterial stent can be rapid if the artery is unblocked quickly. However, after 3-4 hours there is irreversible damage to the heart muscle. If someone has a stroke or a heart attack it is important to call an ambulance at once. It is a good idea to take an aspirin as it will thin the blood and might clear the artery blockage.

i) Can a heart attack be confused with indigestion? Signs of a heart attack are: central chest pain radiating to the jaw and (usually) the left arm, sweating, feeling faint. There might be no pain, just a feeling of being unwell. Such signs should not be ignored.

j) Stents last longer than they used to, and nowadays one stent can be inserted inside another.

The speaker was thanked by David Potter on behalf of the audience and he was applauded very warmly as he left the hall.

**3 MINUTES OF LAST MEETING:** The Minutes of Thursday 5<sup>th</sup> March 2015 were agreed and signed.

**4 MATTERS ARISING:** There were no matters arising from the Minutes.

**5 URGENT BUSINESS:**

a) **Subscriptions:** These were due on 1<sup>st</sup> April. Prompt payment will be appreciated.

b) **Election procedure 2015-2016.**

- Nomination forms, in the April mailing, must reach the Secretary by 5th May. Nominations need to be proposed and seconded. Delegate nominees require consent from their organisations.
- Anyone considering nomination is welcome to attend an Executive Meeting on Thursday 16<sup>th</sup> April in Ruislip, but please inform the Secretary or Chairman so that chairs are available.

c) **Items on display:**

- Publicity posters for our May and June meetings – for members to display where possible.
- Copies of reports from NHS Board meetings held in public. (*Available on request to the Secretary*)

**6 OPEN FORUM:**

a) **March News Sheet:** There were no items that members wished to discuss

b) **GP Patient Participation Groups (PPG):** Bob Batchelor reported that the Hillingdon Groups had held a network meeting. Our May speaker is Head of Primary Care NW London. To co-ordinate our questions, if possible please advise the Executive Committee of proposed questions before 16<sup>th</sup> April.

c) **CQC inspections:**

- **The Hillingdon Hospitals NHS FT:** Following the Trust's poor CQC report, the three Hillingdon MPs met the Secretary of State to call, without success, for £100m for Hillingdon Hospital repairs.
- **West Herts Hospital NHS Trust:** The CQC inspection starts in April. CQC listening events were scheduled locally on 7<sup>th</sup> and 9<sup>th</sup> April. Reports, good or bad, can be submitted to the CQC online at [www.cqc.org.uk](http://www.cqc.org.uk) or by 'phone, Tel; 0300 616161, or by email [tellus@cqc.org.uk](mailto:tellus@cqc.org.uk)

d) **Celebration of our 25<sup>th</sup> anniversary:** This will be on 3<sup>rd</sup> December 2015. David McVittie has been invited to be the guest speaker. We will invite Stephen Ramsden to attend, and any early members of whom we know. Other suggestions for our celebrations should be sent to the Chairman or Secretary.

e) **Car parking:** Some members considered the new charges at Hillingdon and Mount Vernon hospitals exorbitant - £1.50 per hour. All that Trust's parking will soon be pay-on-exit - if patients using a pay on entry car park are unreasonably delayed, reception should be informed, to avoid parking fines. At Watford, Hillingdon and Mount Vernon hospitals there are concessions for patients or visitors making frequent visits. Hillingdon Hospital's plans for a double tier car deck will provide more spaces. The free minibus service between Mount Vernon and Hillingdon Hospital can assist some patients and visitors.

f) **Update on Royal Brompton and Harefield FT:**

- **Some cardiac care is to be moved from The Royal Brompton Hospital to Harefield Hospital.**
- **Project Diamond Funding:** This is being reduced and may subsequently be removed altogether.
- **Relationship with the Royal Marsden Hospital:** Clinical contact is good, but negotiations continue on the vexed issue of disposal of part of the Royal Brompton Hospital's estate.

g) **New Chief Executives have been appointed at local hospitals:**

- **London North West Healthcare NHS Trust:** David McVittie has retired and the new CEO, Dame Jacqueline Doherty, has taken up her post.
- **West Herts Hospitals NHS Trust:** Jacqueline (Jac) Kelly MBE, is acting as Interim CEO.

**7. ANY OTHER BUSINESS:** Personal NHS experiences could be recorded after the meeting.

**NEXT MEETING:** The next meeting is on Thursday 7<sup>th</sup> May at 7.45pm at the PGC. The guest speaker, Julie Sands, Head of Primary Care NW London, NHS England, will speak on 'Spotlight on GP services.'

The meeting was closed at 9.40.p.m.

Joan Davis, Chairman

*Notes: 1. Proposals for corrections to draft Minutes should be submitted to the Chairman in writing – please 'phone 01895 636095 for address details. 2. Personal NHS experiences can be reported at the end of all Council Meetings.*

Chairman  
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Hon. Treasurer

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