

**244<sup>th</sup> Meeting, on Thursday 2<sup>nd</sup> July 2015, at Mount Vernon Hospital.**

**ATTENDANCE:** 21 members and guests.

## 1. WELCOME AND ANNOUNCEMENTS:

- **Welcome:** The Chairman welcomed all present, particularly our guest speaker.
- **Apologies :** Adrienne Glicher (*Eastbury RA*), Elizabeth Beggs (*Eastcote RA*), Mike Gordon and Mike Stafford (*Harefield Res. & Tenants Assoc.*), Essie Harris (*League of Jewish Women, Northwood*), Tony Ellis (*Northwood Live at Home Scheme*), Valerie Mellor (*Northwood RA*), James Kincaid (*The Pinner Assoc.*), Jasper Jepson (*Rickmansworth RA*), Sadie Wright and Janet Gibson (*Southbourne WI*), Linda Clarke (*South Ruislip RA*), Pamela Grimwade (*Mountwood PPG*), Janet Baddeley, Neville Hughes, Barbara Porket, Jenny Stephany (*Individual. Members.*).
- **Announcements :** Donald asked those not wishing to be on his video to sit out of camera range.

## 2. 2. GUEST SPEAKER: Dr. Ajoy Nair, Consultant in Rehabilitation Medicine, The Hillingdon Hospitals NHS Foundation Trust - speaking on "Rehabilitation - a new life for patients and for Daniels Ward at Mount Vernon Hospital".

a) Dr Nair, the Consultant in Daniels Ward, has a special interest in assistive technology and neurological rehabilitation.

b) Daniel's Ward opened in 2014 to rehabilitate patients who have suffered neurological problems due to strokes, brain stem or spinal injury, or other trauma or disease conditions. Its patients, who need this specialist neurological care, are admitted after initial treatment at other hospitals.

c) The ward has a large team of nursing staff, physiotherapists, psychologists, speech therapists, occupational therapists and dieticians, who give intensive neurological and musculoskeletal therapy. They rehabilitate disabled patients and produce sustained reductions in the impact of disease and disability. Their aim is that the patients may be better able to participate in their day to day lives, not always as they were, but with the help of physical aids and the assistance of carers in their own homes.

d) Dr Nair illustrated his talk with real case studies, telling us some of the problems treated in the unit. Most patients admitted are young, but there is no age barrier and the average length of stay is 57 days.

e) He told us of neuroplasticity, which is the ability of the central nervous system to recover, and how the unit helps to retrain the brains of patients so that they learn to speak, to build their memory and to regain any bodily functions which may have been lost.

f) All data is recorded and is collected by the Department of Health, in a format to allow comparison with other units. Most patients recover at least partially, but a few do not do well.

g) Daniel's Ward has the highest successful discharge rate.

h) Dr Nair works in partnership with Imperial College Healthcare NHS Trust and is hopeful that a ten bedded rehabilitation unit will be opened at Charing Cross Hospital, but The Hillingdon Hospitals NHS Foundation Trust will still be the largest provider of neurological rehabilitation in London.

i) North West London is very fortunate to have this service, which costs around £5,000 per patient.

j) Members were interested in how the unit is financed. Patients are mainly paid for by their Clinical Commissioning Groups, but if a patient is so severely damaged that a "Continuous Care Assessment" is made then the cost is paid by NHS England.

k) Questions from the audience were answered by both Dr Nair and by Helen Parr, who had accompanied him from Daniel's Ward. She noted that Daniel's Ward provides a high cost, low volume service, requiring very skilled staff.

l) The speaker was thanked by Wendy Mahaffey for an extremely interesting insight into the work of Daniel's ward and the care given by its professional team. The audience responded with resounding and appreciative applause.

## Part II

### 3. MINUTES OF LAST MEETING:

The Minutes of Thursday 3rd June were agreed and signed.

### 4. MATTERS ARISING :

- **News-Sheet Item 10 on Schizophrenia:** It was agreed that in the fourth paragraph, first line, the faulty "n" in the spelling of Schizophrenia should be removed.
- There were no other matters arising.

### 5. URGENT BUSINESS :

#### a. Items on display :

- Members were asked to distribute the publicity posters for our September and October meetings.
- Copies of reports from NHS Board meetings held in public were available for members to collect.

**b. No mailing in July and no meeting in August:** The Chairman reminded members that as we do not meet in August there will be no mailing in July.

### 6. OPEN FORUM :

**a. Issues from our June news-sheet :** There were no issues requiring discussion.

**b. Other issues :** Connie Evans, delegate from Oak Farm Residents Association, informed members of her concern about the lack of a health hub in Uxbridge, noting that this was impacting on nearby GP practices by making it difficult for patients to secure early appointments with their GPs. The Chairman agreed to raise these concerns with Hillingdon Clinical Commissioning Group.

### 7. ANY OTHER BUSINESS :

- Members were reminded that our Secretary is pleased to note any personal NHS experiences, for our records, after the meeting.

### NEXT MEETING :

Our next meeting will be at 7.45 pm on Thursday 3rd September at the Post Graduate Centre at Mount Vernon Hospital, with doors opening as usual at 7.30pm.

This meeting will focus on the transfer of services from hospitals into the community, in a forum which will be led by the Chairmen of our three local Clinical Commissioning Groups – Dr. Amol Kelshiker, Harrow CCG; Dr. Nicholas Small, Herts Valley CCG; Dr. Ian Goodman, Hillingdon CCG.

The meeting was closed at 9.35 pm.

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.*

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Chairman

Mrs Joan Davis

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Hon. Secretary

Mrs. Margaret Ross,

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