

257th Meeting, Thursday 3rd November 2016, Mount Vernon Hospital

1. WELCOME AND ANNOUNCEMENTS:

- a. **Welcome:** The Chairman welcomed all present including our guest speaker Dr Peter Ostler, Consultant Clinical Oncologist Mount Vernon Cancer Centre.
- b. **Apologies:** Herbert Levinger (*Northwood Hills RA*), Tony Ellis (*Northwood Live at Home Scheme*), Valerie Mellor (*Northwood RA*), James Kincaid (*The Pinner Assoc.*), Donald Edwards (*Ruislip RA*), Liz Segal (*Vine Lane RA*), Janet Baddeley, Neville Hughes, Raymond Smith, Jenny Stephany (*Individual Members*)

2. GUEST SPEAKER: Dr Peter Ostler, Consultant Clinical Oncologist Mount Vernon Cancer Centre, (MVCC) was accompanied by Sarah Brierley representing the management team at East & North Herts NHS Trust. Dr Ostler spoke only briefly but we were most grateful to him for coming - he flew to Hong Kong the next day representing the Royal College of Radiologists.

- a. Dr Ostler summarised the background to the current problem concerning payment for use of cyberknife to treat brain metastases at MVCC. NHS England had listed 17 centres that it will continue to fund for this treatment from 30th September 2016 but MVCC is not listed and had not been considered due to a trivial omission in its application. NHS England was made aware of this error but was not willing to redress it.
- b. This has far reaching consequences:
 - MVCC is no longer in a position to teach other centres re stereotactic radiotherapy for brain metastases despite having done so for the last six years (MVCC was the first NHS centre in the country to have cyberknife). The radiotherapy quality assurance team will continue to assess the chosen 17 centres but MVCC clinicians are prohibited from taking part.
 - Mount Vernon's cyberknife income is cut by a third, a significant loss.
 - Also, if not used for brain metastases the equipment would lie idle instead of treating patients, an affront to the generous donor who provided the equipment and a deterrent to other potential donors of expensive gifts to the NHS.
- c. To protect and support its patients, Mount Vernon Cancer Centre is continuing to use cyberknife for both its NHS and private patients. It will try to ensure that payment occurs when patients with brain metastases are treated but understands that this may well not happen and is a serious risk for the Trust. It is unlikely to be able to continue if no payment is received as such payment also covers staff time and investigations essential for treatment.
- d. Looking ahead MVCC is exploring options to work with a partner that does have a contract with NHSE - the most likely are Imperial (Charing Cross Hospital) or University College Hospital (Queens Square Hospital). MVCC has been active in trying to move forward with these discussions but both UCH and Charing Cross hospitals are unclear how to move forward. MVCC staff have unofficially been informed that Charing Cross is yet to sign a contract with NHSE and until this happens no discussion with MVCC can take place.
- e. Dr Ostler thanked Community Voice for supporting the Cancer Centre in its correspondence exchanges with NHS England.
- f. Sarah Brierley outlined the need to develop a forward looking strategy and unique vision for MVCC, bearing in mind the inevitable constraints, such as the NHS desire to do more work for less cost, the site constraints such as the lack of a 24 hour Intensive Treatment Unit, and the need to make MVCC an attractive place to work in order to draw experienced clinicians to work there. She noted the continuing lack of agreement between MVCC's landlord, The Hillingdon Hospitals NHS FT, and East & North Herts NHS Trust which runs the Cancer Centre, on replacement of the MVCC's wards and other old buildings, and the need for clinician input into their redesign when they are replaced. In this discussion the fact that the Trust had delayed the replacement of its current linear accelerators (due to the need to save money) was confirmed – and Sarah Brierley stated that the Trust would be bidding for an allocation of the “new money”

for linear accelerator replacement that the NHS had just announced. The delay in linear accelerator replacement is a risk for MVCC.

After final questions from the floor were answered, the speakers were thanked on behalf of the audience by Margaret Ross, which was endorsed by sustained applause as the speakers left the hall.

PART II

3. **MINUTES OF LAST MEETING:** The Minutes for Thurs. 6th October were agreed and signed.
4. **MATTERS ARISING:**
 - a. **Item 4A Proposal that Royal Brompton Hospital loses its congenital heart services:** The public consultation on this proposal is expected to run from December 2016 to March 2017. The Royal Brompton & Harefield NHS FT will respond and so will Community Voice. Copies of the Trust's "Patient Focus" were available in the outer hall - *and from the Chairman on request.*
 - b. **Item 4b Mount Vernon Cancer Centre's cyberknife problems:** We responded to the unsatisfactory reply from NHS England about our letter to Simon Stevens, copying our correspondence to local MPs. Boris Johnson has written to NHSE about our concerns.
5. **URGENT BUSINESS:**

Items on display in the outer hall: Copies of reports from NHS Board meetings held in public and other items were on display, including copies of correspondence. *(Ali from Chairman on request).*
6. **OPEN FORUM:**
 - a. **Possible project on deafness:** Following discussion at our October meeting our Executive had authorised the Chairman to contact Action on Hearing Loss (formerly Royal National Institute for the Deaf) and it is hoped that a meeting will be arranged to ensure that anything we plan takes account of national initiatives. The Chairman also hopes to obtain advice and guidance, which she will report to members.
 - b. **Hillingdon MIND:** Christopher Geake, Hillingdon MIND's delegate to Community Voice, reported that his organisation has been focussing its work on children and young people and also on addictions.
 - c. **Hertfordshire issues:** Dianne Passmore, delegate for Rickmansworth RA, attends Hertfordshire NHS meetings on our behalf and had that day attended a Board Meeting in public of West Herts Hospitals NHS Trust. She noted the trust's work on older patients and its end of life care.
 - d. **London North West Healthcare NHS Trust:** Nannette Spain monitors this trust for us. She spoke of the new Chief Executive, Dame Jacqueline Docherty, who is making strong efforts to focus staff on improving services for patients.
 - e. **Our January meeting:** The Chairman reminded members that we devote our January meeting to discussion and we do not have a guest speaker. Members can contact her with suggestions for items to discuss, but the main item will be the future of The Community Voice and what needs to be done to ensure continuing success in the years ahead.
7. **ANY OTHER BUSINESS:** There was no other business.

NEXT MEETING: Thurs. 1st December, 7.45pm, Post Graduate Centre Mount Vernon Hospital, guest speaker Dr Susan LaBrooy, Joint Medical Director NHS North West London speaking on "Shaping a Healthier Future for North West London". There will be only urgent business, so that we can adjourn to welcome in the festive season with mince pies, shortbread and seasonal drinks.

The meeting was closed at 9.30pm

Chairman

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