



# The Community Voice

MONITORING THE **NHS** IN  
NW LONDON AND SW HERTS

NEWS-SHEET—APRIL 2016

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## DATES FOR YOUR DIARY

**Harrow Mental Health Service' monthly carers surgeries** continue on 6 May in Interview Room 1 of the Management Suite 2 in the Mental Health Centre. Book a 30-minute appointment with a senior manager at 2.0, 2.40 or 3.20 pm with Jane Tufano on 020-8869 3268 or email [jane.tufano@nhs.net](mailto:jane.tufano@nhs.net).

**Harrow Carers' Afternoon Drop-in for Mental Health Carers** at 376-378 Pinner Road, North Harrow is from 1.30 to 3pm on second and fourth Fridays —8 and 22 April. For details of mental health support at Harrow Carers and to receive the quarterly newsletter by post or electronically call 020-8868 5224 and [wellbeing@harrowcarers.org](mailto:wellbeing@harrowcarers.org).

## NATIONAL NEWS

**National A&E performance.** 175,000 more A&E attendances were seen in January 2016 than in the same period last year, an increase of more than 10 per cent.

**National NHS finances.** To the end of December 2015 the NHS deficit was £2.26 billion, £622 million worse than plan. Of 240 providers, 179 reported a deficit. The poor performance was driven by use of agency staff, delayed transfers of care and failure to deliver planned cost improvement schemes.

**NHS trust boards variations.** One in three trusts do not meet monthly. The typical trust has five board committees.

## MOUNT VERNON CANCER CENTRE'S 2015 CQC INSPECTION

Joan Davis and James Kincaid met Dr Catherine Lemon, the centre's divisional chairman, to seek explanation and reassurance after being disappointed and alarmed by the CQC's recent report, which appears contradictory. It rated as "Inadequate" the safety of Medical Care and End of Life Care. Two other areas are deemed "Requires improvement". However, Chemotherapy Care is "Outstanding" and Radiotherapy is "Good". How can these ratings be reconciled and explained?

Dr Lemon said the CQC's concerns were about the local documentation processes within the adversely rated areas. These were immediately addressed, remedied and accepted as satisfactory. The state of the old buildings, including the Michael Sobell Hospice, also caused concerns but the centre's overall standards were recognised as being both safe and compassionate.

Other concerns were discussed—the poor cancer wards, the lack of a covered way to the treatment centre and the underlying tensions between the two NHS trusts—East & North Herts Trust and The Hillingdon Hospitals FT.

At our May meeting, our delegates will answer questions and copies of a statement by Dr Lemon about the Cancer Centre will be available for members to take away. The CQC website link is [www.cqc.org.uk/location/RWH04](http://www.cqc.org.uk/location/RWH04).

## HARROW NEWS

**Procurement of NHS GP Access walk-in centres in Harrow.** The local NHS Harrow CCG is currently undertaking the procurement process to award a provider with the contract to run three NHS GP Access walk-in centres in Harrow. One will be at Alexandra Avenue Centre and one at The Pinn Medical Centre, both existing locations with new contract taking effect from 1 September. A third site will be located in East Harrow from 1 November.

A residents/patients feedback and participation exercise took place in April. For further information please contact Jenny Gorasia on 020-8422 6644 or [jenny.gorasia@nhs.net](mailto:jenny.gorasia@nhs.net). If you wish to participate in other procurement or service redesign exercises go to their website, [www.harrowccg.nhs.uk](http://www.harrowccg.nhs.uk).

**Harrow Adult Mental Health initiative.** Central and North-West London NHS Trust (CNWL) launched a new care model at a meeting held on 18 April at Bentley House. At the time of our going to press there was little additional information on their website.

**Harrow CCG public meeting.** Harrow CCG has called an evening meeting for Harrow residents on 27 April inviting their comments on the future planning and providing of medical services. They wrote: "We would like to update you on our plans and would like to hear your views on the healthcare services you want to see provided in the future. We are also reviewing local urgent and emergency care services, including walk-in centres, so come and tell us how you access and use these services."

## HILLINGDON NEWS

### Hillingdon Clinical Commissioning Group (CCG) governing body

**Quality, Innovation, Productivity and Prevention programme (QIPP).** The current QIPP projections are that the CCG needs to save £50 million over the next five years. The challenge for 2016-2017 is £10.5 million. Currently the CCG has schemes to save £8.6 million but some schemes have high failure risk. The biggest gaps are in long-term conditions, mental health and out of hospital care. To put this challenge in context it is possible that within five years the CCG could be facing 20 per cent more demand with a 20 per cent gap in its funding.

#### **Financial plan 2016-2017.**

A plan has been submitted to NHS England for a surplus of 1 per cent (around £3.6 million). This is despite expecting a reduction of £5.3 million in its NWL Strategy funding and being expected to contribute its full 2.5 per cent share to the other NWL Strategy and *Saving a Healthier Future* work streams (£8.6 million in 2016-2017 compared to £1.5 million). In addition, in line with current NHSE guidance, the CCG is required to retain 1 per cent of its funding as uncommitted at the planning stage (£3.4m) in addition to the usual 0.5 per cent contingency (£1.8 million).

#### **Finance report to end of February 2016.**

The year to date surplus was £6.858 million, £3.67 million ahead of plan. The revised year-end forecast is a surplus of £7.48 million.

**Community dermatology service.** In 2015-2016 the CCG appointed Concordia to run this service but activity was below the expected level and there are now revisions for next year to reduce costs and waiting times and to introduce patch testing and support for acne, which were not included originally.

#### **Termination of pregnancy service.**

The current service commissioned by Hammersmith and Fulham for NW London CCGs is to be extended by a year to allow time for review.

**Children's and adolescents' mental health services (CAMHS).** There is a risk of poor access to these services due to lack of investment and there are difficulties in recruiting and retaining staff. CNWL CAMHS is able to meet the waiting time targets for urgent and emergency referrals but not for routine. Service demand has increased year on year, therefore any additional funding to reduce waiting times has not had a sustainable impact.

A significant increase in incidences of self-harm adds pressure to the system. There are long waiting lists for assessment and treatment, with poor educational and health outcomes as a result of lack of early intervention.

**January 2016 integrated performance.** The four hour target for A&E patients to be admitted or discharged within four hours was not met, nor the 31-day treatment standard for radiotherapy and some mental health or community service targets. London Ambulance Service failed to meet its eight-minute response target for to major calls.

**STOP PRESS.** It is with some sadness we announce the death of Sir Robert Finch, the long-standing chairman of the board of the RBHT. He died after a short illness on 31 March. He was a passionate advocate for Royal Brompton and Harefield hospitals. As a former Lord Mayor of London and with a background in law and property, he was well placed to advance the Trust's position on many key strategic issues. He will be greatly missed by patients and staff.

### Royal Brompton and Harefield NHS Trust (RBHT) board meeting

**Care Quality Commission (CQC) inspection June.** The board were told that CQC require some 300 documents prior to attending the hospitals. It was said that this was not just a visit, but more of a forensic analysis going back some years.

**Draft financial plan.** This originally showed a £2.3 million deficit for next year but was resubmitted to Monitor with an £8.9 million deficit This received an uncompromising response stating that a £3.7 million deficit was required. Meanwhile NHS England was "grabbing" an estimated £3 million profit the trust makes from the supply of high-end devices. More work was being done. The final plan was required by 11 April which was not achievable and the 31 March deadline for signing off was also not met.

To ensure a positive cash flow property needed to be sold. 151 Sydney Street might be sold to the RBHT Charity to raise funds. The block contract with NHS England terminated on 31 March and no new agreement on payment had been reached but a cash sum was due April regardless. Currently NHS margins are now wafer thin and as 80 per cent of staff costs are for clinical staff, there appears little scope for more staff cuts.

Chief Executive Bob Bell said that if the board cannot come up with rational agreement with Monitor then RBHT will be subject to an external challenge by NHS Improvement. He further intimated that if anyone wants to come in and end this "charade", bring it on. Monitor appear to understand the basis of the financial figures but repeatedly come back with their own inexplicable figures. This is now becoming "political" and he will not be prepared to reduce either the volume or the quality of the work undertaken by the trust.

**New centre.** Wimpole Street opens in May with first outpatients expected in June. This facility and a new agreement with Kuwait represent potential extra income streams but any future lack of available in-patient beds could have negative financial impact. There is no finalised contract with Kuwait but Bob Bell expressed confidence they will be signed. Details at [www.rbhh-specialistcare.co.uk/about-us/our-hospitals/rbhh-wimpole-street/](http://www.rbhh-specialistcare.co.uk/about-us/our-hospitals/rbhh-wimpole-street/).

**Strategy for planning.** There will be some new board brainstorming sessions to discuss matters for 2017 onwards. Input suggestions should also come from clinicians and middle managers but innovations may add to cost pressures. Income generation is the priority as the trust are already running "lean and mean".

**Lung treatment days.** The trust appears to fail on the 62-day lung treatment days measure yet are way ahead of successful outcomes for 60- and 90-day survival rates. Questions need to be asked whether the right things are being measured and whether everyone is getting bogged down by statistics!

**New infection risk.** *Candida auris*. The trust is working with Public Health England to work out where and how this infection is arriving in hospitals. No current protocols in place nationally and more research is being conducted.

**Finance.** The deficit is less than forecast! Year-to-date figures are virtually on plan, and the trust is on target for its year-end deficit of £10 million. Both cash and liquidity are currently acceptable. In terms of capital expenditure the proposal in the plan was expenditure of £19m over two years.

## The Hillingdon Hospitals NHS FT

**Junior doctors' strike.** The strikes on 9-10 March led to cancellation of 300 outpatient appointments out of 3,000 usually seen. six day case operations were rescheduled.

**Staffing levels.** Mount Vernon Hospital has achieved both day and night staffing levels and has no vacancies for registered nurses, midwives and health care assistants. In contrast Hillingdon Hospital has 98 vacancies for various positions. Between January and February the overall vacancy rate fell from 10.26 per cent to 9.18 per cent. Total bank/agency spend in February decreased by 12 per cent versus the same period in 2015.

**Patient falls.** With 4.8 falls per 1,000 bed days, the target of 3.9 falls was not achieved in February but the rate remains lower than the national average of 6.6, which was reported by the Royal College of Physicians in 2015 .

***Clostridium difficile* infections.** Of 12 cases reported by the trust one has been attributed to a care lapse due to antimicrobial prescribing, with one case still to be agreed. Cases due to such lapses are counted against the trust by its commissioners.

**A&E target to treat, admit or discharge 95 per cent of patients within four hours.** Only 85 per cent was achieved in February, with a year to date position of 92.78 per cent. On average there were 178 Type 1 attendances per day, an increase of 22 per cent compared with last year, including more patients aged 65+ years and 80+. There was a 53 per cent increase in blue light ambulance activity, which is being reviewed in detail. Despite using all escalation capacity patients were regularly lodged in the department waiting for beds to become available.

**Finances.** The year-end revenue forecast remains a deficit of £1.5 million. The February year to date deficit was £1.40 million, driven by £4.2 million adverse pay expenditure. Compared to February 2015 there was an increase of 159 whole time equivalent staff. Due to closure of Edmunds Ward, fewer beds were open but the transfer of maternity activity from Ealing and the sharp increase in the use of one-to-one nurses for higher risk patients contributed to the need for more staff as well as CQC and *Shaping a Healthier Future* related quality investments.

**Year-end forecast capital expenditure** has been reduced by £900,000, reflecting slippage on the paediatric scheme.

**Births.** At end of February births to date were 547 higher than last year, of which 525 were attributed to the transfer of maternity services from Ealing Hospital.

**Charitable funds.** There are 49 funds totalling £919,000 of which £876,000 relates to patients, £43,000 to staff and £26,000 is restricted to specific purposes. £25,000 has been approved for refurbishment of staff rest areas.

## SOUTH-WEST HERTFORDSHIRE NEWS

**One You.** Hertfordshire County Council Public Health, East and North Hertfordshire Clinical Commissioning Group and Herts Valleys CCG are working together to promote a new Public Health England campaign. This is another lifestyle improvement campaign called *One You*, targeting 40-60-year-olds. As many adults can expect to live into their mid-80s there is a common belief that a gradual deterioration in physical and mental health is an inevitable part of ageing, however much of how we age is down to lifestyle. It is claimed that a staggering 70 per cent of adult diseases could be prevented through lifestyle changes.

*One You* is seen as an opportunity to change things. It encourages people to make healthy choices by eating better, exercising, drinking less alcohol, going smoke free, stressing less, sleeping well and self-checking (asking yourself: "How are you?").

The campaign aims to help people recognise that they have the power to change and provides them with practical advice to make it easier to do so. As part of the campaign, people are being encouraged to take an online quiz to see how healthy they are: [www.hertsdirect.org/oneyou](http://www.hertsdirect.org/oneyou).