



The Community Voice

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

NEWS-SHEET—MARCH 2016

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FROM THE EXECUTIVE COMMITTEE

Our 2016 Annual General Meeting is on Thursday 2 June when elections will be held for our executive team for the coming year. Nomination papers will be distributed with our March mailing giving members time to sound out potential candidates and to obtain their consent to nomination and, if they are delegates, for the nominees to get the blessing of their own organisations. Nominations must be endorsed by a proposer and seconder but if this poses problems please get in touch with the chairman or secretary.

Nominations must be received by the secretary by 9.0 am on Thursday 5 May. If there is a need for a ballot, that will be announced at our council meeting later that evening and ballot papers will be distributed to members by Thursday 19 May, giving delegates time to consult with their colleagues before voting takes place.

If there is a ballot, voting will be open to all members attending the AGM. Each organisation is entitled to two voting delegates and each individual member has a single vote, but there will be no postal or proxy votes, nor voting *in absentia*. The count would be undertaken by members who are not candidates in the election, with the outcome announced later in that meeting.

We very much need new blood. Currently our executive has been operating with two vacancies due to one member moving away and another member resigning. Also, some of our existing members are unlikely to continue due to health problems. If you want to see *Community Voice* continue as a thriving and vibrant organisation please ask yourself what **YOU** can do to help, either within the executive or as an assistant. We have lots of potential jobs to offer!

JOAN DAVIS

NATIONAL NEWS

Junior doctors' contract. Jeremy Hunt, Secretary of State for Health, told the House of Commons on 11 February that although full agreement with the British Medical Association on the new contract had proved impossible, he proposed to implement the contract including an increase in salary of 13.5 per cent. He also announced an Independent Junior Doctor's Review, led by Dame Sue Bailey, to cover morale, training and support, which will report to the Department of Health by the end of the year.

Lord Carter's Review. A "model hospital" has been developed to allow hospitals to measure their performance against their peers including running costs, infection rates, costs of operations, use of floor space and staff absence rates.

HILLINGDON NEWS

Recent analysis carried out by RAND Europe, a not-for-profit policy research organisation, and the Centre for Science and Technology Studies has confirmed the leading role played by researchers at Royal Brompton and Harefield hospitals on the global medical research stage. The report shows that experts at the Trust produce more highly cited publications (HCPs) about respiratory and critical care medicine than any other NHS trust in England.

Public health. Hillingdon is worse for children in poverty, homelessness, violent crime, diabetes, TB, and acute sexually transmitted infections. Harrow is significantly worse than the English average for diabetes, TB, child obesity and adult physical activity.

Hillingdon community health. Patients continue to report an excellent service in the Hawthorne Intermediate Care Unit, on the Hillingdon hospital site. The bladder and bowel service received high satisfaction rates from surveyed patients.

The Hillingdon Hospitals NHS FT

.Transition from paediatric to adult care. Following a patient addressing the board at its January meeting it was acknowledged that the transition to adult care in the trust is not a seamless pathway. The Board will receive an update on progress in June.

Health staff initiatives. A weight loss programme is running for 12 weeks with 52 staff members signing up. A January pedometer challenge had 41 teams of five members. The Physiotherapy Department has organised walking events in the trust's grounds. A Health Fayre has been held in the Education Centre and healthy food options introduced in the canteen. The Chief Executive was a role model, losing 4.7 stone over two years.

Junior doctors' strike on 10 February. The trust's consultant body assured patient safety but 24 operations were cancelled and also 109 outpatient appointments.

Infections. The Trust had 12 cases of *clostridium difficile* to the end of January against a threshold of eight, but only cases deemed a lapse in care with respect to antimicrobial prescribing practice are held against the trust on the Monitor quality rating—only one case this year has been deemed so, but three other cases are still being evaluated. One positive case of MRSA has been attributed to the trust during this year.

Falls. The rate of falls, 4.4 per 1,000 bed days, was less than last year but over target.

Pressure ulcers. The rate was slightly above target but specification of bedframes and mattresses is nearing completion which will enhance prevention.

Pressures on A&E. In January there were increases in patient number of over 65s and 80s, together with a 16 per cent increase in blue-light ambulances. Attendances averaged 167 in January but in peak periods between 40-60 patients waited to be assessed and treated, a major pressure against a capacity of 14 cubicles.

Staffing. In January the trust made 164 offers of employment with 29 new starters during the month, and bank and agency staff spend decreased by 12 per cent compared to last year. The number of staff in post was significantly higher for all professions except healthcare scientists.

Finance. Year-to-date at the end of January there was a deficit of £1.13 million, despite there being a January surplus of £300,000. Depreciation was £646,000. Monthly pay increased by £300,000. Additional acute beds had been opened on Pinewood Ward.

Births. There were 458 births in January including 63 mothers transferred from Ealing.

Finance Director. Long-time Finance Director Paul Wrattton has left the trust.

Central & North West London (CNWL) Mental Health Trust

Targets. *Early intervention in psychosis*, the new target for 50 per cent of patients to wait less than two weeks for intervention, expects compliance by 31 March. The referral to treatment waiting time target was reached in Hillingdon in January for the second consecutive month and Hillingdon is expected to achieve this target for this quarter.

Workforce. The high vacancy rate and turnover is impacting on the quality of care and services and the significant use of agency staff is expensive.

Encouraging recruitment fairs have been held in London and Milton Keynes. A workforce strategy is being developed, which will come to the board in April. The difference in quality of experience for patients looked after by permanent rather than agency staff was evident. In common with other London trusts, CNWL faces recruitment problems, particularly in offender care. The focus on reducing agency use is continuing.

Care Quality Commission inspection. Good progress is being made against the 24 action areas identified by the CQC inspection. All divisions are compliant with the “must do” actions and 72 per cent of “should do” actions were completed in January 2016.

Finance. The end of January figures produced a deficit of £3.53 million, which included a £2.15 million profit from selling property. Further sales are expected during the year.

In January **Hillingdon Mental Health** was £634,000 overspent year to date, largely due to its high vacancy rate and consequent agency spend. Harrow was overspent by £1.3 million due to failure of its cost improvement programme and its levels of agency spend, plus placements being insufficiently funded in the agreed contract value.

NW London’s Mental Health contract for 2016-2017. This contract covers five London boroughs including Harrow and Hillingdon. CNWL is concerned about this contract, which is expected to go to arbitration as there is a big gap between contract terms and agreed strategy for the 24/7 services which CNWL endorses and does its best to implement but cannot provide as it is not paid.

Hillingdon’s funding of mental health services. Recent increases in Hillingdon funding have been better than some other boroughs, but the mental health services remain poorly resourced in comparison with other areas.

Hillingdon Clinical Commissioning Group governing body

Microphones. The Board had invested in microphones—but so far have been little used.

Out of hours services: Since April 2013 CCGs had been responsible for out of hours primary medical services except where GP practices have opted to provide those services. Out of 46 Hillingdon practices only five chose not to provide them so the CCG has been responsible for providing a service for only a small number of patients. More practices are now expected to opt out from April 2016.

Community care of the elderly consultants. Two consultant posts are to be introduced to cover services in the A&E department, community based integrated care for people over 65 years of age, care homes, and older people’s housing. GPs will retain responsibility for their patients but the consultants will support upskilling of community and primary care based staff and provide an additional educational resource.

Avoidance of admissions to hospital for people over 65 years: Hillingdon initiatives have reduced non-elective admissions relative to population growth and have helped to manage demand despite increased activity and complexity of cases, avoiding around six admissions per day in total. This has been achieved by rapid response and *Age UK* services working with emergency department staff and other initiatives such as the Home Treatment Service, the Care Home project and Hillingdon Care Home Pharmacist. A new project is currently being worked up jointly between the London Borough of Hillingdon and Hillingdon CCG as part of the Better Care Fund plan for 2016-2017.

Hayes Cottage Palliative Care Service. The primary purpose of this service is to provide specialist palliative care to Hillingdon adults with life limiting illnesses, in support of the teams providing end of life care. The service provider must have a policy to engage and support service users with challenging behaviour, taking account of relevant legislation, guidance and good practice. It is not acceptable to use any form of restraint, verbal abuse or isolation as punishment for challenging behaviour.

Finance. At month 10, January 2016, the CCG achieved a year to date surplus of £6.23 million, £3.36 million ahead of plan, and it was forecasting a year-end surplus of £7.48 million, achieved by a combination of acute service level agreement risks not arising and slippage on investment plans. It was noted that the surplus can be carried forward into next year. GP practice-managed budgets at end of November (apparently the latest available figures) were overspent by £2.78 million.

Seven-day health services. In 2014 North-West London was selected as an early adopter for seven-day services. As part of that programme the local acute trusts have agreed to deliver the four prioritised clinical standards covering diagnostics, key service interventions, time to first consultant review, with 85 per cent of patients receiving consultant review within 14 hours of arrival at hospital, and subsequent regular ongoing review by consultants, by April 2017.

Pan-London co-operation. The Healthy London Partnership is made up of 13 pan-London transformation programmes established in response to the Five Year Forward View, the Better Health for London report and the capital's challenges in health and healthcare. The programmes continue with robust planning into 2016-2017.

London Ambulance Service (LAS). The target response time of eight minutes for 75 per cent of top category calls was not achieved in Hillingdon in December (71.7 per cent) nor for the year to date (68.2 per cent). Targets were not met in London as a whole. LAS did not meet established staffing levels and staff retention was difficult. Commissioners have agreed additional funding with LAS to deal with these issues if in-year milestones are met. Other mitigating actions such as reducing staff sickness, vehicle reliability improvements and preventing multiple attendances are also being taken.

SOUTH-WEST HERTFORDSHIRE NEWS

West Herts Hospital Trust (WHHT)

WOW! The pharmacy department at WHHT has been working towards discharging patients home before noon by dispensing medication using a faster process

The pilot involved renting a "Workstation on Wheels" (WOW) as a mobile dispensing unit to improve turnaround times for processing. This has been made possible following the roll out of Wi-Fi to some areas across the Trust. It has been testing the WOW on Level Four of the main block at Watford Hospital and results to date show that for nearly half of the patients, TTAs ("Tablets to Take Away") are now completed in 15 minutes, compared to around two hours previously.

Martin Keble, Chief Pharmacist said: "We intend to roll out this process for dispensing TTAs across other wards in the hospital as wi-fi becomes increasingly available.

The pilot has been completed as part of the *Listening into Action* programme, designed to improve the patient experience. Since the trial has been going so well, the trust has now decided to purchase two WOWs, which will be arriving in the next few weeks

New Cancer Room. Patients and clinicians will benefit from a new team video conferencing room at Watford where clinicians will be able to meet and discuss care for cancer patients. Every cancer patient's care and treatment is discussed by a team of relevant specialists (a multidisciplinary team made up of doctors, nurses and therapists) to ensure all available treatment options are considered. This allows patients to make the best choice about what treatments are likely to be most effective for them as an individual.

Providing a purpose-built cancer room for the dedicated teams of highly specialised doctors and nurses has been a very high priority for the cancer team. Every day of the week large teams of specialists meet to review clinical cases, imaging and pathology for patients with suspected or confirmed cancer.

Creating a dedicated space supported by up-to-date technology is crucial to allow specialists working from different hospitals to meet during this complex work. The cancer room will also have a pathology microscope which can show biopsy results on screen.

Dr Andrew Barlow, Clinical Director for Cancer, said: "We can use what we currently have, but it's not ideal. There is a real need for this room. A speedy diagnosis is essential for all cancer patients and this new room will support the work we're doing".

Radiology. The radiology team at WHHT is looking forward to celebrating the arrival of two new scanners: a state-of-the-art computed tomography (CT) scanner and magnetic resonance (MRI) scanner, which are due to arrive in the Watford department in May 2016 and both have software which will allow imaging of the heart.

When the machines are installed teams will be able to assess patients much more quickly, which means any necessary treatment can be started earlier, helping to provide safer patient care. Furthermore, the cardiac imaging provided by the new machines will significantly assist with diagnosis and treatment of cardiac (heart) conditions.