



The Community Voice

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

NEWS-SHEET—MAY 2016

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| Chairman | Mrs Joan Davis | Email. joandavis@onetel.com | Tel. 01895 636095 |
| Hon. Secretary | Mrs Margaret Ross | Email. maros@tinyworld.co.uk | Tel. 020 8868 8429 |
| Hon. Treasurer | Mr Jon Spain | Email. jonesse@ntlworld.com | Tel. 020 8537 2835 |

Website. www.communityvoicehealth.org.uk. Newsletter. mgordon5143@gmail.com.

DATES FOR YOUR DIARY

Harrow Mental Health Service' monthly carers surgeries continue on 3 June 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.

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 of each month. 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.

NHS 111 public event. Hillingdon CCG are holding two public meetings on 14 and 21 June concerning the new arrangements for the 111 service. The email they sent out to 561 people contained two web links that need to be completed to confirm attendance. The first event is an evening meeting in Wembley Park, the second is a morning meeting in town! The CCG phone number is 01895 203027. More details at the next meeting.

Next month's newsletter. Due to the production team skiving off for a holiday it is planned that the newsletter will be somewhat later than usual. As the next Community Voice meeting is not until 7 July, members will still have it in good time to complain!

NATIONAL NEWS

A&E nationally. NHS England data shows that the number of patients waiting more than four hours in A&E departments nationally has risen more than 70 per cent in the past year, with only 81.6 per cent treated within target against the 95 per cent standard.

Patients waiting over 18 weeks to start treatment. Latest NHS England data shows 63,580 patients waiting over the target of 18 weeks, the largest number ever.

Ambulance response times. In February the 10 regional ambulance services reached 68 per cent of Red 1 patients. Those with most serious need such as cardiac arrest, within eight minutes instead of the 75 per cent target. For Red 2 calls, to less serious but still life threatening illnesses, only 60.3 per cent were reached within eight minutes, the lowest since records began, well below the 75 per cent target.

Waits to see a GP. Research found 14.2 million patients waited a week to see their doctor last year, 500,000 more than the previous year.

Nurse recruitment. According to the Department of Health, two-thirds of applicants for nurse training are currently rejected. Some 10,000 new places are targeted by 2020. Plans include a new nursing associate role, between care assistants and registered nurses, on which consultation is underway.

HARROW NEWS

Northwick Park Hospital. For the latest update regarding the hospital from *NHS Choices*, readers should look at the following web page, which shows three stars <http://www.nhs.uk/Services/hospitals/ReviewsAndRatings/DefaultView.aspx?id=104736>

Behind the headlines. On the St Mark's website there is a link to comments regarding some of the many health stories currently in the news media. It makes for interesting reading but as it is often said, taken with a pinch of salt, if that is not bad for you! <http://www.nhs.uk/News/Pages/NewsIndex.aspx>

Harrow CCG contracts. The two seven-day a week "walk-in" centres at Pinn Medical Centre (PMC) and Alexandra Avenue (Alex), operated by the PMC and Ridgeway practices respectively have recently been put out to competitive tender, including private companies, and both incumbents have been successful.

HILLINGDON NEWS

Hillingdon Clinical Commissioning Group

CEO Ceri Jacob has now left. Joan Vesey is covering this vacancy.

Hillingdon Better Care Fund. The minimum funding arrangement for 2016-2017 has been agreed between all interested parties. The amount involved is £20.12 million as against £17.99 million last year. Minimum CCG contribution is £16.69 million and the council are providing £3.46 million.

Integration of Health and Social Care. Full integration is planned by 2020. Hillingdon's Accountable Care Partnership (ACP) was agreed last year. It will initially apply to older people with long-term conditions but will eventually cover all older people and other groups with chronic conditions. Shadow services will be provided in 2016.

By 2019-2020 the model of care is expected to include early identification of susceptibility to disease with a focus on prevention. They want to get residents and carers actively involved in care planning and only admit acutely ill patients to Hillingdon Hospital with shorter stays. Fewer people should be living in residential care and there will be initiatives to encourage older people to be more mentally and physically active.

Out of hospital seven-day working standard action plan 2016-2017. This includes full seven days per week support for clinical community health support in place prior to discharge and ensuring district nurse/ community matron involvement pre-discharge for high risk patients.

Also proposed is extra social care support at Hillingdon Hospital and nursing home admissions and ensuring there will be sufficient transport to support daily discharges.

Delayed transfers of care action plan 2016-2017. This includes the Development of a joint discharge policy/procedure with clarity about all roles involved. Making sure community equipment is ordered and available on discharge. To ensure mental health needs are met appropriate psychiatric service involvement is in place and develop palliative homecare and hospice provision for dying patients.

Care plans for people with learning disabilities, autism or challenging behaviour. Transitional costs of developing community services and close inpatient provision over the next three years for these patient groups is to be supported nationally by NHS England with £15 million capital funding plus other funding conditional on matched funding from local commissioners.

Seven-day services. As one of the "early adopter" areas, NW London acute trusts have agreed to deliver four clinical standards for all by April 2017.

- **24/7 access to specific interventions** including critical care, emergency general surgery, thrombolysis, urgent radiotherapy, and other services.
- **Radiology/diagnostics.** Imaging in-patients within 24 hours, and other services.
- **Discharge improvement.** Use of a single NW London-wide discharge assessment form and other improvements.
- **Inpatient model of care.** Development of evidenced based models of care including consultant requirements. Increased weekend access in primary care has previously proven to be of low value.

Community learning disability service. The national drive to halve the number of inpatient beds for this group of patients goes hand-in-hand with an expectation of

increased community provisions, which is supported by national funding but also requires considerable, probably matched, commissioner funding. Full details are awaited.

CCG Improvement And Assessment Framework 2016-2017. These NHS England initial ratings on cancer, dementia, diabetes, mental health, learning disabilities and maternity care will be published on-line from June 2016 with an annual assessment in June 2017.

Central & North West London

Hillingdon mental health. Monitor targets were not met for March 2016, and complaints, staff sickness and staff vacancy rates were high. In contrast Harrow Mental Health and Hillingdon Community Services achieved at least 75 per cent of indicators.

Hillingdon Community Health under performance. For the second month the target was not reached for "District nursing referrals contacted within timescale", which was attributed to data quality issues, which are being closely monitored.

Mental health staff vacancy rates. In February Harrow Mental Health had a vacancy rate of 21.12 per cent and a turnover rate of 16.6 per cent. Hillingdon's were 20.68 and 18.7 per cent and Brent's rates were even worse. 28.49 and 23.8 per cent.

Finances. The year ended with books balanced but only because property was sold. The current year will be financially difficult with a need to reduce spending on agency staff. All contracts for 2016-2017 have been agreed except for North West London, where negotiations continue.

Care Quality Commission compliance. All CQC's "Must Do" requirements have been met. The "Should Do" recommendations are in progress.

Friends and Family Test. The trust's patients response rate needs to be improved. Just 1,104 patients responded in the last quarter, of whom 93 per cent reported that they would be extremely likely or likely to recommend CNWL services to family and friends.

Infections. There were no cases of *MRSA bacteraemias* in last quarter and the two cases of *clostridium difficile* were deemed unavoidable.

Royal Brompton and Harefield NHS Trust (RBHT)

Eulogy. Some words were offered commemorating the service given to the hospitals by the late chairman, Sir Robert Finch, who died suddenly last month.

New research facilities. It was reported that plans for the Royal Brompton to become a medical research and science centre are proceeding including receiving approval to apply for more funding. The Royal Marsden has made a commitment to sign up to the final agreement once all the legal issues are finalised.

Visit. Lord Prior (Minister for NHS Productivity) visited the Royal Brompton for a brief visit and the CEO felt good about the outcome.

Redevelopment plans. A vague and inconclusive letter had been received from NHSE's Ann Rainsbury concerning the council's and Royal Marsden's involvement in the thwarted redevelopment plan. The board view was that after two years' time wasting and indecision by NHSE, to then send out such a letter was contemptuous. The CEO said. "This was very disappointing. no way to run a kitchen!". The trust has a meeting planned with the Royal Borough urging them to move forward on planning. The board's frustration was obvious.

Clinical Quality report. Praised for its clarity.

The National Audit Office condemned NHSE for a complete lack of understanding and strategy for dealing with special services in a new report just released.

Financial report. There was a £2 million surplus for the quarter but overall a deficit of £9.7 million for the year, in line with forecast. A strategy session is scheduled but this is hardly a sustainable position for the trust. Project Diamond funding was removed from all specialised services arbitrarily last year resulting in a £13 million reduction.

Final operational plan. Original deficit was £22 million, less £9 million from potential property sales. An offer of £4.8 million under conditions from the regulator was declined. A counter offer for an £8 million deficit target seems likely to be accepted.

151 Sydney Street sale. This building was currently not in use. In principle board and charity have agreed an indicative price of £24.5 million which cedes any future potential "overage" gains due to Crossrail, etc. Some contractual work still to be completed, as well as funding for the purchase.

Staff survey. More comments are coming through. Appraisals are improving but bullying reports are increasing. These statistics should be looked at in the context of a high approval rating of the staff of the organisation but as the survey only got a 32 per cent response from staff the data re bullying could be skewed.

Audit Committee. The acting chairman stood down to prevent future clash of roles but due to circumstances he still submitted his report.

Upcoming CQC visit. Much planning has been taking place and staff have been made aware of the visit.

Candida auris. This is a newly emerging infection and 36 patients so far. Much more investigative work is being done and support is being provided. Deep cleaning of the Acute Intensive Care Unit is being undertaken as a preventative measure as there is no evidence available yet of its impact on the conditions of already seriously ill patients. It appears to have emanated from the Far East.

The Hillingdon Hospitals NHS FT

Finance. Following Hillingdon CCG's help, the trust ended the year with a deficit of £1.5 million, mainly due to pay costs. Compared to March last year there is an increase of 89 staff members. It will submit a deficit plan for 2016-2017 hoping to obtain additional funding to enable it to achieve a surplus at end of year but its underlying deficit would still need to be addressed.

Junior doctors' strike. The picket line at Hillingdon Hospital was good humoured. Consultants ensured that all urgent procedures were undertaken although routine operations and outpatient appointments had to be postponed. The full impact will be assessed at next month's board meeting.

Transfers from Ealing Hospital. Maternity services have transferred successfully. Paediatric services are expected to follow in June 2016. A business case has been put to *Shaping a Healthier Future* to fund seven additional paediatric consultants. An additional 10 paediatric nurses have already been recruited.

A&E issues. Hillingdon has 14 majors cubicles in A&E, making it the smallest department in NW London, so doctors may be available but with no cubicle free for them to see patients. An extension is being planned.

Hillingdon CCG is to fund two geriatricians for Monday to Friday presence. Interviews are scheduled for May 2016. Blue light activity has increased by 53 per cent over the last two years.

Over-65s non-elective admissions down. This target has been achieved.

Car parking at Hillingdon Hospital. The trust has worked with Hillingdon Council to combat cars queuing on the main road by allowing cars into the car park rather than holding them at the bar. They will then have 15 minutes to find a parking space before having to pay to exit. An additional 48 car parking spaces are being introduced and staff criteria for permission to park is being increased from one mile to three miles in line with other hospital trusts.

Hillingdon Hospital pharmacy. Expansion plans are expected to be in force in November 2016, funded by Hillingdon CCG, to provide separate dispensing points for in- and out-patients, which should reduce the time to dispense prescribed medications.

LONDON AMBULANCE SERVICE CQC IMPROVEMENT PLAN

Because of the poor report from the Care Quality Commission last November which said the service was neither safe nor well led, a process of improvements were called for. On the LAS website are four of the reports, the latest being for April. http://www.londonambulance.nhs.uk/about_us/how_we_are_doing/care_quality_commission_inspec.aspx. The 20-page report highlights in its executive summary that the organisation has made no progress in making it "a great place to work" which may go some way in explaining why there was such sickness and absenteeism levels historically.