



# The Community Voice

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

## NEWS-SHEET – JUNE 2015

### 1. GENERAL INFORMATION:

- a. **Sources of information in our news-sheet:** Most items come from our representatives' reports, all of which can be obtained on request to the Secretary or Chairman, contact details page 4. Where items come from elsewhere, the source is noted.
- b. **Beware!** WE DO NOT MEET IN AUGUST – AND THERE IS NO MAILING IN JULY. Enjoy summer!

### 2. NEW DIARY DATES:

**Hillingdon Carers Conference:** 10am Tues.23<sup>rd</sup> June at Council Chamber, Civic Centre, Uxbridge. Book a place by telephoning 01895 811206.

**Harrow Mental Health Carers, Drop-in:** 1.30 – 3pm, Fri. 26<sup>th</sup> June, 376/378 Pinner Rd., North Harrow.

### 3. NATIONAL NEWS

**Proton Beam Therapy:** The Government agreed last March to invest £250m in building two proton beam therapy centres in the UK, one at Christies's in Manchester and one at University College Hospital in London. Currently the NHS funds patients, particularly children and young people, to go abroad. This type of radiotherapy precisely targets radiation within a tumour, sparing healthy tissues and reducing the risk of long term side effects. The aim is to treat about 15,000 patients each year, starting in 2018.

**Accessing GP services online:** The number of GPs offering appointments, repeat prescriptions and access to summary information in medical records online has tripled in the first three months of the year. Almost every GP surgery in England now offers the service, and over 97 per cent of patients can take advantage of online services. Patients are still able to contact their GP practice by phone or in person but also have the option to do it online. To use the services, ask your GP surgery to set-up your online access next time you visit.

**Transforming services for people with learning disability:** NHS England has established five fast-track sites that will test new approaches to re-shaping services for people with learning disabilities and / or autism, to ensure more services are provided in the community and closer to home. The five sites will bring together organisations across health and care that will benefit from extra technical support from NHS England. The sites will be able to access a £10 million transformation fund to kick-start implementation from Autumn 2015.

### 4. LONDON NEWS

#### a. Central & North West London FT:

- **Urgent Care:** A £1.9m Business Case has been prepared, to provide crisis care in the community. This is seen as the key to improved in-patient care too.
- **Performance:** In February the Trust had "over 100% use" of its inpatient beds and this combined with a slow-down of discharge rates caused difficulties. It is working on all internal and external links to address these problems, including redesign of community services and review of acute care pathways. Seven day working of all services is needed.
- **Rates of NHS pay:** The Board is concerned about the large differences between NHS rates of pay and the charges for agency staff.
- **Recruitment:** The Trust recruits newly qualified staff emerging from training in September and February, but it is concerned that some qualified staff are unemployable due to lack of numeracy and literacy. A meeting is to take place with College Deans and Peter Carter, Royal College of Nursing, to discuss both quality and quantity of training. The Trust believes that numeracy and literacy should be fully addressed during basic training.

- b. **London Ambulance Service:** In 2014/15 LAS managed despite increased demand - two national strikes, an increased terrorist threat level, and the busiest winter on record – and its lowest performance against national ambulance standards, high frontline staff turnover, low levels of staff satisfaction and slow recruitment. It hopes to recruit 850 frontline staff in 2015/16 have brought 109 Paramedics and 77 Trainee Emergency Ambulance Crew into its staff in the last quarter of 2014/15.

## 5. NORTH WEST LONDON NEWS

**Individual funding requests:** Requests for discretionary treatments such as acupuncture or certain drugs are dealt with across the eight Clinical Commissioning Groups and Boroughs. Applications can be accepted from individual GPs. In 2014-15, 53 of the 64 applications were approved.

## 6. HARROW NEWS

### a. Harrow Clinical Commissioning Group:

- **Background:** The CCG is made up of the 34 GP practices in Harrow. It plans many of the health services needed by the 239,100 people who live in Harrow. In 2014/15, it had a commissioning budget of £263 million. Its Governing Body includes local GPs, a hospital doctor, nurse, lay members and officers. It meets in public every other month on dates published on its website.
- **Harrow population:** Harrow's population is projected to grow over the next ten years, with the greatest growth in the older age groups (45+) and in children aged 0-15 but a predicted reduction in the 15-44 age group. More than 50% of Harrow's population is from black, Asian and minority ethnic groups, making Harrow one of the most ethnically diverse boroughs in the country.
- **CCG Networks:** Harrow CCG is organised into a network of six peer groups, on a geographical basis across the borough. This enables practitioners in their respective peer group to meet as GP commissioners and collectively to commission new services and to share best practice.
- **Improved GP services in 2014-15:** Twenty practices offered extended access during the week. 28 practices offered telephone consultations and one practice email consultations. 25 practices offered online appointment booking and 24 offered longer appointments to those needing them. Two practices offered weekend and bank holiday access to patients across Harrow, the Pinn Medical Centre and Alexandra Avenue Medical Centre.
- **Finances:** Harrow achieved a break-even position in 2014/15 through financial support from other CCGs within north west London, but with an underlying deficit of £20.1m. For 2015/16, Harrow CCG set a deficit budget of £5.2m, after £13.3m from the North West London Financial Strategy

### b. London North West Healthcare NHS Trust:

- **Winter planning at Northwick Park Hospital:** A new 63 bedded unit is planned for later in 2015.
- **New Medical Consultant Appointments:** Eleven new consultants have been appointed
- **A new 'patient passport' launched on 1<sup>st</sup> June 2015:** It is hoped that that this will help to reduce urinary infections and join up patients' care in hospital and community settings.
- **New tool to tackle £8.1bn cost of perinatal depression:** Health visitors at London North West Healthcare NHS Trust have designed a new tool to help tackle the national £8.1bn per year issue of mental health problems including depression and anxiety during the perinatal period (the time from pregnancy to the end of the first year after child birth)

## 7. HILLINGDON NEWS

### a. Hillingdon Clinical Commissioning Group:

- **Finance:** The year 2014/15 ended with an operating surplus of £3.3million and an underlying deficit of £7.7million. The auditor's report for the year stated that the CCG's approved budget for 2015/16 depended on the receipt of non-recurrent funding of £8.8million from other CCGs in North West London. This funding is required to meet planned investment on its out of hospital strategy and its strategic objectives including achieving a surplus for the year of £3.3million.
- **Resilience planning for 2015/16:** Additional funding of £2million has been obtained from NHS England and £900,000 has been allocated to alleviate winter pressures and £400,000 to Mount Vernon for additional beds. The balance is being kept in reserve to meet future contingencies.
- **The CCG and London Borough of Hillingdon** are working together to introduce a new Learning Disabled service in April 2016, the current service being unsuitable.
- **A Rapid Access Clinic** for the over 65s will now be held at Mount Vernon on Tuesdays and at Hillingdon Hospital on Fridays. This is to cover urgent conditions.

### b. The Hillingdon Hospitals NHS FT:

- **Transfer of Maternity services from Ealing Hospital:** Planning is complete for the transfer on 1<sup>st</sup> July. Most of the additional staff have been recruited and funding is in place.
- **The use of Agency staff:** This is still running at an unexplained high level. Work to determine the cause is being undertaken.
- **Care Quality Commission action plan:** Except for two areas, work on this is now complete,
- **Finance:** The deficit for April was £250,000 worse than plan at £358,000 there being an overspend on staff costs of £208,000 for additional agency staff.

- **Wifi:** This is now available at both Hillingdon and Mount Vernon sites, for use free.
  - **Identification of Staff:** Each ward now has a chart showing the uniforms of the different grades of staff and their responsibilities. All staff are required to introduce themselves by name.
  - **Female Genital Mutilation:** There were 57 new cases in four months, the tenth highest in London
  - **Healthcare Journal Awards:** This Trust has been identified as one of the top 100 best places to work in Healthcare.
  - **Parking:** Plans for the proposed 2-tier carpark at Hillingdon have been dropped as the project could not be justified financially. The Trust is looking at alternative solutions.
- c. **Harefield Hospital:** An open day on 8<sup>th</sup> October will include films and discussion entitled “Harefield Primary Angioplasty Live 9” explaining what happens during a heart attack and resuscitation,. Anyone wishing to attend should contact Angela Parker [a.parker3@rbht.nhs.uk](mailto:a.parker3@rbht.nhs.uk).

## 9. SOUTH WEST HERTFORDSHIRE NEWS

### a. Herts. Valleys Clinical Commissioning Group:

- **Policy on surgery for those who are very overweight or smoke:** Very overweight patients are asked to try to lose weight before they are booked for routine surgery. Patients who smoke are asked to attend an appointment with a NHS stop smoking adviser. The aim is to make sure that patients are in the best possible health before they have an operation. There is always a risk in being given an anaesthetic but there is strong clinical evidence that this risk is significantly higher if patients are overweight or if they smoke – they are much more likely to suffer serious problems, take longer to recover and have a higher risk of dying under anaesthetic. These measures do not apply when people need urgent or emergency surgery such as to treat cancer. Most patients affected will still have surgery, but will undergo their procedure when they are healthier and therefore more likely to achieve a better clinical outcome.
- **More care workers needed:** The number of older people in the county grows each year so Hertfordshire needs to recruit 2,000 paid care workers a year just to keep pace with demand.

### b. West Herts. Hospitals NHS Trust:

- **New Chief Executive Interviews:** Interviews have been held but no appointment has been made. The post is being re advertised. In the meantime Ms Jac Kelly will remain in post.
- **Private obstetric service:** Following a CQC inspection in late April this service was suspended from 1<sup>st</sup> May in order for resources to be focused on the NHS service. The private service is likely to remain closed for the foreseeable future.
- **The Accident & Emergency triage system:** This has been strengthened following the CQC visit.
- **Finance:** The Trust ended 2014/2015 with a deficit of £13 million, but the projected deficit for 2015/16 is £32.8 million. Problems are manifold - over half the hospital estate is in a poor condition / Watford Hospital is crowded and dominated by emergency and unplanned care while significant parts of St Albans and Hemel Hempstead sites are under used and costly to maintain / IT infrastructure and systems are underdeveloped and outdated, creating inefficiencies.

## 10. GENERAL HEALTH NEWS

### Jump to compassion for people with Schizophrenia

*(From “What’s new” Harrow Rethink Support Group June 2015)*

Schizophrenia affects about 1 in 100 people, but is unquestionably the most stigmatised of all mental illnesses, stirring up fear amongst people who hear it mentioned; but it’s an illness that affects people all over the world.

In Japan it’s known as “Integration Disorder” which is a better name that allows people to get beyond all those consonants to think about the problem for the person with it.

The condition can make people hallucinate, hear voices or sounds. The TV crime drama “Drama Perception” shows the condition well but many people still associate it with violent behaviour, which is in fact rare; more frequent is that patients become a threat to themselves.

Some people with schizophrenia can become very paranoid – imagining a threat from somewhere – and react to the fear they are feeling. This usually comes where the condition becomes more acute without treatment. Early intervention is the answer.

Claire Murdoch, Chief Executive CNWT said. “It’s too easy to forget the people living with this illness. Shame and fear are the enemies of good health. People recover their lives with treatment and support....It’s time patients heard real voices of help support and understanding”.

## The Foreign Backbone of the NHS (From "The Week" 21.3.15)

**What are the numbers?** The vast majority (some 90%) of the 1.4 million NHS employees are British, but foreign trained doctors and nurses make up 15 - 25% of its clinical staff. In fact, of the 267,150 doctors in the NHS and private sector combined, nearly 100,000 (37%) were trained abroad. For nurses, the proportion is lower: 20% of those newly registered in the UK last year were foreign. Still there is no doubt where hospital and ambulance trusts are now recruiting; a Guardian investigation found 32 NHS trusts urgently seeking staff everywhere from Poland to the Philippines, China to Sudan. ...

**Hasn't there always been such a shortfall?** Yes. Since the founding of the NHS in 1948, Britain has had to recruit from abroad to make up for the shortage of native doctors and nurses. In the NHS's first decade, England's healthcare workforce increased by 30%, Scotland's by 50%; as early as 1949 there were adverts in the Barbados Beacon for hospital auxiliary staff, nurses and trainees. ... By 1971, 31% of NHS doctors in England were qualified overseas ... But for several reasons, the need to recruit yet more foreign nurses and doctors is likely to grow.

**What are those reasons?** ... partly because, after the Mid-Staffordshire hospital scandal, new staffing levels have been introduced requiring 8,000 new nurses to be hired. But it's mainly because of the need to cater for an ageing population with increasingly complex health conditions: the clinically trained NHS workforce has grown by 16% since 2003. Yet with funding for British trainee nurses drying up in the recession – student places dipped by about 13% between 2010 and 2012 – hospitals have had no choice but to look abroad. This year, NHS trusts in England are expected to spend around £1bn on temporary and agency staff ... in areas that are increasingly hard to fill with British-trained staff.

**Why are they so hard to fill?** Caring for the old, the mentally ill and those with chronic, complex conditions has always been a low-paid, highly stressful job, but the demand is now so much greater. The Royal College of Nursing forecasts a fall of 100,000 nurses by 2022; the King's fund warns that Britain will need hundreds of thousands of new social care workers to care for its ageing population.

**Is the same true of British doctors?** Yes. They, too, tend to shun the less glamorous ranks of the profession, with the result that geriatricians, psychiatrists, radiologists and, crucially, GPs, now face overwhelming workloads. A BBC survey has found that 56% of GPs plan to retire before they reach 60, leaving parts of the UK, notably poor urban and isolated rural areas, dangerously short of local doctors. Others are leaving the country altogether. Since 2012, about 4,700 doctors a year have applied to the General Medical Council to allow them to practise abroad – far more than the intake last year of 2,957 foreign doctors registered in the UK. Popular destinations are the US, Canada, Australia and the Gulf states. They go for the same reason that doctors come here, better pay and quality of life. Within a few months a British GP in Australia can earn around £150,000 a year compared to £82,000 in the UK.

**What is the Government doing about the shortfall?** In 2012, it created a new body, Health Education England, to direct all the "workforce planning" for the NHS's 3000 types of employees, which has set ambitious targets for GPs, midwives, health visitors and so on, but they won't be achieved soon. For example, it takes 13 years and £560,000 to fully train a consultant in emergency medicine, so a student starting training now would qualify in 2028. This leaves foreign doctors and nurses, their training largely paid for, as the obvious, short-term solution. But that solution has been put at risk by the way the visa rules have been tightened, which makes it harder for junior doctors from outside the EU to complete their training in the UK, and easier for other rich countries, competing for their services, to attract them.

**Isn't there anyway a risk of relying on foreign doctors?** Academics have identified a "performance gap" between them and doctors trained here and have urged the GMC to raise the Plab test (which determines if foreign doctors are sufficiently skilled to work in the UK). Foreign doctors are also over-represented in patient complaints, and medical malpractice suits. But ... making the Plab test harder would have severe knock on effects on NHS recruitment, and also reopen debates about discrimination in the medical profession. Medical staff from minority backgrounds are still badly underrepresented in the top echelons of the NHS. In London, some 41% of NHS staff are from minority backgrounds, yet all chief executives, and 97.5% of chairs, are white. NHS patients have a quite different set of preferences. A 2005 survey found that most preferred their doctor to be young, Asian and female.

*(Members should contact the Chairman if they wish any item to be discussed at our next Council Meeting)*

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