

**Patients in Partnership**  
**Wednesday 23<sup>rd</sup> January 2008**  
**Questions and Answers**

No	Questions	Response
1.	What about other super bugs in the hospital. We don't hear very much about these	Although they are not on the political agenda like C Difficile and MRSA we are aware there are many more organisms. Yes, we do monitor other organisms.
2.	Is Deep Cleaning happening in the Hospital?	Yes, it has already started.
3.	What progress is being made in Infection Control trends?	We have exceeded our trajectory already for the number of MRSA cases. The Trust had to reduce its MRSA bacteraemia by 50% based on a figure set in 2003. C Difficile Bacteria trends are down.
4.	Difficult to use hand gel when you are carrying things. Would it be possible to have shelves put up?	There is a problem associated with putting up shelves. Shelves create dust and visitors will leave things behind.
5.	When you visit patients can you bring flowers and cards?	No evidence to say there is an infection risk. Important that water is changed and that staff can reach the patient.
6.	There are no hand-washing facilities in the Restaurant and Chaplaincy	We are upgrading our sink facilities and we can put hand gel at the entrance to the restaurant. We can also look at arrangements in Chaplaincy.
7.	Restaurant staff do not wear gloves when handling food	We will speak with Sodexho about this.
8.	Why is the superbug a recent phenomenon?	It is not a recent phenomenon. It was seen in 1960s. It is related to antibiotics due to modern medicine.
9.	What happens to people who pass away before 18 weeks?	We are usually notified by the PCT or a relative lets us know if someone has died.
10.	Why 18 weeks?	It was 6 months before. It is a Department of Health target.
11.	How does the 18 week target apply if patients have to be treated at other hospitals?	Some diagnostic tests cannot be done at Hillingdon and therefore patients are referred to other Hospitals. The 18 week target still applies.
12.	Will patient notes be sent to another hospital?	Medical notes should not leave the hospital only a referral note. Notes only get transferred to Mount Vernon Hospital by a secured van. We sometimes have to photocopy

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		information which travels with the patient.
13.	Bar graph in 18 week target presentation shows various hospitals not starting treatment. Why?	There are some hospitals where it was not possible to electronically track when a referral was received.
14.	A reference to Mount Vernon Hospital Treatment Centre. Are there any plans for moving Cancer services from Mount Vernon Site?	No plans to move Cancer Services from Mount Vernon site.
15.	Can a patient choose which hospital they would like to go to?	Patients have the right to choose – GPs should asked the patient which hospital they would like to be treated. This applies to the U.K. only.
16.	How would I decide where I would like to be treated?	Most people ask their GP for advice. Can look up Dr Foster Website which provides information on infection rates and deaths in hospitals. Most people prefer to go to their local hospital providing they are well looked after and receive a good service.
17.	When does the Trust hope to become a Foundation Trust?	We are looking at becoming a Foundation Trust in the Autumn of this year.
18.	When did you apply to become a Foundation Trust?	Formally started in April 2007.
19.	What is the timescale for completing the 24 bedded single room pilot ward?	Should be finished in September 2008.
20.	Public membership - what are members expected to do?	The level of involvement will depend on the individual member. Some members will only want to receive information about the Trust while others would prefer to take be more engaged in meetings and project groups.
21.	Foundation Trust status	Foundation Trusts are firmly part of the NHS. They are not private hospitals. They are regulated by an independent regulator called Monitor. They are free from central control (DoH). Foundations Trusts have more freedom to decide how to run their affairs and deliver services. We will still be inspected against healthcare standards carried out by the Healthcare Commission.
22.	Foundation Trusts will have less central control from the DoH. Does this mean they will be more selective in what patients they treat i.e. refusing to provide treatment to obese patients or smokers?	Foundation Trusts will not be able to say who they can and cannot treat. We are an acute secondary hospital where we treat everyone. We cannot refuse to treat a patient.
23.	Will the Trust do more private work?	The Trust cannot do any more private work than in 2003. The level of private

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		activity was fixed in 2003.
24.	What treatment will the Trust provide?	What treatment we provide is controlled by the PCT. It is contractual. PCT will want to support us as a local hospital. We will continue to work closely with them.
25.	Will the Mental Health Unit still be safe?	Yes absolutely – run by different Trust.
26.	Who is Monitor?	Monitor is an independent regulator of Foundation Trusts. They are a group of people based in Central London. Mixture of health regulators, lawyers financial and business analysts. They have statutory powers. If a Foundation Trusts goes off the rails, the independent regulator is there to protect the public interest
27.	Influence of GP Surgeries	Hillingdon Hospital has a very good relationship with GPs and PCT who commission work from us.
28.	I know of a Foundation trust hospital that has been in operation for 1 year. Scanning facilities broke down and could not be repaired due to a lack of funds. Patients had no follow up for 6 months. Could Hillingdon Hospital be in this position?	Monitor regulates NHS Foundation trusts, making sure they are well-managed and financially strong.
29.	Do you treat sickle cell at Hillingdon?	We treat sickle cell in our haematology department.
30.	If funds are healthy, could Hillingdon treat lymphoedema sufferers?	We manage people who present but do not see many cases.
31.	How are stethoscopes being cleaned?	We use wipes.