

Patients in Partnership
Thursday 27th March 2008
Questions and Answers

No	Questions	Response
Dietitian's presentation		
1.	Difficult to know what is within the meals – no breakdown of ingredients (if someone has an allergy to a particular food e.g. tomatoes).	This is currently not available as it would require a lot of information provided for each dish. Concern noted.
2.	Do you still have red trays?	<ul style="list-style-type: none"> ➤ Yes, this is current practice ➤ Explanation given re-process and protected mealtimes
3.	It would be nice for the audience to have hand-outs of the slide presentation.	CH to send out with agenda for next meeting.
4.	On assessment by doctors on admission - usually only asked whether allergic to drugs but not food.	This would be a good idea when assessments are done by medical staff – this has been noted and will be fed back.
5.	What influence does the Trust have with regard to what is provided by the catering company?	<ul style="list-style-type: none"> ➤ Yes, there are regular meetings with them ➤ Feedback is given and forms part of the nutrition steering group discussion.
6.	Patient should have been given a red bracelet to identify that he had Coeliac disease. This was not done. Patient did point out his condition to the housekeepers – but they did not understand.	<ul style="list-style-type: none"> ➤ Concerns noted ➤ Complaint forms completed and discussed at dietician's meeting – this is usual practice.
7.	Cost for special needs/long term patients – are these needs met, despite the potential high cost?	It is not about cost - patients' nutritional needs will always be met irrespective of the cost. (Looking at making menus in Braille available).
8.	What contact does the dietician have with the day surgery unit?	The dietician was uncertain about the amount of involvement, depends on what is requested by the day surgery unit staff as to what is provided. If there is concern over availability of food this should be discussed with the staff at the time – a snack box can also be provided.
General Questions		
9.	Concern over personal hygiene needs being met – instances of not being able to have a shower/bath.	Care assessments that have been done recently showed good practice particularly in elderly care wards – re-choice of hygiene preferences.
10.	Availability copy of G.P letters and information in large print for patients with poor eye sight (this does appear to be available through PALS – although the quality is not good).	Catherine Holly will speak to the booking office about this matter.
11.	Concern re-not being able to undertake the group work during the meeting. Can the information be sent out in advance of the meeting so it can be considered prior to the meeting.	Catherine Holly noted this concern as this was the second time that this has happened. Concern re-overrunning on the presentations – apology given.
12.	<p>? Whether questions should be kept until the end of the meeting</p> <p>Commendation given to all of the speakers re-handling the questions so well – speakers have individualised in answering questions as well as offered information generally to the whole audience.</p>	<p>The plan is to have questions at the end of the presentations, however people do like to ask question during the presentation.</p> <p>Useful info provided on Foundation Trust (FT).</p> <p>Maybe there needs to be a different format for the group work in future.</p>

13.	What is the composition of the council of governors under FT and are there organisational places available?	<p>Yes, 6 places mandated for local organisations. The trust is able to choose these, however the public is always in the majority (16 public governors).</p> <p>The area covered – borough and all of electoral areas that are adjacent N, W, E sides (parliamentary constituencies).</p> <p>5 Governors – North constituency 5 Governors Central constituency 6 Governors South constituency</p> <p>- Staff governors + 2 mandatory (PCT & LBH) & London Ambulance Service + staff side representative.</p> <p>- No patient governors, as we have public constituents.</p> <p>- Elections – Sept 08 (40 day process) More introductory sessions planned for this summer.</p>
14.	Can someone who works for a voluntary organisation be appointed?	No elected governor from the voluntary sector. – An individual from the voluntary sector can only stand as a public governor if appointed by public members.
15.	Thank you to Dr Hazeldine for learning deaf/blind manual. Can more staff be trained re this?	Thanks noted, comments will be taken on board.
16.	Information provided by audience member – advice given to fill out form re-membership of the Foundation Trust, then you will get newsletter etc and be an ordinary member, receive information and attending events etc. Members will also elect the governors.	Very important, promoting membership – help us to become a better hospital and create better services. Encouragement given re-this. Can have influence as a member.
17.	Is there a hierarchical approach to governors re – decision making?	<ul style="list-style-type: none"> ➤ Governors will not run the hospital, but the board is answerable to the governors. ➤ The governors will have input into CEO appointment. ➤ Role of Governors is advisory, consultative and to ensure the FT is answerable to the local community and constituents. ➤ Regulation re – Monitor discussed. ➤ Independent position of Trust under FT discussed and relationship with our local people. ➤ Chair of Trust board will be the chair of Governors
18.	What are the Lymphoedema treatment / management arrangements in Hillingdon?	<p>It would be uncertain as to whether we would fund treatment for lymphoedema management if the PCT would not be willing to pay when we are an FT.</p> <p>Don't see many patients for this treatment here at Hillingdon Hospital.</p> <p>Harlington hospice provides this service.</p> <p>Having a membership will influence our services under FT e.g. lobbying PCT.</p> <p>Payment by Results explanation provided.</p> <p>Private work limit will be set at 2003 activity level when we are FT.</p>
Presentation on organ donation		
19.	How do our statistics compare with other European countries?	We do not compare as well. There are variations with waiting lists etc. so difficult to

		make accurate comparisons. More people are consenting in other countries. UK is in the bottom 1/3 in the whole world with regard to not consenting.
20.	What about private patients coming from abroad – what is their entitlement?	Patients from abroad can not get a transplant on the NHS, they are treated as private patients and get transplants if there is no match for a patient already on the NHS list for UK patients.
21.	Are there exchange transplants across Europe?	Exchange system available within Europe if there is no match in one's own country. UK does fair better, getting 3:1 organs compared to other European countries.
22.	How long do you have to make a decision about organ donation once someone has died e.g. corneal transplants?	24 hours usually.
23.	Can family still refuse even though a patient has consented?	Discussion would take place at the time and families' wishes have always been respected in this country. Usually the problem is that the family have not been aware of the patient's wishes beforehand. It is still very much about choice and following the patient's wishes whenever possible. There would always be exploration with the family re - their concerns, but currently would not go against family wishes.
24.	If you put yourself on the register for organ donation in the 1970s is it still noted/available today? (Not aware that over 70 years of age can donate)	Safer to re-register due to length of time elapsed. Yes definitely possible should re-register even if over 70 (up to 100 years).
25.	Should it not be noted on the patient's hospital notes re-their wishes for organ donation? (red dot/sticker)	The absence of this does not exclude patients – they are picked up appropriately wherever possible.
26.	People don't understand that a retrieval team comes in to co-ordinate the donation.	General public may not understand this. Doctors and nursing team within the unit/department give their utmost to their patient and do not have involvement with regard to co-ordinating the donation of organs.
27.	Does the Act (2004) re-Tissue donation go far enough?	Additional guidelines are being introduced and additional funding is being made available. With regard to increasing staff numbers to co-ordinate and operate etc. 14 new recommendations to be acted upon.
28.	What is the time span? There is concern that delays may occur.	Action is taken as soon as possible but the 2004 Act recommendations will help speed up the process.
29.	If you have a disability does this affect your ability to donate?	No, regardless of disabilities/health problems each individual patient would be looked at re-possibility of donating.
Further general questions		
30.	Is the Ward Sister/Matron ability to influence the cleaners?	Yes, with the new contractors we have Service Level Agreements (SLA) re-requirements for each area. The Matron will sign this and will check weekly re-standards in the SLA. Our recent PEAT (Patient Environment Action Team) assessment was very positive – awaiting final results.
31.	Do Matrons work shifts / out of hours re – being a role model and communicating with relatives / carers in the evenings.	No rotation of Matrons over a 24 period at this time. Some Matrons stay later to see relatives/carers in the evening. Occasional night duty now and again.

32.	<p>Why can there not be Consultant to Consultant referral – there is a delay in having to go back to GP for new treatment? This does happen in other hospitals.</p>	<p>Apologies – PCT system is that the patient must go back to their GP re-appropriate referral to another Consultant.</p> <p>Yes true – not all PCTs require that the patient goes back to their GP prior to a new referral. Hillingdon PCT does and this practice will most probably spread nationally. They want to make sure that onward referral is appropriate (this is not the case if there is urgent need).</p>
33.	<p>There is lack of information re-ability to drive home after procedures in day surgery.</p> <p>Patients need advice as to what questions need to be asked when patients attend clinic appointments etc.</p> <p>Two people should be encouraged to be present during consultation with doctors, if the patient is willing for a spouse/family member to be with them.</p>	<p>This was discussed previously with regard to what information should be provided in the Inside/Outside story publications.</p> <p>A leaflet will be provided to help with regard to asking questions at clinics/appointments.</p>
34.	<p>Do not see visitors/patients using alcohol hand-gel – are there enough signs?</p> <p>Uniform policy concerns re-jewellery worn.</p>	<p>Paper has been presented to the Fighting Infection Together group and individuals raising concerns have been advised re-actions being taken. There is a huge amount of focus on Infection Prevention and Control and improvements are being seen - MRSA rates down in numbers. There is training for all staff.</p> <ul style="list-style-type: none"> ➤ Dress code problems – there is a lack of staff changing rooms – this is being looked into. ➤ New uniforms for all staff are being introduced with antimicrobial properties. ➤ Deep cleaning underway ➤ Red and white stop sign on entry to wards re-cleaning hands. ➤ Spirogel – signs available (depts/wards) ➤ Making facility available in main entrance, Out-Patient department and A&E so that visitors can clean hands on entry to hospital. ➤ Stage 3 Clean your Hands campaign.
35.	<p>Is there a copy of letter available for patients re-inpatient care (the letter that goes to the GP)?</p>	<p>Yes, should be available for Outpatient Consultation and Inpatient episode. Should get a copy of G.P. letter on discharge.</p>
36.	<p>What is the availability of dietician to the wards?</p>	<p>Yes, see dietician every day on wards. Referral forms completed by nursing staff – dietician always available for assessment.</p>
37.	<p>Should there be an alert system at the end of the bed to identify a patient awaiting attention for nursing care (e.g. a red tag)</p>	<p>Comments noted for further discussion.</p>