

**Patients in Partnership
Wednesday 14th May 2008
Questions and Answers – all presentations / panel members**

No	Questions	Response
1.	Are the Health Care Commission (HCC) National Patient Survey questions and results for Hillingdon Hospital available on the internet?	➤ Yes, available, although format difficult with regard to accessing and understanding simply.
2.	In the local patient satisfaction survey we seem to fair better with regards to results in comparison with the HCC national survey Is the national survey worthwhile?	➤ Yes, it is a good indicator with regard to performance and yes it is resource intensive, however we are obligated to undertake. This year's results have identified some key areas of concern where we need to improve.
3.	Re – Palliative Care presentation - how does their work tie in with McMillan Nurses?	➤ Initially the hospital palliative care nurses were McMillan funded, then taken over by Trust (hospital/PCT) - adopted by the organisation.
4.	Re - physiotherapy presentation - do you have to go to GP first to attend the Physiotherapy dept?	➤ Yes, currently you need to go to your GP or be referred via a hospital Consultant. Self referral is being considered for the future.
5.	When given a prescription in the hospital you have to go to the pharmacy in the hospital and wait – sometimes for a long period of time. Why can't the hospital prescriptions be processed at a local pharmacist / in the community?	<ul style="list-style-type: none"> ➤ Concern noted over pharmacy wait – these need to be taken on board and addressed by relevant staff. ➤ The hospital dispenses out of the hospital pharmacy as it is cheaper than using community pharmacies. ➤ Mount Vernon Hospital pharmacy is managed by East and North Hertfordshire NHS Trust. ➤ Noted that some patients' relatives have to come back to collect medications. ➤ There are schemes to have pre-packed medicines with Surgery and need to look at this within the Medical Division.
6.	Re – medicines distribution - isn't the Robot system working well?	➤ Yes it is, however it is the process leading up to using the robot system that needs addressing. Work is being taken forward in this area.
7.	Re - Liverpool Care Pathway (LCP) – very interesting and worthwhile especially re – communication needs between patient and family.	➤ Palliative care nurses support this and encourage a comfortable environment.
8.	Are there any hydrotherapy sessions for women only?	➤ No, not in groups, but can have individual sessions in pool.
9.	Maternity - are there links with the mental health trust around post natal depression?	➤ Maternity unit is looking at a pathway on this and linking with the psychiatric team to establish care plans for patients.
10.	Are there any systems in place to support patients to go home to die if they wish?	This question is asked of all patients and families with regard to their preferred place of care particularly of those who are very sick and dying. We want to enable patients to die at home if they want this, even within a few hours the hospital staff will facilitate this. LCP patients flagged up in the A&E dept. It is important to identify needs early and address these and the options for going home.
11.	Physiotherapy - any clinical trials on acupuncture?	➤ Yes, lots of research with links available on the Internet to look at this. Can have other therapy alongside the acupuncture e.g. exercises/ medication.

12.	Physiotherapy – are there any reflexology practices at HHT?	➤ No and this would not be combined with acupuncture.
13.	Physiotherapy – are there any massages for stress available at HHT?	➤ No. Massage in the Physiotherapy department is for tightness in shoulders and neck, but not purely for stress.
14.	As part of the Expert Patient Programme – they have been encouraging people to have living wills – how does this fit with the LCP?	➤ Does not fit really with the LCP. Discussion about living wills would normally come before this as LCP normally instigated very close to death (days). Lots of questions are asked re – living wills with regard to patients changing their minds/ wishes.
15.	How are patients put onto the LCP?	➤ All patients can go on LCP if deemed appropriate – discussion with doctors/nurses/patient/family. It is all about good care and appropriate care at that time for that individual person. Prepared for deterioration/changes in management re- medications management and pain control etc. Patient would be able to state that they don't want any more active treatment and then could go on to the LCP.
16.	Re – acupuncture – if the patient does not want it, can they get other another type of treatment?	➤ Yes, other treatments are available, don't have to have the acupuncture.
17.	Vertigo clinical specialists - are they working alongside ENT department?	➤ Often a lot of the referrals come from the ENT specialists and from GPs.
18.	Chaplaincy - what other faiths are responded to within the Chaplaincy service?	<ul style="list-style-type: none"> ➤ The Trust has access to all other faiths – available across London. ➤ Assessment is made for what is necessary and access the service as soon possible. ➤ Speed to access depends on demand on that service. Seek to do this 24/7 - information available on Trust website. ➤ With regard to different faiths – depends on numbers of patients requiring certain faith as for full/part time Chaplains within Trust, but Chaplaincy will access the services of the appropriate faith service 24 hrs a day. ➤ We ask all patients about their faith and religious requirements on admission to hospital so that we can meet their needs. ➤ Some patients will want to utilise their own services that they have and they may want to make this information available to staff.
19.	Catherine Holly – Anyone that is interested in joining the Readers panel or be involved in developing clinical care pathways groups for gastroenterology, cardiology, ophthalmology and Neurology, then please contact Catherine Holly, Patient and Public Involvement Lead.	
20.	Positive feedback was provided re- access/parking at MVH re-disabled facility.	