

Patients in Partnership
Thursday 12th March 2009
Questions and Answers – all presentations / panel members

No	Questions	Response
1.	Will Governors be invited to PIP?	Yes. We are also hoping to arrange sessions before PiP to enable governors to meet their members
2.	Is MRSA solely responsible for the delay in Foundation Trust approval?	We do not know the exact detail for the delay. However, Monitor will want to see that we are able to control and govern our MRSA incidence and will expect to see this over the next couple of months
3.	Will the public still be able to attend board meetings?	Yes but the Board will not receive questions from the public as they do now. Foundation Trust members should raise their questions through their Governors
4.	What happens if you don't get FT status?	Some Trusts are functioning as "shadow" Trusts whereby they have gone through the process but have not quite made it. It is not quite clear currently what will happen to these Trust
5.	Will Stroke lectures be repeated? (run a few years ago)	Support group following a stroke currently available, but no stroke lectures planned at this time
6.	Will there be an increase of the helicopter ambulance service?	No - helicopter service is limited and therefore still heavily reliant on ambulance service
7.	How would we cope with major accident on M4?	Some patients will come to Hillingdon and some will need to go to a Hyper Acute Trauma Unit
8.	Patient commented on excellent Stroke service and cardiac care at Harefield. Why can't we at the Hillingdon Hospital develop our Stroke Unit here?	24/7 service needs to be available which is why we need Hyper Acute Stroke Unit. There is a needs to justify enough patients going through centres with CAT scans and 24/7 expert care available. Earlier intervention best
9.	Concern was raised over carers travelling so far.	We do have 24/7 care here at Hillingdon and access to CT scan. Thrombolysis is also available at Hillingdon. London plans needs to be agreed
10.	Does the more detailed Stroke consultation document provide more detail – both pros and cons?	Yes, however still focuses on pros more so that cons. Full business case has all of this information
11.	(Larger doc available from NHS London) Do you have any proposals to meet the full criteria for a Hyper Acute Unit?	Plan is to deliver a limited thrombolysis service. Consultation in favour of Hyper Acute Stroke Unit at Hillingdon would support our case

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12.	Cardiac Angioplasty is done at Northwick Park – why not put Acute Cardiac Service here along with Harefield?	Not sure - need to look into the facts about decisions made re-cardiac services
13.	Would a patient get treatment if brought to A&E at Hillingdon with a Stroke?	Yes, but overall service would improve with Hyper Acute Service in a few key units. Need better outcomes for patients. Stringent criteria and standards required if you are to provide a service. Need a scan to determine whether the stroke is ischemic/haemorrhagic (due to a bleed in the brain)
14.	Hillingdon's bid did not require lots of extra cost	Not enough number of treatments per year through Hillingdon to be a Hyper Acute Unit. Concentrating on where investment should be
15.	Somebody may bring patient by car not necessarily by ambulance; there is therefore still a need for a service at Hillingdon	This is a fair point to note
16.	Would FT status affect our ability to provide the services we would like to have?	We would be able to provide further services if this was appropriate for our local community
17.	Why does Hillingdon provide telephone numbers that no one can get hold of and then passed to PALS and they cannot get hold of anyone?	Need to get this right, looking at correspondence and making sure information is accurate
18.	Why does no one answer the phone that is given on the appointment letter? If you can't get through they take you off the list	Many people contact the booking office inappropriately and this prevent appropriate calls from getting through. The Trust encourages patients to ring the PALS office and record concerns and they will sort it out
19.	Who contacts patient after result of scan re- cancer diagnosis?	Patient called in for consultation with doctor and nurse and told of diagnosis and support given at this time (follow up appointment)
20.	Notes not available in clinic (4 occasions in last 3 weeks). Why is this?	Patient should contact PALS. An apology was given. Very few cases of this.