

Patients in Partnership
Thursday 14th May 2009
Questions and Answers – all presentations / panel members

No	Questions	Response
1.	What are the advantages of doing away with the white coat?	White coats have not been worn for a number of years by doctors. They became heavily contaminated and required washing daily which was not undertaken by the staff concerned. When a doctor is in close contact with a patient, gloves are worn.
2.	When you come in for an operation how can you ensure that it is the consultant who performs the operation and not a junior doctor	The Trust takes training and development very seriously. A consultant is responsible for all operating lists. A large number of operations are performed by the consultant. Sometimes, junior doctors may perform smaller operations with the consultant assisting.
3.	Why have PROMs been introduced?	PROMs will help the NHS improve the quality of outcomes for patients, and will help hospitals reach the very standards of care.
4.	PROMs – how are you going to use the information? Will the data be in the public domain?	Early data will not be returned to us for 9-12 months. The Trust will receive specific data for our trust and also comparative data about other trusts. The information will be returned in the form of a report and then the Trust will produce an action plan. Yes.
5.	Newly qualified nurses are being employed with little experience today compared to previous nurse training	The education and training of nurses changed during the 1990s. The nursing degree course requires hospitals and universities to work in partnership. Hospitals are expected to provide clinical experience while universities teach the theory. The trust is happy with the quality of the nurse training and is hoping to recruit the student nurses who the Trust has trained.
6.	Who is responsible for the training of student nurses?	The Trust has a designated nurse responsible for the training of student nurses.
7.	Are the 880 nurses directly employed? Does this figure include agency staff?	The figure does not include agency nurses but includes bank nurses, many of whom are our own nurses who choose to work extra hours.
8.	Can we think about using copper plating on our door handles?	There are key hospitals around the UK pioneering technical advances and new innovations. We need to wait for feedback to see if there is a reduction in infections. We know that cleaning and hand hygiene is key to reducing infections.
9.	Have you a system in place to identify who is waiting for hygiene requests?	Not at present, but we could do a trial on one ward, similar to the red peg and red tray initiatives. Food, privacy and hygiene are fundamentals of nursing care.
10.	Would you consider a wireless microphone for the next meeting	Will do.
11.	With regard to your Foundation Trust application and the need to demonstrate that you have reduced your MRSA figures, how long do you have to wait?	It is not clear, probably one or two quarters. There has not been any MRSA bacteraemia during April or May 2009 which is good.

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12.	The surgeon and anaesthetist will see a patient before going to theatre. This is good but may not be enough. Could the trust provide written information to the patients about the performance and education of all members of the team performing the operation?	Early discussion has taken place about providing information to patients. Reference was made to the website: www.drfoosterhealth.co.uk
13.	Will nurses still wear rubber gloves with the introduction of bare below the elbow?	Yes. Gloves are part of personal protective equipment. Clinical staff will still wear gloves, get rid of them in clinical waste and then wash their hands.
14.	Why the delay in Foundation Trust?	<ol style="list-style-type: none"> 1. MRSA trajectory – we have to demonstrate a reasonable period. 2. Assurance around the valuation of the estate which will be finalised in the annual accounts when signed off in June.
15.	3119 staff members. What % of staff is this?	It is all staff and also includes volunteers and contracted staff.
16.	Can a fob watch spread infection? How much do they cost?	The silicone fob watches can be washed. The cost of a fob watch is £5.
17.	Could you colour code the fob watches by grade of staff?	Staff are designated by their uniforms.
18.	Questions 17 and 18 at the last meeting referred to problems in the booking centre. Can we have a presentation next time on what the trust is doing about the problems?	Yes.
19.	Nurses continue to wear uniforms outside the hospital. Many of the wards have staff rooms to change and so staff should be changing before leaving the hospital.	The Trust is working on reviewing the uniform policy to avoid staff leaving the hospital in uniform.
20.	A Foundation School teacher was reported on TV to be awarding himself a £60k bonus. Could this happen in a Foundation Trust?	No. Elected governors set executive salaries.
21.	When a patient is taken ill on an aircraft or at Heathrow airport and they come to Hillingdon Hospital, do you receive the cost of the treatment?	There are various types of overseas patients. There are some countries where there is a reciprocal arrangement between governments to give free treatment. Some patients are charged for treatment. A small number of patients may be admitted in an emergency and we are only supposed to give sufficient treatment to enable them to be discharged. By and large we do recover most of the costs eg. £1,000,000 a year.
22.	A member reported that she had received an appointment to attend an orthopaedic MSK clinic in Uxbridge shopping centre. Is this going to happen with other types of clinics? Where does patient choice apply in this situation?	Satellite clinics are run by the PCT. The PCT is trying to stop patients attend the hospital and providing a service closer to home. If you have a complaint about the service you need to contact the PCT complaints department.
23.	Is the consultant at the satellite clinic not a hospital consultant?	The doctor is a primary care practitioner.
24.	Patient attended A&E following advice from NHS Direct and received excellent treatment.	Thank you for telling us.