

**Patients in Partnership (PiP)
Wednesday 21st July 2010.
Questions and Answers – all presentations / panel members**

No	Questions	Response
1.	What time frame do you envisage for the completion of the “First Contact Project” and the introduction of the new Booking Centre?	The “First Contact” project is a two year project ending in August 2011. With regard to the IT side of the project, the Trust is still within the liaison and supplier stage and therefore will take many more months to complete.
2.	Will money be available for the technology needed in the Booking Centre?	We already have technology within the hospital so we can build on the existing IT infrastructure and add to it.
3.	Is the booking centre going to remove the front line services and interaction that currently takes place between patients and staff in outpatients?	No, front line staff will still manage record keeping, update patient details and arrange follow-up appointments if applicable. The booking centre will develop and support what is happening on the front line.
4.	What is the difference between the Referral Management Centre (RMC) and the Booking Centre?	The RMC was set up by the PCT to look at GP referrals and to check appropriateness of referral to secondary care (Hospital). The Booking Centre belongs to The Hillingdon Hospital and its role is to book patients once referred.
5.	Why do appointments in the Outpatient department not run to time?	Sometimes a patient can take longer with a doctor than a normal appointment time and this leads to clinics overrunning. Work is currently under way reviewing how clinics are set up and how many patients a doctor can see in a session. This is part two of the “First Contact” project and is therefore still on-going.
6.	Wouldn't it be a good idea to run the Booking Centre along side the requirements of clinicians and GPs so that GPs have the correct information about how to refer?	The Trust wants to secure a good relationship with GPs and will be visiting GP practices in order to establish a positive relationship and improve information provided.
7.	Will the “First Contact” project incorporate follow-up appointments?	Yes. The “First Contact” project is looking at how all appointments are made across the Trust.
8.	When the GP decides to refer, does the referral still go to Southampton?	No, the referral is sent to the hospital.
9.	There is a system where a patient is given a reference number to phone to make or change an appointment. Is this system going to be introduced within the booking centre?	This is the Choose and Book (CAB) system. The Trust is working towards increasing the number of referrals that come via CAB as this gives patients more control and choice over their appointment.
10.	What is it that is going to cause an increase in diabetes and how can we stop it?	Obesity is one of the main causes of the increase in diabetes. Steps to stop obesity are being undertaken by the NHS Health Check programme which aims to prevent diabetes by identifying people and risk and teaching them

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		about healthy living ie. diet and exercise. By educating adults and children about healthy living it is hoped that the number of diabetics patients will decrease.
11.	Based on the projected number of new diabetic patients, can the government get involved to stop it or reduce it?	In addition to the NHS Health Check programme, the National Institute of Clinical Excellence (NICE) is looking at prevention and reviewing the most effective measures to reduce diabetes.
12.	The government's White Paper talks rather "grimly" about how diabetes will be weighed against other measures of need. What is your view?	The government is genuinely seeking ideas and suggestions as to how they can prioritise conditions. There is still a lot of work yet to be done so please respond to the consultation.
13.	Can carers of diabetic patients be involved in a patient's consultation in order to understand what is required of them?	With the patient's permission the carer should be involved in decisions and information regarding the patient's care. It would be helpful if carers made themselves known to the Clinical Nurse Specialist in Diabetes (Anne Currie) and ask to be involved in the patient's inpatient treatment.
14.	A member of the public commented that he is diabetic and has not seen a diabetic consultant in 25 years and feels his GP might be out of date with diabetic related information.	All diabetic patients should have an annual review with a health care professional which is usually the GP. The individual was advised to return to his GP to discuss the options available. There is a constant need for all professional to keep up to date.
15.	A question relating to Hb1AC acceptable levels	7.5% is a generally accepted target. However, a diabetic patient's care will be tailored to the individual.
16.	With regard to the Enhanced Recovery Programme, what measures are in place for people living on their own who are elderly?	Prior to surgery a nurse will ask a patient whether there is someone available to care for you after the surgery. This information will then be discussed with the discharge coordinator and if arrangements like a care package are needed this will be arranged.
17.	What is the latest update on Foundation Trust?	The Trust is waiting for Monitor to commence its reassessment which hopefully will be in the Autumn of 2010. The organisation looks forward to becoming a Foundation Trust in 2011.
18.	Can you update us on the plans to build a new hospital?	The Trust has an aspiration to build a new ward block in 2015. We need to have the finance to invest in new stock. The Tower block will remain as this would be too costly to replace.
19.	What happened to the money from the sale of the land across the road?	The proceeds from the sale of land were reinvested into the Hillingdon Hospital site with the majority being spent on the development of the Riverside Unit which at the time belonged to The Hillingdon Hospital NHS Trust.