

Patients in Partnership (PiP)
Wednesday 12th May 2010
Questions and Answers – all presentations / panel members

No	Questions	Response
1.	PiP member has consulted a map of NW London. Considering we have the M4, M25 and Heathrow can't imagine we would be able to go without an A+E Department.	There is no question of us not having an A&E but it is whether in time the nature of our A+E will change. There is no doubt there will be a hospital of significant size here in the next 10-20 years.
2.	Have we bought enough land for future plans?	Land is a big cost for the hospital. But yes we have enough land to rebuild on the current site while still keeping services going. But having land is not free; we pay a cost based on an annual valuation.
3.	Is there not spare land to improve the car parking facilities then?	Car parking is a difficult subject. There is still the issue of whether we could have a multi storey but this would go against our requirement to be green. There are 1900 parking spaces at Hillingdon and Mount Vernon. We need to encourage cycling to work, car sharing, walking to work, public transport and encouraging green travel. There is another option of an underground car park, but this is extremely expensive and planners are unlikely to agree plans.
4.	Can you update us as to where we are with mixed sex accommodation?	Mixed sex agenda has received a huge amount of work over the last 6-12 months and we are now fully compliant with the DoH guidelines. We've made significant progress although there is still more to do as we learn from patient feedback.
5.	Do we know anything about a meeting at the civic centre this morning about training the elderly to care and look after themselves?	The questions related to the "Expert Patient Programme" which encourages patients with long term conditions to take a more active role in their own care.
6.	Can you give us a brief update on how Bevan ward is going in its first year?	We are very proud and pleased at how the ward is progressing. It is, however too early to start to share these findings yet. The Chief Nursing Officer for England will be visiting the Trust in September to speak to patients and staff. Furthermore we are planning an event in October to share the preliminary findings of the research project.
7.	Do you use a diary on a ward for specific treatments for individual patients or is it all in the care plans?	Pagett Ward does not use diaries as all information is in the care plans. However Hayes Ward continues to use a diary for essential information.

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8.	Can you identify when patients are not eating on the ward?	Yes, we can, as we have more nurses free during meal times on the floor with the patients so they are able to tell if the patient has not eaten or not. As a result of this we can identify who needs more help with their meals.
9.	What's going on with the wards at Mount Vernon, are they part of this as well?	Both Mount Vernon wards are participating in releasing time to care. There is a buddy system in place where Ward Sisters can visit each other's ward and see best practices and take ideas and improvements back to their own ward. We're not leaving Mount Vernon out.
10.	You're trying to close Daniels ward and this might take away the support that the patients have from each other and the staff.	There have been discussions about Daniels ward closing. We are coming close to a decision being made and some patients have already moved out of the ward to receive their care elsewhere. There are discussions about keeping the ward together but moving it to another part of Mount Vernon but this is PCT driven. We hope to have more information at the next meeting as it's still undecided at the moment.
11.	When you get discharged why is it that you wait hours for the pharmacy and TTAs?	There will be new system in place very soon called E-discharge where clinicians can fill in the required information regarding discharge which will electronically go to the pharmacy along with a paper copy. This we hope will allow for a quicker discharge process. As its electronic there will be alerts which tell the ward when the prescription has been received, checked and is ready. We hope to have this system streamlined by July 2010. It will also have the ability to send prescription information through to the GP for some medications so patient can go and collect it from the GP and visit a local pharmacy.
12.	PiP member had the experience of taking an OPD prescription down to the pharmacy where he was the only one there but had a 2 ½ hour wait.	Another PiP member responded saying when you're in the pharmacy you may not realise there are inpatients also waiting for their medication.
13.	When will productive ward roll out over the rest of the wards?	Carry on with the wards we've got currently and hopefully by September the team can go to the Sisters' Care Accounts meeting and see which wards are ready and want to take on the productive ward process.
14.	A year ago someone complained about the difficulties it took to get through to the booking centre. To date we have not had any feedback on or if improvements have been made.	There will be a presentation on this at the next PiP meeting.

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15.	PiP members experienced trying to cancel an ENT appointment and could not get through so instead had to use the PALS service.	
16.	PiP member feels PALS are not publicised enough and not enough people know about PALS.	There are notice boards, leaflets and posters all across the hospital. Furthermore PALS have had 81 contacts between two members of staff in the last 6 days.