

**People in Partnership (PiP)**  
**Wednesday 7<sup>th</sup> September 2011**  
**Questions and Answers – all presentations / panel members**

No	Questions	Response
<b>111 Project</b>		
1.	Will there be lots of numbers to press to go through the system whilst you are waiting on the line?	No, you will be put through to an operator immediately.
2.	Sometimes, you have to wait several days for a GP appointment – will this be the same?	Operators will be able to book appointments directly for the person. If no appointment is available the operator can look at accessibility elsewhere i.e. another service.
3.	NHS Direct – sometimes a person is told to attend A&E which is of little value.	This is where the 111 service is different and very popular because this will not be the case because of the care pathway system.
4.	What happens if there is a software or hardware crash?	All the pilot sites have different systems. The 111 system will have its own infrastructure. Calls can be put through to another call centre if required.
5.	How are you going to get this information out to the public in Hillingdon?	There is a two staged launch. Firstly information will be provided to clinicians and local services during September and October. A full public launch is planned for mid November where information will be available in the local press, GP surgeries, police etc
6.	Where does Harmoni fit into the 111 service?	Harmoni will continue as the out of hours GP service and will work with the 111 service, which is a local service with an overview of all health services including the Harmoni service.
7.	Does the 111 project only apply to patients/public living in the London Borough of Hillingdon? What happens if a patient living in Denham or Rickmansworth needs to use the service?	For the pilot phase the 111 service will only apply to Hillingdon and the other pilot areas. Other Boroughs will be going live throughout 2012. People not living in areas covered by 111 will not be able to use the number and must continue to use NHS services as they currently do.

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8.	Does the 111 number work from a mobile?	Yes
9.	Can you let the Samaritans know about 111.	Yes we will ensure that they are informed.
<b>Quality Accounts</b>		
10.	Readmission rates are higher than the national average. What are you doing to reduce readmission rates and why are they higher than average?	Readmission rates are slowly falling due to more effective planning prior to leaving hospital. We are improving our communication with GPs and other agencies by contacting earlier in the day to organise follow up services. Every month the Trust Board reviews readmission data to ensure readmission rates are reduced.
11.	Quality initiatives – are there financial constraints to delivering improvements?	Some aspects of quality cost money but we have to invest in order to improve. A number of quality initiatives will be cost neutral or save money.
12.	Readmissions are high because you send patients home 1 day too soon.	We do listen to what patients say but we also benchmark ourselves against other Trusts. During 2011/12 the Leaving hospital project will focus on trying to improve the discharge process to ensure safe and effective transfer out of the hospital for patients, whether they are being discharged to their home or on to continuing care services in the community. Our length of stay is not really that low to warrant a high readmission rate.
13.	<p>2010/11 Priority 6 - reduction in hospital acquired infections. What is the difference between meeting a target for MRSA and being within a target for C Difficile?</p> <p>What action are you taking to minimise infections?</p>	<p>Our target for MRSA was 4 and we had 4 cases of MRSA. We therefore met our target for MRSA.</p> <p>Our target for C Difficile was 76 in 2010/11 and we had 24 cases so we were within our target for C Difficile.</p> <p>Adhering to antibiotic policy, following protocol and not deviating from guidelines, regular audit of clinical practice, improving compliance rates. Each Division is monitored monthly with results being available at the entrance of a ward. If there is an unexpected infection, a root cause analysis is performed in order to identify the</p>

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		cause and any training required.
14.	If we are so concerned with infection rates, why is it that junior doctors wear their stethoscope around their neck and pass from one patient to another without disinfecting the stethoscope?	All equipment should be cleaned between patients and wipes are available on wards and departments. A presentation on infection control will be arranged at a future People in Partnership meeting.
15.	Do you set yourself infection targets against the national average or do you set your own targets?	Targets have been set for us over the last 5 years. Each organisation has a different target. We do benchmark our Trust against national and regional data.
<b>Miscellaneous</b>		
16.	The Prime Minister says that veterans should be given priority to treatment. How do you give priority to veterans?	The Trust treats all patients equally. No priority is given to veterans.
17.	Please can you add the Foundation Trust office details to future People in Partnership agendas.	Will do.