



**North West London Strategic Health Authority
Patients' Parliament Meeting 23rd September 2005**

The Board Room, Imperial College, St Mary's Campus, Norfolk Place, Praed St ,
London W2 1PG

Present:

Members

Michael Adeyeye, **MA**
Dr B N Bhagarva, **BB**
Dilmohan Singh Bhasin, **DBS**
Pearl Bridgeman-Boney, **PB**
Owen Cock, **OC**
Robert Donald Esson, **BE**
Amar Nath Girdhar, **AG**
Catherine Herriott, **CH**
Michael Hill, **MH**
Carl Johnson, **CJ**
Liz Macauley, **LM**
Ken Morjaria, **KM**
Mansukh Raichura, **MR**
Maggie Sanchez Charles, **MC**
Jagjiwan Singh, **JS**
Patricia Williams, **PW**

Borough

Brent
Hillingdon
Ealing
Hounslow
Harrow
Brent
Hounslow
Harrow
Hillingdon
Ealing
Ham & Fulham
Brent
Brent
Harrow
Hounslow
Ealing

Guest

Sidney Eden (PACT – People in
Cancer Together)

Health Link (HL)

Elizabeth Manero, **EM**
Delyth Neal

Trainers:

Angie Wilcock
Jackie Gilchrist

NWL SHA

Jane Buckingham, **JB**

1. Welcome and Introductions

Elizabeth Manero (EM) Chair of the meeting welcomed all to the meeting and everyone introduced themselves.

Apologies: Joan Davis, Hillingdon. Michael Adeyeye, Brent, could only stay for the first 15mins due to an urgent family hospital appointment.

2. Parliament Member training: What will make our meetings work for everyone?

See enclosed paper from the trainers on the agreed protocols for meetings.

3. Minutes and matters arising

Amend to show Dilmohan Singh had sent apologies for the last meeting. The minutes were agreed as accurate.

• **Matters Arising**

3.1 Membership - EM reported that HL is still following up on recruiting members for the Patients' Parliament as there are still not enough members from Kensington & Chelsea or Westminster boroughs. Members were asked to contact HL with names of any prospective applicants. CH and LM both have contacts which they will forward to DN. LM mentioned that there was to be an event held on 14th October by Kensington &



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Chelsea PCT and local voluntary organisations and that it would be useful to send leaflets to publicise the Parliament. HL to send leaflets to event. **Action: HL**

3.2 On GP availability – several members had contributions to make to this item and it was decided that as the agenda was so tight it would be included on the agenda of the next meeting. **Action: HL**

3.3 Membership Issues: EM reported that there had been three particular issues arising out of recent applications for membership of the Patients' Parliament which members needed to address:

3.3.1 A strong application for membership had been received from someone who works for an organisation that has a contract to supply a service to the local PCT. EM asked the meeting to decide on whether a person in this position could join as a co-optee member. This would mean that they can attend meetings give their views but have no vote.

Proposal: That the Patients' Parliament agree to invite applicants in such a position to be co-optee members as long as they declare their interests when signing the Code of Conduct and withdraw from any discussions if asked to do so.

Vote: 12 Agreed 3 Disagreed **Carried**

3.3.2 Interest had been received from a member of the NWL Coronary Heart Group who does not live in a NWL borough himself. This applicant has expertise in CHD to share with the Parliament, and could join as a co-optee too. The meeting agreed.

Proposal: The NWL Patients' Parliament agrees to delegate to Health Link the ability to appoint applicants as co-optee members. **Vote:** 14 For 1 Against **Carried**

3.3.3 Two members of the Patients' Parliament with expertise in mental health had recently stood down from membership. EM suggested that a positive way of including such members would be to give them the status of advisors to the Parliament on mental health matters, so that they can attend relevant Parliament meetings. **Agreed.** HL to contact both members. **Action: HL**

3.4 Feedback on the 3 issues for cancer patients in North West London: Those members who had not brought their feedback to the meeting were asked to send it in after the meeting.

- **Outstanding Action Points:**

1. Item 3 – Prevention of illness JB reported that she will check back with Barbara Gill and bring back the requested information on what amount of the SHA budget is made available for prevention of illnesses (e.g. education), to the next meeting. **Action: JB**

2. Feedback from the Sub Group Meeting of September 14th – DBS reported that he was encouraged that the changes to the documents that the members had proposed were taken on board. It was agreed that in future when holding sub group meetings



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within a short timescale, HL will phone and email members to give them more time to arrange to attend. **Action: HL**

4. Priorities for Cancer Services in North West London over the next 3-5 years – Parliament views

EM gave a presentation to the meeting. Through each step of diagnosis, treatment and care a patient often ends up using different hospitals and many different Primary Care services. It is important to see how NWL services compare to national targets such as national improvement rates. For instance, breast and cervical screening uptake is poor in comparison to National targets. At the same time, there had been improvements in Cancer Death Rates for some of the boroughs within the NWL region, although from a poor starting point in some cases.

How can the Patients' Parliament contribute to improving services and outcomes? It will need to think about:

- Reconfigurations (e.g. the moving of services from one place to another)
- Consultations and requests for input (consultations on outside hospital services such as palliative care in NWL)
- 'Choosing Health' Government policy paper and its implications
- 'Your Health, Your Care, Your Say' White paper on Care outside of Hospital

Your Health, Your Care, Your Say Consultation Event: JB handed out a summary of the Major Consultations/Engagements that the NWL SHA are to take part in before March 2006. One has to be done within a very short timescale, on the new white paper on care outside of hospital, 'Your Health, Your Care, Your Say'. The Government is asking all Borough councils, PCTs and SHAs to engage the public, patients and staff in feeding back their views on what people want from outside hospital services. National listening events have taken place and PCTs and SHAs will be holding local events to gather views.

NWL SHA have asked HL to organise a single event for members of the Patients Parliament to which some PPI Forum members who have been unable to attend other such events will also be invited. This will take place before the deadline of October 29th. Members and the public can also give their feedback online at www.dh.gov.uk.

Proposal: That NWL PP members may ask individual members of the public to attend the event with them. **Vote:** 10 For 3 Against. **Carried**

As the event will be fairly small, members were asked to let HL know who will be attending and places would be given on a first come first served basis. HL will send out details of the event to all members by October 10th. **Action: HL**

Feedback from the meeting on the presentation:

Concerns were raised about the re-organising of cancer services in NWL. That they were not being looked at holistically from the viewpoint of patients' needs. There were



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also concerns that GP surgeries were not dealing effectively with palliative care services.

Sidney, who currently uses cancer services in NWL had been asked to attend as a guest, to give his patients point of view on cancer services. He gave a personal account of his illness and treatment, and the issues he felt needed attending to which included:

Wasted money. He had noted that changes to hospital services had meant that in one instance, an expensive piece of equipment had been moved from one hospital to another and that moving it had cost as much as buying a new one.

Transport and accessibility There were many difficulties in travelling from home to hospital when ill. In closing Mount Vernon where there is a large population nearby and moving cancer services to Hatfield where there is a smaller population, more people have had to travel much further than before.

CH reported that she had been consulting locally with the NWL Sector Cancer Network regarding cancer services, she would provide the next meeting with a report. Several concerns had been raised:

- about the IT system used throughout the sector
- about the numbers of South East patients using Hammersmith Hospital
- queries as to whether Northwick Park Centre is dealing with the same number of patients as hospitals with more cancer specialist services.

How can the NWL Patients' Parliament (PP) add value to improving Services incl. Cancer Services

- By informing the dialogue between the SHA and the public through discussions within the PP
- By having the SHA act on the views given
- By the PP starting to develop a work programme – a draft to be developed for the next PP meeting. **Action: HL**

A Consultation Framework

The meeting discussed how the Patients' Parliament could affect the SHA sector strategy by bringing in local knowledge but without being partisan (i.e. not using information from one particular borough perspective).

It was agreed that there needs to be a consultation framework developed by the Parliament, a sort of accountability check-list that the SHA will need to comply with when undertaking consultations. For example, the framework could include,

- a requirement for the SHA to say what they are going to do
- any commitments made to local populations within the NW L SHA area must be noted by the SHA and should appear in any subsequent document
- that any reconfiguration must take note of local population needs



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- if a change is made, a quality assurance mechanism will be needed to ensure good or improved quality of service

This framework to be developed at the next meeting. **Action: Next Meeting**

5. How are NWL Hospitals performing? Review of latest Star Ratings

EM introduced the presentation and explained what Star Ratings are for and what they actually cover. Star Ratings data is an important resource for members and the public in finding out how NWL SHA is doing. There are national targets which drive service delivery. Each Hospital Trust, Mental Health Trust (MHT) and Primary & Community Care (PCT) Services are assessed. Some services such as Mental Health Services for children and adolescents are known to be overstretched nationally.

Q and A session

Questions were asked regarding ratings for Central Middlesex Hospital. A member who is a resident of Brent raised a concern that Brent PCT claims that they offer diabetic patients retinopathy screening, but the reality on the ground for diabetic patients regarding the availability of this screening appears to be different.

EM asked MR (who is also a member of Brent PCT PPI Forum) to ask the PCT through the Forum about the availability of this service. **Action: MR**

The further issue raised of the GPs appointment target of 48hrs will go to the next meeting.

6. AOB. None

End of Meeting

Next meeting: To be held at 11.30am on **November 16th 2005** in the Board Room, Imperial College. St Mary's Campus, Norfolk Place, Praed St, London W2 1PG