Board in common

Questions from the public

Tuesday 18 April 2023, 09:00-12:00

Conference Hall, third floor, Brent Civic Centre, Engineers Way, Wembley, HA9 0FJ

This document summarises the questions put to the board in common for the meeting on 18 April and provides responses.

The questions have been grouped by theme and a single response provided where several questions were received on the same subject.

Question relating to Community Diagnostics in NWL

Could you please provide further explanation on the development and how the areas of deprivation have been selected, whether the customers of the diagnostics centres would be written to in those areas or more generally? Are there any suggestions of whether the diagnostics centres would have private and public engagement on the development of these facilities?

The papers are being taken to the Brent Public Scrutiny Committee this evening, which we will be attending. The details have been worked up in terms of local borough demand and areas of deprivation. In terms of private providers this will be an NHS facility and will be run fully by the NHS.

In terms of referral routes, this is directly from GPs, the benefit of this is to prevent the referral from a GP to an acute Trust consultant and then for a diagnostic to be done. This will be directly for GP's to undertake diagnostic tests for patients which will speed up their clinical pathway.

This is a national programme based largely on cancer diagnosis earlier and to bring the diagnostics as close to the patient as quickly available.

There has been strategic lay partner involvement in terms of planning to ensure we expand the way in which we get patient's public involvement in all of the projects.

Issues relating to Ophthalmology diagnostics in St Mary's Hospital

At the Hammersmith and Fulham Health and Adult Social Care Accountability meeting, there was a challenge around the provision of ophthalmology services in North West London. It was noted that a strategic planning group had outlined plans for ophthalmology services for North West London.

It was pointed out that the number of patients living with late stage Age-related macular degeneration (AMD) is expected to increase by 20% by 2032 and even with a large number of diagnostic hubs, it is unlikely that they will be sufficient to meet the predicted need. It was recognised that Imperial College Healthcare were providing good services, with good staff who care for thousands of patients, but without a strategic plan there was a risk of insufficient capacity.

Professor Orchard updated on the ongoing works to ensure improved facilities at the Western Eye hospital, but also acknowledged the need for a comprehensive strategic plan for the provision of ophthalmology services for patients in North West London (NWL).

The NWL Ophthalmology Clinical Reference Group have developed a robust strategic plan and there would be a meeting in the coming weeks with the Integrated Care Board (ICB) lead to discuss the proposals, to ensure progress is maintained.

Questions relating to Elective Orthopaedic Centre (EOC)

The decision for the EOC to move ahead is welcomed, There are, however, some concerns about the business case. A great deal is made of the patients experience from initial doctor's referral right through to rehabilitation. What mechanism will there be to ensure there is a cohesive experience for patients that will be a seamless end to end experience and that the patient will be kept involved in the progress of their treatment.

There are two areas in terms of how we will ensure that our patient's experience can be assured throughout.

Firstly, as articulated in the full business case patients have been involved in the design elements as much as possible taking their comments and suggestions into account, for example on opportunities through the transport working group and alignment with the Musculoskeletal (MSK) pathway.

The other point worth referencing is around both the pre and post-operative elements to take place within the local hospital which will allow the opportunity to build and to develop the whole pathway.

Given that in the past Private Finance Initiatives (PFI) have proven to be very expensive, can we be assured that this particular PFI initiative will not put further strain on the funding of the EOC as this seems to be an extension of the existing PFI for Central Middlesex? Can we guarantee that unexpected negative financial consequences will not be borne by the four Trusts involved in the project?

The PFI is already a part of the financial consideration of the Trust, and has nothing to do with the Electoral Orthopaedic Centre. It gives an opportunity to easily make changes to the estate. There is already an endoscopy suite built and finished ahead of plan which cost slightly less than expected. On the Ealing site we are doing some work for the community diagnostic hub that has presented some challenges as this is an older building.

There is some assurance around the work estates are doing on the Central Middlesex site with the PFI team that has been very successful without any expected additional costs. The overrunning of the PFI is already funded within the Trust accounts.

Question relating to Diabetes Services

Could the board explain what collaboration is being done to help people who have been discharged with diabetes? Brent practices have been set up specifically to help people with diabetes who are being discharged and unable to manage their diabetes. Is it possible for the board to act as the patient's voice in representing in-health and health inequality?

This is a really important area with an increasing number of diabetic patients in our population and across the country. There is a need to do some work in terms of peer reviews and how to take forward plans across the collaborative to help with diabetic patients. Along with further discussions with the Integrated Care System (ICS) around breaches as it is important to understand the work being done within the community and to link this into the Trust.

Question related to making the organisation better

The organisation is getting better with more inclusivity for people with disabilities but what about representation on the Board in Common and the Imperial Trust Board. How can we ensure we make the service for patients with disabilities better if they are not part of the decision making process?

There is work being undertaken with the development team to make things better. An email was shared which detailed suggestions on the building of the cancer diagnostic facility with suggestions on how this might be financed but this has not been shared. Could the Board explain why this has not been shared?

As mentioned in the report, there is still a lot of work to be done in the organisation to ensure it is as good as can be. There has been significant progress made at Imperial with both staff and patient groups, to ensure all voices are represented. There have been interactions with the strategic lay-forum, and Imperial are keen on welcoming people onto the strategic lay-forum to work within the processes and to ensure the patient voice is included.

There have been many suggestions received on how things can be done, some are practical that can be utilised fitting into the NHS processes. Some are less easy to undertake. The focus currently is on the re-development of St Mary's Hospital.

Why are there no representation for people with disabilities on the Board in Common or Imperial Trust Board?

The Trust are very keen to expand their board representation at the executive level and recognise that there are insufficient disability representatives on the board. There is an increasingly active disability network in the organisation that has made some very substantial changes. At the moment this is largely related to staff, but it is important to get staff from all backgrounds active in the organisation.

This year, we have made some important changes ensuring people working within the organisation with disabilities have access to reasonable adjustments, so that they can do their jobs adequately. It is recognised that we do need to ensure there is good diverse representation on the Board.

At the last board, a question was asked on why the recording from the last Imperial Board meeting was not published and why was the recording of the last meeting edited to remove the last question from the member of public?

At the last Board In Common the recording was stopped at the point when the Chair closed the meeting. The recording of the last Imperial Board meeting is unfortunately unavailable due to a power cut and technical failure.

Question regarding Radiotherapy, Radiosurgery in North West London

NHS London and NHS England recently confirmed the devolved commissioning of the specialist services to ICBs transferring in 2023. Do you believe the ICB has the skills and capability to take this on particularly given the likely increase in radiotherapy referral due to good local work on cancer diagnosis?

With the current situation, clearly in terms of radiotherapy there are concerns that the radiotherapy rates do not increase and there is earlier detection that will inevitably lead onto an increase in treatment pathways.

Looking across the whole of the NHS it is uncertain if there is an effective plan to deal with the consequences of early diagnosis.

The ICB in NW London has both Royal Marsden Partners and Imperial partners, and the ICB will be working to ensure there is enough radiotherapy provision in the right place.

The change-over has been pushed to 2024 and not 2023 as quoted, so there is more time to work through the issues.

Concerns raised about services at St Marys

Concern expressed around the loss of services from the St Marys Hospital site ignoring the needs of the local residents. There is a geographical issue in getting across certain areas of Westminster and getting to other sites with some of the venues totally impractical for people with disabilities and the elderly. The issue of the lack of restaurant facilities with only access to a vending machine was also raised. It would be good to see more patients represented and to ensure everyone is communicated with on any service changes. Also raised the concern that a scanner was being moved from St Marys to the Mount Vernon site.

There have not been any services moved off of the St Mary's site and it remains one of the busiest trauma centres in London, with a trauma network that has some of the best outcome results in the entire country for people who have major trauma.

The cafeteria at St. Mary's is just inside the entrance area, there is currently a plan in place to improve the current facilities and to replace the food and beverage offering to something much more substantial and create a better space for staff. The major issue at St Mary's is the lack of space. There is a high amount of activity going on but no room for expansion.

The building is not suitable for the delivery of the 21st century healthcare, and that is raised repeatedly to our locally elected representatives, our MP's NHS leaders and there is a general recognition that it needs to be rebuilt.

There is an absolute commitment to the provision of high quality healthcare at St Mary's, with a full suite of outpatient and emergency services.

The MRI scanner that moved to Mount Vernon is not moving from St Marys' so there is still exactly the same number of MRI scanners, there is also a very active mechanism for people to get involved.

Question related to Digital Innovation and Technology

All four Trusts represented here have teams endeavouring to improve throughput and increase service delivery both in the community and their own sites with backlogs in outpatients etc. Does the ICB report the impact? Although digital is not the only solution it would be part of the solution in trying to get to where we need to be.

There is a strategy that is being developed by the acute provider collaborative and there is also a digital strategy about to be published for the ICB. When all four Trusts are running a single patient administration system there will be more opportunities to look at what more can be done. There is a piece of work taking place on how we can use technology to manage waiting lists and we continue to work with the national team on very innovative opportunities. There has also been digital improvement to workforce pathway's to support turn-around time for recruiting to posts.