



LONDON BOROUGH OF HILLINGDON

**HEALTH AND SOCIAL CARE  
OVERVIEW AND SCRUTINY COMMITTEE**

**2003/4**

*Final Report*

**VISION FOR HEALTH: OVERVIEW PROGRAMME**

***Members of the Committee***

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# CONTENTS

Chairman's Foreword

Executive Summary.....Page *i*.

\* \* \*

1. Introduction.....Page 1

2. Methodology & Research.....Page 3

3. Findings.....Page 6

    Focus Topic One: GPs Services Findings.....Page 6

    Focus Topic Two: Issues Around Medication Findings.....Page 10

    Focus Topic Three: Patients' Transport Findings.....Page 15

4. Closing Word.....Page 22

5. Acknowledgements.....Page 23

6. Bibliography.....Page 24

\* \* \*

Appendix 1: *Vision for Health*.....Page A1

Appendix 2: Work Programme.....Page A14

Appendix 3: Responsibilities and Actions Plan.....Page A15



## CHAIRMAN'S FOREWORD



This report is the Hillingdon Borough Council Health and Social Care Overview and Scrutiny Committee's analysis of the *Vision for Health* – Hillingdon PCT's strategy for service provision in the borough of Hillingdon. As a Committee, we have been particularly interested in the issues of GP services, medication and prescribing, and patients' transport.

Throughout the work programme we received a lot of information to assist the examination of the three central topics. The Committee and I are most grateful to those people who attended our meetings to inform and discuss with us the present situation, and suggested alternatives and alterations that would advance and improve the services provided.

The recommendations made in this report are aimed at improving the patients' and public's experiences of healthcare in the London Borough of Hillingdon, and to be incorporated into the ongoing progress in the health economy. The Committee and I hope that these recommendations will be endorsed as another step on the road to ensuring the highest levels of care provision, that is the target of all concerned.

I would like to thank not only those who assisted the Committee during this overview project, but also the many dedicated and hard working members of the healthcare community, who contribute so much to the well-being of so many.

*Catherine Dann*



## EXECUTIVE SUMMARY

The Health and Social Care Overview and Scrutiny Committee identified the *Vision for Health* document from Hillingdon PCT (which outlines the PCT's strategy for healthcare service provision in the borough) as one of its overview topics for the municipal year 2003/2004.

Due to the wide scope of the *Vision for Health*, the Committee decided to focus on three core areas which it considered key to both the patient experience and the provision of care within the borough. These three focus issues were:

- GP services,
- Medication / prescription issues, and
- Patients' transport

These three issues cover core elements of the patient experience, the quality of care, and the accessibility to health care.

The overview programme included hearing 'witnesses' from key organisations and positions relevant to each issue, and whose contributions were invaluable for the programme's outcomes. Information was also gained from best practice guidance and service examination documents from various national organisations and governmental bodies.

The information gathering exercise was very productive and gave rise to many issues that require attention by a range of organisations connected to healthcare provision in the borough. Through advice received from attendees at committee meetings and that included in best practice guidance, the Committee has composed several recommendations that aim to improve the experiences, safety, and quality of healthcare provision within the borough.

The Committee also noted the hard and dedicated work of, and added to the praise given to, several sections of the healthcare community. The Committee would like to applaud those who work in healthcare professions and those who volunteer or provide independent care support for their contribution to the overall healthcare community and to advancing the quality of care, and quality of life of those in resident in the borough (and beyond) who find themselves in need.

In the interests of improving the accessibility to and provision of healthcare services for the community, the Committee recommends on the topic of GP services:

- That Hillingdon PCT reviews the channels of communication between the Cancer Patient Service and GPs. With a look towards strengthening or improving timeliness of the flow of information between the two
- That all healthcare staff be gently reminded of the importance of providing emotional support for patients at all levels of care

- That the facilities for, and accessibility of, general phlebotomy services should be reviewed and assessed from the patients' perspective, and that this review is communicated back to the Health and Social Care OSC.
- That Hillingdon PCT conducts a survey of the mental health training received by primary care staff to identify the current training needs, and that a programme for training be drawn up where appropriate. The results of this survey are to be communicated back to the Committee
- That the Committee acknowledges the problems facing NHS Trusts in recruitment and retention of healthcare staff at all levels and welcomes measure to continue to, and advance, ways to address this situation.
- That joint working between NHS bodies and the Council is established to see how the issue of public sector employment can be addressed holistically.

On the topic of medication and prescribing issues, the Committee raised some concerns pertaining to the safety of staff and patients in view of the need for clarity of information provision and patient understanding of their treatment programme. The Committee subsequently recommends:

- That NHS Trusts in the borough ensure that patients remain well informed of their illness and treatment, so as to encourage effective self-management of illness by the patient.
- That in all possible circumstances, the treatment prescribed is understood and accepted by the patient.
- That pharmacies are to provide information in larger text size, and that this service be advertised to inform patients of the options open to them.
- That the PCT introduce a protocol to give a clear set of procedures for the communication of treatment and medication prescribed, to ensure consistency between different care sectors.
- That systems of e-booking and e-prescribing be explored or advanced to promote consistent and joined up working across the healthcare services.
- That a risk assessment of pharmacies be undertaken to raise awareness of and to look at the potential personal dangers facing pharmacists and what can be done to address them.
- That all pharmacies be fitted with panic buttons



- That the concerns of pharmaceutical workers on the issue of drug labelling be gathered and conveyed to the Strategic Health Authority and the Dept of Health, with a view to lobbying pharmaceutical manufacturers.
- That the PCT draws up a prescribing protocol which draws attention to the need for clarity of handwriting or advocating extending the use of computers for prescription writing. Also that a code is drawn up to ensure that decimal points in prescribed dosages is consistent across the borough, and wider afield if necessary

On the topic of patients' transport, the Committee recognises the wide range of difficulties resulting from impaired mobility, availability of transport, and geographic factor. So as to improve patient and public accessibility and the knowledge of travel options to healthcare facilities, the Committee recommends:

- That proposed alterations to NHS facilities that will alter patient numbers going to/from the facility are communicated to London Buses for consultation on optimal service possibilities.
- That public transport and access issues should be strongly considered by LBH Council when assessing proposed developments at and in the vicinity of health care facilities in the borough.
- That the Freedom Pass be extended on specific route(s) to enable patients who qualify for the Freedom Pass to travel to Watford General Hospital without cost
- That travel information (such as leaflets and posters) is made readily available in all surgeries and clinics in the borough and that:
  - a. The main bus routes to and from hospitals are clearly identified.
  - b. The criteria for PTS eligibility and contact numbers are clearly shown.
  - c. The service given by voluntary drivers is clearly shown and advertised.
- That the PCT includes in a staff newsletter / circular to all healthcare staff a synopsis of the transport options, patient eligibility, and contact numbers.
- That travel information is included in GPs' 'Practice Leaflet', so as to increase the information dissemination regarding travelling between healthcare facilities.
- That those bodies who commission Patients' Transport Services display information aimed at patients and public concerning the disruption to service that 'aborts' cause.

- That those bodies that commission Patients' Transport Services in the borough recognise the importance of transport to and from facilities as an integral part of the patient's journey, and health care provision, and a necessary adjunct to tackling social exclusion.
- That the Hillingdon Hospital NHS Trust surveys, and offers if required, first aid training to volunteer drivers to better equip them to provide a safer service.
- That volunteer driver services be contacted as first port of call for appoints within 48hours of booking. That, in sensitive cases, PTS be made available, where possible, at short notice upon clinical agreement of need.
- That the booking system and appointment arranging be reviewed by PTS commissioning bodies in conjunction with LAS to assess how appointments can be staggered to improve transport time keeping and efficiency.
- That parking arrangements at Trust facilities are reviewed and improvements / enlargements assessed. Such an assessment should feature strongly in any proposed alterations to the facilities and/or services provided at Hillingdon Hospital
- That the benefits that the Freedom Pass and Blue Badges can bring to those with unseen disabilities be noted by the relevant authorities and that eligibility for the Freedom Pass and Blue Badges for those with unseen disabilities are reviewed by Hillingdon Council in conjunction with Transport for London.



# 1. INTRODUCTION

1.1 Healthcare is one of the most important services that every member of the public will rely on at some point in their life. Within the London Borough of Hillingdon there is great variety in the population. This variety is reflected in the health needs of those within, and those who travel into, the borough to access healthcare services. It is with this variety and diversity of the wider community in mind, that the Health and Social Care Overview and Scrutiny Committee has undertaken the following programme.

1.2 Under the Health and Social Care Act 2001, the Health and Social Care Overview and Scrutiny Committee is charged with performing the overview and scrutiny role in relation to local NHS organisations. Due to the importance of healthcare and the NHS services to the local population, this is a task that is taken with great relish and sincerity by the Committee.

1.3 During the municipal year 2003/04, the Health and Social Care Overview and Scrutiny Committee ('the Committee') undertook an overview programme of health care provision in the borough of Hillingdon, with particular attention on Hillingdon PCT's outline for the development of healthcare in the borough; the *Vision for Health* (a copy of the *Vision for Health* is provided in Appendix 1). The overview programme sought to investigate and fulfil the following key issues:

- How the NHS, Hillingdon Borough Council and other agencies can best promote the health of residents, and
- How to improve the relationships with the key agencies and players.

1.4 The Committee's intention was to produce a final report satisfying the following desired outcomes:

- The production of recommendations to the NHS, Hillingdon Council and other agencies, mainly:
  - The creation of effective proposals to influence the development and ensure productive outcomes of the Vision For Health for the borough of Hillingdon.
- Enhanced community involvement, and
- The involvement and engagement of councillors, drawing attention to the identified needs of healthcare in the borough.

1.5 Hillingdon PCT's *Vision For Health* document gave four guiding principles for healthcare provision in the borough. These are:

- The people of Hillingdon should receive healthcare as close to the home as possible.
- Health is part of a wider network of care that supports people in the community in Hillingdon.
- The people of Hillingdon should receive the appropriate treatment in the appropriate place at the appropriate time.

- Allow patients to take control of their own chronic disease – education and support must be available for them to be ‘expert patients’.

1.6 The Committee has sought to keep these in mind in the creation of the following report. The Committee welcomes the underlying principles of the Vision For Health and supports the PCT and the Hillingdon Hospital Trust in their continuing efforts to advance the quality of healthcare and facilities in the borough for the good of the communities within and beyond the borough boundaries.

## 2. METHODOLOGY & RESEARCH

2.1 The three focus topics were identified and agreed upon by the Committee. This section outlines the importance of each of the three focus topics and how the Committee in the information gathering exercise undertaken received evidence.

### Focus Topic One: GP services

2.2 With the advance of primary care, GPs are being asked to provide increasingly more services and comply with Department of Health targets for seeing patients within 48 hours of first contact received from the patient. GP surgeries are the main starting point for the majority of 'patients' journeys' (the movement through the health service system as experienced by the patient).

2.3 As such, accessibility and service availability are key issues for the patient and General Practitioner alike.

### Focus Topic Two: Medication / Prescription

2.4 For the taking of medication to be effective and to enhance the patients' journey issues such as information dissemination, patient understanding, compliance (the taking of medication as instructed), are all crucial, especially in light of government advocacy of self-management of illness<sup>1</sup>. Pharmaceutical wastage and medication errors are other key problems facing the NHS at present.

2.5 The government is committed to reducing the number of serious errors in the use of prescribed drugs by 40%<sup>2</sup>. National drug wastage statistics suggest that up to 10% of prescribed drugs is not used or is discarded<sup>3</sup>. With Hillingdon PCT having a budget of £39million for prescribing, a 10% wastage level would translate into nearly £4million wasted.

2.6 With these two central tenets of government concern in mind, the Committee focused upon prescribing practice, schemes to reduce drug wastage, and the assistance given to patients to advance their understanding and ability to comply with medication instructions.

### Focus Topic Three: Patients' transport

2.7 Continuing the theme of accessibility noted in relation to GP services, the ability of individuals to access care facilities in the borough is dependent upon many facets. The layout of the major transportation infrastructure, being predominantly east-west, the propensity for the road network to jam,

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<sup>1</sup> Department of Health, *The Expert Patient: a new approach to chronic disease management for the 21<sup>st</sup> Century*; also, Department of Health, 'NHS Direct Digital TV' scheme.

<sup>2</sup> Department of Health, *An Organisation With A Memory*.

<sup>3</sup> The Pharmaceutical Journal, *How pharmacists can help to prevent wastage of prescribed medicines* (article)

combined with the mobility problems experienced by many of those requiring health care services mean that this is a very important issue. Transportation and accessibility are also essential elements of reducing social exclusion, and promoting the rights and opportunities to access health care that are common to all and essential for the promotion of public health and the well-being of the communities that live in the borough. Tackling social exclusion and promoting public health and well-being are council-wide priorities<sup>4</sup>, and the Committee recognises and reiterates the importance of these.

### How Evidence Was Received

2.8 Having identified the three central topics, the Committee identified those organisations and people who could assist in the work programme the best, by virtue of their professional experiences, area of work, and relevance of position to the topics at hand. The Committee questioned and received evidence from members of both healthcare and transport organisations to gain a deeper understanding of the current issues and problems facing patients, independent carers, and NHS healthcare workers in the borough.

2.9 Organisations involved in the information gathering exercise include:

- Hillingdon Primary Care Trust
- The Hillingdon Hospital NHS Trust Voluntary Services Section
- MIND, The National Association for Mental Health
- The Macmillan Cancer Service
- Transport for London – London Buses
- The London Ambulance Service – Patient Transport Services
- U-Can Ask Angels, charity organisation

2.10 Evidence from attendees was received by way of semi-structured questions, seen by the attendee in advance, and an open question-and-answer session after the initial question and presentation session. The semi-structured questions were designed so as to cover all central aspects of the focus topics and allow attendees to elaborate accordingly, thus not being restrictive of the information provided.

2.11 In addition to the information received from attendees to the Health and Social Care Overview and Scrutiny Committee meetings, the Committee took into account numerous documents related to best practice guidance, problem identification, and service requirements.

2.12 These documents were published by a variety of organisations, including:

- The Department of Health
- The Audit Commission

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<sup>4</sup> Hillingdon Borough Council, *Leader's Statement and Council Strategy 2003/04*

- The Social Exclusion Unit
- The Mayor of London's Office
- The Royal Pharmaceutical Society

2.13 Upon consideration of the evidence and information received, the Committee assessed the identified needs and made the recommendations covered in the next section.



### 3. FINDINGS

3.1 The information gathering exercise was very productive and served to highlight issues that require attention. This section covers those issues that were identified by attendees and the Committee as either currently or potentially problematic, and the suggestions given as to how these problems could be tackled. This section also conveys the praises of some service areas and actions that were applauded in the information gathering exercise. A summary table of these recommendations, outlining responsibilities for actions to be taken is provided in Appendix 2.

#### Focus Topic One: GP services

3.2 During a patient's journey through the receipt of assessment, diagnosis, prescription, treatment, and discharge, the patient may be seen by a number of healthcare services, in different facilities and locations and by a number of healthcare staffs. With this in mind, and acknowledging the Vision For Health's principles of "appropriate treatment in the appropriate place at the appropriate time"<sup>5</sup> and that "education and support must be available for them (patients) to be 'expert patients'"<sup>6</sup>, the Committee inquired on matters pertaining to the communication of information between staff and patients, and between staff groups, locations, and service sections. The Committee is aware of the continuing development of electronic forms of communication and the creation of databases and information systems and appreciates that pilot programmes have occurred and that the capacity of e-communication is an ongoing development within healthcare services in general.

3.3 Efficient communication of information pertaining to the treatment and medication of patients between service sections is crucial for full healthcare providers to be fully aware of the patient's needs and treatment to date. Channels of communication need to be fast and efficient: Improvements in effective communication are required due to changes in healthcare delivery, which have resulted in shorter stays (thus giving less time to communicate information to patients and primary care professionals) and improved access to day case surgery<sup>7</sup>.

3.4 The Committee heard that in the cancer services there are at times occasions when information is not disseminated across all connected parties, resulting in reactive, not proactive working. In addition, Hillingdon PCT was rated as "below average" on the performance indicator 'safe,

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<sup>5</sup> Hillingdon PCT, *Vision for Health*

<sup>6</sup> *Ibid.*

<sup>7</sup> *Communication Across Interface*, Department of Health 2003, [http://www.dh.gov.uk/PolicyAndGuidance/ResearchAndDevelopment/ResearchAndDevelopmentAZ/PrimaryAndSecondaryCareInterface/PrimaryAndSecondaryCareInterfaceArticle/fs/en?CONTENT\\_ID=4015596&chk=279MCN](http://www.dh.gov.uk/PolicyAndGuidance/ResearchAndDevelopment/ResearchAndDevelopmentAZ/PrimaryAndSecondaryCareInterface/PrimaryAndSecondaryCareInterfaceArticle/fs/en?CONTENT_ID=4015596&chk=279MCN)

high-quality, co-ordinated care<sup>8</sup> (this indicator covers patients' experience of these aspects of care, such as coordination of care following referral). The Committee therefore recommends that the Hillingdon PCT reviews the channels of communication between the Cancer Patient Service and GPs. That this review looks towards strengthening or improving the timeliness of the flow of information between the two.

Recommendation 1

***That the Hillingdon PCT reviews the channels of communication between the Cancer Patient Service and GPs. That this review looks towards strengthening or improving the timeliness of the flow of information between the two.***

3.5 The timely flow of information is important for the underlying organisation of care services and effective working, for the benefit of both care professionals and patients. Effective care provision is dependent upon both effective organisation behind the scenes, and in meeting the patient's needs. The Committee heard evidence from lead workers representing the care interests of major patient groups – those patients with cancer, and those patients with mental health problems. The Committee acknowledges the professionalism, dedication and patient support that is provided by healthcare workers, however to help ensure the continuation of this support, the Committee recommends that all healthcare staff be gently reminded of the importance of providing emotional support for patients at all levels of care.

Recommendation 2

***That all healthcare staff be gently reminded of the importance of providing emotional support for patients at all levels of care***

3.6 The Committee believes that healthcare should be holistic – emotional support is often just as important as the physiological effects of medication. Evidence received gave accounts of patients in need of emotional support in times of crisis pertaining to their health (especially in relation to the trauma associated with coming to terms with the potential effects of cancer) being pushed through appointments due to the pressures of work on GPs and healthcare workers. The above recommendation aims to reassert the need for awareness of the emotional support that some patients require, and that is necessary for patient understanding of treatment.

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<sup>8</sup> *Hillingdon PCT- NHS performance ratings (July 2003): trust detail report*, Commission for Health Improvement, [http://www.chi.nhs.uk/Ratings/Reports/PctTrustDetail.asp?TrustCode=5AT#improving\\_health](http://www.chi.nhs.uk/Ratings/Reports/PctTrustDetail.asp?TrustCode=5AT#improving_health)

“The main area GPs can help (cancer patients) is giving time and support to a patient in times of crisis. Sometimes a busy waiting room can reduce this attention”

- Macmillan Care Nurse

3.7 Pressures on GPs and healthcare workers include staff shortage, resulting from difficulties with the recruitment and retention of all healthcare staffs. In the NHS performance review undertaken by the Commission for Health Improvement (CHI), Hillingdon PCT “under achieved 1 out of 9 key targets: Access to a Primary Care Professional”<sup>9</sup>. This is a national problem facing the NHS. Such a situation can result in greater reliance on agency staff and recruiting from overseas. The Committee acknowledges the problems facing NHS Trusts in recruitment and retention of healthcare staff at all levels and welcomes all measures to continue to, and advance, ways to address this situation. The Committee also acknowledges that recruitment and retention issues are heavily connected with the ‘liveability’ of the borough. For example, the cost of establishing new GP practices is extremely high; also, accommodation and general living costs are continually rising, These prohibitive prices preventing or deter an inward flow of workers, making the borough an uneconomical place to seek employment in the health sector.

Hillingdon PCT under achieved in 1 out of 9 key targets:  
Access to a Primary Care Professional

- *NHS performance ratings (July 2003): trust detail report*, Commission for Health Improvement,

3.8 This is a predicament that the NHS cannot fully address without support and cooperation from the local authority and possibly central government. The Committee recommends that joint working arrangements between NHS bodies and the Council be established to investigate how the issue of public sector employment can be addressed holistically. The Council is reminded that recruitment and retention difficulties are widespread across the public sector workforce and address of this issue is central to the maintenance and improvement of public sector organisations.

### Recommendation 3

***That joint working arrangements between NHS bodies and the Council be established to see how the issue of public sector employment can be addressed holistically.***

<sup>9</sup> *Hillingdon PCT- NHS performance ratings (July 2003): trust detail report*, Commission for Health Improvement,  
[http://www.chi.nhs.uk/Ratings/Reports/PctTrustDetail.asp?TrustCode=5AT#improving\\_health](http://www.chi.nhs.uk/Ratings/Reports/PctTrustDetail.asp?TrustCode=5AT#improving_health)

3.9 Concerns were raised over the level of training healthcare staffs received regarding mental health awareness and guidance on how to care for those who have mental illness. To ascertain whether these concerns are valid, the Committee recommends that Hillingdon PCT undertakes a survey of the mental health training received by primary care staff is undertaken to identify the current training needs. The results of this survey are to be communicated back to the Committee. The need for a training programme to be drawn up will be determined once the survey has been completed.

Recommendation 4

***That Hillingdon PCT conducts a survey of the mental health training received by primary care staff to identify the current training needs, and that a programme for training be drawn up where appropriate. The results of this survey are to be communicated back to the Committee.***

3.10 The Committee received evidence of pertaining to the taking of blood tests of those with mental health problems. Of special concern was the account that patients taking the anti-psychotic drug Clozapine (which requires patients to have regular blood tests; every three to four weeks) have to attend the acute mental health unit on a Tuesday morning (between 9am and 9:30am). The problem with this is that a side effect of Clozapine is that the patient has great difficulty getting up early. The central issue here is accessibility to services. The decision to provide monitoring blood test services at GP surgeries is at the discretion of the GP(s), which can also adversely affect the accessibility of this service. The Committee therefore recommends that the facilities for, and accessibility of, general phlebotomy services should be reviewed and assessed from the patients' perspective (by Hillingdon PCT), and that this review is communicated back to the Health and Social Care OSC. The Committee believes that such a review should be undertaken to advance the options open to patients and therefore improve the patients' choice dimension to this practice.

Recommendation 5

***That the facilities for, and accessibility of, general phlebotomy services should be reviewed and assessed from the patients' perspective (by Hillingdon PCT), and that this review is communicated back to the Health and Social Care OSC***

## Focus Topic Two: Issues around medication:

- 3.11 Medication constitutes a major section of the treatment process. Safety issues for prescribing, dispensing, and the taking of drugs are very important for effective care. Practice has shown that patients who develop a good understanding of their illness and are aware of the reasons behind treatment comply better with medical directions. Government policy is to advance the education of those with chronic disease to promote self-management of illness. Guidance states that “communications with GPs, patients, carers and community pharmacists about discharge medication should be timely and comprehensive”<sup>10</sup>, and that “staff should ensure that patients or their primary carers understand their discharge medicines and are able to take/administer them properly”<sup>11</sup>.
- 3.12 Non-compliance with medication instructions can have serious consequences on the patient; from a deterioration of health through not taking sufficient medication, to problems connected with overdosing. Such occurrences not only affect the patient, but also the NHS, as more problems are created which in turn require further remedy. The Committee supports the PCT’s move away from ‘compliance’ (the following of direction) towards ‘concordance’ (the adherence to an agreement between patient and GP/clinician about the taking of medication). Due to the overriding concerns over the benefits to both patient and service that arrive through education of condition and treatment, the Committee recommends that NHS Trusts in the borough ensure that patients remain well informed of their illness and treatment, so as to encourage effective self-management of illness by the patient.

### Recommendation 6

***That NHS Trusts in the borough ensure that patients remain well informed of their illness and treatment, so as to encourage effective self-management of illness by the patient.***

- 3.13 Understanding one’s illness is the first step to self-management of that illness, to facilitate this with regards to prescribed medication there is a need to ensure that the medication, and the associated need to take it in accordance with instructions is understood by the patient.
- 3.14 Hillingdon PCT was rated as “significantly below average” for ‘building closer relationships’<sup>12</sup> (Building closer relationships covers patients’

<sup>10</sup> *Building a Safer NHS for Patients*, Department of Health, 2003, p167

<sup>11</sup> *Ibid.* p168

<sup>12</sup> *Hillingdon PCT- NHS performance ratings (July 2003): trust detail report*, Commission for Health Improvement,  
[http://www.chi.nhs.uk/Ratings/Reports/PctTrustDetail.asp?TrustCode=5AT#improving\\_health](http://www.chi.nhs.uk/Ratings/Reports/PctTrustDetail.asp?TrustCode=5AT#improving_health)

experience of these aspects of care, such as quality of communication with clinical staff) in the NHS Performance Ratings Review (July 2003). The Committee therefore recommends that in all possible circumstances, the treatment prescribed is understood and accepted by the patient.

Recommendation 7

***That in all possible circumstances, the treatment prescribed is understood and accepted by the patient.***

- 3.15 The above recommendation relates to the duty of the prescriber and dispenser to convey information about the medication to the patient. Another important source of information, and therefore understanding, is the information leaflet that accompanies all medications. Typically the font size of the writing on these leaflets is small, presenting difficulties for patients to read, especially those more elderly patients. The Committee recommends that pharmacies provide information in a larger text size, and that this service be advertised to inform patients of the options open to them.

Recommendation 8

***That pharmacies are to provide information in larger text size, and that this service be advertised to inform patients of the options open to them.***

- 3.16 To address this issue and others at the source of the problem, the Committee recommends that pharmaceutical manufacturers be lobbied on this issue. The Committee's recommendation for issues on which lobbying should occur includes:
- Drug information leaflet text size
  - Clarity of text language on drug information leaflets
  - Labelling of generic drugs, according to both dosage and drug,

Recommendation 9

***That the concerns of pharmaceutical workers on the issue of drug labelling be gathered and conveyed to the Strategic Health Authority and the Department of Health, with a view to lobbying pharmaceutical manufacturers***

- 3.17 For lobbying to be a properly concerted effort, the concerns of pharmaceutical workers with the PCT and NHS Hospital Trust should be canvassed, and these concerns conveyed to the North West London Strategic Health Authority and the Department of Health. These concerns are reflected in the 'recommendations for safer medicines through improved labelling and packaging'<sup>13</sup>. The Department of Health

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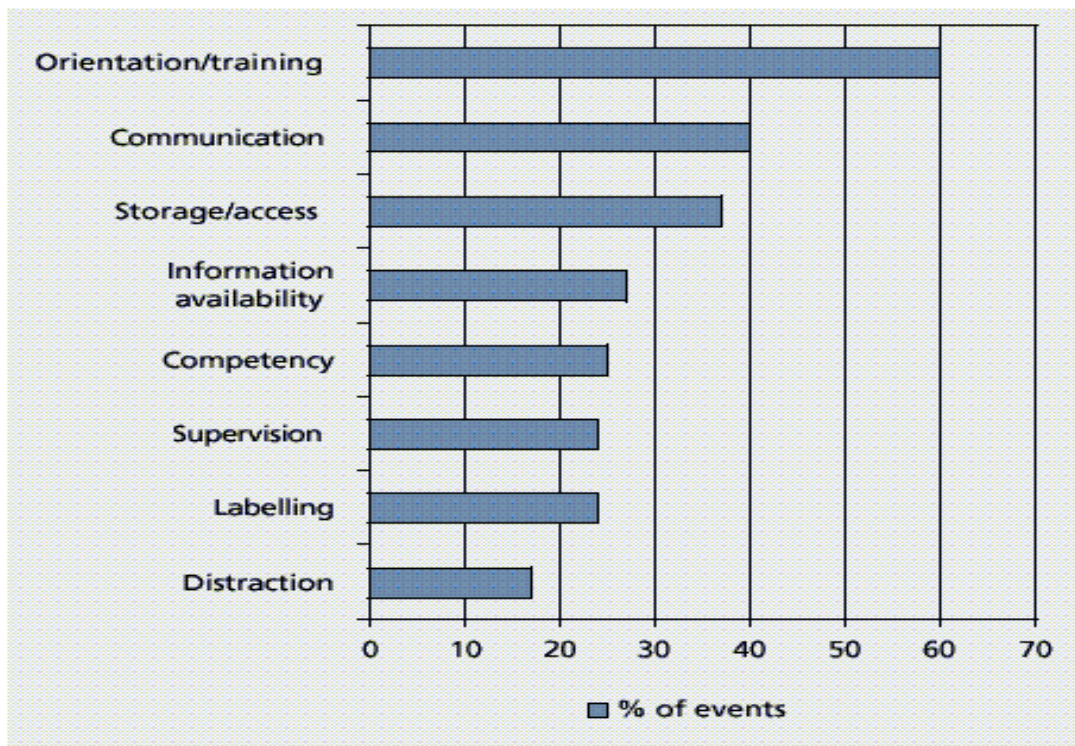
<sup>13</sup> *Ibid.* p167

also notes that; “some of the most serious incidents (of prescribing error) occur as a result of the mistaken administration of the wrong drugs. One of the causes of these errors is that very different medications are presented to clinicians in almost identical packaging. These errors are avoidable and medicines should be packaged in such a way that this confusion is removed”.

3.18 Although no system can be one hundred percent fool proof, ensuring as fuller medication safety as possible depends on many factors. About 1.5 million prescriptions are written by GPs in England every day and a further 0.5 million in hospitals daily<sup>14</sup>. Due to human factors, it is inevitable that some errors will occur. Medication or prescribing errors can be very harmful for patients. When errors occur they rarely happen because of one failure only (see Table 1 below). The Department of Health claims that; “it would be a mistake to assume that all medication error was prescribing error. Review of prescriptions by a pharmacist in hospital or the community can detect and prevent many prescribing errors but prescribing is only one aspect of the process of medication use. There is usually multiple breakdown in the system”.

Table 1.<sup>15</sup>

Figure 4.1 Root Causes of Medication Errors



Source: (c) Joint Commission: Preventing Adverse Events in Behavioural Health Care: A Systems Approach to Sentinel Events. Oakbrook Terrace, IL: Joint Commission on Accreditation of Healthcare Organizations. Used with permission.

<sup>14</sup> Statistics from Dept. of Health: <http://www.publications.doh.gov.uk/buildsafenhs/ch4.htm>

<sup>15</sup> Table extracted from ‘Building a Safer NHS for Patients: Implementing An Organisation with a Memory’, Department of Health, <http://www.publications.doh.gov.uk/buildsafenhs/ch4.htm>

3.19 Table 1 shows that training levels of communication are to two chief factors in medication errors. The Committee raised concerns over the continued use of handwritten prescriptions and the lack of a protocol on the use of decimal points in dose quantities in prescriptions. The Committee acknowledges that most pharmacists will double check the details of a prescription should uncertainty occur. However, to reduce the chances of error, and in light of the data contained within Table 1, the Committee recommends that Hillingdon PCT draws up a prescribing protocol which draws attention to the need for clarity of handwriting or advocating extending the use of computers for prescription writing. Also that a code is drawn up to ensure that decimal points in prescribed dosages is consistent across the borough, and wider a field if necessary. The Committee points to those best practice recommendations made by the Chief Pharmaceutical Officer included in the report *Building a Safer NHS: Improving Medication Safety*, such as “particular attention should be paid to checking the accuracy of complex dose calculations”<sup>16</sup>

Recommendation 10

***That Hillingdon PCT draws up a prescribing protocol which draws attention to the need for clarity of handwriting or advocating extending the use of computers for prescription writing. Also that a code is drawn up to ensure that decimal points in prescribed dosages is consistent across the borough, and wider a field if necessary***

3.20 In addition, resulting from evidence received during the information gathering exercise, and from data in Table 1, the Committee believes that there is a need for NHS organisations to endorse a set of procedures detailing the channels of communication between healthcare sectors and facilities so as to provide guidance and a identified set of actions for staff to facilitate the distribution of all relevant information regarding a patient’s condition, treatment and medication. The NHS Chief Pharmaceutical Officer has stated that; “shared care protocols should address medication issues comprehensively”<sup>17</sup>. The Committee believes that channels of communication need to be included in the formulation of such care protocols and hopes that this recommendation initiates such actions accordingly.

Recommendation 11

***That Hillingdon PCT introduces a protocol to give a clear set of procedures for the communication of treatment and medication prescribed, to ensure consistency between different care sectors***

<sup>16</sup> *Building a Safer NHS: Improving Medication Safety*, Chief Pharmaceutical Officer, Department of Health, 2004.

<sup>17</sup> *Ibid.*



3.21 To accompany this protocol, the Committee endorses the exploration of e-booking and e-prescribing systems as a fast and efficient method for information dissemination, and should provide the basis for future maintenance of consistency across healthcare services. The Committee therefore recommends that systems of e-booking and e-prescribing be explored or advanced to promote consistent and joined up working across the healthcare services.

Recommendation 12

***That systems of e-booking and e-prescribing be explored or advanced to promote consistent and joined up working across the healthcare services.***

3.22 Advancing medication safety benefits service user and service provider alike. The health benefits for the service user are obvious; the benefits for NHS organisations include reducing the chances of litigation resulting from prescribing errors. The Committee acknowledges the work of community pharmacists and the important role they play in the patient's journey. The advice and assistance given to patients represents another important service in the healthcare sector.

3.23 In light of the nature of the contents of pharmacies, and the voluntary services undertaken by some pharmacies, such as the delivery of prescriptions to less mobile patients, concerns for the personal safety of the pharmacy workers were raised. The Committee recommends that a risk assessment of pharmacies be undertaken to raise awareness of and to look at the potential personal dangers facing pharmacists and what can be done to address them. The Committee also recommends that all pharmacies be fitted with panic alarms.

Recommendation 13

***That a risk assessment of pharmacies be undertaken to raise awareness of and to look at the potential personal dangers facing pharmacists and what can be done to address them.***

Recommendation 14

***That all pharmacies be fitted with panic alarms***

### Focus Topic Three: Patients' transport:

3.24 Patients' transport is a central tenet of patients' needs. NHS services should be open and accessible to all. Transportation is often the first and last stage in the patient's journey and should not be overlooked. Accessibility of healthcare is one aspect of tackling social exclusion.

#### Social Exclusion & Healthcare: Statistics

- 31 per cent of people without a car claim to have difficulties in travelling to their local hospital.
- Over 1.4million people say they have missed, turned down, or chosen not to seek medical help over the last 12months because of problems with transport.

- *Making the Connections: Final Report on Transport and Social Exclusion (Summary)*: Social Exclusion Unit, 2003, p2.

3.25 Accessibility depends on several factors<sup>18</sup>:

- Whether transport connections exist between people and services
- Whether people know about the transport options
- Whether people trust the reliability of, and feel safe using, the transport service.
- Whether people are physically and financially able to use the transport service.

3.26 Currently there are four main transportation options open to patients in a non-emergency situation:

- Patients Transport Service (PTS): non-emergency ambulances commissioned by hospitals from the London Ambulance Service.
- Public transport: Buses, underground, rail network, etc.
- Personal transport: Patients own cars, or lifts from friends/family.
- Voluntary sector transport: Voluntary transport services organised through hospitals, or community groups.

3.27 The Committee recognises the need for effective planning of transport options. Transportation must be integral to the provision of healthcare and wider services provided by the NHS and healthcare facilities in general. The Committee heard evidence pertaining to the present bus stop facilities at the Hillingdon Hospital, which are situated on a busy section of Pield Health Road, and add to the congestion around the entrance/exit to hospital facilities. This was described by a representative of London Buses as a missed opportunity to establish bus stops off the road, so as to ameliorate the traffic situation, and allow provision of an enclosed waiting area, which would enhance the patients' and public's journey experience.

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<sup>18</sup> *Making the Connections: Final Report on Transport and Social Exclusion (Summary)*: Social Exclusion Unit, 2003, p2.

- 3.28 The Mayor of London's Transport Strategy aims at creating "an accessible city: with fast, efficient and comfortable means of transport, and access to...health"<sup>19</sup>, this is seen as partially dependent upon "making radical improvements to bus services...including increasing the bus system's capacity, improving reliability and increasing the frequency of services...(so as to improve)..the accessibility of London's transport system so that everyone, regardless of disability, can enjoy living in working in and visiting the Capital, thus improving social inclusion"<sup>20</sup>
- 3.29 To place transportation, and the planning of accessibility of healthcare facilities in the future, the Committee recommends that proposed alterations to NHS facilities that will alter patient numbers going to/from the facility are communicated to London Buses for consultation on optimal service possibilities. The Committee also reminds the London Borough of Hillingdon Council of its responsibilities towards addressing social exclusion in relation to healthcare. The Committee recommends that public transport and access issues should be strongly considered by LBH Council when assessing proposed developments at and in the vicinity of health care facilities in the borough.

Recommendation 15

***That proposed alterations to NHS facilities that will alter patient numbers going to/from the facility are communicated to London Buses for consultation on optimal service possibilities***

Recommendation 16

***That public transport and access issues should be strongly considered by LBH Council when assessing proposed developments at and in the vicinity of health care facilities in the borough.***

- 3.30 Concerns were raised that the Freedom Pass does not extend as far as Watford General Hospital. In light of the changing service provision at Mount Vernon Hospital, the accessibility of patients in the borough is being compromised, when the present situation is assessed according to the aforementioned criteria detailed by the Social Exclusion Unit (page 15). To address this situation, the Committee recommends that the Freedom Pass be extended on specific route(s) to enable patients who qualify for the Freedom Pass to travel to Watford General Hospital without cost.

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<sup>19</sup> *Transport Strategy (Executive Summary)*, The Mayor of London, p4

<sup>20</sup> *Ibid.* p5

Recommendation 17

***That the Freedom Pass be extended on specific route(s) to enable patients who qualify for the Freedom Pass to travel to Watford General Hospital without cost***

- 3.31 The Freedom Pass and Blue Badge scheme are very liberating for many elderly and disabled citizens. For disabled people, the Blue Badge scheme is currently based upon physical mobility levels. The Committee heard evidence from charity organisations calling for an extension to the scheme, so that those with unseen disabilities, such as autistic spectrum disorders and mental health problems, can benefit from the Blue Badge (or similar) scheme. Greater accessibility of services, and ability to travel, provided by the above schemes can increase the freedom and psychological well-being of those with mental health illnesses, making a valuable contribution to their quality of life. Parents and carers who support those with autistic spectrum disorders, or learning and behavioural difficulties experience problems in accessing services and providing support for the patient throughout journeys. The provision of Blue Badges would enable such carers to use designated parking spaces closer to the entrances of facilities, which would assist in promoting their ability to access a wide range of services.
- 3.32 The Committee therefore recommends that the benefits that the Freedom Pass and Blue Badges can bring to those with unseen disabilities be noted by the relevant authorities and that eligibility for the Freedom Pass and Blue Badges for those with unseen disabilities are reviewed by Hillingdon Council in conjunction with Transport for London.

Recommendation 18

***That the benefits that the Freedom Pass and Blue Badges can bring to those with unseen disabilities be noted by the relevant authorities and that eligibility for the Freedom Pass and Blue Badges for those with unseen disabilities are reviewed by Hillingdon Council in conjunction with Transport for London.***

- 3.33 As mentioned earlier, one pillar on which accessibility is based is the awareness of the public as to what services are available, how they can be contacted, and other criteria, such as eligibility. Patients Transport Service is based upon physical need: users must be clinically identified as eligible. The Hillingdon Hospital Voluntary Transport Service is based on social need, those who are not physically eligible for PTS can be transported to healthcare facilities by voluntary drivers.
- 3.34 Evidence received by the Committee accounted that confusion and a lack of knowledge of the service options available to patients exists. To

raise awareness, as a step towards maintaining a smooth-running and well-known range of transport options, the Committee recommends the following. That travel information (such as leaflets and posters) is made readily available in all surgeries and clinics in the borough and that:

- a. The main bus routes to and from hospitals are clearly identified.
- b. The criteria for PTS eligibility and contact numbers are clearly shown.
- c. The services given by voluntary drivers is clearly shown and advertised

3.35 Also, the Committee recommends; that Hillingdon PCT distribute include in staff newsletter / circular to all healthcare staff a synopsis of the transport options, patient eligibility, and contact numbers. And; that travel information is included in GPs' 'Practice Leaflet', so as to increase the information dissemination regarding travelling between healthcare facilities.

Recommendation 19

***That travel information (such as leaflets and posters) is made readily available in all surgeries and clinics in the borough and that:***

- a. The main bus routes to and from hospitals are clearly identified.***
- b. The criteria for PTS eligibility and contact numbers are clearly shown.***
- c. The services given by voluntary drivers is clearly shown and advertised.***

Recommendation 20

***That Hillingdon PCT distribute include in staff newsletter / circular to all healthcare staff a synopsis of the transport options, patient eligibility, and contact numbers.***

Recommendation 21

***That travel information is included in GPs' 'Practice Leaflet', so as to increase the information dissemination regarding travelling between healthcare facilities***

3.35 These recommendations are designed to add to and advance the recommendations of the Audit Commission and Social Exclusion Unit which include that "commissioning bodies should publicise the Hospital

Travel Costs Scheme adequately”<sup>21</sup> and that the Department of Health should “develop options to deliver a one-stop-shop approach to provide information and advice on getting to healthcare facilities and book transport where appropriate”<sup>22</sup>

- 3.36 Patient Transport Services are often disrupted by ‘aborts’: when patients do not cancel transport arrangements through the PTS, thus adding unnecessarily to the ambulance’s journey time, and delaying other patients. The Audit Commission’s examination of PTS showed that “one in three ambulance services providing data each received over £250,000 from hospitals in 1999/2000 to cover the cost of aborted journeys”<sup>23</sup>. Minimising these ‘aborts’ is the most effective short-term way to improve the service provision of PTS and greatly benefit the purse strings of hospitals. The Committee believes that the problems abortions make for other patients (longer discomfort in ambulance/whilst travelling; increased journey time) should be publicised to raise awareness of the inconvenience caused. It is hoped that this will reduce the number of abortions in the future. The Committee therefore recommends that those bodies who commission Patients’ Transport Services display information aimed at patients and public concerning the disruption to service that ‘aborts’ cause.

Recommendation 22

***That those bodies who commission Patients’ Transport Services display information aimed at patients and public concerning the disruption to service that ‘aborts’ cause.***

- 3.37 In the longer term, the PTS could possibly be improved by developing a ‘staggered’ system, enabling greater flexibility and efficient use of resources. A staggered system would remove the occurrence of peaks and troughs in demand, smoothing the flow of patients into/out of/between healthcare facilities. This would require co-ordination between locations and synchronise appointment-setting with transport availability. The Committee recommends that the booking system and appointment arranging be reviewed by PTS commissioning bodies in conjunction with the London Ambulance Service to assess how appointments can be staggered to improve transport time keeping and efficiency.

Recommendation 23

***That the booking system and appointment arranging be reviewed by PTS commissioning bodies in conjunction with the London Ambulance Service to assess how appointments can be staggered to improve transport time keeping and efficiency.***

<sup>21</sup> *Improving Non-Emergency Patient Transport Services*, The Audit Commission, 2001

<sup>22</sup> *Making the Connections: Final Report on Transport and Social Inclusion*, Social Exclusion Unit, 2003

<sup>23</sup> *Improving Non-Emergency Patient Transport Services*, The Audit Commission, 2001

- 3.38 To reiterate the earlier point that transport services should be treated with the attention due, the Committee recommends that those bodies that commission Patients' Transport Services in the borough recognise the importance of transport to and from facilities as an integral part of the patient's journey, and health care provision, and a necessary adjunct to tackling social exclusion. This view is echoed in the Audit Commission's report *Improving Non-Emergency Patient Transport Services*, 2001, which regards patients' transport as "a core part of the NHS".

Recommendation 24

***That those bodies that commission Patients' Transport Services in the borough recognise the importance of transport to and from facilities as an integral part of the patient's journey, and health care provision, and a necessary adjunct to tackling social exclusion.***

- 3.38 Voluntary transportation services currently provide service based on social need. Currently there are 35 volunteer drivers for the Voluntary Services Transport at Hillingdon Hospital. The Committee commends the work and dedication of these drivers. To help ensure that the voluntary service is as safe as possible, the Committee recommends that the Hillingdon Hospital NHS Trust surveys, and offers if required, first aid training to volunteer drivers to better equip them to provide a safer service. This recommendation has a view to developing the safety of the voluntary service for patients, and to ensure that volunteer drivers feel capable and confident in being able to handle potentially problematic situations.

Recommendation 25

***That the Hillingdon Hospital NHS Trust surveys, and offers if required, first aid training to volunteer drivers to better equip them to provide a safer service.***

- 3.39 Earlier recommendations (see page 18) were designed to raise awareness and combat misunderstanding over what service is most suitable/what service the patient is eligible for. The Committee heard evidence of sensitive cases (such as cancer patients going home for their last days) not being easy to accommodate due to booking requirements – the disclosure of information 48 hours in advance of the journey to allow for route planning. Problems in these situations can be especially traumatic for the patient and their family members. The Committee therefore recommends that volunteer driver services be contacted as first port of call for appoints within 48 hours of booking. And; that, in sensitive cases, PTS be made available, where possible, at short notice upon clinical agreement of need.

Recommendation 26

***That volunteer driver services be contacted as first port of call for appoints within 48hours of booking. And; that, in sensitive cases, PTS be made available, where possible, at short notice upon clinical agreement of need.***

- 3.40 In addition to the transport services provided by the PTS and voluntary organisations, and public transport facilities, the Committee acknowledges the problems connected with parking at healthcare facilities, especially at the Hillingdon Hospital. Parking is a necessity for many staff members, patients, and visitors. To address the parking problems currently experienced, the Committee recommends that parking arrangements at NHS Trust facilities are reviewed and improvements / enlargements assessed. Such an assessment should feature strongly in any proposed alterations to the facilities and/or services provided at Hillingdon Hospital. In light of the proposed Strategic Outline Case for development (to be presented to the Department of Health in April 2004) the above recommendation is adaptable, subject to the approval of the Strategic Outline Case. In this instance the Committee recommends that the above recommendation be incorporated into the development plans, in addition to the earlier recommendation; *“That those bodies that commission Patients’ Transport Services in the borough recognise the importance of transport to and from facilities as an integral part of the patient’s journey, and health care provision, and a necessary adjunct to tackling social exclusion”* (page 20).

Recommendation 27

***That parking arrangements at NHS Trust facilities are reviewed and improvements / enlargements assessed. Such an assessment should feature strongly in any proposed alterations to the facilities and/or services provided at Hillingdon Hospital***



## 4. CLOSING WORD

4.1 The Committee's intention was to produce a final report satisfying the following desired outcomes:

- The production of recommendations to the NHS, Hillingdon Council and other agencies, to influence the development and ensure productive outcomes of the *Vision For Health* for the borough of Hillingdon.
- Enhanced community involvement, and
- The involvement and engagement of councillors, drawing attention to the identified needs of healthcare in the borough.

4.2 The recommendations included in this report are uniformly aimed at raising awareness of issues and suggesting actions to be incorporated into the continuing development of healthcare provision with the borough, to improve the patient experience, safety, and quality of service provided. These recommendations are conducive to the fulfilment of the *Vision for Health's* four guiding principles:

- That the people of Hillingdon should receive healthcare as close to the home as possible.
- That health is part of a wider network of care that supports people in the community in Hillingdon.
- That the people of Hillingdon should receive the appropriate treatment in the appropriate place at the appropriate time.
- That patients must be allowed to take control of their own chronic disease – that education and support must be available for them to be 'expert patients'.

4.3 This report serves as an awareness-raising item for all councillors. The Committee draws special attention to those issues which transcend the boundaries of 'health' and which require attention in many areas as part of a concerted effort of address. These issues are:

- Transportation facility planning, and the use of Section 106 as a method for ensuring benefits for local communities,
- The problem of social exclusion resulting from difficulties accessing transport services
- Problems concerning the recruitment and retention of public sector staff, including the liveability of the borough in the longer term planning of public sector workers.

4.4 The Committee believes the recommendations included in this report to be beneficial to the service provision and patient experience, and looks forward to continuing its work with the PCT, Hillingdon Hospital Trust, Hillingdon Borough Council directorates and voluntary sector organisations in the future.

## 5. ACKNOWLEDGEMENTS

For their kind participation in the work programme, the Committee thanks;

- Mr Graeme Betts,
- Mr James Broad,
- Mrs Liz Bunker,
- Mr Paul Cain-Renshaw,
- Mrs Tina Dinch,
- Dr Paul Goodwin,
- Mrs Janis Hull,
- Mrs Madeline King,
- Mrs Anne Robinson,
- Mr David Ryder,
- Mrs Usha Shah, and
- Mr Richard Shirley.

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## **APPENDIX 1: VISION FOR HEALTH**



### **VISION FOR HEALTH IN HILLINGDON**

#### **FOREWORD**

For the vast majority of people, good health is one of the basic requirements for a good quality of life. Hillingdon PCT is committed to ensuring that people in Hillingdon have good health and access to a wide range of high quality, local, accessible services. The PCT has developed ambitious plans to ensure that there are a wide range of health services covering primary, community and hospital care. These plans are being developed with partner organisations and with the support of the Strategic Health Authority.

What has become clear to the PCT is that there is a need to build on the excellent services which already exist in Hillingdon and to modernise these services to ensure that they are fit to meet the needs and new demands of the diverse communities living in the borough. Services need to be redesigned and new facilities are required from which to provide them.

In developing plans to implement these developments, there has been discussion with and involvement of clinicians, staff, users, the public and partner organisations. However, there has not been the level of involvement so far that the PCT wants. Therefore, this document will be used as the basis for ongoing engagement of all these stakeholders.

At the heart of its plans, the PCT seeks to ensure that health services are integrated, local and accessible and that they are responsive to the diverse needs of the communities in Hillingdon. By developing local primary, community and hospital services, the whole process of maintaining good health will be simpler and more straightforward.

This Vision requires further more detailed work and the PCT will engage clinicians, staff, users, the public and partner organisations in its development. In this way, the ambitious plans that the PCT has for health services in Hillingdon can be realised. It looks forward to working with all of these stakeholders in the development and implementation of this Vision.

Sarah Pond  
Chair, Hillingdon PCT

Gurdas Sethi & Steven Shapiro  
Joint Chairs, Hillingdon PEC

Graeme Betts  
Chief Executive

## **The Planning Context**

### **NHS Plan 2000**

The NHS Plan sets out the objectives and priorities for the NHS within a ten-year programme of reform based on the vision of a health service designed around the patient. In Hillingdon, the emphasis has been to ensure that plans are in place for users to receive the right services at the right time in the right place. This, taken together with the modernisation agenda to redesign services, ensures that services are based on current clinical guidelines that reflect clinically effective treatments, best quality and value.

Improvement, expansion and reform: the next years – Priorities and Planning Framework 2003 – 2006 is the key planning guidance. It sets out what is expected of local organisations over the next 3 years. It identifies national targets that organisations need to build into their local plans based on the Department for Health's Public Service Agreement.

Hillingdon PCT is leading on the development of plans for health services and is working with clinicians, staff, users, the public and partner organisations in their development. These plans are based on the needs of local people for health services and the plans include proposals for service redesign and development. The Local Delivery Plan sets the overview for health services as a whole and this has been built up from the Service Business Plans of the Trusts, PCT & hospital.

### **Local Delivery Plan**

In putting the LDP together, the intention is to maintain continuity with previous Health Improvement and Modernisation Plans (HIMPs), while incorporating the requirements of the Strategic Health Authority and Department of Health in relation to content and format, including detailed output schedules. National, London-wide, North West London Strategic Health Authority and Hillingdon HIMP priorities have been drawn together into 14 priority tables containing the detailed action plans to achieve national targets:

- Improving access to both emergency and planned care
- Cancer
- Coronary heart disease
- Mental health
- Older people
- Life chances for children
- Improving the patient experience
- Reducing health inequalities
- Drug misuse
- Physical facilities
- Workforce
- Information management and technology
- Value for money
- Environment including transport

## **Background**

### **Hillingdon and its Population**

The London Borough of Hillingdon is the second largest borough in London. The area that it covers is long and thin with the north of the borough containing large areas of green belt. It contains major road networks including the M25, M40 and M4. The south of the borough is dominated by Heathrow, which provides a large number of jobs both for local people and those in surrounding areas.

Hillingdon has a resident population of approximately 250,000. Broadly, the age structure of Hillingdon is similar to that of London. Compared to England, Hillingdon has a lower population of people aged over 65, although a high proportion of the over 65s live alone. The Borough has a young and more deprived population in the south of the Borough, with a greater proportion of people in the south east of the borough being from minority ethnic communities. Overall, minority ethnic groups comprise some 19% of the total population in Hillingdon.

The south of the borough is characterised by having a younger population, which tends to be more disadvantaged and has a greater proportion of minority ethnic groups. In contrast the population in the north of the borough is older and on average wealthier. While deprivation overall is average for England, the south of the borough is more deprived than the north.

The health of people living in Hillingdon compares favourably overall. For example, in two key areas, CHD and cancer, mortality rates are average or better compared to England. However, they are worse in the south of the borough than in the north. There is a notably higher prevalence of diabetes in Hillingdon than in England as a whole and this is particularly marked in the south of the borough.

### **The Role of Hillingdon PCT**

The responsibility for the commissioning of healthcare in Hillingdon lies with Hillingdon Primary Care Trust. The fundamental role of the PCT is to identify and meet the health needs of the people registered with Hillingdon GPs. Further, with its partners, it has a role in ensuring the wider health and care needs in the borough are met by providing and commissioning health services. The PCT carries the responsibility for commissioning secondary and tertiary services from a wide range of acute providers. It exercises this commissioning role through general, specialist and joint commissioners. Approximately 75% of the PCT's budget is used to commission services.

The PCT is a direct provider of a wide range of therapy, nursing and children's services and from April 2003, it will be a provider of mental health services. Directly provided services are delivered from a wide range of community based locations and hospitals and work closely with primary care services.

Through its relationship with independent contractors, namely GPs, opticians, pharmacists and dental practitioners, the PCT ensures that the primary care needs of the local population are effectively met. Managing the relationship with independent contractors is essential to ensuring good outcomes for local people and it is one the PCT works hard at maintaining. The active involvement of primary and community colleagues in the planning and commissioning of services is essential to ensure that services as a whole are balanced and meet local needs.

### **The PCT's Estates**

The PCT's inherited estate is in varying condition, however, the majority of the premises although structurally sound, are thirty years old and above, and are no longer functionally suitable for modern day primary care provision. The inherited services are stretched and the PCT has been faced with some real under-funding issues associated with the transfer of these services. Of the primary care estate in Hillingdon, 71% does not meet minimum standards in line with the Statement of Fees and Allowances, and is therefore in need of development set within the context of an overarching estate strategy for the health economy.

### **Hillingdon Hospital**

The Hillingdon Hospital NHS Trust is the main provider of local secondary care services to the Hillingdon population. All unscheduled emergency services are provided on the Hillingdon site, with low-risk elective surgery, diagnostics and long term rehabilitation and continuing care provided at Mount Vernon Hospital. The Trust has developed close and productive working relationships with the PCT and Local Authority colleagues.

The long-term future of the hospital is secure as a provider of acute and emergency services and as the main receiving hospital for Heathrow Airport. Proposed changes to local tertiary services at Harefield Hospital and Mount Vernon Hospital (Cancer, Burns and Plastics), mean Hillingdon must respond positively and proactively to secure the local provision of high quality care that can appropriately be delivered in the secondary care sector.

Hillingdon Hospital NHS Trust's current estate is of generally poor quality and in need of major investment in backlog maintenance to bring the premises up to a reasonable standard. However, the same problems apply to the hospital estate as to that of the PCT, that the hospital accommodation is not functionally suitable for modern day health provision. Only 6% of the total building stock across the 2 sites is less than 10 years old. This means the estate is expensive to maintain and constrains the Trust's ability to deliver modern acute care and build the capacity required to meet the NHS Plan targets and sustain them.

Mount Vernon is a 66.69-acre (27 Hectares) site of which only 50% is built upon. All the land and the majority of the buildings are in the ownership of Hillingdon Hospital NHS Trust. In planning terms the site is a developed green belt with two grade 2 listed buildings (main building and the chapel).

## **Service Performance**

Current performance against targets in the NHS Plan indicates that Hillingdon performs well in some areas such as the number of 21+ week waiters but is not performing well in others such as the number of delayed discharges. In primary care, the performance in seeing a GP within 24 hours is good but the performance in seeing a primary care professional in 48 hours is not as good. While Hillingdon is very advanced in some areas such as the development of quality in GP practices, these good results are not always evenly distributed across the borough. Also, while great strides have been made in some areas such as increasing capacity in elective surgery in other areas the Hospital lags behind other comparable Trusts.

## **Summary**

Overall, health services in Hillingdon are provided in a traditional way. They are predominantly provided from a range of buildings which have suffered from under-investment. Consequently, there is considerable room for improvement. Rather than deal with the services in a piecemeal fashion, the PCT is committed to working with Hillingdon Hospital to radically improve the range and distribution of health services and to radically improve the quality of the environment within which services are delivered.

In order to provide direction for the development of services, it is essential to have a vision of what services should be like and where they need to get to in the coming years.

## **Vision for Health Services in Hillingdon**

The PCT's vision is for healthcare provision based on the following principles:

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- The people of Hillingdon should receive healthcare as close to home as possible.
- Health is part of a wider network of care that supports people in the community in Hillingdon.
- The people of Hillingdon should receive the appropriate treatment in the appropriate place at the appropriate time.
- Allow patients to take control of their own chronic disease – education and support must be available for them to be “expert patients”.



At the heart of the vision for healthcare for local people is that their needs must be the driver for services. Further, the health economy is committed to ensuring that health services seek out the needs of the diverse communities in Hillingdon and respond to these needs with appropriate, individualised services, offering choice. Within the PCT and the Hospital, there is a growing recognition that “one size does not fit all” and that services need to be as individualised as the people who require them.

The health economy recognises that they must improve the health of those people who have the worst health. This requires the PCT and the Hospital to identify those groups with poor health and to understand their health needs so that they can begin to address them.

People should be encouraged to take a greater interest in their health and should be supported to take greater responsibility for their health. Local people and users of services must be seen as active partners with the health economy and its staff. This requires that good information should be provided to local people and that users should be encouraged, where appropriate, to become involved in managing their own health and health care. Further, this requires the PCT to support informal carers and, where they are in place, local networks of care whether this is formal or informal.

There is a widespread understanding that people want health services to be provided as close to home as possible. In situations where their needs cannot be met within a primary or community care setting, the PCT in partnership with Hillingdon Hospital is committed to the development of a high quality local hospital that can meet the bulk of secondary care needs in Hillingdon. Where tertiary services are required, these will be arranged as close as possible to Hillingdon, taking account of clinical networks.

The PCT recognises that health does not exist in a vacuum and neither does the delivery of effective health services. They need to be planned and delivered within the wider network that supports people in Hillingdon and this includes services for housing, social care and community safety. Further, the PCT believes that the planning of health services needs to be based on care pathways which stretch from prevention right the way through to tertiary services. On this basis, it is crucial that there is a commitment across the health and social care economy to working in partnership across other health services, other statutory services and private and voluntary services to meet local people's needs.

### **Delivering the Vision**

In order to ensure that services meet needs, the services that are being developed in different localities within the borough are being designed to meet these needs. For example, a renal satellite centre will be developed in the south of the borough to meet the higher levels of need for renal services and a multi-purpose therapy-led rehabilitation service will be developed in the north of the borough where there are high proportions of older people. In the south of the borough where there are high numbers of asylum seekers and

refugee families, the Healthy Living Centre will provide an appropriate and responsive nurse-led service to meet the needs of these families.

These developments in the south of the borough are designed to tackle the current inequalities in health services across the borough and through more successful interventions to improve the health of people in the south of the borough. It is through this approach of identifying the needs and then targeting services at meeting these needs, that the PCT believes that it can reduce inequalities in health between the north and south of the borough.

It is difficult for users and the public to play a greater role in the management of their health without information on which to do so. Consequently, the PCT in partnership with the Hospital, the Council and voluntary sector groups has established a community web site which contains a wide range of information on health and health services. Further initiatives have been undertaken by the PCT to improve the information that is available for users and this is part of an ongoing strategy to increase the involvement of users and the public in health and health services in Hillingdon. Programmes in areas such as diabetes to increase the role of users in managing their own conditions are continuing to be rolled out and other initiatives such as encouraging users with high blood pressure to monitor their own blood pressure are being developed within primary care.

In order to bring services as close to home as possible, the PCT has launched an initiative to bring back some tertiary work from providers such as the Royal National Orthopaedic Hospital and Royal Brompton and Harefield Hospital to Hillingdon hospital where appropriate. In turn, the PCT is actively working to encourage primary care to undertake a greater range of work and reduce the work undertaken in hospitals.

The PCT is actively engaged in developing a range of services with partners to improve the care for local people. For example, in agreement with Hillingdon Hospital and Social Services, a pooled budget with a single gateway for Intermediate Care is being established. This is enabling the transfer of patients into and between intermediate care services in the borough and facilitating a co-ordinated approach to care provision that can be accessed by both health and social care professionals. Another example is that in partnership with contractors, a range of integrated, modernised healthcare services that sit at the primary/secondary interface will be developed which can be delivered from local multi purpose facilities. This will allow patients to access a range of primary and diagnostic services from a location near where they live i.e. primary care centre, diagnostic and treatment centres (DTCs), local pharmacists, local opticians etc.

Finally, it is essential to ensure that the Hillingdon Hospital Strategic Outline Case (SOC) is informed by the service vision that has been described above. This will ensure that services are delivered from the building which most closely fits with the service model rather than services being developed on the basis of the buildings that are available.

In terms of the way in which buildings will be provided, the Local Improvement Finance Trust (LIFT) is a new way of bringing private finance into the NHS to help deliver the NHS Plan targets particularly focussing on primary and community care led service provision. It gives the health and social care economy a wonderful opportunity to 'think differently' and re-design the provision of healthcare services locally. The PCT is already working with Hillingdon Hospital in the development of its business case to rebuild the hospital sites at Hillingdon and Mount Vernon, and LIFT will support the service change by building new community healthcare premises, which will accommodate services that need not be provided from hospital, and which are closer to the population of Hillingdon. The proposed involvement of the London Borough of Hillingdon as contracting authority in the process, will also create exciting opportunities across the health and social care economy, which will result in real benefits to Hillingdon residents.

The SOC has been developed by Hillingdon Hospital to outline a £199m capital investment across the Hillingdon Hospital and the Mount Vernon Hospital sites. Further work is to be carried out to develop and shape the SOC to ensure there is sufficient flexibility built into the design of the new hospital to allow for changes in service configuration. Also, the reconfiguration of services will have an effect on the PCT's LIFT developments as the review of services may see the delivery of a number of services being provided more locally to the patient within facilities developed through LIFT.

## **Services for the Future**

### **Primary/Community Services**

General Practice is key to securing high quality, accessible health services that both patients and primary care professionals want. Putting in place high quality general practice that meets standards around access and quality are fundamental to improving health services in Hillingdon. Through LIFT and through schemes developed in partnership with GPs, an ongoing programme of practice improvement and development is being implemented.

In addition, General Practice will bring about a revolution in health care through GPs being enabled to manage the patient pathway to a much greater degree than currently possible. Hillingdon PCT is working with other PCTs and Trusts in North West London to improve access to diagnostic tests and treatments and to procedures in hospitals where appropriate. From an initial consultation with a GP, local people will be able to embark on pathways which are local, accessible and timely.

Further, the PCT is committed to developing a range of GPs with Special Interests (GPSIs) who will support delivery of the NSFs and intermediate care and who will provide alternatives to the traditional pattern of referral to consultants in an acute hospital. In Hillingdon, GPSIs Outpatients have been agreed in the areas of Cardiology, Dermatology and Geriatric Medicine. Further areas that are being explored include; neurology, gastroenterology, pain management, urology and thoracic medicine.

Underpinning this, are improvements to and an extension of direct access diagnostic services in the areas of phlebotomy, X-ray, echocardiology, ultrasound and dexta scanning. Also, there will be an extension to the range of minor surgery and minor injuries dealt with in primary care. These services will be provided through General Practice, new multi-purpose health centres and Diagnostic and Treatment Centres. The exact range of services and their location will be planned to reflect the needs of the different populations in Hillingdon.

Developments in General Practice will enable the PCT to deliver its Vision. So also will developments in nursing and therapy services. It is proposed that Northwood and Pinner Hospital is re-developed as a therapy-led multi-disciplinary community resource serving the populations of Hillingdon and Harrow. This centre will provide ongoing community support to people who have benefited from the DTCs which are planned to be developed on the Mt Vernon site and in Harrow.

Therapy services are actively engaged in the London Access project and the re-design of musculo-skeletal services. These initiatives will ensure that services are focused on the needs of local people and improve the accessibility of these services. Through initiatives such as the rehabilitation beds at Whitby Dene, the development of Franklin House and the Integrated Gateway to intermediate care, an extended range of intermediate care services are being developed.

Nursing services too have a key role to play in delivering the Vision for health services in Hillingdon. Among the many developments taking place are the development of a nurse-led Greenfield PMS initiative. Funding for a Health Living Centre has been achieved to improve the health care of refugees and asylum seekers and their families. Specialist nurse-led teams are being developed in areas such as continence, wound care and diabetes. These initiatives are particularly important for some of the most disadvantaged groups in Hillingdon who currently experience the poorest health and the greatest inequalities.

Initiatives involving nurses, care managers and private care agencies are being developed in order to provide responsive services, which meet the needs of older people and their carers. Opportunities to involve therapists, pharmacists, nurses and GPs in schemes to improve care in areas such as diabetes are further examples of ways in which services are being redesigned with the user at the centre and clinicians rethinking their practice and approach to improve the quality of care and the accessibility of the service.

## **Mental Health**

Mental Health services in Hillingdon have recently been significantly improved through the development of the Riverside Unit and 2 Colham Green Road. Drug and alcohol services have also benefited from improvements in the quality of the environment from which they are delivered and there have been

improvements also at the Woodlands Unit. Over the coming year, the PCT is committed to improving services through the extension and development of community services such as the Home Crisis and Intervention Team. The PCT believes that local people will benefit from these mental health services being integrated more closely with primary and community care services.

### **Children's Services**

Through the implementation of the Local Strategic Partnership for Children's Services, it is envisaged that substantial improvements can be achieved in key areas of service such as services for children with disabilities and child and adolescent mental health services. As well as developing integrated service models, it is essential to significantly improve the quality of the buildings from which these services are delivered and it is intended to pursue options with partners through LIFT.

### **Infrastructure**

Underpinning these service developments and the delivery of the Vision is ongoing work in Human Resources. Both the PCT and the Hospital are exploring new ways of working with existing staff to prepare them for service and building redesign. The HR areas being worked on include the development of a health and social care workforce strategy, support to managers engaged in re-design initiatives and input to establish newly designed roles such as the Children's Community Support Workers who are supporting children in the community with complex packages of care.

The PCT has developed its IM&T strategy that will support services and service developments. The strategy includes a range of initiatives that will enhance the patient experience and improve the efficiency of the service providers. Also, IM&T is improving communication within health services, between the PCT and its partners and with users and the wider public.

In order to manage and commission services more effectively, the PCT is improving its management information systems. There are significant gaps in the information that is available and the systems for collecting some information are very time consuming. These areas need to continue to be addressed and the commissioning strategy and performance management framework will make significant improvements in these areas.

Within the context of a 5-year settlement and a known allocation for the next 3 years, which delivers 7.5% year on year real growth, the financial plans of the health economy will look to ensure that the capacity and estates issues (crucial to the delivery of modernised health services in Hillingdon) are appropriately prioritised.

The PCT's strategic plans for estates will in the future be delivered through LIFT. There is a clear recognition that service design needs to precede the design of the estate and there is a commitment to developing more flexible buildings that can accommodate the proposals for more flexible primary and

community services. LIFT would/could provide the building procurement vehicle for other community based developments that may already be incorporated within the Hillingdon Hospital SOC.

The SOC that has been produced by Hillingdon Hospital Trust with involvement of all local stakeholders fits within the wider context of the service strategy of the Hillingdon PCT. The SOC sets out the case for a £199m capital investment, which is affordable within the financial context of 7.5% real growth for the NHS over the next 5 years. There will be three distinct elements of development that will provide for the redevelopment of the Hillingdon Hospital services on both the Hillingdon and Mount Vernon sites.

### **The Future Distribution of Services in Hillingdon**

The implementation of the Vision for health services in Hillingdon will lead to changes in the pattern and distribution of services. The distribution of services that is envisaged is subject to discussion between the PCT, the Hillingdon Hospital, GPs and other contractors, staff in the PCT, users and the wider public and partner organisations such as Harrow PCT and the local authority.

#### **On the Hillingdon Hospital site:**

A stand-alone four storey ambulatory, diagnostic and treatment centre (ADTC).

Two additional five / six storey buildings that will provide a range of clinical accommodation.

#### **On the Mount Vernon site:**

- A new ambulatory diagnostic and treatment centre (ADTC) with strong primary care and community links.
- A unit incorporating the current Northwood and Pinner Community Hospital service and Daniels and Edmunds wards.
- A new general practice development that will reprovide for the Shackman Practice offering an extended range of Personal Medical Services.
- Pathology services currently provided for on site services by West Hertfordshire Trust will transfer to Hillingdon Hospital in July 2003.
- Increased provision of elective surgery to ensure waiting times continue to fall
- Ambulatory radiotherapy services for cancer patients (subject to the Bedfordshire & Hertfordshire SHA public consultation).
- Michael Sobell House cancer respite and palliative care services are indicating remaining on site if chemotherapy services relocate (subject to Bedfordshire & Hertfordshire SHA consultation).
- Minor Injuries Unit with enhanced medical service.
- Day Centre services for older people.

- Elderly Care Rehabilitation Unit.
- Post Graduate facilities to remain on site.
- 96 place private Nursery remains.

#### **On the Northwood and Pinner Site:**

- A therapy-led resource centre serving Hillingdon and Harrow which could include Physiotherapy, Podiatry, Occupational Therapy, Care Management and EMI services.

#### **Community Developments:**

- Primary Care led DTC at Station Road in Hayes.
- Primary Care Centres.
- Integrated Children's Centre.
- Renal Satellite.
- Independent Living Centre (Super HILC).

Approval for the SOC is sought from the SHA in March 2003, with an Outline Business Case to follow in early 2004. A Private Finance Initiative procurement process could then begin in 2004 with financial close and building beginning in the summer of 2005. If required, the ADTC's could be prioritised as the first phase and be operational during 2006.

The redevelopment of the Hillingdon Hospital and Mount Vernon sites will sit side-by-side with the LIFT programme to ensure that the vision is delivered in facilities within the most appropriate setting. At the same time the PCT will be clarifying future pathways of care and developing the work force to deliver future services. This document provides the overarching framework for the discussions that will need to take place to firm up the precise distribution of services.

#### **The Local Strategic Partnership (LSP)**

The Government is encouraging the formation of Local Strategic Partnerships in each area as a formal expression of the more integrated service planning and delivery which has been taking place in recent years, for example, across NHS, local authority and voluntary services. Hillingdon's LSP, the Hillingdon Partnership, began in 2001 and aims to co-ordinate private, public, voluntary and community organisations working together to improve the social, economic and environmental well being of Hillingdon and its residents.

The LSP in Hillingdon has been briefed on the work that is being undertaken across the health economy and there has been a very favourable response. Further work is required to address a number of areas that are of concern to the LSP. Some examples are described below.

The impact of the requirement for additional accommodation and the impact on the economic environment which will affect local shops, businesses and

entertainment centre's needs to be examined. Training opportunities can be developed in partnership with local colleges in Uxbridge and South Bucks and with Brunel University and Imperial College. There are opportunities to develop the services and facilities in ways that will enhance the local areas and local transport links and substantially improved the physical environment aesthetically and by reducing unnecessary journeys.

It is essential that the wider dimensions of investment in health facilities be utilised to gain the maximum benefit for local people, especially those groups who are most disadvantaged. In this way there will be a health gain both from better employment prospects and from the services that are provided. The Local Strategic Partnership will lead these discussions.

### **Next Steps**

There is support for the Vision and the SOC within Hillingdon. The next crucial step is approval from NW London Strategic Health Authority. Support from the SHA will secure the future of Mount Vernon and Northwood and Pinner and enable the PCT to proceed with confidence in working up the proposed schemes in detail.



## APPENDIX 2 – WORK PROGRAMME

Date of Meeting	Agenda Items	Comments
10 / 11 / 03	<ul style="list-style-type: none"> <li>• Consider scope of project</li> <li>• Receive information documents</li> </ul>	
09 / 12 / 03	<ul style="list-style-type: none"> <li>• Receive presentation on Vision for Health and PCT (Chief Executive HPCT)</li> <li>• Agree timetable</li> </ul>	
14 / 01 / 04	<ul style="list-style-type: none"> <li>• Hear evidence from Director of MIND</li> <li>• Receive information documents</li> </ul>	
11 / 02 / 04	<ul style="list-style-type: none"> <li>• Hear evidence from Lead Macmillan Care Nurse, Pharmaceutical Advisor (HPCT), GP</li> </ul>	
24 / 02 / 04	<ul style="list-style-type: none"> <li>• Hear evidence from London Buses, London Ambulance Service, Hillingdon Hospital Voluntary Transport Service</li> </ul>	Cllr Shirley Harper-O'Neill substituted. Cllr Ann Banks in attendance.
16 / 03 / 04	<ul style="list-style-type: none"> <li>• Hear evidence from U-Can Ask Angels Charity.</li> <li>• Consider recommendations</li> </ul>	Cllr Shirley Harper-O'Neill substituted. Cllr Ann Banks in attendance.

### APPENDIX 3: RESPONSIBILITIES AND ACTIONS TABLE

	<b>Issue</b>	<b>Recommendation Made</b>	<b>Themes</b>
1.	Communication between Cancer Patient Service and GPs.	That the Hillingdon PCT reviews the channels of communication between the Cancer Patient Service and GPs. That this review looks towards strengthening or improving the timeliness of the flow of information between the two.	Communication Joined up working
	<b>Action By</b>	<b>Further Overview Actions</b>	
	Chief Executive - Hillingdon PCT (HPCT)	HPCT to communicate review results back to Overview and Scrutiny Committee (OSC)	
	<b>Issue</b>	<b>Recommendation Made</b>	<b>Themes</b>
2.	Emotional support given to patients	That all healthcare staff be gently reminded of the importance of providing emotional support for patients at all levels of care	Care Patient Experience
	<b>Action By</b>	<b>Further Overview Actions</b>	
	Chief Executive - HPCT	HPCT to inform OSC of how recommendation is achieved	
	<b>Issue</b>	<b>Recommendation Made</b>	<b>Themes</b>
3.	Recruitment and retention problems	That joint working arrangements between NHS bodies and the Council be established to see how the issue of public sector employment can be addressed holistically.	Staff levels Service capacity
	<b>Action By</b>	<b>Further Overview Actions</b>	

	Chief Executive - HPCT Hillingdon Borough Council Cabinet		
	<b>Issue</b>	<b>Recommendation Made</b>	<b>Themes</b>
4.	Mental health-related training levels.	That Hillingdon PCT conducts a survey of the mental health training received by primary care staff to identify the current training needs, and that a programme for training be drawn up where appropriate. The results of this survey are to be communicated back to the Committee.	Staff skill levels
	<b>Action By</b>	<b>Further Overview Actions</b>	
	Chief Executive - HPCT	HPCT to communicate results of survey and subsequent actions back to OSC	
	<b>Issue</b>	<b>Recommendation Made</b>	<b>Themes</b>
5.	The taking of blood tests	That the facilities for, and accessibility of, general phlebotomy services should be reviewed and assessed from the patients' perspective (by Hillingdon PCT), and that this review is communicated back to the Health and Social Care OSC	Accessibility Equalities
	<b>Action By</b>	<b>Further Overview Actions</b>	
	Chief Executive - HPCT	HPCT to communicate results of review back to OSC	
	<b>Issue</b>	<b>Recommendation Made</b>	<b>Themes</b>
6.	Information / explanation given to patients	That NHS Trusts in the borough ensure that patients remain well informed of their illness and treatment, so as to encourage effective self-management of illness by the patient.	Promoting self-management  Reducing non-compliance & medication wastage.

	<b>Action By</b> Chief Executive - HPCT Chief Executive - Hillingdon Hospital Trust	<b>Further Overview Actions</b> Details of measures taken to be communicated back to OSC by the Trusts.	
	<b>Issue</b>	<b>Recommendation Made</b>	<b>Themes</b>
7.	Information / explanation given to patients	That in all possible circumstances, the treatment prescribed is understood and accepted by the patient.	Promoting self- management
	<b>Action By</b> Chief Executive - HPCT Chief Executive - Hillingdon Hospital Trust	<b>Further Overview Actions</b> Details of measures taken to be communicated back to OSC by the Trusts.	
	<b>Issue</b>	<b>Recommendation Made</b>	<b>Themes</b>
8.	Instructions on / in medication packets.	That pharmacies are to provide information in larger text size, and that this service be advertised to inform patients of the options open to them	Information clarity
	<b>Action By</b> Chief Executive - HPCT	<b>Further Overview Actions</b> HPCT to communicate details of implementation back to the OSC	
	<b>Issue</b>	<b>Recommendation Made</b>	<b>Themes</b>
9.	Drug labelling / information clarity	That the concerns of pharmaceutical workers on the issue of drug labelling be gathered and conveyed to the Strategic Health Authority and the Department of Health, with a view to lobbying pharmaceutical manufacturers	Medication safety
	<b>Action By</b> Chief Executive - HPCT	<b>Further Overview Actions</b> OSC to be informed of approach to SHA and/or Department of Health	

	<b>Issue</b>	<b>Recommendation Made</b>	<b>Themes</b>
10.	Handwriting of prescription protocol	That Hillingdon PCT draws up a prescribing protocol which draws attention to the need for clarity of handwriting or advocating extending the use of computers for prescription writing. Also that a code is drawn up to ensure that decimal points in prescribed dosages is consistent across the borough, and wider a field if necessary	Medication safety
	<b>Action By</b>	<b>Further Overview Actions</b>	
	Chief Executive - HPCT	HPCT to communicate details of protocol back to OSC	
	<b>Issue</b>	<b>Recommendation Made</b>	<b>Themes</b>
11.	Communication channels	That Hillingdon PCT introduces a protocol to give a clear set of procedures for the communication of treatment and medication prescribed, to ensure consistency between different care sectors	Consistency Quality of care
	<b>Action By</b>	<b>Further Overview Actions</b>	
	Chief Executive - HPCT	HPCT to communicate details of protocol back to OSC	
	<b>Issue</b>	<b>Recommendation Made</b>	<b>Themes</b>
12.	Communication channels	That systems of e-booking and e-prescribing be explored or advanced to promote consistent and joined up working across the healthcare services	Consistency Quality of care
	<b>Action By</b>	<b>Further Overview Actions</b>	
	Chief Executive - HPCT		

	<b>Issue</b>	<b>Recommendation Made</b>	<b>Themes</b>
13.	Potential dangers facing pharmacy workers	That a risk assessment of pharmacies be undertaken to raise awareness of and to look at the potential personal dangers facing pharmacists and what can be done to address them.	Personal safety of healthcare workers
	<b>Action By</b>	<b>Further Overview Actions</b>	
	Chief Executive - HPCT	Confirmation of assessment completion to be communicated back to OSC	
	<b>Issue</b>	<b>Recommendation Made</b>	<b>Themes</b>
14.	Potential dangers facing pharmacy workers	That all pharmacies be fitted with panic alarms	Personal safety of healthcare workers
	<b>Action By</b>	<b>Further Overview Actions</b>	
	Chief Executive - HPCT	Confirmation of recommendation implementation to be communicated back to OSC	
	<b>Issue</b>	<b>Recommendation Made</b>	<b>Themes</b>
15.	Joint planning of bus routes	That proposed alterations to NHS facilities that will alter patient numbers going to/from the facility are communicated to London Buses for consultation on optimal service possibilities	Proactive planning, Inter-agency communication
	<b>Action By</b>	<b>Further Overview Actions</b>	
	Chief Executive - HPCT Chief Executive - Hillingdon Hospital Trust		

	<b>Issue</b>	<b>Recommendation Made</b>	<b>Themes</b>
16.	Public transport planning Section 106	That public transport and access issues should be strongly considered by LBH Council when assessing proposed developments at and in the vicinity of health care facilities in the borough.	Accessibility
	<b>Action By</b> Hillingdon Borough Council Cabinet	<b>Further Overview Actions</b>	
	<b>Issue</b>	<b>Recommendation Made</b>	<b>Themes</b>
17.	Freedom Passes – travel to Watford General Hospital	That the Freedom Pass be extended on specific route(s) to enable patients who qualify for the Freedom Pass to travel to Watford General Hospital without cost	Accessibility, re: service movement from Mt Vernon to Watford General
	<b>Action By</b> Hillingdon Borough Council Cabinet, Director - Social Services, Transport for London	<b>Further Overview Actions</b> OSC to receive updates on progress of pursuing this recommendation.	
	<b>Issue</b>	<b>Recommendation Made</b>	<b>Themes</b>
18.	Freedom Passes and Blue Badges	That the benefits that the Freedom Pass and Blue Badges can bring to those with unseen disabilities be noted by the relevant authorities and that eligibility for the Freedom Pass and Blue Badges for those with unseen disabilities are reviewed by Hillingdon Council in conjunction with Transport for London.	Accessibility  Social Inclusion
	<b>Action By</b>	<b>Further Overview Actions</b>	

	Hillingdon Borough Council Cabinet, Transport for London	OSC to receive progress reports on review resulting from this recommendation	
	<b>Issue</b>	<b>Recommendation Made</b>	<b>Themes</b>
19.	Information distribution: communication and co-ordination for transport provision	That travel information (such as leaflets and posters) is made readily available in all surgeries and clinics in the borough and that: <ul style="list-style-type: none"> <li>a. The main bus routes to and from hospitals are clearly identified.</li> <li>b. The criteria for PTS eligibility and contact numbers are clearly shown.</li> <li>c. The services given by voluntary drivers is clearly shown and advertised.</li> </ul>	Accessibility  Raising awareness of transport options
	<b>Action By</b>	<b>Further Overview Actions</b>	
	Chief Executive - HPCT	OSC to receive details of information items	
	<b>Issue</b>	<b>Recommendation Made</b>	<b>Themes</b>
20.	Information distribution: communication and co-ordination for transport provision	That Hillingdon PCT distribute include in staff newsletter / circular to all healthcare staff a synopsis of the transport options, patient eligibility, and contact numbers.	Raising awareness of transport options
	<b>Action By</b>	<b>Further Overview Actions</b>	
	Chief Executive - HPCT	OSC to receive details of information items	



	<b>Issue</b>	<b>Recommendation Made</b>	<b>Themes</b>
21.	Information distribution: communication and co-ordination for transport provision	That travel information is included in GPs' 'Practice Leaflet', so as to increase the information dissemination regarding travelling between healthcare facilities	Raising awareness of transport options
	<b>Action By</b>	<b>Further Overview Actions</b>	
	Chief Executive - HPCT GP practices	OSC to receive details of information items	
	<b>Issue</b>	<b>Recommendation Made</b>	<b>Themes</b>
22.	Late cancellations and 'aborts'	That those bodies who commission Patients' Transport Services display information aimed at patients and public concerning the disruption to service that 'aborts' cause.	Efficiency of PTS
	<b>Action By</b>	<b>Further Overview Actions</b>	
	PTS commissioning bodies	OSC to receive details of scheme and effectiveness of information display	
	<b>Issue</b>	<b>Recommendation Made</b>	<b>Themes</b>
23.	System of booking for PTS	That the booking system and appointment arranging be reviewed by PTS commissioning bodies in conjunction with the London Ambulance Service to assess how appointments can be staggered to improve transport time keeping and efficiency	Efficiency of PTS
	<b>Action By</b>	<b>Further Overview Actions</b>	
	PTS commissioning bodies, London Ambulance Service	Details of the review to be communicated back to the OSC by PTS commissioning bodies	

	<b>Issue</b>	<b>Recommendation Made</b>	<b>Themes</b>
24.	Lack of prioritisation of transport	That those bodies that commission Patients' Transport Services in the borough recognise the importance of transport to and from facilities as an integral part of the patient's journey, and health care provision, and a necessary adjunct to tackling social exclusion.	Raising corporate awareness
	<b>Action By</b>	<b>Further Overview Actions</b>	
	PTS commissioning bodies		
	<b>Issue</b>	<b>Recommendation Made</b>	<b>Themes</b>
25.	First aid training for volunteer drivers	That the Hillingdon Hospital NHS Trust surveys, and offers if required, first aid training to volunteer drivers to better equip them to provide a safer service.	Service safety Staff skill levels
	<b>Action By</b>	<b>Further Overview Actions</b>	
	Chief Executive - Hillingdon Hospital Trust	Hillingdon Hospital Trust to communicate results of survey back to OSC	
	<b>Issue</b>	<b>Recommendation Made</b>	<b>Themes</b>
26.	Lack of flexibility around urgent cases	That volunteer driver services be contacted as first port of call for appointments within 48 hours of booking. And; that, in sensitive cases, PTS be made available, where possible, at short notice upon clinical agreement of need.	Improving patient experience
	<b>Action By</b>	<b>Further Overview Actions</b>	
	Chief Executive - Hillingdon Hospital Trust		

	<b>Issue</b>	<b>Recommendation Made</b>	<b>Themes</b>
27.	Car parking	That parking arrangements at NHS Trust facilities are reviewed and improvements / enlargements assessed. Such an assessment should feature strongly in any proposed alterations to the facilities and/or services provided at Hillingdon Hospital	Accessibility
	<b>Action By</b>	<b>Further Overview Actions</b>	
	Chief Executive - HPCT Chief Executive - Hillingdon Hospital Trust		