

**Academic Health Science Centre Programme
STAKEHOLDER GROUP**

27th February 2007

Boardroom, Charing Cross Hospital

Present:

Chair: Julian Nettel (JN), Chief Executive, SMH
Christopher Buckmaster, (CB) Chair, Kensington and Chelsea Health OSC
Peter Ellis (PE), People in Health
Paul Herbage (PH), Director, The Charitable Fund for Charing Cross, Hammersmith
& Queen Charlotte's & Chelsea Hospitals
Christabel Flight (CF), Westminster OSC
Olivia Freeman (OF), Hammersmith Hospital PPIF
Chander Hingorani (CH), St Mary's PPIF
Brigitta Lock (BL), Chair, Westminster PCT PPIF
Don Neame (DN), Programme Communications Lead
Stephen Smith (SS), Principal, Faculty of Medicine, Imperial College
Amjad Taha (AT), Manager, Black and Minority Ethnic Health Forum
Peter Tobias (PT), Chair, Health & Adult Social Care Committee, H & F OSC

1. Apologies:

Simon Crawford, Chief Executive, West London Mental Health Trust
Maria Murray, Communications Manager, SMH
Nick Samuels, Director of Communications, HHNT
Abu Sufian, Partnership Development Officer, Voluntary Action Westminster
Jasbir Sunner, Director of Corporate Development and Strategy, SMH
Barrie Taylor, Chair, Health & Social Care Scrutiny Task Force, Westminster OSC

2. Notes of meeting 1st Feb 2007

AT requested that his comment in item 2 was amended to emphasise that he advised that an equality impact assessment would be required.

PT asked if the changes suggested at the last meeting had been made to the leaflet.
DN responded that they had.

3. Matters arising

DN was asked at the meeting of 1st Feb to invite a GP representative to join the group. Although **not** discussed at the meeting, DN did write to Professional Executive Committee (PEC) GPs and to GP cluster group chairs and has had no positive response. If any member of the group knows a GP that would be interested in joining the group, please could they contact DN. **ACTION: All.**

4. Update from the Chair

JN explained that the Strategic Health Authority has been very encouraging regarding the proposals. The SHA believes that the risk of a social enterprise governance model is too great and therefore is supporting a bid to become a Foundation Trust under Section 5 of the Health and Social Care Act. This allows for any body (with permission from the Secretary of State) to apply for FT status – in this case it would be Imperial College. As this would be the first in the country, discussions are to commence with Monitor as to how this might be possible.

The plan is (subject to consultation), to merge the Trusts in October in such a way that would facilitate an academic FT e.g. create a board that would reflect joint appointments with Imperial.

SS felt that this was a tremendous opportunity to create a new healthcare network focused on improving patient care.

CH. Has the timetable been put back? (JN We are looking to start consultation in April and merge in October. There has been some delay previously to ensure key stakeholders were comfortable with the proposals, in particular that the ideas supported the wider health community. There was also a need to ensure the consultation on the AHSC was consistent with the SHA consultation on the NW London strategy).

PT. How can the stakeholder group help ensure the process doesn't get bogged down? (JN We need help to ensure that service change doesn't sidetrack the issue of merger).

OF. Patients say clinical care is great, but administration is not. Need reassurance that basic aggravations will change. CF. Are the clinicians going to start sharing notes? (SS Yes, this is beginning to happen in renal but we have more work to do. JN. Single patient master index is a fundamental concept, and it will be pursued through the Government's Connecting for Health programme, but it will take some time. GPs will also have access to parts of the index through the National Patient Spine. St Mary's is currently implementing a system whereby discharge letters are automatically generated by email to GPs when patients are discharged from hospital).

PH. How is the new organisation going to ensure that patients are not treated as guinea pigs for research? (SS. Not only is that sort of research unethical, it doesn't give good results. The new organisation will actively engage with patients for their benefit. If there is a good reason to do research, it will only be done with the patients' agreement. We will ask permission and make it explicit if we wish to include a patient in a trial).

JN. The website is up and running. DN. Leaflets have been distributed to around 1300 organisations with a letter offering someone from the programme office to come and meet and present the proposals if required. If anyone knows of organisations that do not receive a leaflet, please give details to DN. **ACTION: All.**

JN. Sir Ara Darzi is looking at a very high level at how to improve health services in London. The SHA is looking at a series of consultations (probably starting with North-West London, through the auspices of the PCTs) looking at service configuration. The AHSC consultation will need to take into account these pieces of work and so we are working closely with the SHA to ensure this happens. SS. We are also trying to ensure that patients get the chance to influence their own destiny and inform the other pieces of work.

5. Role of PPIFs

BL and OF explained that the PPIFs were on the side of the patient and that they had a legal duty to represent patients, inspect, scrutinise and hold to account health services and to gather views from patients e.g. through public meetings.

6. Interviewing consultation consultants

Chander Hingorani volunteered to sit on the panel to interview shortlisted consultation consultants. DN explained that the AHSC programme was ultimately responsible for the running of the consultation but that the consultants were there to independently monitor and scrutinise the process, receive comments, advise respondents and prepare a report. **ACTION: DN to circulate final tender that was issued.**

7. Consultation process

Group members made the following points:

- Needs to be balanced. AHSC needs to give a clear steer whilst being open to suggestions. Need to be honest that, although they will subject to further consultation, services will inevitably change.
- Not too many big public meetings – need to also focus on minority interest groups.
- Need to get the contact database right. **ACTION: DN to circulate database for comment.**
- Hammersmith PPI public meeting on 17th May and St Mary's PPI public meeting on 15th May, both focussing on AHSC.
- OSC members felt it was appropriate that the AHSC presented to councillors at an open public meeting.
- Ordinary people want to know that it will bring better environments, shorter waiting times, easier transport and assurances that they will not be used as guinea pigs for research.
- Need to start early with local media.
- Charities are an important stakeholder group.
- Need to cover all of NW London, not just this area
- Need to put leaflets in GP surgeries
- Need to monitor where gaps are in responses
- Need to agree an action plan. **ACTION: DN to produce**

8. Date of next meeting

Tues, 13th March at 3pm - venue to be decided.