

## **Minutes of the Deanery Synod held at Ealing Hospital**

**on Wednesday 12 November 2014**

**Welcome & Prayer** Revd Christopher Ramsay began by updating on future synods – February at the University of West London (Ministry to students), May at St Joseph the Worker (Archdeacon’s visitation), June at St Mary’s Hanwell (Mission Grants), Autumn (Market place of ideas & resources). Website launch in January. Latest prayer diary handed out. This was followed by welcome and prayer by the Hospital Chaplain. There would be two topics considered this evening.

**Organ Donation** Maggie Non-clinical chair of Organ Donation Committee described the procedures leading up to organ donation – meeting families/finding possible donors – and the impact donation had on recipients and their families. She realised some families found it difficult to discuss end of life care and organ donation, so was encouraging churches/faith groups to have these discussions  
Guiding us through the power point presentation was Carol Wiley, Specialist nurse on the team  
Statistics: 3 people a day die waiting for suitable transplants. Although most people support organ donation, only 30% of UK population is on the register. One donor can give multiple organs, therefore save many lives – this can bring comfort to donors’ families. By 2020 they want the UK to be the best in the world for organ donating but consent needs to rise from 50% to a target 80%. Currently consent rate in London is 53% and the rest of the country 57%. Although for those who are registered, their wish could be enforced as ‘legal consent’, when families are against donation the team would not enforce as they would not want to increase the distress, so they walk away. Only 2% of BAME (Black, Asian Minority Ethnic) community are registered but 3 times more likely to need an organ; currently 28% people waiting organs are BAME

So what are the team doing? Engaging with faith groups, BAME community, over 50s, under 18s – students are pro organ donation.

Why do people say no? Don’t know the person’s wishes, against their religion, don’t want surgery to the body

Common misconception – worry that person has not died (death is confirmed by a doctor independently of the transplant team, who don’t come in until the end of life)

Myths & misconceptions – too old, health, religion/culture, families can still see relative after organ donation (body treated with respect & dignity and will look the same), within 24 hours so funeral will not be delayed

We were encouraged to discuss our wishes with our families/friends – helps our families to make a decision when dealing with their loss

How to join the register: [www.organdonation.nhs.uk](http://www.organdonation.nhs.uk)

NHS line 03001232323 or Text SAVE to 84118

Register for Driving Licence, Boots Advantage card or at GP’s surgery

## **Changes in NHS and implications for Chaplaincy services**

Revd Michael Sserunkuma, Ealing Hospital Chaplain, invited us to describe our thoughts about the NHS – images, chaos, cuts, nurses, lucky to have it, good care, slow, political, waiting lists, life saving, never have enough money, best in the world, dedication, internal frustration (to do job), stretched, a degree profession, ambulance and staff shortage, rising costs and needs.

*NHS in context of change* – 2000 modernisation (old buildings), standards of care, competence, public/private providers – hospitals built on private funding. Now different politicians

*Liberating NHS 2010* focus on patient - commitment, compassion, care, courage, competency, confidence; improvement of quality of care; empowering and liberating clinicians to innovate

Evidence-based practice, patient involvement, patient experience, safety, effectiveness, experience, choice

*Chaplaincy offers* pastoral care to everyone; education & training of staff in world of spirituality;

community engagement – collaborate with local community to facilitate appropriate care; want to work with parishes for volunteers

*What do we expect from the Chaplain?* visit, visibility, prayer, communion, comfort, future, listening, time, hope, honesty

*What if we were chaplains and none of the above was forthcoming?* Disappointed, discouraged, depressing, acceptance of where person is

Revd Michael said Chaplains long to be the listening ear, pray, support, communicate, just to be there.

Even if they are turned away they still come and say 'hi'. They do care.

*How to sustain the chaplaincy in a changing NHS* – chaplains are there because they believe God has called them. Matthew's Gospel 'When I was sick...' is their model. Use CV2020 components – confidence, compassionate, creative

*Questions:* What is the churches' role in care in the community? Inform chaplains of members in hospital (with their consent). In Northern England chaplains are connected to doctors' surgeries. GPs in parishes – vicars can approach and support patients, plus patients could request contact with the vicar

The evening ended with prayer

## **Dates of Meetings**

February – University of West London (student ministry)

May – St Joseph the Worker Northolt (Archdeacon visitation)

June – St Mary's Hanwell (Mission Fund grants)

Autumn – (Market Place of ideas & resources)