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**MINUTES of the PATIENTS’ FORUM**

**MONDAY OCTOBER 14th, 2019**

**LAS, 220 WATERLOO ROAD, SE1**

**ATTENDANCE: FORUM MEMBERS AND ASSOCIATES**

Adrian Dodd – Waltham Forest

Angela Cross-Durrant – Kingston – Vice Chair

Arthur Muwonge – Croydon

Brian Hennessy – Merton (KOSHH)

Colin Hill – Berkshire

David Ash – Merton - KOSHH/KOEH

Fred Jerrome – Research and Support officer at Greater London Authority

James Guest – Ealing

Jan Marriott – Richmond

Jon Vangorph – British Red Cross

Logie Lohendran – Merton/Sutton

Lynn Strother – City of London Healthwatch – Executive Committee Member

Malcolm Alexander – Chair, Patients’ Forum – Hackney Healthwatch

Mary Leung – Harrow

Mike Roberts - Hampshire

Natalie Teich – Islington Healthwatch - Forum representative to CARU

Sandra Ash – Merton - KOSHH/KOEH

Sister Josephine Udine – Chislehurst – Healthwatch - Vice Chair

Tom Sullivan – Penge

**London Ambulance Service: Amy Clarke – Public Education Coordinator**

**Melissa Berry - Equalities Consultant**

**John Chilvers – Communication Departments**

**Georgia Thomas - CARU**

**SPECIAL GUEST: Carol English**

**APOLOGIES:**

Anthony John – Tower Hamlets

Audrey Lucas – Enfield Healthwatch – Executive Committee Member

Barry Hills – Kent

Beulah Mary East – Hillingdon Healthwatch

Carol Bassi – Tower Hamlets

Catherine Gustaffe – Southwark

David Payne – Southwark

Dhanesh Sharma – Bexley

Elaina Arkell – Hammersmith and Fulham

Inez Taylor – Southwark

Jan Duke – Southwark

John Larkin- Company Secretary – Barnet

Jos Bell – Brockley (Socialist Health Association)

Joseph Healy – Southwark – President of the Forum

Louisa Roberts – Tower Hamlets

Rashid Ali Laher – Healthwatch Kingston

Sean Hamilton - Greenwich

Vic Hamilton – Greenwich

Wendy Mead – City of London

1. **Minutes of the meeting held on September 9th 2019 were agreed a correct record.**
2. **REMEMBERING MICHAEL ENGLISH**

Carol English, Michael’s wife joined the Forum meeting. Members spoke about Michael’s great contribution to the NHS, health care in Lambeth and the work of the Patients’ Forum.

**Members spoke about their memories of Michael and his great work.**

* Michael was a Councillor at [Rochdale Borough Council](http://en.wikipedia.org/wiki/Rochdale_Borough_Council) 1953-65

[Member of Parliament](http://en.wikipedia.org/wiki/Member_of_Parliament) for [Nottingham West](http://en.wikipedia.org/wiki/Nottingham_West_(UK_Parliament_constituency)) from 1964 to 1983.

Lambeth Councillor 1990 to 2012.

* Michael was one of the founding members of the Patients’ Forum back in the early 2000s and continued as an active member until 2018. He sadly died this year aged 88.
* He was an eminent member of parliament, a Lambeth Councillor and active on many bodies and campaigns in Lambeth, and a key member of Lambeth Community Health Council, LINk, later Healthwatch and the Socialist Health Association.
* He was a great health activist and put huge energy into building organisations to monitor and scrutinise health care nationally through HAPIA, of which he was President. (Healthwatch and Public Involvement Association).
* There were some appalling services in south east London in the 1990s – especially at King’s. The battles we fought to reform and transform King’s were immense.
* Our common concern for the development of urgent and emergency care led Michael and others to focus on the LAS as a body that was widely valued, but needed reform and we have been working on that project ever since.
* Michael remained active in the Patients’ Forum even when he became more frail and found travelling hard and a bit dangerous.
* He was expert at seeing the problem from another dimension and angle, and suggesting and proposing novel solutions.
* Michael had interesting ways of tackling problems and challenging decision- makers.
* Over a period of 65 years, Michael showed great distinction in his commitment to public life and in particular his commitment to creating effective health services both locally and nationally. He always showed steadfast and determined support for public involvement and accountability, and showed leadership in so many areas of public life.
* He was a leading member, and a major force for converting the LAS into a body that listens to the public and acts to create better emergency services.

As Wendy Mead - Chief Commoner of the City of London and leader of the ‘Save Bart’s Campaign’ and Forum member said: “I have huge respect for Michael, always a calm, well informed and balanced presence. He stands up for so many not able to voice their views, with so much weight and coherence”.

He was cared for wonderfully by Carol at the end of his life and supported by excellent carers.

* It was a privilege to have spent time with Michael throughout his life and near his end, in his home and near the fascinating collection of books that he was so attached to. Michael was a wonderful friend, politician and activist. We will all miss him very much.
* Mike Roberts described Michael as being ‘old school’, having infinite wisdom, a great number of contacts in the Labour movement and a person who was reflective, had a good grasp of issues and always contributed in a meaningful way.
* Angela said that although in his later years, that Michael had been frail, that he was never intellectually frail. She said that he always got to the heart of issues that were discussed, was thoughtful, sometimes provocative and always a great colleague and campaigner.

**Sister Josephine asked members to stand in silence to remember Michael.**

1. **EQUALITY IN THE LAS – Response from Garrett Emmerson**

3.1 Noted that Garrett had responded to our letter regarding the diversity of Paramedics and Emergency Ambulance Crew. The response was very positive, but no viable solution was offered in relation to increasing the diversity of ‘Emergency Ambulance Crew’.

3.2 Agreed to hold a public meeting on this issue and invite leaders in the field of race equality to speak.

1. **CQC INSPECTION OF THE LAS – Forum’s report to the CQC**

4.1 Noted that the Forum had updated its report to assist with the CQC’s ‘Well Led’ review of the LAS. Agreed to invite the CQC to speak at a Forum meeting on the outcome of the ‘Well Led’ review.

1. **HEALTHWATCH CHAMPIONS FOR THE LAS – letter from HW Hackney**

5.1 Healthwatch Hackney has appointed Malcolm Alexander as it Healthwatch LAS Enter and View Champion. Members were invited to discuss with their Healthwatch, whether they would like to adopt a similar approach.

**6.0 INVERSE CARE LAW AND LAS PERFORMANCE**

6.1 The Forum in in discussion with Public Health England on the following issues:

“We have been looking at ARP data and indicators of deprivation in London using data from PHE and the LAS. We have also reflected on the possible relevance of the Inverse Care Law. We are seeking to discover if LAS response time are related in any way to the level of deprivation by London borough, and have been considering this issue in the context of the Mayor's statutory responsibility to take action to reduce inequality.

Examining recent ARP data suggested that sector variation appears to be greater for lower level urgent (non-emergency calls). These calls include older people who have suffered falls. We wonder if deprivation may be a driver to performance by area, but no correlation is apparent yet at CCG/borough. We are looking for an explanation for the variation in non-emergency categories and to find if this is related to deprivation. We have also considered in this context Dr. Sahota's Report on the LAS in which he says:

“As London experiences increasing inequality, overstretched public services, and an ever-burgeoning population, **these pressures are also passed onto the LAS in its day-to-day work.**This can be seen, most starkly, with ambulances queuing out of A&E departments due to rising demand, insufficient investment and overwhelmed social care services grinding to a halt.”

6.2 The LAS has not been able to produce data at a borough level that would assist in this inquiry.

6.3 Archie Drake, the Forum’s lead on performance and deprivation, will advise the Forum as this issue develops.

**7.0 BREXIT RISK MANAGEMENT**

7.1 The Forum has requested a copy of the LAS risk register on supply of medication during the Brexit process, but Fenella Wrigley is not able to share this at this time.

**8.0 FREEDOM OF INFORMATION ACT**

8.1 The LAS FOI system is not working well, acknowledgements are not usually sent when FOI requests are received, and some responses are delayed beyond 20 working days. Noted that MA has written to Garrett asking him to resolve this issue and to act in compliance with the Information Commissioner's Office guidance and FOI.

**9.0 TRAFFIC FLOW IN LONDON**

9.1 Members expressed concern that ambulances were being slowed down due to road works and incidents across London. Malcolm described the appalling situation in Homerton, where ambulance were stuck in long queues outside Homerton Hospital, due to road work caused by repairs to the gasworks. The Forum alerted all parties to this problem and the LAS took rapid action. It was discovered that the LAS had not been consulted in advance about the major road works and the potential impact on emergency vehicles.

9.2 James Guest drew attentions to TfL live feeds, which are used to advise when major road works are taking place.

9.2 Fred Jerrome agreed to raise this issue with Dr Sahota, Chair of the London Assembly Health Committee and with Transport for London.

9.3 Agreed that it is essential for the LAS to be consulted when major road works are planned and for the LAS to be more actively involved in local decisions about road work and major diversions.

**ACTION: Contact Local Authorities in London asking them to ensure that the LAS is consulted when major road works are taking place.**

**10.0 Complaints Investigations**

10.1 It was confirmed that complaints can be sent to the LAS by phone, letter or email. The Forum has requested that phoned complaints are recorded and the tape sent to the complainant for confirmation of accuracy.

10.2 Agreed to press again for complaints to be processed within 30 days instead of 35 days.

10.2 Noted that Forum members are meeting with the LAS Chair Health Lawrence on November 6th to discuss complaints and how outcomes can be improved.

10.3 The following members have been involved in complaints reviews: Beulah East, Adrian Dodd and MA. Elaine Arkell, Jan Marriott and Jos Bell will be involved for the next review of complaint.

**ACTION: Renew requests to Trisha Bain for tape recordings of telephone complaints to be sent to the complainant and for the response time to be reduced from 35 to 30 days.**

**11.0 ST HELIER AND EPSOM HOSPITALS CAMPAIGN (KOSHH & KOEH)**

11.1 Sandra Ash presented on behalf of KOSHH and KOEH. <https://koshh.org/category/sandra-ash>

11.2 Sandra that the STPs were responsible for attempts to close hospitals and beds. She said they were established in 2015, with 44 ‘footprints’ across England, with the goal of cutting the NHS budget by £23 billion and that this included a cut of £1 billion in the St Helier area (Sutton). Sandra said that the intention was to close a hospital and cuts beds, but the cuts campaign also included: stopping the prescription of certain drugs, stopping some treatments, e.g. some types of hip, knee, varicose vein and lumbar pain surgery. Acute referrals by GPs to hospitals will be reduced. Attempts are also being made to reduce ambulance transfers to hospitals by 25%.

11.3 The closure plans may affect the following major acute hospitals: St Georges, Epsom, Croydon, Royal Marsden and St Helier and the STP has said that one hospital must close. Sandra said that Daniel Elkeles, Chief Executive of St Helier and Epsom hospital was leading the closure plan and that his previous roles included major plans for closures of acute services in west London.

11.4 Regarding the consultation process, Sandra said that it had so far cost £8million, despite the hospital urgently needing investment for upgrading. She said the St Helier and Epsom Hospitals were in an appalling state. She said that the plan developed following the consultation had collapsed and now the CCG have decided that only one acute site in needed in that area and that this would result in the closure of many key services – despite a 25% population increase and 26 fewer NHS consultants. She added that the prime minister had promised funding for a number of new hospitals but in practice in this case the plan was for closures and downgrading of most hospitals in the area. Sandra said that the plans include an ambulance only Emergency Care centre

11.5 Sandra described the joint scrutiny process (local authority scrutiny can refer closure plans to the Secretary of State for Health and to the IRP – Independent Reconfiguration Panel) as being inadequate and carried out in private <https://tinyurl.com/y5htmg9j>.

11.6 With reference to major problems in the St Helier–Epsom complex, Sandra said that these hospitals already have some of the worst 4 hours to admit or discharge times for A&E – running at 84% instead of 96%. Sandra said the campaign fears that A&E waits will increase from 4 hours to 8 hours for some patients.

11.7 Sandra said that the STP plans would lead to worst services and that people may suffer and die as a result. She asked if there was any pressure on STPs from the LAS to ensure that they do not have to queue outside overcrowded A&E departments? She added that a consultation document is imminent and she hoped the Forum would participate by responding to the consultation.

,[www.londonnewsonline.co.uk/fears-rise-for-the-closure-of-ae-at-st-helier-hospital/](http://www.londonnewsonline.co.uk/fears-rise-for-the-closure-of-ae-at-st-helier-hospital/)

11.8 It will be vital to include both the LAS and SECAMB in assessment of the impact of closure plans, because St Helier is on the border of London and Surrey.

11.9 Mary Leung drew attention to the damage done to west London acute hospitals due to closure plans, e.g. the run-down of Ealing Hospitals. James added that a stay of execution is possible for Ealing Hospital

11.10 James referred to the process of funding of the LAS, i.e. top slicing of CCG budgets across London, and questioned how the LAS strategic plan on ‘leaving patients at scene’, fits into the STP/CCG plans of closing A&E departments and reducing bed numbers. He suggested that the move towards more specialised advanced/paramedics was intended to keep people out of A&E, but questioned the safety of patients who are left at home and have no family, especially when they are elderly and vulnerable, e.g. frequent fallers. He added that people who fall often carry on falling and community services do not provide a safety-net for these patients in practice. He said that these patients need to be checked out and A&E is the safest place to do that, but the LAS strategy does not address that need.

11.11 Angela referred to the development of end of life care and the problem of automatic transfers to A&E. She said this is a great problem and added that the LAS takes thousands of people to the wrong place, which also includes elderly fallers. These transfers are a result of paramedics being risk averse and taking people to A&E to secure their safety. This particularly affects the care home sector.

11.12 Sandra added that the pressure of transferring people with a diagnosis of stroke to a HASU may be alleviated with new techniques for treatment in the pre-hospital environment.

**Action: Ask medical director for more information on this issue.**

11.13 Mike Roberts described the work of Health Campaigns Together: [www.healthcampaignstogether.com/aboutus.php](http://www.healthcampaignstogether.com/aboutus.php), which campaigns to stop hospital closures, and the anti-democratic approach of those STPs which make major decisions for their areas without public consultation. He also drew attention to the decision of Bradford GPs:

Family doctors from across Bradford district and Craven have today agreed to form one single NHS clinical commissioning group (CCG) for the area.

The doctors, who represent the 75 GP practices across the area, voted to replace the three existing CCGs – NHS Airedale, Wharfedale and Craven CCG;  NHS Bradford City CCG; and NHS Bradford Districts CCG – on 1 April 2020.

The plan to create one CCG is based on a national requirement of all CCGs to reduce their administration costs by 20% by 31 March 2020.  The savings will be re-invested in patient care.

Mike added that in relation to the future of St Helier and Epsom that the role of SECAMB was of great importance, e.g. the determination of capacity of A&E departments in relation to the number of patients taken to A&Es by SECAMB. He drew attention to the privatisation threat to Frimley Park Hospital, where a Frimley Health and Care Integrated Care System (ICS) has been established. The will be led by Fiona Edwards who claims she will work with ‘organisations’ across public and voluntary sectors to improve local services.

11.14 James Guest recommended that the Forum collect and publish data showing the analysis of hospital handover delays: 15, 30 and 60 minutes. **Agreed to hold a public meeting on this issues and invite STPs leads to speak at the meeting.**

11.15 Fred Jerrome, Research and Support officer at Greater London Authority agreed to raise concerns with Dr Onkar Sahota, about the impact of the St Helier and Epsom closure plans on local populations requiring emergency care. He asked the KOSHH & KOEH to provide data. He said the Mayor was focussed on the impact of STPs and potential bed reductions.

11.16 Jan Marriott asked what the overall impact of the planned closures and cuts will be on the LAS and if paramedics have the capacity to care for people who are not taken to hospital, when there is huge pressure on them to respond to the constant demand for emergency care.

**ACTIONS:**

**A) Meet KOSHH & KOEH campaign leaders**

**B) Respond to the Consultation when the document is published focussing on the impact on LAS response**

**C) Investigate potential impact of leaving patients who are frequent fallers at home, without ongoing support from clinical services**

**D) Place information about campaign on the Forum website**

**E) Ensure Fred Jerrome has the data he requires to support the campaign**

**12.0 END OF LIFE CARE**

12.1 Angela described the ‘Whose Shoes’ event, that gave LAS staff and service users an opportunity to discuss very sensitive issues about end of life care. Issues discussed included the training of paramedics and the creation of appropriate sensitivity in the III and EOC call centres. She said there was a lot more to do, but the training is on-going and this includes the use of ‘train the trainer’ methodology and a focus on cultural and religious needs of people at the end of life. Angela said that care homes often panic when patients are at the end of life, and they need reassurance from well-trained LAS staff.

12.2 The LAS ‘end of life’ care two year project is supported by the Macmillan charity and the LAS has committed to ensuring that the project will continue at the end of two year Macmillan funding. Angela said the team is getting strong and that CmC is developing well with good liaison between the LAS and the CmC teams. She said this work is fantastic.

12.3 Brian Hennessey asked if the project is being run with new staff or existing staff and what training is available to front line staff and call handlers?

**ACTION: Distribute Angela’s report on EoL Care.**

**13.0 DEFIBRILLATORS**

13.1 Sister Josephine described the excellent work with Chris Hartley-Sharpe, the defibrillator lead for the LAS. She said that joint work was leading to large numbers of people in church congregations being trained in CPR and use of defibrillators. Sister Josephine was congratulated on the progress she was making in collaboration with the LAS.

**14.0 EOC & 111 REPORTS**

Agreed these reports would be available for the November meeting of the Patients’ Forum.

**15.0 THE FOLLOWING REPORTS WERE RECEIVED:**

* [LAS - Who can administer which drugs](https://www.patientsforumlas.net/uploads/6/6/0/6/6606397/a2b-las_drugs_who_can_give_what__29-06-15_-_inc_app__1_.pdf)
* [Executive Committee Meeting - 04 October 2019 - Minutes](https://www.patientsforumlas.net/uploads/6/6/0/6/6606397/a6-ec_meeting_-_oct_4_-_2019-final__draft_-_ok.docx)
* [Patients' Forum Leaflet](https://www.patientsforumlas.net/uploads/6/6/0/6/6606397/a8-_pflas_leaflet_-_final_draft_1__-2019.pdf)
* [Ambulance Response Programme - Definition and Overview](https://www.patientsforumlas.net/uploads/6/6/0/6/6606397/a11_-_arp_definitians.pdf)   
  [LAS Performance Overview](https://www.patientsforumlas.net/uploads/6/6/0/6/6606397/a12_-_las_performance-sept_2019.pdf)

**The meeting finished at 7.30pm**