**MEETING OF THE PATIENTS’ FORUM FOR THE LAS – EXECUTIVE GROUP MEETING & MEETING WITH ELIZABETH OGUNOYE, DIRECTOR OF COMMISSIONING FOR THE LAS-**

DRAFT – FURTHER COMMENT FROM TEAM TO FOLLOW

8th APRIL 2015

Sister Josephine, Kathy West, Leslie Robertson, Angela Cross Durrant, Malcolm Alexander

Apologies: Lynn

1. **LAS contract** – this is finalised and a copy will be sent to the Forum

Mental health, dementia and end of life care (CMC) Forum priorities are included in the contract and will be monitored through the CQUINs.

Katy Neal will supply the commissioning schedule.

1. **Ambulance Queuing at A&E** –

* Intelligent Conveyancing is being introduced at St Georges to increase diversion rate away from A&E when it has reached capacity. This can be in conflict with patients’ choice. The patient decision has priority except where clinical need overrides their view, e.g. stroke, cardiac arrest and trauma.
* More work needed with GPs to ensure they are using appropriate pathway
* Need to create more effective Alternative Care Pathways and make DoS – Directory of Services more effective. Also put DoS in public arena

1. **Transport of people with mental health problems –** Ursula Gallagher is leading and MA is attending meetings of group leading on this issue.
2. **End of Life Care.** Priorities are:

* For the person to die in their preferred place.
* An effective protocol so that an ambulance is always available within 2-4 hours.
* Access to CmC. This is a CQUIN
* LAS must show they are using CmC effectively and quarterly data will be produced.

1. **Quality and Safety Issued – CQRG**

Attended by LAS and Commissioners.

Finella – Medical Director, Zoe- Director of Quality and Nursing. TDA also attends to hold LAS to account.

* We emphasized need to focus on: Duty of Candour when there has been harm and the need to support whistleblowers.
* The CQRG get quarterly reports on serious incidents and action taken to prevent re-occurrence.
* If a member of staff writes to the Commissioners they will take up issue with the LAS.

1. **Falls Teams**

* We emphasized the need for local falls teams funded by CCGs to be accessible to LAS paramedics so that care can be passed to the most appropriate clinical staff
* Data on falls should be available from the LAS.

1. **Mental Health**

* LAS clinical hub now has MH nurses and this should eventually be 24/7. Eventually outreach to patients in crisis may be possible.
* A&E should have MH liaison teams active and ready for people in MH crisis. The commissioners would like to see MH trained paramedics and nurses providing care to these patients.
* This is consistent with Lord Adebowale’s report on care and restraint
* Key issues is training

1. **Equality and Diversity**

* More work needs to be done re cultural diversity of workforce.
* 96% of paramedics are white and 150 white paramedics are coming from Australia
* Para pay own university fees
* 20 para are leaving every month
* Can LAS learn from the police re diversity in employment?