

PATIENTS' FORUM

FOR THE LONDON AMBULANCE SERVICE

Minutes of the Meeting held at
LAS Headquarters
Monday December 10th 2012
5.30pm-7.30pm

1.0 Attendance : Forum Members
Alhajie Alhussaine - Lambeth Angela Cross-Durrant (Vice Chair and Healthwatch Kingston) Barry Silverman - Southwark David Payne - Southwark George Shaw - Barnet John Bell - Bexley John Larkin - Barnet Kathy West - Southwark Kay Winn-Cannon - Waltham Forest Louisa Roberts - Tower Hamlets Lynn Strother (Richmond LINK) Malcolm Alexander (Chair) Rashid Laher - Kingston Healthwatch Robin Kenworthy - Kent Seton During- Enfield Sister Josephine - Vice Chair - Croydon
LAS - NIL
Lambeth PCT - Jennifer Burgess
LAS Commissioners - Neil Kennett-Brown (North West London PCT) Katy Neal (North West London PCT)
Guest Speaker - Jon Meech, Alzheimer's Society
BSL Interpreters - Nil Apologies Alan Wheatley - Camden Anthony John - Tower Hamlets Arthur Brill - Camden Carl Curtis - Southwark C. Gustaffe - Southwark Clarissa Rocke-Caton -Hackney Florence Odeke - Lambeth G. Bertrand - Newham Harbhajan Singh - Bexley Inez Taylor - Southwark Janet Marriott - Richmond/Hounslow Joseph Healy - Southwark

Maria Nash - Barnet
Mark Mitten - Lewisham
Michael English - Lambeth LINK
Natalie Teich - Islington
Pat Duke - Southwark
Val Fulcher - Lewisham LINK - Chair
Vishi Harihara - Camden/Barnet
Wendy Mead - City of London

2.0 MINUTES

2.1 Minutes of the meeting held November 12th 2012 were agreed a correct record, except the following:

- Robin Kenworthy and Seton During had submitted their apologies.
- 3.9 GAPS BETWEEN SHIFTS
Noted that a proposed new 'rest break agreement' was imminently subject to negotiation with the Trade Unions. Noted that implementing a revised agreement was incentivised as part of the 2012/13 CQUINs funding stream by the Commissioners.

Agreed to obtain more information about the agreement and the potential consequences for patient care. Information has been requested from Neil Kennett Brown (Commissioners), Caron Hitchin (LAS) and Ernie Roberts (Unison).

Arthur Brill also agreed to provide details of the response he had received from the LAS in reply to a complaint about the impact of gaps between shifts and high demand for emergency ambulances, that led to an ambulance taking one and a half hours (17.50 - 19.26) to reach a 90 year old woman who had suffered a fall.

- 5.2 Neil reported that the problems at Croydon University Hospital has been recognised as a major issue since April 2012.
- 5.3 Members asked what the impact on service delivery would be as a result of the loss of 890 staff by the LAS.

Neil Kennet Brown said that the commissioners did not expect that the loss of 890 LAS staff by 'natural wastage', which was part of a 'cost improvement programme', would affect the achievement of LAS patient care targets. He said these staff losses had been happening since April 2011.

3.0 MATTERS ARISING

3.1 NEW LAS CHIEF EXECUTIVE

Ann Radmore the new LAS Chief Executive has agreed to speak at the January 14th 2013 Patients Forum meeting. A pre-meeting will be arranged with the Forum's Executive Committee.

3.2 QUESTIONS TO THE LAS BOARD - NOVEMBER 2012

The following questions were amongst those submitted to the LAS Board on November 27th 2013

1) ACCESSIBILITY

In consideration of the programme for transition to Foundation Trust status, will the Board reflect on the accessibility of Board papers to the general public, especially in relation to obscure and technical language? A glossary to cover the multitude of acronyms would be very helpful.

2) LEWISHAM HOSPITAL PROPOSALS

In view of the plan to downgrade Lewisham A&E so that it no longer takes blue lights ambulances and instead becomes an urgent care centre, can the Board give assurances on the following issues?

- That modelling has taken place to show where consequent flows are most likely to go?
- That the Board has taken a view on the Trust Special Administrator's (TSA) view that patients from Lewisham would be diverted to Woolwich, which might be upgraded, and the view of most observers that the flows would go to King's? And if so what is the Board's opinion?
- That consideration has been given to the TSA view that the extra journey time to alternative A&Es is likely to be 6-9 mins and if so what assessment the Board has made of the clinical impact in terms of increased mortality and morbidity?

- That a view has been taken on the potential impact on handover and turnaround times in relation to the TSA recommendations, in light of the current very high pressures on Woolwich and King's A&Es?

Agreed to:

- Consult with Dr Brian Fisher, Lewisham LINK and the Lewisham Hospital campaign on the proposals to close Lewisham A&E
- Gather evidence and research on the potential impact on patient care and patient safety of downgrading Lewisham A&E
- Consider the impact of the downgrading on other A&E departments e.g. Kings.
- Renew requests to Martin Flaherty for data supplied by the LAS to the TSA in relation to the impact of the downgrading of Lewisham A&E on other A&E departments.
- Consider the effectiveness of the urgent care centre models currently in use, e.g. the poor model used at Guy's and St Thomas', and seek advice from Neil Kennett-Brown on this issue.
- Respond to the TSA consultation on Lewisham if possible and invite TSA to a Forum meeting.
- Collect LAS modelling data regarding the impact on emergency care of closing A&E departments, e.g. Chase Farm
- Gather data on the impact of closing the Chase Farm maternity service on the care provided at Barnet and North Middlesex Hospitals
- Visit Friern Barnet ambulance station to gather front line information on the impact of the Chase Farm closure

3) COMPLAINTS - DRIVING IMPROVEMENTS

Can the LAS Board confirm that it has adopted and follows the Health Service Commissioners guidance 'Driving improvement and learning from NHS complaints information' published in March 2011?

4) LOCATION ALERTS REGISTER

Can the Board confirm that all people on the 'Location Alerts Register (High Risk Register) have now received a letter from the LAS inviting them to contact the LAS if they wish to object to their placement on the Register?

5) ATTITUDE AND BEHAVIOUR

Is the Board satisfied that all appropriate actions have been taken to reduce the high levels of attitude and behaviour issues featured in complaints against front

line staff? What assurances can the Board give that measures are in place to reduce and eventually prevent complaints in this category?

6) QUALITY DASHBOARD

Is it the intention of the Board to develop 'Service Experience Indicators', in view of Monitor's commitment to strengthening patient involvement in quality improvement and decision making?

7) Cat A8 PERFORMANCE

In view of the "Constrained resource pool" (cuts in funding), how confident is the Board that the LAS has enough fully trained front line staff to properly and effectively meet the increased and possibly increasing demand in relation to patients with life threatening conditions?

8) PDR (PERSONAL DEVELOPMENT REVIEW) COMPLETIONS 2012/13

Does the Board consider the PDR rate to be acceptable, and is the current low level of participation amongst front line staff related to the 'constrained resource pool' (cuts in funding)?

Interestingly, there seems to be no problem for administrative, support and managerial/directorate reviews!

3.3 ACCESS TO ESTATES FOR LAS CREW

Noted that London Councils have twice been asked to take action to ensure that estates entrances and exits and building names are properly signposted. The issue has been raised with John O'Brien, Chief Executive of London Councils and Chief Executives of all London boroughs. Patients Forum members and LINKs have been asked to contact their local authorities.

3.4 SICKLE CELL DISEASE

Noted that the Forum had met Steve Lennox, Director of Health Promotion & Quality to discuss the LAS response to the Forum's recommendations for 2011-2012 which included improved care for people with sickle cell. Steve Lennox responded that the LAS did not see the need for additional work in relation to the care of patients with sickle cell disease. However, the Sickle Cell Society had provided the following note on their collaboration with Steve Lennox:

Patrick Ojeer, Acting Chief Executive of the Sickle Cell Society reported that he had met Steve Lennox to discuss priorities in the care of people with sickle cell disease at a workshop held January 2011, but nothing had been heard since from either Steve or from Medical Director Dr. Fiona Moore on this issue.

Following the workshop Steve Lennox wrote as follows:

"I will be writing up my notes at the end of the fieldwork (approximately 3 weeks). We will stay in touch and I hope I can pass the learning from the recent incident to you once completed."

The following priorities were identified;

- 1) Minimise delays in time
- 2) Pain relief
- 3) Right hospital (or an explanation as to why this is not possible)
- 4) Up skilling the staff
- 5) Involving members with training

Steve Lennox asked to provide and update to the Forum.

3.5 EQUALITY AND DIVERSITY IN THE LAS - PARAMEDICS

Noted there had been no significant improvement in the % of paramedics from BME background since 2004. The matter had been raised with the LAS Trust Board at their November 2012 meeting.

The percentage of paramedics whose ethnicity is described by the LAS as BME has grown minimally as follows between 2004-2012:

YEARS	% paramedics recorded as BME
2004/5	3.54%
2005/6	3.13%
2006/7	3.31%
2007/8	3.83%
2008/9	3.52%
2009/10	3.71%
2010/11	4.00%

Members asked for more information about the following issues:

- The ethnicity of applicants?
- The effectiveness of the recruitment process?
- Which sources are used to recruit paramedics?
- In view of the lack of change of ten years, whether there was evidence of discrimination, which discouraged paramedics from working for the LAS?
- The accessibility of the university training programmes for paramedics? (University of Hertfordshire, University of Greenwich and St George's (London)).

Agreed to raise this recruitment issue with the CHRE again, and to discuss with the LAS within the context of the UKIED (United Kingdom Investors in Equality and Diversity). Noted that Liz Delauney the NHS London Equality and Diversity Lead has been provided with data (below) for the years 2004-2011 and asked what advice NHS London had given to the LAS. However, she had now left her position and it was unclear who would provide a lead on this issue in view of the abolition of NHS London.

Neil Kennet-Brown agreed to send the Forum his views on this issue from the commissioner's perspective.

4.0 FORUM'S PROGRAMME OF MEETINGS

- January: New LAS Chief Executive - Ann Radmore
- February: Emergency care for people with a mental health crisis
- March: Review of equality and diversity in the LAS

5.0 SUPPORTING THE FORUM'S WORK

Angela Cross-Durrant, Vice Chair asked members of the Forum if they would commit to assisting the Forum to expand its work by taking a lead on specific aspects of the Forum's work and priorities, e.g. sickle cell, elderly care, dementia and end of life. She asked members to contact her, Sister Josephine or Malcolm if they wished to offer support.

6.0 DEMENTIA URGENT AND EMERGENCY CARE

Jon Meech Support Services Manager, Alzheimer's Society

"Developing urgent and emergency care and treatment for people with dementia that's sensitive, needs-led and provided by the LAS, A&E and community services".

6.1 Jon described dementia as a group of symptoms caused by the gradual death of brain cells, leading to the progressive decline of functions such as memory, orientation, understanding, judgment, calculation, learning, language and thinking" (ICD Classification). He gave examples of some of the myths about dementia, e.g.

dementia IS NOT a natural part of the aging process, but a progressive illness, for which there is no cure. He said the chances of developing dementia do increase with age, but there are around "15,000 people in the UK aged between 40 and 65" who have dementia and around 800,000 people in the UK that have dementia and 80,000 in London. The Alzheimer's Society has a service in every London borough.

It is estimated that the number of people with dementia will increase to over one million by 2021.

- 64% of people in care homes will have a dementia.
- 2/3rds of people with dementia live in the community.

Jon said that the approach of the Alzheimer's Society is to take the standpoint of the person with dementia through empathy and observation, and to use this approach in all areas where people with dementia receive care - not just in formal settings i.e. between health/social care professionals and patients, but when engaging in every activity that involves people with dementia. He said that Society uses the term Unique Personhood to identify with every person with dementia as unique,

i.e. although two people may have the same type of dementia they will each experience their dementia in a unique way - everyone is unique, all have their own life history. He said the diagnosis of dementia is difficult to establish, e.g. some forms of dementia are vascular in origin, associated with cancers and some are associated with particular diets and ethnic origins.

Referring to the work of Thomas Kitwood, Jon said he was a pioneer in the field of dementia care and developed innovative research and challenging the "old culture of care". His aim was to understand, as far as is possible, what care is like from the standpoint of the person with dementia. Kitwood developed Dementia Care Mapping, an observational method for evaluating the quality of care in formal setting. His book Dementia Reconsidered: the person comes first (1997) brought together his work.

"some of the symptoms that are commonly found might be due more to a failure in understanding and care than to a structural failure in the brain" Tom Kitwood (1997)

Jon said that the Alzheimer's Society runs a wide range of

services including:

- National Dementia Helpline 0845 3000 336
- 1:1 expert advice through the 24hour helpline
- Talking Point online forum
www.alzheimers.org.uk/talkingpoint
- Dementia catalogue and dementia knowledge centre.
- Dementia friends
- Fact-sheets for NHS staff
- 'This Is Me' approach which enables people to express their like and dislikes as personal history.

The 'Dementia Friends' programme, aims to change the way people think, talk and act about dementia and by 2015 the Society wants a million Dementia Friends who have knowledge and confidence to help people with dementia feel understood and included in their communities.

The Dementia Action Alliance (DAA) was created in October 2010. It is an umbrella body of over 160 local and National organisations that are working together to improve the lives of people with dementia. These organisations comprise Royal Colleges, charities, assistive technology companies, care homes and Government bodies and to become a member, organisations fill in an Action Plan. Their Action Plan states why their organisation is relevant to the alliance and what they wish to achieve. The DDA meets four times a year and each member is asked to provide a quarterly update.

Jon gave examples of organisations that have led this process, e.g. the East Midlands Ambulance Service and Leicestershire Police. Some London police forces are participants and use Dementia Emergency Cards, e.g. Hounslow, Kensington and Ealing. Took kits are also available for officers.

6.2 Questions and Comments:

- Angela Cross-Durrant: East of England National Institute for Health Research in the East of England has initiated research in relation to the needs of people with dementia requiring emergency care.
- Dave Payne suggested that a longer session is held with the Alzheimer's Society and LAS to develop an Alzheimer's awareness programme.
- Members asked why the LAS's staff had not attended the Forum meeting to learn about the work of the Alzheimer's Society and to prepare for the development of their service for people with dementia.

6.3 The Forum put a proposal to Neil Kennett-Brown for the development of dementia services in 2013-2014 within the LAS.

Neil and Katy Neil welcomed the proposal and agreed to provide

a response to the Forum. They said the development would be paid for from CQUIN funding and would be a priority.

6.4 The Forum's proposal is attached to the papers for the meeting.

6.5 Jon Meech for thanks warmly for his presentation.

7.0 Infection Prevention and Control

7.1 Kathy West reported that there were still problems with multiple use of blankets for patients despite this practice being potentially dangerous to patients.

Action: raise with Steve Lennox.

8.0 LAS Performance

8.1 Data for November 2012 was received and showed that

14 Trusts achieved KPI 1 during November (*85% turnaround within 15min*)

28 Trusts achieved KPI 2 during November (*95% turnaround within 30min*)

Top Performing Trusts for KPI 1

1. Charing Cross Hospital
2. Homerton University Hospital
3. Chelsea & Westminster Hospital

Most Challenged **Tracked** 60 minute turnaround waits

1. Croydon University Hospital (34)
2. St Mary's (5)
3. St Helier (4)
4. Newham (4)

8.2 Katy Neal reported that a study of handover problem for ambulance services admitting patients to A&E has been completed. She described it as a best practice document and confirmed that there is joint clinical responsibility for this handover process.

8.3 Robin Kenworthy asked for detail of the 'double button push' method used in Dartford Hospital.

9.0 Duty of Candour

9.1 Noted that the new duty of candour was about to become a contractual requirement. Agreed to ask the LAS how they would comply with this duty and demonstrate compliance.

9.2 Members requested information of the frequency of complaint in relation to the length of shift.

10.0 Neil Kennett-Brown

10.1 Neil reported that he was leaving his job a commissioner for the LAS in March 2013 to work for the NHS Commissioning Board. Members expressed their regret and their thanks for his

collaborative approach to working with the Forum.

11.0 The meeting closed at 7.30

