**MINUTES of the PATIENTS’ FORUM**

**MONDAY JANUARY 14th 2019**

**ATTENDANCE: FORUM MEMBERS AND ASSOCIATES**

Abubakar Buhary - Hillingdon

Adrian Dodd – Waltham Forest

Arif Mehmood - Newham

Arthur Muwonge – Croydon

Barry Hills – Kent

Beulah Mary East – Hillingdon

Catherine Gustaffe – Southwark

Chris Fox - Tooting

Cllr Dora Dixon-Fyle – Southwark

David Payne – Southwark

Elaina Arkeool – Hounslow and Fulham

Graeme Crawford – Ealing

Graham Mandelli - Lewisham

Inez Taylor – Southwark

James Guest – Ealing

Jan Marriott – Richmond

Louisa Roberts – Tower Hamlets

Luz Fox - Tooting

Lynn Strother – City of London Healthwatch – Executive Committee

Malcolm Alexander – Chair, Patients’ Forum – Hackney

Margaret Odeke – Southwark

Mary Leung – Harrow

Mike Roberts - Hampshire

Nicholas Fox - Tooting

Philip Ward - Hammersmith

Sister Josephine Udine – Chislehurst - Vice Chair

Wendy Mead – City of London

**SPEAKERS:**

**Stuart Crichton – Chief Clinical Information Officer - LAS**

**Ross Fullerton – Chief Information Officer - LAS**

**APOLOGIES:**

Angela Cross-Durrant – Kingston – Vice Chair

Anthony John – Tower Hamlets

Audrey Lucas – Enfield- Executive Committee

Charlotte Mitchell – Mind – Southwark

Colin Hill – Berkshire

Elaina Arkeooll – Hammersmith and Fulham

Jan Duke - Southwark

John Larkin- Company Secretary – Barnet

Joseph Healy – Southwark – President of the Forum

Natalie Teich – Islington

Rashid Ali Laher – Healthwatch Kingston

Robin Kenworthy – Kent

Sean Hamilton - Greenwich

Vic Hamilton – Greenwich

1. **MINUTES of meeting held December 10th 2018 agreed a correct record.**

**2.0 MATTERS ARISING**

**2.1 Care for heavily intoxicated patients at risk of harm –**

Noted that the following inquiries are being progressed.

a) Obtain review of the Soho project (requested from Fenella Wrigley)

b) Enquire from NHSE re national funding of alcohol recovery projects

c) Contact All Party Parliamentary Group on Alcohol Harm.

d) Request information from A&Es re impact of heavily intoxicated patients.

e) Ask LAS how their leave at scene policy relates to heavily intoxicated patients

(Question put to Garrett Emmerson and Angela Flaherty, Director of Strategy)

* 1. **Maternity Pioneer Steering Group Representative**

**Action:** Jan Marriott agreed to represent the Forum on this Group.

MA to notify Amanda Mansfield, Head of Midwifery.

* 1. **Questions to the AGM**

Noted that some of the questions submitted to the LAS for their AGM were not submitted to the AGM and it has taken several months to get responses. The answers to the questions submitted by Robin Kenworthy were as follows:

**a) What is the Trust doing about recycling and reducing the use of plastic?**

LAS is looking at setting up a waste contract; as part of this contract recycling is something we are seeking from our contractor. This will consider both recycling of our waste and sourcing a supplier who then thinks about the environment.

**b) Is LAS going to be compliant with the Falsified Medicines Directive in February (I understand there is a shortage of scanning equipment)?**

We are not aware of a shortage of scanning equipment. The LAS is awaiting the outcome from the consultation regarding Article 23 of the FMD. However we are still planning and scoping to ensure that the background work is carried out and we have a plan in place. (Article 23 determines whether ambulance trusts are exempt from FMD).

**c) Will the LAS Fleet be compliant with the new vehicle emission standards? (I understand one Trust has to replace a 100 vehicles, and that Government has made some additional money available)**

We are working towards this, knowing that it is our intention to be compliant by October 2023 and we are ring fencing some of our capital funds to do so.

* 1. **Investigation into ‘Fake’ Paramedic**

Noted that the LAS investigation is complete and that the CQC are finalizing their investigation. Stella Franklin from the CQC has agreed to share their report on completion, which is expected to be in the first week of February. The Forum has submitted several questions to the Chair of the LAS, Heather Lawrence about governance of access for former staff to LAS premises and vehicles. A written response is still awaited. A police investigation continues and the LAS has reported no adverse consequences as a result of a member of the public visiting patients and pretending to be an LAS staff member.

* 1. **Visits to 111 Services**

MA will write to members asking them to participate in visits to the South East London 111 service which is based in Croydon. Jan, Natalie and Elaina work with other 111 services in London – Jan with south west London and Elaina with north west London.

* 1. **Prisons and Immigration Removal Centres (IRC)**

1. Noted that Freedom of Information requests have been made to all London prisons and IRCs concerning access for ambulances, contact with patients and safeguarding. Noted that the problem of delayed access might be caused by staff shortages and if so representations will be made to the Prison’s Minister. Rory Stewart MP. Staff are required to escort the LAS crew to patients and if necessary to hospital.
2. Elaina asked if prisoners could get access to the 111 service.

**Action**: raise this issue with the LAS 111 services.

* 1. **Complaints Data**

**Action:** MA to request recent data from Gary Bassett, Complaints Manager on

categories of complaints and numbers per month. Beulah, Adrian and Malcolm

to continue audit meetings with Heather Lawrence, Kaajal Chotai and Gary

Bassett

* 1. **Access to LAS Board Papers**

Noted that the Chair of the LAS Heather Lawrence, has agreed to provide the

Forum with board papers in advance of future board meetings.

* 1. **Equality and Diversity Task Group**

Meeting held with Melissa Berry, LAS E&D lead, on December 13th at 10.30am. Dora, Beulah and Malcolm to attended. Membership of the task group is as follows: Dora, Beulah, Audrey, Sister Josephine, Joseph and Malcolm.

**Action: Report to the February meeting on progress.**

**2.6 London Assembly Report on the LAS**

Noted that the Chair of the London Assembly Health Committee has been invited to speak at the next Forum meeting on February 11th. The report can be found at:

[www.london.gov.uk/sites/default/files/london\_ambulance\_report\_final.pdf](http://www.london.gov.uk/sites/default/files/london_ambulance_report_final.pdf)

**2.7 Patient Specific Protocols - PSP**

Communications Dept of the LAS is finalizing design and production of the PSP document agreed with the LAS, and will be available for the February meeting and on the LAS and Forum websites.

1. **FORUM PRIORITIES FOR 2019**

3.1 The Forum’s draft priorities were presented to members and a request for members to let MA know which of the priorities they wish to support and promote.

Lynn confirmed her wish to support work around end of life care.

**4.0 DIGITAL DEVELOPMENTS IN THE LAS**

**STUART CRICHTON & ROSS FULLERTON**

**4.1 Ross Fullerton Chief Information Officer for the LAS,** described the current development of effective digital platforms, which included a new national digital strategy, which will be published shortly and cover the period 2020-2025. Ross said that new digital technology is essential to the progress and development of medicine and enhanced patient care, and also enables the fax system to be deleted and replaced by more effective and better coordinated communications. He said the vision is to make data available and interchangeable for all clinicians so that they can communicate better and understand more about their patients’ needs.

Ross said that there is a need to all NHS Trusts, primary care and other NHS services to be connected by a single digital process to ensure effective patient centred communications. He said that attempts to do this in the past, through a national programme for IT had failed and had been extremely expensive. Acritical issue was the failure to ensure access to patients’ records across all provider organizations.

4.2 Referring to the Carter Report on ‘Operational Productivity and Performance in English Ambulance Services’ (see also LAS board papers for January 2019, pg 33-39) Ross said that this report called for improvements in technology, mental health care and the care of older and vulnerable people by ambulance services.

[www.gov.uk/government/publications/productivity-in-nhs-hospitals](http://www.gov.uk/government/publications/productivity-in-nhs-hospitals)

<https://www.londonambulance.nhs.uk/wp-content/uploads/2019/01/2019-01-29-Trust-Board-Public-meeting.pdf>

4.3 The National Ambulance Digital Strategy is currently being written, and focuses on the lack of integration between ambulance services and the rest of the NHS. The LAS Strategy aims to integrate access to urgent care, 111 and emergency care, and to bring about major changes to all aspects of LAS care. The LAS is developing a Digital Data and Technology Strategy.

4.4 Ross said that ambulance trusts are under pressure to respond to increased demand and to meet patient expectations. He said that learning from other ambulance services is important and that this includes equipping staff to work more efficiently. As demand increases, digital alignment and more efficient ways of accessing and using clinical information will be essential. At the moment Patient Report Forms (PRFs) are paper and there is no digital means of examining a patient previous medical history. There are also serious limitations to accessing other sources of clinical data on patients seen by paramedics. Access is however improving now that paramedics have IPADs, and consequently access to clinical summaries for some of the patients they see. Ross said that patients expect there to be communication between paramedics and their GP when they have received care from the LAS.

4.5 In order to achieve digital congruity, Ross said that ambulance services must learn from each other in relation to the progress that each has made, and there needs to be a change in the mindset of Commissioners to facilitate the changes that are required.

4.6 Dora Dixon-Fyle asked whether patients want paramedics to have greater access to technology and to their clinical data, or whether they might just want to be taken quickly to hospital. Dora also asked if other health partners are ready to share digital technology with the LAS. Ross explained the advantages of clinical data sharing as a benefit to enhanced patient care, and the challenge for health partners of the need to share the power of holding critical patient data.

4.7 Elaina Arkeool expressed concern about the roles of Google and Apple in digital development because of their well known misuse of data for their commercial advantage.

4.8 Ross described Local Health Care Record Exemplars (LHCRE) which is a process being developed between NHS England and the Local Government Association to create the most effective data sources for enhanced health and social care.

**See:Commissioning Framework: A Framework for the Commissioning of Ambulance Services published in 2018 relating to digital developments.**

**www.england.nhs.uk/wp-content/uploads/2018/09/commissioning-framework-and-national-urgent-and-emergency-ambulance-services-specification.pdf**

**4.9 Stuart Crighton is the Chief Clinical Information Officer for the LAS** and has worked for the LAS for 27 years. He said that his primary objective is to demonstrate how digital technology can improve patient care and enhance clinical practice. Stuart said that the key areas of development are:

A) The electronic ePCR, to replace the paper Patient Report Forms.

B) The introduction of Adastra clinical information management system in EOC and 111 to integrate information sources within the LAS, and gain access to the patient’s complete care record, while providing clinicians with the tools to complete clinical patient assessments, prescriptions and onward referrals.

4.10 Stuart said it is essential to ensure that medical records are subject to a high level of security and that this requires complex governance arrangements and more effective access to appropriate data sources. He also described how emergency ambulance services can access specific data for both effective clinical care and for leaning from patient clinical categories, e.g. resuscitation following a cardiac arrest. This is particularly important as a means of linking pre-hospital and hospital care (A&E, cath labs etc).

4.11 Another area highlighted by Stuart related to the paucity of information which patients are able to provide when they are unwell or stressed, e.g. past medical history or details of medication. Memory can be affected during illness and an unconscious patient is unlikely to be able to provide any information unless the person is carrying a medical wrist band. Therefore having access to the persons clinical data from the GP or other sources can be important in providing a correct presumptive diagnosis, and taking the patient to the right hospital or other clinical resource.

4.12 The current PRF data situation in the LAS, means that unless the patient can provide coherent information to the paramedic on scene, that the paramedic will not have access to data from previous calls to the LAS, even if there has been a previous call the same day - patients and the public would probably assume perfect connectivity within the LAS. Stuart said that the new ePRF will resolve this problem.

4.13 The advantages of an effective digital system will extend to enhancing ‘end of life care’ by paramedics, having access to care plans for serious conditions and more effective communications with hospices and other specialist providers of care, i.e. a joined up system.

4.14 Stuart said that it is important for patients to know that they own their own clinical data. This is especially important because their data may be passed from the LAS to the 111 service and may be shared with a number of agencies e.g. integrated clinical assessment teams, NRLS (National Reporting and Learning Service), CmC (Connect my Care), MiDos (Directory of Services),SCR (summary care records) and CARU (Clinical Audit and Research Unit – LAS).

4.15 In conclusion Stuart said that the move towards digitalization would create better services for patients, a more effective and accurate patient record, data for research that can improve patient outcomes, and the ability for the patient to contribute to the data set and monitor its accuracy.

**QUESTIONS FROM MEMBERS**

**4.16 Dave Payne** asked what difference digital systems will be to patient in determining whether they get the right care?

Stuart replied that the LAS priority is to provide the best care for patients. Having good quality and accessible clinical information means that whether the patient phones 111 or 999, that a decision can quickly be made to provide the right resource to meet the patient’s needs.

**4.17 Elaina Arkeool** asked how the LAS will respond if a patient has no NHS number and is not registered with a GP? Will treatment be denied? How will this affect homeless people?

Stuart replied that this will not affect patient care, but it may affect the quality of the response, i.e. if there is no information relating to a serious clinical condition. Ross added that this is a national issue, which cannot be resolved locally by the LAS.

**4.18 Sister Josephine** asked how public and patient involvement would be used to ensure that patients knew the location of their data, how to access it and how to check its accuracy. She gave ‘end of life’ care as an example of the importance of knowing that personal data is up to date and accurate. She also asked how the LAS will convince patients that the digital system will be better than the current system.

Ross replied that the engagement programme is being led by STPs in relation to primary care and GPs. He said that the model that the LAS wishes to develop is one of co-production and respecting privacy.

**4.19 Dora Dixon-Fyle** welcomed the very positive approach toward developing effective ways of using data to improve patients’ health, and the respect being shown for patients’ privacy and dignity.

**4.20 Graeme Crawford** asked if the LAS has access to the EMIS patient data system and all 111 systems. He also asked how variations in data platforms across London affect paramedic access?

Ross replied that paramedics will eventually be able to access any relevant information from GPs whilst they are on scene with the patient. They will place on the digital system the clinical data they collect while on scene with the patient, and this can be passed to the A&E or specialist service to which a patient is being taken and to the patient’s GP. This can also result in the issuing of alerts for the acute provider. He added that there is a huge amount of work to do to make this happen.

**4.21 Beulah East** asked whether the use of Skype would be integral to the new digitalized system?

Stuart said that paramedics may well use Skype to communicate with the Control Room (EOC) and perhaps with GPs and pharmacists. He said that the Control Room needs an IT upgrade and added that it would also possible for Skype to be used between patients and the 111 service.

**4.22 Lynn Strother** asked how patients would give consent for paramedics to see their records.

Ross replied that consent from patient would be very important, but difficult to access in some case.

**4.23 James Guest** said that much greater patient involvement is needed at a personal level, and more is required collectively to ensure effective scrutiny in relation to the proper use of patient data. He added that family members need to be involved if the patient lacks capacity. He said that access to CmC, ePCR and other patient records is essential for patients and their families.

Stuart said that CmC is designed for access to data from external partners, especially in ‘end of life’ decisions. He added that engagement with patients is essential, as is engagement with groups of patients, carers and family members and that the frailty of patients was a key factor to consider when determining the wishes and needs of the patient.

**4.24 Mike Roberts** drew attention to the 10 year NHS Forward Plan and the need to focus on the control of data from the patient’s perspective. He said that private companies and very keen to get access to patient data and although GDPR helps to protect patient data, a great more needs to be done to ensure that patients are able to control who has access to their personal clinical data.

Stuart agreed with this approach and that the patient must come first.

**4.25 Sister Josephine** concluded this section of the meeting by emphasizing that we must concentrate on the human element over the commercial, and that in working together, the LAS and Patients’ Forum must always put patients’ needs first. **Sister Josephine thanked Stuart and Ross for their excellent presentations**.

**Presentation slide are available on Forum website:**

**WWW.Patientsforumlas.net**

**5.0 MENTAL HEALTH ‘WHOSE SHOES’ EVENT**

5.1 Malcolm invited members to attend the LAS Whose Shoes event on February 7th at Guy’s Tower, which is designed to focus on the needs of people suffering a mental health crisis. The event starts at 10am and finishes at 1pm. The following members agreed to attend: Mary Leung, Jan Marriott, Graeme Crawford,

Beulah East, Abubakar Buhary and Malcolm Alexander.

**6.0 LAS EQUALITY GROUP**

Dora described the development of the Forum’s Equality and Diversity Task Group and the very good interaction with colleagues at the LAS Equality Meeting on the issue – especially Patricia Grealish and Melissa Berry. The Forum has been invited to present to the next meeting of the LAS Equality Group.

**7.0 DEFIBRILLATOR BILL**

6.1 The Bill is expected to be presented to parliament on January 25th. Many members have written to their MPs on the issue. MA asked every member to write to their MP and to spread the word other their contacts and groups.

1. **REPORTS RECEIVED BY THE FORUM**
2. HART visit – Draft
3. LAS Mental Health Strategy
4. Alcohol recovery services – FOI to the LAS commissioners
5. Performance-Hospital handover breaches – NOVEMBER 2018
6. LAS Performance - ARP Data NOVEMBER 2018

**9.0 FEBRUARY 7th MEETING OF THE FORUM**

This will take place at City Hall and the speaker will be Dr Onkar Sahota, the Chair of the London Assembly Health Committee.

**10.0 THE MEETING FINISHED AT 7.30pm**

**See:**

**Lord Carter's review into unwarranted variation in NHS ambulance trusts.**

**https://improvement.nhs.uk/about-us/corporate-publications/publications/lord-carters-review-unwarranted-variation-nhs-ambulance-trusts/**