**MINUTES of the PATIENTS’ FORUM**

**MONDAY NOVEMBER 12th 2018**

**ATTENDANCE: FORUM MEMBERS AND ASSOCIATES**

Angela Cross-Durrant – Kingston – Vice Chair

Arthur Muwonge – Croydon

Audrey Lucas – Enfield- Executive Committee

Barry Hills – Kent

Cllr Dora Dixon-Fyle - Southwark

David Payne – Southwark

Elaina Arkeooll – Hammersmith and Fulham

Graeme Crawford – Ealing

James Guest – Ealing

John Larkin- Company Secretary - Barnet

Malcolm Alexander – Chair, Patients’ Forum – Hackney

Margaret Odeke - Southwark

Mike Roberts - Hampshire

Myles Simmons – Paramedic - SECAMB

Rashid Ali Laher – Healthwatch Kingston

Sister Josephine Udine – Chislehurst - Vice Chair

**SPEAKERS: AMANDA MANSFIELD, CONSULTANT MIDWIFE, LAS**

**LONDON AMBULANCE SERVICE:** Stacey Robinson (Practice Lead Midwife)

Josh Smith, Georgia Thomas,

**APOLOGIES:**

Beulah Mary East – Hillingdon

Catherine Gustaffe – Southwark

Colin Hill – Berkshire

Inez Taylor – Southwark

Jan Marriott – Richmond

Joseph Healy – Southwark – President of the Forum

Lynn Strother – City of London Healthwatch – Executive Committee

Mary Leung – Harrow

Natalie Teich – Islington

Robin Kenworthy – Kent

Sean Hamilton - Greenwich

Vic Hamilton – Greenwich

Wendy Mead – City of London

**1.0 Minutes of the meeting held OCTOBER 8th 2018 were agreed a correct record.**

* 1. **MATTERS ARISING**

**1.2 STREET CARE FOR HEAVILY INTOXICATED PATIENTS**

The Forum has made the following request to Brent CCG which commissions the London Ambulance Service: “C*an you please tell me if any consideration has been given by the CQRG to funding vehicles and centres across London, to provide support for people in streets who are heavily intoxicated. The objective in the past was to safely divert people from A&E, and provide advice about recovery from excessive alcohol use. Has this issue be considered and is there a subject review paper on the proposal?*

Noted that this issue was raised at the LAS AGM and Paul Woodrow provided a response. The Forum has since contacted Mark Docherty for information about the approach used in the West Midlands Ambulance Service (WMAS).

**1.3 PRIMARY CARE FOR HOMELESS PATIENTS**

Cards are available for paramedics to hand to homeless patients to confirm their right of access to GPs. It is not clear if the homeless person has to demonstrate former residence within the boundaries of the GP practice.

**Action:** seek further advice from the Healthy London Partnership (a collaboration of [NHS](https://www.england.nhs.uk/london/)London,  [London Councils](https://www.londoncouncils.gov.uk/), [Public Health England](https://www.gov.uk/government/organisations/public-health-england), [Mayor of London](https://www.london.gov.uk/about-us/mayor-london)). [www.london.gov.uk/](http://www.london.gov.uk/)

**1.4 LAS STRATEGY**

Agreed to allocate priority areas to Forum Members and to hold two meeting each year to review the progress of the LAS. The London Assembly is investigating the lack of public involvement in the development of the LAS Strategy. No evidence has been produced by the LAS to demonstrate effective public involvement.

**1.5 ACCESS TO PRISONS FOR LAS PARAMEDICS**

Noted that the LAS is unable to provide data about the time taken to gain access when ambulances attend patients within prisons and Immigration Removal Centres, and is not able to collect this data. The Forum has received a response to questions we put to KateDavies, Director of Health & Justice Services Commissioning for the Home Office, who has offered to meet the Forum.

Prisons do have nursing teams and the LAS will only be called if they are unable to deal with a medical emergency. Night time access to prisons for ambulance services can take much longer and the scale of the medical emergency may be much greater.

**Action:** request data from individual prisons using FOI and Paul Baker, the DDC (Deputy Director of Custody for Greater London). Seek advice from Andy Slaughter MP and Harriet Harman MP. Also write formally to Home Secretary Sajid Javid and the parliamentary Home Affairs Select Committee, chaired by Yvette Cooper.

**1.6 CARE FOR PATIENTS WITH EPILEPSY**

Malcolm to meet with Sean Hamilton to discussion recommendations to the LAS for the care of patients with Epilepsy.

**1.7 FLU VACCINATION FOR STAFF**

The Forum was concerned about the low rate of vaccination of front line staff.

In 2017-18 the rate was only 56.9 of front line staff against a CQUINN target of 70%. LAS undertook targeted actions to improve uptake which included: increasing the  number of 'flu clinics'available to staff across London, incentives for vaccinators to undertake additional clinics, and service wide communications on uptake.

The Forum has raised its concerns about this issue with Public Health England, the Association of Ambulance Chief Executives and the Healthcare Professions Council (HCPC) who have all responded positively.

**Agreed to obtain national comparative data.**

**1.8 VISITS TO EOC AND 111**

Members have been invited to join visits to the Emergency Operations Centre and III in south east London. The theme will be mental health care. Malcolm has met Tracy Pigeon, to discuss monitoring of the 111 service including setting up of user focus groups drawn from the respondents to 1% user surveys. Elaina expressed concern that use of the NHS number by 111 services might exclude people who are non-users of the NHS and asylum seekers.

**1.9 ADVERTISING LAS JOBS IN BOW AND WATERLOO**

Noted that the large banners intended to advertise LAS jobs have not yet been placed on the two buildings.

Action: ask Patricia Grealish for update

**1.10 COMPLAINTS AUDIT**

The Forum will meet with Heather Lawrence, Chair of the LAS, Gary Bassett, Head of Complaints and Kaajal Chotai, Deputy Director of Quality, Governance and Assurance to audit a sample of complaints. Beulah East, Adrian Dodd and Malcolm Alexander will join the audit.

**2.0 AMANDA MANSFIELD MATERNITY CONSULTANT**

**DEVELOPMENT OF MATERNITY SERVICES AT THE LAS**

2.1 Amanda joined the LAS in January 2015. She said how much she welcomed the involvement of the Forum in the development of maternity services, and in interview panels for the selection of staff, e.g. Stacy Robinson, the Midwifery Practice Lead – was selected from a panel that included a Forum representative. Maternity is one of the LAS’s pioneer services in their strategy, and a Maternity Pioneer Group has been set up, to which the Forum has been invited to send a representative.

2.2 There are xxxxxx maternity calls each year to the LAS and the priority for the LAS is to protect the dignity of patients and treat all patients with the greatest care and respect. To enhance the service’s understanding of the needs of women in labour, a service-user works closely with the service – this person had a poor experience of LAS care and wants to work with the LAS to enhance maternity care. To demonstrate the type of situations, which LAS staff may face, Amanda played a video of a woman who went into labour in the street and was assisted by two nearby residents and the EOC by phone, until paramedics arrived.

2.3 There are between 250 and 400 women each month who phone the LAS because of a maternity concern, and this includes ante-partum bleeding. Determining if a call from a mother in labour is an immediate life threatening emergency, is a major responsibility for midwives in the EOC. A ‘pre-hospital screening and action tool’ is currently being developed to assist.

2.4 Regarding pre-hospital care, Amanda said that women call the LAS when they are fearful about their imminent childbirth. Two conditions that are of particularly high acuity are the appearance of the baby’s head through the woman’s vagina (cat 1) and a heavy bleed with severe abdominal pain during pregnancy (abruption) (cat 2). Appearance of the baby’s feet or bottom first through the vagina are also high risk pregnancies, which require rapid action if this happens in the person’s home.

2.5 In the past, training of staff in the EOC regarding maternity care was not adequate; there were many calls and many complaints. Amanda said that women’s stories are essential for the development of effective care in the LAS, and that the voice of patients and staff now assist in the design of services. She said that it is also important for midwives to understand how the EOC works and the language used; the effectiveness of the service is also enhanced by midwives working in the EOC and speaking directly to patients and clinicians. Staff who assist with childbirth delivery get Stork badges to wear!

2.6 A priority for the LAS is to create a ‘maternity safe environment’ and this includes supporting women who are in the ante or post natal period, who have mental health problems.

2.7 A six month pilot is being established to start in 2019 to measure the impact of a ‘midwifery response vehicle’. This is based on powerful evidence that fast, specialist midwife/paramedic clinical resources would significantly enhance the care of women and help to mitigate the risk of serious harm or death. The LAS commissioners accept this argument and an impact assessment will be carried out to ensure that all parties are supportive of this development.

2.8 Other issues raised by Amanda included the risk that the growing midwifery team will adversely affect local hospitals, because staff might leave hospital employment to join the LAS, and negatively impact on the capacity of local hospital maternity units. Sharing arrangements may be instituted, i.e. staff working for a period with LAS and then returning to main employer

2.9 Amanda described the “Whose Shoes” project, which involved women who had been seen by the LAS when they were giving birth, as well as midwives, paramedics and the Forum. The event provided an opportunity to explore and recommend a range of service improvements.

2.10 Key issues for the future include:

* Employing 6 midwives and one senior midwife
* Developing a 24/7 high quality maternity service
* Learning from the users experience
* Giving specific advice to women in labour at the right time for them

**2.11 Questions to Amanda**

**2.12 Elaina** asked about specialist services for women in labour in relation the demographics of two areas: outer/north west London and outer/north east London. She asked if language, poverty and temporary housing were issues in relation to the needs of pregnant women.

Amanda spoke about the importance of good assessment and the right response. She did not have detailed information about those areas. She said that north east London has the highest birth-rate in London and that tall buildings are a particular problem for clinical staff in terms of access and egress.

2.13 Mike asked about the impact of a very diverse population and multiple languages on the care provided to women in labour.

Amanda said there are many challenges including hidden pregnancies in girls under 16, women facing the challenge of living alone and dealing with being pregnant and being in labour. She said it is essential to be sensitive to the patient’s environment.

**2.14 Angela** asked whether staff and patients were asked for feedback and stressed how important it is for staff to feel safe to do so?

Amanda said that getting feedback from staff was encouraged and that most staff felt it safe to do so. Josh Smith (paramedic) confirmed that paramedics feel safe to feedback and feel they are listened to. He said the LAS has a ‘no blame culture’.

Amanda added that a call to 999 by a woman is in labour can be quite traumatising, and support may be needed at a later stage, which might include therapy groups. She said using the right methodology for gathering experiences from patients was essential and should be independent, methodologically sound, safe, unbiased and mindful.

**2.15 Rashid Ali** said he is a hospital chaplain in Kingston and most of the patients he sees are in maternity. He asked if there is an increase of home births and whether the changes in response times (ARP) had adversely affected the response to patients in labour. He asked whether the LAS could cope if the number of home births increased? He also asked whether staff are taught about sensitivity to diverse cultures in London, e.g. working with Moslem families and Moslem culture and if the LAS employs male midwives?

Amanda said that there was an increase in women seeking help from the LAS during their pregnancy. She said there had been some problems with ARP times but she felt these had been resolved. In relation to culture, Amanda said that some women do not want men present during labour, and therefore find male paramedics or doctors problematic. Still births may also be a problem in relation of the action required to deal appropriately with the dead baby. Amanda added that homebirths are a big pressure on the LAS and may have an impact on resources if they continue to rise. She said that training in bereavement was an objective for the LAS

**2.16 James** asked about the impact of closing maternity departments on the performance of the LAS. He also asked about perinatal depression amongst Southall (Ealing) mothers, who are now delivering at out of area hospitals following the 2015 closure of Maternity at Ealing Hospital. James said that many of these mothers live in areas of above average deprivation and may be members of communities where there may be ‘less awareness’ of mental health and gender equality issues. He added that  as all the maternity hospitals are located outside the geographic boundary of LB Ealing, there is the possibility that their overstretched maternity staff may fail to identify and then refer all potential cases of perinatal depression amongst Ealing mothers, to the outreach services commissioned by Ealing CCG.

Answer from Amanda awaited?

**2.17 Dora** asked whether there are any concerns about which staff are sent to patients who have particular needs in relation to religion, gender or culture, and if the LAS makes decisions about who to send to patients based on such criteria. She added that patients stories needs to be examined with respect to this issue and unpicked to understand patients’ needs.

Answer from Amanda?

**2.18 Graeme** asked Amanda about the impact of austerity on the resources needed to develop more effective maternity services and about the costs of problematic and difficult labour, if patients don’t get the right care first time. He pointed out that many medical negligence payments are related to maternity cases. Graeme asked whether staff are trained to care for the birth of a baby with cerebral palsy.

Amanda said that in relation to funding that the NHS pre-hospital maternity tariff needs to be revised.

Amanda’s detailed reply to follow

**2.19 Sister Josephine** asked if the LAS work with other stakeholders in the care of women in labour. She said that the LAS is taking on a great deal of responsibility for this group of patients and asked what the priorities are.

Amanda replied that the priorities were to look at trends, receiving the right calls and testing the new midwifery model. She said it is difficult to work with 26 maternity units and the LAS is the busiest ambulance service in the country. She added that the funding was not adequate for the service they wish to provide.

**2.20 Audrey** asked about the impact on the LAS of providing more maternity services in people's homes or closer to their home, and how this impacted on the demand for more homebirths. She also asked what provision is in place to get a baby and mother to hospital should problems occur during the birth

Amanda said that she was confident that the pilot midwife response vehicle, in each of the 5 sectors, would meet this need and that the 6 months pilot will measure the impact.

**2.21 John Larkin** asked about the evidence base for the size of the maternity caseload on a daily, hourly and yearly basis?

Amanda’s response to follow.

**2.22 Amanda was thanked for her outstanding presentation.**

**3.0 PATIENT SPECIFIC PROTOCOLS - PSP**

3.1 The final document is being completed by the LAS communications department and will provide advice to patients about setting up a PSP with the LAS. The document will be shared with Healthwatch, CCGs, GPs and the 111 service.

Action: follow up with Paul Constantinou in LAS comms.

**4.0 FORUM PRIORITIES**

4.1 The December 10th meeting will propose Forum’s priorities for 2019. In addition Trisha Bain, the LAS Chief Quality Officer, will join the meeting from 6.30pm to 7.00pm to talk about the LAS Quality Account priorities. Agreed to include some of the LAS’s strategic priorities in the Forum’s programme for 2019.

**5.0 EQUALITY AND DIVERSITY IN THE LAS**

5.1 Dora Dixon-Fyle said that a partnership with the LAS was very important to achieve the developments that we wish to see in the LAS. She drew attention to the excellent work of Melissa Berry and her colleagues in changing the LAS and developing a programme of transformation for the organization. Dora said it was time for LAS to reflect the diversity of London and that collaborating with the LAS and leading on new ideas and proposals for change was the best way forward. She noted that the Forum has campaigned on this issue for 10 years. Dora proposed the following motion:

**5.2 Motion to establish a Patients' Forum ‘Equality and Diversity Task Group’**

**Moved by Dora-Dixon Fyle and seconded by Graeme Crawford.**

**“The Patient's Forum mindful of the progress made towards equality and diversity** **in the LAS, agrees to establish an Equality and Diversity Task Group, to promote collaboration** **with the LAS and to further develop the LAS as an organisation, which is able to demonstrate** **continuous improvements in relation to diversity, equality and inclusiveness”.**

**The motion was passed nem com.**

5.3 The Task Group will make recommendations based on proven best practice and success and offered to the LAS in the spirit of enhancing their efforts to increase the proportion of the workforce (at various levels) and Board Members from BME heritages. The Group will propose enhancements to LAS services focused on the diverse needs of the population served by the LAS. Advice will be sought from the London Fire Brigade and Metropolitan Police, GLA and many other organisations regarding their progress in this field. 5.4 Audrey Lucas and Sister Josephine emphasized the importance of exploring the operation of the LAS, to isolate and understand what the blockages to progress exist.

**6.0 LAS PERFORMANCE:** The data set was noted.

**Meeting closed at 7.30pm**

**APPENDIX ONE**

Advisory Group – Prisons Inspectorate

We have appointed an external advisory group for our development project. The members are:

Paul Baker – Deputy Director of Custody Greater London, NOMS;

Deborah Coles – Director of INQUEST;

Peter Dawson – Director of the Prison Reform Trust;

Anne Fox – Chief Executive Officer, Clinks;

Ursula Gallagher – Deputy Chief Inspector, Care Quality Commission (CQC);

Andy Keen-Downs – CEO of Pact (Prison Advice & Care Trust);

Jos Parsons – Principal Officer, Ofsted;

Professor Toby Seddon – School of Law, University of Manchester;

Alex Sutherland – IMB National Council and Chair of IMB at HMP Whitemoor;

Khatuna Tsintsadze – Prison Programme Director, The Zahid Mubarek Trust;

Professor Dirk van Zyl Smit – Comparative and International Penal Law, University of Nottingham;

John Wadham – Chair of the UK’s National Preventive Mechanism.

**APPENDIX TWO**

Membership - Home Affairs Committee

Yvette Cooper MP was elected as Chair of the Home Affairs Committee on Wednesday 12 July 2017.

The remaining members of the Committee were formally appointed on Monday 11 September 2017.

| **Member** | **Party** |
| --- | --- |
| [Yvette Cooper](https://www.parliament.uk/biographies/commons/yvette-cooper/420) (Chair) | Labour |
| [Rehman Chishti](https://www.parliament.uk/biographies/commons/rehman-chishti/3987) | Conservative |
| [Sir Christopher Chope](https://www.parliament.uk/biographies/commons/sir-christopher-chope/242) | Conservative |
| [Stephen Doughty](https://www.parliament.uk/biographies/commons/stephen-doughty/4264) | Labour (Co-op) |
| [Chris Green](https://www.parliament.uk/biographies/commons/chris-green/4398) | Conservative |
| [Kate Green](https://www.parliament.uk/biographies/commons/kate-green/4120) | Labour |
| [Tim Loughton](https://www.parliament.uk/biographies/commons/tim-loughton/114) | Conservative |
| [Stuart C. McDonald](https://www.parliament.uk/biographies/commons/stuart-c.-mcdonald/4393) | Scottish National Party |
| [Alex Norris](https://www.parliament.uk/biographies/commons/alex-norris/4641) | Labour (Co-op) |
| [Douglas Ross](https://www.parliament.uk/biographies/commons/douglas-ross/4627) | Conservative |
| [John Woodcock](https://www.parliament.uk/biographies/commons/john-woodcock/3917) | Independent |