

PATIENTS' FORUM

FOR THE LONDON AMBULANCE SERVICE

www.patientsforumlas.net

Minutes of the Meeting held at
LAS Headquarters
Monday October 8th 2012
5.30pm-7.30pm

1.0 Attendance : Forum Members

Alan Wheatley - Camden
Angela Cross-Durrant (Vice Chair and Healthwatch Kingston)
G. Bertrand - Newham
George Shaw - Barnet
Harbhajan Singh - Bexley
Janet Marriott - Richmond/Hounslow
John Larkin - Barnet
Kay Winn-Cannon - Waltham Forest
Lynn Strother (Richmond LINK)
Malcolm Alexander (Chair and Hackney LINK)
Maria Nash - Barnet
Mark Mitten – Lewisham
Michael English - Lambeth LINK
Robin Kenworthy - Kent
Sister Josephine – Vice Chair – Croydon
Val Fulcher – Lewisham LINK - Chair
Vishi Harihara - Camden/Barnet

LAS

Jason Killens, Deputy Director of Operations
Carmel Dodson-Brown, Assistant Director Corporate Services
PLUS TWO LAS PEOPLE

Guest Speaker

Neil Kennett-Brown – Commissioner of the LAS for North West London PCT

BSL Interpreters

Nil

Apologies

Alhajie Alhussaine – Lambeth
Angela Harris - Bromley
Anthony John - Tower Hamlets
Arthur Brill – Camden
Barry Silverman – Southwark
C. Gustaffe – Southwark
Carl Curtis – Southwark

Clarissa Rocke-Caton –Hackney
David Payne - Southwark
Florence Odeke – Lambeth
Inez Taylor – Southwark
John Bell – Bexley
Joseph Healy – Southwark
Kathy West - Southwark
Louisa Roberts - Tower Hamlets
Natalie Teich – Islington
Pat Duke - Southwark
Saffina Zafar - Southwark
Wendy Mead – City of London

2.0 MINUTES

2.1 Minutes of the meeting held October 8th 2012 were agreed a correct record.

3.0 MATTERS ARISING AND ACTION POINTS

1) New Chief Executive

Noted that a new Chief Executive is about to be appointed to the LAS. Agreed to arrange a meeting asap after new appointment has been made.

2) Patient's cases presented to the Trust Board.

Noted that the Board has been asked by the Forum to provide evidence that stories presented to the Trust Board have outcomes in terms of improved services for patients.

3) Private contractors in emergency and urgent care

Agreed to keep watch for any attempts to privatise urgent and emergency services.

4) Influence of LAS on Local Authorities

Agreed to ask AOMs (Ambulance Operation Managers) what influence they feel they have on local issue, e.g. redesign of road, road humps and strategic changes in health provision.

5) Access to Estates for LAS crew

Agreed to ask London Councils what action they will take to ensure that estates entrances and exits and building names are properly signposted.

6) Quality Accounts

Steve Lennox, Director of Health Promotion & Quality has agreed to meet the Forum regarding the LAS response to Forum contribution to QA.

7) 111 – Triage Arrangements

The Forum expressed concern that if the new 111 service triages a call and identified the need for an ambulance that the LAS cannot re-triage the call (according to the 111 contract). In response Neil Kennett-Brown, Director of LAS Commissioning informed the Forum that the approach taken by the

Department of Health is to ensure that someone who rings a 111 service (and has a life threatening emergency), can access speedy ambulance care. The process is ideally done with electronic transfer, but currently the LAS are doing this by phone. The rationale for not re-triaging is that this would add to delay in patient care. The 111 call triage process is used as the 999 triage for a number of ambulance services already across the country (North East AS for over 4 years, and more recently South East Coast AMB, South West AS, West Midlands AS), and is officially recognised by the DH as appropriate for identifying a requirement for an ambulance. All calls from 111 providers to the LAS are categorised to ensure that a Cat C 111 call doesn't take priority over a Cat A 999 call.

8) Diversity and Inclusion

Noted that Mary Clarke from NHS London was asked for an update on the impact of the Equality and Diversity System. The NHS Equality Delivery System (EDS) is a tool to help the NHS understand how equality can drive improvements and strengthen the accountability of services to patients and the public. Noted that a reply has been received by Liz Delauney the Equality and Diversity Lead who has provided an update on progress.

Actions: Review LAS equality data for front line staff

9) Translation Services Provided by the LAS

Agreed to ask for the latest audit of translation service provided to LAS patients by Language Line to ascertain effectiveness.

10) Handover Times

Agreed to invite Michael Parker, the Chair of Croydon University Hospital to a meeting of the Forum to discuss their plans to deal with the major handover problems at Croydon University Hospital.

11) High Risk Register

Noted that there are several hundred addresses on the LAS 'High Risk Register'. LAS crew do not enter these premises to provide emergency care unless accompanied by police. Malcolm to meet with LAS to discuss and prepare a report for the next Forum meeting.

4.0 REMODELLING OF LAS SERVICES

4.1 Joint project between LAS and Commissioners to review demand and capacity in relation formal requirements and targets. Will look at 28 variables including; activity levels, resources levels and rostering. The following points were noted:

- Joint LAS-Commissioners Terms of Reference
- Report will be delivered in November 2012
- Requests report from Neil KB
- Place on agenda for November Forum meeting
- ORH – Operational Research in Health, commissioned to support the Project

Noted that the Trust Board had been asked for details of their plans for remodelling of LAS services and Neil Kennett Brown agreed to provide this information. Agreed to examine these plans for evidence of cuts and closures that might harm or impact adversely on the effectiveness of LAS services.

5.0 FOUNDATION TRUST APPLICATION

- 5.1 Noted that a new application has been made by the LAS for FT status
- 5.2 Alwen Williams has been appointed 'Relationship Manager' for the LAS by the NHS Trust Development Authority (NHS TDA) and will provide governance and accountability advice to the LAS to support their application for foundation trust status.
<http://www.ntda.nhs.uk/about/meet-the-team/>
- 5.3 The process is expected to take a year and finished by April 2014
- 5.4 Noted that Sandra Adams, Director of Corporate Services had been asked for a briefing on progress with attaining FT status

6.0 CLOSURE OF A&E DEPARTMENTS IN LONDON – Evidence of impact on LAS effectiveness in delivering emergency care

- 6.1 George Shaw raised concerns about the impact of the A&E closures on the ability of the LAS to safely get patients to A&E departments for emergency care.
- 6.2 Agreed to visit Friern Barnet ambulance station to discuss impact of major acute service changes (contact AOM for Barnet).
Barnet 144 Station Road, Barnet Herts
- 6.3 Collect information regarding the impact of closure and potential closure on maternity services in Barnet.
- 6.4 Collect information from George Shaw, Maria Nash & Barnet LINK prior to visit.
- 6.5 Seek information on proposals to close Lewisham A&E and evidence that impact on patients has been researched in detail. Contact Lewisham AOM for further information.

7.0 ROAD HUMPS – IMPACT ON PATIENT CARE

- 7.1 Jason Killens, Deputy Director of Operations described LAS policy as supportive of road calming measures where these reduce incidents. He said that where the 'sleeping policemen' (bump built across road to deter motorists from speeding) covered the entire width of the road the LAS would oppose them, but they were acceptable when divided into three portions. **Jason said that local authority planning officers listened to the views of the LAS on this issue and agreed to provide more information to the Forum in this issue.**

7.2 Agreed to raise this issue with London Councils.

8.0 SIGNPOSTING OF ESTATES FOR EMERGENCY ACCESS

8.1 Agreed to contact London Councils to request their support for adequate signposting of estates to enable ambulances to locate patients more easily and to leave rapidly.

9.0 GAPS BETWEEN SHIFTS – Impact on Patient Care

9.1 Members expressed concerns about the effectiveness of LAS services during shift handovers (gaps).

9.2 Noted that increases in activity in the evening sometimes coincided with shift changes which occur between 6-7pm and have a particular impact on response to Cat C calls.

9.3 Noted that the LAS and commissioners are carrying out a review of the impact of shift patterns on patients care and compliance with targets Cat A and Cat C. The review will be completed by the end of 2012 and will identify capacity gaps and changes proposed might include varying the times of shift changeovers.

9.4 Agreed to seek information re any evidence of care suffering as a result of gaps between shifts.

10.0 ANNUAL MEETING OF THE LAS – September 27th 2012

10.1 Michael English reported that the meeting had been attended by 50-60 people, had been very interesting, positive and issues well explained. Michael said there had been presentations on the Annual Report, Annual Accounts and Quality Accounts followed by questions from the public.

11.1 FORUM'S PROGRAMME OF MEETINGS

11.1 A programme of meetings for the next four months was presented to the meeting.

- November: a) Michael Parker, Chair, Croydon University Hospital
b) Commissioning Priorities for the LAS
- December: Care of people with dementia
- January: New LAS Chief Executive will be invited
- February: Emergency care for people with a mental health crisis
- March: Review of equality and diversity in the LAS

12.0 COMMISSIONING OF EMERGENCY AMBULANCE SERVICES

12.1 Neil Kennett-Brown – PRESENTATION (Slides available on request).

Commissioning intentions provide the background and context which informs the decision-making process in relation to commissioning LAS services by the PCTs – soon to be replaced by 32 CCGs.

The commissioning intentions are developed annually to signal to the LAS commissioning principles and areas for potential change in the next financial year.

The contract is for Accident & Emergency Services, not PTS and includes emergency preparedness (2 HART teams)

Neil said that his role was to deliver new LAS commissioning arrangements as a single annual contract on behalf of 32 CCGs – to meet their strategic goals and the needs of patients. This had to be carried out within the context of:

- National contract framework
- Key performance indicators
- Service Specifications
- Activity based contract

Key areas covered by the contract with the LAS:

- Quality, Innovation, Productivity & Prevention requirements
- Financial context, including DH guidance
- Key service developments
- Contractual performance requirements
- CQUIN (clinical quality incentive scheme)
- Non delivery of contract can result in a penalty of 1-2% of budget

Neil said commissioning priorities were to:

- Build on the 2012/13 agreement – in line with LAS strategy which includes: e.g. Hear & Treat, See & Treat, See, Treat & Convey
- Ensure quality requirements were met, e.g.
 - Category A and Cat C performance
 - Ambulance Quality Indicators – Stroke, Cardiac etc
 - CQUIN-Clinical Quality Incentive Scheme (2% contract)

Other priorities include:

- Reflecting on outcomes from capacity modelling work
- Reducing demand
- Supporting work to reduce the impact of frequent callers
- Support in the development of joined up patient care

- Following DH guidance on finance

COMMISSIONING TIMESCALE:

- July – September 2012
 - Initial views requested from key stakeholders
 - Including Patients Forum
- October – November 2012
 - First draft commissioning intentions developed
 - Strategic Commissioning Board comments on draft
 - Revised Commissioning Intentions circulated to stakeholders
- December 2012
 - Commissioning Intentions updated following
 - DH Operating Framework 2013-14
 - London-wide Commissioning Intentions
- January 2013
 - Strategic Commissioning Board approves final Commissioning Intentions and negotiating strategy

12.2 Key Commissioning Points

- Money will be spent to improve quality of care by the LAS
- Commissioning are attempting to maintain funding at existing levels
- There is no competition in the contracting of emergency ambulance services
- There is active competition for PTS but not in Neil's brief
- Collaboration and training between the Fire Brigade and the LAS will continue but FB will not be brought in for lifting of heavy patients – this will be done by through the LAS bariatric team and the LAS HART team.
- The budget to commission the LAS is: £xxx (p per person/year)
- The budget cuts for the last financial year were: £12m
- LAS activity grows by 3.5% each year

12.3 CQUIN-Clinical Quality Incentive Scheme

- Noted that this part of the contract was worth £6.7m and that some elements were not being delivered by the LAS, e.g. core skills training.
- Obtain copy of the LAS recovery plans
- CQUINS for 2013-4 are likely to include: mental health, alcohol recovery and diabetic care

12.4 Forum Process to Engage with Commissioners

- Consult with members, services users, voluntary organisations to identify priorities.
- Renew focus on compliance with the Equality Delivery System, e.g. low numbers of BME staff on the front line and no capacity or commitment to communicate in languages other than English.
- Priorities might include care for people with dementia, care for

homeless people, mental health, stroke and heart disease.

- 12.3 Harbhajan Singh advised that public consultation on priorities for commissioning should be a priority

13.0 SARAH MULENGA INQUEST

- 13.1 Malcolm reported that the inquest into the death of Sarah Mulenga aged 21, following a sickle cell crisis, had been delayed pending a Coroner's investigation. He said that relatives had raised their concerns with the media on several occasions. Ms Mulenga had been seen by LAS crew on 2 occasions (see attached article) and had later died in hospital in January 2011. The Forum had put the family in contact with AvMA (Action against Medical Accidents) who had agreed to provide legal support for the inquest. The Forum has requested a number of documents from the LAS about procedures in relation to the care provided to Ms Mulenga.

14.0 NHS CARE IN PRISON

- 14.1 Noted that the following arrangement will be set up by the NHS Commissioning Board for the care of people in prison.
<http://www.commissioningboard.nhs.uk/files/2012/07/fs-ccg-respon.pdf>

Commissioned by the NHS Commissioning Board

Health services (excluding emergency care) and public health services for people in prisons and other custodial settings (adult prisons, young offender institutions, juvenile prisons, secure children's homes, secure training centres, immigration removal centres, police custody suites)

Commissioned by the local Clinical Commissioning Group

Emergency care, including 111, A&E and ambulance services, for prisoners and detainees present in your geographic area
Health services for adults and young offenders serving community sentences and those on probation. Health services for initial accommodation for asylum seekers

15.0 EXTRACTS FROM CQSEC REPORT – Angela Cross-Durrant Clinical Quality, Safety and Effectiveness Committee

- Doubt about the capacity of staff to undertake **serious incident (SI) investigations** and/or to write up the subsequent reports. 40 people had been trained for the tasks, but often they are reluctant (or refuse) to undertake the duties because of competing priorities. There are no measures against which those trained can be held to account if they do not undertake investigations and report-writing. Agreed to arrange presentation on the process of investigation and the impact of outcomes of SIs

- **Bariatric vehicles** are sometimes called unnecessarily, i.e. in circumstances when a particular wheelchair or other conveyance would have been more appropriate.
- **Multiple use of blankets.** It is claimed that this stopped following last winter's audit of the use of blankets. Angela reported that she asked for it to be audited again and was told that the acting Chair would request that it be so for this winter.
- **Safeguarding:** Learning from Reports and Publications. The safeguarding adult action plan was still in final stages of preparation. Its author is on long-term sickness leave and the LAS are advertising for a replacement to finalise and implement the plan.
- **End of life care issues** were discussed. Currently, the service has difficulty covering the thousands of people receiving palliative care, mainly for terminal illnesses such as cancer. This remains a key issue that both social services and health services ought to be working on together. The Forum needs more information about and how readily LAS staff can access information about palliative care patients.
- LAS is about to be **assessed by the NHS Litigation Authority (NHSLA)**, on 10 and 11 October. The key function of the NHSLA is to "contribute to the incentives for reducing the number of negligent or preventable incidents". The idea is to enable NHS organisations to 'pool' the costs of "*any damage to property and liabilities to third parties for loss, damage or injury arising out of the carrying out of their functions*".
- **Complaints, near misses, patient safety incidents:** one that was discussed in some detail was the case of a patient in cardiac arrest following hanging. Glucose instead of saline was administered and the mistake lay undiscovered until the patient was taken into hospital. Hospital staff were informed immediately and said that the error would not be overly detrimental (note 'overly') to the patient. The bottles concerned were virtually identical, and in highly pressured situations only the printed labels differentiated them. **LAS reported that the bottles have been changed and are now readily differentiated.**

The Meeting closed at 7.30pm