**MINUTES of the PATIENTS’ FORUM**

**MONDAY MARCH 11th 2019**

**ATTENDANCE: FORUM MEMBERS AND ASSOCIATES**

Adrian Dodd – Waltham Forest– Executive Committee Member

Archie Drake – Hackney

Arthur Muwonge – Croydon

Audrey Lucas – Enfield – Executive Committee Member

Barry Hills – Kent

Carl Curtis – Lewisham

Carol Bassi – Tower Hamlets

Colin Hill – Berkshire

David Payne – Southwark

Elaina Arkeooll – Hammersmith and Fulham

Graeme Crawford – Ealing

Graham Mandelli - Lewisham

Inez Taylor – Southwark

John Larkin- Company Secretary – Barnet

Lynn Strother – City of London Healthwatch – Executive Committee Member

Malcolm Alexander – Chair, Patients’ Forum – Hackney

Mary Leung – Harrow

Mike Roberts - Hampshire

Natalie Teich – Islington - Forum representative to CARU

 (Clinical Audit and Review Group)

**SPEAKERS:**

**CARLY LYNCH, MENTAL HEALTH LEAD FOR THE LAS**

**LONDON AMBULANCE SERVICE:**

Melissa Berry – Equality Consultant - LAS

Patricia Grealish – Director of People and Organisational Development

Nicole Grogai - LAS

Liam Kenny – Clinical Hub – LAS

Ben Lawrie-LAS

**APOLOGIES:**

Angela Cross-Durrant – Kingston – Vice Chair

Beulah Mary East – Hillingdon - Executive Committee Member

Catherine Gustaffe – Southwark

Charlotte Mitchell – Mind – Southwark

Cllr Dora Dixon-Fyle – Southwark

Dov Gerber - Barnet

James Guest – Ealing

Jan Duke - Southwark

Joseph Healy – Southwark – President of the Forum

Louisa Roberts – Tower Hamlets -

Philip Ward - Hammersmith

Rashid Ali Laher – Healthwatch Kingston

Robin Kenworthy – Kent

Sean Hamilton - Greenwich

Sister Josephine Udine – Chislehurst - Vice Chair

Vic Hamilton – Greenwich

Wendy Mead – City of London

1. **MINUTES** of meeting held February 11th 2019 agreed a correct record.

**2.0 MATTERS ARISING**

**2.1 Working with the LAS Commissioners:** Noted that the LAS Commissioners, which represent all CCGs in London are no longer providing opportunities for the Forum to influence the commissioning of the LAS. This was previously made possible through CQUINs, but there is now no opportunity to exert an influence. The matter has been taken up with Mark Easton, the Accountable Officer for North West London and will if necessary be elevated to NHSE and NHSI.

**2.2 Members are now visiting the south east London 111 and EOC** at Waterloo and Bow. Participating members have been issued with guidance, a set of questions and advice on a number of related issues. It is hoped that more members will participate. Visits to NE London 111 will take place later in the year.

**Action: Contact Clinton Beale the Stakeholder Engagement Manager – Integrated Urgent Care**

**2.3 Membership** – noted that membership was growing well and the Forum has 50 active members in 2019.

**2.4 Health Care Professions Council – HCPC**

Following discussions at the LAS Quality Oversight Group (QOG) regarding delays in registration of paramedics by the HCPC the Forum has taken the matter up with the Professional Standards Authority and using information provided by the LAS. The PSA are currently reviewing the performance of the HCPC. The Chief Executive of the LAS is also meeting the Chief Executive of the HCPC to find a solution to this problem. Registration delays result in delays in paramedics becoming operational.

**2.5 Performance Data – LAS**

The Forum is now receiving monthly data from the LAS from Athar Khan on handover of patients to A&E and borough based ARP performance data (Categories 1-4). James Guest and Archie Drake agreed to examine and analyse the data and will report back to the Forum.

**2.6 Bullying and Harassment of Staff**

Noted that the CQC report on SECAMB drew attention to bullying and harassment of front line staff. The annual staff survey data indicated a lower level of bullying and harassment at the LAS and the Director of People and Organisational Development, Patricia Grealish has focussed on this issue. Agreed to request data on this issue at the LAS from Chris Randall and ask Derek Prentice, head of Unison for their national perspective on dealing with bullying and harassment. Contacts have also been made with local union leads. Agreed to consider holding a future meeting on the annual staff survey and invite Patricia to present. The Forum will also obtain information from Professor Duncan Lewis, who publishes research on workplace conflict, bullying, discrimination and destructive leadership.

**2.7 Complaints Charter – LAS and PFLAS**

Noted that every complainant receives an acknowledgement letter from the LAS and that this letter will in future draw the person’s attention to the Charter.

**2.8 Patient Specific Information – Leaflet for Patients.**

Following final editing, this leaflet is now available for distribution to service users. **Agreed to share with HW and voluntary sector bodies.**

**2.9 Emergency Care in Prisons**

The Forum has written to Prison’s Minister, Rory Stewart MP and will also write to Home Secretary Sajid Javid MP, following the failure of all prisons and Immigration Removal Centres to provide information about the time taken for ambulances to reach seriously ill patients in prisons and IRCs. **Action: Copy correspondence to the Association of Ambulance Service Chief Executives (AACE).**

* 1. **Defibrillator Bill**

The Bill was due to be presented to the House of Commons for the second reading on March 15th. The Forum agreed to ask contacts to write to their MPs seeking support for the Bill.

**3.0 Carly Lynch – Mental Health Lead – Mental Health Care in the LAS**

3.1 Carly introduced her team: Nicole Grogai, Liam Kenny (Clinical Hub) and Ben Lawrie. She then described the Whose Shoes event held at Guy’s Hospital where a group of people including service users, carers, paramedics, Forum members, mental health workers and people with a range of other experiences, worked together to explore how well mental health care is being provided by the LAS. Issues explored included whether mental health care is safe, and what training and other improvements need to be made.

Carly said that in November 2018, a mental health car was established. This has a double crew of a mental health nurse and paramedic, who visit people in a mental health crisis and attempt to provide appropriate care for them. Avoiding taking patients to hospital is a priority for this team and consequently, the number of MH conveyances to A&E has reduced. She said that she is very proud of the team, and outcomes of the service provided are being evaluated for a three month period.

3.2 In December 2018 the EOC received 13,000 mental health calls and out of those patients 8000 were taken to hospital by ambulance. In that month there were 140 s136 detentions.

3.3 Carly explained that the advantage of having a two person crew, is that each has a different type of expertise to offer to patients, and each is learning from each other about physical and mental health. She said that many conveyances to hospital are for physical rather than mental health conditions.

3.4 The percentage of mental health calls to the LAS is around 10% of total volume, but the amount of training in mental health care as a proportion of all training for front line staff is much lower than that.

3.5 Elaina Arkeool described the crisis in North West London in relation to the provision of mental health care, and the queues outside A&E departments causing a delay for patients in a mental health crisis receiving appropriate. Elaina said she had raised with her local NHS the advantages of having an LAS mental health car operating in the area. She asked if the service could be extended to North West London.

3.6 Mike Roberts suggested that a greater focus is needed on the prevention of mental health crises and that this requires effective interactions with a range of other NHS services.

3.7 Graeme Crawford asked if there is a website providing information about the mental health car. Carly replied that there is no single site but there is some information on the LAS website and the website of the Healthy London Partnership.

3.8 Lynn Strother asked if the staff wear uniforms and suggested that uniforms might be unhelpful, because some patients respond badly to uniformed staff when they are in a mental health crisis. She said that uniformed police officers can feel particularly threatening to a person with a mental health crisis.

3.9 Carly replied that staff do wear uniforms, but the police would not be involved unless there was a threat of violence.

3.10 Malcolm asked why the response to MH calls to EOC includes a question about whether the person is violent. He said that the incidence of violence amongst people in a mental health crisis is very low and that asking that question is contra-indicated by the duty of ‘parity of esteem’.

3.11 Elaina emphasized the importance of listening to patients in a mental health crisis, to determine the right care the available options for treatment. Carol Bassi asked what the current state of the Pilot was and if it will continue.

3.12 Carly said that the Pilot was still running and developing and that it is important to scale the service up safely to other parts of London.

3.13 Dave Payne asked whether there were many arrests of people with mental health problems, because the police believe them to potentially be at risk of causing harm to themselves or others? Carly replied that there are very few situations where patients act criminally or in a way that could cause harm.

3.14 Audrey asked whether the mental health car provides care to children as well as adults. Carly replied that initially the team provided care to adults, but now sees children as well. She added that more services for children and young people are being developed and that one of the mental health nurses (Rachel) previously worked for the CAMS service for young people.

3.15 Archie Drake asked how the team prioritize the needs of patients, as they reduce transfers to hospital. He asked what lessons had been learnt in the first three months? Carly replied that the development of the service had been slow and that decisions about which patient to visit are made by EOC allocators. The range of patients is wide, may include dementia, but this is rare.

3.16 Mike Roberts asked if patients are still on some occasions taken to police cells. He described the risks of putting people in police cells, which includes self harm. Carly agreed there is a high risk of self harm if patients are locked in cells. She added that patients are very rarely taken to police cells and the mental health car would not be part of that process.

3.17 When patients are unable to speak English, the EOC and mental health team have access to interpreting facilities (Language line).

3.18 Malcolm expressed concern over some of the advice given to patients in a mental health crisis by the EOC, e.g. if an ambulance or local mental health team is sent, the patient is told not to eat or drink, except for sips of water. Malcolm said that this advice could be harmful. Carly agreed that this advice was a problem.

3.19 Carly said that mental health clinical hub was operating 7 days/week from 11am to 11pm and that the team had 6.4 whole time equivalent nursing staff, who can work at either Bow or Waterloo. There are 3 paramedics who work with the mental health nurses in the MH car and they are very dedicated and committed to providing this new service. Carly said that the sharing of skills between nurses and paramedics is a very creative model and that paramedics will take their new skills learnt through work on the MH car, into their more usual type of front line work and share these skills with other colleagues. She said that affecting, improving and enhancing mental health care was the priority.

3.20 The creation of Advanced Mental Health Paramedics was discussed as a way of ensuring that people who are critically ill and subject to detention under s136 of the Mental Health Act, get the expert care and treatment, instead of being arrested by policy and taken to a Place of Safety.

3.21 Graeme asked if the ‘single point of access’ system was accessed by the LAS front line teams and Carly confirmed this was the case.

3.22 Carly described the Mental Health Compact in London, which is designed to enable acute and community mental health service to collaborate more effectively, and to deal with issues like bed shortages. She said that the STPs should be taking a lead on these issues.

3.23 Malcolm described the situation in Homerton Hospital, where patients sometimes remain in A&E trolley for many hours, because although there are beds available a few hundred yards away, those beds are only available if spot-purchased by the patients ‘home’ CCG. He suggested this approach undermined the principal of ‘parity of esteem’ because had the illness been physical, the patient would have been admitted without the need for specific commissioning to release a bed.

3.24 Carly said that the system was improving in some ways, e.g. clinical summaries are now available from GP records that can be used by nurses and paramedics when they see patients. This enables to use of appropriate care pathways as alternatives to being taken to a hospital bed. She said that sharing information was in the best interests of patients.

3.25 Elaina asked for Forum support to campaign for a MH car to operate in the North West London area and this was agreed. She also emphasized the need for patients to have choice about the location and type of the mental health care they receive.

3.26 Mike Roberts described the mental health cafe at Frimley Park Hospital, which enable patients to be taken to a socialised place of safety (Mental Health Cafe) where they can be supported during a period of crisis without an admission to hospital.

3.27 Other issues raised were as follows:

* Opposition to the abolition of the 4 hour maximum wait in A&E because of the impact this will have on patient waits, especially for people with acute mental health problems.
* The needs for specialised facilities and staff in A&E for patients in a mental health crisis.
* Requesting data from HW on their local experience of acute mental health services.
* Request to Carly to update Forum in 3 months on progress with mental health care.
* Development of specialised service for people detained under s135, s136 and s4.

3.28 Carly was thanked for her excellent presentation, her colleagues for attending

the meeting and joining the he discussion.

**4.0 Reports and Performance Data**

**4.1 End of Life Care Report – Lynn Strother**

Lynn said that good progress is being made. The LAS end of life care team is small, but is making headway and is focussed on effective training for front line staff. The development of the CmC is having a significant impact on the effectiveness of front line care. Forum priorities are being reviewed in discussion with Angela Cross-Durrant.

**4.2 Safeguarding and Mental Health Conference**

Eight members attended and reported very positively on the presentations and events. The events on ‘county lines’, coercive control and the mental health outreach team were excellent.

**4.3 Handover Breaches Over One Hour**

Noted that pan-London one hour plus handover to A&E breaches had increased from 803 patients in December to 913 patients in February, an increase of 110 patients.

**4.4 ARP Data**

Performance is not adequate for Category 2 due to rising demand and underfunding by the LAS commissioners.

**12.0 THE MEETING FINISHED AT 7.30pm**

**RCEM statement on four-hour target speculation**

**16 January 2019

The Royal College of Emergency Medicine (RCEM) notes the recent media speculation with regards to the proposed dismantling of the four-hour Emergency Care Standard (ECS) based upon the comments**[**made by Mr Simon Stevens and others**](https://www.telegraph.co.uk/news/2019/01/07/four-hour-ae-waiting-time-target-should-scrapped-indicates-nhs/)**.**
Dr Taj Hassan, RCEM President, said: “The College has not been consulted at any stage on this issue since 2017. As the expert academic body on the standards of safety and clinical care delivered in Emergency Departments (EDs) this is surprising and of serious concern.

“The four-hour ECS has been a resilient, sophisticated and very successful overall marker of a hospital's emergency care system performance for the last 15 years. Sadly, the past five or six years has seen a steady deterioration in system performance due to under investment in acute hospital bed capacity, cuts in social care funding and understaffing in EDs. This has resulted in a significant increase in the number of crowded EDs which scientific evidence clearly shows is linked to increased mortality and morbidity for patients. It also results in secondary attritional harm to staff having to work in such environments which further compromises patient care.”

The College has consistently advocated that the best way to improve safety and clinical care in our EDs is to address the systemic issues of under investment and plan well for the future. We have also supported the addition of other quality indicators that complement the four-hour standard and will help to measure safety and quality of clinical care.

Indeed, the RCEM has worked collaboratively with the Get It Right First Time (GIRFT) team via its co-Leads Dr Chris Moulton, Vice President of RCEM and Dr Cliff Mann, NHSE, past President of RCEM, to develop a range of complementary system performance indicators to help Trusts focus on improving flow within the hospital.

Dr Chris Moulton said: “In no way were these metrics designed to replace the four-hour target but to work alongside it; providing better granularity and a greater depth of detail. The lack of system flow due to under investment in the acute hospital and community bedbase has been the 'elephant in the room' to address for the last 5-6 years. The GIRFT supplementary metrics are reliant on the target remaining as it is and cannot and must not be used as a way around tackling these issues properly.”

Dr Hassan said: “The College has always sought to work collaboratively and provide its expert advice for the various complex cohorts of patients that are admitted to EDs. Indeed, we have led on and delivered good work that is ongoing in the area of workforce planning for the future in our Emergency Departments. However much of that work will be wasted effort if we now choose to 'move the goal posts' without any evidence review, expert discussion or clear collaborative planning.

“We will continue to provide expert advice on workforce planning, system design and the right matrix of quality indicators with the four-hour ECS at the very heart in order to maintain system performance as part of the implementation of the Long Term Plan. Only by taking this approach and working well together can we improve the quality of care for our patients for the next decade.”

**Royal College of Emergency Medicine urges patients to take action after worst ever 4hr performance figures**

**8 March 2018

The Royal College of Emergency Medicine is calling on patients**[**to write to their Member of Parliament**](http://www.rcem.ac.uk/RCEM/Quality_Policy/Policy/Contact_your_MP/RCEM/Quality-Policy/Policy/MP/Tell_My_MP.aspx?MP)**asking for action to address the serious challenges facing Emergency Departments across the country.**

The unprecedented move comes after data released today showed the worst ever four-hour emergency care performance at just 76.9% at major emergency departments. Sitrep data also showed that in February bed occupancy was at 95.1%.

Dr Taj Hassan, President of the Royal College of Emergency Medicine, said: “Unfortunately these figures are not surprising and reflect the acute and detrimental effect insufficient resources are having on our health service; patient care will continue to suffer until this changes.

“Performance that once would have been regarded as utterly unacceptable has now become normal and things are seemingly only getting worse for patients. It’s important to remember that while performance issues are more pronounced during the winter, Emergency Departments are now struggling all year round.
“Warnings and pleas for adequate resourcing have repeatedly failed to deliver with both patients and staff suffering as a result. We cannot continue in this situation - which is why we are calling on patients to [contact their MP](http://www.rcem.ac.uk/RCEM/Quality_Policy/Policy/Contact_your_MP/RCEM/Quality-Policy/Policy/MP/Tell_My_MP.aspx?MP) in support of our A&Es and the NHS.

“Let’s be very clear. The current crisis in our Emergency Departments and in the wider NHS is not the fault of patients. It is not because staff aren’t working hard enough, not because of the actions of individual trusts, not because of the weather or norovirus, not purely because of influenza, immigration or inefficiencies and not because performance targets are unfeasible. The current crisis was wholly predictable and is due to a failure to prioritise the need to increase healthcare funding on an urgent basis.

“We need an adequate number of hospital beds, more resources for social care and to fund our staffing strategies that we have previously agreed in order to deliver decent basic dignified care. We would urge our patients to contact their MP to tell them so. We hope that action from patients will ensure that our politicians give the NHS the due care and attention it needs and help them come together to find appropriate long-term solutions for the NHS that are so desperately required.”

Mr Derek Prentice, the College’s lead patient representative and Lay Committee Chair, said: “Yet again patients have had to endure another winter of misery due to inadequate resourcing. Understandably public satisfaction with the health service has fallen. But patients are not blaming individual trusts or staff. They quite rightly understand that this is the fault of our politicians, which is why we are [asking for their help](http://www.rcem.ac.uk/RCEM/Quality_Policy/Policy/Contact_your_MP/RCEM/Quality-Policy/Policy/MP/Tell_My_MP.aspx?MP) to change the situation.

“While the recent budget allocated extra funds to the health service, it was not what was made very clear would be required and was just about enough to stave off complete collapse. Just about enough should not be good enough. Our patients, staff and the NHS – now in its 70th year – deserve better. We need long term solutions, including more beds and more staff, and we [would encourage patients to ask their MPs for them](http://www.rcem.ac.uk/RCEM/Quality_Policy/Policy/Contact_your_MP/RCEM/Quality-Policy/Policy/MP/Tell_My_MP.aspx?MP).

“Ministers and decision makers must stop burying their heads in the sand and face the reality of the situation; overall performance is in decline due to the under-resourcing of health and social care. The data shows the reality, yet facts are being disregarded and the health sector is not being listened to. We hope that they will listen to the public who voted for them.” **Notes to Editors**: Patients and staff are encouraged to contact their Member of Parliament via the College’s website at [www.rcem.ac.uk/MP](http://www.rcem.ac.uk/RCEM/Quality_Policy/Policy/Contact_your_MP/RCEM/Quality-Policy/Policy/MP/Tell_My_MP.aspx?MP) The College has written to Chief Executives of NHS Trusts asking them to support the ‘Tell Your MP About A&E’ campaign by [displaying this poster](http://www.rcem.ac.uk/docs/Policy/MP%20A%2BE%20Campaign%20Poster.pdf) in their emergency department.