

**www.patientsforumlas.net**

**ACTION LOG – MARCH 2015**

**1) Defibrillators**

a) City of London Health Scrutiny Committee to get their support to install

defibrillators in every pharmacy.

Wendy Mead Chair has written to the Forum confirming active support for

proposal and confirming that letter has been sent to their MP asking for

national support for project.

b) Dave Payne arranging meeting with manager of Surrey Docks shopping

centre re defibrillator. Centre confirmed that have one in the Centre and

security staff trained in their use.

c) Members agreed to promote similar developments in their own boroughs.

**2) PTS Quality Standards – Forum Proposals:**

Distributed to all urgent care leads in London..

**3) LAS Foundation Trust status:** Meeting to with Sandra Adams on

February 27th 2015 – verbal report at Forum

**4) Trust Development Authority**

Sean Overett from the TDA, which is working with the LAS in their

transition to FT and will speak to Forum meeting on April 15th 2015

**5) Safety in Mind Video:**

Mental health film shown at the February 11thForum meeting.

Members comments will be relayed to agencies connected with production

and use of the video.

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| **6) Letters to Health Minister re LAS Crisis**  Correspondence with Health Minister to emphasize importance of  supporting the LAS and paramedics in this very difficult period and  suggesting other ways of developing more appropriate and adequate  services in London for people requiring urgent and emergency care.  Responses received from Minister and will be placed on website. |

**7) Recruitment of Paramedics – Response from Karen Broughton**

“Many thanks for your email to Karen.

There has been much activity here on the recruitment front and we are

really keen to share progress and our future plans with the Patients

Forum in early March if that would be agreeable to you. It would perhaps

be useful beforehand for us to meet to discuss the specifics of the content

the Forum would be interested in and also to talk through some ideas we

have about how they might like to become involved.  Please do let me

know when might be convenient to meet. Angela Flaherty Deputy Director

of Transformation and Strategy”

**8) Safeguarding:**

Safeguarding/mental health conference will be held on April 28th, 2015.

Leslie and Kathy agreed to attend.

**9) Equality and Inclusion Strategy**

Meeting requested with Janice Markey on the strategy and its

implementation.”Thank you very much for your email. Yes, of course. I

am currently waiting for Departments to get back to me with the specific

actions for their departments and service areas, so it might be best to

wait until these are back, so you can see what is proposed”.

**10) Health Select Committees report on complaints**

Forum has asked for a meeting with Zoe Packman to discuss HSC

recommendations and how these may impact on LAS. Gary Bassett

notified. – Response awaited from Zoe. .

**11) SAFETY IN MIND – Viewing of video**

  a) Watch a clip of the film by visiting [www.slam.nhs.uk/safetyinmind](http://www.slam.nhs.uk/safetyinmind)

b) Contact to me made re issues raised by film:

* Prof Len Bowers re his comments: “The Best Restraint is No

Restraint” – (Professor Len Bowers, Chair in Mental Health

Nursing at King’s College London)

* National Conference on Policing and Mental Health- Coercion or Care – 2013
* Commander Christine Jones, MPS lead for MH
* Dr Dinesh Bhugra
* Dr Tom Gilberthorpe – re use of s136 suites

c) Highlight following issues from video

* Little focus on ‘talking the person down’.
* Excessive use of restraint, e.g. hand-cuffs, leg-cuffs
* Restraint lasted too long
* Poor relationship between level of disturbance and level of restraint
* Large number of police officers involved, which would probably terrify patient, especially police officers in uniform.
* Essential to offer food, water and access to toilet at an early stage
* Handover was sensitive and appropriate but took far too long.
* Patient was placed in a frightening, overwhelming situation prior to handover.
* Need for better monitoring of people discharged from MH hospitals to prevent a further MH crisis in the community
* Safe places needed for people to meet in the community when they are vulnerable and hard to reach.
* Need for improved training for A&E staff, paramedics and police. (Note by March 2015 it is expected that 30,000 police officers will have been trained using the Safety in Mind film. Ask Nicole, Camden CCG for confirmation).
* Simulation training being developed for joint staff teams. Check with Briony
* Use of Crisis Cards for people with ongoing MH problems. These can contain clinical contacts, medication and other key information.

**12) CQC Consultation on inspections**

On Forum website.

**13) LAS Pilot – Delayed response to Red 2 calls**

* Methodology for analysis to be requested from NHSE
* Monitor progress of project and outcomes
* Project description – see below.

End

**London Ambulance Service – clock start pilot   
9 February 2015**

**Introduction**

The London Ambulance Service has been selected by NHS England to take part in a national pilot, along with South West Ambulance Service. The four-week pilot will involve additional time being added for emergency call takers to assess some calls before despatching an ambulance. We believe that this pilot will enable our call takers to make a more informed decision about what type of ambulance response is needed and how many to send, We believe we will also be able to use our vehicles more efficiently as there will be fewer cancellations.

A small number of calls, where no additional information needs to be taken, will be upgraded to the most serious category, ensuring they still get a fast response.

**Background**

The Secretary of State for Health announced on Friday 16 January 2015 that NHS England is to pilot a change in the way ambulance services respond to 999 calls. This pilot is based on clinical advice from Professor Jonathan Benger and Professor Keith Willett from NHS England. They believe that giving calt handlers extra assessment time could be beneficial for patients, especially those with the most serious conditions.

**Call categories**

The most seriously ill patients fall into two categories: Red 1 (e.g. cardiac arrest, or patients who are not breathing) and Red 2 (e.g. stroke, or breathing difficulties). For the duration of the pilot some Red 2 calls will be moved into the Red 1 category. These will include:

**Rationale for the pilot**

At present, ambulance call handlers are allocated up to 60 seconds for Red 2 calls to decide what the right course of action is for an individual patient. This sometimes leads to ambulances being dispatched unnecessarily, and therefore fewer ambulances are available for patients who really need emergency assistance. The pilot will allocate up to an additional 120 seconds for call handler decisions on Red 2 calls. This will enable the call handler to make more detailed assessment of patients' conditions and send the most appropriate response.

**London Ambulance Service view**

London Ambulance Service welcomes the opportunity to be a part of this pilot. We believe that by giving our call handlers more time to assess Red 2 calls it will enable us to make more informed decisions about what type of response is required. The pilot will enable us to deploy our vehicles more efficiently and improve our response to some of the most seriously unwell patients by upgrading our response to them.

**The pilot**

The pilot starts on Tuesday 10 February 2015 and will run for four weeks. After this time a full evaluation will take place and the findings will be published.