

 **PATIENTS’ FORUM PRIORITIES FOR 2019**

 **REVIEW OF PROGRESS**

**Invite Heather Lawrence and Garrett Emmerson to address the Forum on the aspirations of the LAS in relation to leadership, governance, patient empowerment, empowerment of front line staff, cultural change, delivery of the LAS strategy and the influence of the LAS within the STP network.**

**In view of the increasing range of issues being prioritized by the Forum, we will submit bids for funding, to ensure that the Forum has the administrative and research capacity to campaign more effectively to achieve our objectives.**

**MEETING BEING ARRANGED WITH DR SAHOTA TO DISCUSS FUNDING.**

**PRIORITY ONE**

* 1. **AMBULANCE QUEUES CONTINUE TO BE A MAJOR RISK FOR PATIENT SAFETY IN LONDON**
	2. **ACTION PLAN**

 **a) Publicise comparative data pan-London, and by hospital, over**

 **the past three years showing where improvements are taking place and**

 **highlighting areas where the situation is getting worse. The ‘London**

 **Casualty Waits Bulletin’ will be produced bi-monthly.**

 **b) Invite the Medical Director for NHS London/Regional Medical Director,**

 **Dr Vin Diwakar; the NHSE Medical Director for Emergency Care, Professor**

 **Keith Willett; a member of the Sheffield University specialist ARP**

 **Group and David Prentice, Royal College of Emergency Medicine to**

 **address the Forum meeting on further actions to address the major issue**

 **of handover delays and the relevance of ARP. Involve Age UK, Diabetes**

 **UK, Mind and the Sickle Cell Society.**

 **PUBLIC MEETING TO BE ARRANGED IN FEBRUARY 2020**

 **c) Consider the impact of Green Paper on Social Care on**

 **hospital discharge and bed blocking.**

**Published Wednesday, April 10, 2019**

This House of Commons Library briefing paper looks at the forthcoming Green Paper on social care for adults. Its publication has been further delayed – it will now be published “at the earliest opportunity”. A link to the full report in pdf format can be found at the bottom of this page.In the March 2017 Budget, the Conservative Government said that it would publish a Green Paper on social care, in order to allow a public consultation to be held. This followed the decision in July 2015 to postpone the introduction of a cap on lifetime social care charges and a more generous means-test that had been proposed by the “Dilnot Commission” and accepted in principle by the then Coalition Government.

During the subsequent 2017 General Election campaign, the Conservative Party made a manifesto commitment to introduce the Green Paper and made a number of pledges regarding how individuals pay for social care.The publication of the Green Paper has been delayed several times: it was originally due to published in “summer 2017”. The latest position is that it will be published “at the earliest opportunity”, although the Health and Social Care Secretary had previously said in January 2019 that he “certainly intend for that [publication] to happen before April [2019]”.

<https://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-8002#fullreport>

 **d) Consider impact of Brexit on ambulance queues and follow up**

 **correspondence with Professor Willett**

**PRIORITY TWO**

 **2.0 ACCESS TO THE SECURE ENVIRONMENTS FOR LAS FRONT LINE STAFF**

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 **ACTION PLAN**

 **The issue of access to patients in the secure environment will be raised**

 **with Prison’s Minister. A meeting will be arranged with the**

 **head of prison health in NHS England, Kate Davies. Arrangements will be**

 **made with the LAS to monitor implementation of the MoU and to request**

 **inclusion of all secure environments within the document. Visits will also**

 **be arranged to get a closer look at problems within secure environments.**

 **FOI Act requests have been sent to Governors & managers of all secure**

 **environment establishments in London to gather more information about**

 **access arrangements for emergency ambulance services.**

 **PROGRESS**

 **All prisons, immigration removal centres and youth offender institutions**

 **in London contacted with FOI request for details of arrival to patient**

 **contact data. Only one positive response. Only one positive response.**

 **Matter referred to former Home Secretary, Sajid Javid and to Justice**

 **Ministers**

 **Reference made to Ministerial Code to speed up responses.**

 **Meeting taken place with Ministry of Justice.**

 **LAS attempting to produce data for the Forum.**

 **Visit to prison to take place shortly – Jan, Lynn and Malcolm**

 **STATEMENT MADE FOR LAS QUALITY ACCOUNT**

 **ACCESS TO THE SECURE ENVIROMENT FOR EMERGENCY**

 **RESPONDERS - Category 1 and 2 ARP calls.**

Currently no data is available on the time taken for paramedics to reach patient

 in prisons, immigration removal centres and youth offender institutions. Once

 an ambulance arrives at the prison gates, it appears that the clock stops,

 despite the fact that a core aspiration of ARP was to be 'patient centred' rather

 than 'target centred'. The Forum is attempting to gather data on this problem

 from the Home Secretary and Prisons Minister.

 **WE RECOMMEND -**

1. The LAS collects data on the response times for all Cat 1 and Cat 2 calls to secure estate gates for a period of 3 months. **This has been agreed by** **Trisha Bain and Lyn Sugg - EOC**
2. The LAS requests paramedics and EACs who respond to calls to the secure estate, to record the time taken from arrival at gates to patient contact, for a period of 3 months. – **This has not been agreed.**

 **PRIORITY THREE**

 **3.0 MONITORING EOC AND 111 SERVICES**

 **ACTION PLAN**

 **Members have been invited to participate in visits to EOC. We will ensure**

 **members are fully briefed and have sample questions to use during these**

 **visits. Members will be invited to attend visits at both Bow and Waterloo**

 **and produce short reports on their findings and recommendations for**

 **service improvement.**

 **A similar approach will be used for 111 visits, but in addition focus**

 **groups will be promoted for service users, to enable them to provide more**

 **information about their experience of the 111 service. Members working**

 **with other 111 services will be invited to advise on the development of**

 **effective PPI in the LAS 111 services.**

 **FIFTEEN MEMBERS HAVE PARTICIPATED IN VISITS TO EOC AND 111**

 **SERVICES. MOST HAVE PRODUCED REPORTS WHICH WILL BE**

 **DEVELOPED INTO A SINGLE REPORT TO BE PRESENTED TO THE JUNE**

 **FORUM MEETING WITH RECOMMENDATIONS. MENTAL HEALTH CARE**

 **WAS A HIGH LEVEL THEME OF THE VISITS. THE FOLLOWING**

 **STATEMENT WAS MADE TO THE LAS QUALITY ACCOUNT:**

 **MONITORING EOC AND 111 SERVICES – MENTAL HEALTH CARE**

 Fifteen of our members are visiting EOC in Bow and Waterloo and the 111

 centre for south east London. Our theme on this occasion has been the care

 of patients with mental health problems. Our members were well received and

 learnt a great deal about the operation of these three centres. We will extend

 this programme to north east London in the next few weeks. As a result of our

 observations:

 **Report prepared. Recommendations shared with Forum and LAS**

 **WE RECOMMEND-**

1. Further development of mental health triage in EOC. Despite the significant developments of the mental health team, the duty of ‘parity of esteem’ is not being adequately exercised. As an example, most mental health related calls are not currently directed to a mental health nurse, and consequently some responses to patients lack the expertise that mental health nurses can provide, e.g. in relation to suicidal ideation. Thus, patients with similar conditions may get a very different response. We fully support the mental health car pilot that is currently being evaluated, and hope that a successful roll out across London will in time mitigate some of these difficulties create more responsive service for patients in a mental health crisis.
2. As an initial step the mental health card should be expanded to include mental illnesses or events, e.g. anxiety, depression, psychosis and risk of suicide. We acknowledge that this is a ‘national card’ and recommend that the LAS raises the proposed revisions in national ambulance forums.
3. There needs to be more mental health nurses on site in the EOCs, because when there is only one mental health nurse available, access to specialist mental health support is insufficient. If more mental nurses were available more mental health calls could be directed to a specialist support team. This development will be supported if evaluation of the mental health car provides a strong argument for roll out across London and if funding following a successful evaluation.
4. There is a need for greater access to psychiatric liaison/relationship building with all local mental health teams, to reduce the risk of patients being sent to A&E as default. At the moment it appears that where a mental health nurse is already familiar with the team in a particular area, that the relationship works well and local services can be assessed more easily. This collaborative working relationship needs to be extended to all mental health trusts in London – beyond SLAM and Oxleas.
5. The continuing use of a question to patients with mental health problems regarding their potential use of violence is inappropriate and should be stopped. Similarly, the advice to patients i a mental health crisis waiting for a response, not to eat or drink should be abandoned as poor practice. We strongly advise the LAS to raised these issues in national ambulance service forum because the current situation can undermine responses to the care of patients with mental health problems.

**PRIORITY FOUR**

 **4.0 COMPLAINTS CHARTER & COMPLAINTS INVESTIGATION**

 **ACTION PLAN**

 The Forum has raised concerns about access to the Complaints Charter for

 patients with the LAS Chair, Heather Lawrence, Trisha Bain, Chief Quality

 Officer, Kaajal Chotai and the LAS Communications Department. It has been

 Agreed by the LAS that every acknowledgement letter sent to complaints will

 now refer to the Complaints Charter.

 The Charter will be shared with the CQC and You and Yours.

 A team of 3 Forum members examine a sample of complaints jointly with

 Heather Lawrence, Kaajal Chotai, Deputy Director of Quality, Governance and

 Assurance and Gary Bassett, Head of Complaints every quarter.

 Recommendations are made, to improve the outcome of complaints

 investigations and to show how service improvements can be implemented as a

 result of complaints investigations. We have also proposed methods for

 gathering responses from complainants on the outcome of their complaint, e.g.

 are they satisfied with the outcome? The following statement was made in the

 LAS Quality Account.

 COMPLAINT INVESTIGATIONs

 The Forum is working closely with the LAS Chair, Complaint’s and quality

 teams, to carry out joint audits of complaints. We will jointly recommend

 how the process can be made more sensitive to the needs of people who

 have complained, and how the complaints system can positively improve

 front line services.

 **WE RECOMMEND -**

1. Recommendations produced as a result of LAS complaint investigations should be widely publicized, to give people who make complaints the assurance that their complaints contribute to enduring service improvements.
2. The joint team reviewing complaints should have the opportunity to write to complainants to seek their views on the investigation of their complaints.
3. The LAS-PFLAS Complaints’ Charter should be widely distributed in leaflet and poster form.

 **PRIORITY FIVE**

 **MENTAL HEALTH CARE**

 **5.2 ACTION PLAN**

 **The Forum will hold two meetings each year to review progress made**

 **by the LAS in the implementation of their strategy, in which the priorities**

 **are the care of people with mental health problems, those who have fallen,**

 **maternity care, urgent care and end of life care.**

 **The Forum will focus on how the LAS responds to the needs of young**

 **people and children, who are suffering a mental health crisis, including**

 **the safeguarding procedures for young people and collaborative work**

 **with CAMS.**

 **Other areas of focus in 2019 include:**

* **Promoting access to CmC for patients with complex mental health needs using the jointly produced Patient Specific Information leaflet.**

**IN PROGRESS**

* **Focusing on the development of appropriate hospital environments**

 **to receive patients requiring mental health crisis care.**

 **IN PROGRESS THROUGH SURVEY OF PLACES OF SAFETY VIA FOI**

 **WHOSE SHOES PLEDGE**

* **Removing the inappropriate EOC question re ‘violence’ to 999 callers concerning patients in a mental health crises.**

**IN PROGRESS THROUGH THE FORUM’S QUALITY ACCOUNT STATEMENT**

* **Hearing the voices of patients who have received LAS care when in a mental health crisis including those who have used NETS.**

 **REPEATEDLY ASKED FOR – POOR RESPONSE FROM LAS**

 **PRIORITY SIX**

 **6.0 END OF LIFE CARE**

 **6.1 ACTION PLAN**

 **The Forum will work closely with the clinical and evaluation team for End**

 **of Life Care, which is funded by Macmillan for two years. We shall monitor**

 **the enhanced education and training of front line staff in end of life care,**

 **and particularly focus on each staff group getting appropriate training for**

 **their grade and skill set. We shall also focus on the effectiveness of**

 **Connect my Care (CmC) and Patient Specific Protocols (PSPs) in relation**

 **to their role in ensuring patients get the right care first time. We shall**

 **develop methods for getting feedback from carers regarding the**

 **effectiveness of LAS EoL care. The Forum will also contribute to the LAS**

 **conference on EoLC on March 2019 which will be an opportunity to share**

 **best practice.**

 **6.2 Angela Cross-Durrant and Lynn Strother report on this priority.**

 **See report from End of Life Steering Group – October 2019 papers**

[**https://www.patientsforumlas.net/meeting-papers-2019.html**](https://www.patientsforumlas.net/meeting-papers-2019.html)

 **PRIORITY SEVEN**

 **7.0 SICKLE CELL DISORDERS**

 **7.1** Since the start of the Forum’s sickle cell campaign with the LAS, there has

 been significant progress in relation to statutory training and the experience of

 patients with sickle cell disorders, who have received care from the LAS.

 Work continues with the Sickle Cell Society and the LAS Academy in

 relation to pain control for children and young people, and production of a staff

 training video which should be available in 2019.

 **ACTION PLAN**

* **Aim to ensure that staff training in relation to sickle cell disorders is kept up to date**
* **Work with CARU, who we hope will carry out a new survey of people with sickle cell disorders who have used LAS services.**
* **Aim to ensure that people with sickle cell disorders, who have complex needs are aware of how they can establish a CmC link with the LAS, through our collaboration with the Sickle Cell Society and other sickle cell groups.**

 **CARU have agreed to carry out a review of patients in 2020 assess**

 **their satisfaction with the services provided to people who have**

 **suffered a sickle cell crisis.**

 **PRIORITY EIGHT**

 **8.0 RACE EQUALITY IN THE LAS**

 **ACTION PLAN**

* **Forum has established the Race Equality Task Group to monitor and**

 **support to development of race equality in all areas of LAS**

 **recruitment, staffing, governance and patient care.**

* **Data will be collected from comparable organizations across London, where greater progress has been made in achieving racial diversity**
* **Evidence will be collected on progress in the Metropolitan Police, Fire Brigade and local authorities.**
* **The terms of reference of the Race Equality Task Group are as follows:**

**Terms of Reference**

1. To carry out, identify and research into organisation that have

significantly increased the percentage of people from BME heritages on Boards and in their workforce;

1. To invite the LAS to identify representatives to join the Task Group,

including a representative of front line staff;

1. To include in the bodies identified as having enhanced equality and diversity

in their workforce, other ambulance services, the fire services and police forces, and other public sector organisations;

1. To liaise with representatives of organisations that have made significant

progress with the achievement of E&D to learn of processes, procedures and any training used;

1. To establish exemplars of good practice that have succeeded in achieving

 raised recruitment/promotion of people from BME heritages;

1. To produce a detailed report, containing examples of processes, practices,

 data, etc., that can be referred to in terms of successes achieved;

1. To produce recommendations that contribute to the LAS's current

attempts to increase the percentage of employees, particularly front-line employees, Board Members and others from BME heritages to reflect better London's population.

 **Regarding the ethnic diversity of Paramedics and Emergency**

 **Ambulance Crew little has changed and the LAS is not successfully**

 **tackling this issue. The issue has been raised with Garrett Emmerson**

 **and other colleagues in the LAS. A public meeting on this issue is**

 **planned.**

 **PRIORITY NINE**

 **RESPONDING TO THE NEEDS OF HEAVILY INTOXICATED PATIENT**

 **ACTION PLAN**

 a) Obtain copy of review of the Soho Alcohol Recovery Centre (SARC) and

 CARU review documents – **LAS UNABLE TO LOCATE THIS DOCUMENT**

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

 outcome analysis - **INFORMATION COLLECTED**

 c) Contact All Party Parliamentary Group on Alcohol Harm to seek their advice

 on the role of ambulance services on recovery from alcohol intoxication.

  <http://www.ias.org.uk/uploads/pdf/HSR/TheFrontlineBattle.pdf>

 IN **PROGRESS**

 d) Request information from A&E departments on the impact of heavily

 intoxicated patients on service delivery.

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

 patients’. **SEE DOCUMENT FROM GARRETT BELOW**

 f) Produce a report on the benefits and disadvantages of alcohol recovery

 projects. . **SEE DOCUMENT FROM GARRETT BELOW**

 **PRIORITY TEN**

 **10.0 DEFIBRILLATOR INSTALLATION**

 **10.2 ACTION PLAN**

 a) The Forum will continue its campaign to support the Defibrillator Bill, which is

 being sent back to the House of Commons on March 15, 2019 for its second

 reading and continue to support the Bill on its passage through the Commons

 and Lords

 **PARLIAMENTARY LEAD ON BILL INVITED TO MEETING AT THE LAS TO**

 **DISCUSS NEXT STAGE FOR THE BILL – BILL COLLAPSED – NO REVIVAL**

 b) We will campaign to encourage schools to install defibrillators and train

 school children in their use starting with the London Borough of Southwark,

 where we have strong contacts.

 **PROCESS OF CONTACTING COUNCIL LEADERS DUE TO START IN JUNE**

 c) Produce a new version of Defibrillator News

 **DUE IN JUNE AND WILL BE FOCUSSED ON COUNCILS, SCHOOLS AND**

 **THE VOLUNTARY SECTOR.**

 **d) Campaign with Boots restarted in November 2019.**

**APPENDIX – ALCOHOL SERVICES**

**From: Garrett Emmerson** (Garrett.Emmerson@lond-amb.nhs.uk)

Dear Malcolm,

|  |  |
| --- | --- |
| **INTOXICATED PATIENTS** |     |

Mon, 4 Feb 2019 16:43

I promised to come back to you, following our discussion on 24 January, in respect of our support for heavily intoxicated patients.  As you know, we attend alcohol related incidents all year round, not just over the Christmas and New Year period, in fact December is an average month in terms of volume of incidents.  We attended almost 64,000 alcohol related incidents in 2018, accounting for just under 6% of total face to face incidents (during December 2018, we attended just over 6,000 alcohol related incidents, accounting for 6% of the total face to face incidents that month).

As with any call we receive, patients are triaged and resources dispatched accordingly to ensure patient safety. Every alcohol-related call we attend unnecessarily, means a crew is not available for another patient who might be seriously ill or injured.  As you say, some the people we go to who’ve had too much to drink, don’t need an ambulance on blue lights; they need to get home and sober up safely.  Although we have provided mobile treatment centres in the past, we haven’t found them to be the most efficient use of our services and we have therefore focussed on supporting other partner organisations.  As a couple of examples:

·          Westminster City Council piloted a  ‘night hub’ on Saturday nights between 1-22 December, to provide a safe space for people who have drunk too much or need other forms of help. Council staff and volunteers ran the service, with St John Ambulance providing first aid.  From the end of February, the hub will operate  on Friday and Saturday nights. WCC have funding in place to run the centre for two years. We have supported WCC’s associated publicity campaign for the pilot on social media.

In addition, as part of our winter planning this year, the Trust’s  Cycle Response Unit (CRU) has increased its collaborative working with selected partner organisations.  A joint City of London Police and London Ambulance Service CRU has been operational in the winter evenings to provide assistance to the large numbers of people who celebrate in the City.  Such celebrations can result in significant numbers of alcohol related calls and the initial trial of this project two years ago resulted in a large number of patients being managed appropriately without the need for ambulance attendance or hospital conveyance.  The presence of the police as part of this unit assists in ensuring the safety of the cycle responder.  The CRU will also be operating from key transport hubs at peak commuter periods to aid the early response to anyone becoming unwell on trains.  Such incidents not only cause significant disruption to the transport network but also increase the numbers of ambulance related calls due to other people becoming unwell on stationary trains.

Going forward, LAS will work in collaboration with local authorities to identify areas where the use of alcohol recovery centres would help to reduce ambulance requests for people suffering from the effects of alcohol.

I hope this is helpful.

Garrett Emmerson, Chief Executive Officer, **London Ambulance Service**