**DISCUSSION WITH TRISHA BAIN – CHIEF QUALITY OFFICER, LAS**

**JANUARY 19TH 2017**

1. **COMPLAINTS INVESTIGATION**

We discussed the importance of complaints being seen as an important source of qualitative data and a stimulant to patient centred service development. A better system is being developed to identify why complaints are generated and what the LAS is doing to change and improve service.

1. **CLINICAL COMMISSIONING GROUPS**

Is the LAS communicating well enough with CCGs/STPs at a senior level, e.g. chairs and Chief Executives? Trish feels that communications between Risk Directors for the Brent CCG (the Commissioners) and the LAS risk directors is adequate.

1. **CQC REINSPECTION**
2. The LAS Commissioners will be asked by the CQC for a report on progress regarding the potential for the LAS to get out of ‘special measures’ – i.e. an assurance report.
3. The date of the CQC Summit post inspection is not yet known, but will be several months after the inspection in February.
4. **AMBULANCE QUEUES OUTSIDE A&E**

Trisha described a model used in Medway Hospital where paramedics work in A&E to care for patients awaiting handover so that ambulance can leave the hospital and attend to further emergency calls.

1. **PATIENTS’ FORUM MEETING – FEBRUARY 13th** 2017.

Trisha agreed to attend the Forum meeting on Feb 13th to talk about her new role and the CQC inspection.

1. **STRATEGIC PARTNERS**

We discussed features of the current system where failure to provide adequate care is blamed on other providers or commissioners, rather than being solved through collaboration and negotiation, e.g. ambulance queues and access to alternative care pathways.

1. **DATA ON AMBULANCE QUEUES**

Currently data is provided weekly on the number of minutes over the time spent meeting the 14 minute handover target. No data is available for the 30 minute and one hour breaches, which would be more meaningful from the point of view of how well the system is functioning and potential harm to patients.

1. **INFLUENCING STPs**

We discussed the potential influence of the LAS on the STPs. Senior LAS executive attend STP meetings, but it is not clear what strategy is being pursued by the LAS executives when they attend these meetings or what impact the LAS has on STP decisions. The influence of the LAS on CCGs is also unclear.

Should the LAS be holding the commissioners to account?

1. **FUTURE OF THE LAS**

The future development of ambulance services may be significantly influenced by the agreement between the unions and DH to pay staff on grade 6. This is likely to lead to a lower number of paramedics and more technicians (not HCPC registered). The grade 6 paramedics might become focussed on diagnosis, initial treatment and making a decision about dispositions, whilst the technicians transport patients to hospital and provide care during transport.

1. **NEED AND DEMAND**

Is the LAS focussed too much on demand management and too little on patient need?

1. **DEVELOPING A SINGLE HEALTHC CARE SYSTEM IN LONDON**

We discussed some of the weaknesses in London’s acute, urgent and community health care services. E.g. patients with a UTI or chest infection, may be more safely treated in their home with IV antibiotics, but it is almost impossible for a paramedic to diagnose, initiate treatment and then handover care and treatment to a community nurse or GP. Interoperability is poorly developed between emergency, urgent and community services.

1. **INFORMATION FOR TRISHA**
2. Forum Report for the CQC - sent
3. List of questions for STPs and CCGs - sent
4. PF strategy - sent
5. Priorities for 2017 - sent
6. **DATE FOR MEETING WITH TRISHA IN 2017**

Arrange dates with Hana Ali.

**Malcolm Alexander, Chair, Patients’ Forum LAS**

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