**MEETING WITH ELIZABETH OGUNOYE – April 5th 2017**

**COMMISSIONER FOR THE LONDON AMBULANCE SERVICE**

**& PATIENTS’ FORUM FOR THE LAS**

Patients’ Forum representatives: Sister Josephine Udie, Audrey Lucas, Lynn Strother and Malcolm Alexander

1. **Category C calls**

The Forum provided Elizabeth with six months data showing how the LAS had changed the Cat C targets in a way that provided a much higher level of achievement against the target. The LAS advised that Forum that the change was made in response to a very significant rise in pressure on the LAS. The Forum is concerned that the lower targets will cause harm to patients by delaying patient care.

**ACTION: Refer Cat C target revision to the CQRG.**

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| C1 | 90% response in 20 minutes | 63.3% | >50% response in 45 minutes | 74.16% |
| C2 | 90% response in 30 minutes | 67.21% | >50% response in 60 minutes | 77.47% |

Elizabeth said there had been a recent contract meeting with the LAS which included an agreement on Cat C targets for 2017/8 and she will share the outcome of that meeting with the Forum.

1. **Clinical Quality Review Group (CQRG)**

This is a joint group of the LAS and commissioners.

Forum attendance at meetings is on the basis of Forum members attending when the Forum has raised a matter of concern. We will contact the Chair: [Kuldhirajohal@nhs.net](mailto:Kuldhirajohal@nhs.net) regarding attendance.

1. **Review of Commissioning Arrangements for the LAS**
2. Currently, Brent CCG is the lead commissioners for London’s 31 CCGs. NHS England are reviewing the arrangements in light of the reported lack of capacity by the commissioners to operate as effective commissioners for the LAS. One proposal is to transfer the commissioning to one of the unaccountable STP for London.
3. We raised a question about the participation of the LAS in STPs and whether the NEDS and Executive Directors are providing leadership in decisions about urgent and emergency care for London. EO suggested that we raise this issue with the Chairs of STPs and in the case of North West London – Rob Larkman (Chief Officer, Brent, Harrow and Hillingdon Clinical Commissioning Groups).
4. **Urgent and Emergency Care Programme Board**
5. Clinical Board is led by Dr Tom Coffey, GP in Wandsworth.
6. Non-Clinical Board is led by Connor Burke (Chief Officer for three London CCGs – Barking and Dagenham, Havering and Redbridge).
7. Action: request papers from these boards.
8. **Use of Taxis by the LAS**
9. We noted that taxis are used when the LAS is short of ambulances and/or paramedics, to transport patients to hospital.
10. They also supplement the achievement of the 75% - 8 minute target.
11. We shared with EO a letter given to the LAS asking for a review of the use of taxis for patients in view of the risks which the Forum has identified to patient care.
12. We propose to share the letter with the CQRG if we felt that following an LAS review that measures needed to be taken to ensure patient safety.
13. **LAS Major Incident Officers - MIO**
14. We raised our concern with the LAS that King’s had received patients from the Westminster Bridge incident, but the LAS MIO had failed to attend to carry out liaison work between A&E and LAS. Briony Sloper has confirmed that the Forum’s information was correct and that the MIO had failed to attend a number of A&Es.

1. Elizabeth said that Peter Boorman, Regional Lead for EPRR at NHS England (London) - Emergency Preparedness, Resilience and Response, is reviewing the response to the Westminster Bridge incident. EPRR operates to implement the Civil Contingencies Act (2004) and requires NHS organisations, and providers of NHS-funded care, to show that they can deal with major incidents while maintaining services. [Peter.Boorman@nhs.net](mailto:Peter.Boorman@nhs.net)
2. **New Chief Executive of the LAS**

Noted that three members of the Forum attended one of the selection committees for the new CE of the LAS. The final decision now rest with the DH and Treasury.

1. **Mental Health Care in the LAS**
2. We discussed the need for LAS mental health nurses to be indemnified so that they can work on the front line with MH patients in crisis on the street or elsewhere.
3. We discussed the priority given to patients with suicidal ideation and how that compared with patients who had taken an overdose. We are concerned that suicidal ideation should be a major priority for the LAS.
4. Elizabeth suggested that the Ambulance Response Programme, which is making changes to targets may impact on this situation. She suggested that the issue would be of interest to the CQRG who would also want assurance that the service is appropriate and safe for the prevention of suicide.
5. **Peer Review**

Elizabeth described the work going on currently for teams from different parts of London to assess LAS services in other parts of London. This is designed to raise standards across London as a whole.

1. **Clinical Strategy for the LAS**

Noted this has gone to the CQRG for assessment.

1. **Development of IT in the LAS**
2. We raised the issue of the steps being taken for paramedics to be able to access clinical data on patients that they treat. There is also a major problems regarding to access NHS numbers for patients treated by the LAS. We asked whether the 2016-7 CQUINS on IT development had achieved their goals, e.g. the e-ambulance? We have also raised this issue with Steve Bass, interim IT lead at the LAS.
3. EO agreed to let the Forum have a report on achievement of CQUINS by the LAS. She also agreed that there was urgency for the LAS and London NHS IT strategies to be aligned.
4. **Review of Alternative Care Pathways for Use by the LAS**

Elizabeth said that there is an ongoing process of reviewing all ACPs in London and that more information is being sought about some of them so that they are functional and available to LAS paramedics.

End