

July 8th 2019

Dear Trisha, we were somewhat disappointed by your response to our QA submission and would be very grateful for further discussion on the issues below.

1. CO-PRODUCTION CHARTER

This Charter does give a unique opportunity for enhancing and growing the production of patient centred services. We have only received one amendment from the Board and cannot understand the reluctance of the LAS to sign up. We hope soon to have the support of all of London’s Healthwatches.

I am sure also that when Antony joins the LAS that he will appreciate the dynamic advantages of further collaboration and co-production with patients and the public.

1. MENTAL HEALTH CARE

We do not think that you have addressed sufficiently the following issues? Our colleagues in Mind were also disappointed by your response.

* Duty of ‘parity of esteem’ is not being adequately exercised.
* Most mental health related calls are not currently directed to a mental health nurse,
* Concerns about responses to patients in relation to suicidal ideation.
* Patients with similar mental health conditions may get a very different responses.
* Involvement in the development of the new MH hub. We have never seen any report on the development of a MH hub.
* Development of the EOC ‘mental health card’, which is really inadequate.
* The provision of mental health nurses is currently not adequate and bearing in mind the large number of mental health calls, the number of patient who get a ‘parity of esteem’ MH response is very low.
* We appreciate your journey to the pan London mental health hub, but there are patients suffering now, whose needs should be better addressed through enhanced access to MH nurse and liaison psychiatry. Keeping people out of A&E is an important goal, but providing the right alternative service is essential.
* The continuing use of a question to patients with mental health problems regarding their potential for violence is inappropriate and should be stopped, because it undermines the goal of parity of esteem and results in an inappropriate responses to patients. If these question are part of a nationally agreed standard, then we must work together and with Mind to ensure that this poor practice is stopped.
1. DO NOT EAT OR DRINK APART FROM SIPS OF WATER

Whilst we appreciate the importance of this question for some patients, using it for all categories of patients is wrong and sometimes harmful. Why tell a person who is severely depressed and feeling suicidal not to eat or drink?

1. ACCESS TO THE SECURE ENVIROMENT FOR EMERGENCY RESPONDERS

We do not understand why a 3 month pilot can’t be started to gather some useful information about access to seriously ill patients in the secure estate. I can’t imagine that is would any time to record: a) arrival at gates, b) arrival at patient contact, c) end of patient contact, d) arrival at gates. Maybe five minutes to collect and submit by email to HQ.

The Forum is meeting with the Ministry of Justice on this matter and it would be very useful to have more data to share with them during our discussions.

1. ePCR

We understood from your one year review of the Strategy that the ePCR was subject to delay, but maybe we misunderstood.

1. SICKLE CELL DISORDERS

We are very pleased with progress on this issues and Eula Valentine form the Merton Sickle Cell Group would be happy to present to front line staff on this issue during CSR. She is in contact with CARU.

1. COMPLAINTS AUDITS

We are pleased with the development of this work. Our team will change as one member has left the Forum due to ill-health. I think we are still unclear how satisfied complainants are with outcomes and this is an important development for the future, as is sharing recording of telephone conversations about complaints to complainants. Publicising the recommendations produced as a result of complaint investigations, to give people who make complaints the assurance that their complaints contribute to enduring service improvements is extremely important. We do not believe that GDPR inhibits contact with complainants, providing there prior consent is obtained.

I would like to thank you for your continuing support and collaboration with the Forum, in our shared ambition to continue the improvement and enhancement of services provided to patients by the LAS.

Very best wishes

Malcolm Alexander

Chair

Patients’ Forum for the LAS