

PATIENTS' FORUM

FOR THE LONDON AMBULANCE SERVICE

www.patientsforumlas.net

Minutes of the Meeting held at

Monday FEBRUARY 11th 2015, 5.30pm-7.30pm

ATTENDANCE : Forum Members

Angela Cross-Durrant – Vice Chair – Kingston
Carl Curtis – Southwark
Christine Kenworthy – Kent
David Payne - Southwark
Faiyaz Karim – Healthwatch Enfield
Harbhajan Singh – Elderly Watch – Bexley and Greenwich
Inez Taylor – Southwark
Janet Marriott - Richmond/Hounslow
John Larkin- Company Secretary
Kay Winn-Cannon - Waltham Forest
Leslie Robertson – Merton
Lynne Strother – Richmond
Malcolm Alexander – Chair – Hackney
Michael English – Lambeth
Natalie Teich - Islington
Pat Duke - Southwark
Robin Kenworthy - Kent
Sister Josephine – Vice Chair – Croydon
Val Fulcher – Lewisham

LAS – Guest Speakers

Dr Daryl Mohammed, Asst Medical Director, LAS
[Kudakwashe Dimbi, Mental Health Clinical Advisor](#)

LAS

Briony Sloper, Deputy Director of Nursing and Quality, LAS

LAS Commissioner

David Whale

Other Guests

Sophie Corlett, Director of External Relations, National Mind
Pippa Brown – Strategic Communications, Monitor
Nicole Valencuela-Sotomayor – Quality Assurance Lead/ Safeguarding Adults, Camden CCG
Wellcare - Kingston

Apologies

Alhajie Alhussaine – Lambeth
Anthony John - Tower Hamlets
Barry Silverman – Southwark
C. Gustaffe – Southwark
Clarissa Rocke-Caton –Hackney
Joseph Healy – Southwark

Louisa Roberts - Tower Hamlets Kathy West – Southwark Maria Nash – Barnet and carer Margaret Luce - Head of Patient & Public Involvement and Public Education Rashid Laher – Kingston Vishi Harihara - Camden/Barnet

2.0 MINUTES

2.1 Minutes of the meeting held January 14th 2015 were agreed a correct record.

3.0 MATTERS ARISING FROM THE MINUTES

3.1 Defibrillators

a) Meeting held with City of London Health Scrutiny Committee to get their support to install defibrillators in every pharmacy. Chris Hartley Sharpe LAS lead on defibrillators attended and gave presentation. Health Committee very enthusiastic. Send thanks to Wendy Mead for invitation.

b) Dave Payne to arrange meeting with manager of Surrey Docks shopping centre to encourage them to install defibrillator

Action:

- Members agreed to promote similar developments in their own boroughs.
- Pharmacists to be asked for update
- Dave Payne and Malcolm Alexander to meet manager of Surrey Docks shopping centre

3.2 PTS Quality Standards – Forum Proposals:

Action:

- Distribute to London hospital PTS leads.
- Leslie agreed to request lists of PTS commissioning leads for London

3.3 LAS Foundation Trust status: Meeting to take place with Sandra Adams on February 27th 2015

3.4 Trust Development Authority

Sean Overett from the TDA, which is working with the LAS in their transition to FT status invited to Forum meeting on April 15th 2015

<http://www.ntda.nhs.uk/wp-content/uploads/2014/10/Paper-B-Chief-Executive-report.pdf>

3.5 Safety in Mind Video:

Mental health film to be shown at the February 11th Forum meeting.

3.6 CQC Inspection of the LAS: This will take place in June 2015. MA in regular contact with CQC inspection team.

3.7 Ride-Outs

Noted that Louisa Roberts agreed to go on a ride-out in Tower Hamlets and Janet Marriott in Richmond/Hounslow. Papers sent to both including contact details of local AOM.

3.8 Jane Moore –NICE

Slides are available on: <http://www.patientsforumlas.net/meeting-papers---2015.html>

3.9 LAS Crisis

Forum written to the Health Minister to emphasize importance of supporting the LAS 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.

http://www.patientsforumlas.net/uploads/6/6/0/6/6606397/earl_howe-january__14_2015.pdf

Response received from Minister and will be placed on website.

3.10 Recruitment of Paramedics

Information from the Karen Broughton, LAS requested about the actual costs of becoming a paramedic and the use of bursaries to increase the number of recruits to the LAS, from people living in London who cannot afford the costs.

“Many thanks for your email to Karen and please accept my apologies that it has taken so long for someone to get back to you. 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, London Ambulance Service|220 Waterloo Road, London, SE1 8SD

3.11 Forum Newsletter

Forum to advertise its work better to patients who use the LAS and the wider community and staff. Newsletter to be produced describing what the Forum is, the Forum’s work and ask the LAS to include articles from the Forum in the LAS newsletter

3.12 Safeguarding:

Safeguarding/mental health conference will be held on April 28th, 2015. Leslie and Kathy agreed to attend.

3.13 LAS Mental Health Awareness Form (LA383):

Dr Daryl Mohammed, Asst Medical Director of the LAS invited to Forum meeting to discuss the LAS MH awareness pilot in Hillingdon.

3.14 Equality and Inclusion Strategy

Meeting requested with Janice Markey on the strategy and its implementation.

3.15 Complaints to the LAS

Gary Bassett asked for data on outcomes, systems of learning from complaints and any reoccurring complaints.

3.16 Health Select Committees report on complaints published in January.

Question put to the LAS Board on their response to the report. Zoe Packman asked for a meeting to discuss. (HSC recommendations at end of minutes).

4.0 THE HILLINGDON PILOT - DARYL MOHAMMED AND KUDA DIMBI

4.1 The Pilot to set up to improve the assessment of patient with mental health problems. A 'mental health assessment tool' (LA383) was used and 150 patients were included in the survey representing 18% of mental health seen by the LAS in Hillingdon for the period (8 months in 2012). Dr Daryl Mohammed led the study. Triage nurses in A&E participated in the study and were given appropriate training. CARU were involved in the Pilot evaluation. One of the key components of the study was to examine the range of presentation from people with mental health problems and some of the 'mental health' symptoms that occur in physical health presentations, e.g. in people with meningitis and hypoxia.

Over 94% had correct documentation for patient identification and physical description (which is useful when a patient decides to leave A&E). Presumptive physical diagnosis was recorded in 98% of patients, mental health diagnosis in 94% of patients and suicide risk assessments in 94% of patients. Comments on the patients' capacity and vulnerability were recorded for 96% of patients.

In conjunction with the standard PRF the Mental Health Risk Assessment Tool (LA383) improves the information recorded and handed over to A&E. It raises the awareness of patient' capacity and vulnerability with frontline staff. This approach is likely to improve patient safety, and reduce risk to the patient and their families. The LA 383 also gives better and more comprehensive information to paramedics.

4.2 Kuda told the meeting that the assessment tool and feedback from the project was used as a teaching aid and was included in the core refresher training. She said that when 60% of staff have trained, the tool will be rolled out for use by all front line staff and will go electronic. There will also be an impact assessment in relation to A&E responses to the LAS approach to mental health care and assessment.

- 4.3 Kuda said that if the patient can't respond to the questions that is recorded and 'red-flagged'. One possible diagnosis in that situation is meningitis, so paramedics have to be very alert to the differential diagnosis. In determining the accuracy of the answers to the LA 383 questions, Kuda said that the patient's responses to questions are fundamental to obtaining a good case history and staff are trained to carefully observe patients.
- 4.4 Carl expressed concern about the use of restraint and the handcuffing of patients. Kuda acknowledged to trauma of the use of restraint, and said that the LAS and police are working more closely and that joint mental health awareness training is being carried out with the MPS. Carl asked which police areas have received training and Kuda suggested contacting the MPS for more information (christine.jones@met.police.uk is the Metropolitan Police lead on mental health):
<http://www.theguardian.com/society/2014/jul/23/christine-jones-changing-met-police-mental-health-response>).
- 4.5 Kuda said that the police use the ABCDE model for training staff about the best responses to people with mental health problems. She referred also to the jointly signed Mental Health Crisis Care Concordat aimed at improving outcomes for people experiencing mental health crisis.
- 4.6 Daryl said that in addition to core skills training, the LAS have produced a Mental Health Clinical Update and the LAS GP page has regular updates on mental health e.g. In relation to capacity.
http://www.londonambulance.nhs.uk/health_professionals/gp_information/idoc.ashx?docid=81ba0449-3784-4d0f-a733-d6854d007060&version=-1
- 4.7 Another development described by Kuda was the employment of mental health nurses to work in the Emergency Control Centre. So far 3 have been employed and eventually there will be 24/7 cover.

4.8 Daryl and Kuda were thanks for their excellent presentations.

5.0 SAFETY IN MIND – Viewing of video

5.1 Safety in Mind tells the story of Mark who is experiencing an acute behavioural disturbance in a public place. It addresses the response of the police, ambulance service and NHS staff at a mental health unit. . The film introduces a new shared language based around the acronym ABCDE for all policing and health professionals to use when dealing with a mental health emergency. The aim is to help properly assess a person's needs and to effectively share information between agencies. When using the acronym ABCDE in mental health, A is for appearance and atmosphere (what the professional sees when they come to into contact with the person); B is for the person's behaviour; C is for communication (what the patient is telling professionals and what professionals have seen and observed); D is for danger (that the patient may pose to him/herself and others) and E is for the environment that the patient and professionals are in. The ABCDE model is supposed to create a shared language and approach. This aims to ensure that a person's needs can be accurately assessed and information shared quickly and effectively between different agencies.

5.2 The film will be used, as part of a university accredited training package, to train all 40,000 frontline Metropolitan Police officers and London Ambulance and NHS mental health professionals. In the film Lord Victor Adebawale, chair of the Independent Commission on Mental Health and Policing, emphasises the importance of effective training for frontline police officers.

5.3 Watch a clip of the film by visiting www.slam.nhs.uk/safetyinmind

5.4 Critical Issues Raised in the Film

5.5 RESTRAINT

- Destroys patients dignity
- Put the person at risk of death due to positional asphyxia
- Aspiration should be never to use any restraint
- Few people detained on the street with a MH diagnosis lack capacity – about 8%
- “The Best Restraint is No Restraint” – Professor Len Bowers, Chair in Mental Health Nursing at King’s College London

5.6 DE-ESCALATION – ADVICE AND RECOMMENDATIONS

- Remember the patient is vulnerable
- Paramedics and police need to exercise self-control
- Don’t over-react. Be calm
- Don’t show anxiety or anger
- Try to understand the patient’s point of view
- Let the patient know you want to understand his/her problems
- Ensure clear accurate communications

5.7 VIEWS ON THE FILM

- 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.

5.8 FUTURE DEVELOPMENTS NEEDED TO IMPROVE SAFETY

- 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.

5.9 INFORMATION SOURCES AND FUTURE CONTACTS

- 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

6.0 CQC VISIT TO THE LAS

6.1 CQC will inspect the LAS June 2015.

6.2 The Forum has been in regular contact with the CQC and will be invited to the post inspection summit. The following questions were put to the CQC

6.3 a) *What process will be used to invite patients, Forum members, members of the public, HW and FT members to an event prior to the inspection? **There will be a listening event for the public a week or so before the visit. We will write to London HWs and yourselves about venue, times etc.***

b) *'Have 'Experts by Experience' been invited to join the inspection and how did you select appropriate EbyE for the inspection team? **ExEs will be invited to join the inspection team in due course. We go through a third party for the supply of ExEs and they come from organisations such as Age UK***

c) *Can you confirm that the Forum will be invited to the Summit following the inspection? **Yes, a representative from the Forum will be invited to the Summit***

D) *The Forum will produce report for CQC prior to the visit. When would you require this? **We will write to you closer the inspection for this report,***

6.4 Forum has responded to CQC consultation on inspections – attached. Thanks to Angela, Kathy and Leslie. Now on Forum website.

7.0 SAFEGUARDING CONFERENCE

Noted that the LAS MH safeguarding conference will be held on April 28th. Leslie and Kathy to attend.

8.0 KEY POINTS FROM BOARD MEETING

8.1 These are attached.

9.0 PILOT – DELAYED RESPONSE FOR RED 2

9.1 An extra 2 minutes will be added to Red 2 calls to enable them to get the rights resource to the patients and reduce multiple attendances. The slogan is: Right first Time. The trial is for one month and will be evaluated by NHSE

9.2 Methodology for analysis to be requested from NHSE

10.0 The meeting finished at 7.30pm

HEALTH SELECT COMMITTEE RECOMMENDATIONS ON COMPLAINTS

a) We recommend that Trusts be required to publish at least quarterly, in anonymised summary form, details of complaints made against the Trust, how the complaints have been handled and what the Trust has learnt from them. (Paragraph 27)

Complaint handling by providers

b) We agree that the onus should be on the system to help a complainant. People should not be forced to search out the most appropriate way to raise concerns. We recommend that the complaints system be simplified and streamlined by establishing a single 'branded' complaints gateway across all NHS providers. This should be available online, but not exclusively so. There should be adequate resourcing to enable complaints to be examined, identified, and directed speedily to the appropriate channel. (Paragraph 31)

c) The relationship between the provider and the commissioner is, in our view, key to determining the day-to-day quality of services provided under NHS contracts. It is the commissioner which is best placed to work constructively with the provider on delivering improvements. We do, however, expect the CQC to examine the culture of complaints handling by providers. (Paragraph 42)

Role of commissioners in complaints, and handling of complaints by commissioners

d) We recommend that the system for service users to make complaints to commissioners about NHS services should be integrated into a single complaints system. Commissioners need to take a far greater role in holding providers to account for delivering a well-functioning complaints system. (Paragraph 47)

e) In its written evidence the Department of Health said that it would begin a review of PALS services in 2014 and would also review the commissioning arrangements for independent advocacy services. In responding to this report, we ask the Department to set out what progress has been made in reviewing the commissioning arrangements for advocacy services. (Paragraph 67)

f) The failure to deal appropriately with the consequences of cases where staff have sought protection as whistleblowers has caused people to suffer detriment, such as losing their job and in some cases being unable to find similar employment. This has undermined trust in the system's ability to treat whistleblowers with fairness. This lack of confidence about the consequences of raising concerns has implications for patient safety. (Paragraph 114)

g) We expect the NHS to respond in a timely, honest and open manner to patients, and we must expect the same for staff. We recommend that there should be a programme to identify whistleblowers who have suffered serious harm and whose actions are proven to have been vindicated, and provide them with an apology and practical redress. (Paragraph 115)