

PATIENTS' FORUM

FOR THE LONDON AMBULANCE SERVICE

MINUTES OF MEETING held: Monday – May 12th 2014 CONFERENCE ROOM, LONDON AMBULANCE SERVICE

1.0 ATTENDANCE : Forum Members and Visitors

Angela Cross-Durrant – Vice Chair - Kingston
Barry Silverman – Southwark
Clarissa Rocke-Caton – Hackney
Janet Marriott - Richmond/Hounslow
Julian Maw - Harrow
Kathy West – Southwark
Kay Winn-Cannon - Waltham Forest
Leslie Robertson – Merton
Lyne Strother – Richmond
Malcolm Alexander – Chair - Hackney
Martin Saunders – Southwark
Matilda Sequeira – Lambeth Rapid Response Team
Michael English – Lambeth
Natalie Teich – Islington
Pat Duke – Southwark
Rashid Ali Laher - Kingston
Sister Josephine – Vice Chair – Croydon
Val Fulcher – Lewisham

LAS CHAIR: GUEST SPEAKER – RICHARD HUNT

LAS BOARD MEMBER: ROBERT Mc FARLAND

LAS COMMISSIONER: MARK DOCHERTY

APOLOGIES

Alhajie Alhussaine – Lambeth
Andrew John - Tower Hamlets
Brian Hennessy – Merton
Catherine Gustaffe – Southwark
David Payne – Southwark
Inez Taylor – Southwark
David Burbidge – Tower Hamlets
John Larkin - Company Secretary
Joseph Healy – Southwark
Louisa Roberts - Tower Hamlets
Margaret Luce- LAS Public Involvement Manager
Maria Nash – Barnet
Robin Kenworthy – Kent
Vichy Harihara - Barnet

2.0 MINUTES OF MEETING HELD APRIL 14th 2014

Minutes of the meeting held April 14th were agreed a correct record.

3.0 MATTERS ARISING AND ACTION LOG

Malcolm Alexander thanked Margaret Luce, Ruth Haines and Beverley Bryant for providing photocopies for the Forum documents for the Forum meeting, and for providing the room and refreshments for the meeting.

ACTION	WHAT WE WILL DO	ACTION SO FAR
3.1 MENTAL HEALTH CARE - LAS	<ul style="list-style-type: none"> • Emphasize the need for effective training for all front line staff in mental health diagnosis and care. • Ask for evidence that e-learning packages are effective. • Request information on the extent of 'mental capacity training • Emphasize government's policy of 'parity of esteem', especially in relation to the care of older people with mental health problems and/or dementia. 	<p>TO KUDA – MH LEAD</p> <p>Can you tell me if there is now any means of assessing the extent and effectiveness of mental health training and the e-learning component? Is there any evidence about the impact of e-training on clinical practice?</p> <p>Is the parity of esteem principle embedded in the training?</p> <p>Could you also tell me if the extent of mental capacity training is known?</p> <p>Would you be kind enough to let the Forum have a response to our dementia document? Members put a lot of work into this and would be very grateful for your comments. I do know how busy you are and would be very grateful for any time that you can give to this.</p>
3.2 Cat C PERFORMANCE	<p>Prioritise response to Cat C calls in the Forum's response to LAS consultation on strategy.</p> <p>Category C was as follows:</p> <p style="padding-left: 40px;">C1 – Reached patient within 20 minutes – 72.88%</p> <p style="padding-left: 40px;">C2 – Reached patient within 30 minutes – 66.88%</p> <p>TARGET: C1 – 90% within 20 minutes, 99% in 45 minutes (from Clock Start)</p> <p>TARGET: C2 – 90% within 30 minutes, 99% in 60 minutes (from Clock Start)</p>	<p>This priority is included in our response to the LAS Strategy Document.</p>

3.3 HANDOVER DATA- TRANSFER OF PATIENTS FROM AMBULANCE TO A&E – JOINT MONITORING	<ul style="list-style-type: none"> • Send monthly handover data from the LAS commissioners to each Local Healthwatch in London so that they can take up any issues locally. • Participate in joint visit to London's A&E departments to observe the process of patient handover from the LAS to the A&E clinicians. 	<ul style="list-style-type: none"> • OK done and some are getting in touch • Now participating – Sister Josephine, Angela, Kathy and Malcolm. Janet ready to support.
3.4 LONDON'S COMMISSIONERS 7 GROUPS	<ul style="list-style-type: none"> • Request contact details from Mark Docherty. 	<ul style="list-style-type: none"> • Requested from Mark. No contact details provided yet.
3.5 CQSEC REPORT	<ul style="list-style-type: none"> • Request information on quality audit of calls to the LAS. 	<ul style="list-style-type: none"> • Information requested from Sue Watkins, AOM, LAS
3.6 KING'S COLLEGE HOSPITAL RE MENTAL HEALTH CARE	<ul style="list-style-type: none"> • Highlight importance of de-escalation training for front line staff in A&E • Inquire whether security guards were being used appropriately in relation to distressed patients in King's wards. • Discuss with King's carrying out a survey of mental health patients who had received care in the A&E • Monitor the development of King's A&E mental health service • Consider how other A&E mental health service could be monitored. 	<p>Jessica Bush at King's contacted re patients survey</p> <p>Letter received from Nick Dawe, Chief Operating Officer of the Maudsley offering to address the Forum on progress with development of MH facilities at King's - Maudsley</p>
3.7 PROGRAMME OF FORUM MEETINGS	<p>Ask the LAS to ensure that notices for Forum meetings are shared with LAS FT members.</p>	<p>Monday, 09 June, 2014 <u>Guest Speaker:</u> Michael Guthrie, Healthcare Professions Council</p> <p>Monday, 14 July 2014 Monday, 08 September 2014 . <u>Guest Speaker:</u></p>

		<p>Director of Commissioning for the LAS</p> <p>Monday, 13 October 2014</p> <p><u>Guest Speaker:</u> Jane Moore, NICE</p> <p>Monday, 10 November 2014 Guest Speaker: David Griffiths, CQC</p>
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<p>3.8</p> <p>MAJOR LAS SYSTEM BREAKDOWN OVER CHRISTMAS</p>	<p>Response awaited re outcome of Serious Incident report from Jason Killens</p>
<p>3.9</p> <p>Dementia</p>	<p>Propose to Mark Whitbread, the LAS Consultant Paramedic, development of LAS Dementia Champions and send out Dementia Challenge document to him. Mark Whitbread passed request to Steve Lennox.</p> <p>Seek response from Norman Lamb and Jeremy Hunt on the government approach to pre-hospital care for patients with cognitive impairment.</p>
<p>3.10</p> <p>GP in a car scheme – MD</p> <p>agreed to forward a copy of the Dudley research project on this scheme. We expressed interest in clinical outcomes and re-contact rates.</p>	<p>MA to meet with LAS AOM to discuss development of system in Hackney</p>
<p>3.11</p> <p>RISK REGISTER</p>	<p>Ask the Sir Bernard Hogan-Howe, Commander of Met Police to ensure that appropriate governance procedures are introduced.</p>
<p>3.12</p> <p>IMPACT OF LONG SHIFTS ON HEALTH AND CLINICAL PERFORMANCE OF FRONT LINE STAFF</p> <p>Duncan Selbie CE of Public Health England, Patricia Wilkie and Roy Griffins from LAS contacted to ascertain views on the impact of shift work on clinical performance and harm to staff, the impact of shift work on staff performance and what role Public Health England is taking in respect of shift work. Concerns were expressed about the current work patterns which</p>	<p>Public Health England referred Forum to NHS Employers. No reply from Roy Griffins or Patricia Wilkie.</p> <p>Dear Ruth Warden, I was advised to write to you by Lynn Fox from Public Health England in relation to your work and wellbeing workstream. The issues that concern us are shown below in our letter to Duncan. Do you work with PHE on their healthier lives in the workplace priority? I would be very grateful for any advice you can provide about action being taken by PHE, the NHS and NHS Employers to address this critical issue.</p> <p>No answer from Patricia Wilkie or Ruth Warden</p>

meant that staff often didn't get rest breaks, that 12 hours shifts can extend into 14 hour days and the difficulties in achieving 14 minutes turnaround times at A&E. Paramedics may have up to 15 calls per shift.	Seminar to be arranged on issues later in year.
3.14 CQC Visit to the LAS	Ask CQC Inspector for explanation of areas of their report that are not consistent with performance and staffing. Ask CQC for response to the Forum's CQC focussed report. No reply from Inspector to two requests. Raised issue with James Titcombe is our National Advisor on Patient Safety, Culture & Quality, CQC

4.0 DEFIBRILLATORS

4.1 Agreed to contact CCG to enquire about the roll out of defibrillators to all GP surgeries in London.

4.2 Agreed to contact Local Pharmaceutical Committees in London asking them to encourage pharmacists to install defibrillators and train their staff in the use of defibrillators.

<http://lpc-online.org.uk/regions/london-north-thames-region/>

5.0 AMBULANCE TURNAROUND HANDOVER AUDITS

5.1 Noted that Forum members has participated in a survey of patient handovers from LAS front line clinicians to London A&E staff. Sis Josephine, Kathy West, Angela Cross-Durrant and Malcolm Alexander worked with the commissioners to observe handovers in Charing Cross, Royal Free, Hammersmith, St Thomas', Chelsea and Westminster and St Mary Hospitals.

5.2 Noted that practices varied between hospitals and that key issues included rapid transfer from ambulances to A&E, and releasing ambulance so that they can provide care to other critically ill patients.

5.3 It was noted that formal handover of the patient might be recorded at the time of clinical handover or at the end of an 'administrative' handover.

5.4 Kay asked if NHS England had a role in ensure the effective management of the process of handover of patients to A&E? Mark said that the commissioners have a critical role and are collecting information from the survey to support this role and to produce recommendations about improvements in the handover process.

6.0 RICHARD HUNT – CHAIR OF THE LAS – THE WAY FORWARD FOR URGENT AND EMERGENCY CARE IN LONDON

6.1 Richard Hunt emphasized the importance of engaging with patients, especially because of the role of the LAS to provide services to patients across the whole of London. He said it was critical to find a balance between effective involvement and good governance.

6.2 Richard said that amongst the critical problems facing the LAS was getting the right level of resources into urgent care, effective triage and ensuring that patients get an appropriate clinical response.

6.3 Referring to the Bruce Keogh's Urgent and Emergency Care Review he said that the priorities for the LAS were:

- For patients with urgent but non-life threatening needs the LAS will provide highly responsive, effective and services outside of hospital. These services will deliver care in or as close to people's homes as possible.
- For patients with more serious or life threatening emergency needs the LAS will ensure they are treated in hospitals with the very best expertise and facilities in order to reduce risk and maximise their chances of survival and a good recovery.

7.4 These priorities are in particular a response to:

- An ageing population with increasingly complex needs, leading to ever rising numbers of people requiring urgent or emergency care.
- Patients struggle to navigate and access a confusing and inconsistent array of urgent care services provided outside of hospital, so they default to A&E.

7.5 Richard said that the reality is that millions of patients every year seek or receive help for their urgent care needs in hospital, but could have received more appropriate local care. He said that:

- 40% of patients attending A&E discharged requiring no treatment.
- over 1 million avoidable emergency hospital admissions last year.
- 50% of patients receiving a 999 ambulance response can be managed on scene.

7.6 The Keogh report emphasizes that urgent care services provided outside of hospital will need to be greatly enhanced to meet demand and that the five elements of the recommendations are:

- provide better support for people to self- care (?).
- help patients with urgent care needs to get the right advice in the right place, first time, i.e. enhanced 111 services.
- provide highly responsive urgent care services outside of hospital so people no longer choose to queue in A&E – further develop 999 ambulances as mobile urgent treatment services.
- ensure patients with more serious or life threatening emergency care needs receive treatment in hospitals with the right facilities and expertise to maximise chances of survival and recovery.
- connect all urgent and emergency care services together so the overall system becomes more than just the sum of its parts.

7.7 Regarding the LAS strategy: TOWARDS 2020 Richard said that:

- The Trust Board is developing a new strategy to take The London Ambulance Service forward to 2020
- Engagement activities have been held with the Patient's Forum, stakeholders, staff and Trust Board to consider how to respond to changing and increasing demand
- These activities have been used to revise the Trust's purpose, vision, values and set the strategic priorities.
- Responses are now being considered to enable the LAS to finalise its strategy in June 2014.

7.7 The values of the LAS are to ensure:

- Clinical excellence
- Care
- Commitment

and at each Board meeting patients are invited to tell their stories about their experiences of LAS care.

7.8 Finally Richard Hunt said that the objectives of the LAS are to:

- Make it easy for people in London to get the urgent and emergency care quickly; developing a single point of access by bringing together 111 and 999, ideally with the LAS running 111 for London
- Developing and growing services so that LAS clinicians can provide more care and treatment for patients at scene or at home
- Provide the right response - increasingly offering advice and care by phone and other technologies.
- Using technology to improve care so that LAS clinicians can improve clinical treatment and outcomes, e.g. developing telehealth solutions.
- Developing and investing in staff so that they are motivated, stable and happy.
- Working with partners across health and social care to integrate services so that patients receive joined up care and experience better outcomes.
- Collaborating with other emergency services, whilst remaining at the heart of the NHS
- Always being there to support people in London during major events and in times of major incidents

7.8 Pat Duke asked what steps were being taken to improve the care of patients who have strokes?

Richard replied that clinical outcomes for patients with strokes had greatly improved because of the development of specialist centres across London. He said there similarly had been significant improvements for patients who suffer stroke and major trauma.

7.9 Janet Marriot asked about the signposting of local urgent care services. She also said that the LAS is highly valued for the provision of 999 services, and that the public would want the LAS to also run 111.

Richard said it was essential to get the balance right between primary and acute care and locate services where people are most able to use them and going to A&E is not the best location for urgent care services.

7.10 Barry Silverman expressed concern about the appropriate management of patient 'at the scene', e.g. in the street. He also stressed the importance of ambulances being designed for modernised care. Barry added that about 9% of 111 calls are converted to 999 calls.

7.11 Lynn Strother asked how many boroughs have good integrated care?

Mark Docherty replied that that best information comes from the Directory of Services for London (DOS), which lists 35,000 services accessible

from 111, 999, urgent care centres GPs.

- 7.12 Kathy West said there were weaknesses at the moment with front line. The right equipment was not always available, shift sometimes last 12-14 hours and staff work extremely hard and often don't feel valued. She asked about the plans to address these issues.

Malcolm Alexander drew attention to some calls to the LAS receiving and unsafe response, e.g. C1 calls for patient who have taken an overdose and may have to wait several hours for a response.

Richard said that the demand of Cat A patients who require a Cat A response to save their lives must have priority. The LAS aimed to recruit 200 paramedics and is recruiting internationally, e.g. from New Zealand and Denmark. Demand would be dealt with differently, and the LAS must fully be part of an integrated NHS and social care system. He acknowledged that salaries were low.

- 7.13 Richard Hunt drew the attention of the Forum to the new Shockingly Easy Campaign to encourage the dissemination of defibrillators and the training of people to operate them. He said this would include pharmacists.

- 7.14 Richard was thanked for his excellent presentation and discussion.

8.0 LAS STRATEGY

- 8.1 The Forum's response the LAS draft 2020 strategy was agreed.

9.0 MEMBER'S REPORTS

9.1 VISIT TO THE SOUTHALL 111 OPERATIONS CENTRE

Leslie Robertson presented her report on her visit to the Southall 111 service. She commented on the evaluation process which includes contractual reviews undertaken regularly by the Commissioners and CCG Clinical Governance meetings with representatives of organisations involved, which includes patient representatives including Healthwatch. Leslie said that reports are given re performance including incidents, frequent callers, complaints, compliments, quality, workforce, and 'out of hours' links. Anonymous Call Reviews are undertaken on a regular basis. She said that patient surveys – are continually undertaken. Issues of concern included sickness levels which are said to be high in all call centres. Recruitment of call handlers is not problematic but recruitment of clinical advisers is.

Deloitte are conducting a review of the 111 service. More data will be provided, e.g. about conveyance to hospital and a lot of feedback is being provided for the Directory of Services (DOS). A new suite of MH pathways is also being developed including responding to calls from people with suicidal thoughts.

Invite to Dr Sam Shah

Agreed to invite Dr Sam Shah, NHS 111 Clinical Governance Lead – NCL (Barnet, Enfield, Haringey, Camden and Islington CCGs) to a meeting of the Forum to discuss the development of 111 services in London. Barry reported

that there had never been any intention for the 111 services in London to have an identical service model.

9.2 MENTAL HEALTH COMMITTEE – VERBAL

Noted that the care of patients with mental health problems and those with dementia are now a significant priority for the LAS. Ann Radmore is now chairing the LAS Mental Health Committee.

9.3 PPI COMMITTEE – VERBAL

Noted that that LAS was expected to participate in the Friends and Family test which included a requirement for patient to state if they would recommend the LAS to friends and family. This ludicrous method of gathering patient's views was produced by NHS England.

9.4 INFECTION PREVENTION AND CONTROL – VERBAL

Noted that LAS data recorded that all front line staff washed their hands between episodes of treating patients. The data is not based on direct observation and certainly without any legitimacy.

9.5 KING'S COLLEGE HOSPITAL – A&E MENTAL HEALTH REPORT

This report was received.

10.00 PERFORMANCE DATA

10.1 Data on patient handovers and performance against Cat A and Cat C targets were received.

11.0 THE MEETING FINISHED AT 7.30 PM