

**MINUTES OF THE PATIENTS FORUM MEETING –**

**MONDAY, OCTOBER 10th 2016**

**ATTENDANCE: FORUM MEMBERS**

Adrian Dodd – Waltham Forest - Healthwatch

Audrey Lucas – Enfield - Healthwatch

Barry Hills – Kent

Barry Silverman – Tower Hamlets

Catherine Gustaffe – Southwark

Christine Kenworthy – Kent

Chris Willson – City of London

Colin Hill, Berkshire -

DzidraStipnieks -

Gill Tillett – Barking

Graeme Crawford – Ealing - Healthwatch

Inez Taylor – Southwark

James Guest – Ealing – Healthwatch - Chair

Joseph Healy – Forum President

Kathy West – Southwark

Louisa Roberts – Tower Hamlets

Lynn Strother – City of London Healthwatch and Forum Executive Committee

Malcolm Alexander – Chair, Patients’ Forum

Maria Nash and Carer- Barnet - Healthwatch

Michael English – Healthwatch Lambeth

Mike Roberts – Rushmoor, Hampshire - Healthwatch

Natalie Teich – Healthwatch - Islington

Robin Kenworthy – Kent

Sister Josephine Udine – Croydon - Vice Chair

Tom Yelland– Kingston and Red Cross

Val Shaw – Barking

Wendy Mead – City of London Corporation

**SPEAKERS**

**Dr Fionna Moore**

**Elizabeth Ogunoye**

**ATTENDANCE: LONDON AMBULANCE SERVICE and 111**

J.Beale – 111service

Briony Sloper – Head of Quality– LAS

Jane Burke - LAS

**APOLOGIES:**

Angela Cross-Durrant – Kingston – Vice Chair

Anthony John

Arif Mehmood – Newham

David Payne – Southwark

Graham Mandelli – Lewisham

Janet Marriott – Richmond

John Larkin- Company Secretary

Kay Winn-Cannon – Healthwatch Waltham Forest

Margaret Luce – Head of Patient & Public Involvement and Public Education

Mary Leung – Harrow

Pat Duke - Southwark

Rashid Ali Laher – Healthwatch Kingston

1. **Minutes of September 2016**

1.1 Minutes were agreed a correct record except: add Colin Hill to list of apologies.

 **2.0 Matters Arising and Action Log**

 **2.1 Participation in NHS Improvement (NHSI) Scrutiny of the LAS**:

 The Forum has been denied access to the full report by the LAS, despite Forum

 members making a substantial contribution to NHSI visit reports, collection

 of data and assessments. A short report is on the website.

**2.2 Special Measures**: Noted that the South East Coast Ambulance Service

 (SECAMS) has also been placed in special measures by the CQC. Agreed to

 look at the impact on shared geographic areas of service provision to patients

 and consider a joint meeting of the Forum and patients representatives in the

 SECAMS area to consider what joint action might be appropriate.

**2.3 Quality Improvement Programme:** Updates are placed on LAS website.

 September update will be available shortly.Lesley Stephens Improvement

 Director for the London Ambulance Service stated at the LAS Board meeting

 that: ‘considerable work needed to be done by February for the LAS to get out

 of Special Measures’.

**2.4 Ambulance Queues:** Noted that following the Forum’s campaign on

 ambulance queues that the ‘arrival to handover times’ at Northwick Park had

 substantially reduced. Agreed to examine data in detail to see if waiting times

 had shortened because patients had been transferred to other hospital A&Es.





**2.5 LAS Complaints Leaflet:** Noted that every ambulance should now have

 leaflets advising patients how to make complaints. Comprehensive information

 also on website.

**2.6 PTS Transport Quality Standards:** Noted that Lynn had sent the Forum’s

 Quality Standards document to Barts Healthcare for the latest commissioning of

 PTS service for patients.

 Agreed: a) to ask BH for an update; b) to distribute the Quality Standards to all

 London commissioners and providers; c) Graeme will send to Ealing PTS

 commissioners. d) consider how the Forum can monitor the effectiveness of

 PTS and NETS (non emergency transport service) from the patients

 perspective.

**2.7 Defibrillators in Supermarkets:** Sainsbury’s have agreed to install 100 and

 John Lewis has also agreed to install. Boots is next target.

**2.8 Meeting with Diabetes UK**: Agreed for November 14th 2016.

**2.9 GPS** – Agreed to write to Mayor regarding effectiveness of GPS for emergency

 services in London

**2.10 Sickle Cell** – Noted that considerable progress had been made in surveying

 patients with SCD, producing clinical guidance for front line staff and training of

 staff.

**2.11. Bariatric Care –** meeting to be held of Forum members and LAS bariatric

 specialists on October 20th at 9am.

**3.0 STRATEGIC TRANSFORMATION PARTNERSHIP – STP**

 **Dr Fionna Moore and Elizabeth Ogunoye**

3.1 Dr Moore said that Cat A performance was still a major issue for the LAS as a

 result of the continuously rising demand for LAS services. She said that Cat A

 performance had achieved 70% in early October 2016. Nationally,

 ambulance services are commissioned to achieve 75% Cat A in 8 minutes, but

 in London, the LAS are commissioned to: 67%. The LAS has exceeded the

 commissioners target between April and August 2016 but not in September.

 Currently, more hours are provided by the LAS than are commissioned by

 CCGs.

**Is the LAS underfunded in relation to rising demand for their services?**

**3.2 The** LAS cardiac arrest response rate in London is xxxxxxx.

 Fionna acknowledge the particular concern of the Patients’ Forum for patients

 designated as C1 and C2 who are often vulnerable but not life threatened. She

 said that the average daily call rate is 14,000. Other issues raised by Fionna:

* Previously the LAS budget for staff was under spent at 95%. The entire budget is now spent on staff (front line staff increase from 3179 to 3372).
* Vacancy rate has decreased for all staff grades.
* Staff turnover rate had reduced to 15%/month.
* The demand trajectory has increased from xxxx to xxxx.
* The funding crisis in the NHS is the deepest and longest financial squeeze in the history of the NHS.
* The workforce challenge is created by the national shortage of paramedics, hence the need to employ from Australia.
* There is a need to match staff training to the acuity of patients, e.g. elderly, mental health, alcohol abuse and multiple morbidities, in the absence of adequate and appropriate primary care pathways.
* Training will be targeted at need.
* Staff also need to deal with social care issues, access to primary care and increasing incidence of patients with severe mental illness.

**3.3 Fionna** said that the 5 STPs for London have produced plans which they claim

 are based on local population need, which are intended to create a new ‘vision’

 of London’s NHS over a 2 year period and bring all health and social care

 services together in each area. She said that demand is increasing in all

 areas.

 The plans include the following components:

a) Integration of health and social care

b) A balanced budget by the 2020/2021 – leading to huge NHS cuts

c) Plan to be submitted to NHS England by October 21st 2016 (draft in June

 2016)

3.4 The LAS submitted proposals to the STPs and these have

 been agreed. Funding allocations for LAs, CCGs and providers will be

 announced in March 2017. The Healthy London Partnership and

 Emergency/Urgent care boards also have a significant role to play in the

 delivery of STP plans. Each STP has a designated Chair.

**Action: Obtain copy of LAS submission to the STPs for London**

3.5 Fionna said that at the moment the LAS has seven operational areas and

 these will be reduced to five to match the STP ‘footprints’ and facilitate

 cooperation. LAS directors are each responsible for relations between the LAS

 and one of the five London STPs. Some of the key areas for negotiation with

 STPs are:

* Improving triage and response times
* Reducing job cycle times (JCT)
* Reducing hand over times

3.6 Referring to changes in the Emergency Operations Centre, Fionna said that

 call assessment times are being increased, (apart from Red 1 calls) from 120 to

 240 seconds to ensure better allocation of resources. In addition a revised

 code set is being implemented to provide more appropriate care and

 collaborative work with Yorkshire AS is taking place to ensure that the new

 code set is operationally coherent.

 Projects to achieve improvement include the following:

* The JCT trial in south west London (Job Cycle Time)
* Improving access to the clinical hub
* Developing better systems with care homes to provide care while waiting for an ambulance
* Diverting frequent callers away from the emergency service where they are causing delay for critically ill patients
* Improving alternative care pathways, especially for elderly fallers.
* Access to urgent care centres for the LAS
* Assisting patients in a mental health crisis
* Better joint working practices with the police in relation to the needs of people in a mental health crisis and s136 detentions
* Developing digital solutions, e.g. phones that can access ‘summary care records’, and better communication with other ambulances services to achieve digital solutions.

3.7 Fionna said that significant investment is needed to fully fund the delivery of Cat

 A calls to patients within 8 minutes for 75% of calls.

3.8 Elizabeth Ogunoye, Commissioner for the LAS said that CCGs and the LAS

 work together through the Clinical Quality Review Group (CQRG) to achieve

 better quality care. Elizabeth said that the CCG commissioners did not respond

 as expected to the CQRGs request for more funds for the LAS to meet the

 rising demand. Consequently, national targets cannot be met.

 She made the following points (presentation at: www.patientsforumlas.net/)

* There has been an unprecedented increase in demand for LAS services.
* This rise in demand is expected to continue.
* The priorities and strategies of the CCGs and the LAS will be aligned and overseen by the STP and Urgent and Emergency Care Networks
* National targets need to be met, i.e. Cat A calls to patients within 8 minutes for 75% of calls.
* CCGs are asking for a 5% decrease in demand and a demand management plan has been produced.
* Workshops are being held to address the demand issue
* CCGs priorities include: reducing the number of frequent callers; developing better arrangement for emergency and urgent care response to calls from care homes; enhancing community treatment services and improving public education regarding use of urgent and emergency care.
* Overall objective is to spend less, reduce demand and meet national targets.

**3.9 Questions from Members**

 **Mike Roberts** asked what impact the £20 billion funding gap will have on

 access to emergency care, safety, service quality and meeting rising demand

 for emergency care? He drew attention to the report of the Health Select

 Committee and parliamentary debates which suggest grave consequence for

 patient care. See:

www.publications.parliament.uk/pa/cm200607/cmselect/cmhealth/73/73i.pdf

www.publications.parliament.uk/pa/cm201011/cmselect/cmhealth/512/51208.htm

[www.kingsfund.org.uk/blog/2011/07/20-billion-productivity-challenge- unavoidable-choice-nhs](http://www.kingsfund.org.uk/blog/2011/07/20-billion-productivity-challenge-%20%20%20%20%20%20%20%20%20%20%20%20%20unavoidable-choice-nhs)

 **Fionna** replied that a return to financial balance is possible for the LAS. This

 will be done by reducing transfers to the LAS; taking patients to A&E only

 when clinically necessary, more hear and treat and better use of alternative

 care pathways’ and support and advice from mental health nurses in the

 ‘clinical hub to ensure that patients get the right care first time. She pointed out

 that patients taken to A&E after 5pm usually stay overnight, because of the

 difficulty in returning patients home in the evening or night. She said the STP

 provided an opportunity to bring services together.

 **Action: request review of access to and use of alternative care pathways**

 **for emergency ambulance clinicians.**

3.10 Graeme **Crawford** said that integration of health and social care is a priority

 and he noted that Hammersmith Council have abolished charges for social

 care to achieve better integration. He asked if this was the way forward.

 Response: Fionna said that a similar model is being used in Manchester.

 She agreed that better integration of health and social care would be an

 important step in ensuring patients got the right treatment and care.

**3.11 Michael English** said there has been a long history of lack of cooperation and

 asked how health and social care services can be persuaded to cooperate for

 the benefit of patients.

 Response: Fionna agreed that progress was very difficult with a massive

 financial black-hole and underfunding of social care in most local authority

 areas.

3.12 James **Guest** said that Ealing and Charing Cross Hospitals are being

 downsized and that Ealing Hospital is nevertheless having to absorb a lot of

 the additional pressures in west London, including those arising from

 deprivation and poverty. He asked how that problem will be dealt with if the

 STPs are planning to deliver massive cuts within 5years. He suggested that

 instead of better care there would be disastrous care and a major scale back in

 services.

 Response: Fionna she had worked at Charing Cross for many years and is

 very concerned about the impact of STP plans on west London, especially with

 demand rising - including demand for Red 1 responses (cardiac arrest and

 major trauma). She said that some parts of west London seem to be improving

 access to emergency care, e.g. Northwick Park, but it is not clear if patients are

 being taken to other west London hospitals, e.g. Ealing, to relieve pressure on

 Northwick Park.

3.13 Audrey **Lucas** suggested that care in the community always suffers because

 the most vulnerable and least able to care for themselves take the greatest

 burden when there are cuts. She asked how primary care will act to mitigate

 the effects of STP cuts and ensure that people get the care they need.

 Response: a major problem is the failure of primary care to develop

 adequately in relation to demand from patients. She said that too few doctors in

 training are choosing primary care as a speciality.

**3.14 Barry Silverman** asked what action the LAS is taking to introduce low

 emission vehicles.

 Response: All LAS vehicles will be less than 7 years old by the end of

 2016. In future there will be fewer rapid response cars and more ambulances.

 She added that a major issue was the appropriate use of ambulances.

**3.15 Robin Kenworthy** said the Ambulance BBC1programme was brilliant. He

 added that his concern was that all services seem to have different

 safeguarding policies, which can make interagency collaboration difficult. He

 added that the role of pharmacy was becoming more important in view of the

 pressures on primary care.

 Fionna acknowledged the growing role of pharmacy in primary and emergency

 care. The LAS are employing a pharmacist to provide information, advice and

 better medicines management.

**3.16 James Guest** asked about the problem for families of providing painkillers for

 relatives receiving ‘end of life care’ at home. He said that some people are

 fearful of giving medication in case they give an incorrect dose that might

 cause harm or even death.

 Response: The LAS is doing a great deal of work to increase its capacity to

 provide end of life care and better use of ‘Connect My Care’ plans.

**3.17 Malcolm Alexander** asked how the rising demand on services and reduced

 funding would affect the ability of the LAS to meet CQC standards. He asked if

 the quality and safety of services was threatened.

**3.18 Elizabeth** replied that the CCGs are maximising resources and increasing use

 of alternative systems, e.g. 111 services. She added that the priority is to

 ensure that each patient has the most appropriate resources for them. She

 said that the benefits of LAS and 111 services have to be assessed in more

 detail and that the pressure is on to be more creative in the use of services.

 She said the CQRG is satisfied with the current progress of the LAS and that

 she is confident the LAS will get out of special measure when next inspected

 by the CQC.

3.19 Joseph Healyexpressed concern that demand had increased by 5% but the

 existence of alternative care pathways seemed uncertain and unreliable. He

 asked if they really existed and if paramedics knew how to find them and how

 this affects the Job Cycle Time (JCT)? He asked how the demography of

 London was impacting on access to services; if it was known where the

 vulnerable elderly live and whether there were adequate numbers of

 community nurses available to provide joined up care with the LAS as a

 component of care in the community.

 Response: Elizabeth replied that there have been studies on demography in

 relation to emergency care and this is a component of the demand workshops

 which are being held in London to find solutions to the problem of rising

 demand.

 **Action: send FOI to CCG requesting details of ACPs**

 **available immediately to the LAS.**

 Fionna added there had been a ‘demand management’ workshop in September

 2016 which had dealt with some of these issues. She said it was acknowledged

 that the elderly, and people misusing alcohol, were a major reason for the rise

 in demand of ambulance services, but that no quick fixes were available. She

 said more data was needed about population growth in London.

 Elizabeth said that the STP plans were for five years, but the CCG-LAS contract

 was for two years.

 **Action: Request copy of the Demand Management plan.**

**3.20 Maria Nash** advised the meeting it was World Mental Health Day (October

 10th) and expressed concern that mental health services for people in crisis

 were inadequate and not meeting their needs. She said the government

 expected a lot more services for a lot less money and it seemed

 to have forgotten the significant risk of a terrorist attacks and the impact this

 would have on services. She said a lot more funds are needed not less.

 Response: Mental health services are a priority for the LAS.

 Since the 7/7 bombings there are now much better communication systems,

 e.g. to the underground, enabling front line clinicians to provide an enhanced

 response to major incidents. Other advances include proactive services for

 survivors of major incidents who flee from the site of the incident but need care

 and treatment.

**3.21 Tom Yelland** asked what action is being taken to encourage people to work for

 the LAS; especially student paramedics from London. He suggested:

* Offering jobs with the LAS to potential future paramedics prior to beginning academic studies.
* Help with paramedic fees for university studies and living expenses.
* Payments to learn to drive and take the test.

 Response:

1. There are 2 year bursaries available for people waiting to become paramedics and bursaries for the 3rd year are becoming available.
2. Universities need to substantially increase the number of places available for paramedics.
3. It is not practical at the moment for a paramedic to be on every ambulance.
4. Access to grade 6 posts should help with recruitment because it enhances career development.

 **3.22 Natalie Teich** asked how the public would be educated in the use of

 urgent and emergency services?

 Response: Briony Sloper replied that pharmacies will develop a role in

 urgent care and that the LAS has recruited a pharmacist to assist in this

 role and also to advise paramedics on use of medication and reduce

 medication errors.

 **3.23 Audrey Lucas** asked when compatibility problems would be resolved

 between computer systems of the LAS, GPs and hospitals. She said that

 access to care records was often impossible because of incompatibility

 between systems and a denial of access to paramedics?

 Response: Briony replied that 111 have access to care records, as do

 NHS staff with Smart cards, but this does not include LAS

 Paramedics; but that is the goal for the LAS.

 **3.24 Malcolm Alexander** asked what action is being taken to ensure that the

 outcomes of complaints and SI investigations are accessible and can be

 used to secure enduring improvements to clinical services?

 Response: Briony replied that a monthly report is produced on the

 outcomes and impact of complaints and SIs. Patients are also advised

 about the outcome of serious incident investigations. Data from

 complaints investigations is available from Gary Bassett who leads the

 Patient Experiences Department of the LAS. Briony said she would check

 that relevant data is on the website.

 **3.25 Kathy West** suggested that in addition, the LAS website should contain

 patient’s stories and examples of responses to complaints, showing

 outcomes and feedback.

 Response: Briony agreed that should be done. She added that an

 example of a service improvement as a result of issues raised by patients,

 is the developing Red Cross service for older people in Lambeth. This

 service would ensure that Red Cross staff were available for two hours

 after paramedics have left a patient’s home, to ensure that the person is

 safe.

 3**.26 Barry Silverman** expressed concern at increased waiting times, especially

 for people with long term medical conditions. He also raised attention to

 the dangers of poly-pharmacy (inappropriate use of multiple meds) for

 older people and asked if the LAS has expertises in this area.

 Response: Briony agreed this was a significant problem and suggested

 that access to patients care records and NHS number would help to

 resolve this problem, but that solution is probably years away.

 3.27 **Tom Yelland** said he had had mental health problems and was concerned

 about the training of front line LAS staff in a crisis or s136 mental health

 detention. He added that talking with clinicians is so important, but the

 police usually arrive first, and their training and support is not adequate.

 He asked what is being done to improve crisis care?

 Response: Briony said that all front line staff have mental health training

 and this is mandatory and includes dementia training. The training

 includes input from Mind. In addition the LAS are working with the police

 using scenarios to improve joint approaches to care and transfer of the

 patient to an appropriate service. Staff also have the support of Link

 workers if they are distressed by any aspect of their front line work.

 **3.28 Elizabeth Ogunoye and Fionna Moore were thanked for their**

 **excellent presentations.**

 4.0 **Race Equality in the LAS –** Kathy West reported that Melissa Berry

 and Mark Hirst had been doing a great deal of work with the LAS to deal

 with historical problems of race equality in the LAS. The LAS Board had

 also met with Roger Kline who works with NHS England and the CQC on

 race equality.

 **5.0 Board Papers -** Noted that Sandra Adams had agreed to place Board

 papers on the LAS website on the Wednesday before Board meetings.

 Action: Agreed this would be closely monitored.

 **6.0 Joseph Healy** asked what impact Brexit might have on the LAS if people

 who are not British are pressurised to leave the UK or are made to feel

 unwelcome?

 Response: Briony said there is no clarity yet on this issue.

**The Meeting ended at 8.0pm**