**MINUTES of FORUM HELD JANUARY 8th 2018**

**ATTENDANCE: FORUM MEMBERS AND ASSOCIATES**

Angela Cross-Durrant – Kingston – Vice Chair

Arthur Muwonge – Croydon

Audrey Lucas – Enfield- Executive Committee

Barry Hills – Kent

Catherine Gustaffe – Southwark

David Payne – Southwark

Dov Gerber - Barnet

Inez Taylor - Southwark

James Guest – Ealing

Jan Marriott - Richmond

Joan Davis - Hillingdon

John Larkin- Company Secretary

Joseph Healy – Southwark – President of the Forum

Malcolm Alexander – Chair, Patients’ Forum

Mary Leung - Harrow

Mike Roberts - Hampshire

Natalie Teich – Healthwatch –Islington

Philip Ward – Hammersmith and Fulham

Sister Josephine Udine – Croydon- Vice Chair

**SPEAKER:**

**Dr Sam Perkins – Public Health England – Influenza Lead for London**

**LAS STAFF: Camilla Wick – Infection Prevention and Control – LAS**

**Samad Billoo – Emergency Operations Centre - LAS**

**APOLOGIES**

Adrian Dodd – Waltham Forest – Healthwatch

Alexis Smith - Bromley

Arif Mehmood - Newham

Beulah Mary East – Hillingdon

Christine Kenworthy– Kent

Colin Hill – Berkshire

Jan Duke - Southwark

Kylie Crawley - Southwark

Louisa Roberts – Tower Hamlets

Lynn Strother – City of London Healthwatch – Executive Committee

Michael English - Lambeth

Rashid Ali Laher – Healthwatch Kingston

Robin Kenworthy – Kent

**1.0 Minutes of meeting held December 11th 2017 were agreed a correct record**

1.1 Matter arising

1.2 See ACTION LOG which is attached for a complete lists of matters arising.

**2.0 Meeting with the Mayor of London’s Health Team**

2.1 Forum members Joseph Healy and Malcolm Alexander had a successful meeting with the Mayor’s health team and Garrett Emmerson, Chief Executive of the LAS. A report is attached. It was agreed by a member of the Health team that the Forum could hold a public meeting at City Hall.

2.2 Members expressed concern that because of the serious problem of queuing of ambulance at A&E departments of some hospitals, that a new “sit and wait” system had been introduced into some A&E for patients brought in by ambulance who could sit and wait instead of laying on a trolley. For more urgent patients a ‘red flag system’ is being used to ensure these patients were seen more quickly. A single paramedic might be tasked with watching over a number of “sit and wait” patients.

2.3 Samad described extremely long waits suffered by some patients, and said recently there had been 101 patients waiting on-hold while an ambulance (or other resource) was found to send to them. He said some patients had been lying in the street having suffered an injury.

2.4 Agreed that the Forum’s public meeting at City Hall will focus on the continuing problem of inadequate resources and planning in some London hospital/ A&Es to deal with the level of need in London for emergency care.

2.5 The report on the meeting with the Mayor’s health team and Garret was received by the Forum.

2.6 A letter from the Forum on the crisis in A&E departments was published by the Evening Standard and was attached.

**ACTION: Arrange date for public meeting at City Hall – probably April 9th. Invite speakers.**

**3.0 LAS Academy Update**

3.1 Noted that a committee of 3 Academy staff and 3 Forum members (Polly Healy, Janet Marriot and MA) has been set up – the Patient and Public Involvement Panel– PPIP - to develop and monitor PPI in the work and teaching of the Academy. PPIP has attended Academy strategy meetings and our views are being used to improve standards in the Academy. The next stage will be to teach the principles of public involvement to students.

3.2 Members have also been invited to attend the Academy as mock patients to assist in the assessment of student paramedics. Stephen Britt-Hazard has already participated as a ‘patient’ for clinical assessments and six other Members have applied to participate.

3.3 Janet Marriott described the excellent meeting with the first cohort of successful students at the academy. They will now register with the HCPC as paramedics.

3.4 Sister Josephine emphasized the need to ensure that the students came from a diverse variety of ethnicities and localities across London.

**ACTION: Invite more members to participate in the work of the Academy.**

1. **Emergency Operations Centre – Visit Report**

4.1Noted that comments are awaited from EOC managers on this report regarding accuracy.

**ACTION: Finalise report and distribute with recommendations.**

**5.0 LAS Strategy**

5.1 Noted that an LAS PPI meeting on the LAS strategy had been held on December 7th and the Forum also met with the LAS for further discussions on the strategy on December 19th. Attendance at the Strategy meeting had been poor. Members commented that the meeting was not very helpful as a means of influencing the developing strategy and that the Strategic Intent document was rather unclear and confusing. It was suggested that the document needed to dovetail strategy to an operational plan and connect with pan-London urgent and emergency care systems. A time frame was needed as well as costings. It was noted that in addition to the 111 service in South East London, that the LAS had won a contract for the 111 service in North East London, and that would assist the LAS in the development of a single point of access for patients seeking emergency and urgent care.

5.2 Sister Josephine emphasized the importance of the Strategy having a genuine commitment to public involvement and engagement through community development work.

5.3 The Forum’s response to the LAS Strategic Intent document was received by the meeting and agreed. Forum member James Guest was thanked for his contribution to this document. www.patientsforumlas.net/upcoming-meeting-papers.html

**Action: Request a response from the LAS Strategy Team to the Forum views on the Strategic Intent. Propose continuing public involvement and in particular on the draft strategy when it is produced in the New Year.**

**6.0 Mock CQC Visits**

6.1 A report on member’s visits to LAS services was received and has been shared with Trisha Bain and the LAS Quality Oversight Group. A report has been requested on the outcome of mock inspections, but little has been forthcoming from the LAS. The Forum was told that 24 high priority themes had been chosen and Operations Management requested to review ambulance stations to ensure they are maintained to the required standards.

6.2 Members commented on the professionalism of the Mock CQC approach to monitoring services and the openness of staff that they met during the inspection.

**ACTION: Further request to Trisha Bain for detailed information on the LAS response to findings of the Mock Inspections.**

**7.0 Complaints Investigation by the LAS**

7.1 Noted that the LAS currently completes most complaints investigations within 35 working days (7 weeks). There is no national standard set by the DH or NHS England. Agreed to suggest that the period for investigation is reduced as it is a least a week longer than other NHS providers.

7.2 Noted that the Forum’s attempts to monitor and audit complaints investigations in the LAS had proved too difficult for the LAS to arrange.

7.3 Agreed to invite Gary Bassett who leads the Patients’ Experience Department to speak to the Forum on complaints investigations and resolution.

**ACTION: Raise with Trisha Bain, Briony Sloper and Gary Bassett the reduction in investigation time for complaints and invite Gary to speak at Forum meeting.**

1. **CPR Training**

8.1 Barry Hills reminded the Forum that CPR training should be renewed yearly for people who don’t regularly use it in practice. It was agree to ask the LAS team to provide training for members in June or July 2018.

**ACTION: Request dates for CPR training.**

**9.0 Type 1 Diabetes**

9.1 The Forum continues to work with Diabetes UK to promote the use of Ketometers by paramedics, especially for the diagnosis and care of patients with Diabulimia (an eating disorder where people stop taking insulin to reduce weight).

www.diabetes.org.uk/guide-to-diabetes/life-with-diabetes/diabulimia. The LAS has not come to any opinion yet on this issue and the matter has been referred to Matt Ward, Consultant Paramedic at the West Midlands Ambulance Service.

**ACTION: Liaise with Diabetes UK re progress.**

**10.0 Dr Samantha Perkins - Flu Lead for London**

**The Flu Epidemic and Vaccination Campaign**

10.1 Dr Perkins said that she would discuss the key principles and challenges in relation to the flu epidemic and that importance of flu vaccine.

10.2 She described the ability of the flu virus to outwit human ingenuity (“the flu virus is cleverer that we are”) and the importance of hand washing and using disposable tissues for nose blowing because the virus is so easily transmitted. She said that once infected symptoms will appear in 1-5 days (average 2-3) and that the most severe symptoms are usually present for 2-7 days. A person is however infectious both before symptoms appear and during the illness. Sam said that even if the symptoms are mild, the person is still infectious. When the outside temperature drops, as winter approaches, the incidence of flu increases.

**Viral Types**

10.3 The most harmful flu types are ‘A’ and ‘B’. Examples of type A are H3N2 which is most common in care homes and other closed places, and H1N1 which is known as swine flu. Type B symptoms are less severe and occur more in children, later in the season. Infection occurs when viral (H)aemagglutinin antigen binds to the cells of the person being infected. A second flu antigen (N)euramidase, releases the flu virus from the cell wall to which it is bound, to so that it can move on and infect other cells.

10.4 There are two types of vaccine in use during this flu season, the Trivalent (2A/1B) and the Quadrivalent vaccine (2A/2B) - immunity is stimulated by the presence of viral surface antigens contained in these vaccines. There are 18 different types of H flu antigens and 11 types of N antigen. Sam said that the vaccines now being used are well matched to the types of virus which is most prevalent. The type of vaccine which is available depends on predictions made by the WHO through global surveillance – each February they publish the genetic make up of the most common types of highly infections and pathogenic types of flu virus, and manufacturers produce vaccine based on this genetic profile. She said that genetic changes to the virus can be subtle and antigenic drift occurs, it is very difficult to ensure the right virus is chosen for vaccine manufacture. Flu planning starts on March 31st after the key data sets have been received.

**Symptoms**

10.5 Referring to the symptoms associated with flu, Sam said that flu is life threatening and kills many people during the flu season (Sept 1 to March 31).

She described the “£20 challenge” where a person is so sick that they can’t rouse themselves to pick up a £20 note dropped on the floor near them. Sam added that different groups of people experience a range of distinct symptoms, e.g. children and older people may experience flu symptoms differently. Children are more susceptible to type B virus. Symptoms include: fever, headache, tiredness, cough, sore throat, myalgia and diarrhoea and vomiting in children.

**Data**

10.6 Public Health England produces a weekly report on flu incidence, and data is collected from GP consultations related to flu. This year the number of GP consultations has not risen significantly over last year.

**www.gov.uk/government/statistics/weekly-national-flu-reports**

**Vaccination**

10.7 Children are sometimes described as ‘super-spreaders’ because of the high likelihood of them contracting flu at nursery or school and infecting those around them. Nevertheless, only 18% of school-age children have had the nasal flu vaccine this year according to the latest figures. Prof Keith Willett, NHS England’s medical director for acute care, has stated that: “Flu can be spread more easily by children, especially to vulnerable relatives such as older grandparents, those with heart or lung conditions and pregnant family members”.

10.8 Sister Josephine added that the vaccination of children also protects teachers and other staff.

10.9 Flu vaccination is offered to people over 65, all NHS front line staff and care staff, and people with susceptibilities, e.g. asthma, COPD and people with a BMI of over 40. Pregnant women and residents of long stay institutions are also vulnerable and are offered vaccine. In addition, the carers of people with immunosuppressive illnesses are offered flu vaccine as well as people receiving a carers allowance and caring for an elderly or disabled person.

10.10 People in prisons, young offender institutions and university halls of residence are NOT offered flu vaccination.

10.11 In pilot areas where vaccine was given to primary school children there was a 94% decrease in GP attendances for flu like illness. Referrals to A&E for these children for respiratory illnesses was 74% lower, hospital admissions for confirmed flu for this group were 93% lower and for vaccinated adults GP consultations were 59% lower.

**VACCINE UPTAKE RATES IN 2015/2016**

2016/17 2015/16 Uptake ambition 2017/18

Patients aged 65 years or older 70.5% 71.0% 75%

Patients aged six months to 48.6% 45.1% 55%

under 65 years in risk groups (maintain higher rates (excluding pregnant women where this has

without other risk factors) already been achieved)

Pregnant women 44.9% 42.3% 55%

(maintain higher rates

where this has already

been achieved)

Health care workers 63.2% 50.6% 75%

Children aged two years old 38.9% 35.4%

(including those in risk groups)

Children aged three years old 41.5% 37.7% 40-65%

(including those in risk groups) (eligible children

aged 2 to 8 years)

Children aged four years old

(including those in risk groups) 33.9% 30.0%

**Questions from Members:-**

10.12 **Mike Roberts** – is the flu epidemic this year was the worst for 50 years?

**Answer – No**

10.13 Why is the flu epidemic worse in **Australia** than the UK?

**Answer –** It has been much more difficult to produce an effective vaccine in Australia because their surveillance system is not as good as in the UK. As a consequence, the viral type (H3N2) that was most common in Australia had less of an impact here, because more people were appropriately vaccinated. H3N2 was more prominent in the southern hemisphere over a period of 3 years and was therefore expected in the UK and forms part of the UK flu vaccine for this flu season.

10.14 **Angela Cross-Durrant:** Are face masks of any use for preventing flu infection?

**Answer:** Not much. They become denatured and give a false sense of security. The LAS don't provide staff with face masks, except for cases of highly infectious and lethal viruses, for which staff are provided with protective equipment.

**Mary Leung** added that people tend to wear face masks, when they are unwell and wish to protect other people from their infections.

10.15 **James Guest:** Asked if the outside temperature affect the prevalence of flu?

**Answer:** As the temperature goes down the incidence of flu and uptake of vaccine rises.

10.16 **Joseph Healy** asked whether having two types of vaccine results in some groups being deprived of the right vaccine, e.g. why don't over 65s get quadravalent vaccine and whether this leaves them unprotected?

**Answer:** Samantha said that the approach is evidence based. In November 2017 the evidence and costs were reviewed (JCV1) and it was decided that quadravalent vaccine would not be the most cost effective for the over 65s. Children are given a nasal quadravalent vaccine using a squirt up their nose. Older people may respond differently to vaccinations than children.

10.17 **Camilla Wick** representing the IPCC department of the LAS asked if the message about accepting flu vaccine needs to improve, for example in light of the duty of front line staff to care for and protect patients, and whether the myths about negative aspects of flu vaccine can be busted.

**Answer:** Samantha agreed that this approach is important.

10.18 **Malcolm Alexander** asked why only about 60% of paramedics will accept the vaccine, despite the potential harm to patients and themselves from not having vaccine.

**Answer:** Samantha said people give many reasons for not accepting vaccine, e.g. they may be needle phobic, be worried about being allergic to the vaccine or other reactions to the vaccine, or they might believe it is not necessary for them. She said that staff have a duty of care towards patients added that NHSE is trying to change the situation through the use of CQUINS:

Flu CQUIN (Commissioning for Quality and Innovation)

“Number of front line healthcare workers (permanent staff and those on fixed contracts) who have received their flu vaccination by February 28th 2018”.  If organisations believe a significant proportion of staff are receiving their flu vaccines from other providers, they can include this in their returns if they wish to create an auditable scheme to demonstrate it.

Year 1 – Achieving an uptake of flu vaccinations by front line clinical staff of 70%

Year 2 - Achieving an uptake of flu vaccinations by front line clinical staff of 75%

10.19 Dave Payne reminded everybody of the importance of carrying disposable tissues or a clean handkerchief as a way of protecting other people.

10.20 Samantha finished the session with the following key points:

* Flu vaccination is highly effective in reducing harm from flu and pressures on

health and social care services during the winter.

* Flu vaccine uptake needs to substantially increase in clinical risk groups, to reduce the risk of death and serious illness to people in high risk groups.
* Only half of patients aged six months to under 65 years in clinical risk groups have been vaccinated.
* Influenza in pregnancy can cause perinatal mortality, prematurity, smaller neonatal size, lower birth weight and increased risk of complications for the mother.
* Flu vaccination of health and social care workers protects them and reduces risk of spreading flu to their patients, colleagues and family members.
* Flu vaccination reduces secondary bacterial infections such as pneumonia, thus reducing the need for antibiotics.

**10.21 Outstanding questions:**

* What causes bad reactions to flu vaccine?
* What is the long term strategy for WHO in relation to flu?
* Is a long term flu vaccine being developed?
* Does flu treatment work?
* What payments are made to GPs and pharmacies?

10.22 Samantha was thanked for her excellent presentation.

**11.00 Meeting with Fatima Fernandes – LINC Manager**

11.1 Malcolm reported on the meeting he had held with Fatima who leads for the LAS on Staff Support, Counselling and Occupational Health. She has agreed to speak to the March 2018 meeting of the Forum on the LINC programme.

**12.00 Quality Oversight Group - QOG**

12.10 Malcolm presented his report on the QOG which has oversight of several quality groups – each of which has invited a Forum representative to attend its meetings. The QOG is Chaired by Trisha Bain, Chief Quality Officer.

**Action: Invite members to assist with involvement in the quality groups.**

**13.00 Mental Health Group**

13.10 Malcolm reported on the work of the Mental Health Group. He drew attention to the development of a paramedic/mental health service that will respond to patients with a severe mental illness.

**14.00 Equality and Diversity Committee**

14.1 Audrey reported on the E&D Committee which both she and Beulah had attended. Her report is attached. Audrey said that the meeting discussed the

14.2 EDS2 Summary Report prepared by Melissa Berry. She said that this was the first time that the LAS have taken part in the NHSE Equality Diversity System. All NHS and Social Care services have provided information and rating of their equality system and how it works in their organisation. The review is carried out with partners and stake holders, but so far, this process has only involved the LAS, as a way could not be found to involve Pan London. The EDS2 document was presented to the committee in draft with decisions relating grades and reasons set out. Audrey said it is commendable that Patricia Grealish and Melissa Berry have introduced this rating system for internal and external scrutiny for the LAS. The Committee also considered the Forum’s letter on LAS recruitment.

14.3 The Forum has proposed a VIP award for the member of staff who does most promote race equality. This was agreed by the LAS but they have now changed the award to a general equality award instead of race equality. The Forum has raised this issue with Patricia Grealish, Director of People and Organisations Development.

14.4 Concern was expressed about the number of BME heritage staff who are leaving the LAS (about the same as the number recruited). Members agreed to ask for this matter to be investigated and asked for an anonymous staff survey of BME heritage staff to identify the reasons for leaving and for this it be extended to staff who have left over the past two years and carried out by a third party.

**15.0 Palmers Green Mosque Ambulance for Care of Homeless People**

15.1 Samad Billoo reported that the ambulance had been bought by the Mosque and that two hundred paramedics had offered to work with Samad and his colleague Zafar Sardar from the EOC, to visit food banks around London to provide medical advice, flu jabs and other clinical support to homeless people.

15.2 Members congratulated Samad on this great development.

15.3 Joseph Healy proposed that the Forum held a meeting on meeting the need of homeless people through Samad’s work and that of the LAS. This was agreed and it was decided to also invite a representative of NHSE to speak at the meeting.

**16..00 Refreshments** – noted that the LAS was no longer providing refreshments for the Forum meeting agreed to raise this issue with Margaret Luce.

**17.00 Questions to the LAS Board.**

Questions put to the LAS Board on November 28th 2017. We were unable to get a formal response from the Board, but fortunately Trisha Bain who is a Board member provided the following answers for us.

**17.01 Could the Board please explain their arrangements to ensure that all LAS Strategies and Policies are assessed prior to publication using the LA035 Equality Analysis Tool?**

**(NOTE: PSED requires EIAs of all policies and strategies)**

**PSED is the Public Service Equality Duty. EIA is the Equality Impact Assessment.**

**Reply: Equality Impact Assessment (EQIA)**

22.2.1. An equality analysis paper and Quality Impact Assessment review would be

considered by the ELT by the end of January 2018. A review was also being

undertaken of the processes used by the Trust for policy approval more

broadly, which would address this as well.

**17.02 Will the Board ensure that its papers are distributed and placed on the LAS website 7 days in advance of Board meetings?**

22.2.2. Board papers would be made available on the public website as they were

made available to Board members. Wherever possible this would be seven

calendar days in advance of Board meetings.

**17.03 Will Board members consider attending at least one annual observation shift in EOCs at Waterloo and Bow, to be better informed about the centrality of the work of EOC and to show support for EOC staff.**

22.2.3. Board members, including Non-Executive Directors, undertook various

observational visits as part of the Quality Assessment (QA) process and Mock

Inspections. The process will continue as part of the Trust’s QA business as

usual and the extended engagement with staff strategy that is also being

developed. Executive Directors have recently visited Bow EOC and

discussed the issues raised at a recent ELT meeting. The ELT, working with

EOC and Bow colleagues have an intensive support programme in place,

since December 2017, with actions reviewed by the ELT every week.

**18.00 Performance Data**

* 1. Arrival to handover data – Ambulance queues Dec 10-17 - 2017

18.02 Ambulance Response Programme performance Dec 10-17 - 2017

**The meeting finished at 7.30pm**

**INCIDENCE IN JANUARY 2018**