****

**MINUTES OF THE PATIENTS FORUM MEETING –**

**MONDAY, JUNE 12th 2017**

**ATTENDANCE: FORUM MEMBERS AND ASSOCIATES**

Malcolm Alexander – Chair, Patients’ Forum

Adrian Dodd – Waltham Forest – Healthwatch

Angela Cross-Durrant – Kingston – Vice Chair

Alena Pankhurst -

Arthur Muwonge – Croydon

Audrey Lucas – Enfield- Executive Committee

Barry Hills – Kent

Beulah Mary East -

Catherine Gustaffe – Southwark

Colin Hill – Berkshire

David Payne – Southwark

James Guest – Ealing

John Larkin- Company Secretary

Jos Bell – Socialist Health Association

Kasum Joshi – Healthwatch Hounslow

Kathy West – Southwark – Executive Committee

Lynn Strother – City of London Healthwatch – Executive Committee

Michael English - Lambeth

Mike Roberts - Hampshire

Natalie Teich – Healthwatch –Islington

Philip Ward – Hammersmith and Fulham

Rashid Ali Laher – Healthwatch Kingston

Sean Hamilton – Greenwich

Sister Josephine Udine – Croydon- Vice Chair

Vic Hamilton – Greenwich

**SPEAKERS– KATY MILLARD, Dep Director Operations, for 111 and Urgent Care & Anne Jones, 111 Centre Operations Manager**

Paul Gates, LAS

Samad Billoo - LAS

**Commissioner’s Representatives:**

Sharon Afful, LAS Commissioning Team - **Project Officer LASCt**

Dr Sarina M Saiger - LAS Commissioning Team Interim A/D Quality and Safety

**APOLOGIES**

Arif Mehmood - Newham

Christine Kenworthy– Kent

Garner Bertrand – Newham

Inez Taylor - Southwark

Jan Duke - Southwark

Jan Marriott - Richmond

Jon Vangorph – Red Cross

Joseph Healy – Southwark - Forum President

Mary Leung – Harrow

Robin Kenworthy - Kent

1. Garrett Emmerson, Chief Executive of the LAS joined the meeting for a

discussion with members and expressed his commitment to working

closely with the Forum. He invited members to raise issues and priorities with

him:

* 1. Rashid Ali prioritized the following issues in the relationship between the Forum and Garret:

a) Ensuring the Forum is kept up to date with major issues

b) Feeding back on progress against high level LAS goals

c) Raising the level of support for the LAS in communities we work with

d) Regular meetings between the Forum Executive and Garrett

* 1. Angela Cross-Durrant said that the Forum is a critical friend of the LAS and that one of its key approaches is raising with LAS Executive and other key people, issues that the Forum believes to be of major importance for patient care.
  2. Mike Roberts said that improving performance is fundamental to patients, the LAS and the Forum. He said there is a lot of support for the LAS in the community but the Forum is concerned that relationships between the front line and some managers is still problematic. He added that effective liaison and relationships between LAS and South East Coast AS is also critical and that working closely with other stakeholders in the statutory and voluntary sectors is essential.
  3. Kathy West emphasized the importance of appreciating the needs of patients with mental health conditions and those with learning disabilities. She said the Forum had campaigned for many years with the LAS for better mental health care and this was now happening at last. Kathy said high suicide rates, e.g. amongst older women and possible changes to the MH Act needs to be amongst the LAS’s priorities.
  4. James Guest described his concerns about major changes being planned by the NW London STP, which will result in the closure of Ealing A&E and worsening of LAS performance in parts of west London. He said there was a shortage of beds in west London, creating ambulance queues outside hospitals. He suggested that the LAS should be central to the planning of urgent and emergency care and that perhaps it was too passive in its work with STPs. He said there was too much “fog and miasma” and a need for transparency in planning and the supply of information.
  5. Lynn Strother said a major priority for her was the abolition of ambulance queues. She said the situation is not getting any better, resources are being wasted and patients are suffering. She said a major intervention was needed and that the STPs needed to act now.
  6. . Angela said that Paul Woodrow, the Director of Performance is committed and determined to reducing waiting time, but ‘enough is enough’; we can’t have better performance if ambulances are waiting for hours outside hospital A&Es. Some hospital plan better than others and some have a lot to learn. Most patients say that the situation is not good enough and must be changed to ensure an effective services and better and safer care.
  7. Sarina Saiger said that the Commissioners have prioritized quality, safety and performance in the development of LAS services and are working with Trish to achieve their shared objectives. She described the work of the ‘deteriorating patients group’ set up by the LAS and are developing a whole system approach to achieving better and more effective patient care. Sarina said that all parties to the provision of urgent and emergency care are heavily engaged in improving quality and safety and success will require the breaking down of barriers. Sarina said that her first profession was A&E nursing.
  8. Rashid Ali supported Sarina’s approach and added that collaborative work between secondary (acute) care, primary care and mental health care are a priority and need to operative in a more open and transparent way.
  9. Sister Josephine said that the Forum’s relationship with the LAS is much improved. She congratulated the LAS on the progress it has made and said that the Forum exists to support what Garrett and the LAS are doing. She said that our criticisms are always constructive. She said that the Forum wants the very best services, for them to be more open, to have more information, and that the public needs to be better informed about LAS services, where to get them and the directions of travel for patient care provided by the LAS.
  10. Garrett Emmerson welcomed member’s comments.

1. Garrett acknowledged the challenge to the LAS from extended hospital turnaround times and the significant impact on response times caused by these delays and the affect on patients.
2. He agreed that it is important for the LAS to have an impact on the strategic decisions made by the five STPs in relation to urgent and emergency care.
3. In relation to the LAS strategy, Garrett said this needed to be long term, perhaps 15-20yrs rather the short term strategies currently adopted by the LAS. He said the LAS needed to get better at long term planning and strategy.
4. He acknowledged the impact of road congestion in London and the impact on response times – especially in east and west London.

Finally, Garrett said that he felt the Forum could help the development of the

LAS greatly.

1. **KATY MILLARD, Deputy Director Operations, for 111 and Urgent Care**
   1. Katy said the urgent care system was under great pressure and as a result the system had been redesigned into an Integrated Urgent Care (IUC) system, which would include clinician-led urgent care hubs working with ambulance services, A&E, urgent care, social care and 111 services. The primary duty of the IUC is provide ensure patients get the right clinical care or clinical advice.

She said that despite calls for ‘demand to be decreased’, in practice demand continues to increase and urgent care planners (CCGs) are therefore developing a five year forward view, to deal realistically with patient need. This would include ‘maximising self-care’, improving the interoperability of services, raising the quality of 111 and local urgent care and finding ways of reducing stress on the whole system.

* 1. Katy described the developing IUC system, which would be based on the commissioning standards for Integrated Urgent Care published in September 2015. This requires the needs of people who phone 111 to be linked with out of hours GP care where appropriate and using the integrated, multidisciplinary, clinical hubs to provide the right care for patients. She said that IUC hubs would become a front door for the NHS.

[www.england.nhs.uk/wp-content/uploads/2015/10/integrtd-urgnt-care-comms-standrds-oct15.pdf](http://www.england.nhs.uk/wp-content/uploads/2015/10/integrtd-urgnt-care-comms-standrds-oct15.pdf)

**Clinical Hub services will include:**

-Specialist nurses

-GPs – 24/7

-London dental hub

-Pharmacy

-Care ‘Navigators’ (?)

-Mental health nurses

**Proposed Specialised Pathways will include special services for:**

-Over 85s

-Under 5s

-Multiple sclerosis patients

-Housebound patients requiring rapid access to GPs for home visits –24/7

-Care Homes (to reduce their reliance on the LAS)

* 1. The 111 service is working to encourage people to phone them for urgent care, rather than 999; so that only critically ill patients get an ambulance. One positive outcome of this process is that inappropriate calls from care homes to the LAS for an ambulance, which in the past have been very high, are now gradually reducing and care homes are increasingly calling 111 instead of 999. The IUC can also book GP appointments for patients’ own GP.
  2. A key current goal (national priority) of the 111 service is to achieve 51% call transfer to clinical advisers by 31st March 2018 (LAS 111 currently refers 42.5% to a clinical adviser).
  3. For people who are over 85, the 111 service is reducing transfers to hospital A&E, by using GPs in the clinical hub to respond to these patients and providing a more appropriate response than a hospital A&E.

Note: Data is required from studies of clinical outcomes to ensure that patients have received the right care, rather than just having their calls ‘closed’ by GPs.

* 1. Data indicates that the new IUC clinical hubs (compared to traditional 111) are contributing to lower referral rates to A&E by using new clinical pathways, and a larger number of callers are given telephone advice, rather than being referred to an urgent care service, i.e. the call is ended (closed) with no further action being taken.

Note: Clinical data and patient assessment data will be requested to demonstrate that the patients have benefitted from this approach to patient care.

* 1. Katy said that a major test of the system will be the way that it responds to winter pressure.
  2. The Standard Operating Procedure for 111/IUC Winter Pilots was noted.

(27/1/17 – Craig Tucker)

**QUESTION TO KATY MILLARD AND ANN JONES**

* 1. Mike Roberts asked if the IUC hubs had been developed following detailed analysis of data to assess both demand and need?

Response: Katy replied that LAS Business Intelligence had collected data, which it used to forecast demand. They also work with local authorities and are able to produce data that can predict the level of demand.

* 1. Angela Cross-Durrant said that care homes (residential) and nursing

homes were very different in the pathways of care they provide. She asked what the 111 service and the IUC hubs regard as the gold standard for providing urgent and emergency care to people in these different types of homes. She added that the level of training of care staff was often extremely poor.

**Response**: Katy said that through local monitoring it can be seen that some homes have a very low threshold for calling 999. Paramedics often feel that they are harming patient by taking them from care homes to A&E, because they know A&E can’t provide appropriate care to vulnerable older people, who do not have an acute condition. She said that the message was now getting through to care homes, who were relying less on calling 999 and more on using 111 and recognising that better care can be provided in care homes.

* 1. Sarina Saiger described her work with Peter Robinson and said that a

real problem in care homes and nursing homes is the skill base of staff. She described safeguarding alerts regarding deteriorating patients in care homes and the absence of a training culture. Sarina said that untrained staff sometimes provide care and give medication, but that hospitals could be the worse place to die.

* 1. Paul Gates said the real issue was getting the most appropriate care for the patient at the right place in the health care system. He said that in terms of getting the right service to the patient that the IUC model may be the best way forward, is accessible 24/7 and includes access to pharmacy.
  2. Sister Josephine said the urgent care system has been very disorganised and unreliable and what was needed now was a system that maximised healthcare without relying on 999. She said that it is important that the IUCs do not result in the loss of access to GPs because patients need the human touch when they are ill.

**Response**: GPs will reserve a certain number of slots for the IUCs to use for rapid access to the patient’s own GP.

2.14 James Guest said there is a great diversity in the way primary care is

organised. He said that in Ealing, there are three practices that provide

‘out of hours’ primary care (OOH), which he suggested was an absurd

model, because patients need ‘out of hours’ care to be provided by all

GP practices. He asked how the IUC system can work effecctively if all

GPs are not participating.

**Response**: IUC hubs are intended for patients who are ill but not

requiring emergency care. In some case providing enhanced access to

the patient’s GP and pharmacy, is sufficient to deal with the patient’s

medical problems.

2.15 Sarina said that the north east London IUC are also focussing on the

needs of patients with mental health problems and raising public health issues. She said they are taking responsibility.

2.16 Sister Josephine said that in practice in Lewisham and south London,

so many primary care services have been closed. She asked how the IUC

would work if primary care services continue to close.

2.17 Lynn said that many people have had a bad experience of 111 and are

unlikely to use it access to primary care.

**Response:** IUCs are the direction of travel for urgent care, demand

is increasing and risks must be managed. Anne added that the 111

service also provides advice on self-care and assists with needs

assessment.

2.18 Kathy West drew attention to the importance of the 111 service meeting

the needs of people who live in London in relation to diversity, language

and culture. She said that it is important for people to trust the service and

this requires excellent communication skills.

**Katy agreed** these aspects of the service are essential and added that

the ability to respond effectively to people with learning disabilities was

also essential.

2.19 Malcolm Alexander said that the concept of an integrated urgent care

service was obscure to the public, because so little work has been done to

explain what benefits the IUCs will bring to patients. He asked what will be

done to communicate to people across London to expain what they can

expect from an integrated urgent care service?

2.20 James Guest asked how the IUCs are being monitored in terms of

effectiveness and clinical outcomes, and how effective the service is in

providing ‘right care first time’? He also asked how effective the IUCs are

in responding to patients with multiple physical and mental health needs

and if there is a risk that IUCs will stoke up rather than resolve the needs

of patients with multiple needs?

**Response:** The IUCs have 35 different metrics to measure the

effective of the services they are providing. Other indicators

of clinical effectiveness are being worked though by clinicians working with

the IUCs.

2.21 Audrey Lucas said she was pleased to see so many new initiatives in the

urgent care centres and 111 service. She asked how much is known by

patients and staff about these developments, which could have a profound

impact on the relationship between patients and the services they a right

and need to access.

**Response:** IUCs have not been promoted to patients and staff. A decision

has been made not to publicise their work and role. The London policy

leads accountable for this decision are Anne Rainsbury and Steve Russell

(Executive Regional Managing Director) [anne.rainsberry@nhs.net](mailto:anne.rainsberry@nhs.net) and

steverussell1@nhs.net

2.22 Sister Josephine asked whether the LAS has the capacity to take on

more services like 111 and to work more closely with health and social care

services?

2.23 Angela closed the session with the following points:

a) What evidence is there that IUC are working well and where are the

centres of best practice?

b) Who is carrying out this assessment?

c) How is good practice shared between IUCs?

d) The IUC development needs to be advertised to communities so that

people know what to expect and to attract staff to work in IUCs.

1. Patients should be asked for their opinion on the new system, perhaps 300 each month with a target of 50 returns.

**2.24 Katy Millard was thanked for her excellent presentation.**

**3.0 London Bridge Attack**

3.1 The statement from the Forum applauding the response of the LAS

following the London Bridge attack was welcomed.

**4.0 LAS Quality Account**

4.1 Noted that the Forum’s response to the LAS Quality Account has been

submitted as part of the QA and can be found on theNHS Choices

website. However, it is not visible on the LAS’s own website.

[www.nhs.uk/Services/Trusts/Overview/DefaultView.aspx?id=29236](http://www.nhs.uk/Services/Trusts/Overview/DefaultView.aspx?id=29236)

5.0 **Clinical review of ambulance responses in England: Advice to**

**Secretary of State – 15/1/15 – Professor Keith Willett, Director of**

**Acute Care**

5.1 The report was noted

[www.england.nhs.uk/wp-content/uploads/2015/01/clincl-rec-amblncs.pdf](http://www.england.nhs.uk/wp-content/uploads/2015/01/clincl-rec-amblncs.pdf)

**6.0 CQC Report on the LAS** – noted that the CQC had been invited to attend

a meeting of the Patients’ Forum. A response is awaited.

**7.0 Elections to the Forum –** these would take place in July-September.

**8.0 Investigation of Complaints –** Noted that a meeting with the LAS

concerning complaints investigation had taken place and attended by

Angela and Malcolm. A conclusion from the meeting was that the current

system was too rigid and needed to be more responsive to patients. Only

8% of patients’ complaints are upheld by the LAS.

**9.0 The following Patients’ Forum reports were received:**

* Meeting with LAS Chair, Heather Lawrence – 23/5/17
* Meeting with LAS Commissioner, Elizabeth Ogunoye – 5/6/17
* Report from the Equality and Diversity Committee – 24/5/17
* Report from the Mental Health Committee – 30/5/17
* Report on Forum involvement with the LAS Academy
* Meeting with Trisha Bain regarding complaints investigation – 11/5/17

**10.0 The following reports were received from the LAS &Commissioners**

* LAS Quality Account
* LAS Performance by CCG area – March 2017
* Overall LAS performance for London – 22-28th May 2017
* Handover Data and Breaches – 22-28th May 2017
* Daily Handover Breaches – May 2017

**11.0 The meeting finished at 7.30pm**