

MINUTES of the PATIENTS' FORUM MONDAY SEPTEMBER 10th 2018

ATTENDANCE: FORUM MEMBERS AND ASSOCIATES

Angela Cross-Durrant – Kingston – Vice Chair
Arthur Muwonge – Croydon
Barry Hills – Kent
Carl Curtis - Lewisham
Cllr Dora Dixon-Fyle - Southwark
Colin Hill – Berkshire
David Payne – Southwark
Dhanesh Sharma – Bexley
Elaina Arkeooll – Hammersmith and Fulham
Graeme Crawford – Ealing
Helena Bulackova – Thamesreach- charity for homeless people
Inez Taylor – Southwark
Jan Marriott - Richmond
Joseph Healy – Southwark – President of the Forum
Louisa Roberts – Tower Hamlets
Lynn Strother – City of London Healthwatch – Executive Committee
Malcolm Alexander – Chair, Patients' Forum - Hackney
Mary Leung – Harrow
Mike Roberts - Hampshire
Natalie Teich – Islington
Philip Ward – Hammersmith and Fulham
Simon Mott – Tooting
Sister Josephine Udine – Chislehurst - Vice Chair

SPEAKER: FRANCESCA COOK – SHELTER
JULIE CARPENTER – LAS - ADULT SAFEGUARDING
ZAFAR SARDAR – LAS - EMERGENCY OPERATIONS CENTRE

LONDON AMBULANCE SERVICE:
Taff Roberts – GSM Richmond and Kingston

COMMISSIONER'S REPRESENTATIVE: Nil

APOLOGIES

Adrian Dodd – Waltham Forest – Healthwatch
Alexis Smith - Bromley
Anthony John – Tower Hamlets
Anton Manickan -
Arif Mehmood – Newham
Audrey Lucas – Enfield- Executive Committee
Beulah Mary East – Hillingdon
Catherine Gustaffe – Southwark
James Guest – Ealing
Jan Duke – Southwark
John Larkin- Company Secretary - Barnet
Jos Bell – Socialist Health Association
Kylie Crawley – Southwark
Rashid Ali Laher – Healthwatch Kingston
Robin Kenworthy – Kent
Sean Hamilton - Greenwich
Tom O’Sullivan – Bromley
Vic Hamilton – Greenwich
Wendy Mead – City of London

Francesca Cook (Shelter), Julie Carpenter (Adult Safeguarding-LAS) and Zafar Sardar (Emergency Operations Centre-LAS) were welcomed to the meeting.

1.0 Joseph Healy, Forum President – tweeted throughout the meeting

2.0 Minutes of the meeting held July 9th 2018 were agreed a correct record.

Matters Arising:

2.1 Equality and Diversity in the LAS – a number of questions have been put to the Melissa Berry about the progress of the LAS in achieving greater equality and diversity. See action log for details of the questions and responses.

2.2 Access to LAS Board Papers – in view of the refusal of the LAS to provide Board papers in hard copy in advance of their meetings, and a potential breach of the Equality Act it was agreed to submit an FOI to the LAS requesting reasons for their change of policy.

2.3 Live Streaming of LAS Board meetings – the Forum has written to the LAS Chair asking for live streaming of all LAS Board meetings to provide greater public access.

2.4 Advertising LAS jobs in Bow and Waterloo LAS buildings – noted that external advertising hoardings were being prepared to promote recruitment.

2.5 Patient Specific Protocols (PSP) – agreement has been reached with the LAS for patient centred information to be provided about PSPs. The LAS will produce a draft for the Forum to comment on and a publication will be produced for websites and for distribution, e.g. through London Healthwatch. Angela Cross-Durant will provide expert advice on this issue. Natalie Teich raised the issue of SPNs (Special Patient Needs forms). She explained there is a form for doctors but not for patients and asked if the Forum could explore further.

Special Patient Notes - also known as “SPNs”.

When the LAS is called to a patient’s home, they can be made aware that the patient has special needs through the “special patient notes” which are available to the LAS and other healthcare providers, e.g. out of hours, 111. The form must be completed by the patient’s GP which should be sent to out of hours GPs organisations or 111.

2.6 Prisons and Immigration Removal Centres – the Forum has expressed concern about delays in the LAS reaching patients inside secure environments. No data is available about the performance of the LAS in achieving compliance with 7 minute (cat 1) calls in secure environments. Noted also that the LAS cannot take safeguarding referrals from prisons. The Forum is raising these issues with the Home Secretary and NHSE.

2.7 Defibrillator Newsletter – the Forum has produced a newsletter about the importance of defibrillators, CPR and training for both. The final draft is being agreed with Chris Hartley-Sharpe the LAS lead. Agreed to add short introduction – attached.

2.8 Forum Newsletter- A newsletter about the Forum’s work will be available in October.

2.9 LAS Complaints Audit – MA met with the Chair of the LAS to review a few LAS complaints. A methodology has been submitted to the LAS for complaints’ audit, but no progress with implementation.

2.10 111 service & PPI – The Forum will meet with Tracy Pigeon regarding PPI in the two LAS run 111 services, on October 3rd.

2.11 EOC visits – Members have been invited to carry out additional visits to the EOCs to follow up their previous visits which took place in 2017.

Agreed to provide dates before the next Forum meeting for EOC visits and to focus on the theme of mental health care. November and December will be the most like period. Action: let MA know if you want to participate.

2.12 Flu Vaccination – The Forum has written to Public Health England and the Association of Chief Executives of Ambulances Services to encourage them to promote flu vaccination for front line staff. They have positively responded.

2.13 Strategy – the Forum is prioritising areas for close monitoring. Noted that the Director for Strategy and Communications has left the LAS at short notice to spend more time with his family.

3.0 URGENT AND EMERGENCY CARE FOR HOMELESS PEOPLE IN LONDON

Francesca Cook (Shelter), Julie Carpenter (Adult Safeguarding-LAS) and Zafar Sardar (Emergency Operations Centre-LAS)

www.youtube.com/watch?v=mT4Q-Z9yKnM&list=PLrybnVaUKJhDptYtJlckblfN77mXMyIQT&index=1

3.1 Francesca Cook (Shelter) became homeless in 2014, when she was a single parent. She was first a service user and later an employee of Shelter as a resilience worker. She said that many issues result in homelessness, including mental health problems, domestic violence, unemployment and a lack of affordable homes.

Francesca explained that the Star Partnership provides support for people in London over the age of 25 and is a London-wide housing service run jointly by Shelter, St Mungo's, Stonewall Housing and Thames Reach. It offers free housing, welfare benefit and debt advice. They aim to ensure that users of its services find and sustain a decent home, develop supportive relationships and lead fulfilling lives. This includes a service focussed on the needs of LGBT people who are homeless. Other areas of work include tenancy sustainment, education and employment.

3.2 The STAR Partnership was established to work with homeless people, especially by focussing on hot-spots and settlements where groups of homeless people may congregate. They also focus on locating 'hidden' homeless people who are trying to avoid being located, to ensure that they have practical support and practical advice to enable them to find homes. They also visit clients involved in tenancy disputes. Access to public funds, education support, training and employment are priorities. In some cases their services are commissioned by the local authority.

Francesca's slides are attached.

3.3 Zafar Sardar (Emergency Operations Centre-LAS) described working with HANDS International for many years to support deprived communities internationally gain access to food, water and housing (HANDS- Health and Nutrition Development Society). He said that HANDS works predominantly in South East Asia, where there are 43 offices and 5000 volunteers.

In 2014 a branch of HANDS was formed in the UK, which operates as an NGO focussed on health education. He said that prosperity and community empowerment were primary goals.

3.4 Zafar said that much of their work has been with asylum seekers in the 'Calais Jungle' and several visits were made there, together with other organisations, e.g. Doctors without Borders, to provide basic medical care and flu vaccinations. He said that in Dunkirk and Calais, 5200 flu vaccinations have been given and 3200 measles vaccinations. Food provision is another priority for the HANDS team.

3.5 In London the HANDS team (including Samad Billoo), have worked with the Palmers Green Mosque, to purchase an ambulance. With the support of NHS England and hundreds of volunteers from the LAS, they provide health support and vaccination services to homeless people across London -this work includes basic health checks. He described the problems with getting agreement for them to give vaccination but this was eventually provided by NHSE.

3.6 Julie Carpenter (Adult Safeguarding-LAS) Julie said she had worked with the LAS for 17 years as a paramedic and then changed her role to become the adult safeguarding lead for the LAS. She said that there were estimated to be 8000 homeless people in London in 2015-16 an increase of 7% on the previous year and that the average age of death for homeless people is 47years. This is heavily impacted by alcohol, drugs and mental health issues. They are high users of A&E services. Julie said that homeless people need access to healthcare service 5 times more than the general population and spend much longer in A&E than the general population. There are now cards that can be given to homeless people explaining their right to access GP care without a fixed address – the homeless person must be referred to nearest available GP. All GPs in London are signed up.

3.7 In relation to Safeguarding referrals, Julie said that many of the referrals the LAS front line make don't meet local authority criteria. Referrals made by the LAS are difficult to follow up as clients tend to keep moving around London. Julie said that any member of the public can ring up to make a Safeguarding referral, but there is no appropriate referral pathway for the LAS in relation to homeless people.

3.8 Julie said that other healthcare support is available, e.g. through StreetLink, which works with rough sleepers by enabling members of the public to connect people sleeping rough with the local services that can support them. Information from members of the public is sent to the relevant local authority or outreach service

for the area, to help them find the individual and connect them to support. They will go out within a few hours if called by the LAS or member of the public and following and LAS referral. StreetLink will get back to the LAS within 10 days with the outcome of the referral - <https://www.streetlink.org.uk/>

Q - Graeme Crawford asked if homeless people have access to appropriate urgent care services?

3.9 Julie Carpenter said that problems of access to services for homeless people include the need for the LAS to take the person to a safe place and therefore they would be taken to A&E, not an urgent care centre.

3.10 Joseph Healy said that it is estimated that 24% of homeless youths are LGBT and very vulnerable. He said that in many cases homeless LGBT people have been rejected by their parents and have consequently left home and become homeless. He said that there is a need for specialised services for this group of people and added that the Mayor of London has opened a centre for homeless people, which is used especially by older people who are chucked out from private tenancies.

3.11 Angela Cross-Durrant asked if the LAS provide 'see and treat' to homeless people, e.g. those living in tents? Julie replied that if the call related to a cardiac arrest or other major clinical events, then the LAS would respond, wherever the call was, but in some circumstances may request police backup. Francesca added that outreach shelter workers also encounter situations with rough sleepers where there is anti-social behaviour, exploitation and other threatening situations. In some cases there can be up to 100 people sleeping rough in a single location.

3.12 Dora Dixon-Fyle said that the work in Calais was amazing, but was concerned about the impact of Brexit on EU nationals who remain in the UK, were there to be a change in the law that changed their status. She said that many EU nationals were already rough sleeping and that Home Office enforcement was a real threat. Dora said that in Southwark, the Night Owls and Street Pastors - <https://streetpastors.org/locations/southwark/> provide important services for rough sleepers. She asked if the LAS can provide a more comprehensive service to rough sleepers.

3.13 Julie Carpenter replied that the Healthy London Partnership - www.healthy london.org/ collect data on the health needs of rough sleepers and produce the cards describing access to primary care. She said that the LAS can only act with the consent of the patient, and may operate jointly with the police if there is a threat to the safety of crew, or the possible need for section under the Mental Health Act.

FROM THE HEALTHY LONDON PARTNERSHIP

We produced the 'Right to Access' cards in partnership with London Healthwatch and homeless health charity Groundswell, alongside some e-learning for general practice staff to support this. Further information is available on our website at the link below but if you have any questions or would like to discuss please let me know. Steven Pidgeon, Programme Manager, Healthy London Partnership - steven.pidgeon@nhs.net
www.healthy london.org/our-work/homeless-health/healthcare-cards/

3.14 Malcolm Alexander described a situation in which he had witnessed a homeless person banging his head on a wall over a period of time and called local safeguarding in Hackney, but was told instead to call the police. He asked Julie if safeguarding should have taken action. Julie replied that only the police have powers of detention under s136 of the Mental Health Act and that they can be supported by the LAS to facilitate the person's transfer to an A&E department. The LAS can then make a safeguarding referral if they feel it appropriate. She added that the LAS cannot take someone to hospital against their will unless they have been sectioned.

3.15 Homelessness Reduction Act 2018 came into force in April 2018 with the following provisions:

- An extension of the period during which a local authority should treat someone as threatened with homelessness from 28 to 56 days;
- Clarification of the action a local authority should take when someone applies for assistance having been served with a valid section 21 notice of intention to seek possession from an assured shorthold tenancy;
- A new duty to prevent homelessness for **all** eligible applicants threatened with homelessness;
- A new duty to relieve homelessness for **all** eligible homeless applicants, regardless of priority need;
- A new duty on public services to notify a local authority if they come into contact with someone they think may be homeless or at risk of becoming homeless

As a result of this Act outreach teams have been set up with the expertise to assess and appropriately refer homeless people so that they have short and longer term accommodation.

3.16 Zafar Sardar described the importance of using health professionals to visit homeless people in food banks and the positive response of NHSE to their work,

including NHS paying for vaccines, which are then collected from allocated chemists. In addition homeless centres may offer vaccination against flu and other conditions.

3.17 Joseph Healy proposed that the LAS should run mobile units to support homeless people.

3.18 Elaina Arkeooll drew attention to a publication by the Chartered Institute of Housing called: Rethinking Social Housing, which is intended to put pressure on local and national government decision makers regarding the supply of social housing. <http://www.cih.org/rethinkingsocialhousingfinalreport>

3.19 Francesca Cook (Shelter), Julie Carpenter (Adult Safeguarding-LAS) and Zafar Sardar (Emergency Operations Centre-LAS) were thanked for their outstanding presentations.

4.0 HART Team Visit

4.1 Agreed to hold this two hour session in October/November (not 12-16 Oct) at the east London LAS Centre. Barry, Inez, Natalie, Simon, Colin, Barry and Malcolm agreed to attend.

Hazardous area response teams (HART) provide medical care to patients in the "hot zone" of hazardous environments. Teams are activated and sent to incidents, such as CBRN, hazmat, collapsed buildings, patients at height or in confined space, water rescue, and flooding, firearms incidents and explosions. HART teams are made up of paramedics and doctors who have undergone specialised training in the use of special procedures, vehicles & equipment.

8.0 Meeting closed at 7.30pm.

225 (1) Duties of services-providers to allow entry by Local Healthwatch

The Secretary of State shall by regulations make provision for the purpose of imposing, on a services-provider, a duty to allow authorised representatives to enter and view, and observe the carrying-on of activities on, premises owned or controlled by the services-provider.