

# PATIENTS' FORUM

FOR THE LONDON AMBULANCE SERVICE

## Minutes of the meeting held on WEDNESDAY APRIL 15<sup>TH</sup> 5.30-7.30 PM

### **ATTENDANCE: Forum Members**

Angela Cross-Durrant –Vice Chair – Chair of meeting  
Arthur Muwonge - Croydon  
Carl Curtis -Southwark  
Colin Hill – Berkshire  
Graham Crawford  
Harbhajan Singh – Elderly Watch, Bexley and Greenwich  
Janet Marriott – Richmond/Hounslow  
Kathy West – Southwark  
Kay Winn-Cannon – Waltham Forest  
Leslie Robertson –Merton  
Linda Doyle – Enfield HealthWatch  
Lynn Strother – City of London  
Natalie Teich – Islington  
Pat Duke – Southwark  
Sister Josephine – Croydon – Vice Chair

### **Guest Speaker**

Sean Overett, Senior Delivery & Development Manager – North West London  
NHS Trust Development Authority

### **Apologies**

Alhajie Alhussaine – Lambeth  
Anthony John - Tower Hamlets  
Barry Silverman – Southwark  
Dave Payne - Southwark  
Joseph Healy – Southwark  
Louisa Roberts - Tower Hamlets  
Malcolm Alexander - Chair  
Margaret Luce - Head of Patient & Public Involvement and Public Education  
Rashid Laher – Kingston  
Robin Kenworthy - Kent  
Vishi Harihara - Camden/Barnet

ACD had been asked to chair the meeting because MA too unwell to attend.

## **1) & 2) Minutes of meeting of March Meeting and Matters arising**

Because of illness, formal minutes were unavailable. The Agenda from the March Meeting was used to discuss matters arising. Members were reminded that Vince Clarke had asked for expressions of interest in being involved in work he will be carrying out for new training and development for paramedics, specifically for internal applicants who wish to become fully-trained paramedics registered with the HCPC. Several members had responded to him and are awaiting a response. The electronic version of a form he had prepared to express interest and give background expertise was being sent to the Chair of the Forum, to be circulated to members. Members who expressed particular interest included – K. West, G.Crawford, J. Marriott, L.Strother, N. Teich, L. Robertson, A. Cross-Durrant

**Action: ACD to ask MA to circulate electronic form to all members to enable them to decide the extent of their involvement in this project.**

LS tabled hard copies of a PPoint presentation on the new CQC inspection process. Members were asked to note the new arrangements.

## **3) Chair's Report**

Members' attention brought to the written report in the papers of the Exec Group's meeting with the Director of Commissioning for the LAS, Elizabeth Ogunoye. It was pointed out that the meeting had been very positive. Some of the key outcomes:-

- the contract has been finalised and some key Forum priorities are now included (mental health, dementia and end of life care (through CmC). Accessing CmC is now a CQUIN. LAS to show it is using CmC effectively and this will be monitored through monthly monitoring reports to be made available to the Forum.

**Action MA to follow up.**

Issues over ambulance queuing had been discussed and Intelligent Conveyancing is being introduced to redirect ambulances originally destined for hospitals that had already reached capacity. The issue of this conflicting with patient choice was recognised as was the need for some issues, eg. Stroke, cardiac arrest, to override choice so that patients were taken to the right place ASAP. System 1 was discussed and the need to ascertain whether LAS control staff would be able to use it. Discussion followed about the implications of this additional call on control staff time. E-ambulance is also now being introduced, though has some way to go.

**Action: ACD to liaise with MA re. answer**

- The Falls Teams were originally funded by CCGs to be accessible to paramedics so that patients can be passed to the most appropriate clinical staff, but the service had been withdrawn to paramedics, except in Lambeth. More work was needed with GPs to ensure the use of appropriate pathways, and the need to make DOS more readily available to paramedics.

- the LAS clinical hub now has 3 mental health nurses to help, and the hope is that this additional support will become available 24/7. Issue raised about need for more

training at time of severe pressure and shortage of staff, which often prevent adequate training taking place.

- Equality and diversity – concern raised by Sister J, about LAS awareness of need to do something about poor representation amongst paramedics of inner London's diverse population. The proportion of front line staff from such a diverse population remains as it was 10 years ago – about 5%. However, there is growing awareness at Board level.

- Issue raised by GC regarding occasionally multiple vehicles arriving at the same scene and the less than effective means of communicating to paramedics that a vehicle is already attending.

**Action: ACD to liaise with MA re prevalence and latest action to address this.**

#### **4) PRESENTATION BY SEAN OVERETT, NHS Trust Development Authority [TDA] – The Role of the TDA (see full presentation on website)**

The presentation was delivered after Sean had explained the restrictions imposed by purdah until the election is over. Because there might be some questions that he could not answer due to purdah he was happy to take such questions and answer them after the election.

Sean explained NHS TDA is two years' old, it oversees and holds to account NHS trusts across all aspects of their business/service, and it also provides support to improve where necessary to achieve a sustainable organisational form. He explained the underpinning principles of the TDA's work – focus on quality improvement, application of a national accountability framework to ensure consistency across all sectors of care, and holding local Boards of Trusts accountable for all aspects of trust business. These are based on openness and transparency, making better care as easy to achieve as possible, TDA supportive and respectful working and a aligning all the aspects of its business with NHS trusts through a single set of processes. He pointed out this is all set out in the Accountability Framework. The impact/outcomes of Trust actions are key. Sean also set out the organisational matrix of the TDA, the executive Directors and the non-Executive Directors, emphasised that the TDA has a dual role of development and quality of delivery, and explained the many partners with which the Authority works. He added he has responsibility for three trusts, one of which is the LAS.

Questions arising from the Forum:

Q: 'Trusts are all different even within the hospital setting, and more-so when considering ambulance services. How does a small TDA team oversee differences and ensure same approach?'

Q: 'Do you have a choice about which trusts to work with?'

Q: ‘What do you do with Trust Boards that may not agree with your recommendations?’

Q: ‘What is the process for evaluating equality and diversity on trust Boards?’

Q: ‘How do TDA Executives and NEDs get the information needed to ensure the TDA has sufficient information on which to act?’

Q: ‘How many patients or their representatives are present at the meetings?’

Q: ‘To whom are Trust Boards accountable?’

Q: ‘If Trusts’ patient groups are not being taken seriously enough, what can the TDA do to ensure appropriate engagement?’

Q: ‘Can an individual contact the TDA direct?’

Q: ‘The CE of a Hospital Foundation Trust paid considerable amount for a consultant to plan a new hospital building. Does the TDA have a view on this use of a Trust’s money?’

Q: ‘with the arrival of the new Health and Social Care Act, what does the TDA do about seeing they work together?’

Q: ‘The TDA is just two years old. What came before it?’

Sean was thanked warmly for his talk and for his offer to return at a later meeting to go into further detail on particular aspects.

If there were other questions to be asked, members were requested to submit them as soon as they can by email to the Chair or one of the Vice Chairs, who would add them to those that Sean is not able to answer until after the election.

**Action: ACD to ask MA to send out reminder by email. Questions yet to be answered to be sent to S Overett after the election.**

## 5) MEMBER'S REPORTS

- Board meeting – see written paper. KW pointed out how much more positive the meeting had been than some in the past, including a growing awareness of the morale of staff and the need for improved appraisal, team talk, and performance management. There is now some recognition of the need to address the low proportion of staff from diverse backgrounds compared with Inner London's multicultural and diverse population (though this has been an issue for some ten years), and the higher priority being given to care for those with mental health problems. The fact that these issues had been brought to the organisation's attention over many years was noted though there is reason for more optimism given the above and the change in top level personnel.

- LAS safeguarding meeting – paper to be circulated  
LR gave a verbal report which included pointing out that 49% of clinical staff had been trained to Level 2. While this was to be acknowledged, it falls far short of an 85% target. Non-attendance has been attributed to sickness. KPMG have been contracted to carry out an internal audit of safeguarding and of complaints in preparation for the CQC inspection.

She reminded the Forum that the Safeguarding/Mental Health conference is to be held on 28 April and is overbooked, but she and KW will be attending. LAS looking in to incidence of frequent callers and reasons – one person being prosecuted for making 400 calls in a month. A Darzi Fellow has been appointed for a year to review 18,000 calls per months. A total of 500 per month will be sampled and along with other ambulance services the national standard of 50% of the total cannot be achieved currently.

**Action: ACD to liaise with MA re circulating/adding to website the written report.**

## 6) ANY OTHER BUSINESS?

- The LAS **recruitment progress** has changed little, though the number of staff leaving is not as high as it was.

- The proposal for allowing paramedics **independent prescribing** of medication was discussed. Issues such as any extra paperwork that might be needed to be completed were raised and whether paramedics would have adequate time, and whether paramedics would have access to a patient's full history. (Reference was made back to System 1.) Considerable training, supervision and accountability processes would need to be considered. Members' attention was drawn to the five Options outlined in the consultation document and members encouraged to complete the survey online – closing date 22 May. It was suggested that at a future date, when the findings have been published, it would be helpful if an LAS senior manager could address the Forum about the stance that the LAS has taken on this.

**Action: MA to liaise with LAS appropriate manager once the survey has been completed and a report with recommendations published.**

- **CQC inspection** of the LAS is due and CQC will attend next meeting as part of gathering patient input. The letter to HealthWatches asking for patient input during three teleconferences (12, 14 & 19 May) was discussed and the general view expressed that this was unlikely to act as a replacement activity regarding the LAS patients' forum and its discussion with the CQC, and that members should use the letter for information only.
- LS tabled a copy of the CQC's '*The new approach to inspection of ambulance services*' presentation for members' information.
- The **Patients Reference Group** follow-up paper with Qs&As was reviewed. There appear to be different and conflicting views about the role of this Group working with the LAS and the role of the Patients' Forum working with it, and about whether the former might 'replace' the latter. The point was made that the Patients' Forum is an independent Forum.
- The **Directory of Services (DOS)** Strategy Team's invitation to seek views regarding making the information held on the DOS accessible to the public was discussed. The very short timescale for responses was noted and hard copies of the invitation email with the contact details was circulated for those wishing to respond direct – closing date 16 April 2015.
- LS is the lay member on the '**Rebalancing Medicines Legislation and Pharmacy Regulation Programme Board**' and offered to feedback on latest thinking and developments at the next Forum meeting. The Programme Board acts to ensure safety for users of pharmacy services, a systematic approach to quality in pharmacy and responsible development of practice and innovation, whilst reducing the burden of unnecessary and inflexible legislation/regulations.  
**Action: LS to report to the Forum in May – verbally or in writing depending on timing of next Programme Board meeting.**
- RK's written contribution (as he was unable to attend) regarding the **DH Healthy Living Pharmacy (HLP)** Task Group was brought up. Members were asked if they would consider answering some questions for RK whose role as the Lay member of the task group is to draw on people's experiences with pharmacies, whether or not their pharmacy is an accredited HLP one or whether or not they knew that a local pharmacy was an HLP one. Members asked if his email and attachment could be circulated electronically.  
**Action: MA to be asked to forward RK's email and attachment to members in the coming week.**

**The meeting ended at 7.35 pm.**