**MINUTES of the PATIENTS’ FORUM**

**MONDAY FEBRUARY 11th 2019**

**ATTENDANCE: FORUM MEMBERS AND ASSOCIATES**

Adrian Dodd – Waltham Forest

Archie Drake – Hackney

Arthur Muwonge – Croydon

Barry Hills – Kent

Carl Curtis - Lewisham

Catherine Gustaffe – Southwark

Charlotte Hall - GLA

Colin Hill – Berkshire

David Payne – Southwark

Dov Gerber -

Elaina Arkeooll – Hammersmith and Fulham

Fred Jerome - GLA

Inez Taylor – Southwark

James Guest – Ealing

Joseph Healy – Southwark – President of the Forum

Lynn Strother – City of London Healthwatch – Executive Committee

Malcolm Alexander – Chair, Patients’ Forum – Hackney

Mary Leung – Harrow

Mike Roberts - Hampshire

Pauline O’Brien –

Professor Harbhajan Singh

Rashid Ali Laher – Healthwatch Kingston

Sean Hamilton - Greenwich

Vic Hamilton – Greenwich

**SPEAKERS:**

**Dr Onkah Sahota, Chair, Health Committee, London Assembly**

**James Guest – Patients’ Forum Member**

**LONDON AMBULANCE SERVICE:**

**Melissa Berry, Equalities Consultant**

**APOLOGIES:**

Abubakar Buhary - Hillingdon

Angela Cross-Durrant – Kingston – Vice Chair

Arif Mehmood - Newham

Audrey Lucas – Enfield- Executive Committee

Beulah Mary East – Hillingdon

Charlotte Mitchell – Mind – Southwark

Cllr Dora Dixon-Fyle – Southwark

Graeme Crawford – Ealing

Jan Duke - Southwark

John Larkin- Company Secretary – Barnet

Louisa Roberts – Tower Hamlets

Margaret Odeke – Southwark

Natalie Teich – Islington

Philip Ward - Hammersmith

Robin Kenworthy – Kent

Sister Josephine Udine – Chislehurst - Vice Chair

Wendy Mead – City of London

1. **MINUTES** of meeting held January 14th 2018 agreed a correct record.

**2.0 MATTERS ARISING**

**2.1 Healthcare in the Secure Estate**

All London prisons, immigration removal centres (IRCs) and youth offender institutions (YOIs) have been contacted regarding the speed of access for ambulance crew, from arrival at prison gates to patient contact. No responses have been received and no acknowledgements.

Dov Gerber described his experience of seeing it take an hour from arrival at prison gates to patient contact during a prison visit as a chaplain.

The 111 service has been also been contact to obtain a copy of their policy on responding to detained people making calls to 111 from the ‘secure estate’. Response awaited from Tracy Pigeon (south east London 111).

**Action:**

Agreed to contact Department of Health re policy on use of the 111 service by detained people. Dov to provide DH contacts (Jacqui Jedrzejewski and Debrah Al Sayed).

**2.2 Bullying and Harassment of Staff**

Mike Roberts raised issue of bullying of staff, which has been highlighted at the South Coast Ambulance Service. He suggested a meeting with the LAS union to discuss this issue, and to identify if they are satisfied with the action being taken to deal with bullying of staff. **Action: arrange meeting with Unite.**

**2.3 Defibrillator Bill**

The excellent response from Dr Phillip Lee MP was noted. Many members have written to their MPs and received positive responses, but it was recognised that encouraging MPs to be present during the next reading of the Bill in Parliament on March 15 was the priority.

**Action: Ask members to contact their MPs re support for the Bill when it returns to parliament on March 15.**

**2.4 Equality and Diversity**

The Forum’s Equality and Diversity Task Group will meet in March 8th 2019

1. **PRESENTATION BY DR ONKAH SAHOTA**

3.1 Dr Sahota said that in the past there had been a lack of scrutiny of the LAS by the Mayor, as a result of absence of a formal mechanism to ensure that the LAS is meeting the needs of people in London. He compared the LAS to the London Fire Brigade and Metropolitan Police, both of which have a formal mechanism for scrutiny by the Mayor of London. Onkah there had been an informal process of scrutiny of the LAS by the London Assembly in 2011 (and 2004).

3.2 He said that although the LAS is scrutinised by the CQC and Patients’ Forum, that a higher level of scrutiny was also required by the London Assembly, to ensure high standard of care for patients requiring urgent and emergency responses.

3.3 Onkah said the Mayor needs to be able to determine if services provided by the LAS for London are adequate and appropriate, and that this requires monitoring and improvements when the standards are not adequate. He said the Mayor’s role is critical, as the representative of the people of London, in influencing major service improvements. Consideration is being given to determining whether the Mayor should have a formal role and wider powers in the scrutiny and improvement of the LAS.

3.4 In relation to the role of the London Assembly Health Committee, Onkah said that its primary goal is to provide support to the LAS to provide modern and more effective services.

3.5 Onkah described the survey of Londoners, which had been carried out on behalf of the London Assembly, which had some worrying results, and in particular that younger people (18-24) were more likely to call 999 for an ambulance inappropriately, and that 4 in 10 Londoners thought of 999 as a faster route to A&E, for a wide range of conditions, when other services were not available. He said there appeared to be little awareness amongst this group, of the critical role of the LAS in real emergencies.

3.6 Issues which the Health Committee of the London Assembly had prioritised in their review of the London Ambulance Service include the following:

1. Accountability and strategic direction of the LAS
2. Contributing to the London health plan (Better Health for All Londoners).
3. Annual scrutiny by the Health Committee, which the LAS has agreed to
4. Greater focus on diversity of front line staff (only 6% of paramedics are from a BME heritage background, compared to 40% of the population of London.
5. Input of the Patients’ Forum to the scrutiny process
6. Need to work more closely with community health and social care services
7. Better use of data to create a more integrated health and social care system

 that includes the LAS

h) Interaction of LAS with GLA pan-London policies on housing and transport

i) Wider engagement with health and care partnerships across London

3.7 The Mayor will formally respond to the issues raised in the Health Committees report on the LAS in February/March 2019

[**www.london.gov.uk/sites/default/files/london\_ambulance\_report\_final.pdf**](http://www.london.gov.uk/sites/default/files/london_ambulance_report_final.pdf)

**ISSUES RAISED BY MEMBERS**

**3.8 Prison care** – Malcolm raised the issue of serious delays in access to prisoners

for LAS ambulance crew. Delays happen after the ambulance has arrived at the

prison gates.

**3.9 Impact of Brexit** – Elaina raised her concern about the loss of staff in the NHS,

due to European citizens returning to mainland Europe, low wages and shortage of housing.

**Onkar** said that the need for key worker housing, and travel passes for

front line workers was supported and well understood by the Health Committee.

**3.10 Impact of Brexit** – Joseph expressed concern that the LAS does not seem to

 appreciate the potential problems of a possible no-deal Brexit, e.g. in relation to

 access to drugs manufactured in mainland Europe.

**3.11 Mike Roberts** described the NHS as being on the edge of a precipice as a

result of Brexit, for example due to loss of huge numbers of staff who are

returning mainland Europe, and the collapse of social housing. He said it was

essential to know what preparations have been made, where staff will be

recruited from to replace those returning to other countries, and the

impact on pharmacy.

**3.12 Onkar** shared the Forum’s concern about the potential impact of Brexit on LAS

supplies. He agreed to write to the LAS CE on this issue (Professor Willett has

taken on the role as NHSE lead on dealing with Brexit related health care issues).

**3.13 James Guest** asked how severe post-Brexit problems in the acute sector might impact on the LAS, for example in relation to handover delays at A&E. It was agreed to raise these issues with Professor Willet at NHSE.

**3.14 Melissa Berry** informed the meeting that the LAS employs a low number of workers from other parts of Europe, and employs a much larger number of staff from Australia. She suggested that the Brexit problem was more focussed on the

 wider NHS system than on the LAS.

**3.15 James Guest made a presentation on behalf of the Forum.** He said the

 London Assembly report is excellent and he supported most of their

 recommendations. He drew attention to a number of concerns in relation to the

 LAS’s strategy and its approach to strategic planning. In particular, James

 highlighted the tension and contradictions between some of the aspirations in

 the strategy. He said that significant changes were occurring in relation to

 ambulance queuing at A&Es, recruitment and retention, and the increase in 999

 call volumes. James added that it was hard to understand how the LAS will substantially decrease conveyances to hospital, whilst their vehicles are stuck outside A&Es because of bed shortage and discharge delays - when demand on the LAS is continuing to rise exponentially.

James drew member’s attention to the data on ambulance queuing which showed that large numbers of LAS patients were queuing to get into A&E for more than 30 minutes and some for more than one hour. He said that handovers should never take more 30 minutes and that handovers of one hour were unacceptable. He described some hospitals at persistently failing to deal with this problem, e.g. Northwick Park, Whipp’s Cross, Croydon, Princess Royal and Queens in Romford.

* **December 2018 Data**
* 30,314 patients waited >15 minutes for handover from LAS to A&E
* 5795 hours were lost due to LAS handovers taking >**15 minutes** at A&E
* 6945 hours were lost due to LAS handovers taking >**30 minutes** at A&E
* 803 hours were lost due to LAS handovers taking >**60 minutes** at A&E

Referring to steps taken to alleviate this problem, James suggested that more specific multi-system recommendations were needed, more transparency and greater clarity about what is being measured to determine the impact of delayed handovers. The risk to patients waiting for an ambulance who may be critically ill also had to be determined and evaluated in terms of the risk of harm and death.

James welcomed the 5 pioneer priorities in the LAS strategy, but questioned whether they had been fully costed, and the paucity of data to support the selection of these 5 priorities. He also questioned why preventing ambulance queues had not been selected as a strategic priority.

In relation to funding of the LAS strategy by CCGs, James said that all London CCGs are top-sliced to fund the LAS, but it was not clear if they supported the LAS’s strategic aspirations and whether the CCGs are taking appropriate action to enable the LAS’s strategic objectives to be achieved.

James said he was unclear whether the LAS had KPIs (Key Performance Indicators) that demonstrated their progress in achieving their conveyancing targets, and found it difficult to determine how accessible alternative care pathways are, when ambulance crew want to refer patients to local services instead of taking them to hospital. He said that the shortage of appropriate community care services across London, means that unpaid carers are the unsung heroes of community care.

**3.16 Melissa Berry** described the developments that have taken place in the LAS in recent years. She said that when she arrived at the LAS, the level of diversity in the organisation was at a very low level and that the situation has been the cause of a great deal of frustration. She said that many key actions are being taken to transform the situation with regard to diversity in the LAS, and this includes direct discussions with universities that run paramedic degree courses, to ensure their intake of students reflects the diversity of communities in London. Melissa said that in terms of racial diversity in the LAS that 15% of staff are from a BME heritage and it was 9% when she first joined the organisation. In addition Melissa said that she sits on executive team recruitment meetings, sponsors mentoring to promote the career advancement of BME staff within the LAS, and is personally responsible for delivery of the WRES action plan (Workplace Race Equality Standard).

**3.17 Audrey Lucas asked the following questions:**

Q1.         The Academy has been recruiting for approx. 3 years now. Can you please let us know the numbers of BAME students studying on the programme and how these students were recruited? What is the breakdown of the BAME intake, as within the BAME mix in London, there are also diverse communities? If information is not known, where can it be found?

**Action: Data requested on racial diversity of Emergency Ambulance Crew during the past five years, and those EAC that are currently studying to become paramedics through the LAS Academy and other routes.**

Q2.         What are the issues with recruiting paramedics from the BAME community in London? I have lived in London since 1959 and have had cause to phone for the LAS ambulance on several occasions, for myself, family and young children. During that time, I have never had any paramedic from the LAS for my family or friends from a BME background.  What in simple words is the problem with BAME being recruited and trained to be paramedics?  How is it that BAME is so unrepresented within the LAS? Do the LAS not realise or respect the fact that occasionally we would like to see a paramedic that reflects someone from a BAME community?

**Action: Refer to Melissa Berry and Patricia Grealish**

**3.18 Joseph Healy** asked Onkah if he would support funding of the Forum by the GLA. He said that the Forum had been running for 15 years, but had never been funded to enable it to employ administrative staff or staff to carry out research. He said that all of the Forum’s activities are all carried out by volunteers, and the employment of staff would considerably increase the capacity of the Forum to scrutinize the LAS.

**3.19 Onkah** agreed to raise this issue with the Mayor’s team to see if funding could be made available.

In relation to patient demand on the LAS, he said that this is inflated by problems in primary care and from growing inequalities in London’s population. He felt that the Mayor may have a role in addressing this issue through the London Health Board, which is a non-statutory body chaired by the Mayor. He said that the Board may be able to influence the LAS and its interaction with other health bodies. Onkah said that the Mayor is getting more involved in health issues, but must operate strategically because he had no power to require the LAS or the wider NHS to take particular actions.

**3.20** Professor Harbhajan Singhwelcomed the role and support of the Forum in challenging the LAS on equality issues. Harbhajan explained that he is a leader of the London Faith Network, which has 200 representatives and looks at many issues including domestic violence and inequalities. He gave his commitment to challenge the lack of diversity amongst LAS staff.

**3.21 James Guest** expressed concern about the variation of ambulance response times between London boroughs and suggested that it would be important to align this data with inequality data for each borough, to determine whether need and demand for urgent and emergency care were related the level of inequality and whether, if demand was related to the level of inequality, LAS resources matched local need (Inverse Care Law).

**3.22 Onkah** agreed that this was an important issue to investigate and that a focus on inequalities was a paramount concern.

**3.23 Rashid Ali** emphasized that for these needs to be met, that greater collaborative work was essential. He said the lack of collaboration between health bodies and with social care providers, is a disaster for effective patient care.

**3.24 Dr Sahota and James Guest were thanked for their excellent presentations.**

**4.0 FORUM PRIORITIES FOR 2019**

4.1 The Forum’s priorities agreed at the December meeting have been further developed by the Executive Committee. It was agreed the Forum would not prioritise stroke care, traffic density or bariatric care in 2019. Members were asked to commit to working on priorities, where they had knowledge and potential leverage achieve the outcomes that the Forum sought.

4.2 Care of people with epilepsy – it was agreed to examine this issue in more detail with Forum members who have personal knowledge of the condition. A report on a meeting with Sean and Vic Hamilton was received.

**5.0 EXECUTIVE COMMITTEE REPORT**

5.1 A verbal report was given by MA. Noted that elections to the EC will be held in March/April 2019

**6.0 EOC and 111 VISITS**

6.1 Noted that visits had been arranged to the EOC at both Waterloo and Bow,

and to the south east London 111 centre in Croydon. The theme of the visits will be mental health care.

**7.0 FOUR HOUR A&E TARGET**

7.1 Noted that the Royal Society of Emergency Medicine has written to Simon Stevens to condemn the support of NHSE for the abolition of the four hour target, which is contained in their 10 year plan. See below.

**Action: Write to NHSE to oppose the proposed abolition of the 4 hour target**.

**8.0 PATIENT SPECIFIC PROTOCOLS (PSP)**

8.1 The PSP document has now been agreed between the LAS and Forum and is ready for distribution. It describes how patients can agree a care plan with their doctor for implementation by the LAS:

**https://www.patientsforumlas.net/uploads/6/6/0/6/6606397/a11-patient\_specific\_protocols\_\_\_psps\_\_v3[2].pdf**

**9.0 LAS SAFEGUARDING AND MENTAL HEALTH CONFERENCE**

**9.1 Noted that this will take place on February 21st.** The following members will attend: Arthur Muwonge, Beulah East, Charlotte Mitchell, Elaina Arkeooll, Malcolm Alexander, Mary Leung, Professor Harbhajan Singh and Rashid Ali Laher.

**10.0 THE FOLLOWING REPORTS WERE RECEIVED**

* LAS falls strategy
* LAS equality meeting
* Meeting with Garrett Emmerson and Heather Lawrence – Jan 22nd
* Meeting with Katy Neal, LAS Commissioner – 23th January
* Handover breaches report – January 2019
* LAS performance report – January 2019

**11.0 MARCH 11th MEETING OF THE FORUM**

11.1 This will take place at LAS Conference Room at HQ. The speaker will be Carly Lynch on mental health care in the LAS

**12.0 THE MEETING FINISHED AT 7.30pm**

**RCEM statement on four-hour target speculation**

**16 January 2019

The Royal College of Emergency Medicine (RCEM) notes the recent media speculation with regards to the proposed dismantling of the four-hour Emergency Care Standard (ECS) based upon the comments**[**made by Mr Simon Stevens and others**](https://www.telegraph.co.uk/news/2019/01/07/four-hour-ae-waiting-time-target-should-scrapped-indicates-nhs/)**.**
Dr Taj Hassan, RCEM President, said: “The College has not been consulted at any stage on this issue since 2017. As the expert academic body on the standards of safety and clinical care delivered in Emergency Departments (EDs) this is surprising and of serious concern.

“The four-hour ECS has been a resilient, sophisticated and very successful overall marker of a hospital's emergency care system performance for the last 15 years. Sadly, the past five or six years has seen a steady deterioration in system performance due to under investment in acute hospital bed capacity, cuts in social care funding and understaffing in EDs. This has resulted in a significant increase in the number of crowded EDs which scientific evidence clearly shows is linked to increased mortality and morbidity for patients. It also results in secondary attritional harm to staff having to work in such environments which further compromises patient care.”

The College has consistently advocated that the best way to improve safety and clinical care in our EDs is to address the systemic issues of under investment and plan well for the future. We have also supported the addition of other quality indicators that complement the four-hour standard and will help to measure safety and quality of clinical care.

Indeed, the RCEM has worked collaboratively with the Get It Right First Time (GIRFT) team via its co-Leads Dr Chris Moulton, Vice President of RCEM and Dr Cliff Mann, NHSE, past President of RCEM, to develop a range of complementary system performance indicators to help Trusts focus on improving flow within the hospital.

Dr Chris Moulton said: “In no way were these metrics designed to replace the four-hour target but to work alongside it; providing better granularity and a greater depth of detail. The lack of system flow due to under investment in the acute hospital and community bedbase has been the 'elephant in the room' to address for the last 5-6 years. The GIRFT supplementary metrics are reliant on the target remaining as it is and cannot and must not be used as a way around tackling these issues properly.”

Dr Hassan said: “The College has always sought to work collaboratively and provide its expert advice for the various complex cohorts of patients that are admitted to EDs. Indeed, we have led on and delivered good work that is ongoing in the area of workforce planning for the future in our Emergency Departments. However much of that work will be wasted effort if we now choose to 'move the goal posts' without any evidence review, expert discussion or clear collaborative planning.

“We will continue to provide expert advice on workforce planning, system design and the right matrix of quality indicators with the four-hour ECS at the very heart in order to maintain system performance as part of the implementation of the Long Term Plan. Only by taking this approach and working well together can we improve the quality of care for our patients for the next decade.”

**Royal College of Emergency Medicine urges patients to take action after worst ever 4hr performance figures**

**8 March 2018

The Royal College of Emergency Medicine is calling on patients**[**to write to their Member of Parliament**](http://www.rcem.ac.uk/RCEM/Quality_Policy/Policy/Contact_your_MP/RCEM/Quality-Policy/Policy/MP/Tell_My_MP.aspx?MP)**asking for action to address the serious challenges facing Emergency Departments across the country.**

The unprecedented move comes after data released today showed the worst ever four-hour emergency care performance at just 76.9% at major emergency departments. Sitrep data also showed that in February bed occupancy was at 95.1%.

Dr Taj Hassan, President of the Royal College of Emergency Medicine, said: “Unfortunately these figures are not surprising and reflect the acute and detrimental effect insufficient resources are having on our health service; patient care will continue to suffer until this changes.

“Performance that once would have been regarded as utterly unacceptable has now become normal and things are seemingly only getting worse for patients. It’s important to remember that while performance issues are more pronounced during the winter, Emergency Departments are now struggling all year round.
“Warnings and pleas for adequate resourcing have repeatedly failed to deliver with both patients and staff suffering as a result. We cannot continue in this situation - which is why we are calling on patients to [contact their MP](http://www.rcem.ac.uk/RCEM/Quality_Policy/Policy/Contact_your_MP/RCEM/Quality-Policy/Policy/MP/Tell_My_MP.aspx?MP) in support of our A&Es and the NHS.

“Let’s be very clear. The current crisis in our Emergency Departments and in the wider NHS is not the fault of patients. It is not because staff aren’t working hard enough, not because of the actions of individual trusts, not because of the weather or norovirus, not purely because of influenza, immigration or inefficiencies and not because performance targets are unfeasible. The current crisis was wholly predictable and is due to a failure to prioritise the need to increase healthcare funding on an urgent basis.

“We need an adequate number of hospital beds, more resources for social care and to fund our staffing strategies that we have previously agreed in order to deliver decent basic dignified care. We would urge our patients to contact their MP to tell them so. We hope that action from patients will ensure that our politicians give the NHS the due care and attention it needs and help them come together to find appropriate long-term solutions for the NHS that are so desperately required.”

Mr Derek Prentice, the College’s lead patient representative and Lay Committee Chair, said: “Yet again patients have had to endure another winter of misery due to inadequate resourcing. Understandably public satisfaction with the health service has fallen. But patients are not blaming individual trusts or staff. They quite rightly understand that this is the fault of our politicians, which is why we are [asking for their help](http://www.rcem.ac.uk/RCEM/Quality_Policy/Policy/Contact_your_MP/RCEM/Quality-Policy/Policy/MP/Tell_My_MP.aspx?MP) to change the situation.

“While the recent budget allocated extra funds to the health service, it was not what was made very clear would be required and was just about enough to stave off complete collapse. Just about enough should not be good enough. Our patients, staff and the NHS – now in its 70th year – deserve better. We need long term solutions, including more beds and more staff, and we [would encourage patients to ask their MPs for them](http://www.rcem.ac.uk/RCEM/Quality_Policy/Policy/Contact_your_MP/RCEM/Quality-Policy/Policy/MP/Tell_My_MP.aspx?MP).

“Ministers and decision makers must stop burying their heads in the sand and face the reality of the situation; overall performance is in decline due to the under-resourcing of health and social care. The data shows the reality, yet facts are being disregarded and the health sector is not being listened to. We hope that they will listen to the public who voted for them.” **Notes to Editors**: Patients and staff are encouraged to contact their Member of Parliament via the College’s website at [www.rcem.ac.uk/MP](http://www.rcem.ac.uk/RCEM/Quality_Policy/Policy/Contact_your_MP/RCEM/Quality-Policy/Policy/MP/Tell_My_MP.aspx?MP) The College has written to Chief Executives of NHS Trusts asking them to support the ‘Tell Your MP About A&E’ campaign by [displaying this poster](http://www.rcem.ac.uk/docs/Policy/MP%20A%2BE%20Campaign%20Poster.pdf) in their emergency department.