**MINUTES of the PATIENTS’ FORUM**

**MONDAY MAY13th, 2019**

**LAS, 220 WATERLOO ROAD, SE1**

**ATTENDANCE: FORUM MEMBERS AND ASSOCIATES**

Alexis Smith - Bromley

Archie Drake – Hackney

Arthur Muwonge – Croydon

Audrey Lucas – Enfield Healthwatch – Executive Committee Member

Carl Curtis – Lewisham

Carol Bassi – Tower Hamlets,

Colin Hill – Berkshire

Dhanesh Sharma – Bexley Healthwatch

Elaina Arkeooll – Hammersmith and Fulham

Fred Jerrome – London Assembly

Graeme Crawford – Ealing Healthwatch

James Guest – Ealing Healthwatch

John Larkin- Company Secretary – Barnet

Jos Bell – Brockley (Socialist Health Association)

Malcolm Alexander – Chair, Patients’ Forum – Hackney Healthwatch

Mike Roberts - Hampshire

Natalie Teich – Islington Healthwatch - Forum representative to CARU

Rashid Ali Laher – Healthwatch Kingston

Rhia Arden – Epilepsy Society

Sean Hamilton - Greenwich

Sister Josephine Udine – Chislehurst – Healthwatch - Vice Chair

Tom Sullivan – Penge

Vic Hamilton – Greenwich

Others did not sign in

**London Ambulance Service:**

Melissa Berry – Equalities Consultant

Dr Fenella Wrigley – Medical Director

Athar Khan – Head of Performance

**SPEAKERS:**

Heather Lawrence, Chair - LAS

Garrett Emmerson, Chief Exec - LAS

**APOLOGIES:**

Adrian Dodd – Waltham Forest– Executive Committee Member

Angela Cross-Durrant – Kingston – Vice Chair

Barry Hills – Kent

Beulah Mary East – Hillingdon Healthwatch - Executive Committee Member

Catherine Gustaffe – Southwark

Charlotte Mitchell – Mind – Southwark

Cllr Dora Dixon-Fyle – Southwark

David Payne – Southwark

Graham Mandelli - Lewisham

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 Member

Mary Leung – Harrow

Philip Ward - Hammersmith

Wendy Mead – City of London

1. **MINUTES** of meeting held April 8th 2019 were agreed a correct record.
2. **MATTERS ARISING & ACTION LOG**
	1. **Mental Health Awareness Week** – Mike Roberts asked what activities were taking place at the LAS to support MHAW. MA reported that he had raised this issue with the LAS but it did not appear that any activities were taking place to support this initiative.
	2. **Bullying and Harassment** – MA has raised this matter with Patricia Grealish, the Director of People and Organisational Development. They had met and discussed in detail the outcome of the Annual Staff Survey. The rate of response by LAS staff is now high (about 65%). MA has the full analysis and will invite Patricia to speak at the next Forum meeting.
	3. **Co-Production Charter between LAS and Forum – draft 7**

 The Charter has been discussed with the LAS PPI Committee who were

 fully supportive of the document. The Forum has met the Chair of the

 LAS, Heather Lawrence who had emphasised the importance of including

 a wide range of other stakeholders, a proposal which the Forum fully

 supports. MA also presented the Charter to a private meeting of the LAS

 Board and this led to a very creative and helpful discussion. As a result

 changes were made to the wording of the Charter (now version 7). The

 Board of the LAS has selected a few Board members to produce a

 report on the Charter and patient and public involvement in the LAS. In

 addition Judy Hague has been invited to produce a report on stakeholder

 engagement using desk research. A senior member of staff will be

 appointed to lead on public involvement and stakeholder engagement.

 The Charter has been shared with Healthwatch England and each London

 Healthwatch.

* 1. **Funding Dispute LAS and CCGs – 2019-2020**

The LAS have identified and £8m deficit in their funding, related to the cost of Category 2 emergency care, and the Pioneer services (mental health, end of life care, fallers, maternity and urgent care). The dispute went to arbitration and a meeting has recently been held between the directors of finance for the LAS and CCGs. The Forum has asked Lorraine Bewes (Director of Finance for the LAS) and Mark Easton, the CCGs lead provide an update on progress with funding of essential services for patients.

**2.5 Forum Priorities for 2019**

 An update on progress was presented to the May 2019 meeting, and this will be

 updated each month.

**2.6 Elections to the Forum**

 Nominations have been sought from members for the positions of Chair,

 Vice Chairs and EC members. One nomination has been received for the

 Chair, three for vice chairs (2 positions) and five for EC members (3 positions).

**2.7 CPR and Defibrillator Training**

 Members have been invited for annual training on June 10th 2019.

**2.8 111 and EOC Visits**

 These will continue until May and then move to North East London in July.

 The first report on our visits will be submitted to the June meeting of the

 Forum. The interaction with staff has been excellent.

**2.9 Quality Account Response for 2019-2020**

 The Forum’s response to the LAS Quality Account has been sent to the

 LAS and published in their annual Quality Account. The statement includes six

 major Forum priorities for the LAS and will be published on May 23rd at the LAS

 Board meeting.

**2.10 Forum Executive Committee Minutes**

 The minutes of May 3rd were received.

**2.11 Providing Emergency Care in Prisons**

The Forum has written to the Home Secretary and the Prison’s Minister to

 obtain the data on the time taken to provide emergency care in the secure

 estate by the LAS. The Home Office and Ministry of Justice has failed to

 provide a reasonable response to requests for data from the Forum.

**3.0 LAS Performance and Inverse Care Law – Archie Drake**

3.1 Archie presented the early finding of his research carried out on behalf of

 the Patients’ Forum, exploring health inequality in London using public

 health and LAS data.

3.2 The Inverse Care Law was created by Julian Tudor Hart (1927-2018), a

 GP from Wales who discovered that:

 *"The availability of good medical care tends to vary inversely with the*

 *need for it in the population served. This ... operates more completely*

 *where medical care is most exposed to market forces, and less so where*

 *such exposure is reduced."*

3.3 Archie presented comparative data on years spent in ill health by people in

 each London borough, which showed a marked disparity between Richmond

 and Bromley (14.9 years average) and Haringey, Hackney and Tower Hamlets

 (26.21 years average). His research sought to discover if LAS response time

 were related in any way to the level of deprivation by London borough. Archie

 pointed out that the Mayor has a statutory responsibility to take action to reduce

 inequality and this melded in well with the agreement of accountability between

 the LAS and the London Assembly Health Committee.

3.4 Dr. Sahota, Chair of the Health Committee - Dec 2018

 Report on Supporting LAS:

“As London experiences increasing inequality, overstretched public services, and an ever-burgeoning population, **these pressures are also passed onto the LAS in its day-to-day work.** This can be seen, most starkly, with ambulances queuing out of A&E departments due to rising demand, insufficient investment and overwhelmed social care services grinding to a halt.”

3.5 The data produced by Archie showed that there were significant differences

 in LAS performance in different areas of London, for example the

 south west and north central have the largest number of high priority calls, but

 the areas with the worst performance for this response category, did not

 coincide with the worst area of deprivation.

3.6 Archie examined the following data to assess the possible impact of the

 Inverse Care Law, i.e. is the level of deprivation in different parts of London

 connected in any way with the effectiveness of LAS response (performance)?

* Data about inequality, IMD 2015
* LAS performance data, YTD 2018-9 (by CCG and sector)

 IMD= Index of Multiple Deprivation. YTD= Year to date

3.7 The IMD results for London by sector were as follows:

North East ---------------27.6

North Central------------26.7

South East---------------24.0

North West --------------22.6

South West--------------15.4

3.8 LAS Performance using historic Category A data, showed that the highest level

 of responses within 8 minutes were in the south west sector, and lowest in the

 north west sector.

3.9 No correlation was found at borough/CCG level between the level of deprivation

 and LAS performance for Cat A calls. But it appears that something happening at

 sector level.

3.10 To redress differences in responses between sectors, the LAS introduced the

 ‘tethering pilot’, which attempted to keep ambulance is geographical areas

 where response was poorer. The project was abandoned. The Forum has

 attempted to get a copy of the report on outcomes without success.

3.11



3.12 Examining more recent ARP data (Ambulance Response Programme) Archie

 suggested that sector variation appears to be greater for lower level urgent

 (non-emergency calls) – see above for definition. These calls include older

 people who have suffered falls.

3.13 Archie concluded that deprivation may be a driver to performance

 by area but not directly. He found no correlation apparent at CCG/borough

 An explanation is needed for the variation in non-emergency categories to find if

 this is related to deprivation.

3.14 Archie said that the LAS may be stuck in the middle of a very complicated

 problem, with more people calling for LAS services because of reduced

 resources in local borough/CCG areas, e.g. poorer access to primary care. The

 LAS is responsible for balancing supply and demand with limited influence on

 the NHS supply side. The LAS wants to reduce the number of people taken to

 hospital, but is dependent on CCGs/STPs producing alternative health and

 social care services.

 3.15 In conclusion it was agreed that the next stage is to:

* Obtain data on demand, not just performance
* Attempt to explain variations in performance and what is being done
* Work with the LAS, NHSI and the London Assembly to examine the relationship between performance and deprivation in more detail.
* Look at performance by post-code in relation to the level of deprivation.
* Engage the Mayor of London on this issue in view of his role in reducing inequalities in London
* Contact Clare Coghill and Ray Puddifoot, London Councils, to seek their view on the relationship between deprivation and NHS responses to need.

 3.16 Garrett Emmerson suggested that Archie was ‘barking up the wrong tree’. He

 said that the tethering project was intended to stop ambulance being sucked

 into the centre of London. He said the LAS is not influenced by deprivation,

 because it responds to patients by their level of acuity.

 3.17 Heather Lawrence said that it is for the STPs to respond to deprivation and to

 set up appropriate services.

3.18 The absence of appropriate NHS pathways was acknowledge as a serious

 problem in ensuring that patient got the right care first time, e.g. so that the LAS

 can transfer care to the right service instead of taking the patient to A&E.

3.19 Archie was thanked for his excellent presentation and research on behalf of the

 Patients’ Forum. It was agreed to continue the discussion on deprivation at the

 next Forum meeting.

**4.0 HEATHER LAWRENCE AND GARRETT EMMERSON**

4.1 Heather Lawrence said that her priorities included engaging with

 stakeholders, working effectively in the new STP world and ensuring

 that the LAS operates using the very best practice. She said that

 engaging with STPs and Overview and Scrutiny Committees is

 essential and that the coming together of health and social care is a

 major aspiration.

 Heather said that she appreciates the work that the Forum does, and

 highlighted the work between the Forum and LAS in relation to

 patients with sickle cell disorders. She said that the LAS wants to

 continue working with the Forum.

 With respect to the Co-Production Charter, Heather said that the LAS

 cannot sign it now, but has asked a group of Board members to look

 more closely at the Charter and how best to engage with patient groups and

 other stakeholders. She said their report would be available at the end of June.

 In relation to the LAS’s work with the STPs, Heather said that working with

 STPs is a key priority, although it is difficult to attend every STP meeting.

 She added that STPs will appoint lay chairs, but that it will take time to complete

 this process for all five STPs in London.

4.2 Garrett Emmerson said that a priority for the LAS was working

 with STPs, ICSs and working at both regional and neighbourhood

 level. He said that he wants more effective engagement and for

 this to span and range across many organisations. Garrett said he

 wants to work closely with the Forum in relation to the enhancement

 of patient care and providing for patients the best care possible.

4.3 Sister Josephine said that the Forum is looking forward to the

 report on public involvement from the Board. She said that it is

 essential for the LAS to engage with the Forum and other community

 stakeholders. She said that the LAS needs to work with CCGs to enhance care

 pathways, e.g. mental health, sickle cell and access to GPs. She said that the

 LAS needs patients group like the Forum because the LAS can’t do it alone.

 Sister Josephine said that the Forum listens to patients and acts to improve

 services.

 4.4 James Guest said that the Forum has expert knowledge about

 patient care, the LAS and the wider NHS. He listed the following Forum

 activities:

* Bringing valuable information and insights about patients’ needs to the attention of the LAS
* Producing reports about urgent and emergency care for CCGs
* Looking in great detail at Shaping a Healthier Future, the health plan for north west London (which Mark Spencer, LAS Board member has been closely involved in).
* Insight and understanding of intersectionality
* Making informed comments about the needs of patients, e.g. about the care of patients with dementia.
* Advising on development of care pathways, e.g. in relation to the needs of repeat fallers.

He said there is real merit for the LAS to engage with the Forum and other patient groups, especially as the Forum has enormous experience, knowledge and analytical skills. He said that dialogue is essential and the contribution of the Forum should be valued.

 4.5 Garret agreed with the points made by James and is not opposed in principle

 to the Co-Production Charter. He added that the Forum can operate closely

 with the LAS inside the tent or as an external lobby group outside the tent. He

 said he is keen to get an agreement in place.

 4.6 Jos Bell said that the Forum does not wish to be a purely reactionary body, but

 rather to act in a preventative way to enhance patient care, ensure the

 complaints system is working well, monitoring the effectiveness of urgent care

 pathways. Jos said the Forum is not finite – it is an important resource to the

 LAS not a threat.

 4.7 Mike Roberts said that the Co-Production Charter is a draft for negotiation

 with the LAS – it is not set in stone.

 4.8 Athar Khan said that he produces performance data packs for the Forum and

 will make sure that these packs also meet the wider needs of stakeholders.

 4.9 John Larkin, the Forum’s company secretary said that the LAS needs to

 explore the Forum’s history. The Forum was established 13 years ago as a

 company and unregistered charity focussed on “Human health activities

 (86900). It is an independent organisation and was very involved in the

 attempted formation of the LAS as a Foundation Trust.

 4.10 Heather said that good governance should not be about challenging the

 Board of the LAS.

 4.11 Dr Fenella Wrigley explained the role of the Clinical Assessment Service,

 which attempts to resolve issues with a range of clinicians, e.g. doctors,

 nurses, paramedics and pharmacists.

 4.12 Rashid Ali, said that he loves the LAS and police and explained the importance

 of having critical friends like the Forum. He asked Heather and Garrett not to

 cut the umbilical cord that enables effective support from critical friends.

 4.13 Tom Sullivan expressed concern about the future of Interserve, which provides

 key services for the LAS. He said they had been put into administration and

 taken over by a finance company called EY. It will eventually be sold on. He

 asked if there was a risk to services, patients or public money? He asked

 if the matter should be raised with MPs. He also raised concerns about

 ambulance diesel engines being left on inside ambulance stations and on the

 street. Garrett said that he was not aware of any risks to LAS services.

 4.14 Sean Hamilton described the LAS as providing amazing services and said he

 is provided with care by them very often. He said that crews were learning how

 to better deal with patients who suffer epileptic fits. He referred to a letter

 submitted by the Forum to the LAS about improving care for epileptic patients

 and asked what the plans there are for service further improvements. He

 added that he wants his clinical details to be flagged on the LAS system.

 4.15 Heather replied that CmC was the appropriate route and that interoperability

 between the LAS control centre and paramedic IPADs would deal with the

 issue raised by Sean.

4.16 Heather and Garrett were thanked for participating in an interesting discussion

 with Forum members about patient and public involvements.

**5.00 The following reports were received:**

 End of Life Care – QOG update

 Epilepsy Service Development

 Patient Specific Information leaflet – final version

 Performance data – March 2019

 Trisha Bain’s Presentation on the Quality Account

**6.00 The meeting closed at 7.30pm**