

PATIENTS' FORUM

FOR THE LONDON AMBULANCE SERVICE

www.patientsforumlas.net

ACTION LOG – JUNE 9th 2014 -

ACTION	WHAT WE WILL DO	ACTION SO FAR
DEFIBRILLATORS	<ul style="list-style-type: none"> • Contact CCGs to enquire about the roll out of defibrillators to all GP surgeries in London. • Contact Local Pharmaceutical Committees and ask them to support campaign to get a defibrillators in every London pharmacy 	<p>Richard Hunt reported to the Forum that a project called: Shockingly Easy had been set up to promote the distribution of defibrillators and training to wider number of shops, pharmacists etc. See http://tinyurl.com/oxnysg6</p> <p>Forum has written to every Local Pharmaceutical Committee in London asking for their support.</p>
MENTAL HEALTH CARE - LAS	<ul style="list-style-type: none"> • Emphasize the need for effective training for all front line staff in mental health diagnosis and care. • Ask for evidence that e-learning packages are effective. • Request information on the extent of 'mental capacity training • Emphasize government's policy of 'parity of esteem', especially in relation to the care of older people with mental health problems and/or dementia. 	<p>Hi Malcolm , thank you for your email. I believe you asked this same question in the MH Committee meeting to which Ann Radmore provided a response (I cannot remember the exact wording but suspect this will be in the minutes). The Trust has a reasonable level of assurance and evidence that the training being delivered is fit for purpose, gets results, and that the organization (notably subject experts, clinical tutors, staff and the board) is happy with the training provision.</p> <p>Parity of Esteem - Understanding the relationship between physical and mental health is fundamental to achieving parity and this is something LAS is actively promoting/teaching. It has been agreed to review systems and processes to check for inconsistency in our</p>

		<p>care provision. Parity is also strongly embedded in our Section 136 protocol.</p> <p>With Regards to the Dementia document, you have already identified in your document that Dementia is not usually the primary reason for a 999 call. It is therefore important that LAS staff to have increased knowledge and awareness of dementia to be able to better assist as well as identify patients who require further referral/ support from the appropriate service.</p> <p>In light of this our CSR 2014 which has gone live in April 2014 has a section on Dementia, common symptoms and how to communicate with dementia sufferers. LAS is part of the PLDAA which allows us to keep up to date with and network with subject experts in our dementia provision. We are also heavily involved in promoting the PHE/ Alzheimer's Society Dementia Friends Campaign in an effort to raise awareness not only to our clinical staff but all staff and help in making London a Dementia friendly city. In the long term, we plan to engage with patient groups to establish what good care in dementia looks like in an ambulance service. KUDA DIMBI, CLINICAL ADVISOR FOR MENTAL HEALTH, LONDON AMBULANCE SERVICE</p>
<p>Cat C PERFORMANCE</p>	<p>Prioritise response to Cat C calls in the Forum's response to LAS consultation on strategy. Category C was as follows: C1 – Reached patient within 20 minutes – 72.88% C2 – Reached patient within 30 minutes – 66.88%</p> <p>TARGET: C1 – 90% within 20 minutes, 99% in 45 minutes (from Clock Start)</p>	<p>This priority is included in our response to the LAS Strategy Document and will form part of our response to the LAS Quality Account. The issue has been raised in the City and Hackney Urgent Care Board and will be raised in other Urgent Care Board across London.</p>

	TARGET: C2 – 90% within 30 minutes, 99% in 60 minutes (from Clock Start)																																					
LONDON'S 111 SERVICE	<p>Follow up the following issues:</p> <ol style="list-style-type: none"> The quality of communications between the caller and the call taker. The effectiveness of telephone assessment. The ratio of health advisers to call takers. The quality of clinical advice Assessment of clinicians who provide clinical advice in 111 centres. The effectiveness of the services (pathways) available through the Directory of Services (DOS) The outcome of care provided when patients are transferred to clinical pathways. Audits of the 4 x 111 services across London. Ask for comparative data on the quality of 111 services across London and adjacent areas, e.g. Ashford, should be made available so that the public can see if 111 services in the wider area are working effectively. Request data to be placed in the public arena regarding the governance, assessment and outcomes of calls made to the 111 service including patient feedback on the service. <ul style="list-style-type: none"> Leslie Robertson agreed to visit the 111 service in Southall run by Harmoni (Care UK) and to report back to the May meeting of the Forum. Launch of the 111 service. Contact Niall McDermott, Programme Manager: Urgent and Emergency Care Review from NHS England for 	<p>Below is a link to the NHSE website that provides some of the information that you are looking for. I also passed on your details to the SEL Commissioning Support Unit following our last meeting as I believe they are in the process of developing some more reports that will be available in the public domain. Please let me know if you haven't heard from someone and I will pass on your details again.</p> <p>http://www.england.nhs.uk/statistics/category/statistics/nhs-111-statistics/Hope this helps. Please let me know if you wish to come in again, we are progressing a number of work streams to develop the service further so things are busy as ever, but it would be useful to have some feedback from the patient's forum on the Service now that we are 6 months in.</p> <p>a) The quality of communications between the caller and the call taker – Measured within call audits and reported to Clinical Governance group (as shown in the table below). This is also measured in the Patient Survey's reported at CCG.</p> <table border="1"> <thead> <tr> <th>Data</th> <th>Apr -14</th> <th>Mar - 14</th> <th>Feb</th> </tr> </thead> <tbody> <tr> <td>answered</td> <td>25,394</td> <td>26,053</td> <td>22,</td> </tr> <tr> <td>audits % (target 1%)</td> <td>1.78%</td> <td>1.34%</td> <td>1.9</td> </tr> <tr> <td>audits</td> <td>451</td> <td>349</td> <td>441</td> </tr> <tr> <td>handler audits</td> <td>238</td> <td>157</td> <td>235</td> </tr> <tr> <td>al Advisor audits</td> <td>213</td> <td>192</td> <td>206</td> </tr> <tr> <td>ance (target >86%)</td> <td>79.38%</td> <td>80.23%</td> <td>76.</td> </tr> <tr> <td>ving compliance</td> <td>358</td> <td>280</td> <td>339</td> </tr> <tr> <td>compliant</td> <td>93</td> <td>69</td> <td>102</td> </tr> </tbody> </table>	Data	Apr -14	Mar - 14	Feb	answered	25,394	26,053	22,	audits % (target 1%)	1.78%	1.34%	1.9	audits	451	349	441	handler audits	238	157	235	al Advisor audits	213	192	206	ance (target >86%)	79.38%	80.23%	76.	ving compliance	358	280	339	compliant	93	69	102
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	<p>his opinion.</p> <ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> b) The effectiveness of telephone assessment – Are you referring to patient satisfaction, appropriateness of referrals or reduction in inappropriate patient attendance to 999 and A&E? c) The ratio of health advisers to call takers - 45% clinicians / 55% call handlers – Currently we have an average of 27% calls referred to clinical advisor d) The quality of clinical advice Assessment of clinicians who provide clinical advice in 111 centres – As per (point a) e) The effectiveness of the services (pathways) available through the Directory of Services (DOS) – This is measured by the clinical commissioning groups, however feedback is given from 111 providers where there are gaps in services (or gaps in OOH provision) f) The outcome of care provided when patients are transferred to clinical pathways – We currently undertake monthly end to end call reviews with SEL CCG Clinical Governance lead to evaluate outcome of care where we are able to obtain information from the end point provider/service g) Audits of the 4 x 111 services across London. – I have attached a link to NHSE website that provides data reported on all 111 providers within London and Nationally h) Comparative data on the quality of 111 services across London and adjacent areas, e.g. Ashford, so that the public can see if 111 services in the wider area are working effectively. – As above in (point g) i) Is any data in the public arena regarding the governance, assessment and outcomes of calls
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		made to the 111 service including patient feedback on the service? – Some of this is covered on the NHSE website, and I believe this NHSE are working with CSU's to develop this further
	<ul style="list-style-type: none"> Urgent Care Working Groups – obtain contact details for the London groups 	Information requested from Mark Docherty
HANDOVER DATA–TRANSFER OF PATIENTS FROM AMBULANCE TO A&E – JOINT MONITORING	<ul style="list-style-type: none"> Send monthly handover data from the LAS commissioners to each Local Healthwatch in London so that they can take up any issues locally. Participate in joint visit to London's A&E departments to observe the process of patient handover from the LAS to the A&E clinicians. 	<p>Unable to get handover data for April and May. Repeat request put into Mark Docherty.</p> <p>Participated – Sister Josephine, Angela, Kathy and Malcolm. Janet ready to support. Review meeting on June 11th at CCG</p>
LONDON'S COMMISSIONERS – 7 GROUPS	<ul style="list-style-type: none"> Request contact details from Mark Docherty. 	<ul style="list-style-type: none"> Requested from Mark. No contact details yet.
JANE CHALMERS - ANNUAL STAFF SURVEY -	<ul style="list-style-type: none"> Request update in September on progress on issues raised by staff through the Annual Staff survey. Enquire from the Metropolitan Police whether they had developed strategies to promote recruitment within London. Invite a recruitment lead from the MPS to a Forum meeting. 	<ul style="list-style-type: none"> September agenda <p>Robin Wilkinson, Director of Human Resources, Metropolitan Police</p> <p>Dear Mr Wilkinson, I chair the Patients Forum for the London Ambulance Service and we have been looking at recruitment of paramedics and A&E Support Workers. You may know that recruitment is difficult at this time and staff are being recruited from Denmark and New Zealand. One of the problems is that recruitment from London is difficult.</p> <p>Our members are interested to know whether the Metropolitan Police have developed successful</p>

	<ul style="list-style-type: none"> • Ask LAS if they recruited through job centres. 	<p>strategies to promote recruitment within London? If you have developed successful strategies we would very much like to have information about the methods you have used and how recruitment is being effected year on year. Copied to joanne.mccartney@london.gov.uk – GLA police committee</p> <p>Information requested from Tony Crabtree, HR, LAS</p> <p>1) How many Paramedics and A&E Support workers are you currently recruiting</p> <p>2) Where are you advertising jobs?</p> <p>3) Do you recruit A&E Support Workers through job centres?</p> <p>4) Do you target universities and schools for recruitment?</p>
CQSEC REPORT	<ul style="list-style-type: none"> • Request information on quality audit of calls to the LAS. 	<ul style="list-style-type: none"> • Information requested from Sue Watkins, AOM, LAS. Will discuss on Monday 9th with Lynn Sugg and Sue.
KING'S COLLEGE HOSPITAL RE MENTAL HEALTH CARE	<ul style="list-style-type: none"> • Highlight importance of de-escalation training for front line staff in A&E • Inquire whether security guards were being used appropriately in relation to distressed patients in King's wards. • Discuss with King's carrying out a survey of mental health patients who had received care in the A&E • Monitor development of King's A&E MH service • Consider how other A&E mental health service could be monitored. 	<p>Jessica Bush at King's contacted re patients survey Sent again June 6th</p> <p>Letter received from Nick Dawe, Chief Operating Officer of the Maudsley offering to address the Forum on progress with development of MH facilities at King's - Maudsley</p>

FOUNDATION TRUST	Ask the LAS to ensure that notices for Forum meetings are shared with LAS FT members.	<p>Dates put on LAS website. Not sent to FT members</p> <p>Monday, 12 May 2014 <u>Guest Speaker:</u> Richard Hunt, Chair, LAS</p> <p>Monday, 09 June, 2014 <u>Guest Speaker:</u> Michael Guthrie, Healthcare Professions Council</p> <p>Monday, 14 July 2014 Monday, 08 September 2014 .<u>Guest Speaker:</u> Director of Commissioning for the LAS</p> <p>Monday, 13 October 2014 ..<u>Guest Speaker:</u> Jane Moore, NICE</p> <p>Monday, 10 November 2014 Guest Speaker: David Griffiths, CQC</p>
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ACTION LOG - HISTORICAL

MAJOR LAS SYSTEM BREAKDOWN OVER XMAS	Response awaited re outcome of Serious Incident report awaited from Jason Killens
MENTAL HEALTH CARE	<p>a) Obtain full briefing from LAS and London commissioners on access to appropriate and adequate mental health care from the LAS and London A&E departments. Consider FOI to MH Trusts.</p> <p>b) Awaiting response from London MH Network Group</p> <p>c) Awaiting response from Mark Docherty</p>
Dementia	<p>Propose to Mark Whitbread, the LAS Consultant Paramedic, development of LAS Dementia Champions and send out Dementia Challenge document to him. Mark Whitbread passed request to Steve Lennox.</p> <p>Response received from Steve Lennox</p>
RISK REGISTER	Ask the Sir Bernard Hogan-Howe, Commander of Met Police to ensure that appropriate

	governance procedures are introduced.
<p>IMPACT OF LONG SHIFTS ON HEALTH AND CLINICAL PERFORMANCE OF FRONT LINE STAFF</p> <p>Duncan Selbie CE of Public Health England, Patricia Wilkie and Roy Griffins from LAS contacted to ascertain views on the impact of shift work on clinical performance and harm to staff, the impact of shift work on staff performance and what role Public Health England is taking in respect of shift work. Concerns were expressed about the current work patterns which meant that staff often didn't get rest breaks, that 12 hours shifts can extend into 14 hour days and the difficulties in achieving 14 minutes turnaround times at A&E. Paramedics may have up to 15 calls per shift.</p>	<p>Public Health England referred Forum to NHS Employers. No reply from Roy Griffins or Patricia Wilkie.</p> <p>Dear Ruth Warden, I was advised to write to you by Lynn Fox from Public Health England in relation to your work and wellbeing workstream. The issues that concern us are shown below in our letter to Duncan. Do you work with PHE on their healthier lives in the workplace priority? I would be very grateful for any advice you can provide about action being taken by PHE, the NHS and NHS Employers to address this critical issue.</p> <p>No answer from Patricia Wilkie or Ruth Warden</p> <p>Seminar to be arranged on issues later in year.</p>
<p>CQC Visit to the LAS</p>	<p>Ask CQC Inspector for explanation of areas of their report that are not consistent with performance and staffing. Ask CQC for response to the Forum's CQC focussed report. No reply from Inspector to two requests. Raised issue with James Titcombe, National Advisor on Patient Safety, Culture & Quality, CQC who passed issue to Matthew Docherty.</p>