

**ACTION LOG – NOVEMBER 12th 2018**

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| **OBJECTIVE** | **PLAN** | **PROGRESS** |
| **EPILEPSY AS A MEDICAL EMERGENCY - IMPROVING URGENT AND EMERGENCY CARE** | a)Request access to new national guidelines in 2019. Focus on: PNES (Psychogenic Non-Epileptic Seizures), focal convulsions, access to meds for different grades of staff    b) NHS issues   * Are conditions in A&E adequate? * Sharing of medical notes across hospital locally and geographically   c)Introduction of PSPs - discuss with Sean and Epilepsy UK  h) Better advice re fits on trains for British Transport Policy (and LAS?)  g) Request info on epilepsy SI and 29 datix reports  See also end note relating to a detailed description of ReSPECT (alternative to PSP | a)Contact Epilepsy Uk for more information regarding their recommendations for changes to pre-hospital practice and PSP  <https://www.epilepsysociety.org.uk/emergency-medication#.W93u7JP7SUk>  b) LAS SI and datix  c) Fenella and Sean regarding adequacy of A&Es and sharing of medical notes  d) British Transport Police re advice on fitting patients. |
| **LAS AGM**  . | Responses requested to questions put to the LAS AGM by members.  LAS unable to provide answers at the moment.  The draft minutes of the meeting, including the questions asked are with the Chair for approval. | Philippa Harding – Governance lead with respond with answers to our questions in two weeks. |
| **SOUTH EAST 111 SERVICE** | Members observations to be carried out in November and December. Also Focus Group and joint work with Healthwatch pan-London | Put out request to members on November 8th 2018 for involvement |
| **Review of the LAS by London Assembly** | Minutes from the London Assembly : OCTOBER 11, 2018  6.1  The Committee received the report of the Executive Director of Secretariat as background to putting questions on the London Ambulance Service (LAS) to: Heather Lawrence OBE, Chair, LAS and Garret Emmerson, Chief Executive, LAS    6.2  A transcript of this discussion is on the Forum website: www.patientsforumlas.net    6.3  During the course of the discussion, Members of the Health Committee requested the Chief Executive Officer of the LAS to provide further information on the extent of the engagement consultation of the new LAS Strategy, *A world class ambulance service for a world class city*. | **LAS committed to attending the Health Committee on an annual basis to provide an update on the service the LAS was providing.**  **The final London Assembly report is expected in early December 2019.** |
| **EQUALITY AND DIVERSITY IN THE LAS** | 1) Information requested about number of BME staff leaving the LAS.  2) Roger Kline spoke at the July meeting of the Forum. See his publication about domination of white members on NHS Boards: Report available at: [www.england.nhs.uk/wp-content/uploads/2014/08/edc7-0514.pdf](http://www.england.nhs.uk/wp-content/uploads/2014/08/edc7-0514.pdf)  3) Questions to Melissa and Patricia. Meeting requested with Melissa. New E&D meeting on Oct 15. | 1) Minutes of E&D committee are attached.  2) Meeting held with Melissa Berry – report to follow  3) Responses to the Forum’s questions to Melissa are attached. |
| **ACCESS TO LAS BOARD PAPERS** | Hard copy in advance of meeting denied.  1) Under the FOI Act can the LAS provide information on their decision to deny access to hard copy LAS Board papers in advance of LAS Board meetings to the Patients' Forum for the LAS?  2) Will the LAS explain why access to Board papers was terminated following the LAS being removed from Special Measures by the NHSI and CQC? (The Forum has previously received papers for a period of 10 years from the LAS).  3) Will the LAS explain why they have frustrated the needs of lay people, including those with disabilities, who want to participate in Board meetings, by their refusal to provide hard copy in advance of Board meeting? Does the LAS agreed that their action is in violation of the Equality Act? | Raise with NHS Improvement and the CQC.FOI submitted to the LAS on October 2: Response received:  The Trust moved to an electronic board paper management system at the beginning of 2018.  As you are aware, Board packs are generally very large and require a significant amount of time and paper if they are to be printed and posted.  At the launch of the electronic board paper system in February 2018, I took the decision, together with the Chair of the Board, that the Committee Services team would not print any more sets of Board papers than would be required for members of the public attending Board meetings.  Board papers continue to be made available to all members of the public (including the Patient's Forum) on the London Ambulance Service NHS Trust website.  In light of this fact, and that to print a set of Board papers and post them could cost the Trust up to £50 for each pack, continuing the previous practice seemed an unnecessary cost.   The decision was not related to NHSI’s decision to remove the Trust from Special Measures, which was taken several months later. |
| **EMERGENCY OPERATIONS CENTRE**  **ADVERTISING JOBS IN THE EOC AND FUTURE VISITS**  **New set of visits to be arranged for alternative sites. Requests sent to members.** | 1. Raise issue with Patricia Grealish and Pauline Cranmer regarding advertising jobs. 2. The Forum has written to Pauline Cranmer to organise Forum members’ monitoring visits to the EOCs at Waterloo and Bow. Members were asked to sign in if they wished to participate.   The next available dates will be from Tuesday 26th February this being a Bow week.  Visits to EOC run on a Tuesday, Wednesday and Friday alternating weekly between Waterloo and Bow 9-1pm or 1-5pm – 2 Visitors per day 1 in the morning/ 1 afternoon. | 1)Patricia Grealish has confirmed that this matter is in progress and delivery will be in near future at both Bow and Waterloo  2) Visits to EOC being arranged in February and meeting with Pauline Cranmer regarding Forum recommendations being arranged. |
| **PATIENT SPECIFIC PROTOCOLS– PSPs** | Patient input needs to be strengthened. Raised with Trisha Bain who has agreed that information for patients will be produced.  Sent to Trisha – 7-10-2018  PSP leaflet almost ready for distribution. | Patient’ Centred leaflet finalised. Final to be sent to GPs via local Healthwatch and CCGs.  Awaiting publication of leaflet by the LAS.  Issue raised at Quality Oversight Group of the LAS on November 6 |
| **LAS STRATEGY** | 1)Follow up 5 major issues in Strategy.  2) In 2017 LAS launched an urgent care pilot in Croydon where advanced paramedic practitioners for urgent care (APP-UCs), who had received additional training, were dispatched to a targeted cohort of lower acuity urgent care patients. APP-UCs are able to perform enhanced clinical assessments and manage lower acuity injuries and illnesses in patients’ homes. The pilot has been extremely successful and has demonstrated that there are significant benefits to patients, our organisation and the sector as a whole for an expansion of this role across London. | 1)Allocate priority areas to members of the EC and other Forum members.  Details of Croydon Pilot requested from LAS. LAS Strategy team unable to provide details.  Tim Edwards advised there is an advanced paramedic practitioner urgent care programme which runs from four sites as of January 2019 following expansion.  Staff undergo an MSc in Advanced Paramedic Practice and discharge roughly double the numbers of patients a standard ambulance crew do with half the recontact rate.There is some academic literature to support this and last year NICE recommended these services should be put in place as part of the acute medical emergencies guideline. |
| **PRISONS AND SECURE ENVIRONMENT**  **Access to Prisons and Immigration Removal Centre for Emergency Call** | Data not available which records the time taken from arrival to patient contact and leaving prison or IRC  Check how accuracy of prison data reflects on ARP performance data.  An Incident Response Officer (IRO) is  a member of the Central Operations leadership team who is accountable for the safe management of incident scenes, supervision and on duty welfare of Clinical Team Leaders and all frontline staff in the field.  [esther.silva@nhs.net](mailto:esther.silva@nhs.net),  kate.davies@nhs.net | 1)Raise issue with Home Secretary and NHSE the commissioners for prison and IRC services. Raise also with Diane Abbot.  2) Zafar reported that: “LAS  has no jurisdiction once at the boundary of the relevant prison as Crew have  to adhere to local rules and regulations.  3) LAS has no data on the time to enter and leave prisons.  4) Very positive response from Kate Davies. Attached.  4) Raised with LAS Quality Oversight Group. |
| **LAS COMPLAINTS AUDIT** | **Methodology produced by Angela and sent to Trisha Bain. Copy methodology to members.** | LAS review group is reviewing our methodology. Attached to September papers. Very slow process. Issue raised at the Quality Oversight Group on November 6th |
| **FLU EPIDEMIC AND VACCINATION**  **1) What being done to increase the number of the LAS front line who receive the flu vaccine?** | **Forum wrote to Association of Chief Executives of Ambulance Services who contacted PHE on this issue. Public Health England PHE about promoting flu vaccination. Agreed to obtain comparative data from UK ambulance services on vaccination rates. Ask the Association of Ambulance Chief Executives (AACE) if they have data.** | Response from AACE who have raised issue with the PHE.  Request made for update. |
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**APPENDIX**

ReSPECT (Recommended Summary Plan for Emergency Care and Treatment

Here are some details regarding the ReSPECT form. This system is not used by local CCGs in London or hospitals, hospices or GP centres. ReSpect facilitates the production of recommendations (care plan) for a person’s clinical care in a possible future emergency, in which they may lack capacity or be unable to make or express choices about treatment options. It provides health and care professionals responding to that emergency with a summary of recommendations to help them to make immediate decisions about that person’s care and treatment

The plan is created through conversations between a person and their health professionals. The plan is recorded on a form and includes their personal priorities for care, and agreed clinical recommendations about care and treatment that could help to achieve the outcome that the patient and doctor most want. It also specifies those that would not help, and those they would not want. A specimen form can be found at the following web address: <https://learning.respectprocess.org.uk/#modules> and Web Learning app -<https://learning.respectprocess.org.uk/>