

**QUALITY ACCOUNT STATEMENT FOR 2019-20**

**& RESPONSE TO THE LAS QUALITY ACCOUNT**

**APRIL 15th 2019**

Dear Trisha, thank you so much for asking the Forum respond to your Quality Account priorities for 2019-2020. We have separately sent you our response to your key priorities for 2019-20, and have also sent you a list showing some of the Forum’s key achievements for 2018-19.

Our statement for 2019-2020 is as follows:

1. **CO-PRODUCTION WITH THE LAS**

 Our collaboration with you and your team is very positive and creative and

 has led to some important developments, including the Complaints Charter,

 which is now being highlighted in acknowledgement letters to all those who

 have made complaints to the LAS. We are also value the joint development of

 the Patient Specific Information leaflet for patients and carers.

1. **MONITORING EOC AND 111 SERVICES – MENTAL HEALTH CARE**

 Fifteen of our members have visited EOC in Bow and Waterloo and the

 111 centre for south east London. Our theme on this occasion has been

 the care of patients with mental health problems. Our members were

 well received and learnt a great deal about the operation of these three

 centres. We will extend this programme to north east London in the next

 few weeks. As a result of our observations: **WE RECOMMEND-**

1. Further development of mental health triage in EOC. Despite the significant developments of the mental health team, the duty of ‘parity of esteem’ is not being adequately exercised. As an example, most mental health related calls are not currently directed to a mental health nurse, and consequently some responses to patients lack the expertise that mental health nurses can provide, e.g. in relation to suicidal ideation. Thus, patients with similar conditions may get a very different response. We fully support the mental health car pilot that is currently being evaluated, and hope that a successful roll out across London of this service, will in time mitigate some of these difficulties and create more responsive services for patients in a mental health crisis.
2. The LAS should make representations to national ambulance forums to improve and update the ‘mental health card’ used in EOC. This should include a wider range of mental health conditions and events, e.g. anxiety, depression, psychosis and risk of suicide.
3. More mental health nurses should be employed to work in the EOCs, because when there is only one mental health nurse available, access to specialist mental health support is insufficient. If more mental nurses were available more mental health calls could be directed to a specialist local support teams. We understand that the LAS will support development, if evaluation of the mental health car provides a strong argument for roll out across London, and if funding following a successful evaluation is available from commissioners.
4. There needs to be for greater access to psychiatric liaison/relationship building with all local mental health teams in London, to reduce the risk of patients being sent to A&E as default. At the moment it appears that where an EOC mental health nurse is already familiar with the mental health team in a particular area, that the relationship works well and local services can be accessed more easily. This collaborative working relationship needs to be developed and extended to all mental health trusts in London – including and beyond SLAM and Oxleas.
5. The continuing use of a question to patients with mental health problems regarding their potential use of violence is inappropriate and should be stopped. Similarly, that the advice to patients in a mental health crisis waiting for a response, not to eat or drink should be abandoned as poor practice. We strongly recommend that the LAS raises these issues at national ambulance service forums, because the current situation can undermine appropriate responses to the care of patients with mental health problems and is antithetical to good clinical practice.
6. **ACCESS TO THE SECURE ENVIROMENT FOR EMERGENCY RESPONDERS - Category 1 and 2 ARP calls.**

 Currently no data is available on the time taken for paramedics to reach

 patients in prisons, immigration removal centres and youth offender

 institutions. Once an ambulance arrives at the prison gates, it appears that the

 clock stops, despite the fact that a core aspiration of ARP was to be 'patient

 centred' rather than 'target centred'. The Forum is attempting to gather data

 on this problem from the Home Secretary and Prison Minister.

 **WE RECOMMEND -**

1. The LAS collects data on the response times for all ARP Cat 1 and Cat 2 calls to the gates of all secure estate institutions in London for a period of 3 months.
2. The LAS requests paramedics and EACs who respond to calls to the secure estate, to record the time taken from arrival at gates to patient contact, for a period of 3 months.
3. **SICKLE CELL DISORDERS**

There has been significant progress in relation to the training of front line staff

 into the needs of patients with sickle cell disorders. CARU audits have shown

 how this training has enhanced patient care. Work continues with the Sickle

 Cell Society and the LAS Academy in relation to the production of staff

 training videos, the first of which relates to pain control for children and

 young people, which should be available in 2019. **WE RECOMMEND -**

1. That comprehensive staff training in relation to sickle cell disorders is annually kept up to date for all front line staff.
2. That CARU carries out a new survey of people with sickle cell disorders who have used LAS services, to determine if the quality of care for patients with sickle cell disorder remains of high quality and continues to improve.

 **5.0 COMPLAINT INVESTIGATIONS**

 The Forum is working closely with the LAS Chair**,** Complaint’s and Quality

 teams, to carry out joint audits of complaints. We will jointly recommend

 how the process can be made more sensitive and responsive to the needs

 of people who have complained, and how the complaints system can lead to

 enduring improvements in front line LAS services.  **WE RECOMMEND -**

1. Service improvements resulting from complaint investigations should be widely publicized, to give people who make complaints the assurance that their complaints contribute to enduring service improvements.
2. The joint team reviewing complaints should have the opportunity to write to complainants to seek their views on the outcome of the investigation of their complaints.

 **6.0 VOLUNTEER STRATEGY**

 a)The Forum is disappointed at the delay in publishing the LAS volunteer

 strategy. We have submitted to the LAS a proposal for the development

 of a volunteer programme aimed at promoting greater participation of

 BME communities in the work of the LAS, and we would like to see the

 implementation of a volunteer strategy that enhances BME community

 participation in the LAS.

 b) We would also like to see an enhanced process, to ensure that CFR

 volunteers are recruited more actively in every London borough and a

 more effective process is introduced to ensure that they can quickly take

 up their CFR role after training has been completed.

 Malcolm Alexander



 Chair

 Patients Forum for the LAS

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