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**Draft Meeting Note 25-3-19**

**MEETING WITH KATY NEAL (Head of Performance LAS Commissioning)**

**& LIZZY BOVILL (Director of LAS Delivery and Performance)**

**LYNN STROTHER & MALCOLM ALEXANDER, PATIENTS’ FORM FOR THE LAS**

1. **Background:** We explained our concern that over a number of years, that the influence of the Forum had declined in relation to the commissioning of the LAS. We pointed out that the Health and Social Care Act, the CCG Constitution and the requirements of NHSE required that the public were actively involved in commissioning arrangements. We added that we had written to Mark Easton as the Accountable Officer, because the CCG seemed to be excluding the Forum instead of including the Forum. As an example Malcolm explained that he had been receiving the Clinical Quality Review Group papers for a number of years but these were no longer being provided.
2. **Lizzy Bovill** explained that she represented Mark Easton, and that she and Katy were currently actively involved in the process of negotiating the LAS contract for 2019 to 2020. She said that currently the contracts were for one year only, but for the future a 3-5 years contacts were the aim as a means of strengthening commissioning of the LAS. She said that the process was guided by the National Commissioning Framework for AS and the Ambulance Response Programme (ARP) process. Lizzy said that the ARP is still in the process of development. She clarified that the LAS is commissioned on behalf of all CCGs, whereas the 111 service is commissioned by the south east and north east group of CCGs. In relation to the 999 service Lizzy said that they are acting on behalf of all service users in London. Critical to the negotiations with the LAS is the ratio of See and Treat to Hear and Treat.
3. Lizzy said that the CCG has a PPG team which links with a variety of patient groups.
4. **Katy Neal** said that the ToR of the CQRG acknowledged the Patients’ Forum as a contributor, subject to requests from the CQRG, i.e. a non-clinical member by invitation only. She explained CQRG papers were no longer provided to the PF (after several years of providing them to the PF) because of the change in the Terms of Reference of the group. Papers are regularly circulated to lay members of the CQRG for clinical review. Papers are not routinely shared with stakeholders that are members by invitation. are invited to attend.
5. Note – unless the papers are confidential and labelled as such they must be provided to the Forum. They have been requested under the Freedom of Information Act.
6. Katy agreed to review the forward planner for the CQRG to provide an opportunity for the Patient Forum to present its priorities for 2019/20 and to invite the PF to contribute to the CCG Engagement Strategy (which covers 32 CCGs). In relation to the influence of the PF, Katy acknowledge that in the past the CQUINs had been a vehicle of influence, but that CQUINs are now nationally mandated, which has reduced the opportunity to champion local prioritised initiatives through the Patients’ Forum. This has reduced the influence of the Forum in the commissioning of the LAS. Katy confirmed that the Forum would be invited to the CQRG in quarters 2 and 3. It was also confirmed that the LAS Commissioning team will be working with the patient engagement teams in Brent CCG to develop a comprehensive patient and public involvement strategy for LAS commissioning. The Patients Forum will be invited to contribute to the development of this strategy.
7. We described the wide range of activities that the Forum is engaged in including, currently, monitoring/observation visits to EOC and 111, a focus on mental health care and work with the LAS Academy.
8. Lynn explained that the **patients’ perspective** is essential for effective commissioning. She said that the significant changes which have taken place to the LAS are not understood by the public, and that publicity is needed to explain how the system now works and to enable the public to have appropriate expectations of access to LAS resources.
9. It was agreed that **education and publicity** are needed to assist the public to better understand how the system work, and that included the extended hours services now provided by GPs and urgent care centres (up 7pm). Lizzy added that the 111 and 999 services are expected to be better integrated in the future and she explained that demand from the 16-40 age group was continuing to increase. It was also acknowledged that for patients, the route from 999 through 111 could be tedious.
10. **Influence from the public**. It was agreed that this included the PF voice, complaints outcomes, risk analysis, outcomes of SIs, the view of Healthwatch and the voluntary sector and getting messages to and from patients. We emphasized the importance of public voice, and suggested that the CCGs and LAS should be proud of the high level of public involvement led by the Forum.
11. Lynn asked what pressure the CCGs bring to bear on hospitals that are subject to a high level of **ambulance queuing.** Lizzy described the work that has gone on with NHSI and hospitals such as Hillingdon, which have been amongst the worst performers. She said there are daily, weekly and monthly reports on this issue and a high level of activities to reduce the level of queuing. MA pointed out that in January 110 people waited more than one hour for handover across London. Lizzy said there has been a massive improvement at Hillingdon. She said the new local target is 100% handover within 30 minutes and that all handovers of one hour or more are subject to a SI report. There are also recovery plans, which take account of the impact of bad weather .The STPs are also monitoring the situation closely through their surge and winter hubs. There is a risk assurance process (led by NHSI), but there are no significant risks at this time.
12. **Impact of Brexit on the LAS –** we discussed the possible secondary impact of Brexit on the LAS as a result of staff shortages in the acute sector, causing longer waits for patients requiring handover to A&E departments. Lizzy said that this is not considered to be a risk at the moment. The Forum has written to Professor Willett on this issue who has replied providing some reassurance.

(The Forum is also in direct contact with the NHS EU team in Brussels).

**Lynn Strother and Malcolm Alexander, Patients’ Forum for the LAS**