**MEETING WITH TRISHA BAIN, JUNE 22ND 2017**

1. **Hackney Complaints Charter – LAS Support**

Trisha agreed to the LAS endorsing the Charter and would give a final view after our meeting with Garry Bassett (Head of Patient Experience Dept). I confirmed that the Charter had been agreed in principle by the Health and Wellbeing Board in Hackney subject to minor amendments and comments from the Homerton University Hospital.

1. **LAS Academy**

We discussed the Forum’s work with the LAS Academy and our future plans. The Forum’s draft report on our meeting with the Academy has been shared with Trisha and the final report will follow shortly. Three Forum members are currently working with the Academy, looking at policy, development and observing staff in their interaction with potential students during the selection and assessment process.

1. **Interactive Learning for Paramedics**

We discussed potential opportunities for staff to enter into discussions about the pre-hospital clinical care they have provided to patients, with acute sector/A&E staff who have received these patients for hospital care.

At the moment if a paramedic obtains details of a named patient’s clinical outcomes from hospital staff, it might be a breach of the Data Protection Act and HCPC regulations. Consequently, when staff obtain such information it is extracted discretely.

Discussions with multi-disciplinary clinical teams, learning more about the effectiveness of pre-hospital care and finding out about its impact on clinical outcomes, would be of immense value to the development of paramedics as effective HCPs.

Trisha agreed this would be a very positive step and that in addition paramedics could be invited to Serious Incident (SI) reviews when the SI concerns care and treatment they have provided to a patient.

We agreed to discuss with Briony the possibility of setting up of a pilot project with King’s College Hospital, to examine the opportunities for paramedics to learn about patients’ outcomes and participate in SI and patient safety meetings, in relation to patients they have cared for. Malcolm agreed to see if the model would also be rolled out at the Homerton University Hospital.

Trisha said that obtaining SI reports produced by other Trusts following the provision of LAS care, was also a concern and problem for the LAS– they do not refuse, but the bureaucracy is considerable.

Agreed to raise this issue with Peter Nicholson. MA to discuss issue with HCPC (education@hcpc-uk.org, Abigail.Gorringe@hcpc-uk.org).

1. **Cat C Calls – Target Revision**

We discussed the revision of the Cat C target, which sets a lower threshold for response to patients, i.e. much longer waits for vulnerable patients. The issue has been raised with the LAS and the commissioners, who have referred the matter to their contract team. I agreed to send data to Trisha showing when the change in target occurred. Ok done. Ascertain who agreed to change for how long and what the impact on patients is.

1. **Urgent Care Pathway**

 We discussed the role of Advanced Paramedics for MH care. The Forum will

 continue to argue the case for this grade of staff, as the only practical solution

 to meeting the needs of patients in a mental health crisis on the street, in a

 public building or in residential accommodation. This proposal would meet the

 need to ensure ‘parity of esteem’ and the duties under the Policing and Crime

 Act 2017.

 The Forum highly values the work of the mental health nurses in the

 LAS clinical hub, but they cannot be in the hub and on the streets at the same

 time providing care to patients in crisis. The level of training required by a

 paramedic training to be an Advanced MH Paramedic would need to be

 determined and agreement reached with the HCPC.

 Action: 1) Send Trisha copy of the SLAM+LAS MH video (Fionna M and Lord

 Adebewole), which illustrates the need for better and more assertive

 interventions by paramedics. OK done.

 https:www.youtube.com/watch?v=E\_CXyAhHQMo#action=share

 2) Prepare paper re proposal for Advanced MH Paramedics and

 present to LAS and possibly the CQRG.

1. **Command Point**

Need to determine the threshold for acceptance of care plans onto the CP system and whether there could be a proactive approach, e.g. if a paramedic determines that it would be in the patients best interests, can he/she propose a care plan is submitted. What would be the procedure in relation to the patient, GP, LAS clinical hub and mental health nurses? Is the system passive or can it be made pro-active, e.g. could Command Point identify repeated requests for a response/care etc and can it automatically send a red flag to prompt preparation of a CP attached care plan?

1. **Mental Health Dashboard**

The LAS have maps showing hot spots in London, e.g. high demand, location of first responders, highest demand for mental health care (s136) responses and incidents.

1. **Children and Young Persons in Crisis – Mental Health Pathway.**

Do these pathways exist in London? There is a problem of young people being sent long distances for inpatient care and treatment when they are in a mental health crisis. What do paramedics do if they find a young person in crisis, e.g. suicidal ideation? Do they have specific protocols?

Malcolm Alexander, Chair, Patients’ Forum