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**MEETING WITH GARRETT EMERSON AND HEATHER LAWRENCE**

**FORUM NOTES - DRAFT - JANUARY 22nd 2019 @ LAS HQ**

1. **Learning from complaints**

Very good progress in style of responses, and actions to identify and implement service developments. Amendments have been made to response letter standard wording. Deputy medical directors will be invited to play a bigger role in clinical governance of complaints and contribute to sign off. Contact will be made if appropriate with NHS Trusts, where significant issues are identified that can lead to better complaint investigation and outcomes for patient care. One key issue identified was improving diagnosis of sub arachnoid haemorrhage in pre-hospital care.

1. **Forum Meetings**
2. Excellent meeting with Ross Fullerton and Stuart Crichton re digitalisation of LAS and wider NHS data. Meeting was packed and an ongoing dialogue is expected with Ross and Stuart to promote PPI in the developmental stages of digitalisation in pre-hospital care.
3. Mental health care will be a focus at the March Forum meeting. Mental health services for children and adolescents will be a priority for the Forum in 2019.
4. The report of the London Assembly on the LAS will be the focus of a future Forum meeting.
5. **Forum Priorities**

These will be published shortly following a process of prioritisation.

1. **Support for Heavily Intoxicated Patients**

We noted that there is currently no service in the community for heavily intoxicated people to provide support and care outside of A&E departments. The LAS currently does not support the use of temporary external units to keep people who are intoxicated but not sick away from A&E. We noted that CCGs are reluctant to support such units because they would be paying to provide care for non-residents. We also noted that West Midlands AS successfully bid for money from government for a temporary street alcohol service over Christmas and New Year.

Garret agreed to provide data on LAS support for heavily intoxicated patients.

1. **Mental Health Care**
2. **The new mental health car** is staffed by a psychiatric nurse and a paramedic and operates in south east London. Data will be provided to the Forum on the operation of this MH team, e.g. number of patients taken to hospital and those discharged at scene (does that mean their home?). Data on conveyance to hospital before and after the team was established should also be available.
3. **Feedback from patients:** We discussed the need to develop methodologies to find out from patients about their experience of this new service and also patients who have used the NETS service i.e. those who have been assessed under the MHA and have been sectioned (s2 or s3). It is important for example to establish whether ‘leaving at scene’ was the right decision. The Friends and Family test does not help in this process.
4. **Advanced Paramedics in MH:** We discussed the Forum’s ambition for the development of advanced MH paramedics. Highly skilled MH paramedics would be an important resources for patients sectioned under s135 and s136.

MA suggested that the principle of ‘parity of esteem’ requires paramedics to be competent and proficient in both physical and mental health care, and that by working with MH nurses they are significantly enhancing their skills in this direction.

1. MA described his experience of the complexity of the current mental health system, which may provide vastly different resources for the same patient on different days. Access to the crisis line in south London is very difficult, because there is only one person available to respond to crisis calls.
2. **Diversity of the LAS Board**

It was agreed that greater diversity of NEDS would be of substantial benefit to the LAS. Malcolm drew attention to the significant development of the LAS Equality Committee in terms of leadership, attendance and progress.

1. **Patient Specific Protocols**

Noted that the patient centred PSP document has been finalised with Trisha and that the design should be completed within a few days. It is currently with Communications.

1. **Joint Complaints Charter**

MA asked if the Charter could be widely distributed to people who have submitted a complaint to the LAS and to LAS members. GE agreed to investigate the opportunities for providing greater public access to the Charter.

1. **Consultation on LAS Strategies**

 MA asked if a more formal process could be introduced to ensure that LAS

 strategies are subject to genuine public (stakeholder) engagement, review

 and scrutiny in a way that is consistent with the objectives of the draft LAS

 PPI strategy (going to the January board).

 It was agreed that stakeholder engagement beyond the Forum would be a

 very positive development. In addition the term ‘stakeholder needs to be

 defined. Our shared view was that it included the PF, HW and voluntary

 sector organisations.

 Noted that Judy Hague was to be brought into the LAS as a consultant to

 advise on the development of patient feedback methodologies and

 stakeholder engagement.

 Note: with regard to Consultation on LAS Strategies, we are only asking for

 compliance with the NHS Constitution (see attached guidance) and Cabinet

 Office Guidance (attached)

1. **Defibrillator Bill**

MA asked if the LAS could be proactive in advising staff and the wider community (e.g. by tweeting) about the Bill and letting them know that they can contact their MPs to support the Bill.

1. **Learning from Deaths in ASs**

MA reported that he had been invited by NHSI to participate in the development of the new AS Learning from Deaths policy. He has been in touch with Dr David Macklin, Deputy Medical Director to advise him of this development.

1. **The LAS Academy**

Noted that 20 Forum members are currently participating in activities with the Academy, through acting as mock patients, delivery presentations of PPI and the observing of the process of assessment of trainee paramedics.

1. **HART**

Ten Forum members met the HART in east London. The presentations were excellent and there was a good engagement between Forum members and the HART, e.g. one member who was previously a nuclear inspection will present to the HAR team about this experience of nucear installations.

Malcolm Alexander

Chair

PFLAS