

QUALITY ACCOUNT STATEMENT FOR 2019-20 & RESPONSE TO THE LAS QUALITY ACCOUNT

Dear Trisha, thank you so much for asking the Forum respond to your Quality Account priorities for 2019-2020. I attach our response to the areas that you have highlighted and also sent you a list showing some of the Forum's key achievements over the past year. I have also sent you our draft Co-Production Charter and we look forward to discussing this with you.

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 also value the joint development of the Patient Specific Information leaflet for patients and carers.

2) MONITORING EOC AND 111 SERVICES – MENTAL HEALTH CARE

Fifteen of our members are visiting 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-

- a) 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.
- b) As an initial step the mental health card should be expanded to include mental illnesses or events, e.g. anxiety, depression, psychosis and risk of suicide.

- c) There needs to be more mental health nurses on site, 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 support team.
- d) There is a need for greater access to psychiatric liaison/relationship building with all local mental health teams, to reduce the risk of patients being sent to A&E as default. At the moment it appears that where a mental health nurse is already familiar with the team in a particular area, that the relationship works well and local services can be assessed more easily. This collaborative working relationship needs to be extended to all mental health trusts in London.
- e) 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, the advice to patients in a mental health crisis waiting for a response, not to eat or drink should be abandoned as poor practice.

3) ACCESS TO THE SECURE ENVIRONMENT FOR EMERGENCY RESPONDERS - Category 1 and 2 ARP calls.

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

- a) The LAS collects data on the response times for all Cat 1 and Cat 2 calls to secure estate gates for a period of 3 months.
- b) 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.

4) SICKLE CELL DISORDERS

There has been significant progress in relation to the training of front line staff into the needs of patients sickle cell disorders, and 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 pain control for children and young people, and production of a staff training video, which should be available in 2019.

WE RECOMMEND -

- a) That comprehensive staff training in relation to sickle cell disorders is kept up to date for all front line staff.
- b) 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 sickle cell patients remains of high quality and continues to improve.

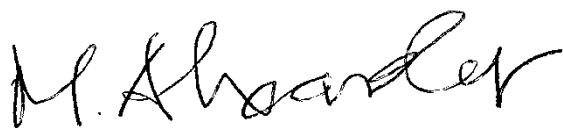
5.0 COMPLAINT INVESTIGATIONS

The Forum is working closely with the LAS Chair, Kaajal Chotai and Gary Bassett from the complaint's and quality teams, to carry out joint audits of complaints. We will jointly recommend how the process can be made more sensitive to the needs of people who have complained, and how the complaints system can positively improve front line services.

WE RECOMMEND -

- a) Recommendations produced as a result of complaint investigations should be widely publicized, to give people who make complaints the assurance that their complaints contribute to enduring service improvements.
- b) The joint team reviewing complaints should have the opportunity to write to complainants to seek their views on the investigation of their complaints.

Malcolm Alexander



Chair

Patients Forum for the LAS

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