

# PATIENTS' FORUM

## FOR THE LONDON AMBULANCE SERVICE

Chair: Malcolm Alexander

[PatientsForumLAS@aol.com](mailto:PatientsForumLAS@aol.com)

Vice Chairs: Saleha Jaffer & Joseph Healey

### Patients' Forum Ambulance Services London

#### Minutes of the Patients' Forum - DRAFT

Monday September 8<sup>th</sup> 2008 Time: 5.30pm - 8.00pm

Venue: Conference Room, LAS Headquarters, 220 Waterloo Road

Attendance	Apologies
- <u>Wendy Mead</u> (City of London)	-Saleha Jaffer-Vice Chair, Lambeth
- <u>John Larkin</u> - Barnet	
- <u>George Shaw</u> - Barnet	
- <u>Malcolm Alexander</u> -Chair (MA) - Hackney	-Louisa Roberts - Tower Hamlet
- <u>Lord Richard Dutton</u> (LD) - PTS User - Lambeth	
- <u>Michael English</u> (ME) - Lambeth	-Robin Standing - Enfield
- <u>Florence Odeke</u> -Lambeth	
- <u>Saleha Jaffer</u> - Vice Chair - (SJ) - Lambeth	
- <u>Mark Mitten</u> - Lewisham	
- <u>Sis Josephine Udie</u> - Lewisham	-Gary Orriss -
- <u>Jeannette Marriott</u> , Richmond and Twickenham Forum for Older People	
- <u>Lynn Strother</u> (LS) Dir, Greater London Forum for Older People - Richmond/Southwark	
- <u>Pat Duke</u> - Southwark	
- <u>Joseph Healy</u> - Vice Chair - Southwark	
- <u>Dave Payne</u> - Southwark	
- <u>Martin Saunders</u> (MS) - Southwark	
- <u>Barry Silverman</u> - Southwark	
-Sign Language Interpreters - 2	
8 boroughs	
We need the following:	
<b>LONDON AMBULANCE SERVICE</b>	
Andy Heward, Guest Speaker, Margaret Vander-PPI Manager, Alex Bass – LAS Communications and the new Community Engagement Officer – Russell Carpenter	

## **1.0 Minutes of the Forum meeting held July 14<sup>th</sup> 2008**

The minutes were agreed as a correct record.

## **2.0 Matters arising from the Minutes**

### **2.1 Community Responders**

WM asked for clarification on the statement that community responders had not yet resuscitated any patient who had had a cardiac arrest. MV explained that this was not due to a lack of skills, but probably because emergency vehicles had arrived in time for LAS to carry out resuscitation.

### **2.2 Older Persons' Strategy**

MA reported that the Forum had written to Claire G making the following points:

- Identifiable governance and accountability for recommendations that arise from the Strategy
- The critical role of PTS
- Opportunities for service users to express an opinion about services and be able to see the outcomes of their advice to the LAS
- Greater use of the 'message in a bottle' scheme.
- Development of work with pensioners group in the voluntary/community sector

**The Forum's letter to Claire G is available on request.**

## **3.0 PTS at Guy's and St Thomas' Hospital (G&T)**

JH reported that that an agreement had been reached with G&T regarding the use of Taxi-Cards (TCs). In future possession of a TC will not disallow the use of the PTS. Negotiations continue on the situation of mobility vehicle users. JH said that TCs were intended for social journeys and that London Councils had written to G&T to inform them of this. A claw-back of revenue by local authorities was possible, because G&T had pressurised patients to use TCs for hospital journeys.

JH added that there had been a protest by disabled users of hospital services at the Trust's open day and a great deal of publicity. A petition signed by 600 users had been collected and would have been presented to the G&T Board if an agreement had not been reached. An attempt to put questions to the G&T Board had been refused, but a Board Member, Steve McGuire, Director of Capital Estates had represented the Board in negotiations on this issue with Transport for All.

JH said that he intended to go to the Annual Meeting of G&T to raise the issue and to record the outcome of the negotiations. A letter had been received from the Head of Operational Services, Bill Cullinane, which confirms the agreement. A short-life PTS users group will now be established to process the next stage of the PTS development. A draft patient's leaflet had also been produced for comment. The user group will meet on September 25<sup>th</sup> from 2pm and representatives will be sought from older users, renal patients and Transport for All. Michael English asked whether Lambeth and Southwark LINKs will also be invited. It was agreed that Michael English would write to G&T Trustees asking for LINK members to be invited to join the short-life users group.

Barry Silverman suggested getting the involvement of the G&T Member's Council on PTS issues and raising the matter during the election for new G&T Members Council. Barry added that the PCT do not directly fund PTS and therefore have no direct influence over it (Action MA-OK)

Members agreed that it was essential to ascertain the statutory position re provision of patient transport services. Agreed to seek advice from Nic Daw (LAS). (Action MA-OK).

Pat Dukes asked the Forum to raise the issue of carer's access to PTS services and the training of PTS staff re the rights of carers. Agreed to raise this matter with Nic Daw (LAS-MA-OK), other PTS providers and the Carers Association.

Members noted that geographic PTS commissioning would be introduced soon and that this would require patient and user input. Agreed to write to PCT/PTS clusters on this issue.

#### **4.0 Cardiac arrest survival rates**

Arising from the presentation given by Chris Hartley-Sharpe on community responders, it was agreed to seek information on cardiac arrest and survival rates for comparable rhythms in London as compared to other similar cities.

(Action: seek information from Rachael Donohoe, Head of Research, LAS-MA-OK).

#### **5.0 Memorandum of Understanding and Proposed agreement on Confidentiality.**

5.1 MA reported that he had received a letter from Peter Bradley, Chief Executive of the LAS and asked to sign it on behalf of the Forum in order to allow continuing access to LAS meetings for Forum members. He said that the letter was intended to protect the confidentiality of any issues raised at such meetings. Agreement to the terms would also impose liability on Forum members for any disclosure that was thought by the LAS to harm their interests. Consequently, signing the letter would require Forum members to be indemnified against any such action by the LAS, against the Forum or its members.

JL the Company Secretary, informed the meeting that the LAS had declined to sign a Memorandum of Understanding (MoU) earlier in the year, which described the relationship between the LAS and the Forum. The LAS at that time said that they wished to keep the relationship at a more informal level. JL questioned the need for the document proposed by the LAS, as there had never been any inappropriate disclosure of information by Forum members as far as he knew. He asked to what extent there had been prior concern? He proposed that if a document was required that the MoU could be amended for the purpose. JL said that it was inadvisable for members to sign the LAS document, because of the potential liability that this would impose on Members. He proposed instead that a proper understanding was required on a 1:1 basis between the LAS and Forum about confidentiality of data or documents could be marked 'private and confidential'. He said the LAS approach to the Forum, in relation to the letter, could be considered draconian and

questioned who the agreement was really intended to be with; the company, individual members or the officers, and expressed surprise that the document contained no definition of 'confidentiality and said that paragraph 1.3 was unclear in its meaning. JL said that the Forum also needed to consider the implications for patient and public involvement across the country if such an agreement was signed with the LAS.

**ME said that the LAS letter was disgraceful and agreed to prepare a draft response to Peter Bradley. I was agree to meet PB to discuss this issue.**

ME added that as a principle of good practice for public meetings, that the names of neither patients nor staff should not be mentioned during LAS meeting to which the public or community representatives have access. He advised the LAS to formally adopt this principle. ME also suggested NHS London as a model of good practice for the LAS to emulate as they were inclusive without imposing any burden community representatives who participate in their meetings.

George Shaw said that signing the letter would set an unacceptable precedent with implications for LINKs members and other public involvement activities.

Barry Silverman said that signing the LAS document would be dangerous and wrong in principle. He said it could be the first step on a path which could affect both access to meetings and information. He said that the usual principle was clear that sensitive information was discussed in Part Two of NHS meetings.

Dave Payne said that he objected strongly to the Forum signing the LAS document because his allegiance and that of other members was to the public and to patients, and signing the LAS documents would prejudice the objectives and aspirations of the Forum. He asked what the opinion of the Unions was on staff being discussed at LAS meetings.

Sister Josephine objected to the attempt to make the Forum sign the confidentiality agreement. She said that the reputation of the Forum was exemplary and members had never breached patient confidentiality. She said that if Members of the Forum were excluded from LAS meetings that in effect the LAS was excluding patients and the public. Sister Josephine said it was not right to expect Forum members to swear an 'oath of allegiance' to the LAS.

Martin Saunders said that he participated in many SLAM (South London and Maudsley) and had never experienced the problem raised by the LAS. He said that at SLAM meetings, all patient data was anonymised.

Margaret Vander confirmed that there had never been any reported or alleged breach of confidentiality by Forum members. She said that the issues arose when the Forum changed its status.

Malcolm Alexander thanked members for the useful and detailed discussion and added that LINKs members who were also Forum members should derive their indemnity cover from their membership of a LINK but the extent of this cover was unclear. Potentially the LAS could find itself expecting LINKs members who are

members of a statutory body to provide indemnity through the LINKs whilst Forum members who were not members of a LINKs might be treated differently.

JL proposed a meeting with Peter Bradley to resolve this issue and this was agreed nem con. The following members agreed to attend: John Larkin, Michael English, Sister Josephine, David Payne and Malcolm Alexander.

## 6.0 Members Identification

6.1 Mark Mitten said that since April 1<sup>st</sup> 2008 members of the Forum had no formal identification to use on visits to LAS facilities and services. He said that as the Forum's lead for visiting and monitoring LAS services that he needed to make sure that Members on visits had adequate ID. He asked members to agree a solution to this problem so that the visiting programme can be restarted.

6.2 Margaret Vander (MV) said that she could not imagine ID being a problem during visits. She said that stations would be notified in advance and Members would only have to demonstrate who they were if requested to do so by staff. She said that in this respect nothing had changed in the relationship between the LAS and Forum.

6.3 John Larkin asked whether the arrangements for ride-outs were also unchanged bearing in mind the issue of indemnity.

6.4 MV said that as far as she knew that the situation remained the same and that indemnity was extended to Forum members after they had filled out an LAS form.

6.4 Malcolm said that he had raised this issue at an LAS Board meeting and had proposed that Forum members fell into the VIP category of people who go on 'ride-outs'. This category did not require that the person being carried to have their own indemnity and this could apply equally to Forum members, LINKs members eventually Foundation Trust members.

**Action: MV agreed to review this situation with colleagues.**

## 7.0 FRED and FREDA

7.1 Andy Heward, the Manager of the LAS Distribution Centre described the work of the Centre and said that the main objective of FRED was to develop faster, smarter and safer activation of emergency services. He said it is the only ambulance system in the country to provide this level of response.

7.2 Andy said that FRED and FREDA enabled immediate ambulance response to patients with serious medical conditions including cardiac arrest and is transforming emergency care in London. He said that a key feature of the system is the automated dispatch function and that the version for dispatching cars (FRED) offers real opportunities for reducing the time taken to firstly identify an incoming call, and then search for a suitably skilled resource as well as the nearest available resource. He said that all LAS cars are included in the system and there are deployment rules

built into the system. Selection of cases for response through this system are based on identification of appropriate key words from 999 calls, e.g. chest pain and cases are prioritised using an algorithm. Andy said that there are 940 determinants used to identify the severity of a person's disease. Andy said that the technology allows for on average 100 cars to be deployed by a single dispatcher and there is a small team supporting the main dispatcher in managing the system. He said that this was an example of best practice, which had now been applied to the dispatch of Ambulances on the area desks and an increasing number of Ambulances are now being automatically tasked to incidents. FREDAS will keep searching for an appropriate clinical response until one is found that meets the criteria. Three months data was analysed to be able to predict the volume of calls in particular areas of London and data was also collected to demonstrate how far a vehicle can travel in London in six minutes.

7.2 Andy said there were limitations on how the system is used, for example paramedics are not sent into situations where their safety is put at risk or if the situation is potentially dangerous. Patients with mental health problems are excluded from this response system. Airports and CBRN situations are also excluded

7.3 Referring to the management of cars in a particular area, Andy said that each car is 'ring-fenced' within a particular area to ensure that they can get to patients as soon as possible and cars are not sent out if an ambulance is near to the patient. The system also relies on swopping calls between crews so that the nearest most appropriately trained paramedic goes to the most appropriate patient.

7.4 Andy said that for every minute that is saved in getting to a patient with a cardiac arrest, that there is a 10% change in outcome.

7.5 For the system to work the location of the person needing care must be confirmed. Problems with finding addresses are being addressed by using the Metropolitan Police database gazetteer.

7.6 Wendy Mead asked whether it was the intention that all front line staff would eventually be paramedics. Andy said that this was not the policy. The LAS intention was to get the most appropriately trained clinician to get to the patient as soon as possible.

7.7 Joseph Healey asked whether front-line clinical staff are free to contribute to and criticise LAS policy and practice. Andy replied that the LAS had an 'open-door' policy.

7.8 Sister Josephine asked for more information about 'high risk addresses' and how the ambulance crew can respond appropriately to meet the clinical needs of patients if they cannot attend to the patients needs immediately. Andy replied that staff will remain in the near vicinity, within 200 metres of the person. He said there is a computerised CAD link between the police and the LAS and once the police arrive the crew will attend to the patient.

7.9 Pat Duke described the problems of patients who are paralysed and feel no pain.

She asked how the LAS ensures that they get appropriate care if they do not experience symptoms and pain in the same way as other people. Andy said that if a patient regularly receives care from the LAS, 'patient specific protocols' can be negotiated with the patient.

7.10 Andy displayed a 'dynamic deployment map' with a live screen to demonstrate to members who the FRED and FREDA systems work.

7.11 George Shaw asked if Category B calls were covered by the FRED and FREDA systems. Andy said that Cat B calls were included and this was helping the LAS to improve their response to these calls (95% should arrive within 19 minutes).

7.12 Andy Heward was thanks for his excellent presentation.

**8.0 The meeting ended at 7.30pm**