PATIENTS' FORUM

FOR THE LONDON AMBULANCE SERVICE

Chair: Malcolm Alexander PatientsForumLAS@aol.com
Vice Chairs: Saleha Jaffer & Joseph Healey

Patients' Forum Ambulance Services London

Minutes of the Patients' Forum - DRAFT
Monday July 14th 2008 Time: 5.30pm - 8.00pm
Venue: Conference Room, LAS Headquarters, 220 Waterloo Road

Attendance	Apologies
-Barry Silverman - Southwark -Charles Keevil - Oxford -Dave Emmett - Islington -Gary Orriss (GO) -Helen Sibthorpe - Transport for All - Lambeth -John Larkin - Barnet -John Sava - Islington -Joseph Healy - **Vice Chair** - Southwark -Lord Richard Dutton (LD) - PTS User - Lambeth -Louisa Roberts - Tower Hamlets -Lynn Strother (LS) Dir, Greater London Forum for Older People - Richmond/Southwark -Malcolm Alexander-Chair (MA) - Hackney -Mark Mitten - Lewisham -Martin Saunders (MS) - Southwark -Michael English (ME) - Lambeth -Robin Standing (RS) - Enfield -Saleha Jaffer - **Vice Chair** - (SJ) - Lambeth -Sis Josephine Udie - Lewisham -Tanvir Ajan - Hounslow -Sign Language Interpreters - 2 10 boroughs+2 We need the following:	Mary Arayo Florence Odeke George Shaw Lena Wanford Margaret Vander Garner Bertrand - Newham Wendy Mead (City of London) Gordon Deuchars - (Age Concern)
LONDON AMBULANCE SERVICE	
Chris Hartley-Sharpe - Guest Speaker, Alistair Drummond LAS, Claire Garbutt, Policy Manager	

1.0 Minutes of the Forum meeting held June 2nd 2008
The minutes were agreed as a correct record.

2.0 Matters arising from the Minutes

Polyclinics: Page 2 - 3.5: Joseph Healey drew attention to the enormous pressure being put on PCTs by NHS London to adopt the polyclinic model for the future organisation of primary care. Joseph said that he doubted that this mode would advance the health of people in the community or save lives and could not see how this model would prevent sickness or disease. He suggested that particularly for older people, people who are sick, or disabled or destitute that the proposed model would increase suffering. He said the polyclinic model appeared to be a device by Government to increase commercial access to NHS budget. As an example he provided details of negotiations that had taken place between Virgin and University College Hospital to establish a privatised polyclinic at UCH. It was noted that the Chief Executive of UCH had given assurance to Malcolm Alexander in December 2007 that there were not plans to develop a polyclinic at UCH in advance of the public consultation period.

Subject: RE: polyclinic at UCH

Date: 07/12/2007 08.11:30 GMT
Good morning Robert. There are rumours circulating in Camden that you intend to establish a Polyclinic within a UCH building in advance of the current strategic public consultation: Healthcare for London: Consulting the Capital.

If this were to be the case it would appear that you are operating outside the formal consultation framework and undermining the process of consultation.
You might also appear to be operating outside the local commissioning framework and ignoring your legal duties under S242 of the NHS Act 2006.
Malcolm Alexander, Chair, Patients' Forum LAS

Date: 07/12/2007 10.01:16 GMT

Dear Malcolm,
Thanks for your email of today date. I can confirm that we do not intend to establish a polyclinic at UCH in advance of the public consultation period. We are fully aware of the process of public consultation and keep in regular contact with Camden PCT and the London HA on this issue. This will not preclude us from a later proposal, subject of course to public consultation.

I think the confusion may be around on-going discussions with Camden PCT to have GP's working in our A&E services to see those patients who need this type of care rather than the more intensive services of A&E specialists. These discussions have been going on for a long time and significantly predate the Darzi Report. Like other Trusts in the NHS we have seen a massive increase in "minor injuries" and GP type patients attending our A&E in recent years and we believe this is due to the rapid access to medical opinion in our A&E compared to that in primary care.

I hope this helps. I have copied this to Rob Larkman the PCT CEO in case he wishes to add anything.

ROBERT NAYLOR. (Chief Executive, UCH)

Agreed that MA would copy the email correspondence to members and the Forum would, if appropriate take this issue up with the Chief Executives of UCH and Camden PCT, the Camden Journal, and Ham and High. Michael English agreed to raise the matter with the lead PCT Chief Executive for polyclinics.

Action: Michael English

Pandemic Flu: Noted that the information sheet on Pandemic Flu was ready for distribution following design work. Saleha Jaffer reported that KCH plans for Pandemic Flu were well advanced and agreed to obtain the documentation.

Action: Malcolm Alexander and Saleha Jaffer

3.0 Community First Responder (CFR) (obtain copy of slides)

Chris Hartley-Sharpe presented information on the CFR project. He said there were currently four sites in London where schemes had either been established (Biggin Hill) or are in the stages of development (Collier Row, Haringey and Feltham). CFRs are volunteers, who are trained in the use of defibrillators and act as an additional resource for the LAS. There have been problems with indemnity insurance but these problems have now been solved with the NHS Litigation Authority. It is intended for the future to target the scheme amongst higher-risk populations and cultural and language issues will be a focus of the scheme. For the Haringey scheme a leaflet has been put into every door of the target area and the Turkish radio and other media are assisting.

The fourth Community Responder scheme will go live on July 17th Haringey (Bounds Green), Chris said that the CFR brings together three different schemes: Community Responders, static defibrillator sites e.g. in stations and work with co-responders from other organisations. The defibrillators are the most expensive part of the project; however a bid has been put to the British Heart Foundation for 205 additional defibrillators (182 for static defibrillators - a 50% increase and 23 for the Community Responder schemes). Chris said this will require a significant training commitment from the LAS (there are currently two staff on our training team). None of the schemes is currently running 24/7 and nights are rarely covered. He said that community responders are being dispatched to jobs, but there are problems in the Emergency Operations Room which limit the effectiveness of the scheme at the moment. They only carry their equipment when on duty and only one person is on duty in each area at a time and the paper hand-over requirement is the same as for 'rapid response units'.

Chris said that CFRs are provided with LAS phones, use their own cars with magnetic LAS badges and never use blue lights. They can attend Category A and B calls, i.e. patients who are unconscious, cardiac arrest, difficulty in breathing, collapse, diabetic or fitting, but <u>not</u> major trauma, violence, drugs, alcohol, obstetrics, gynaecology, or children under 8. They have identical equipment to LAS rapid response crews. Chris said that so far there has not been a successful resuscitation of a patient by a 'community responder', although there have been cases where the 'community responder' has arrived first and taken appropriate action, and others where they have assisted crews in cardiac arrests.

More cardiac arrests happen during peak hours and 70% of hospital cardiac arrests have ventricular fibrillation and their condition can be reversed.

Lastly, Chris said that Community Responders may work with St Johns, Red Cross and the City of London Police. Work is also developing with Hatzola (the Jewish ambulance service in Stamford Hill and Golders Green).

Questions to Chris:
1) Saleha Jaffer asked whether the scheme was used at public events.

Chris replied that ambulances with crews were used for such events, either from the LAS or other providers.

2) John Sawa asked how community responders would assist a person with a hearing disability if they were asked to attend to them. He also asked more generally how the LAS gives information to deaf people, e.g. by video, internet etc. He said this was what the Disability Discrimination Act was about.

Chris acknowledged that this was a problem and said that discussions are continuing with LAS staff to find a solution to the problem and that a DVD is being developed for the training of the front line crews to improve communication with deaf people.

Robin said that discussions have been taking place between Forum members and the LAS for a long time on this issue and he hoped there would soon be some outcomes.

3) Dave Emmett asked if one of the roles of the First Responder scheme was to update the skills of those who previously had CPR training. Robin agreed this was a very important issue.

Chris said that this was one of the priorities of the project.

4) Michael English asked whether the incidence of cardiac arrest and survival rates in the UK can be compared to other countries.

Chris agreed to obtain the answer to this question. He said that patients with appropriate rhythms in the UK now had a 16% survival rate if the attack happened outside their home. He added that the care pathways for myocardial infarctions were very successful and thought that if they were used for stroke that they would probably be successful in saving lives and reducing morbidity.

5) Sister Josephine asked whether Community Responders were able to help with the recent plane crash in Biggin Hill.

Chris said that Community Responders did not help on that occasion. They would

be used however to fill gaps during a major incident when front line staff were involved in a 7/7 type of incident.

6) Dave Emmett asked whether community responders are trained to deal with serious bleeding?

At this stage, Chris said that they would not, but training would move in that direction cautiously.

7) Malcolm asked whether Chris and his colleagues had a strategic view of the development of the Community Responder scheme, e.g. matching the number of community responders to local need. He also asked if there were any measures of success?

Chris said that approach is not being used at the moment. The focus is on saving lives as the opportunity arises. There is some outcome data from rural areas and from the USA.

8) Helen asked how many Community Responders would be needed in a team to provide adequate cover.

Chris replied that is the best developed scheme in Biggin Hill there are 17 Community Responders and they can provide cover for half of the week. They hope to recruit 30 people for this scheme.

9) Are the public informed that the Community Responder is a volunteer and is there information for patients who have been treated by Community Responders about the service they have received?

Chris said that he would like to produce a leaflet for patients who have used the service. Mark Mitten and Sister Josephine agreed to work with Chris on the development of this leaflet. Alistair added that the communications department would like examples of successful cases so that they can be widely publicised.

10) Lynn asked where the funding for the scheme comes from?

The funding comes from the LAS, St John's, Red Cross and the British Heart Foundation.

Chris was thanked for his excellent presentation.

4.0 LAS Older Persons' Strategy

4.1 Claire Garbutt is leading for the LAS on the updating of the Older Person's Strategy. She said there had been a stakeholder meeting organised by the LAS to discuss the Strategy on May 15th and this had been attended by Lynn Strother and David Hart. The document will be available for discussion by Forum members until July 28th and will be submitted to the next Clinical Governance meeting in August. Members emphasised the importance of developing a more effective PTS services as part of the older person's strategy and the 'message in the bottle scheme'.

Claire said that feedback will be sent to the Forum and to people who attended the Stakeholder meeting.

5.0 PTS at Guy's and St Thomas Hospital

5.1 Joseph Healey reported on the continuing problem at Guys and St Thomas Hospital with the misuse of the Taxicard system. He said that Taxicards were intended for social not medical journeys and that this had been confirmed by London Councils, who had written to the Hospital strongly advising them that patients should not be asked to use their Taxicards for hospital journeys. The hospital had responded by advising people with Taxicards that as they were able to use a taxi that use of the PTS would not be allowed. The hospital had advised, that patients able to use taxis should pay for these themselves even if they do not have any remaining Taxicard vouchers. The Hospital adopted a similar policy for people with mobilising vehicles. It was noted that users of Taxicards had a fixed number, e.g. in Lambeth users receive 12.

5.2 Transport for All and the Patients' Forum had held discussions with Bill Cullinane and Amanda Millard. There had also been a demonstration outside St Thomas Hospital on their Open Day and a great deal of media coverage. A petition had been running for several weeks and would be presented to the Trust Board. It was noted that the Appeals Procedure had been requested from the Hospital but was not available. Joseph said the policy was insensitive and failed to respond to changes in patient's clinical conditions and levels of disability. The assessment is non-clinical.

5.3 It was agreed:
a) to raise the matter with the Audit Commission
b)to investigate the situation in other London hospitals
c)to obtain information about the training of PTS staff working for the private contractors at Guy's and St Thomas and their ability to cope with emergencies
d) Lord Dutton asked also for an investigation of the quality of Savoy Vehicles used by Guys and St Thomas and this was agreed
e) to ask London Boroughs to fund a survey of NHS Trusts/Foundation Trust re use of Taxicards.
f) to work with Guys and St Thomas to set up a PTS user's group.

5.4 PTS at King's College Hospital
Noted that King's College Hospital has clamped one of its own ambulances for parking on it premises. A photograph from the South London Press was distributed.

End