

# 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 October 6<sup>th</sup> 2008 Time: 5.30pm - 8.00pm

Venue: Conference Room, LAS Headquarters, 220 Waterloo Road

Attendance	Apologies
-George Shaw - Barnet	-Louisa Roberts - Tower Hamlet
-Arthur Brill - Camden, NHS London Commissioning Gp and RFH Council-	- Robin Standing - Enfield
-Alan Wheatley - Camden, Green Party	- Dave Payne - Southwark
-Malcolm Alexander-Chair (MA) - Hackney	- John Sava - Islington
-Dave Emmett - Islington	- Wendy Mead (City of London)
-Robin Kenworthy - Kent LINK	- John Larkin - Barnet Company Secretary
-Lord Richard Dutton (LD) - PTS User - Lambeth	- Barry Silverman - Southwark
-Patrick O'Sullivan - Lambeth	- Margaret Vander - LAS
-Michael English (ME) - Lambeth	
-Florence Odeke-Lambeth	
-Saleha Jaffer - Vice Chair - (SJ) - Lambeth	
-Mark Mitten - Lewisham	
-Sis Josephine Udie - Lewisham	
-Charles Keevil - South Central Ambulance Forum, Oxford/Bucks	
-Jeannette Marriott, Richmond Forum for Older People	
-Lynn Strother (LS) Dir, Greater London Forum for Older People - Richmond/Southwark	
-Pat Duke - Carer, Southwark	
Catherine Gustaffe - Southwark	
-Joseph Healy - Vice Chair - Southwark	
-Martin Saunders (MS) - Southwark + (King's New A&E Project)	
-BibiSaffina Zafar - Southwark Disability Forum Treasurer and EC, Southwark LINK	
-Gary Orriss - Wandsworth	
Sign Language Interpreters - 2	
<b>GUEST SPEAKER - Peter Walsh, Director of Action Against Medical Accidents</b>	
<b>LONDON AMBULANCE SERVICE</b>	
Gary Bassett, Head of Complaints and PALS, LAS	

1.0 Apologies; received from Wendy Mead, John Larkin, Robin Standing, Louisa Roberts, Dave Payne, Barry Silverman

## 2.0 Minutes of the Forum meeting held September 8<sup>th</sup> 2008

Minutes were agreed as a correct record except for Page 4, para 3: Michael English asked for the following corrected paragraph to be inserted:

“ME added that as a principle of good practice, 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 on community representatives who participate in their meetings.”

## 3.0 Matters arising from the Minutes

3.1 The full list of action points and outcomes is attached.

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

Joseph Healey (Vice Chair) described the successful and continuing work to resolve the issue of use of the PTS by elderly, frail and disabled people who had Taxi-cards. He said that the Taxi-card issue had been resolved but there was still an issue concerning the use of disability vehicles. Joseph said that a users group had been set up which he had attended for Transport for All. He asked members to agree that he could attend future meetings of the User's Group on their behalf. Joseph said that he had attended the Annual Meeting of the Guy's and Thomas' Trust (G&T) and had presented a petition to the Trust Board on behalf of PTS users and had been given the opportunity to speak to the meeting. He said that it appeared that the G&T Patients' Council had not been briefed on this issue. Joseph said that attempts to speak at the Foundation Trust Board Meeting had been rebuffed, but he had had a useful meeting with Steve McGuire who is a G&T Board Member.

3.2.1 Joseph said that the position of the G&T had been rigid and that renal patients in particular had been critical of the Trust. An equality impact assessment would now be carried out and Joseph said he hoped this process would help to address the equality issues. A questionnaire was being designed to send to all patients to ask them for their views on the assessment criteria.

3.2.2 JH said that another issue that was being pursued concerned CRB checks on PTS crew at G&T - he said that confirmation was being sought to ensure that all had been CRB cleared.

3.2.3 Regarding the future of PTS, JH said that if acute services moved to Polyclinics patients might be asked to use their taxi-cards to use PTS to go to Polyclinics. He said at the moment Taxicards are used to go GPs. Agreed to raise this issue with NHS London and London Councils.

3.2.4 George Shaw asked Members to focus particularly in the needs of renal patients and this was agreed. Action: contact Kidney Patients' Association.

3.2.5 Malcolm Alexander reported that he had met Nic Daw the head of PTS at the LAS (briefing note attached). He had also written to Malcolm Stamp who was head of the Provider Agency for NHS London reminding him of the need to involve the public in the purchasing of PTS services and associated quality issues.

3.2.6 Arthur Brill asked if the PTS patients group at G&T was effective. He said that he is a patient's representative on the Public and Patients Advisory Group for NHS London and would be happy to work with the Forum on PTS issues. Action: Joseph.

3.2.7 Joseph Healey replied that the current G&T user's group, was 'short-life', but there were very good reports of the effectiveness of the Royal Free PTS users group.

3.2.8 Joseph Healey raised the issue of the organisation of and payment for PTS journeys to polyclinics. This was likely to become a major problem as a result of the Darzi Report as services move from the acute sector to the primary care sector. He said this could have an impact on the use of taxi-cards for PTS journey because their use for GPs visits is accepted.

#### **Agreed:**

- Joseph Healey will represent the Forum on the G&T PTS User's Group
- To contact the Kidney Patient's Association at G&T to obtain information about their experience of PTS.
- Write to NHS London's lead on transport issues and London Councils for an opinion on the future use of taxi-cards.

#### **3.3 Meeting with Nic Daw, Head of PTS for the LAS - attached**

#### **3.4 Letter to Malcolm Stamp, Chief Executive of the Provider Agency - attached**

#### **3.5 Indemnity for Forum Members attending LAS Meetings**

3.5.1 Noted that no response had been received from Peter Bradley to requests from Sister Josephine and Malcolm Alexander for a meeting. This was to discuss collaborative work with the LAS, access to meetings, and the request to Forum members to sign an agreement pledging confidentiality in relation to matters discussed at LAS meetings. Sister Josephine reported that she had raised the matter with Peter personally and he had agreed to meet.

3.5.1 Members expressed concern that as LINKs members had no state-backed indemnity, that they could become subject to the same limitations as had been proposed for Forum members.



### 3.6 Equality and Diversity in the LAS

3.6.1 Saleha Jaffer (Vice Chair) proposed that the Forum reviewed the progress made by the LAS in recruiting a diverse workforce. She suggested requesting the following information:

- a request for comparative data on the disability, ethnicity and gender of frontline staff.
- Details of progress with action plans for improvements to recruitment processes

3.6.2 She proposed a meeting with the Director of Human Resources - Caron Hitchin and the Head of Diversity to assess progress with diversity strategy and staff training in diversity issues. She also suggested a focus on equalities and diversity at the December Forum meeting and to issue an invitation to Caron Hitchin and the Commission for Equalities and Human Rights.

3.6.3 Gary Bassett reported that the LAS had lost two Diversity Managers over the past two years and suggest meeting with Caron Hitchin.

Action:

- contact Caron Hitchin to arrange a meeting and to collect data
- invite Caron and the CE&HR to the December Forum meeting.

### 4.0 Guest Speaker - Peter Walsh - Director of Action Against Medical Accidents (SLIDES)

4.1 PW said that AVMA is an organisation committed to safety and justice which provided free confidential advice, an information helpline, a case work service for people who have been harmed during medical care and access to lawyers who specialise in medical negligence work. He said that AVMA received about 4000 calls each year. In addition to these services, Peter said that AVMA received money from the National Patients' Safety Agency to run the 'Patients for Patients Safety Project', which enables lay people to monitor the effectiveness of the health services in relation to patients' safety. In relation to ambulance services, PW said that AVMA probably received about 100 cases each year and the most common issue was whether delay had caused an unnecessary deterioration. He said that appropriate triaging of calls to ambulance services was a key issue in cases that came to AVMA.

4.2 Gary Bassett said that the LAS recognised the need to investigate the effectiveness of triage in emergency care, routinely investigates outcomes of triaging decisions and recognises the potential problems with the triaging system.

4.3 PW said that in April AVMA had recruited 22 Patient Safety Champions who act as ambassadors and diplomats on safety issues, particularly at a strategic level. They are lay people and sometimes former health professionals.

### Patients for Patient Safety Project

## Patient Safety Champions for England and Wales

Recommendation 13 of Safety First (Department of Health, England, 2006) called for the development of a network of 'patient safety champions' drawn from patients and the public, to work with the NHS to improve patient safety by bringing patient experience and perspectives to this work. The rationale was that experience around the world shows that it is in the countries where there is such involvement of patients that work on patient safety is most successful. The recommendation was that the initiative has close links to the Patients For Patient Safety (PFPS) work stream of the WHO World Alliance for Patient Safety which has pioneered the concept of patient safety 'champions'.

[http://www.avma.org.uk/pages/patient\\_safety.html](http://www.avma.org.uk/pages/patient_safety.html)

4.4 Saleha Jaffer asked whether there are many cases where language barriers had caused delay leading to medical accidents? Peter said he did not have specific information on this issue and suggested getting the Patient Safety Champions to connect with the Forum to discuss this issue and other issues concerning ambulance services.

4.5 The NPSA had also set up *Patient Safety Action Teams* in December 2007 which work with Strategic Health Authorities.

4.6 PW said that Patient Safety Champions would work with LINKs and would promote the involvement of the public in clinical governance and patient safety work in every part of the country. They will consider how patients can be involved in both identifying problems and in designing solutions. Much of their work is guided by the NPSA policy - Being Open, which required to the NHS to be open and transparent. <http://tinyurl.com/6fhw9u>

4.6 Lord Dutton, asked how the public can find AVMA and access its services?

4.7 PW said that there is a web site and AVMA's services are very accessible. He said that a lot of work needed to be done with ICAS (Independent Complaints Advisory Service), PALS and complaints services to encourage them to provide better information about AVMA to people with complaints and who needs advice. In reply to a question from Saffina, PW said for those not on the internet telephoning and writing to AVMA would always produce a good response.

4.8 Gary Bassett said that the LAS website would be linked to the AVMA website.

4.9 Arthur Brill said that neither PALS nor Patients Forums at the Royal Free Hospital had ever mentioned AVMA. He asked if patients could be given a card with information about AVMA together with other relevant information about complaints. PW agreed this would be a good idea and would consider how it could be done.

4.10 Michael English asked why the National Patients' Safety Agency existed in addition to Health and Safety Executive.

4.11 PW replied that while the NPSA is far from perfect, but it is health and



patient focussed and reduces the fragmentation of responsibilities in relation to patient safety. The NPSA also supports the development of 'national patient safety networks' and the training of lay people across the country who are becoming specialists on patient safety. He said that this give AVMA a free range to look at any patient safety issue, and drew particular attention to the Department of Health publication - Safety First (<http://tinyurl.com/59mkrq>) which spoke about "challenging the culture of denial". He said that many clinicians had a concern 'out of all proportion about the risks of medical negligence claims'. He said there are about 100,000 adverse incidents each year with very few claims against doctors - sometimes the legal system is the only way of getting information and justice.

#### **Safety First - Recommendation 13**

**The active involvement of patients and their families should be promoted by establishing a national network of patient champions who will work in partnership with NHS organisations and other key players to improve patient safety; the network should also have strong links with WHO World Alliance for Patient Safety's 'Patients for Patient Safety' initiative.**

#### *Rationale*

Consumers of healthcare are at the heart of patient safety. When things go wrong, they and their families suffer from the harm caused. Such harm is often made worse by the defensive and secretive way that many healthcare organisations respond in the aftermath of a serious event. Around the world, healthcare organisations that are most successful in improving patient safety are those that encourage close cooperation with patients and their families. Patients and their families have a unique perspective on their experience of healthcare and may provide information and insights that healthcare workers may not otherwise have known. Partnership must be a key theme: patients, health professionals, policymakers and healthcare leaders should be working together to prevent avoidable harm in healthcare. **A particular focus is to challenge the current culture of denial.**

4.12 Gary Bassett said that the LAS was committed to providing training for staff on the 'Being Open' and was committed to challenging the blame culture.

4.13 PW said that AVMA had campaigned for the 'NHS Redress Scheme' which had been agreed in parliament but had not yet become law. He said that this scheme will make access to justice easier.

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4010641](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4010641)

4.14 PW said that the Chief Medical Officer CMO, had issued a very useful consultation document called 'Making Amends'. He said that accepting responsibility was more important than assigning blame and that being open must be a top priority. He quoted Sir Liam Donaldson (CMO) "To err is human, to cover up is unforgivable, and to fail to learn is inexcusable." (speaking at the launch of

the World Alliance for Patient Safety in Washington DC on 27 October 2004) and added that 'being open' decreases the risk of litigation.

4.15 Referring to AVMA's aspiration for a 'Duty of Candour' to be laid on health professionals and managers, PW said that the NHS Redress Bill failed to include this duty despite appearing in the DH document 'Making Amends'. He added that this would have placed a legal obligation on being open and honest in reporting incidents to patients and families - without it information about negligent harm can legally be withheld.

4.16 Malcolm Alexander asked PW about the judicial review planned by AVMA against the GMC and why the GMC was so secretive.

4.17 PW said that the General Medical Council (GMC) is facing a judicial review initiated by AVMA of its decision not to investigate allegations of 'cover up', fraud and perverting the course of justice, by doctors following the death of a ten year old boy - Robbie Powell, from South Wales in 1990, due to alleged negligence. He said that AVMA applied for a judicial review on 12th August 2008 and is awaiting the outcome of the application. He said that so far a 'limited costs order' had been obtained from the Court. PW added that the GMC seemed to believe that they could protect doctors from litigation by failing to investigate this case. He said that doctors are protected by the 'medical defence unions' which are wealthy, whilst patients have little protection or support.

4.18 Referring to a study by the National Audit Office of health organisations - A Safer Place for Patients Learning to improve patient safety:- PW said the NAO study showed that although 69% of Trusts had criteria for staff to follow when an incident had occurred, only 24% routinely informed patients when they were involved in a reported incident and 6% of the organisations did not inform patients at all. [http://www.nao.org.uk/publications/nao\\_reports/05-06/0506456.pdf](http://www.nao.org.uk/publications/nao_reports/05-06/0506456.pdf)

4.19 George Shaw asked whether the privatisation of medical care was increasing the risk for patients of medical accidents?

4.20 Joseph Healey asked whether Strategic Health Authorities should be held to be liable if they fail to ensure through their performance management, that Trusts are performing, in relation to patient safety, in way that was consistent with the legislation and good practice.

4.20 PW said that AVMA believed that:

- The Being Open guidance should be made mandatory and should also apply to the GMC and other registration bodies.
- Damages following medical negligence should be increased if there was failure to abide by a 'duty of candour'.
- More should be done in relation to the private sector which was generally outside the framework that covers the NHS. He said the private sector was a grave cause for concern.
- It should be illegal for a health body to fail to report a patient safety



incident to the NPSA, and reveal details to patients.

4.21 Gary Bassett said that the LAS would welcome working closely with AVMA

4.22 Jeannette Marriott asked if AVMA would ensure that all LINKs knew about AVMA's work.

4.23 David Emmett asked if a telephone number for AVMA could be more widely advertised.

4.24 Malcolm Alexander thanked Peter for his excellent presentation.

## **5.0 First Responders Report**

5.1 Mark Mitten and Sister Josephine reported that the First Responder scheme is active in Biggin Hill, Feltham and Haringey and is being developed in other areas. Mark said the system depended on well trained civilians and that progress with the project was very positive, but data was not available on how 'first responders' had reduced morbidity and mortality.

5.2 Noted that data requested from Rachael Donohoe (LAS research) on comparative international survival rates from cardiac arrest (for comparative rhythms) was awaited.

5.3 Gary Bassett reported that several FOI requests had been received regarding First Responders. He added that there had been an investigation regarding a death following treatment from a community responder group which was not connected to the LAS scheme. He agreed to provide the Forum with additional information.

5.4 George Shaw said that the Forum must ensure that the First Responder Scheme was not a substitute for LAS services. Members agreed this unanimously.

5.5 Robin Kenworthy said that in his area, e.g. on the Isle of Sheppey and Romney Marsh, an ambulance could not get to patients and community first responders were essential. He said that four ambulance service managers were responsible for the territory.

5.6 Arthur Brill suggested that the NHS should supply everyone with a 'smart card' that would enable them to get the right emergency treatment 'anywhere at anytime' and give any clinician attending to them details of their medical history and medication. Robin Kenworthy commented that this already existed for people with a pace-maker and diabetics and in addition people can carry their repeat prescriptions with them if they are on a lot of medication.

## **6.0 Annual Health Check - Healthcare Commission**

6.1 Malcolm Alexander, reported that the National Association of LINKs Members was working with the Healthcare Commission to generate statements from patients and carers about the quality of services they experience in the NHS and other health services.



## 7.0 LINKs development - NALM

7.1 Malcolm reported that NALM had just produced a report which examines the progress made in the development of LINKs in the period April 1<sup>st</sup> 2008 - August 8<sup>th</sup> 2008. He said that LINKs are the Government's main statutory vehicle for the public to influence policy and practice in health and social care in England. The report is based on FOI questions put to all 152 LAs in England with social services' responsibilities and examined:

- the way the 'pump-priming' £10k has been used by local authorities
- the way funding has been used so far by LAs
- the current status of the LINKs
- the effectiveness of transitional arrangements.

He said that one interesting findings was how much Local Authorities were taking for themselves from LINKs budgets and the other was the almost complete failure to ensure the continuity of monitoring activity after the abolition of Forums.

## 8.0 Patients Experience

8.1 Gary reported that the Department of Health were about to publish another document on 'the patients' experience.

Action: Seek a draft copy from the DH.

The meeting finished at 7.30pm

End