

Minutes of the Patient and Carer Service Improvement Focus Group

Date: 28 March 2019 11.00 – 12:30 Venue: Boardroom, Education Centre

Initial	Attendees	Role
	Dedaated	Head of Patient Experience & Legal Services
	Redacted	Focus Group Ophthalmology
AR	Ashley Reed	ACP in Emergency Department
		Patient Representative
-	-	Matron
-	Redacted	Bereavement Co-ordinator
		Head of Nursing
		Tele-Tracking Project Manager
		Patient Advice & Liaison Officer (minutes)

1. Minutes

ltem	Discussion	
1.1	Apologies A number of apologies given.	
1.2	Minutes of the previous meeting and actions arising	
	Minutes of the previous meeting on 7 August 2018 were agreed as an	
	accurate record. Amend typo on page 2 and 5.	
	The meeting began with introductions around the table.	
1.3	Pre-Hospital Emergency Medicine (PHEM) Feedback - Ashley Reed,	
	Trainee Advanced Clinical Practitioner	
	PHEM is collaboration between Princess Alexandra Hospital in Harlow and	
	the services that transport unwell patients (ambulance and air ambulance	
	teams) and provide pre-hospital care to those patients. They are currently in	
	the process of expanding to other hospitals in the East of England and	
	London.	
	It is led by Dr Matthew Snowhill, and an A&E doctor who works with a team	
	of doctors and ambulance staff to provide the service.	
	PHEM is a feedback scheme where pre-hospital ambulance crews, air ambulance scheme, doctors and paramedics, are able to find out what	
	happened to the patient they attended. They can find out relevant and	
	proportional information and take reassurance/ learning from this.	
	Feedback is requested via a safe information governance porthole and the doctors who work at the hospital can give a report that can then be	
	feedback.	
	It will help with lifelong learning and reflection, which is seen as vital	
	learning by both the General Medical Council who oversee doctors and the Health and Care Professions Council who oversee ambulance staff.	
	The 3 pillars are learning	
	1. Safety - In a safe and information governance scheme, you can access	
	notes and you do not need consent. You can de-consent from the	
	scheme but do not need patient to consent.	
	2. Learning - Currently the clinician/paramedic goes to a debriefer in the	
	East of Essex Ambulance Service and requests feedback on their	
	patient, if they meet the required criteria then a request can be made. It	

	will go to the DUEM to one who commits a negative. The negative second to	
	will go to the PHEM team who compile a report. The report goes back to the debriefer via a safe secure porthole who keeps the report. They will then call the clinician in to talk through the report. The debriefer is a trained member of staff. It is all anonymised and therefore it can be shared for learning purposes. A case has to meet one of the following criteria's.	
	 Significant diagnosis uncertainty - (unsure what happened to the patient to improve their learning) Critically unwell patient - Trauma patients Significant emotional distress to the patient 	
	3. Wellbeing - The benefit of having this for frontline clinicians/paramedics is for one a morale booster. Doctors are giving their free time to help support the clinician. It is educational, and moving forward paramedics can go on courses to become 'debriefers' who are fully funded by the East of Essex Ambulance Service. They recognise that this is valuable to help improve care. It also enables closure on difficult cases for those involved.	
	Princes Alexandra were the first site to go live and they are looking to expand this across the whole of the East of England region and into London.	
	AR stated that the senior clinical team and emergency department are in full support and asked that as the patient representative team to email/writer AR to support the idea and that you fully applicate and support it, this would strengthen the application for when going to health research authority.	
	The group feedback to Ashley during the meeting that they were in full support of the work, and LM said that it would be good to receive an update as to how the scheme is progressing later down the line.	
1.4	Good news stories and update on good news board	
	Redacted	
1.5	Directorate issues /updates from focus groups	
	Redacted	
	patient this need up the doctors having to do this. When a trained hurse	